The counseling needs of three- to five-year-old educationally disadvantaged children as perceived by parents and teachers

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THE COUNSELING NEEDS OF THREE- TO FIVE-YEAR-OLD EDUCATIONALLY DISADVANTAGED CHILDREN AS PERCEIVED BY PARENTS AND TEACHERS

A DISSERTATION
SUBMITTED TO THE FACULTY OF THE CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
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DEPARTMENT OF COUNSELING AND HUMAN DEVELOPMENT

ATLANTA, GEORGIA
DECEMBER 1990
ABSTRACT

DEPARTMENT OF COUNSELING AND HUMAN DEVELOPMENT

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THE COUNSELING NEEDS OF THREE- TO FIVE-YEAR-OLD EDUCATIONALLY DISADVANTAGED CHILDREN AS PERCEIVED BY PARENTS AND TEACHERS

Advisor: Rudolph V. Green, Ed.D., N.C.C., L.P.C.
Dissertation dated December, 1990

In order to break the cycle of poverty for disadvantaged children through early intervention, a counseling component is needed. As perceived by parents and teachers, counseling services would reduce the long-range damaging effects caused by social problems such as crime, violence, and drugs. This study attempted to determine the counseling needs of three- to five-year-old educationally disadvantaged children. The research method was descriptive and used a questionnaire. The survey questionnaire was administered to a sample of 22 parents and 22 teachers at a Head Start facility. Survey respondents were 44 African-American subjects: 1 male and 43 female teachers in Atlanta, Georgia. In conclusion, a counseling model was proposed to implement subsequent results of this study.
I dedicate my dissertation in memory of my father, Mr. Lawerance "Buster" Starr and my grandmother, Mrs. Annie Talton LeVel. My heartfelt gratitude goes to my mother, Mrs. Helen S. Starr; my daughter, Megan N. Gordon; my godfather, Dr. Samuel M. Nabrit; my brother and sister, William and Lisa. I would like to acknowledge the indispensable assistance of Mrs. Doris Etheridge, Director of the Clark Atlanta University (CAU) Head Start Program, and Mrs. Eva Sullivan, Center Manager of the Kennedy Street Center. I want to thank also the parents and child-care staff members of the CAU Head Start program who participated in this study.
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Chapter I

INTRODUCTION

Founded in 1965, the Head Start Program today (1990) serves over 450,000 children. Nevertheless, three- to five-year-old educationally disadvantaged children have greater opportunities for academic success because of early education programs. Early intervention stimulates children's intellectual, social, moral, emotional, and physical development regardless of the socioeconomic circumstances (Cohen, 1974; McDaniel, 1979).

Aspirations of child development experts to improve cognitive abilities during the first five years of life have resulted in early academic success in school (Zigler & Valentine, 1979). This examination of growth defines early intervention as it relates to education (Bloom, 1965; Piaget & Inhelder, 1969); however, this experience was not consistently available to low-income children before the inception of Project Head Start, which formulated paradigms for early education programs across the nation.

Statement of the Problem

Under the auspices of Project Head Start, early childhood education programs across the nation have revolved around the child's first five years of life. The operative term is early intervention, which helps stabilize a child's early stages of life before his transition into adulthood.
(Bloom, 1964). The Head Start Project has tried to improve the cognitive abilities of young children, but studies now indicate that focusing on cognitive development is not enough to combat the social problems that greatly influence the lives of young children (Levine & Havinghurst, 1984). As a result, there is a crucial gap between improving young children's cognitive abilities and meeting their needs as they combat social problems such as child abuse and drugs.

Since many children attend preschool day care at infancy, the opportunities for early detection of problems and then intervention are excellent (Frank, Bell, Nowik, and Faber, 1989). Early intervention refers to modifying perceptions and behaviors of preschoolers with at-risk potentialities (Greenburg, 1982). The child-care services are the actual starting point in helping at-risk children.

Hohenshil and Humes (1988) and Hohenshil and Hohenshil (1989) suggested that preschool programs should conduct needs assessments to implement counseling services for three- to five-year-old children. They said that this assessment should involve a comprehensive plan to gain family, community, and staff support. The Virginia Governor's Commission of Excellence in Education (1986) planned programs for at-risk four-year-old children. The commission expanded child-care services that assessed the need for a program
with implications for counseling.

Virginia planned to reduce the at-risk potentials by beginning with preschool children. Furthermore, the Association on Childhood Education International (ACEI) defines the role of a day-care program counselor as one who recognizes the developmental needs of preschoolers (Gotts, 1988). The guidance and counseling services were designed to help expose those children who may have difficulties learning and adjusting to the school environment.

Evolution of the Problem

In the 1960s, there were over 2.5 million preschool children whose families lived on the poverty line and whose mothers were unemployed. According to the United States Department of Labor (1968), many of these women wanted to work but were unable to find care for their children. Also, families just above the poverty line earned an annual income of $4000 to $8000 and were not able to accommodate their children with adequate child care services (Costello, 1972).

In 1964, the Federal Government asked a panel of child development specialists to implement a program to help disadvantaged preschoolers from low-income communities to cope with their many handicaps. Addressing these handicaps became the objectives of Project Head Start (Head Start Bureau, 1990), which the Office of Economic Opportunity
founded in 1965 to break the cycle of poverty. Launched as an eight-week summer program, OEO provided preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs. The program was enthusiastically received by parents, community leaders, educators and child development specialists. This eight-week pilot program evolved into an eight-month program over the years named Project Head Start (Osborn, 1970).

In the 1980s, the United States of America made unprecedented commitments to improving the quality of pre-high-school education. A description of the first wave of reform was written by the National Commission on Excellence in Education (1983) in *A Nation At Risk: The Imperative for Educational Reform*. The objectives clearly indicate the raising of standards and expectations of all students. The second wave for educational reform came from the Education Commission of the States (1987) entitled, *The Next Wave: A Synopsis of Recent Education Reform*, which focused on improving the quality of the nation's teachers (J. Green, 1987).

The third wave for educational reform, coming in the late 1980s, was reported by the Committee of Economic Development (1987) and entitled, *Children in Need: Investment Strategies for the Educational Disadvantaged*. The committee
stated that effective solutions to the problems of the educationally disadvantaged must include a fundamental restructuring of the school system as well as an attempt to reach beyond the traditional boundaries of schooling to improve the child's environment. This intervention in the young lives of disadvantaged students was thought to be the only hope for breaking the cycle of disaffection and despair.

Purpose of the Study

The purpose of this study was to determine the counseling needs of three-to five-year-old educationally disadvantaged children as perceived by parents and teachers. Early intervention counseling was considered to reduce at-risk potentialities. This counseling service would conform to the child's social, mental, physical, and intellectual needs with eclectic counseling components.

During the 1960s, while early education programs focused on breaking the cycle of poverty, the school counseling profession concentrated on understanding a child's total environment as it is related to his growth and development. Because both early education programs and the counseling profession shared essentially the same point of view regarding helping young children face social problems, many parents, educators, and politicians became optimistic about solving these problems (Osborn, 1970; C. M. Riley, 1967; Shane,
Gibson, and Munger, 1971; Carroll, 1967).

Research Questions

Our country's attitudes toward the teaching of preschoolers and elementary students---as well as the possibility of counseling at both levels--have changed dramatically from the days when most people assumed that children born in poverty could rise above their circumstances if they "had what it takes." Today, the government has slowly realized that children in poverty need help in coping with their immediate environment. Compounding the government's problems with this task is the crucial need for any counseling programs to be as accountable as they are relevant.

To aid those charged with addressing the counseling aspects of this major educational problem, this study focuses on two research questions:

1. What are the major social problems in the neighborhood of three- to five-year-old educationally disadvantaged children as perceived by parents and teachers?

2. Is there a perceived need for a formal counseling component to reduce the social problems that confront three- to five-year-old educationally disadvantaged children?
Research Hypothesis

The following null hypotheses were tested in this study using the statistical analysis of the t test and chi square.

1. There is no statistically significant difference between the parents' and child-care staff's perceptions of counselors helping three- to five-year-old educationally disadvantage children to grow and develop.

2. There is no statistically significant difference between the parents' and child-care staff's perceptions of counselors providing alternatives for resolving social problems three- to five-year-old.

The .05 level of significance served as the criterion for rejecting these null hypotheses.

Significance of the Study

The significance of this study the development of proposed counseling program prototypes needed for services rendered to three- to five-year-old educationally disadvantaged children. From this perspective, in order to break the cycle of poverty, these children should be motivated to learn how to become fully functioning individuals despite their circumstances. The child's art of becoming a fully functioning individual is a self-actualizing process
that, for children of poverty, often requires counseling services. Critically needed is a model for this counseling in early education programs that would take into consideration the children's development and needs. If successful, such a model could, with some modification, be replicated in all early education programs across the nation.

Basic Assumptions
The following basic assumptions have been operant throughout this study:

1. Most early education programs do not contain a counseling component for three- to five-year-old children, their parents, and the program staff.

2. Preschool children are from three to five years old.

3. The first five years of life are the most crucial in the learning process.

4. Play therapy helps children to communicate their feelings. According to Belkin (1981), many child counselors believe that play is the child's most natural means of self-expression.

Needs Assessment
In establishing relevance and a basis for accountability, a counseling component must be validated by a needs assessment (Gibson, Mitchell, and Higgins, 1983). This assessment
for professional counseling service for community parents, their children, and the child-care staff derived from observations made of low-income communities' social problems. Most early education programs at the local, state, and national levels do not contain a counseling component. To remedy this shortcoming, an instrument was developed based on attitudes toward the counseling profession held by parents and a child-care staff currently affiliated with a child-care program.

Definition of Terms

The following terms was used operationally throughout this study:

At-Risk: The perpetual deficiencies often found in children of poverty. These deficiencies make it more difficult for these at-risk children to achieve academic, social, and economic success.

Counseling Program: A component within a learning environment that provides individual or group counseling sessions designed to help students grow positively. The counseling program addresses educational, vocational, and social matters.

Day Care Program: Includes such facilities as family homes and group programs in day care or child development centers, nursery schools, day nurseries, and kindergartens (Good, 1973).
Early Education Program: Usually refers to the program for children and curriculum in preschool, kindergarten, or the elementary first through third grades.

Educationally Disadvantaged: Students lacking essential cognitive enrichment and stimulation, which are considered extremely important to learning during the first five years of life.

Elementary School Guidance: Guidance designed to help elementary-school children adjust to their immediate environment, with special reference to their emotional and social relationships, so that they may be free to develop their potentialities as well-balanced adults (Good, 1973).

Guidance Service: A system of services designed to assist the individual to develop and understand himself and his environment and to realize more satisfactorily his potential. These functions are understood to include general and individual inventory; educational, occupational, and social information counseling; placement; and follow-up (Blocher, 1987).

Intervention: The disruption of potential problems usually in a positive growth direction.

Preschool Period: That period in the child's life when the child is between three and five years old.

Project Head Start: A federal preschool child development program of the Office of Economic Opportunity
which provides a comprehensive program of education, medical care, social services, and nutritional help for preschool children from disadvantaged backgrounds; has been organized and administered by local communities, which must provide the facilities for a child development center; and has been continued in elementary school by a similar program called Project Follow Through (Good, 1973).

Social Problems: Widely prevalent personal and communal maladjustments that impinge negatively upon the community, evoke agitation, call for reform, and usually lead to attempts at societal solution (Good, 1973).
Chapter II

REVIEW OF THE LITERATURE

This review of the literature covers the counseling needs of three- to five-year-old educationally disadvantaged children. This chapter is divided into four sections: (1) Day Care in Perspective; (2) The Preschool Years: Growth and Development; (3) Social Problems Facing American Youth; and (4) Review of the Related Research.

Day Care in Perspective

Child care services originated in the 1700's in Great Britain, when many female factory workers who could not leave their children at home carried them to work, where in most cases the factory owners provided special rooms for the young children and hired untrained individuals, usually older boys or girls, to watch over the children (Dittman, 1968; Chandler, Louie, & Peters, 1968). The factory owner Robert Owens was the first to recognize the need to organize nursery schools (Cremin, 1971). The United States used and incorporated the idea on a private and/or selective basis (Hymes, 1970).

The first nursery school was established in the 1820s in New Harmony, Indiana (Helms & Turner, 1978). In 1898, the National Federation of Day Nurseries was founded. During World War II, the federal government issued funding to support nursery schools and established child-care centers.
Today, the federal government funding guidelines for child-care services are very stringent (Hymes, 1970; Costello, 1972). A center must comply with the rules and regulations in order to receive funding.

The recent reduction of financial federal involvement has in social programs caused a crisis for low-income mothers who want educational assistance for their children (Berrueta-Clement, Schweinhart, Epstein, Barnett, & Weikart, 1984). Children from low-income families were not being educated—a situation that trapped many in self-perpetuating cycles of poverty. In 1964, Congress created the Office of Economic Opportunity (OEO), which was responsible for the implementation of Project Head Start in 1965, both of which are governed by the Department of Health, Education, and Welfare, whose headquarters are in Washington, D.C. (Osborn, 1970). Project Head Start began a movement of early education programs, which provide curricula for children from infancy to the elementary third grade.

There are several types of early education programs: (1) day-care centers, (2) child development centers, (3) before- and after-school care programs, (4) nursery schools, (5) early training projects, (6) parent education projects, (7) the Ypsilanti project, (8) Montessori methods, (9) California early childhood education, and (10) programs for the handicapped. Licensing requirements of organizations
of the first four vary from state to state some are very stringent. Consequently, many centers try to avoid governmental regulations.

Day-care centers are licensed by the state to care for over eighteen children between two and five years old. These centers often must meet standards of fire and health, safety, and sanitation, as well as requirements covering the amount of space and the child-teacher ratio (Ancell & Haugen, 1989).

Child development centers have rules and practices that are quite similar to those of day-care centers. These centers attend to the emotional, physical, social and intellectual needs of children between two and seven years old (Galina, 1988).

Before- and after-school care programs provide care for school-age children (two to twelve years old) for the convenience of the parents for before and/or after working hours (Watkins & Durant, 1987).

Nursery schools provide a babysitter for less than four hours a day for infant care and toddlers, with little emphasis on learning (Citizens and Southern Bank, 1984).

An early training project is a program for impoverished children that accommodates eighty children (groups of 20 in 4 sets) with an educational curriculum. Children enroll in it like a regular school (Gray & Klaus, 1970).
A parent education project is a home-based program founded on a Piagetian concept of environmental adjustment, in which the children are educated by their parents (Piaget, 1962). Gordon (1968) stated that all parents should be aware of the importance of an education. In this way, the children are stimulated to learn. This program operates from the homes of impoverished parents and children.

The Ypsilanti project, affiliated with Ypsilanti University in Michigan, emphasizes child development in understanding logic and is based on Piaget's research on cognition (Kamii, 1972).

The Montessori method, founded by Maria Montessori, has three objectives: (1) to allow children to be evaluated as individuals; (2) to give them the ability to move freely from task to task; and (3) to train the children to understand themselves and their senses (Cole & Hall, 1970). Montessori schools are privately operated.

The California early childhood education is a program for impoverished children that provides individual tutorial services for children and parents (Riles, 1975).

Early education programs provide early enrichment before the students reach the elementary grades.

Finally, programs for handicapped children help children with physical, emotional, and mental handicaps. Trained and skilled professionals provide care to help fulfill
these children's needs (Weber, 1970).

Institutional child-care programs have progressively moved through the years to operate under the names of day nurseries, day-care homes, children's centers, and day-care centers. Within a variety of school systems, day-care is practiced. It is the school's responsibility to monitor the child-care services activities with the day-care center.

Regardless of the types of services, working mothers choose the child-care service predicated on their needs. Unfortunately, the lack of quality day-care programs or facilities does not accommodate their increased use, as shown in figure 2.1. Working mothers, in many cases, are not satisfied with their choice (Stephan, 1985). According to the Current Population Survey (CPS) (1986), women in the labor force topped the 44 million mark in January 1980. Over 50% of the women sixteen years old and over are in the labor force. The Bureau of Labor Statistics (BLS) (1986) estimated that by 1990 about 52 million, or 55% of all women sixteen years old and over will be working.

BLS (1986) stated that the labor force participation rate of married women with husbands present and children under the age of eighteen has increased markedly by 18.4% from 1950 to 1984. These statistics also indicate that in March 1984, 52.1% of women, regardless of marital status,
TRENDS IN SCHOOL ENROLLMENT OF THREE- AND FOUR-YEAR-OLDS

with children under the age of six years were in the labor force. BLS records also showed then that 47.7% of those women with children under the age of three were in the labor force.

According to the Census Bureau (1980) reports, more than nine million children under the age of six (nearly half the children in the United States in that age group) were in households where the mother was in the work force. Some of these mothers spent additional time away from home trying to improve their credentials for work, often to keep up with technological advances in their chosen career (Niemi, 1989). These working parents clearly needed to find adequate child-care while in the process of improving their productivity and opportunity for advancement at work. For just about every expectant mother, when, how and/or whether to return to work after the baby arrives are the paramount questions. Most mothers look toward the federal government for the answers.

The United States Congress passed the Comprehensive Child Development Act of 1971 with the support of the most broadly based political coalition since the enactment of the major social legislation of the early 1960s. Nevertheless, on December 9, 1971, President Nixon vetoed the legislation, contending that neither the immediate need nor the desirability of a national child development
program had been demonstrated. The needs of increasing numbers of mothers and families with special problems remained unmet (Diamond, 1982).

In February 1989, President George Bush responded to the child-care dilemma of working mothers by helping them to cope the high child-care costs. This assistance is a tax credit for mothers who use child-care services. Also in 1989, President Bush proposed a bill for an "Act for Better Child Care Services," which will provide a refundable tax credit for low-income parents of children under the age of four years old that could be used to help offset the expenses of child care (Kopp, 1989).

Because resources from the federal government will continue to diminish, rising costs and inflation could make quality child-care services scarcer and more expensive than they are at present. The literature notes clearly the rising number of unattended after-school (latchkey) children, together with their unmet needs (House Select Committee on Children, Youth and Families, 1985; Davenport, 1985; United States General Accounting Office, 1986). It is crucial to examine new alternatives for meeting child-care needs in the 1990s, especially since dramatic changes in the structure of the American family in recent years and in the work force during the past decade have stimulated the need for more child-care services, and more
creative methods of delivering them.

One new method—that of employer-sponsored day-care—is actually a revival of an earlier method used in Industrial Revolution factories as previously noted. Friedman (1985) favorably reviewed various companies that had constructively fulfilled their management objectives by sponsoring an Employee Assistance Program (EAP) which promotes positive growth and development with corporate sponsorship. This concept has spread across the United States and to Atlanta, in the form of the Citizens and Southern Bank Child-Care Referral Service.

Five companies in downtown Atlanta have joined together to provide a quality child-care facility for their employees and for the employees of other downtown businesses. These five companies (Federal Reserve Bank, First Atlanta Corporation, Georgia-Pacific Corporation, the Atlanta Journal & Constitution newspaper, and Rich's Department Store) have been proud to offer their innovative concept in child-care centers as a commitment to the downtown business communities (Downtown Child Development Center, 1989). Despite the lack of comprehensive data on all such employer programs, in 1984, estimates ranged that between 600 to 1500 were in operation (Stephan, 1985).

McCrosky (1984) explored the role of industrial social workers in employer-supported child-care services. The
current employer-supported child-care efforts were centered on Employer Assistance Programs, which help to minimize employee absenteeism and tardiness and to maximize their productivity and job satisfaction (Miller, 1984).

Similar to employer-supported child-care services are those sponsored by college and universities. Georgia State University (GSU) in Atlanta has a commitment to the future with its Child Development Center, which provides child-care services for students, faculty, and staff members of Georgia State University, for whom the service has become increasingly important (Galina, 1988). Also, the Atlanta Area Technical School (1988) has provided services for single parents and working mothers who are employees at the Atlanta Public Schools system or students at Atlanta Area Technical School. Spelman College in Atlanta has operated child-care services within the Atlanta University Center for students enrolled at Spelman College and those employed within the Atlanta University Center (Bacote, 1966).

Benson's (1985) study offered a nation-wide profile of child-care workers in family-care homes and child-care centers, including the wages, benefits, and training given child-care workers. In addition, the study looked at the government regulations and licensing of employer-sponsored programs. Finally, the report noted future trends in the
child-care field. The diversification of employer-sponsored child-care programs includes the growth of professional organizations, resources and referral agencies such as a child-abuse and neglect agency, and other social service agencies. Unionization of workers and the increased demand for profitable day-care chains have forged a linkage between employers and employees.

The Preschool Years: Growth and Development

The preschool years, referred to as the early childhood period (Berger, 1989), covers a person's life between two and five years old. The critical processes during this period include: (1) physical development, (2) cognitive development, (3) sex-typing, (4) parental modeling, (5) moral development, and (6) personality development (Mussen, Conger, & Kagan, 1969).

Physical development involves the developing of muscular control. This is the process wherein babies learn how to use their bodies and preschoolers acquire the ability to walk, run, jump, climb, kick, throw, and grab. This process, known as motor development, involves the preschooler learning to control his arms, legs, and body movements as he becomes aware of the world around him and his muscles are growing, developing, and strengthening (Lefrancois, 1980). As a child becomes more mobile, he becomes more curious and his imagination is aroused. The child's motor
development encourages cognitive (intellectual) explorational development.

Cognitive development starts when the child begins to learn (Elkind, 1974), during the time from birth to about two years old—a stage that Piaget (1962) labeled the important sensorimotor period. With the use of his senses (touch, taste, sight, hearing, and smelling), a preschooler needs the opportunity to explore use his sensory and motor abilities to learn basic skills and ideas (Spock & Rothberg, 1985) and self-confidence. As preschoolers begin to symbolize and acquire rudimentary logical abilities, they emerge into a preconceptual phase of cognitive development (Elkind, 1974). Preschoolers begin to articulate with understanding the words they use. Preschoolers refine their communications skills by asking about their surrounding environment. Language becomes their important way to expand their knowledge of the world (Linskie, 1977).

Sex-typing is a process experienced by preschoolers as they become increasingly aware of the behavior that their culture finds desirable and acceptable for their sex role (Maccoby & Jacklin, 1974). Male and female children learn their sex types through imaginative play with members of their own sex, and this typing is reinforced by parents complimenting the child's respective masculine and feminine behaviors. A basic example of sex typing is the traditional
view that little girls are passive while little boys are aggressive.

Parental modeling occurs when preschoolers, who most often learn by observing or imitating the behavior of other individuals (social learning), are exposed to their parents' verbal and non-verbal behavior (Bandura & Walters, 1959). Preschoolers observe their parents washing clothes or dishes, mowing the lawn, reading, dressing themselves and a host of similar life situation behaviors. Preschoolers then attempt to gain independence by learning and modeling this new behavior.

Moral development occurs as preschoolers, who are conscious of wrongdoing (Mussen et al., 1969), willingly follow the rules and regulations set forth by parents and/or child-care staff because they are anxious to obtain and retain these adults' love and they want to avoid punishment (Kohlberg & Turiel, 1971).

The personality development of a child is closely intertwined with his physical, cognitive, moral, and social maturation (Berger, 1989). For example, a child's personality development is often tied in closely to his physical body type, of which Sheldon (1944) identified three kinds: endomorph, mesomorph, and ectomorph. Endomorphs are fat and round. Mesomorphs have strong muscle tone and average height. Ectomorphs tend to be tall and thin. Each body
type is associated with a particular pattern of personality characteristics: endomorphs tend to be jolly and fun-loving, mesomorphs tend to be physically active and assertive, and ectomorphs tend to be intellectual and introverted (Sheldon, 1944).

This close interconnection between a child's physical and psychological environments has been cited in discussing the special counseling needs of children who are from low-income families (Head Start Bureau, 1990) or are handicapped (Zigler & Valentine, 1979). Head Start enrolled or enrolls at least 10 percent handicapped children, classified as mentally retarded, hard of hearing, deaf, speech-impaired, visually handicapped, seriously emotionally disturbed, crippled, and other impairments.

Although it is possible to generalize with such statements as "preschoolers grow and develop in rapid and predictable stages" (Miller, 1985), all children experience some individual differences in their personal development. These differences are based on the interaction between heredity and environment (Berger, 1989). Preschoolers form low-income families tend to grow and develop much more slowly than their middle-class counterparts (Spiegel, 1989). Children from low-income families begin life with deficiencies. Many of their mothers lacked prenatal care during pregnancy and in addition they lived in
impoverished areas (Rodgers, 1986). Any deficiency places these children at a disadvantage. By age six, most middle-class children have become adapted to their environment and ready to learn, while low-income children suffer from a lack of early learning (Gesell, 1925). Bloom (1964) believes that the first five years of life are the most important in determining the intellectual growth of a child as measured by intelligence tests.

**Social Problems Facing American Youth**

Throughout their elementary grades, children are greatly influenced by social problems. By the time these children emerge into adolescence, their confrontations with these problems may have plunged some of them into serious trouble. The variety of these problems is daunting: poverty; unattended caring for self after school (latchkey children); dropping out of school; juvenile delinquency; alcohol and drug abuse; sexually promiscuous behavior, which frequently leads to unplanned pregnancy and disease; and suicide.

Poverty present a major problem for personal development and education because children in this state often cannot understand the reason for education when their day-to-day priority is survival (Committee for Economic Development, 1987). Children born into poverty are ill-prepared with necessities such as food, clothes, good health, and a quality education (Spiegel, 1989). Maslow (1970) recognized that
the process of becoming the best possible person that one can be is often predicated on having one's basic survival needs satisfied before self-actualization occurs. Forty-two percent (42%) of school children live in poverty (Baker & Ogle, 1989).

Latchkey children are often the outcome of single working mothers who try to balance their jobs and families with motherhood (Brazelton, 1989). According to Gray & Coolsen (1987), census data estimated that 7.2% percent of children between the ages of five and thirteen, which is about 2 million children, spend time in caring for themselves. These children are called latchkey children because many of them are sent to school with their doorkeys hanging around their necks (Guralnick, 1984). A positive result of this situation is that in the absence of parental supervision many children develop self-reliance at an unusually early age, but that absence also leaves children to behave sometime in counter-productive ways without the necessary parental supervision. In the absence of any extended family to attend to the child (Berger, 1989), that aspect of the child's growth, development and non-formal learning is now being pursued in the streets, schools, and libraries (Birren, Kinney, Schaie, & Woodruff, 1981; Levine & Havinghurst, 1984).

A school dropout is defined as one who leaves school
before the legal age of doing so (Frase, 1989). Often, the intense and all-consuming pressure for high-school students to increase their test scores has led many high schoolers to drop out (Bearden, 1989; Catterall, 1985). School drop-outs, however include all economic and ethnic groups. In 1988, 45% of African-American children dropped out of school, while 19% of Hispanic-American children dropped out. The rate for Caucasian children was 21% (Baker & Ogle, 1989). Many dropouts do not return to school (Ekstrom, Goertz, Pollack, & Rock, 1986; Gibbs, 1989; Bennett, 1988). Others may enter the military or enroll in a General Equivalence Degree program.

Juvenile delinquency, often including violent acts, is an extreme to which many children may be driven by any one or a combination of these socio-psychological problems (poverty, latchkey situations, school dropout, alcohol and drug abuse, and promiscuous behavior). Contributing to the problem is that many children resort to delinquency when they become bored or under stress (Quay, 1987). Many children are especially liable to resort to delinquency when they have been victims of severe abuse and neglect or when their parents have spent time in prison (Kvaraceus, 1971).

Alcohol and drug abuse is disturbingly common among American youth, who start the behavior as a coping device
and later become abusers (Buscemi, 1985). Alcohol and drug abuse has been diagnosed in children as young as seven years old (Sylvester & Hasegawa, 1989). Baker & Ogle (1989) suggested that there has been a 7% increase in high-schoolers' use of "crack", an inexpensive illegal drug which is highly addictive. This rising addiction among students leads not only to juvenile delinquency but also to a suppression of the normal maturational process.

Sexually promiscuous behavior may occur among children who are embarrassed and ashamed to admit their fears about sex to their peers and adults. Uninformed sexual experimentation may lead to children's exploitation and abuse, sometimes by family members or friends (Gibbs, 1989). More frequent outcomes of this experimentation are unplanned pregnancy and disease. A national survey indicated that 60% of babies born from 1985 to 1989 were born out of wedlock and 39% were born to pre-teen and teenage females (Atlanta Journal and Constitution, 1989). A profile of these young mothers is that they have a low self-image and self-esteem (Rodgers, 1986) and many come from impoverished areas (United States Department of Education, 1986b). Although much of the high cost of prenatal care and delivery for young mothers is paid through Medicaid and public assistance (Perls, 1989), many teenage mothers may return to school briefly but then drop out altogether (United States
Departments of Education, 1986a). Veneral disease (the most serious of which is AIDS), the other main by-product of promiscuous behavior, can be extremely contagious and even infect the child in the womb (Russell, 1989; Smith, 1989).

Suicide is, of course, the ultimate problem facing teenagers: they learn how to deal with life by ending life itself. It was recorded in 1988 (Bennett, 1988) that of the youth between fifteen and nineteen who committed suicide, 17.3% were white males, 4.1% were white females, and among other races, 10% were male and 2.2% female. Over 200 suicides were reported among youth in 1981 (Johnson, 1987). Suicidal tendencies may be more likely in children who have lost a friend or parent by suicide. The most common reasons for suicide are school pressures, availability of drugs, and the inability to cope with pressures to have sex (Hawton, 1986).

Review of Related Research

The literature on the counseling needs for preschoolers within early education programs is limited. The few successful programs that do exist, however, have often been hobbled by the cutback of government and administrative budgets.

Lorion & Work (1987) described classroom-based social problem-solving preventive intervention for preschool and
primary grade children. These interventions are offered to help students acquire basic academic skills by enabling them to interact effectively with peers and adults. Hohenshil & Humes (1988) studied the relevance of preschool assessment for counselors, finding that the importance of family and community assessment for the counseling service is essential in the evaluation of preschool children.

The New York State Education Department (1984) reported on at-risk students, who were defined as those whose school achievement and/or social behavior was negatively and seriously affected by educational, familial, societal, or personal problems. These students were not necessarily those who had handicapping conditions but those who required additional services such as counseling. The counseling intervention service provided among many other services drug education for school-age children and preschoolers.

Florida's Dade County Public Schools (1989) conducted a dropout prevention program in early education programs named Student At Risk Program (SARP). As a result, the program detected students (some at the preschool level) who were low achievers and then provided them with intensive instruction and supervision along with counseling sessions.

The Congressional House Select Committee on Children, Youth, and Families (1984) presented statements in behalf of social organizations and state and county offices in
Florida, Arkansas, Louisiana, Georgia, South Carolina, and Mississippi.

These states were approached agencies that reported successful efforts in remedying problems in areas such as psychological counseling for abused and neglected preschool children.

Successful intervention can be replicated at other locations only after careful needs assessments have been conducted, especially with reference to preschoolers' need for counseling services. Williams & Beard (1983) reviewed the literature to determine the role of the counselor at the elementary and preschool levels. The Head Start Program, which is undoubtedly the nation's largest preschool day-care program, still has no counselors because that practice reflects the skimpy literature and evolving wisdom of the time (1965) that it was founded. The Head Start Program serves children and should be accountable for their needs. Hutchinson (1986) described the Mental Health Prevention/Intervention Project (MHP/IP), which was designed to supplement Head Start with effective mental health services for Head Start children, parents, and staff, but which was unfortunately funded for only 14 months. Teachers were trained to counsel and to identify problems with potential for long-range damaging effects.

In conclusion, many organizations are experimenting
with new ways to deliver child-care services and new possibilities for the content of those services. Counseling, for example, is being seen as an especially effective component of those services, even for preschoolers, because the former belief that the cycle of poverty can be broken through academics alone has proven itself to be inadequate, not because it is wrong but because it is based on an incomplete view of how humans function in their environment.
Chapter III

METHODOLOGY

This study used the survey method to conduct a needs assessment. A questionnaire was administered to evaluate the attitudes of parents and child-care staff toward the need for preschool counseling services. Because the preschool counselor's position does not exist in most child-care facilities, the questionnaire was constructed and pilot-tested before usage. The participants in the pilot test were fellow graduate students with preschool-age children, counselor educators, parents, and a computer analyst. The researcher conducted the field test.

The questionnaire was designed to evaluate guidance and counseling services in the Head Start program administered by Clark Atlanta University. This questionnaire gathered demographic information and ascertained parents' and child-care staff's attitudes toward and interest in counseling as a desired component of the Head Start day-care program. The results of this study may be used to shape the nature of guidance and counseling services in day-care preschool programs.

Gibson, Mitchell, & Higgins (1983) stated that needs assessments forms should be a basis for accountability and should ensure a greater degree of program relevance. The results of this study's needs assessment revealed what the
program has or has not done for children and parents and suggested what should be done to combat relevant social problems. This needs assessment focused on counseling intervention for three- to five-year-old children who are threatened by potential social and other counseling problems. Prior needs assessments in the Head Start program examined parental needs, family dynamics, and handicapped children. Teachers were trained by a mental health service to counsel Head Start children parents, families, and staff. Counseling services were not provided for the children.

Site and Setting

The Clark Atlanta University Head Start Program is located in the metropolitan Atlanta area, Atlanta, Georgia. The program was formerly known as the Economic Opportunity Atlanta Head Start Program and is now operated by Clark Atlanta University (CAU), which is a private higher education institution with a predominantly African-American student body. Project Head Start became a University affiliate in the summer of 1989.

The Clark Atlanta University Head Start Program consists of eight centers. This study focused on the Kennedy Street Center, which cares for approximately 180 children with nine classrooms, each of which has a teacher assistant and an overall teacher/student ratio of 1:20. Each center has accommodations for handicapped children.
This center is supervised by a center manager, who has credentials as a Child Development Associate (CDA) in early childhood education so that he can understand the physical, intellectual, social, and emotional needs of children in care. The center manager has several support service specialists who are specialized in education, nutrition, health, special education, social services, parental involvement, and transportation/maintenance. The center manager is responsible for the quality of care given, the child's well-being, staffing, social services, and parental involvement (Head Start Bureau, 1990).

Subject Selection

The subjects were the Head Start children's parents and those who provided care for three- to five-year-old children who were told about the nature of guidance and counseling services, who understood the importance of a child's growth and development, who were aware of the societal problems that American youngsters face, and who were willing to provide demographic information for the questionnaire.

Subject Pool

The subject pool consisted of approximately 30 parents and 30 child-care staff who were currently using the Kennedy Street Center. The center manager informed all subjects of this study's purpose. Since the entire population of parents and child-care staff members was asked to be involved
in this study, random selection was not necessary.

Sample Size

The sample size consisted of 44 members of the subject pool who currently used the Kennedy Street facility and agreed to participate in the study. There were 22 parents (all female) and 22 child-care staff members (21 females). Seventy-three percent (73%) of the subject pool participated. After these participants completed the questionnaire, they were considered survey respondents.

Pilot Testing

In most day-care centers, there is no such position as a preschool counselor. According to the literature, there exists no instrument to assess the need for day-care preschool counseling. The researcher constructed such a questionnaire and then pilot tested it with several counselor educators, teachers, parents, and a computer analyst before administering it as previously noted.

As a result of the pilot testing, the questionnaire was improved (Moser & Kalton, 1972; Isaac & Michael, 1984; Slavin, 1984). This pilot testing enabled the researcher to correct unforeseen errors, clarify ambiguous statements, and avoid biases. The final version of the questionnaire was a clear and concise instrument to determine day-care preschool counseling needs.
Instrumentation

A questionnaire was the instrument used in this study. There are two questionnaire formats: (1) Demographic Objective Information Format and (2) Likert-type Scale Response Format (Adams & Schwaneveldt, 1985; Bradburn, 1979). The demographic objective information format allowed the researcher to ask participants questions. For example, parents were asked a variety of questions such as their educational levels, family size, and children's ages. The child-care staff members were asked a variety of questions such as their educational level, their ages, and previous employment histories. The demographic information asked had both similarities and differences in obtaining personal information (see Appendices C and D).

The Likert-type scale response format attempted to measure parents' and child-care staff's attitudes toward the counseling profession. This measurement was made on a five-point scale: 1 = Strongly Agree (SA);  2 = Agree (A);  3 = Undecided (U);  4 = Disagree (D); and finally, 5 = Strongly Disagree (SD).

The resulting instrument used items from other investigators' questionnaires (Walters, 1988). There was a total of seventy-eight (78) questions on the instrument, thirty-seven (37) for the parents and forty-one (41) for the child-care staff (see Appendices C and D).
The questionnaire, entitled Counseling and Human Development Questionnaire, was divided into three sections: A, B, and C. The twenty-two questions in section A asked for demographic information. Questions 1 - 18 were close-ended questions that requested personal information (Zamoff, 1971; Weiner, 1956). Question 19 asked respondents to rank the order of social problems in their neighborhood (Bennett, 1988; Gallup, 1989; Baker & Ogle, 1989). Questions 20 - 21 were close-ended questions that covered the respondents' knowledge and use of counseling services (Norman, 1967). The child care staff questions 19 - 22 were designed from articles on preschool staff and the Head Start program personnel requirements (Head Start Bureau, 1990; Watkins, 1987).

Section B measured the attitudes toward the counseling profession. The questions for parents and child-care staff were similar.

Finally, Section C contained comments of parents and child-care staff about counseling in the day-care center.

Procedures

The procedures were as follows:

Step 1: Permission to conduct the study was obtained from the Program Director of the Clark Atlanta University Head Start Program on April 23, 1990.

Step 2: Permission was granted by the Program Director.
to use the Head Start Program on Kennedy Street.

Step 3: Permission was obtained from the Center Manager at the Kennedy Head Start Program for parents' and child-care staff's participation.

Step 4: Permission was granted by the Center Manager for staff's and parents' participation.

Step 5: Orientation was conducted by researcher and Center Manager for both parents and child-care staff.

Step 6: The researcher collected data from the Counseling and Human Development Questionnaire from parents.

Step 7: The researcher collected data from the Counseling and Human Development Questionnaire from child-care staff.

Step 8: Data were analyzed using the frequency analysis, chi square, and t test by the researcher.

Step 9: Research terminated on April 27, 1990.

Step 10: Letters of thanks was sent to the Program Director of the Clark Atlanta University Head Start Program and to the Center Manager of the Kennedy Center.

Step 11: Results were shared with the Program Director of the Clark Atlanta University Head Start Program and also to the Center Manager of the Kennedy Street Center.

Data Collection

After the completion of the research, the data were
collected by the researcher. The survey respondents' questionnaires were collected in two separate stacks, one for the child-care parents' responses and the other for the child-care staff's.

**Data Analysis**

The Atlanta University Center Computer Center performed the data analysis on the UNIX 3-B15 system of the Statistical Package for the Social Science (SPSS). The frequency analysis, chi square, and t test were used for statistical analysis. The rationale for these particular statistical techniques and the analysis of data is as follows: a) frequency analysis technique distributes the frequency of numbers for each variable along with the percentage of the variable, thus providing the researcher with a picture of the collected data; b) chi square measures the squared deviations between observed and theoretical numbers in terms of frequencies in categories or cells of a table (Isaac & Michael, 1984); and c) t test correlates the differences between the means in the frequency in numbers. Both chi square and t tests were used to test the null hypotheses.

**Human Subjects Contract**

No human subjects contracts were required for this study. The permission was obtained by Head Start Director and the Manager of the Kennedy Street Center before the questionnaire was either administered or completed.
Chapter IV

RESULTS

In general, the results of this study's procedures revealed the number of parents and child-care staff using the Clark Atlanta University Head Start Program. These results have been divided into four phases: Phase 1: Demographic Profile; Phase 2: Attitudes Towards the Counseling Profession; Phase 3: Quantitative Analysis; and, Phase 4: Analysis of Research. The parents and child care staff results were correlated. The UNIX 3-Bl5 computerized system, with the help of the Statistical Package for the Social Sciences (SPSS), computed the results.

Phase 1: Demographic Profile

The demographic information section of the questionnaire included either 21 (parents' version) or 25 (child-care staff's version) variables. Each of the following univariated tables records either an individual's (parents' or child-care staff's) or group's (parents' and child-care staff's) opinion. Results were presented as a calculated frequency analysis. The calculated percentage was based on the total number of responses. The bottom line of each table reveals whether all those in the surveyed group answered that question.

As shown in Table 4.1, of 43 survey respondents, the largest age group of parents responding to the questionnaire was 30-34 year-old; whereas the largest age groups of
responding child-care staff members were 20-24, 35-39, and 40-44 years old.

Table 4.1. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Range of Ages, in Number (#) of Responses and Percentage (%) (N = 43)

<table>
<thead>
<tr>
<th>Ages</th>
<th>P #</th>
<th>P %</th>
<th>CCS Ages</th>
<th>CCS #</th>
<th>CCS %</th>
</tr>
</thead>
<tbody>
<tr>
<td>-19</td>
<td>2</td>
<td>9.1</td>
<td>20-24</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>20-24</td>
<td>4</td>
<td>18.2</td>
<td>25-29</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>25-29</td>
<td>5</td>
<td>22.7</td>
<td>30-34</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>30-34</td>
<td>7</td>
<td>31.8</td>
<td>35-39</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>35-39</td>
<td>2</td>
<td>9.1</td>
<td>40-44</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>Over 40</td>
<td>2</td>
<td>9.1</td>
<td>Over 45</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>22</strong></td>
<td><strong>100%</strong></td>
<td><strong>21</strong></td>
<td><strong>95.4%</strong></td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table 4.2, of 44 survey respondents, most of those answering the questionnaire were female: 95.5% of the parents and 90.9% of the child-care staff.
Table 4.2. Frequency Analysis Parents (P) and Child-Care Staff (CCS) on Gender, in Number (#) of Responses and Percentage (%) (N = 44)

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th></th>
<th>CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>#</td>
<td>%</td>
<td>Gender</td>
<td>#</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>4.5</td>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>95.5</td>
<td>Female</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22</td>
</tr>
</tbody>
</table>

As shown in Table 4.3, of 42 survey respondents, the marital status varied dramatically: while almost three-quarters (72.7%) of the parents were single, less than half (40.9%) of the child-care staff were single.

Table 4.3. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Marital Status, in Number (#) of Responses and Percentage (%) (N = 42)

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th></th>
<th>CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>#</td>
<td>%</td>
<td>Marital Status</td>
<td>#</td>
</tr>
<tr>
<td>Single</td>
<td>16</td>
<td>72.7</td>
<td>Single</td>
<td>9</td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>27.3</td>
<td>Married</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>100%</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>
As shown in Table 4.4, of 39 survey respondents, their ethnic group was overwhelmingly African-American: 90.9% of the parents, and 86.4% of the child-care staff. Notice, however, that two parents and three child-care staff members did not answer this question.

Table 4.4. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Ethnicity, in Number ($) of Responses and Percentage (%) (N = 39)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>P</th>
<th>%</th>
<th>Ethnicity</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>18</td>
<td>81.8</td>
<td>African-American</td>
<td>19</td>
<td>86.4</td>
</tr>
<tr>
<td>Caucasian</td>
<td>-</td>
<td>-</td>
<td>Caucasian</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hispanic-American</td>
<td>-</td>
<td>-</td>
<td>Hispanic-American</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Asian-American</td>
<td>1</td>
<td>4.5</td>
<td>Asian-American</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4.5</td>
<td>Other</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

TOTALS 20 90.9% 19 86.4%

As shown in Table 4.5, of 39 survey respondents, some interesting differences exist in the educational background of the parents and child-care staff: many more parents report having had some (22.7% vs. 0%) or all (31.8% vs. 4.5%) of high school, but roughly twice as many child-care staff (68.2% vs. 36.4%) have had some college or technical
training. Also, substantially more of the child-care staff (27.3% vs. 4.5%) have completed college.

Table 4.5. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Educational Levels, in Number (#) of Responses and Percentage (%) (N = 43)

<table>
<thead>
<tr>
<th>Education</th>
<th>P</th>
<th>Percentage</th>
<th>CCS</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some High School</td>
<td>5</td>
<td>22.7</td>
<td>Some High School</td>
<td>-</td>
</tr>
<tr>
<td>Completed H.S.</td>
<td>7</td>
<td>31.8</td>
<td>Completed H.S.</td>
<td>1</td>
</tr>
<tr>
<td>Some College/</td>
<td>8</td>
<td>36.4</td>
<td>Some College/</td>
<td></td>
</tr>
<tr>
<td>Technical Training</td>
<td>1</td>
<td>4.5</td>
<td>Technical Training</td>
<td>15</td>
</tr>
<tr>
<td>Completed College</td>
<td>1</td>
<td>4.5</td>
<td>Completed College</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>21</strong></td>
<td><strong>95.4%</strong></td>
<td><strong>22</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

As shown in Table 4.6, of 20 survey respondents, 77.3% of the parents were unemployed and only 4.5% were employed full-time.
Table 4.6. Frequency Analysis of Parents on Employment Status in Number (#) of Responses and Percentage (%)

(N = 20)

<table>
<thead>
<tr>
<th>Parents</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Part-time</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Unemployed</td>
<td>17</td>
<td>77.3</td>
</tr>
</tbody>
</table>

TOTALS 20 100%

As shown in Table 4.7, of 20 survey respondents, most parents' (77.3%) income was in the $7100 - $9000 range, which is beneath the current national poverty line, which is, according to Baker & Ogle (1988), $12,000.
Table 4.7. Frequency Analysis of Parents on Income Levels, in Number (#) of Responses and Percentage (%)
(N = 20)

<table>
<thead>
<tr>
<th>Income</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>-$5000</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>$5000-$7000</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>$7100-$9000</td>
<td>17</td>
<td>77.3</td>
</tr>
<tr>
<td>Over $9000</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

As shown in Table 4.8, of 22 survey respondents, over half (59.1%) of the child-care staff functioned as teachers within the Head Start Program.
Table 4.8. Frequency Analysis of Child-Care Staff on Types of Profession within the Head Start Program, in Number (N) of Responses and Percentage (%) (N = 22)

<table>
<thead>
<tr>
<th>Profession</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center Manager</td>
<td>6</td>
<td>27.3</td>
</tr>
<tr>
<td>Teacher</td>
<td>13</td>
<td>59.1</td>
</tr>
<tr>
<td>Paraprofessional</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

TOTALS 22 100%

As shown in Table 4.9, of 44 survey respondents, the child-care staff's residential locations were considerably less centralized in metropolitan Atlanta than were the parents': while 90.9% of the parents lived in metropolitan Atlanta, less than half (45.5%) of the child-care staff did so, with far more of them living in the suburbs and nearby counties.
Table 4.9. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Residential Location, in Number (\(\#\)) of Responses and Percentage (%) \((N = 44)\)

<table>
<thead>
<tr>
<th>Residence</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>P</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro Atlanta</td>
<td>20</td>
<td>90.9</td>
<td>Metro Atlanta</td>
<td>10</td>
<td>45.5</td>
</tr>
<tr>
<td>Suburban area</td>
<td>2</td>
<td>9.1</td>
<td>Suburban area</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td>Nearby county</td>
<td>-</td>
<td>-</td>
<td>Nearby county</td>
<td>4</td>
<td>18.4</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>Other</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

As shown in Table 4.10, of 43 survey respondents, the parents and child-care staff were approximately equal in the lengths of time they had spent living in their current neighborhood. The one major difference was that more of the child-care staff (36.4% vs. 9.1%) had lived at their present address for over fifteen years.
Table 4.10. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Length of Time Living in Neighborhood, in Number (\#) of Responses and Percentage (%) (N = 43)

<table>
<thead>
<tr>
<th>P Length of Time</th>
<th>#</th>
<th>%</th>
<th>CCS Length of Time</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>3</td>
<td>13.6</td>
<td>Under 1 year</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>1-4 years</td>
<td>10</td>
<td>45.5</td>
<td>1-4 years</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>5-9 years</td>
<td>4</td>
<td>18.2</td>
<td>5-9 years</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>10-14 years</td>
<td>2</td>
<td>9.1</td>
<td>10-14 years</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Over 15 years</td>
<td>2</td>
<td>9.1</td>
<td>Over 15 years</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>21</td>
<td>95.4%</td>
<td></td>
<td>22</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 4.11, of 22 survey respondents, almost three-quarters (72.7%) of the child-care staff had children of their own.
Table 4.11. Frequency Analysis of Child-Care Staff on Having Children, in Number (#) of Responses and Percentage (%). (N = 22)

<table>
<thead>
<tr>
<th>Response</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>72.7</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>27.3</td>
</tr>
</tbody>
</table>

As shown in Table 4.12, of 35 survey respondents, substantially more of the parents (68.2% vs. 13.6%) had more children living at home than did the child-care staff. No respondents had five or more children living at home.
Table 4.12. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Number (#) of Children Living at Home, in Number (#) of Responses and Percentage (%) (N = 35)

<table>
<thead>
<tr>
<th>P</th>
<th>CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Children</td>
<td># of Children</td>
</tr>
<tr>
<td>Living at Home</td>
<td>#</td>
</tr>
<tr>
<td>Living at Home</td>
<td>#</td>
</tr>
<tr>
<td>1-2</td>
<td>6 27.3</td>
</tr>
<tr>
<td>3-4</td>
<td>15 68.2</td>
</tr>
<tr>
<td>5 or more</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>21 95.4%</td>
</tr>
</tbody>
</table>

As shown in Figure 4.1, those parents who responded to the questionnaire had children who were almost evenly divided between the age groups of 1-5 years old (56.4%) and 6-10 years old (45.5%), with a steep falling off for the older age group (0.5%) for 11-15 years old and (0.9%) for 16-20 years old.
Figure 4.1. Demographic Profile of Ages of Children of Responding Parents (N = 52)

As shown in Figure 4.2, the age groups of the child-care staff's children were better distributed than those of the responding parents' children: 1-5 years old (31.8%); 6-10 years old (13.6%); 11-15 years old (27.2%); 16-20 years old (13.6%); and over 20 years old (36.4%).

Figure 4.2. Demographic Profile of Ages of Children of Responding Child-Care Staff Members (N = 27)
As shown in Table 4.13, of 38 survey respondents, almost twice as many (31.8% vs. 18.2%) of the child-care staff as the surveyed parents had used child-care services previously.

Table 4.13. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Usage of Previous Child-Care Services, in Number (#) of Responses and Percentage (%) (N = 38)

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responses</td>
<td>#</td>
<td>%</td>
<td>Responses</td>
<td>#</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>18.2</td>
<td></td>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td>No</td>
<td>18</td>
<td>81.8</td>
<td></td>
<td>No</td>
<td>9</td>
</tr>
<tr>
<td>TOTALS</td>
<td>22</td>
<td>100%</td>
<td></td>
<td>16</td>
<td>72.7%</td>
</tr>
</tbody>
</table>

As shown in Table 4.14, of 21 survey respondents, both responding parents and child-care staff had used several kinds of child-care services, with the most frequent choice being the non-professional care of a neighbor and a family member, besides the older child. Only a small fraction of the parents (9.1%) and the child-care staff (4.5%) had ever used a day-care center. Note that for both groups only half or less responded.
Table 4.14. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Types of Previous Child-Care Services, in Number (\#) of Responses and Percentage (%) (N = 21)

<table>
<thead>
<tr>
<th>Types of Service</th>
<th>P</th>
<th></th>
<th></th>
<th>CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member</td>
<td>-</td>
<td>-</td>
<td>Family Member</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Besides older child</td>
<td>4</td>
<td>18.2</td>
<td>Besides older child</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>Older Child</td>
<td>2</td>
<td>9.1</td>
<td>Older Child</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Neighbor</td>
<td>3</td>
<td>13.6</td>
<td>Neighbor</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Day Care Center</td>
<td>2</td>
<td>9.1</td>
<td>Day Care Center</td>
<td>1</td>
<td>4.5</td>
</tr>
</tbody>
</table>

As shown in Table 4.15, of 34 survey respondents, both the surveyed parents and the child-care staff were able to get most of their children to miss school rarely, if at all.
Table 4.15. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Children's School Absence, in Number (#) of Responses and Percentage (%) (N = 34)

<table>
<thead>
<tr>
<th>Attendance</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>5</td>
<td>22.7</td>
<td>Never</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Seldom</td>
<td>16</td>
<td>72.7</td>
<td>Seldom</td>
<td>10</td>
<td>45.5</td>
</tr>
<tr>
<td>Regularly</td>
<td>-</td>
<td>-</td>
<td>Regularly</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Often</td>
<td>-</td>
<td>-</td>
<td>Often</td>
<td>1</td>
<td>4.5</td>
</tr>
</tbody>
</table>

TOTALS 21 95.4% 13 59.1%

As shown in Table 4.16, of 33 survey respondents, only a few more of the child-care staff's children suffered from a physical illness. Note that only 12 of the 16 parents among the child-care staff answered this question.
Table 4.16. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Whether Children Suffer from a Physical Illness, in Number (\#) of Responses and Percentage (%) (N = 33)

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Response</td>
<td>#</td>
<td>%</td>
<td>Response</td>
<td>#</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
<td>22.7</td>
<td>Yes</td>
<td>3</td>
<td>13.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>16</td>
<td>72.7</td>
<td>No</td>
<td>9</td>
<td>40.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTALS</td>
<td>21</td>
<td>95.4%</td>
<td></td>
<td>12</td>
<td>54.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table 4.17, of 36 survey respondents, 100% of the parents and child-care staff who answered the question about having handicapped children said that they did not have any. Note that two of the child-care staff who are parents did not answer this question.
Table 4.17. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Whether They Have Handicapped Children in Number (#) of Responses and Percentage (%) 
(N = 36)

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th></th>
<th></th>
<th>CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
<td>#</td>
<td>%</td>
<td>Response</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>100</td>
<td>No</td>
<td>14</td>
<td>63.6</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>22</td>
<td><strong>100%</strong></td>
<td></td>
<td>14</td>
<td><strong>63.6%</strong></td>
</tr>
</tbody>
</table>

As shown in Table 4.18, of 33 survey respondents, child-care staff members spent considerably more time, in hours per week, away from their children than did the surveyed parents. The greatest contrasts were in the categories of less than 20 hours per week (parents, 68.2%; child-care staff, 18.2%) and 31-40 hours per week (parents, 4.5%; child-care staff, 31.8%).
Table 4.18. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Time Spent Away from Children, in Number (#) of Responses and Percentage (%) (N = 33)

<table>
<thead>
<tr>
<th>Hours Per Week (hpw)</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20 hpw</td>
<td>15</td>
<td>68.2</td>
<td>Less than 20 hpw</td>
<td>4</td>
</tr>
<tr>
<td>20-30 hpw</td>
<td>5</td>
<td>22.7</td>
<td>20-30</td>
<td>-</td>
</tr>
<tr>
<td>31-40 hpw</td>
<td>1</td>
<td>4.5</td>
<td>31-40</td>
<td>7</td>
</tr>
<tr>
<td>More than 40 hpw</td>
<td>-</td>
<td>-</td>
<td>More than 40 hpw</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTALS 21 95.4% 12 54.5%

As shown in Table 4.19, of 37 survey respondents, the surveyed parents and the child-care staff roughly agreed on the difficulty of juggling work, school, and children in their lives, with the preponderance of them choosing the "not difficult" or "sometimes difficult" categories.
Table 4.19. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Juggling Work, School, and Children, in Number (\#) of Responses and Percentage (\%) (N = 37)

<table>
<thead>
<tr>
<th>Levels of Difficulty</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Difficult</td>
<td>7</td>
<td>31.8</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td>Sometimes Difficult</td>
<td>9</td>
<td>40.9</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Usually Difficult</td>
<td>3</td>
<td>13.6</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>Nothing but Problems</td>
<td>2</td>
<td>9.1</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

TOTALES 21 95.4% 16 72.7%

As shown in Table 4.20, of 22 survey respondents, well over half of the child-care staff had had previous experience in rendering child-care services.
Table 4.20. Frequency Analysis of Whether Child-Care Staff Had No Child-Care Work Previous Work Experience, in Number (#) of Responses and Percentage (%) (N = 22)

<table>
<thead>
<tr>
<th>Response</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>68.2</td>
</tr>
<tr>
<td>TOTALS</td>
<td>22</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 4.21, of 18 survey respondents, the child-care staff chose their field for idealistic and personal reasons (ability to care for children, challenge, opportunity to be a positive role model, interest) rather than pragmatic ones (benefits, salary).
Table 4.21. Frequency Analysis of Child-Care Staff's Reasons for Choosing the Child-Care Field, in Number (#) of Responses and Percentage (%) (N = 18)

<table>
<thead>
<tr>
<th>Reasons for Career Choice</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to Care Children</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>Challenge</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>To be a Positive Role Model</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Benefits</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Salary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Interest</td>
<td>2</td>
<td>9.1</td>
</tr>
</tbody>
</table>

**TOTALS** 18 81.8%

As shown in Table 4.22, of 21 survey respondents, almost two-thirds (63.6%) of the child-care staff had never federal assistance.
Table 4.22. Frequency Analysis of Child-Care Staff on Utilizing Federal Assistance, in Number (f) of Responses and Percentage (%) (N = 21)

<table>
<thead>
<tr>
<th>Response</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>63.6</td>
</tr>
</tbody>
</table>

As shown in Table 4.23, of 21 survey respondents, the two most common ways by which the child-care staff were referred to the Head Start Program for employment were the newspaper and friends.
Table 4.23. Frequency Analysis of Child-Care Staff's Referrals to the Head Start Program, in Number (¥) of Responses and Percentage (%) (N = 21)

<table>
<thead>
<tr>
<th>Child-Care Staff</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspaper</td>
<td>11</td>
<td>50</td>
</tr>
<tr>
<td>Media (Radio/Television)</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Bulletin Boards</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Friends</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>21</td>
<td>95.5%</td>
</tr>
</tbody>
</table>

As shown in Table 4.24, of 43 survey respondents, the surveyed parents and the child-care staff, when asked to rank in order of importance ten neighborhood social problems, agreed (within one order rank) on five those problems: drugs and alcohol abuse (1/1), crime and violence (2/2), unwed pregnancy (5/4), venereal disease (8/9) and suicide (10/10). Parents thought the following problems more serious than did the child-care staff: lack of parental discipline (3/6), juvenile delinquency (4/7), and sexual promiscuity (6/8). The child-care staff thought the following problems more serious than did the parents: school dropouts (7/5) and poverty (9/3), with the greatest disagreement on the ten problems being on the latter.
Table 4.24. Rank Order of Neighborhood Social Problems, as Perceived by Parents (P) and Child-Care Staff (CCS) (N = 43)

<table>
<thead>
<tr>
<th>Social Problems</th>
<th>Rank Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Drugs &amp; Alcohol Abuse</td>
<td>1 (highest)</td>
</tr>
<tr>
<td>Crime and Violence</td>
<td>2</td>
</tr>
<tr>
<td>Lack of Parental Discipline</td>
<td>3</td>
</tr>
<tr>
<td>Juvenile Delinquency</td>
<td>4</td>
</tr>
<tr>
<td>Unwed Pregnancy</td>
<td>5</td>
</tr>
<tr>
<td>Sexual Promiscuity</td>
<td>6</td>
</tr>
<tr>
<td>School Dropouts</td>
<td>7</td>
</tr>
<tr>
<td>Veneral Disease</td>
<td>8</td>
</tr>
<tr>
<td>Poverty</td>
<td>9</td>
</tr>
<tr>
<td>Suicide</td>
<td>10 (lowest)</td>
</tr>
</tbody>
</table>

As shown in Table 4.25, of 41 survey respondents, the surveyed parents and the child-care staff essentially agreed on whether they were familiar with the counseling profession, with about two-thirds of both groups saying yes.
Table 4.25. Frequency Analysis of Parents (P) and Child-Care Staff on Familiarity with the Counseling Profession, in Number (\#) of Responses and Percentage (%) (N = 41)

<table>
<thead>
<tr>
<th>Response</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>68.2</td>
<td>15</td>
<td>68.2</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>27.3</td>
<td>5</td>
<td>22.7</td>
</tr>
</tbody>
</table>

As shown in Table 4.26, of 42 survey respondents, the surveyed parents and the child-care staff staff essentially agreed on whether they would seek help for a loved one with a personal problem, with 81.8% (P) and 72.7% (CCS) saying yes.
Table 4.26. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Whether They Would Seek Help For a Loved One with a Personal Problem, in Number (#) of Responses and Percentage (%) (N = 42)

<table>
<thead>
<tr>
<th>Response</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>81.8</td>
<td>16</td>
<td>72.7</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>18.2</td>
<td>4</td>
<td>18.2</td>
</tr>
</tbody>
</table>

| TOTALS   | 22    | 100%  | 20     | 90.9% |

Phase 2: Attitudes Toward the Counseling Profession

This phase examined the perceptions of parents and child-care staff toward the counseling profession, the aim being to reveal the commonalities and disagreements between these two groups on this matter.

As shown in Table 4.27, of 43 survey respondents, the large number of responses indicated that about 50% of each group strongly agreed that counselors help individuals grow and develop. Neither parents nor child-care staff strongly disagreed with the statement that counselors help individuals grow and develop.
Table 4.27. Frequency Analysis of Whether Counselors Help Individuals Grow and Develop, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 43)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>9</td>
<td>41.0</td>
<td>13</td>
<td>59.1</td>
</tr>
<tr>
<td>Agree</td>
<td>10</td>
<td>45.5</td>
<td>6</td>
<td>27.3</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>4.5</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

As shown in Table 4.28, of 43 survey respondents, the combination of the most frequent number of responses indicated that counseling services provide guidance and alternatives.
Table 4.28. Frequency Analysis of Whether Counseling Services Provide Guidance and Alternatives, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 43)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>11</td>
<td>50</td>
<td>12</td>
<td>54.6</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>36.4</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>4.5</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Totals                | 21  | 95.5%| 22  | 100% |

As shown in Table 4.29, of 43 survey respondents, the combination of the most frequent number of responses indicated that counselors get permission from parents before consulting the child.
Table 4.29. Frequency Analysis of Whether Counselors Get Permission from Parents before Consulting with the Child, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 43)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>12</td>
<td>54.6%</td>
<td>10</td>
<td>45.5%</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>22.7%</td>
<td>8</td>
<td>36.4%</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>4.5%</td>
<td>3</td>
<td>13.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
<td>13.6%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>21</strong></td>
<td><strong>95.5%</strong></td>
<td><strong>22</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

As shown in Table 4.30, of 43 survey respondents, the combination of the most frequent number of responses indicated that counselors involve parents in group or individual counseling sessions.
Table 4.30. Frequency Analysis of Whether Counselors Involve Parents in Group and Individual Counseling Sessions, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 43)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>13</td>
<td>59.1</td>
<td>10</td>
<td>45.5</td>
</tr>
<tr>
<td>Agree</td>
<td>4</td>
<td>18.2</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>4.5</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td>9.1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>21</td>
<td>95.5%</td>
<td>22</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 4.31, of 42 survey respondents. The calculated percentage equaled 95.4% responded. The combination of the most frequent number of responses indicated to counselors motivate children to learn: Attitudes scale, 18(40.9%) strongly agreed while 12(27.3%) agreed.
Table 4.31. Frequency Analysis of Whether Counselors Motivate Children to Learn, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 42)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>12</td>
<td>54.6%</td>
<td>6</td>
<td>27.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>31.8%</td>
<td>5</td>
<td>22.7%</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>9.1%</td>
<td>9</td>
<td>40.9%</td>
</tr>
<tr>
<td>Disagree</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4.5%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

TOTALS 21 95.5% 21 95.5%

As shown in Table 4.32, of 42 survey respondents, the combination of the most frequent number of responses indicated that counselors help children with test taking skills.
Table 4.32. Frequency Analysis of Whether Counselors Help Children with Test-Taking Skills, for Parents (P) and Child-Care Staff (CCS), in Number (\#) of Responses and Percentage (\%) (N = 42)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>CCS</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>9</td>
<td>40.9</td>
<td>4</td>
<td>18.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>9</td>
<td>40.9</td>
<td>9</td>
<td>40.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>9.1</td>
<td>6</td>
<td>27.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>1</td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>–</td>
<td>–</td>
<td>1</td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTALS 21 95.5% 21 95.5%

As shown in Table 4.33, of 43 survey respondents, the combination of the most frequent number of responses indicated that counselors discussed social problems within the community.
Table 4.33. Frequency Analysis of Whether Counselors Discuss Social Problems within the Community, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 43)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>7</td>
<td>31.8</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>22.7</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td>Undecided</td>
<td>5</td>
<td>22.7</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>3</td>
<td>13.6</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

TOTALS 21 95.5% 22 100%

As shown in Table 4.34, of 41 survey respondents, the combination of the most frequent number of responses indicated that counselors believed in confidentiality.
Table 4.34. Frequency Analysis of Whether Counselors Believe in Confidentiality, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 41)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>9</td>
<td>40.9</td>
<td>11</td>
<td>50</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>31.8</td>
<td>6</td>
<td>27.3</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>9.1</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>4.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>20</td>
<td>90.8%</td>
<td>22</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 4.35, of 42 survey respondents, the combination of the most frequent number of responses indicated that counselors made visits into various neighborhoods.
Table 4.35. Frequency Analysis of Whether Counselors Make Visits into Various Neighborhoods, for Parents (P) and Child-Care Staff (CCS), in Number (\#) of Responses and Percentage (%) (N = 42)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th></th>
<th>CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>5</td>
<td>22.7</td>
<td>9</td>
<td>40.9</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>31.8</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Undecided</td>
<td>4</td>
<td>18.2</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
<td>13.6</td>
<td>2</td>
<td>9.0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>4.5</td>
<td>1</td>
<td>4.5</td>
</tr>
</tbody>
</table>

TOTALS 20 90.8% 22 100%

As shown in Table 4.36, of 42 survey respondents, the combination of the most frequent number of responses indicated that counseling services intervened early for potential problems.
Table 4.36. Frequency Analysis of Whether Counseling Services Intervene Early for Potential Problems, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 42)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th></th>
<th>CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>7</td>
<td>31.8</td>
<td>11</td>
<td>50</td>
</tr>
<tr>
<td>Agree</td>
<td>3</td>
<td>13.6</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>Undecided</td>
<td>8</td>
<td>36.4</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1</td>
<td>4.5</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| TOTALS          | 20     | 90.8% | 22  | 100% |

As shown in Table 4.37, of 41 survey respondents, most of the child-care staff and parents agreed that counseling services exist in day-care centers; however, note the rather large dissenting vote (18.2%) among parents.
Table 4.37. Frequency Analysis of Whether Counseling Services Exist in Day-Care Centers, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 41)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>6</td>
<td>27.3</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>31.8</td>
<td>11</td>
<td>50</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>9.1</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>18.2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>4.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>20</td>
<td>90.8</td>
<td>21</td>
<td>95.5</td>
</tr>
</tbody>
</table>

As shown in Table 4.38, of 42 survey respondents, the combination of the most frequent number of responses indicated that counselors made attempts to understand an individuals' problems.
Table 4.38. Frequency Analysis of Whether Counselors Make Attempts to Understand an Individual's Problems, for Parents (P) and Child-Care Staff (CCS), in Number (#) of Responses and Percentage (%) (N = 42)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th></th>
<th>CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>10</td>
<td>45.5</td>
<td>12</td>
<td>54.6</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>31.8</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>9.1</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>20</td>
<td>90.8%</td>
<td>22</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 4.39, of 42 survey respondents, the combination of the most frequent number of responses indicated to counselors communicating to teachers, administrators and community parents on counseling concerns among children.
Table 4.39. Frequency Analysis of Whether Counselors Communicate to Teachers, Administrators, and Community Parents on Counseling Concerns Among Children, for Parents (P) and Child-Care Staff in Number (#) of Responses and Percentage (%) (N = 42)

<table>
<thead>
<tr>
<th>Attitudes Scale</th>
<th>P</th>
<th>%</th>
<th>CCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>11</td>
<td>50</td>
<td>12</td>
<td>54.6</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>27.3</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>9.1</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>4.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>20</td>
<td>90.8%</td>
<td>22</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 4.40, of 32 survey respondents, the parents and child-care staff, when asked what problems kept them from being involved in counseling services, approximately agreed, with parents stating that demands at home (31.8%) were their strongest reason and being physically tired (4.5%) the weakest, while the child-care staff gave roughly equal weight to demands at home (22.7%), being physically tired (18.2%), and lack of confidentiality were the least cited reasons (9.1%).
Table 4.40. Frequency Analysis of Parents (P) and Child-Care Staff (CCS), on the Problems that Keep Them Being Involved in Counseling Services, in Number (\#) of Responses and Percentage (%) (N = 32)

<table>
<thead>
<tr>
<th>Problem</th>
<th>P</th>
<th></th>
<th>CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Involvement</td>
<td>#</td>
<td>%</td>
<td>Lack of Involvement</td>
<td>#</td>
</tr>
<tr>
<td>Demands at Home</td>
<td>7</td>
<td>31.8</td>
<td>Demands At Home</td>
<td>5</td>
</tr>
<tr>
<td>Physically Tired</td>
<td>1</td>
<td>4.5</td>
<td>Physically Tired</td>
<td>4</td>
</tr>
<tr>
<td>No Need for Service</td>
<td>4</td>
<td>18.2</td>
<td>No need for Service</td>
<td>4</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>5</td>
<td>22.7</td>
<td>Confidentiality</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>17</strong></td>
<td><strong>77.2%</strong></td>
<td><strong>15</strong></td>
<td><strong>68.2%</strong></td>
</tr>
</tbody>
</table>

As shown in Table 4.41, of 36 survey respondents, the parents surveyed and child-care staff roughly agreed on how frequently they would use counseling services, with the unexpected exception being that twice as many parents (54.5%) as child-care staff (27.2%) answered that they would use these services regularly.
Table 4.41. Frequency Analysis of Parents (P) and Child-Care Staff (CCS) on Frequency of Using Counseling Services, in Number (#) of Responses and Percentage (%) (N = 32)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>P</th>
<th></th>
<th></th>
<th>CCS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td></td>
<td>#</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Regularly</td>
<td>12</td>
<td>54.5</td>
<td></td>
<td>6</td>
<td>27.2</td>
<td></td>
</tr>
<tr>
<td>Seldom</td>
<td>6</td>
<td>27.3</td>
<td></td>
<td>4</td>
<td>18.2</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
<td>13.6</td>
<td></td>
<td>4</td>
<td>18.2</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>22</td>
<td>100%</td>
<td></td>
<td>14</td>
<td>63.6%</td>
<td></td>
</tr>
</tbody>
</table>

Phase 3: Quantitative Analysis

The quantitative analysis phase revealed that the surveyed parents and child-care staff agrees on the role of counseling services within the day-care center as one step in meeting children's needs. Both groups endorsed the presence of preschool counselors as a way of educating, caring for, and responding to all those involved with the preschool program.

Comments in Section C were few yet significant. The parents made such statements as: (1) Counseling services
would meet the needs of parents and their children as well as possibly help the child-care community get along; (2) Counseling services would provide alternatives for social problems that exist in the community; (3) Counseling services in child-care would get parents and teachers more involved in addressing young children's needs; (4) Parenting skills are vitally important in order to forge the communication linkage of parents, children, and the community.

The child-care staff's comments included such statements as: (1) Counseling services would be beneficial; (2) Counseling services are very much needed to educate teen-age mothers, unwed mothers, and single-heads of households on parenting skills; (4) If actualized, counseling would help parents to choose positive alternatives for coping with parenthood, to be better role models for their children, and to become more involved in their children's education. (5) A preschool counselor would possibly provide services to improve preschoolers' social behaviors so that teachers can concentrate on teaching instead of also becoming classroom counselors on social problems; (6) An experienced counselor in the day-care center is needed because the counselor would be able to detect potential problems before they emerge; (7) Counseling services should be available throughout the school year.
Phase 4: Analysis of Research Hypotheses

This phase included statistical analyses such as t test and chi square on attitudinal statements for each research hypotheses. The statistical analysis was computerized on the UNIX 3-B15 Statistical Analysis Package for the Social Sciences (SPSS). The .05 level of significance served as the criterion for rejecting a null hypotheses.

As shown in Table 4.42, of survey respondents, the t test test of Hypothesis One, whether parents and child-care staff think significant that counselors help individuals grow and develop. Table 4.42 reveals no significant difference in the affirmative opinions of parents and child-care staff on this null hypothesis. Hypothesis One rejects the null hypothesis.

Table 4.42. Computation of the t test on Question 1 (Q1) Attitudinal Statement of Whether Counselors Help Individuals Grow and Develop, for Parents (Group 1) and Child-Care Staff (Group 2) \((N = 44)\)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Number of cases</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>22</td>
<td>22</td>
<td>2.045</td>
<td>1.731</td>
<td>.369</td>
<td></td>
</tr>
</tbody>
</table>


Continuation of Table 4.42. Computation of the t test on Question 1 (Q1) Attitudinal Statement of Whether Counselors Help Individuals Grow and Develop for Parents (Group 1) and Child-Care Staff (Group 2) (N = 44)

<table>
<thead>
<tr>
<th>F value</th>
<th>2-Tail Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.50</td>
<td>.001</td>
</tr>
</tbody>
</table>

Pooled Variance Estimation

<table>
<thead>
<tr>
<th>T value</th>
<th>Degree of freedom 2-Tail Probability</th>
</tr>
</thead>
</table>
| 1.25    | 42                                   | .220                                  

As shown in Table 4.43, of survey respondents, tested Hypothesis Two, whether parents and child-care staff think that counseling services provide guidance and alternatives for resolving social problems. Table 4.43 reveals no statistically significant difference in the affirmative opinions of parents and child-care staff on this null hypothesis. Hypothesis Two rejects the null hypothesis.
Table 4.43. Computation of the t test on Question 2 (Q2) Attitudinal Statement of Whether Counseling Services Provide Guidance and Alternatives for Resolving Social Problems, for Parents (Group 1) and Child-Care Staff (Group 2) (N = 44)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number of Cases</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 Group 1</td>
<td>22</td>
<td>1.954</td>
<td>1.731</td>
<td>.375</td>
</tr>
<tr>
<td>Group 2</td>
<td>22</td>
<td>1.590</td>
<td>.796</td>
<td>.170</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F</th>
<th>2-Tail Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.88</td>
<td>.001</td>
</tr>
</tbody>
</table>

Pooled Variance Estimation

<table>
<thead>
<tr>
<th>T</th>
<th>Degree of 2-Tail Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>.88</td>
<td>42</td>
</tr>
</tbody>
</table>
As shown in Table 4.44, of survey respondents, tested Hypothesis One, whether parents and child-care staff think that counselors help individuals grow and develop. Table 4.44 reveals no statistically significant difference in the affirmative opinions of parents and child-care staff on this null hypothesis. Hypothesis One rejects the null hypothesis.

Table 4.44. Computation of the Chi square on Question 1 (Q1) Attitudinal Statement of Whether Counselors Help Individuals Grow and Develop, for Parents and Child-Care Staff (N = 44)

<table>
<thead>
<tr>
<th>Q1</th>
<th>Chi Square ($x^2$)</th>
<th>Degree of freedom (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 44</td>
<td>4.727</td>
<td>4</td>
</tr>
</tbody>
</table>

Significance = .316
As shown in Table 4.45, of survey respondents, tested Hypothesis Two, whether parents and child-care staff think that counseling services provide guidance and alternatives for resolving social problems. Table 4.45 reveals no statistically significant difference in the affirmative opinions of the parents and child-care staff on this null hypothesis. Hypothesis Two rejects the null hypothesis.

Table 4.45. Computation of Chi Square on Question 2 (Q2) Attitudinal Statement of Whether Counselors Provide Alternatives for Resolving Social Problems, for Parents (Group 1) and Child-Care Staff (Group 2) (N = 44)

<table>
<thead>
<tr>
<th>Q2</th>
<th>Chi Square (x^2)</th>
<th>Degree of freedom (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 44</td>
<td>1.043</td>
<td>4</td>
</tr>
</tbody>
</table>

Significance = .903

Summary

The results represented a sample size of 44 subjects. The demographic profiles indicated that the 44 respondents were predominantly African-American females (one male) in the Atlanta area and 25-35 years old. These parents were single heads-of-households, with one to four children between
one and five years old. The child-care were married, with one to two children between adolescence and adulthood. The child-care staff said that their primary professional objective was to be a positive role model for children. The attitudes of both groups toward the counseling profession were in agreement. Thus, the two null hypotheses were tested and rejected.
Although parents and child-care staff differed somewhat on their demographic profile, both groups agreed that day-care counseling services would answer the preschoolers' needs. The responses of these two groups helped the researcher to answer the two research questions (p. 7).

The first research question was, Is there a need for a formal counseling component to reduce the social problems that confront three- to five-year-old educationally disadvantaged children as perceived by parents and teacher? This study's results confirm that there is such a need. Over 90% of the parents and child-care staff were familiar with the counseling profession and believed that counseling helps individuals grow and develop.

The second research question was, What are the major social problems in the neighborhood of three- to five-year-old educationally disadvantaged children as perceived by parents and teachers? Parents and child-care staff ranked ten social problems, in descending order of importance, in their neighborhood. Both groups ranked drugs and alcohol as first and crime and violence as second. Although parents ranked lack of parental discipline as third, the child-care staff gave this rank to poverty, a decision very much in keeping with the Head Start Program's objective
to break the cycle of poverty. Parents, however, ranked poverty as ninth most serious. Both groups ranked suicide as tenth in importance (see Table 4.24).

This ordering of social problems by parents and child-care staff suggested a counseling model with components that would cover crisis, prevention, development, and facilitation (Pietrofesa, Hoffman, & Splete, 1984). Such a model could be used in early education programs such as the Head Start Program, which is a proven successful preschool program for three- to five-year-old educationally disadvantaged children. Lee, Schnur, & Brooks-Gunn (1988) reported that Head Start stimulates the cognitive development of preschoolers, for whom cognitive development by itself is not enough as they face social problems. Early intervention, which has shown in Head Start that it can help break the cycle of poverty, is proposed as a means of interrupting any at-risk potentialities or social problems that greatly threaten the lives of young children.

Preschool-age children and counseling in day care have been discussed but not yet actualized (Hohenshil & Hohenshil, 1989). However, counseling services are received or referred by the Head Start programs. M. T. Riley (1984) described the Telecommunications Intervention Program (TIP), a service which delivered preliminary Individualized Education Program (IEP) for Head Start handicapped children based
on computerized data base of long goals, short-term objectives, and specific related learning activities. During the second and third years of operation, over 5000 IEP's were implemented and over 800 hot-line calls were made for purposes of crisis intervention, short-term counseling, and other information services. The program serves Head Start programs in the states of Louisiana, Arkansas, Texas, Oklahoma, and New Mexico. Also, the Administration for Children, Youth and Families (1983) examined data on handicapped children in Project Head Start. The project provided services such as counseling for the 1980-1981 (full year and 1980 summer program).

Implications for Counseling

One of the major aims of preschool counseling is to prepare children for coping with social and other problems that they may have to face soon. In today's society, educating children at elementary age may be too late. A school counselor can serve as an advocate on the behalf of students—a function that may be quite crucial in some environments because, according to Gallup (1989), many teachers and administrators have a low regard for at-risk students, who threaten the overall campaign to increase educational standards.

The need for well planned and well staffed preschool services, including counseling, increases along with the
A rising number of single mothers who must juggle parenting and working (Niemi, 1989; Kopp, 1989). Trained counselors can recognize behavioral abnormalities in today's preschoolers, who must cope not only with an abundance of social problems (see Table 4.24) but also with a greatly diminished parental presence. Counselors' role in this early intervention process would be to discover the problem, provide referral services, and (with parental consent) try to help the child within the day-care setting. When this process works effectively, whether in a day-care center or at higher levels, teachers are left with more time to teach and their teaching methods can be shaped by the counselors' expertise on the children's development and needs. The day-care center counselor thus finds a place in the overall development of children, parents, and child-care staff (Belkin, 1981).

Counseling Models

The needs assessment substantiated a need for preschool day-care counseling services; however, the counseling literature does not address the specific developmental needs of three- to five-year-olds in a child-care environment. Therefore, anyone wanting to develop a counseling model for this age group should remember at all times that the model's mode of intervention should be based on the assessed developmental needs of the children. The two major objectives
of this counseling program development should be (1) to enhance program effectiveness and (2) to develop methods and alternatives for three- to five-year-old children, their parents, and teachers to resolve their personal and social problems. Keeping these guidelines in mind, the researcher designed a counseling model for three- to five-year-olds.

Contributing to this developmental intervention design were the Green model and Belayneh model for counseling services. The Green model was to help students in Third World underdeveloped countries acquire effective learning skills and counseling (R. V. Green, 1986; see Appendix F). This model contained components for learning skills development, recruitment, vocational guidance, and career counseling. The Belayneh model was designed to help Ethiopian students by including components on learning skills, attitudes, interest, understandings, and career counseling (Belayneh, 1990; see Appendix G). Although both of these models were devised to enhance the learning and career development of students, they have features that are applicable to a counseling model for three- to five-year-old children.

If successful, this counseling component can be, with necessary modifications, replicated in all early education programs across the nation, with the following benefits:

1. It will be helpful in developing programs to
alleviate the fears and frustrations that young children may have facing social problems.

2. It will be helpful to develop a counseling component to reduce at-risk potentials in young children.

3. It will be helpful to open the lines of communication among parents, young children, and child-care staff.

4. It will contribute significantly to the basic concept of intervention counseling with three- to five-year-old children.

5. It will add to the field of knowledge on the plight of low-income families for present and future reference.

The general objective to this counseling model for three- to five-year-old children is to break the cycle of poverty for educationally and economically underprivileged children. The counseling intervention in this model is to provide a therapeutic process for all participants. The program described in this model will render services implemented by the counseling services coordinator, who will be a trained professional counselor responsible for needs assessment, program planning, and program evaluation.

The counseling services coordinator will be directly assisted by the counselors, who will assist in promoting
counseling services, as well as be responsible for screening, placement, workshops, instructional planning, individual and group counseling, pupil evaluation, and program evaluation. Aiding the counseling services coordinator and the counselors in their intervention role will be the action team, consisting of parents, teachers, and community liaisons.

The content of the model's counseling services has been derived from the rank order of social problems (see Table 4.24). The four major modes of counseling are facilitative, preventive, developmental, and crisis (Pietrofessa et al., 1984):

1. Facilitative Counseling is the process of helping clients to clarify a concern, such as understanding the family structure, getting along with classmates, or coping with his/her own personality and aptitude.

2. Preventive Counseling is programmatic, that is, it will deal with all serious social problems, whether or not the children are showing signs of being affected by them.

3. Developmental Counseling is an ongoing process that occurs throughout an individual's entire life span. The counseling focuses on helping individuals achieve positive growth and
development. The possible concerns for this type of counseling are discussion of learning skills, vocational choices, interpersonal relationships, and personal hygiene.

4. Crisis Center Counseling occurs in situations where there is child abuse and neglect, homelessness, death, and separation/divorce. This counseling service will consult other services and agencies and/or make referrals. Each of these four components will be used whenever needed. The time lines for the delivery and application of each service will vary, and, because of the age of the children, there will be no direct contact with the child without consent from the parent or legal guardian. All activities within the counseling model will be reported back to the counseling services coordinator, as shown in Figure 5.1. The model provides for the on-going evaluation of each service and its result. When necessary, the whole staff will discuss possible changes in the model.

Summary

Early education programs should provide an environment conducive to youngsters' cognitive development. Ideally, a counselor should be on staff to prepare the children for the social problems that they will be confronted with.
This model focused on meeting the counseling needs of three- to five-year-old educationally disadvantaged children as perceived by parents and teachers. Maslow (1959) suggested that these children's needs are ever-changing. The goal of this model is to respond to those changing needs of disadvantaged children by offering them alternatives for combating social problems and thus giving them a chance at social mobility.
A preschool counseling program can be used by the staff and family to insure that the children's personal and cognitive development will progress so that they will be able to meet the educational, emotional, and social demands that will be made of them later.

**Recommendation**

This counseling model is recommended for educationally disadvantaged preschoolers as a way of reducing their academic, emotional and social problems later in school. The intervention counseling described in this model can occur in either a group or individual setting and should be conducted by the preschool day-care counselor.

The lack of literature on the counseling needs of preschoolers is the chief limitation of this study, and it leads to a second recommendation: that the counseling needs for three- to five-year-olds be of further research. The earlier that behavioral problems are addressed, the smaller in magnitude they often are, and, therefore, resolvable with less time-and-cost effort, less damage done to the social community, and less emotional readjustment or trauma for the person involved.
APPENDICES
Ms. Doris Etheridge,
Director
Clark Atlanta University
Head Start Program
James P. Brawley Drive at Fair Street, S.W.
Atlanta, Georgia 30314

April 6, 1990

Dear Ms. Etheridge:

I am writing to ask your permission to conduct a one-week observational study, at the Kennedy Head Start Center. This observational study is part of the requirements for dissertation study on the topic, "Counseling Needs of Three- to Five-Year-Old Educationally Disadvantaged Children, as Perceived by Parents and Teachers."

After completion of the study, I will send you a copy of my dissertation. I look forward to hearing from you.

Yours truly,

Bonnie V. Starr
PERMISSION STATEMENT

Clark Atlanta University's Head Start program gave Bonnie Starr permission to conduct a one (1) week, observational study, from April 23-27, 1990, at Kennedy Head Start Center.

Ms. Starr's observational study was part of the requirement for dissertation study on the topic "Counseling needs of 3-5 year old educationally disadvantaged children, as perceived by parents and teachers".

Doris R. Etheridge
Head Start Director

cc: File Copy
COUNSELING AND HUMAN DEVELOPMENT QUESTIONNAIRE

Dear Parent:

Your perceptions of child care and attitudes toward the counseling profession are very helpful at this time. Please indicate your answers to the following statements, and return this questionnaire to the center manager. Thank you for your cooperation and assistance. Your honest responses to the questions will help improve the child care services. Please do not put your name on the questionnaire.

Again thanks!

*******************************************************************************************

SECTION A: Demographic Information
[CHECK ONE]

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>2. Gender</td>
<td>3. Marital Status</td>
<td>4. Ethnicity</td>
</tr>
<tr>
<td><em>2. 20-24</em></td>
<td><em>2. Female</em></td>
<td><em>2. Married</em></td>
<td><em>2. Caucasian</em></td>
</tr>
<tr>
<td><em>3. 25-29</em></td>
<td><em>3. Hispanic-American</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>4. 30-34</em></td>
<td><em>4. Asian-American</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>5. 35-39</em></td>
<td><em>5. Other</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_<em>6. over 40</em></td>
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<tbody>
<tr>
<td><em>1. Some high school</em></td>
<td><em>1. Full-time</em></td>
<td><em>1. &lt;$5,000</em></td>
<td></td>
</tr>
<tr>
<td><em>2. Completed high school</em></td>
<td><em>2. Part-time</em></td>
<td><em>2. $5,100-$7000</em></td>
<td></td>
</tr>
<tr>
<td><em>3. Some college/technical training</em></td>
<td><em>3. Unemployed</em></td>
<td><em>3. $7,100-$9000</em></td>
<td></td>
</tr>
<tr>
<td><em>4. Completed college</em></td>
<td><em>4. Other</em></td>
<td><em>4. $9,100+</em></td>
<td></td>
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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>8. Where do you live?</td>
<td>9. How long have you lived in this neighborhood?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>1. Metropolitan Atlanta</em></td>
<td><em>1. under 1 year</em></td>
<td><em>4. 10-14 years</em></td>
<td></td>
</tr>
<tr>
<td><em>2. Suburban area</em></td>
<td><em>2. 1-4 years</em></td>
<td><em>5. over 15 years</em></td>
<td></td>
</tr>
<tr>
<td><em>3. Nearby county</em></td>
<td><em>3. 5-9 years</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Other (specify)</strong>__________________</td>
<td></td>
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</thead>
<tbody>
<tr>
<td>10. Number of children, presently living at home.</td>
<td>11. Write the age(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>1. 1-2</em></td>
<td><em>1.</em></td>
<td><em>2.</em></td>
<td><em>3.</em></td>
</tr>
<tr>
<td><em>2. 3-4</em></td>
<td><em>4.</em></td>
<td><em>5.</em></td>
<td><em>6.</em></td>
</tr>
<tr>
<td><em>3. 5 or more</em></td>
<td><em>7.</em></td>
<td><em>8.</em></td>
<td><em>9.</em></td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
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<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>12. Have you used other child care services?</td>
<td>13. Types of previous child care services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>1. yes [If yes, go to 13].</em></td>
<td><em>1. Family member besides older child.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>2. no [If no, go to 14].</em></td>
<td><em>2. Older child</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>1. Never</em></td>
<td><em>4. Day care center</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>2. Seldom</em></td>
<td><em>5. Other (specify)</em>___________________</td>
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</tr>
<tr>
<td><em>3. Regularly</em></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><em>4. Often</em></td>
<td></td>
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<tr>
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<tbody>
<tr>
<td>15. Does your child(ren) suffer from a physical illness such as Bronchitis, Asthma and/or Allergies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>1. yes</em></td>
<td><em>1. yes</em></td>
<td><em>2. no</em></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>16. Is your child handicapped?</td>
<td>17. Total number of hours away from child, during the week while he/she is in Head Start?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>1. yes</em></td>
<td><em>1. Less than 20 hours per week.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>2. no</em></td>
<td><em>2. 20-30 hours per week.</em></td>
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<tr>
<td></td>
<td><em>3. 31-40 hours per week.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>4. More than 40 hours per week.</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please continue!
APPENDIX C: Parents Counseling and Human Development Questionnaire, page 2

18. How difficult has it been for you to juggle the combination of work, home, school and child(ren)?
   ___ 1. Not difficult.
   ___ 2. Sometimes difficult.
   ___ 3. Usually difficult.

19. Rank the order of social problems in your neighborhood. 1 is the highest ranking and 10 is the lowest ranking.
   Unwed pregnancy  Suicide
   Juvenile delinquency  Poverty
   School drop-outs  Veneral disease
   Crime/Violence  Sexual promiscuity
   Drugs and alcohol abuse  Lack of parental discipline

20. Are you familiar with the counseling profession?
   ___ 1. yes
   ___ 2. no

21. Would you seek help with a loved one for a personal problem?
   ___ 1. yes
   ___ 2. no (If no, why? )

SECTION B: ATTITUDES TOWARD THE COUNSELING PROFESSION
Instructions: Indicate your level of agreement with each statement by circling the appropriate responses:

Strongly Agree (SA)
Agree (A)
Undecided (U)
Disagree (D)
Strongly Disagree (SD)

1. Counselors help individuals grow and develop. ___________ SA A U D SD

2. Counseling services provide guidance and alternatives. ___________ SA A U D SD

3. Counselors get permission from parents before consulting the child. ___________ SA A U D SD

4. Counselors involve parents in group or individual counseling sessions. ___________ SA A U D SD

5. Counselors motivate children to learn. ___________ SA A U D SD

6. Counselors help children with test taking skills. ___________ SA A U D SD

7. Counselors discuss social problems within the community. ___________ SA A U D SD

Please continue!
8. Counselors believe in confidentiality. 
9. Counselors come into the neighborhood. 
10. Counseling services can intervene early of potential problems. 
11. Counseling services exist in day care centers. 
12. Counselors make an attempt to understand a individuals' problem. 
13. Counselors communicate to teachers, administrators and community parents counseling concerns among children. 
14. What problems would keep you from becoming involved in counseling services? 
   1. Other demands at home. 
   2. Physically tired. 
   3. No need for service. 
15. Would you utilize counseling services. 
   1. Regularly 
   2. Seldom 
   3. Never 
   4. Often 

Please provide any comments that you may have about counseling in the day care center. 

Thank you for your participation!
APPENDIX D: Child Care Staff Counseling and Human Development Questionnaire, page 1

p.3

4. Counselors involve parents in group or individual counseling sessions. SA A U D SD

5. Counselors motivate children to learn. SA A U D SD

6. Counselors help children with test taking skills. SA A U D SD

7. Counselors discuss social problems within the community. SA A U D SD

8. Counselors believe in confidentiality. SA A U D SD

9. Counselors come into the neighborhood. SA A U D SD

10. Counseling services can intervene early of potential problems. SA A U D SD

11. Counseling services exist in day care centers. SA A U D SD

12. Counselors make an attempt to understand an individual's problem. SA A U D SD

13. Counselors communicate to teachers, administrators and community parents counseling concerns among children. SA A U D SD

14. What problems would keep you from becoming involved in counseling services?

1. Other demands at home.
2. Physically tired.
3. No need for service.

15. Would you utilize counseling services.

1. Regularly
2. Seldom
3. Never
4. Often

SECTION C: COMMENTS SECTION

Please provide any comments that you may have about counseling in the day care center.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
COUNSELING AND HUMAN DEVELOPMENT QUESTIONNAIRE

Dear Child care staff:

Your perceptions of child care and attitudes toward the counseling profession are very helpful at this time. Please indicate your answers to the following statements, and return this questionnaire to the center manager. Thank you for your cooperation and assistance. Your honest responses to the questions will help improve the child care services. Please do not put your name on the questionnaire.

Again thanks!

*******************************************************************************

SECTION A: Demographic Information

1. Age
   1. 20-24
   2. 25-29
   3. 30-34
   4. 35-39
   5. 40-44
   6. over 45

2. Martial Status
   1. Single
   2. Married

3. Gender
   1. Male
   2. Female

4. Ethnicity
   1. African-American
   2. Caucasian
   3. Hispanic-American
   4. Asian-American
   5. Other

5. Educational level
   1. Some high school
   2. Completed high school
   3. Some college/technical training
   4. Completed college

6. Profession
   1. Center manager
   2. Teacher
   3. Paraprofessional
   4. Other (specify)

7. Where do you live?
   1. Metropolitan Atlanta
   2. Suburban area
   3. Nearby county
   4. Please specify

8. How long have you lived in this area?
   1. under 1 year
   2. 1-4 years
   3. 5-9 years
   4. 10-14 years
   5. over 15 years

9. Do you have child(ren)?
   1. yes (If yes, answer Nos. 10 & 11).
   2. no (If no, go to 19).

10. Number of children presently living at home.
    1. 1-2
    2. 3-4
    3. 5 or more

11. Write the age(s).
    1. __
    2. __
    3. __
    4. __
    5. __
    6. __
    7. __
    8. __

12. Does your child(ren) use child care?
    1. yes (If yes, go to 13).
    2. no (If no, go to 17).

13. Types of child care services.
    1. Family member besides older child.
    2. Older child
    3. Neighbor
    4. Day care center
    5. Other (specify)

14. How often does your child(ren) miss school?
    1. Never
    2. Seldom
    3. Regularly
    4. Often

15. Does your child(ren) suffer from a physical illness such as Bronchitis, Asthma and/or Allergies.
    1. yes
    2. no

16. Is your child handicapped?
    1. yes
    2. no

17. Total number of hours away from child during the week while he/she is at school?
    1. Less than 20 hours per week.
    2. 20-30 hours per week.
    3. 31-40 hours per week.
    4. More than 40 hours per week.

Please continue!
APPENDIX D: Child Care Staff Counseling and Human Development Questionnaire, page 3

18. How difficult has it been for you to juggle the combination of work, home, school and child(ren)?
   1. Not difficult.
   2. Sometimes difficult.
   3. Usually difficult.

19. Is this your first work experience in child care?
   1. yes  ls. If yes, where?
   2. no  2a. If no, what did you do?

20. Did you choose child care for any of the following reasons?
   1. Ability to care for children.
   2. Challenge.
   3. To be a positive role model.
   5. Salary.
   6. Interest.

21. Have you ever utilized Federal assistance?
   1. yes
   2. no
   3. Please specify

22. How did you hear about Project Head Start?
   1. Newspaper
   2. Media (Radio/Television)
   3. Bulletin Boards
   4. Friends
   5. Please specify

23. Rank the order of social problems in this neighborhood. 1 is the highest and 10 is the lowest ranking.
   Unwed pregnancy
   Juvenile delinquency
   School drop-outs
   Crime/Violence
   Drugs and alcohol abuse
   Suicide
   Poverty
   Veneral disease
   Sexual promiscuity
   Lack of parental discipline

24. Are you familiar with the counseling profession?
   1. yes
   2. no

25. Would you seek help for a personal problem?
   1. yes
   2. no (If no, why?)

SECTION B: ATTITUDES TOWARD THE COUNSELING PROFESSION
Instructions: Indicate your level of agreement with each statement by circling the appropriate responses:

Strongly Agree (SA)
Agree (A)
Undecided (U)
Disagree (D)
Strongly Disagree (SD)

1. Counselors help individuals grow and develop. ________________SA A U D SD

2. Counseling services provides guidance and alternatives. ________________SA A U D SD

3. Counselors get permission from parents before consulting the child. ________________SA A U D SD
CLARK ATLANTA UNIVERSITY
HEAD START PROGRAM

"Reaching Children...Helping Families"
YOUR NEIGHBORHOOD HEAD START
AND PARENT CHILD CENTER CAN...

- Provide educational enrichment and socialization skills for children.
- Help families find and use community support resources.
- Get parents involved in the education of their children.
- Provide medical, dental, mental health, and nutritional services.

Head Start is for the handicapped.
All handicapped children enrolled in the program will receive all benefits and services.

To Qualify for Head Start and/or the Parent Child Center:
Children must be 0-5 years of age.

Enroll Now...Classes Start Soon
A Free Preschool Program
Clark Atlanta University
Head Start Program
Administrative Offices
1128 Garden Street, S.W.
Atlanta, Georgia 30310
(404) 758-2008

Funded by the United States Department of Health & Human Services, Administration for Children, Youth & Families.
### APPENDIX F: A Learning Skills and Counseling Model for Developing Countries


**Learning Skills Development, Recruitment, Vocational Guidance and Career Counseling Model**

<table>
<thead>
<tr>
<th>Student Inputs</th>
<th>Assessment of</th>
<th>PASS</th>
<th>FAIL</th>
<th>Technical Skills Training, LSD</th>
<th>Specialist-PP</th>
</tr>
</thead>
</table>
| (CD-FR-PP-AVC)
Recomm Program | - Academics  
- Dropouts  
- Women  
- Counselors at technical schools and vocational development technical institutes  
- Secondary schools (for their experience in order to develop prevention strategies) | Attitude  
Personality self esteem/ concept  
Learning skills development (LSD)  
Prescription of program services (pre and post evaluation) | Assign to LSD laboratory for intensive training 1. Communication skills (reading, writing, speaking, listening)  
2. Computational math skills  
3. "Learning-to-Learn" (study skills) | 1. Personal counseling (CD-PP)  
2. Academic counseling (CD-PP) including tutoring by senior students  
3. Vocational guidance (CD-PP)  
4. Career counseling (CD-PP) |  

---

Key personnel to accomplish tasks:
- CO—Counselor, PR—Principal (or Director), AVC—Advisory Committee, PP—Paraprofessionals (teachers, advanced students), LSD—Learning Skills Development Staff, LSD Specialist—Person with special training and experience in developmental education program administration and operation, TI—Technical Instructor.
APPENDIX H: Annotated Counseling Model for Three- to Five-Year-Old Children

COUNSELING SERVICES COORDINATOR

COUNSELORS

ACTION TEAM
Parents
Teachers
Community Liaisons

3 to 5 YEAR-OLDS

FACILITATIVE COUNSELING
PREVENTIVE COUNSELING
DEVELOPMENTAL COUNSELING
CRISIS CENTER COUNSELING

EVALUATIONS

OUTCOMES & FOLLOW-UP

ANNOTATED COUNSELING MODEL FOR THREE- TO FIVE-YEAR-OLD CHILDREN
REFERENCES
REFERENCES


In the United States Department of Education. (1988).

Digest of education statistic, 1988. Washington, DC:


Early child care: The new perspective. New York:

Alherton Press.


Atlanta, GA: Georgia Department of Education.


