

# **Access of Children with Disabilities to Services in Public Day Care Centers in Bicol**

## **INTRODUCTION**

Children with physical disabilities are problems of public concern. Their disabilities set them personally and socially at a disadvantage. Being less able to respond and relate to people normally, they may find themselves ever relying on their families for support and tend to be withdrawn from people whom they feel would treat them differently for their disabilities. It would be even more discomfoting when a physically disabled child is placed in the poverty of parents who just cannot meet the needed material means and understanding as well as care for their disabled child. In such situation, parents may either provide more care or lack of it, resulting in any case to the strengthening of feelings of inferiority with the child being overly concerned for his or her deficiency. The disabled child may then grow up with deepening consciousness for his or her physical deficiency. Bitterness felt for this misfortune may be turned against other people. With unresolved personal crisis, other more regressive actions may be resorted to which may

consequently conflict and exhaust the patience of his or her parents and other people around him or her.

Finding acceptance and integration in the school system is also less convenient for the disabled children. Their feelings of inferiority may be more accentuated by the fact that they could not freely interact with their peers and join readily with their play and other school activities. Basically holding on to one's self with the least encouraging home conditions for learning, they tend to lag behind in the class. Unable to meet the demands of the teachers for learning and achievement, they may finally lose interest and drop out from the school. Failing then to acquire education and skills, they end up in the ranks of the socially and economically marginalized individuals who remain subsisting largely on other people's generosity and hardly able to share something for the family and the community. When unassisted, therefore, children with disabilities could become a problem of the family and society.

But, how socially extensive and really serious is the problem of children with disabilities? Statistics show that about 650 million constituting 10% of the world's population are persons with disability (United Nations Development Program Report, 2000). Eighty (80) percent of

them live in developing countries where majority is excluded from the mainstream of development. In the Philippines alone, there are five (5) million persons with disabilities and 70% of them are found in the rural and remote areas (CWC, 2007). Twenty (20) percent are children and one out of five children, ages 0-6 years old, were reported suffering from physical and mental disabilities and 50% acquired disabilities in hearing, vision and motor skills (NSO, 2000).

The growing awareness on the problem of disabled persons has led to a series of international conference to which the Philippines had participated and signified its commitment to enact policies on special education for children and youth with special needs. The 1992 Magna Carta for Disabled Persons (R.A. 7277), therefore, came into existence. Subsequent amendment of its provision provided for "the rehabilitation, self-development and self-reliance of disabled persons and their integration into the mainstream of society." Other subsequent mandated policies for implementation require Higher Education Institutions (HEIs) to admit learners with special needs and modify its facilities and equipment that would likewise meet the needs of the physically handicapped children. Recently enacted law, the Accessibility Law (BP 344), has

expressed the Philippine commitment to Biwako Millenium Framework and the Early Childhood Care and Development Act (RA No.8980.

These government policies and efforts are all meant essentially to provide liberal access to opportunity and education that will enable children with special needs to overcome any underlying sense of frustration and inferiority, learn to integrate socially, and acquire knowledge and skills that would make them as productive self-relying individuals, and not remain as mere object of sympathy and support nor as problem-causing socially unadjusted persons. But though already a good number of children with disabilities have been admitted yearly and made to attend regular classes in schools, only 3% to 5% of them are reported able to complete elementary education. This is way below the desired 75% of children with special needs who should complete at least elementary education.

Apparently, certain problems seem to be lying somewhere. Some factors, as pointed out by the Council for the Welfare of Children, hampered the implementation of the plan to integrate physically handicapped children and youth into the mainstream of community life (CWC, 2007). The CWC then recommended that programs and projects on rehabilitation of children with disabilities be linked with

broader development initiatives, such as poverty reduction and social equity promotion. One critical conditions identified is access where barriers are removed and opportunities are created so that children and persons with disabilities will enjoy the right to basic services.

An assessment, therefore, is needed in order to find out the status of the existing Public Day Care Centers and find a way to address the limitations that tended to constrain the full implementation of the program.

### **Objectives of the Study**

The study aimed to assess the state of access to services of children with disabilities in the Public Day Care Centers in Bicol. Specifically, the study sought answers to the following questions:

1. Do Public Day Care Centers conform to provisions of Accessibility Law (Batas Pambansa, No. 344) in terms of structural designs of their ramp, washroom and toilet, parking areas and slots, signages, non-skid flooring, doors and entrances, stairs, drinking fountains and public telephones?
2. Are the programs on health, nutrition, parent education, social services for children with special

- needs, and parental support available in the Public Day Care Centers?
3. What is the profile of Public Day Care workers in Region V (Bicol) in terms of education, training and experience in serving children with disabilities?
  4. Are there other external support services available for children with disabilities?

### **Significance of the Study**

The significance of this study lies on the needs that it basically aims to address problems that tend to constrain the efforts to integrate physically handicapped children and youth into the mainstream of life of the economy and society. Basically, any development program to be effective, must derive its reason for existence from a good grasp of reality and understanding of the problems that need to be resolved. Accurate judgment and more appropriate and sound decision-making usually depend on the full understanding of the problem. This condition becomes subsequently the basis of more fitting plan and system of management of the program implementation.

Understanding the real situation that surrounds the problem is equally important to the day care workers in the field. They need to be aware of the situation and the

problem that they will have to face in the community. Such awareness may guide them in finding ways on how to deal not only with the physically handicapped children they serve, but also with their parents who may need certain reorientation on the proper care and attention needed by their disabled children. Findings of the study may also be enlightening to the barangay officials and residents of the community and make them realize the conditions needed to make the Public Day Care Center sustainable and effectively serving and meeting the needs of the children with special needs in their locality.

### **Scope and Delimitation**

This study has dealt mainly on the condition of access to services of the children with disabilities in Public Day Care Centers of Region V (Bicol) anchored on the provisions of Accessibility Law (BP 344) regarding the appropriate structural designs of the building and facilities of the Public Day Care Center. Socially extended Programs and services were also determined. Also taken and described were the day care workers' qualifications in handling children with disability.

The study covered 80 Barangay Day Care Centers distributed in the six (6) provinces of Bicol: 13 for Albay, 17 in Camarines Sur, 13 in Camarines Norte, 12 in Catanduanes, 10 in Masbate and 15 in Sorsogon.

### **Review of Literature**

The idea of institutionalizing public support for children and youth with special needs came with the United Nations' Declaration of the International Year of Disabled Persons in 1981. This led to the adoption of universal policies on Special Education (SPED) for children and youth with special needs. A barrier-free, inclusive and human rights-based society was conceived to create opportunities for children and youth with disabilities for their integration in society which ensure equality and full protection of their human rights, including their rights to education (UNDP, 1981).

To firm up commitment and encourage public policies among countries, the United Nations Educational, Scientific and Cultural Organization (UNESCO) launched in 1990 the "Education for All" program, through an International Conference held in Jomtien, Thailand, with 157 countries, including the Philippines, subscribing to it. In the World Education Forum of the year 2000 in Dakar, Senegal, 182

countries had affirmed their commitment to support and achieve the goal of "Education for All." The program is enshrined with the assumption that "every child, youth and adult has the right to meet their basic learning needs" and these include their need to know, to do, to live together and to become what they aspire to be.

The efforts in the Philippines to actualize its commitment to the program resulted to the enactment of laws and policies which are meant to ensure protection and safeguard the rights of persons with disabilities to have access to education and other opportunities. These policies have been subjected for review by experts in 2007 to ensure equal access of persons with disabilities to primary and secondary education, vocational training, adult education and life-long learning (Article 4).

The Philippine laws and policies on the protection of the rights of disabled persons were anchored on the 1987 Constitution of the Philippines, Article XIV, Section 1 which clearly provides that: "The State shall protect and promote the right of all citizens to quality education at all levels and shall take appropriate steps to make such education accessible to all." Based on this provision, the 1992 Magna Carta for Disabled Persons which further reiterates adequate access to quality education and ample

opportunities to develop the skills of disabled persons was enacted as Republic Act No. 7277 (RA 7277). An amendment to this act was made under RA 9442 which provides for the rehabilitation, self-development and self-reliance of disabled persons and their integration into the mainstream of the economy and society. Another government mandate was CMO No. 23, Series of 2000 which requires Higher Education Institutions (HEIs) to admit learners with special needs, inclusion of SPED programs for Technical Education Institutions (TEIs), and modification of facilities and equipment to ensure quality education. Added to these are the Accessibility Law (Batas Pambansa (BP) 344, Philippine Commitment to Biwako Millenium Framework and the Early Childhood Care and Development (ECCD) Act (RA 8980) in 2000 which provided for the day-care program and the home-based program for the under- 6 years old age group.

To support the aforesaid endeavors, the National Plan of Action for Children of 2005-2010 emphasized the need for programs and services for children with disability. The plan enumerated the programs and services for children with disability, such as: Special Education (SPED), Community-Based Rehabilitation, Social Mobilization of Persons with Disabilities, Senior Citizens and their families, and Early Intervention Program.

The Department of Education has also made efforts to promote inclusive education by mainstreaming children with disabilities in regular classes. About 500 deaf and blind children are reportedly mainstreamed in regular schools yearly. Likewise, the Department of Social Welfare and Development (DSWD) issued Administrative Order No. 61, which guides the implementation of the "Tuloy Aral Walang Sagabal" (TAWAG) Project which literally means 'continuing education without barriers'. This project aims to mainstream 3-5 years old children with disabilities in the regular daycare services. Administrative Order No. 85 was also issued by the same department to guide the implementation of community-based social laboratory for children and youth with disabilities. This social laboratory is intended for building capacities and upgrading competencies of daycare workers, parents and siblings in mainstreaming children and youth with disabilities into normal community life.

But the whole efforts, it appears, have not been going on smoothly as envisioned. The Department of Education, for instance, also reported that only 3% to 5% of children with disabilities have been recorded completing elementary education. This figure is way below the target under the Biwako Millenium Framework, which sets it to 75% of school-

age children with disabilities who should complete at least elementary education. Certain restraining conditions were also observed by the Council for the Welfare of Children (CWC, 2007) that some factors hampered the program implementation. The council recommended a holistic approach: that programs and projects on prevention and rehabilitation of children with disabilities be linked with broader development initiatives, such as poverty reduction and social equity promotion. To mainstream disability issues and concerns in the total development process, one factor is access where barriers are removed and opportunities are created so that children and person with disability will enjoy the right to basic services.

The problems and situation related to the Public Day Care Centers in the Philippines have scarcely attracted more systematic documentation and studies. Existing researches, thus, on day care programs were largely from foreign countries. Observations in these countries anyhow are still worth looking into as possible eye-opener the fact that they were dealing with the same institution for handicapped children under conditions which were not completely different from what can be experienced in the Philippines.

In Romania, its day care centers for children with disabilities include such services as daytime care, like education, habilitation-rehabilitation, recreation and socialization, counseling, development of individual life-skills, school and professional guidance, education for parents and legal services. All of which were meant to prevent child abandonment and ensure that children especially those with disabilities are given proper care and attention (NACPA, 2004).

In Bijelo Polje, Montenegro, somewhere in southeastern Europe, a school-operated day care center that was evaluated by Limajic and Chiriacescu (2005) revealed problems of being inadequately financed. The school where the classroom used for early child care was without central heating system with equipment and facilities, including educational materials so inadequate. The day care teachers also felt the need for training, exchange and support in the field of disability; that the day care center was appreciably sustained basically through the initiative, good will and professionalism of the teachers.

In Newark, New Jersey, a study on early childhood care had shown that in an inclusive environment (that is, one with consciously organized curricula, more adaptive instructional materials and structured facilities),

preschool children with disabilities had learned well and gained social skills, self-control, language skills and cognition. The provision, thus, of more accessible and adaptive instructional materials and facilities were emphasized as quite contributory to the learning achievements of the preschool learners with disabilities (Boylan and Goldman, 2010).

Finally, Liewellyn and Thompson (2002) in their study on early childhood care that include children with disabilities, had listed a number of common problems experienced in the day care centers in Australia. These problems include: (1) obtaining and keeping competent staff, (2) the responsibility of giving extra care and fear of litigation owing to lack of knowledge and skills as well as resources to adequately meet the needs of children with disabilities, (3) ongoing separation of specialist and mainstream services that work against inclusion as it fosters competitive rather than collaborative working relationships, and (4) the extra load of uncoordinated services from parental dealings, vacation care, early intervention, etc. thereby having less 'floor time' with the children. Thus, surfacing as most critical is the need for a well-trained, experienced and competent teachers the fact that children with disabilities require greater

intervention, more patience and conscious efforts on the part of the teacher. Specialized education and training, as well as continuing professional development, are essential to inclusion if quality instruction is desired for all children in the classroom.

### **Framework of Analysis**

In view of the dearth of information on the program implementation of the day care services and the lack of researches about it in the locality of the Bicol region which apparently mean that the problems have yet to be identified, a guiding theory on the restraining problem of program implementation of the day care services cannot be possibly formulated for this study. At best, the **research design** that this study can undertake is an **exploratory** one.

Although exploratory in its design, the need to be systematic was nonetheless not taken for granted. The study then came up with its framework of analysis for assessing the status of the facilities and extended services of the Public Day Care Centers in the research areas. What to look into and assess was based on the mandated structural design of the building and facilities as stated in the Accessibility Law or Batas Pambansa 344. Assessment was, thus, made on the presence or absence, compliance and non-

compliance as would be evident on the given building structure and its facilities, such as: ramp, washroom and toilet, parking areas and slots, signages, non-skid flooring, suitable doors and entrances, stairs, handrails, drinking fountains, access to public telephone, and suitable physical environment especially for children with disabilities.

The physical structure and facilities were the immediate concern not alone for reason of the provision of said state law, but also because of its symbolic and psychological significance. The physical plant serves itself as tangible evidence to people of the existence of the kind of institutional function that the building is assumed to serve. People then will learn readily about the existence of the institution in terms of the building structure that he could see concretely of its presence in the surrounding. When asked, therefore, about the existence of a certain institution, like the church, the school, or barangay health center in their place, it is the physical structure of the building that they could more readily visualized than the services that it serves. And psychologically, the structural design of the building usually creates the condition that could spell out the difference between stimulating and frustrating, or

conducive and less conducive condition for work, learning, recreation, socialization and other human activities. The structural design, in this regard, of the Public Day Care Center is of important concern since it assumed a serious responsibility of providing services to physically handicapped children or children with special needs.

With the assurance of a properly structured buildings and facilities of the Public Day Care Center, their functional worth in relation to actual services rendered by its personnel comes next of importance in the study. Inquiry, therefore, was also undertaken on the availability of the programs and the services actually performed in the center. Concern for the publicly extended services will certainly mean also the need to know the education, training and competence of the service provider since the latter has its crucial role in creating a dependable and sustainable day care services that could bring disabled children into the mainstream of normal life.

Finally, early childhood care cannot be relied solely on the service providers with the day care center entrusted only to the local government unit (LGU) which is commonly confronted with limited resources. It must be able to secure some outside support from the government and non-government organizations, private donors and stakeholders

in order to improve basic services and ensure their sustainability. These external support systems are essentially most desired conditions for creating the state of access to basic services of the children with disabilities.

The interrelatedness of the preceding considerations for assessment is graphically shown as a process framework in Figure 1.

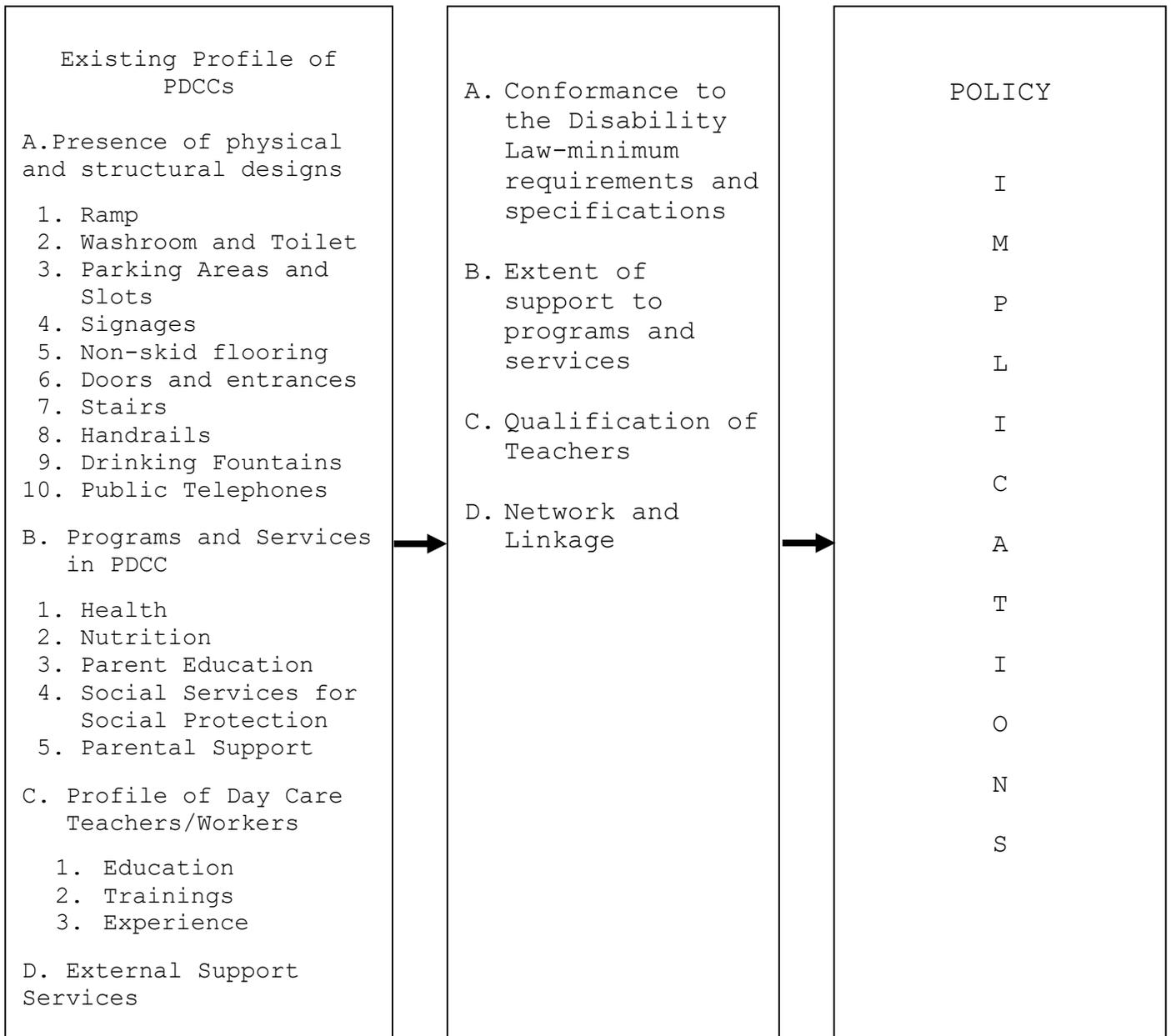


Figure 1. Analytical Flow of the Study

### **Definition of Terms**

The following terms are conceptually and operationally defined for a common understanding of the research variables and outputs.

**Access.** This term refers to the removal of barriers and the creation of opportunities for persons with disabilities to be able to enjoy their right to basic services.

**Accessibility.** This means the presence of an environment that will provide entrance or access of handicapped or non-disabled to the facilities and learning resources of a barangay day care center where children with disabilities have been mainstreamed with the regular class.

**Children with Disability.** These are the persons within the age arrange of 0-18 years old who are suffering from restriction or different abilities, as a result of a mental, physical or sensory impairment, to perform an activity in a manner or within the range considered normal for human being. Disability shall mean (1) a physical or mental impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such

an impairment (Section 4 of RA 7277 or Magna Carta for Disabled Persons).

**Early Child Care Development.** This includes a full range of health, nutrition, early education and social service programs that provide for the basic holistic needs of young children from birth to age six (6) to promote their optimum growth and development.

**External Support Services.** These are services provided to children with disability, either through social support like self-help groups and financial support, such as fund for regular feeding, medical missions, and resources for learning equipment for children with disability that came from external resources such as government and non-government partners, stakeholders and private key players.

### **Research Design**

The study is an exploratory study on the accessibility of the public day care centers to children with disabilities. Anchored on the provisions of the minimum requirements stipulated in the disability Law, an assessment of the existing physical and infrastructural facilities and resources and the profile of the day care teachers was done. Findings of the study may provide

indicative trends on where our barangay day care centers are now so that possible policy directions along interventions or support systems can be developed by concerned units or agencies.

As an exploratory study, no inferential statistics was employed to make valid inferences about the findings.

### **Research Settings and Population**

The non-probability- quota sampling was utilized for the identification of research settings and respondents. One common characteristics of the setting was the presence of children with disabilities mainstreamed in the regular pre school classes.

The study had 80 research settings and 80 barangay day care workers coming from the six provinces of the region broken down into: Albay, 13, Camarines Sur, 17, Camarines Norte, 13; Catanduanes, 12; Masbate, 10 and Sorsogon, 15.

### **Data Collection and Instrument**

Interview and field survey were done to be able to gather the desired data to be able to answer the specific questions of the study.

The four-page instrument for survey consisted of three parts: Part 1 dealt on the presence and conformance to the

specifications of the physical and infrastructural facilities as indicated in the Disability Law. These features include the ramp, washroom and toilet, parking area or slots, signages, non-skid flooring, doors and entrances, stairs, handrails, drinking fountains and public telephones.

Part II tried to find out the extent of delivery of programs and services to the barangay day care centers categorized into five: health, nutrition, social services for social protection, parental support and parents' education. A rating scale of 1 to 5 with 1 as the lowest and 5 as the highest was used to be able to discriminate the responses of the respondents.

Part III were questions aimed at determining the profile of the barangay day care teachers, their academic qualifications, strengths and limitations, training attended and needed and their perceptions on handling children with disabilities in their classes.

### **Data Analysis**

The descriptive statistics was used to treat the data. The tools included the following: frequency, mean, percentage and ranking.

## **RESULTS AND DISCUSSION**

What is the present status of the Public Day Care Centers in Bicol? Is there compliance on the structural design of buildings and facilities as mandated by the Accessibility Law or Batas Pambansa 344? Are the programs and services on health, nutrition, parent education, social services for the protection of children and parental support available and still sustaining in the Public Day Care Centers? What is the profile and competence of the Day Care workers? Are the Public Day Care Centers getting external support for their services to children with disabilities? These are the questions that this study has sought to answer. The research inquiry was undertaken in the six (6) provinces of Bicol with respondents coming from **eighty (80) barangay day care centers**. The results of this research effort will be the subject of subsequent discussion.

### **Physical and Infrastructural Facilities**

The plant and facilities are important physical features for a day care center for a number of important considerations. The physical plant houses the instructional equipment and materials, teaching and learning process, children's socialization, play and other activities. The

influence of the physical environment upon learning is well known to the behavioral scientists. The school physical plant is where the learner spends some length of time. When the conditions that it brings is stimulating and providing certain conveniences and comfort, school children can be made to love coming and staying in school, and enjoy the class instruction and activities. But when such conditions, like temperature, humidity, visual atmosphere, noise and other disturbances, and facilities for personal comfort and relief are inconvenient and dissatisfying - these could become reasons for the children to become disinterested, inattentive to teaching, engage in misconduct in an effort to sustain their stay in the classroom, or they may even reach a point of completely losing interest in coming to school (Baughman et al., 1969; Smith, 1965; Thomson, 1972).

Enough time and thoughtful consideration, therefore, must go to planning and specification of the physical plant and facilities for housing school children, more so for children with disabilities. The physical plant for the day care center must not only be educationally functional for teaching and learning, but, also dependably convenient and comfortable for children with disabilities, and it must somehow endure the test of weather and time before going

dilapidated and needing renovation or repair. The structure and the design for a day care center, in this regard, must be the product of conscientious planning of a team of architect, engineer, social worker, medical specialist with disabled children, parents, educators and other consultants if its physical plant and facilities are to meet the needs of children with disabilities.

The Accessibility Law, therefore, started with what can be described as the concept of "physical structured access" in order to secure user-based structural designs and specifications for a day care center. One of the important access features of the building is the presence of **ramp** that learners with motor skill disability on a wheelchair can use as entrance and exit access. For convenient use, it must have a gradient or slope of 1:12 with handrails (0.70m or 0.90m) at both sides to prevent any possible uncontrolled wheel slipping off the edge of the ramp. Added to these is a maximum landing area of 6 meters with a minimum width of 1.20 meter and that the location is not dangerous to the user.

Pre-school age children with disabilities cannot be expected to be normally adapting emotionally and physiologically to the school environment and activities. Some of them may easily be stressed by the classroom

instruction and activities as to become tired, bored, irritable, hungry and thirsty. Intermission of recreational session, enjoyable and relaxing games or play as well as feeding must then be parts of the day care activities. Children seeking for drink and personal relief should readily find access to the **drinking fountain** and the **toilet and washroom**. To have this condition, one (1) drinking fountain is needed for every 2,000 square meter floor area or one in each floor with waterspout at the front and conveniently controlled by push button. If wall mounted, it must be set to a maximum height of 0.85m from the floor to the rim. As to washroom and toilet, this must have a minimum cubicle dimension of 1.70 x 1.80 meters, with 0.80 meter door width, turning space of 1.50 meters to permit easy passage of wheelchair. There must also be one movable grab bar to the adjacent wall that the user could hold on for support.

**Flooring** for the toilet and washroom, including the ramp, should not be slippery. It must be non-skid and made safe for children with disability. **Entrances** to interior lobby with vestibules should have a level area of 1.80 meters depth and 1.50 meters wide. Also for assurance of safety to children, **stairs** should have a thread-surface slip-resistant material with slanted nosings. It must also

be guarded by handrails on both sides and ramp beside the handrails attached to walls should have a clearance of 50 mm.

Parents may be using vehicle or car for conveying children with disability. A **parking space**, therefore, is also an important facility which must be located at the nearest entrance with directional sign on the pavement. Directional signs on the ramp and informational sign on wall need also to be provided especially the direction for the comfort room.

Since the Day Care Center is servicing preschool children with special needs, means of communication to children's parents or guardians, a **public telephone** must be installed in a clear unobstructed space of 1.50m x 1.50m with a door of its cubicle or booth having a width of 0.80 meter. The telephone should be equipped with coin slots, dialing control, receivers and instructional signs laid 1.1 meters above the floor.

All these structural specifications are the things that are expected to be available and existing features of the Public Day Care Centers that were covered by this study. At this point, the existing facilities of the Public Day Care Centers in the six (6) provinces in Bicol are now presented and described in the succeeding discussion.

## ALBAY

The data obtained from the 13 day care centers in the province of Albay are shown in Table 1a. Data show that of the 13 day care centers, only four (30.76%) of them have **ramp** of varying measurements. The ramp of the day care center in *Basud, Malilipot* is still under construction measuring 4m x 1.5m, and unaided yet by handrails. In *barangay Tagas*, the day care center has ramp measuring 4.03m x 1.22m and also without visible handrails. Handrails are also unavailable in the ramp of the day care center in *barangay Buang* and it measures somewhat narrowly at 2.5m x 1m. In *barangay Catabangan* at Tabaco, Albay, the day care center has ramp aided by one handrail, with the ramp measuring 2m x 2m laid immediately along the wall of the classroom. *Barangay Cobo* Day Care Center in Tabaco City has wider cemented pavement instead of ramp at its entrance. The same feature can be found in the day care center of *barangay San Roque* in Daraga, Albay.

As to availability of **washroom and toilet**, most of the day care centers, except *Tagas* Day Care Center in Daraga, Albay, have provision for washroom and toilet near or inside their classroom. The day care center of *San Roque* has washroom and toilet.

**Table 1a**  
Physical and Infrastructural Facilities in  
Public Day Care Centers having Children with Disabilities  
in Albay

Public Day Care Centers	Access Feature									
	Ramp	Washroom & Toilet	Parking Areas/ Slots	Signages	Non-Skid Flooring	Doors & Entrances	Stairs	Handrails	Drinking Fountains	Public Telephones
1. San Roque DCC	NA	√	NA	√	√	√	NA	NA	NA	NA
2. Tagas DCC (Daraga)	NA	NA	NA	√	√	√	NA	NA	NA	NA
3. Sagpon DCC	NA	√	NA	NA	NA	√	NA	NA	NA	NA
4. Basud DCC	√	√	√	NA	√	√	√	NA	NA	NA
5. Tagas DCC (Tabaco)	√	√	NA	NA	√	√	NA	NA	NA	NA
6. Buang DCC	√	√	NA	√	√	√	NA	NA	NA	NA
7. San Isidro Ilawod DCC	NA	√	√	NA	√	√	√	NA	NA	NA
8. San Isidro Iraya DCC	NA	√	√	NA	√	√	√	NA	NA	NA
9. Cabagñan DCC	√	√	√	√	√	√	√	√	NA	NA
10. Cobo DCC	NA	√	√	√	√	√	NA	NA	NA	NA
11. San Lorenzo DCC	NA	√	√	NA	NA	√	NA	NA	NA	NA
12. Salvacion DCC	NA	√	√	NA	√	√	NA	NA	NA	NA
13. Fatima DCC	NA	√	√	NA	√	√	NA	NA	NA	NA

Legend:

√ - available  
NA - not available

Barangay *Basud* Day Care Center in Malilipot has separate toilets for boys and girls, each of which has cubicle measuring 1m x 1.5m and provided by a door of 0.85 meter wide. It is not equipped, however, by movable grab bar inside. There are also two separate toilets for boys and girls found in *Buang* Day Care Center in Tabaco and *San Isidro Iraya* Day Care Center in Malilipot with cubicles measuring 0.81m x 1.32m and 1.5m x 1.5m, respectively. Those with **communal toilet**, that is one that could be shared by boys and girls with cubicles of varying sizes, were found in the day care centers of Barangay *San Isidro Ilawod* in Malilipot with cubicles measuring 1.46m x 0.94m; and in the seven barangays in Tabaco City, such as in *Tagas* Day Care Center with toilet cubicle of 1.46m x 0.94m, *Catabangan*, 1.5m x 1.5m cubicle, *Cobo*, 0.89m x 1.35m, *San Lorenzo*, 1m x 0.81m, *Salvacion*. 2m x 1.5m, and *Fatima*, 1.68m x 1.04m. These toilets were all without **movable grabs** and their **doors** have width that range from 0.66m to 1.5m.

Properly situated **Parking lot or slot** for the exclusive use of the guardians or parents of the children is scarcely found. Five (5) day care centers do not even have a parking area. Others have parking lots shared with other offices or a space with multi-purpose function. The

day care centers, for instance, of barangays *San Isidro Iraya* in Malilipot, *Salvacion* and *Fatima* in Tabaco City have parking space on vacant lots being used also as basketball court and for social gathering. *San Isidro Ilawod* Day Care center has parking space on an open ground in PNR site while in barangay *Salvacion*, the parking space used is the shoulder of the subdivision road. Parking space in barangays *Cobo* and *Catabangan* has measurement of 5m x 6m and 5m x 4m, respectively.

**Signages** of directional and informational kinds were not found inside nor outside the hall of eight (61.54%) day care centers. In Tabaco City, the day care centers of barangays *Buang*, *Catabangan* and *Cobo* have signages indicating the location of comfort and the separate toilet for boys and girls. Signages for communal toilet were found in the day care center in barangays *Buang*, *Catabangan* and *Cobo*, all in Tabaco City. Signages in day care centers in the barangays of *San Roque* and *Tagas* in Daraga are outside labels to indicate the offices found in the barangay hall.

When it comes to the **type of floor**, there were nine (69.23%) day care centers having tiled floors. These are found in the day care centers of the barangays of *San Roque* in Daraga; *Basud*, *San Isidro Ilawod* and *San Isidro Iraya* in

Malilipot; *Catabangan, Cobo, Salvacion* and *Fatima* in Tabaco City. *Tagas* Day Care Center (Tabaco City) still has unfinished flooring. The tiles used, however, in these centers are the smooth-surface type making it slippery, hence, accident-prone floor surface especially for children with disabilities.

**Doors** and **entrances** among the day care centers tended also to vary from 0.8 to 0,91 meter wide and from 1.90 to 2.5 meters high. Regarding **stairs**, nine (69.23%) day care centers have none since their floorings are only slightly elevated from the ground. These are in the day care centers of barangays *San Roque* and *Tagas* in Daraga; *Sagpon* in Legazpi City; *Buang, San Isidro Ilawod, Cobo, San Lorenzo, Salvacion,* and *Fatima* in Tabaco City. Stairs of unplastered rough surface were found in the day care centers of *Basud* in Malilipot; *San Isidro Iraya,* and *Cabangan* in Tabaco. In *Tagas, Daraga,* the day care center has somewhat wider slightly sloping ramp serving as passage for all.

Another important feature that was seemingly not seriously complied with is the provision of **drinking fountain** since all day care centers do not have it. The day care centers of *Basud, Tagas, Cobo* and *Salvacion* rely on faucets with water provided by the local water district.

Day care center in Cabangan has deep well as a source of water which was certified of its potability by the sanitary inspector. Other day care centers, like those in San Isidro Ilawod, San Isidro Iraya and San Lorenzo depend on mineral water bought from the stores outside.

*In reconciling the preceding findings on the thirteen (13) day care centers visited in Albay, it can be fairly stated that the said day care centers do not meet the minimum requirements for structural design and facilities desired for the preschool children with disabilities. Some of the centers with ramps have varied measurement and unaided by handrails. Cubicles for washroom and toilet were smaller and scarcely equipped with movable grab which would certainly inconvenient the user or even cause undesired accident to disabled children. Among centers with tiled floors, none of them have grooves or non-skid surface to prevent children from sliding. Access to drinking water is also not so convenient for the disabled preschool children when drinking from faucets instead of from push-button drinking fountain. Some centers even rely on deep well of doubtful assurance of being free from possible contamination. Other more centers had to spend on mineral water just to be assured of safe drinking water for the children.*

## **CAMARINES SUR**

In the province of Camarines Sur, seventeen (17) day care centers were covered by the study and these are found in four (4) municipalities and one city, which is Naga City. The data obtained (Table 1b) from studied centers showed that **ramp** was not found in 16 (94.11%) day care centers. The only one day care center with ramp has measurement that was under the specification of 6 meters long and 1.20 meters wide.

Most (16 or 94.11%) of the day care centers, however, have **washroom** and **toilet** with cubicles of 0.79 to 2 meters in width and 1 to 4 meters length. Having somewhat wider toilet and washroom cubicle, measuring 4m x 5m, is found in the day care center of barangay *Pacol* in Naga City. Another day care center in barangay *Tampac* in the municipality of Camaligan has toilet without washroom and with cubicle much smaller than those in the other day care centers.

**Parking area**, it appears, was scarcely given serious consideration in most (15 or 88.23%) day care centers. Only two day care centers, the *Tinago* Educare Center II in Naga City and *Alexandrite Day Care Center* in Magarao, had parking area with slot width of 5.40 meters and 10.92 meters, respectively.

**Table 1b**  
Physical and Infrastructural Facilities in  
Public Day Care Centers having Children with Disabilities  
in Camarines Sur

Public Day Care Centers	Access Feature									
	Ramp	Washroom & Toilet	Parking Areas/ Slots	Signages	Non-Skid Flooring	Doors & Entrances	Stairs	Handrails	Drinking Fountains	Public Telephones
1. Sinuknipan II DCC	NA	√	NA	NA	NA	√	NA	NA	NA	NA
2. Pob. Zone III DCC	NA	√	NA	NA	NA	√	NA	NA	NA	NA
3. Peñafrancia DCC	NA	√	NA	NA	NA	√	NA	NA	NA	NA
4. Tampac DCC	√	√	NA	NA	NA	√	√	√	NA	NA
5. Marupit DC & LC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
6. Dugcal DCC	NA	√	NA	NA	NA	√	NA	NA	NA	NA
7. Pacol DCC	NA	√	NA	NA	NA	NA	NA	NA	NA	NA
8. Panicuason DCC	NA	√	NA	NA	NA	NA	NA	NA	NA	NA
9. Tinago EC II	NA	√	√	NA	√	√	NA	NA	NA	NA
10. Pacol EC II	NA	√	NA	NA	√	√	NA	NA	NA	NA
11. Poro DCC	NA	√	NA	NA	NA	√	NA	NA	NA	NA
12. Baras DCC	NA	√	NA	NA	NA	√	NA	NA	NA	NA
13. Alexandrite DCC	NA	√	√	NA	√	√	NA	NA	NA	NA
14. Peridot DCC	NA	√	NA	NA	√	√	NA	NA	NA	NA
15. Diamond DCC	NA	√	NA	NA	√	√	NA	NA	NA	NA
16. Ruby DCC	NA	√	NA	NA	√	√	NA	NA	NA	NA
17. Domagandong DCC	NA	√	NA	NA	√	√	NA	NA	NA	NA

Legend:

√ - available

NA - not available

**Signages** of both directional and informational kind were nowhere to be found in the 17 day care centers.

Regarding type of **floorings**, the non-skid surface was not found in 10 (62.50%) day care centers. Two centers, the *Pacol Educare Center II* in Naga City and Ruby Day Care Center in *San Isidro* of the Municipality of Magarao, have tiled floors. In *Tinago Educare II*, it is the comfort room instead of the main hall that has tiled floor. Smooth surface overlay of cement was the floorings found in Alexandrite Day Care Center of barangay *San Pantaleon*, Peridot Day Care Center of barangay *San Miguel*, and Diamond Day Care Center of Barangay *San Francisco* in the municipality of Magarao. *Domagondong* Day Care Center in Del Gallego has rough concrete flooring.

**Entrances** in the 17 barangay day care centers are of varying measurements. Some are less than the required measurement specification. Other centers have somewhat larger than the specification. In *Tampac* Day Center in Camaligan, the entrance has door which is out of order. Three centers, the Marupit Day Care Center in barangay *Marupit*, (Camaligan), Pacol Day Care Center and *Panicuason* Day Care Center in Naga City have entrances that do not have doors, since the day care center is an adjoining room of barangay hall. **Doors** of entrances are of varying

measurements. It is 1.60m x 2.1m in *Poblacion Zone III*, 0.5m x 2m in *Peñafrancia* Day Care Center and 2 meters wide in *Domagandong* Day Care Center in the municipality of Del Gallego; 2.13m x 0.89m in *Dugcal* Day Care Center (Camaligan), 2.10m x 1.10m in *Tinago* Educare Center II (Naga City), and 1.96m x 0.89m in *Alexandrite* Day Care Center (*San Pantaleon*, Magarao).

As to **stairs**, *Tampac* Day Care Center in Sua, *Camaligan* has stairs with tiled flooring which is not slip-resistant. The 16 remaining day care centers have only slightly elevated floor from the ground, thus, not needing stairs. Without the stairs, **handrails** are also not needed. It was only in *Tampac* Day Care Center where a handrail is installed, but the dimension does not conform with the prescribed one.

Drinking fountain was evidently not given serious consideration in the 17 barangay day care centers. A faucet was the source of drinking water in *Tinago* Educare Center II (Naga City) while in *Baras* Day Care Center, the children take their drinking water from a water jug brought by the teacher in the classroom. In *Poro* Day Care Center (*Poro*, *Canaman*), the children bring their own drinking water placed in plastic container or recycled mineral

bottles. This system, it appears, is also the practice in other day care centers.

Regarding communication facility, all day care centers do not have public telephone system. Communication is relied mainly on cell phones.

*As a summary, a general statement can be made that the existing physical plant and facilities of the day care centers in Camarines Sur were scarcely conforming to the prescribed design and specifications. A good number of important features, like ramp, handrails, non-skid flooring, drinking fountain and public telephone were nearly absent in the day care centers of the province. This condition is certainly not so promising to provide the desired state of "access" to structural support and convenient facilities for meeting the needs of preschool children with disabilities.*

#### CAMARINES NORTE

Table 1c presents the profile of the 13 barangay day care centers from the four (4) municipalities (Daet, Basud, Mercedes, and San Vicente) in the province of Camarines Norte.

The data showed that **ramp** was found only in one day care center.

**Table 1c**  
Physical and Infrastructural Facilities in  
Public Day Care Centers having Children with Disabilities  
in Camarines Norte

Public Day Care Centers	Access Feature									
	Ramp	Washroom & Toilet	Parking Areas/ Slots	Signages	Non-Skid Flooring	Doors & Entrances	Stairs	Handrails	Drinking Fountains	Public Telephones
1. Mantagbak DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
2. Little Angels DCC	NA	NA	√	√	NA	√	NA	NA	NA	NA
3. Binatagan DCC	NA	NA	√	√	NA	√	NA	NA	NA	NA
4. St. Joseph DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
5. Purok 4 DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
6. Our Lady of Fatima LC	NA	√	√	√	NA	√	NA	NA	NA	NA
7. Purok 2 DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
8. Holy Family DCC	NA	√	√	NA	NA	√	NA	NA	NA	NA
9. Calabagas DCC	NA	NA	NA	√	√	√	NA	NA	NA	NA
10. Little Angel DCC	NA	√	NA	√	√	√	NA	NA	NA	NA
11. Star Light DCC	NA	√	√	√	NA	√	NA	NA	√	√
12. St. Joseph DCC	NA	√	√	√	NA	√	NA	NA	√	NA
13. St. Joseph II DCC	√	√	√	NA	√	√	NA	NA	NA	NA

Legend:

√ - available

NA - not available

This finding has reason lying on the fact that majority of the day care centers do not have its own physical plant. They were just space occupants of a multi-purpose barangay hall which is also used for meetings and conferences by the Barangay Council, Sangguniang Kabataan, people's organization and other sectors of the community. Certainly, other more structural features and facilities intended for a day care center cannot freely be installed.

Being of foremost necessity, ten (10) day care centers have **washroom** and **toilet** but, not in conformity to the prescribed design and measurement that ranged from 0.80m x 0.80m to 1.5m x 1.2 m. The remaining three barangays do not have toilet facilities intended specifically for the day care children.

With regards to **parking area**, eight (61.54%) day care centers have available space for it measuring 4 to 6 square meters. Two centers use the shoulder of road or highway as parking area; and three barangays do not have any parking space intended for the day care center.

**Signages** were found in 11 day care centers measuring from 1 meter to 1.2 meter length. These left two centers, the Holy Family Day Care Center in Daet and St. Joseph II Day Care Center in Basud, without signages.

**Non-skid flooring** of 1 to 1.2 meters was found in Calabanga Day Care Center in *San Vicente*, Little Angel Day Care Center in *Bagasbas* and Saint Joseph II Day Care Center in Daet. The other ten (10) day care centers have the usual cemented floor which tended to be slippery when wet.

**Door entrances** measure from 1 to 1.2 meters which are below the desired specification of 1.80 meter depth and 1.5 meter wide. All doors and entrances of the existing 13 day care centers do not meet the desired measurement specifications.

All day care centers do not have **stairs**; thus, no **handrails** were also found. Drinking fountain and public telephone are also not found in 11 day care centers and only two (2) centers have faucets outside for drinking and other purposes.

**A general statement that can be made at this point is that most of the day care centers surveyed in the province of Camarines Norte revealed physical facilities that need some serious innovations. Most of them do not have a building and site that are exclusively intended for its special functions and services. The day care children and service providers were found to be merely assuming as transitory occupants of multi-purpose building which is shared with other users of the community. Apparently**

*without a definite building and place of their own, many of the desired facilities for a day care center cannot be set in place. Security and use of the much needed instructional materials and equipments for preschool children with special needs will also be a problem. And these will be beside the problem of providing "inclusive instruction" free from uncalled for disturbances which is one of the essential conditions for securing quality instructional care and services to preschool children.*

#### CATANDUANES

The data obtained from the 12 barangay day care centers in the province of Catanduanes are shown in Table 1d.

Findings of the study showed that the physical structure and facilities of the day care centers in the province were also scarcely meeting the prescribed design and specifications.

**Ramp** was completely a strange sight that could not be found in all the day care centers covered by the study.

Of the 12 centers, seven (7) day care centers have **toilets** with 1 to 2 square meters cubicle which are clearly not in conformity with the desired minimum measurement of 1.70m x 1.80m.

**Table 1d**  
Physical and Infrastructural Facilities in  
Public Day Care Centers having Children with Disabilities  
in Catanduanes

Public Day Care Centers	Access Feature									
	Ramp	Washroom & Toilet	Parking Areas/ Slots	Signages	Non-Skid Flooring	Doors & Entrances	Stairs	Handrails	Drinking Fountains	Public Telephones
1. Little Angel DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
2. Viga DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
3. Little Angel DCC	NA	NA	NA	√	NA	√	NA	NA	NA	NA
4. Cavinitan DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
5. St. Joseph DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
6. Paita DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
7. Sta. Cruz DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
8. Agojo DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
9. Holy Angel DCC	NA	NA	NA	√	NA	√	NA	NA	NA	NA
10. San Pablo DCC	NA	NA	NA	√	NA	√	NA	NA	NA	NA
11. Pananaogan DCC	NA	NA	NA	√	NA	√	NA	NA	NA	NA
12. Bote DCC	NA	NA	√	√	NA	√	NA	NA	NA	NA

Legend:

√ - available  
NA - not available

No movable grab bar was also found in these toilets. Toilet facilities were found in the other day care centers, like the Little Angel Day Care Center (*Antipolo, Virac*), Holy Angel Day Care Center (*Constantino, Virac*), San Pablo Day Care Center (*San Pablo, Virac*), Pananaogan Day Care Center (*Pananaogan, Bato*) and Bote Day Care Center (*Bote, Bato*).

As to **parking space**, six (50%) barangay day care centers have nearby vacant lots as parking area shared with the personnel and clients of other offices. The Viga Day Care Center (*Viga*), Little Angel Day Care Center (*Antipolo, Virac*), St. Joseph Day Care Center (*Calatagan, Virac*), Holy Angel Day Care Center (*Constantino, Virac*), San Pablo Day Care Center (*San Pablo, Virac*) and Bote Day Care Center (*Bote, Bato*) were leaving to their clients the responsibility for their own vehicle; hence the sides of the street near the center become the usual parking area.

**Signages** measuring from 0.80 to 1.5 meters were found in all the ten (10) day care centers in Catanduanes.

**Non-skid flooring** was also not found in all the studied day care centers. What were found instead to be common are cemented floorings with rough or smooth surface which are slippery due to frequent floor mopping and waxing to make them in shiny clean condition. Respondents from

some centers indicated that their concrete floors were recently made from their previous dirt floor about 5 years ago. The concreting of their floors was owing to the initiative of their Barangay Council which was able to solicit some amount for the cementing of their floor.

About **doors** and **entrances**, their opening width ranged from 1 meter to 2 meters. The opening width of 1 meter was found in the physical plant of Little Angel Day Care Center in *Antipolo*, Virac and Sta. Cruz Day Care Center in *Sta. Cruz*, Virac; while the 2 meters width was found in Paita Day Care Center in *Paita*, Virac; Pananaogan Day Care Center in *Pananaogan*, Bato; and Bote Day Care Center in *Bote*, Bato. The door has a common depth of 1.5 meters.

**Stairs** and **handrails** were practically absent among the 12 day care centers. This is because they were only using a ground-based building with the floor slightly elevated from the ground.

**Drinking fountains** and **public telephone** have practically skipped as priority of concern due to limited resources according to the day care teacher. Children's need for drinking water was left to the parents' responsibility in preparing bottled water for their day care children. And communication was relied by few parents on cell phone and by other parents on word-by-mouth and

stout heart hoping that nothing undesired event would happen to their children.

*It may be worthwhile citing at this point that the physical facilities in Catanduanes are basically narrower space or room enclosure turned into day care classroom either in a multipurpose barangay hall or office or near this facility. The floors are commonly roughly cemented just to relieve the children from a dirt floor that could be easily soaked and muddy on rainy days, which is indeed a condition that could expose the children to harmful soil microorganisms. Such late concern for the day care children's welfare can be attributed to the original purpose of the building which was a functional facility for barangay officials and community affairs. This will then explain why the day care centers in the province were hardly having adequate and appropriate facilities.*

#### **MASBATE**

The data from the ten (10) studied barangays in Masbate provided impressions which were already quite familiar after the research undertakings in the other provinces (Table 1e).

**Table 1e**  
Physical and Infrastructural Facilities in  
Public Day Care Centers having Children with Disabilities  
in Masbate

Public Day Care Centers	Access Feature									
	Ramp	Washroom & Toilet	Parking Areas/ Slots	Signages	Non- Skid Flooring	Doors & Entrances	Stairs	Handrails	Drinking Fountains	Public Telephones
1. Cagba DCC	NA	NA	NA	√	NA	√	NA	NA	NA	NA
2. Nursery DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
3. Ibingay DCC	NA	NA	NA	√	NA	√	NA	NA	NA	NA
4. Himonoro DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
5. Celestina Subd. Nursery	NA	NA	NA	NA	NA	√	NA	NA	NA	NA
6. Pating DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
7. Calipay DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
8. Ibengay DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
9. Bagumbayan DCC	NA	√	√	√	NA	√	NA	NA	NA	NA
10. Bapor DCC	NA	NA	NA	√	NA	√	NA	NA	NA	NA

Legend:

√ - available

NA - not available

In all the barangay day care centers in the province, **ramp** was nonexistent. The **toilets** that the six (60%) day care centers have were not in conformity with the prescribed minimum measurement given their cubicle space of 1 to 2 square meters and having no movable grab bars. There was no toilet found in Cagba Day Care Center in barangay *Tugbo*, Ibingay Day Care Center in barangay *Ibingay*, Celestina Subdivision Nursery in **Masbate City**, and Bapor Day Care Center which was also in the said city. Toilet facilities, if any, are in other offices or in an adjoining room used by other agency.

As to **parking area**, only the Calipay Day Care Center and Bagumbayan Day Care Center that are both situated in the city have vacant space where vehicles can be parked.

Nine (90%) day care centers have **signages** from 0.75 to 1 meter; and none was found in one center, the city-based Celestina Subdivision Nursery.

**Floorings** in all the day care centers are not of the prescribed non-skid type. They are just cemented floor of either rough finished or smooth finished by overlay of pure cement, thus, slippery to children even if the floor is not wet. The rough surface floor was meant to upgrade the once dirt floor of an enclosure that was turned into a day care classroom.

**Doors** and **entrances** of the barangay day care centers are of varying measurement. It was 0.80 meter wide in the city-based Nursery Day Care Center and 1.5 meters in another city-based center of Calipay Day Care Center. For the other remaining day care centers, it was 1.2 meters for a door width.

All day care centers are ground floor situated where **stairs** and **handrails** were deemed unnecessary. **Drinking Fountains** and **public telephones** are also among the neglected features in all the barangay day care centers in the province.

*As a summary, the physical facilities of the barangay day care centers in Masbate commonly share deficiency in terms of the minimum requirements for securing facilities that will serve the need of the preschool children with disabilities. Just like in the other provinces, the day care centers are typically housed in a building not exclusively their own, but one with multi-purpose function shared with other organizational entities.*

#### SORSOGON

The data on the physical structure and facilities of the 15 barangay day care centers in the province of Sorsogon are shown in Table 1f.

**Table 1f**  
Physical and Infrastructural Facilities in  
Public Day Care Centers having Children with Disabilities  
in Sorsogon

Public Day Care Centers	Access Feature									
	Ramp	Washroom & Toilet	Parking Areas/ Slots	Signages	Non-Skid Flooring	Doors & Entrances	Stairs	Handrails	Drinking Fountains	Public Telephones
1. Mombon Hacienda DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
2. Gabao DCC	NA	NA	NA	NA	NA	√	NA	NA	NA	NA
3. Bitan-O DCC	NA	NA	NA	NA	NA	√	NA	NA	NA	NA
4. Sirangan DCC	NA	√	NA	NA	√	√	NA	NA	NA	NA
5. Piot DCC	NA	NA	NA	NA	√	√	NA	NA	NA	NA
6. Zone 8, DCC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
7. Caloocan DCC	NA	NA	NA	NA	NA	√	NA	NA	NA	NA
8. Bacolod DCC	NA	NA	NA	NA	NA	√	NA	NA	NA	NA
9. Trudis Angels DCC	√	√	NA	√	NA	√	NA	NA	NA	NA
10. South Poblacion DCC	NA	NA	√	NA	NA	√	NA	NA	NA	NA
11. Balogo DCC	NA	√	NA	NA	NA	NA	NA	NA	NA	NA
12. Camcaman DCC	NA	√	√	NA	√	√	NA	NA	√	NA
13. Tabunan DCC	NA	√	NA	√	NA	√	NA	NA	NA	NA
14. Gate DCC	NA	NA	NA	NA	NA	√	NA	NA	NA	NA
15. Banuyo DCC	NA	√	NA	NA	NA	√	NA	NA	NA	NA

Legend:

√ - available  
NA - not available

The data indicated that of the 15 barangay day care centers, only one has **ramp** with standard measurement. This was found in Trudis Angels Day Care Center in *Central Casiguran*, Sorsogon. In barangay *Sirangan*, the day care center has no ramp, but it has, instead, a concrete pathway wide enough even for a wheel chair of a motor skill disabled child to pass through up to the day care classroom.

**Washroom** and **toilet** were seen in seven (46.67%) barangay day care centers. These centers are: Mombon Hacienda Day Care Center in *Mombon*, Irosin; Sirangan Day Care Center of barangay *Sirangan*; Trudis Angels Day Care Central in *Central Casiguran*; where there are communal toilets; Banuyo Day Care Center in barangay *Banuyo* where the toilet is exclusively for the day care children's use; and centers with access to communal toilets are the Balogo Day Care Center of barangay *Balogo* in Sorsogon City, Camcaman Day Care Center of barangay *Camcaman* in Matnog, and Tabunan Day Care Center of barangay *Tabunan* in Matnog.

Regarding **parking area**, two day care centers, the South Poblacion Day Care Center in *Sorsogon City* and Tabunan Day Care Center of Barangay *Tabunan* in Matnog, indicated that they have open space serving as parking area. The other (13) barangay day care centers indicated that they have none.

Labels indicating the name of the center were found in three (20%) barangay day care centers, but they have no **signages** of directional and informative kinds intended for the children, parents and other clients. The rest (12) of the daycare centers have neither labels nor informational and directional signages. The barangays seemed to have low priority consideration for labels or signages in view of relatively closely-knit relations of people in their communities which make it easier for somebody to inquire and get the needed information. Also some respondents of the urban-situated day care centers cited instances of these signages being vandalized or taken out from where they are installed.

As to **non-skid flooring**, only two day care centers, the Piot Barangay Day care Center of barangay *Piot* in Sorsogon City and Camcaman Day Care Center of barangay *Camcaman* in Matnog, have it, but these floors still need completion at the time of the study in the said centers. One center, the Sirangan Day Care Center, has tiled floors which could be slippery when wet. The other centers have either rough or smooth surface cemented floor which could also be slippery when wet.

As to **doors** and **entrances**, eleven (73.33%) barangay day care centers have accessible doors and entrances, two

of these centers have the standard measurement, but these doors and entrances still need completion.

Since all day care centers are housed in one-story building, none of them has **stairs** and **handrails**. But, somehow this could also be due to the fact that the day care centers are just "**lodging occupants**" of a multi-purpose building facility of the barangay or community.

**Drinking fountain** was not found in all the studied day care centers in the province. Day care children usually have to bring with them their own drinking water in plastic bottle or rely on outside faucets for their drinking water. A water jug as source of drinking water for the children was found in Caloocan Day Care Center in barangay **Caloocan** in Matnog.

**Public telephone** was also absent in all the 15 day care centers covered by the study in the province of Sorsogon.

**As a summary, it can be stated that the conditions of the physical facilities of the day care centers in Sorsogon were barely meeting the structural designs and specifications. The reason mainly lies on their just being accommodated in a building that must have been built prior to the passage of Accessibility Law with the barangay officials taking priority of consideration for a multi-**

*purpose building facility for their community. Not basically designed for their own institutional purpose as day care giving agency, much of the desired structural design and conditions could hardly be found in their present physical facilities. Hence, the centers commonly have no ramp, stairs and handrails, washroom and toilets with movable grab bars for disabled children, non-skid floorings, drinking fountains and public telephones are not often found among the day care centers covered by the study.*

#### **Support Programs and Services**

In addition to early education program for preschool children ages 3 to 4 years old, the barangay day care center also undertakes such support services, like nutrition, health, parental support and education, and social services for social protection (Education for All Monitoring Report, 2007).

The **nutrition program** of the barangay day care center is usually in the form of supplemental feeding to the children which may be undertaken every other day, once or twice a week depending upon the community's resources and the availability of sponsoring organization or some generous private individuals.

**Health services** are undertaken in coordination with the Barangay Health Station under the Municipal Health Office. Services provided are in the form of maternal and child health service, dental service, medical consultation and check-up and immunization to prevent and treat common childhood diseases.

**Parents education** is a home-based intervention to orient and help parents, surrogate parents, guardians and other care givers to enhance their parenting attitudes, skills and practices in giving care and attention to children especially those with special needs.

**Parents' support** is referring to the involvement of the parents to the program of services and activities of the day care centers.

The **social services for social protection** pertains mainly to security measures for maintaining peace and order that will secure the rights and welfare not only of the day care children but the also the people of the community.

To assess the existence and extent of implementation of these social services, a **5-point Likert's scale** was designed primarily to secure somehow at some categorization of the degree of extending the said social services. The results of the assessment on support services of the day care centers are now the subjects of subsequent discussion.

## ALBAY

The data obtained from the day care centers in Albay show that among the 13 Barangay day care centers, the highest mean rating of 4.80 on support services was given by San Isidro Ilawod Day Care Center of barangay *San Isidro* in Malilipot, Albay (Table 2a). The given rating indicated that the four support services, like nutrition, health, parents support and education and social services for social protection are very highly provided by the day care center. Lower ratings were given by the Basud Day Care Center (3.80), Salvacion Day Care Center (3.60) and Fatima Day Care Center (2.80). The lower ratings in these centers were notably affected by the low rating given to 'parents support and education, indicating that these particular services have not been seriously undertaken.

Of the five support services, the highest rating (4.54) was on *nutrition* which was said having been carried out intensively by way of supplemental feeding to the children and its related activity of "Pagbasa sa Nutrisyon". Receiving lowest mean rating of 3.92 was the services on *health* and the home-based interventive *parent support and education* which may be explained by the limited existing programs along health services or even the near absence of these programs particularly in Salvacion Day Care Center in

**Table 2a**  
 Programs and Services in  
 Public Day Care Centers having Children with Disabilities  
 in Albay

Public Day Care Center	Programs and Services						$\Sigma$	Mean	Rank
	Health	Nutrition	Parent Education	Social Protection	Parental Support				
1. San Roque DCC	4	4	3	5	4	20	<b>4.00</b>	9	
2. Tagas DCC (Daraga)	4	5	4	4	4	21	<b>4.20</b>	6.5	
3. Sagpon DCC	4	4	3	5	4	20	<b>4.00</b>	9	
4. Basud DCC	1	5	5	5	3	19	<b>3.80</b>	11	
5. Tagas DCC (Tabaco)	4	4	4	4	4	20	<b>4.00</b>	9	
6. Buang DCC	5	5	5	3	5	23	<b>4.60</b>	3.5	
7. San Isidro Ilawod DCC	5	5	4	5	5	24	<b>4.80</b>	1	
8. San Isidro Iraya DCC	4	4	5	5	5	23	<b>4.60</b>	3.5	
9. Cabagñan DCC	5	5	4	4	5	23	<b>4.60</b>	3.5	
10. Cobo DCC	5	5	4	5	4	23	<b>4.60</b>	3.5	
11. San Lorenzo DCC	4	5	4	4	4	21	<b>4.20</b>	6.5	
12. Salvacion DCC	3	5	4	3	3	18	<b>3.60</b>	12	
13. Fatima DCC	3	3	2	3	3	14	<b>2.80</b>	13	
<b><math>\Sigma</math></b>	51	59	51	55	53				
<b>Mean</b>	<b>3.92</b>	<b>4.54</b>	<b>3.92</b>	<b>4.23</b>	<b>4.08</b>			4.14	

Legend:

4.21 - 5.0	Very High (VH)
3.41 - 4.20	High (H)
2.61 - 3.40	Fair (F)
1.81 - 2.60	Poor (P)
1.0 - 1.8	Very Poor (VP)

barangay Salvacion and Fatima Day Care Center, both in Tabaco City. *Parent education* was also lowest in these two barangay day care centers, indicating that such activities as orienting parents on the right attitude and more proper caring practices to their disabled children, including the needed intervention to problem cases involving disabled children, have been scarcely pursued in these center possibly in view of limited resources or lack of clear program of activities along these services.

#### **CAMARINES SUR**

In Camarines Sur, the existence of support programs and services in the seventeen (17) studied day care centers was rated 3.46, which is categorically "high" rating and can be described as though not so very intensively occurring, they were nonetheless taking place regularly (Table 2b). The highest rating of 4.60 was noted in Sinuknipan II Day Care Center of barangay Sinuknipan in Del Gallego where a "very high" rating of 5.0 was given to *nutrition, social services for social protection and parents support and education.*

Ranking second, with a mean rating of 4.40, was obtained from Ruby Day Care Center in San Isidro, Magarao.

**Table 2b**  
 Programs and Services in  
 Public Day Care Centers having Children with Disabilities  
 in Camarines Sur

Public Day Care Center	Programs and Services							
	Health	Nutrition	Parent Education	Social Protection	Parental Support	$\Sigma$	Mean	Rank
1. Sinuknipan II DCC	4	5	4	5	5	23	<b>4.60</b>	1
2. Pob. Zone III DCC	3	4	2	3	3	15	<b>3.00</b>	12.5
3. Peñafrancia DCC	4	3	3	3	3	16	<b>3.20</b>	11
4. Tampac DCC	3	3	2	2	2	12	<b>2.40</b>	16
5. Marupit DC & LC	5	4	4	5	2	20	<b>4.00</b>	4
6. Dugcal DCC	5	4	1	4	5	19	<b>3.80</b>	7
7. Pacol DCC	4	4	4	4	3	19	<b>3.80</b>	7
8. Panicuason DCC	4	4	3	4	4	19	<b>3.80</b>	7
9. Tinago EC II	2	2	1	1	5	11	<b>2.20</b>	17
10. Pacol EC II	3	4	3	4	4	18	<b>3.60</b>	9.5
11. Poro DCC	5	5	4	3	3	20	<b>4.00</b>	4
12. Baras DCC	5	5	3	3	4	20	<b>4.00</b>	4
13. Alexandrite DCC	3	3	3	3	3	15	<b>3.00</b>	12.5
14. Peridot DCC	3	3	2	2	3	13	<b>2.60</b>	15
15. Diamond DCC	3	3	2	3	3	14	<b>2.80</b>	14
16. Ruby DCC	4	5	4	4	5	22	<b>4.40</b>	2
17. Domagondong DCC	4	4	3	4	3	18	<b>3.60</b>	9.5
<b><math>\Sigma</math></b>	64	65	48	57	60			
<b>Mean</b>	<b>3.76</b>	<b>3.82</b>	<b>2.82</b>	<b>3.35</b>	<b>3.53</b>		3.46	

Legend:

4.21 - 5.0	Very High (VH)
3.41 - 4.20	High (H)
2.61 - 3.40	Fair (F)
1.81 - 2.60	Poor (P)
1.0 - 1.8	Very Poor (VP)

Lower ratings, indicating "poor" implementation or "barely experienced services", were obtained from Tinago Educare Center II in *Naga City* (2.20), Tampac Day Care Center in *Sua*, Camaligan (2.40) and Peridot Day Care Center in *San Miguel*, Magarao (2.60).

Among the five support services, *nutrition* was rated highest (3.82), followed by *health* (3.76) and third, by services on *parental support* (3.53). The lowest mean rating of 2.82, indicating just fairly occurring services, was parents' support and education. This means that the collective orientation of parents and the home-based intervention on the problem of the children related to home were less frequently occurring services. Parents' support, however, was said to be present with their involvement in the supplemental feeding of the children where the parents were assuming specific tasks in the feeding services to the children.

#### **CAMARINES NORTE**

In the province of Camarines Norte, there were three out of the 13 day care centers which gave the highest mean rating of 5.0 to their support services (Table 2c).

**Table 2c**  
 Programs and Services in  
 Public Day Care Centers having Children with Disabilities  
 in Camarines Norte

Public Day Care Center	Programs and Services						$\Sigma$	Mean	Rank
	Health	Nutrition	Parent Education	Social Protection	Parental Support				
1. Mantagbak DCC	4	4	4	4	4	20	<b>4.00</b>	6.5	
2. Little Angels DCC	5	5	5	5	5	25	<b>5.00</b>	2	
3. Binatagan DCC	4	3	4	3	4	18	<b>3.60</b>	9.5	
4. St. Joseph DCC	3	4	4	2	5	18	<b>3.60</b>	9.5	
5. Purok 4 DCC	3	5	3	3	3	17	<b>3.40</b>	12.5	
6. Our Lady of Fatima LC	5	5	5	5	5	25	<b>5.00</b>	2	
7. Purok 2 DCC	3	4	3	4	4	18	<b>3.60</b>	9.5	
8. Holy Family DCC	2	4	4	4	4	18	<b>3.60</b>	9.5	
9. Calabagas DCC	5	5	4	4	4	22	<b>4.40</b>	4	
10. Little Angel DCC	4	5	4	4	4	21	<b>4.20</b>	5	
11. Star Light DCC	5	5	5	5	5	25	<b>5.00</b>	2	
12. St. Joseph DCC	4	3	2	4	4	17	<b>3.40</b>	12.5	
13. St. Joseph II DCC	4	4	4	4	4	20	<b>4.00</b>	6.5	
<b><math>\Sigma</math></b>	51	56	51	51	55				
<b>Mean</b>	<b>3.92</b>	<b>4.31</b>	<b>3.92</b>	<b>3.92</b>	<b>4.23</b>			4.06	

Legend:

4.21 - 5.0	Very High (VH)
3.41 - 4.20	High (H)
2.61 - 3.40	Fair (F)
1.81 - 2.60	Poor (P)
1.0 - 1.8	Very Poor (VP)

This rating came from Little Angels Day Care Center in barangay San Vicente, Our Lady of Fatima Learning Center in Lag-on, Daet, and Starlight Day Care Center in Barangay VI, Daet.

The next highest mean rating of 4.40 for support services came from the Calabagas Day Care Center. This was followed by the mean rating of 4.20 from the Little Angel Day Care Center in Bagasbas, Daet. The lowest mean rating of 3.40, which indicate "fair" level of service, came from Purok IV Day Care Center in barangay San Roque and Saint Joseph Day Care Center in Purok III, both barangays are in Daet. Somewhat lower mean rating of 3.60 was obtained from Binatagan Day Care Center in Basud and St. Joseph Day Care Center in barangay Gahonon.

Among the five (5) support services, the services on *nutrition* received the highest rating of 4.31, which means "very high" level of performance, followed by *parental support* (4.23). *Nutrition* was topping all other support services because of its being most intensively attended feeding program participated in by the parents.

### **CATANDUANES**

The support services of the day care centers in Catanduanes were also generally perceived to be "very

highly" provided given its mean rating of 4.12 (Table 2d). Quite affecting such overall mean rating were the "very high" ratings from four centers, the Saint Joseph Day Care Center, Paita Day Care Center, Holy Angel Day Care Center and San Pablo Day Care Center which indicated that they have very high provision of support services for the children and parents.

Of the five support services, *nutrition* was given the highest mean rating of 4.58, followed closely by the services on *health* with its mean rating of 4.33. And this is because these two support services received each a perfect rating of 5.0 from the aforesaid four day care centers. This implies that supplemental feeding and nutrition education were most frequently and regularly undertaken for the children; and that health education, immunization, prevention of common diseases, safe motherhood and other health service provisions were very much present in the four day care centers.

*Parents' support* was given lower rating of 3.83, which is still categorically "high" though, but it was perceived to be somewhat moderate in terms of more visible involvement of the parents.

**Table 2d**  
 Programs and Services in  
 Public Day Care Centers having Children with Disabilities  
 in Catanduanes

Public Day Care Center	Programs and Services							
	Health	Nutrition	Parent Education	Social Protection	Parental Support	$\Sigma$	Mean	Rank
1. Little Angel DCC	4	4	5	4	3	20	<b>4.00</b>	10
2. Viga DCC	4	5	4	4	4	21	<b>4.20</b>	6.5
3. Little Angel DCC	5	5	4	4	3	21	<b>4.20</b>	6.5
4. Cavinitan DCC	4	4	4	4	4	20	<b>4.00</b>	10
5. St. Joseph DCC	5	5	4	4	4	22	<b>4.40</b>	2.5
6. Paita DCC	5	5	4	4	4	22	<b>4.40</b>	2.5
7. Sta. Cruz DCC	5	4	4	4	4	21	<b>4.20</b>	6.5
8. Agojo DCC	4	5	4	4	3	20	<b>4.00</b>	10
9. Holy Angel DCC	5	5	4	4	4	22	<b>4.40</b>	2.5
10. San Pablo DCC	5	5	4	4	4	22	<b>4.40</b>	2.5
11. Pananaogan DCC	3	3	2	3	4	15	<b>3.00</b>	12
12. Bote DCC	3	5	4	4	5	21	<b>4.20</b>	6.5
<b><math>\Sigma</math></b>	52	55	47	47	46			
<b>Mean</b>	<b>4.33</b>	<b>4.58</b>	<b>3.92</b>	<b>3.92</b>	<b>3.83</b>		4.12	

Legend:

4.21 - 5.0	Very High (VH)
3.41 - 4.20	High (H)
2.61 - 3.40	Fair (F)
1.81 - 2.60	Poor (P)
1.0 - 1.8	Very Poor (VP)

### MASBATE

From the barangay day care centers in Masbate, their provision of support services were perceived to be generally just "fair" given its mean rating of 3.66 (Table 2e).

The center which had the highest rating of 4.40 on support services was Ibengay Day Care Center in Masbate City which gave "very high" rating (5.0) for health and for social services and protection. Coming next in rank with mean rating of 4.20 was Cagba Day Care Center in *Tugbo*, Masbate. This center was followed by the mean rating of 4.0 from Celestina Subdivision Nursery in *Masbate City*. The lowest mean rating of 3.0 for support services being "fairly" provided came from Nursery Day Care Center in *Masbate City*.

Support services had a mean rating of 3.66, indicating that the services were "fairly" given. As to which of the support services is more regularly provided, it was a mean rating of 3.90 on *health services* which came out highest. This was followed by *social services for social protection* with a mean rating of 3.80. The lowest mean rating of 3.50 was on *parental support and education*.

**Table 2e**  
 Programs and Services in  
 Public Day Care Centers having Children with Disabilities  
 in Masbate

Public Day Care Center	Programs and Services							
	Health	Nutrition	Parent Education	Social Protection	Parental Support	$\Sigma$	Mean	Rank
1. Cagba DCC	4	4	4	5	4	21	<b>4.20</b>	2
2. Nursery DCC	3	3	3	3	3	15	<b>3.00</b>	10
3. Ibingay DCC	3	3	4	3	3	16	<b>3.20</b>	9
4. Himonoro DCC	4	3	3	3	4	17	<b>3.40</b>	8
5. Celestina Subd. Nursery	4	4	4	4	4	20	<b>4.00</b>	3
6. Pating DCC	4	4	3	4	3	18	<b>3.60</b>	5.5
7. Calipay DCC	4	3	3	4	4	18	<b>3.60</b>	5.5
8. Ibengay DCC	5	4	4	5	4	22	<b>4.40</b>	1
9. Bagumbayan DCC	4	4	3	4	3	18	<b>3.60</b>	5.5
10. Bapor DCC	4	4	4	3	3	18	<b>3.60</b>	5.5
<b><math>\Sigma</math></b>	<b>39</b>	<b>36</b>	<b>35</b>	<b>38</b>	<b>35</b>			
<b>Mean</b>	<b>3.90</b>	<b>3.60</b>	<b>3.50</b>	<b>3.80</b>	<b>3.50</b>		<b>3.66</b>	

Legend:

4.21 - 5.0	Very High (VH)
3.41 - 4.20	High (H)
2.61 - 3.40	Fair (F)
1.81 - 2.60	Poor (P)
1.0 - 1.8	Very Poor (VP)

Health services were getting higher rating because the information and education campaigns on children's immunization, deworming, safe motherhood, and tuberculosis prevention were most evidently undertaken in the day care center or in the municipality. Similarly, social services for social protection were also rated higher in view of the strict enforcement of curfew and police visibility in the area.

### **SORSOGON**

In Sorsogon, support programs and services were given an overall mean rating of 3.99, which is categorically a "high" rating (Table 2f). The highest rating of 5.0 was obtained from the Mombon Hacienda Day Care Center which, thus, indicates that the support services in this center were very much provided to the children and the people in barangay *Mombon*, Irosin. Also with categorically "very high" rating (4.80) came from Bitan-O Day Care Center of Barangay Bitan-O in Sorsogon, Piot Day Care Center of Purok IV, in barangay Piot, Sorsogon and Gate Day Care Center in barangay Gate, Bulan, Sorsogon.

**Table 2f**  
 Programs and Services in  
 Public Day Care Centers having Children with Disabilities  
 in Sorsogon

Public Day Care Center	Programs and Services						$\Sigma$	Mean	Rank
	Health	Nutrition	Parent Education	Social Protection	Parental Support				
1. Mombon Hacienda DCC	5	5	5	5	5	25	<b>5.00</b>	1	
2. Gabao DCC	3	2	2	3	4	14	<b>2.80</b>	15	
3. Bitan-O DCC	5	5	5	4	5	24	<b>4.80</b>	3	
4. Sirangan DCC	5	5	2	3	2	17	<b>3.40</b>	11.5	
5. Piot DCC	5	5	5	5	4	24	<b>4.80</b>	3	
6. Zone 8, DCC	4	5	4	5	5	23	<b>4.60</b>	5.5	
7. Caloocan DCC	4	4	4	5	5	22	<b>4.40</b>	7	
8. Bacolod DCC	3	4	2	5	4	18	<b>3.60</b>	9.5	
9. Trudis Angels DCC	4	3	3	3	3	16	<b>3.20</b>	13	
10. South Poblacion DCC	5	5	4	5	4	23	<b>4.60</b>	5.5	
11. Balogo DCC	3	3	2	4	3	15	<b>3.00</b>	14	
12. Camcaman DCC	4	4	3	4	4	19	<b>3.80</b>	8	
13. Tabunan DCC	3	4	2	4	5	18	<b>3.60</b>	9.5	
14. Gate DCC	5	5	4	5	5	24	<b>4.80</b>	3	
15. Banuyo DCC	4	3	4	3	3	17	<b>3.40</b>	11.5	
<b><math>\Sigma</math></b>	62	62	51	63	61				
<b>Mean</b>	<b>4.13</b>	<b>4.13</b>	<b>3.40</b>	<b>4.20</b>	<b>4.07</b>			3.99	

Legend:

4.21 - 5.0	Very High (VH)
3.41 - 4.20	High (H)
2.61 - 3.40	Fair (F)
1.81 - 2.60	Poor (P)
1.0 - 1.8	Very Poor (VP)

Support services that were perceived to be only "fairly" provided were in Gabao Day Care Center (2.80) in barangay Gabao, Balogo Day Care Center (3.00) in barangay Balogo, and Trudis Angels Day Care Center (3.20) in *Central Casiguran, Sorsogon*.

With regards to the extent to which specific support services are provided, it was the services on health and nutrition that were generally perceived to be more regularly provided (with mean rating of 4.13) as compared to the other support services. Six (6) barangays rated their centers on health services with a perfect rating of 5.0; while seven (7) barangays gave their centers with a perfect rating 5.0 on nutrition. When respondents from these barangays were interviewed, the perfect rating was commonly reasoned out to be due to the regular supplemental feeding of the children. Also in cooperation with the barangay council and parents, various health and medical activities were conducted in the barangays.

Next to health and nutrition was the provision of social services for social protection which obtained a mean rating of 4.20 and reasoned out by the respondents to be due to the visibility of the barangay tanod especially during class session of the day care center. The lowest rating of 3.40 was on parent education; that the efforts to

improve parents' parenting attitudes and practices for raising their disabled children, including the home-based intervention to resolve specific problem of a child with special needs - these activities could not be frequently undertaken in view of the more absorbing work of keeping and teaching children in the day care center.

What could be gleaned out of the data on support services that the respondents from all the researched day care centers generally perceived is that their centers have been rendering services more appreciably on health and nutrition. The Municipal Health Center has its own program on community-based health services. Its yearly effort then of extending and carrying out community works through the Barangay Health Station, like deworming, immunization, dental service, weighing and related services - are then likely to be remembered as services being provided with notable regularity. Likewise, the day care center's basic instruction on nutrition and its integral program of supplemental feeding can be assumed to be getting not only the Local Government Unit's priority of funding, though limited it may be, but somehow it could be augmented by soliciting outside support from the generosity of donors, private sponsors and other charitable group or organization.

More visible parents' support in the form of assisting in the supplemental feeding of the day care children were only observed in the provinces of Camarines Sur and Camarines Norte. And these are usually among the rural and less endowed barangays possibly because these are places of lesser opportunity for work and earning income as to provide more leisure time that enable parents to part some of it to the supplemental feeding of the day care children; and for which case, it was also their way of returning their debt of gratitude for their children being taken cared of by the day care center. The observed weakness and un-sustaining involvement of the parents, on the other hand, in the other provinces particularly in the communities closely gravitating to the urban centers may be explained by their being more absorbed in their income-earning concerns for their families as to leave them not much to be parted as time for the day care center activities.

Social services for social protection was also most notably seen particularly in the sub-urban communities of the provinces of Albay, Camarines Sur, Masbate and Sorsogn. More stronger security measure, like police visibility, sustained presence of check points, roving barangay tanod, or even strict enforcement of curfew were cited as visible activities that can be readily associated by the

respondents with "social protection." These security measures, however, are basically set up as "counter-insurgency measures" particularly in the so-called "rebel-infested marginal rural communities of the said provinces. Apparently, these security measures are certainly not as much felt as a necessity in the urban-based communities of the said provinces and are not installed in the other provinces where the threat of insurgency are not so much felt. The other security problems, in this regard, that are meant to meet such problems as battered wife, child labor, abused of children, or family and community welfare conditions need also to be seriously addressed as much as the "anti-insurgency" problem.

Among the support services, parents' education involving parents reorientation, and home-visitation and intervention for the purpose of enhancing the parenting attitudes and practices of the parents, surrogate parents, guardians, and other caregivers of children with special needs appeared to be the less performed and provided among the barangay day care centers. The reason for this, of course may be attributable to a number of factors. Such conditions, for example, like the need for the day-care givers to devote more "floor time" with the children with disabilities, limited funding or its absence for conducting

parents consultation, home-visitation and community extension work, or lack of the caregivers training and experiences especially in dealing with the physiological and emotional problems of the disabled children with their parents, and other more problems could very well constrain the extension of the day care services to the parents.

### **Profile of the Day Care Center Teachers**

The research inquiry on the personal, educational and experiential characteristics of the day care teachers was based on personal interview with the teachers themselves of the barangay day care centers covered by the study. The results of this inquiry are summarized and tabulated for each province which served as research setting of the study.

#### **ALBAY**

Majority (46.15%) of the day care teachers in Albay are 30 to 50 years old and only 15.38% are less than 30 years old (Table 3a). Also majority (61.54%) of them indicated that they are college graduates. This leaves the other day care teachers (23.08%) with unfinished college education.

**Table 3a**

Profile of Day Care Workers in  
Albay

Variables	N	%
<b>Age</b>		
Less than 25 yrs. Old	2	15.38
30-35	1	7.69
36-40	1	7.69
41-50	4	30.77
50 and above	5	38.46
Total	13	100.00
<b>Educational Attainment</b>		
Elementary	0	0.00
HS	1	7.69
Vocational	1	7.69
College Undergraduate	3	23.08
College Graduate	8	61.54
Post Graduate	0	0.00
Total	13	100.00
<b>EDUCATION</b>		
Subjects taken concerning CWD		
General	1	7.69
Psychology	1	7.69
None	11	84.62
Total	13	100.00
Is your course relevant to provide services to CWD?		
Yes	6	46.15
No	7	53.85
Total	13	100.00
Do you have access to CWD specialist for advice?		
Yes	7	53.85
No	6	46.15
Total	13	100.00
<b>TRAININGS AND EXPERIENCE</b>		
Number of Trainings Attended		
None	5	38.46
1 - 2	5	38.46
3 - 4	3	23.08
> 4	0	0.00
Total	13	100.00

Years of experience in handling CWD		
Less than 5 yrs.	7	53.85
5 - 10	3	23.08
11 - 15	1	7.69
16 - 20	1	7.69
21 & above	1	7.69
Total	13	100.00
Do you aspire having student w/ disability?		
Yes	8	61.54
No	5	38.46
Total	13	100.00
Do you categorize it as difficult or challenging?		
Yes	11	84.62
No	2	15.38
Total	13	100.00
Are there other external support services for CWD?		
Yes	7	53.85
No	6	46.15
Total	13	100.00

Most (84.62%) of the respondents noted that they have not taken any subject related to Child Welfare Development (CWD). Some respondents (7.69%) considered their subject in psychology, which is usually the foundation "general psychology" subject, as somehow related and useful to their present work as early childhood caregiver. Other more respondents (7.69%) have only their subjects in the college to cite for as their preparation for their present work as day care teachers.

Of the 13 day care teachers, 53.85% of them signified that their educational preparation in the college is not at all related to the ECCD provision on the needed teacher's qualification for serving children with disabilities. The other daycare teachers (46.15%), however, reasoned out that what they have taken up in the college have certain relevance as to enable them to serve children with special needs in the day care center.

Incidentally, the DSWDO, CSWDO and the LGU have provided some measures to upgrade the qualifications and competence of the day care teachers. The said agencies have sponsored reorientation and training for day care teachers on curriculum planning every summer or vacation period. Orientation and training were also given on such problems and concerns, like handling children's behavior

particularly those with disabilities; early detection, prevention and intervention of disabilities among children, "Tuloy Aral Walang Sagabal" (TAWAG Project) instructional scheme for children with disabilities, community Rehabilitation Volunteer of Disabled Person, Community-Based Vocational Rehabilitation of the Disabled Person, teacher training on sign language and medical application. These training programs have been going on from 1993 to the present.

It was shared by the respondents that their sustaining services and efforts to cope with the works in the day care center are basically deriving their strength from their patience, compassion, love for the children especially the disabled ones, and positive work orientation. These are the basic reasons that drive them to be creative, resourceful and innovative in using the limited resources of the day care centers and even their own resources for the benefit of the children. It was also noted by the respondents that they have, indeed, limited knowledge in dealing with children with disabilities. They then expressed the need for more training on the proper care and handling of the needs and behavior of children with special needs. The presence of mentally-retarded child is just not within their capability to provide the needed attention and care.

Other more problems that the respondents have commonly cited were the lack of parents' support, bigger class size of more than 30 pupils, classroom ventilation and lack of assisting hands in managing more than 30 pupils.

As to the length of service as day care teachers, most respondents (76.93%) have been in the day care center for less than 10 years. Of these day care teachers, more than half (53.85%) of them have less than 5 years in the service. It is quite discernible from this figure that they day care centers could be serving as the initial ground for employment of fresh graduate teachers while waiting for their chance to become licensed teacher and find more secured employment in the more established and relatively high-paying public or private schools. This observation is, indeed, a serious problem along capability building, since there will always be the need to train new recruits for the same program in view of the fast rate of turnover of day care teachers. More than this problem is the expressed sense of insecurity and reluctance of a good number (38.46%) of teachers for keeping more pupils with disabilities in the center. This is because of the inherent difficulty in handling these children with special needs. Such difficulty was, in fact, expressed by most (84.62%) day care teachers - that the need to deal individually children with special

needs is just too demanding of their time and efforts; and that their inadequate training and experiences for dealing with these children is their major problem.

Given their inadequate preparation, seven day care teachers (53.85%) said that they have access to CWD specialists for advice, but 46.15% indicated that they have not gone to such effort.

As to their idea of having children with special needs in their class, 61.84% of them have positive appreciation for it in their classes.

Regarding support services, almost half (46.15%) of the day care teachers indicated that external support services are not available for their centers, while the other day care teachers (53.85%) affirmed the presence of external support systems. The external supports cited were: supplemental feeding, PWD program, giving eyeglasses and hearing aids, assistance from NGO, LGU and DSWD, including donations from persons who have concern for children with disabilities.

Some respondents have expressed comments and suggestions for the day care centers for its improvement, accessibility and services for the people's welfare development. They said that the programs intended for the day care centers should be enforced and implemented as

planned. These programs need also to be sustained and not just left to end up as "ningas cogon." Also the required facilities, like appropriate toilet and washroom, drinking fountains or faucets for the exclusive use of the day care children must be installed. Learning materials and equipment need also to be made available. Since the day care centers are commonly given a small and narrower room enclosure and with often low ceilings, electric fans should be provided. A small kitchen is also necessary to teach the children health practices before and after eating or other activities.

#### **CAMARINES SUR**

The barangay day care centers in the province have equal number of young (35.29%) teachers of less than 30 years old and those (35.29%) middle-aged teachers ageing from 41 to 50 years old (Table 3b). The young teachers are usually new teachers who are either fresh graduates or undergraduates who are yet to obtain their Bachelor's degree from college.

About sixty-five percent (64.71%) of teachers are holders of Bachelor's degree while 23.53% have yet to complete their college education.

**Table 3b**  
 Profile of Day Care Workers in  
 Camarines Sur

Variables	N	%
<b>Age</b>		
Less than 25 yrs. Old	6	35.29
30-35	3	17.65
36-40	2	11.76
41-50	6	35.29
50 and above	0	0.00
Total	17	100.00
<b>Educational Attainment</b>		
Elementary	0	0.00
HS	2	11.76
Vocational	0	0.00
College Undergraduate	4	23.53
College Graduate	11	64.71
Post Graduate	0	0.00
Total	17	100.00
<b>EDUCATION</b>		
Subjects taken concerning CWD		
Child Psychology & Child Dev't	2	11.76
SPED 1 / Child Psych	1	5.88
None	14	82.35
Total	17	100.00
<b>Is your course relevant to provide services to CWD?</b>		
Yes	4	23.53
No	13	76.47
Total	17	100.00
<b>Do you have access to CWD specialist for advice?</b>		
Yes	7	41.18
No	10	58.82
Total	17	100.00
<b>TRAININGS AND EXPERIENCE</b>		
Number of Trainings Attended		
None	13	76.47
1 - 2	3	17.65
3 - 4	1	5.88
> 4	0	0.00
Total	17	100.00

Years of experience in handling CWD		
Less than 5 yrs.	13	76.47
5 - 10	3	17.65
11 - 15	1	5.88
16 - 20	0	0.00
21 & above	0	0.00
Total	17	100.00
Do you aspire having student w/ disability?		
Yes	12	70.59
No	5	29.41
Total	17	100.00
Do you categorize it as difficult or challenging?		
Yes	17	100.00
No	0	0.00
Total	17	100.00
Are there other external support services for CWD?		
Yes	6	35.29
No	11	64.71
Total	17	100.00

There are day care workers, however, constituting 12% having only their high school diploma with them (e.g. Sinuknipan II Day Care Center in Del Gallego and Alexandrite Day Care Center in Magarao).

Eighty-two percent (82.35%) of the respondents indicated having not taken any subject concerning children with disabilities. Only few respondents (11.76%) have taken such subjects as Child Psychology or Child Development (11.76%), and even much fewer respondents (5.88%) who have taken both Special Education (SPED) and Child Psychology. Consequently, most day care teachers (76.47%) have been inclined to admit that their college courses are not relevant to their work in the day care centers. What they have instead are their being mild-tempered, understanding, patience, perseverance and devotion to work, which are the desired teacher's or caregiver's predispositions for children with disabilities. Some respondents, however, could not help but expressed their inadequacy since their preparation was limited to children with physical disabilities and not for those with mental abnormalities. There was also a teacher who subscribed to the conception of "Education for All" with the contention that educational or experiential limitation can be complemented or augmented by the teacher's access to

consultation and advice from the experts and specialists on children with special needs. Indeed, 41.18% of the day care teachers mentioned that they seek advice from CWD specialists. But, it was quite unfortunate, it appears, to more than half (58.82%) of the respondents who said that they don't have access to CWD specialist. In fact, when asked as to whether they have access to CWD specialist, 70% of the day care teachers said that they have none.

Institutional efforts to strengthen the education and competence of the day care teachers by way of training programs have also been cited. The day care teacher, for instance, in Marupit Day Care and Learning Center was able to attend training on Early Childhood Care and Development that was sponsored by PSWD in 2010 and held at the Capitol Complex in Pili. Also the day care teacher in Tinago Educare Center II had her training on Early Childhood Interventions, the 2012 NCYC-sponsored Seminar on Institutional Strategies and Latest Trends in SPED, Integrated Day Care System and Early Intervention Program, the 2010 NCYC training on "Sama-sama, Tayo-tayo Day Care Natin" and the 2007 NCYC training on "Eskwelahan Para sa Lahat." In Pacol Educare II in Naga City, the teacher has also attended the 2000 5-day Basic Training for Special Children in LFP Learning Center in Tinago, Naga City; while

the teachers in Alexandrite Day Care Center in San Pantaleon, Magarao and Domagondong Day Care Center in Del Gallego have attended the 2011 National Nutrition Council-sponsored Accelerated Hunger-Mitigation Program.

However, of the 17 day care teachers in Camarines Sur, thirteen teachers (70.59%) indicated that they have not undergone any training program; and this could be the teachers with less than 5 years in the day care service. These young in the service teachers constituted 76.47%, leaving 3 respondents (17.65%) with more than 5 years day care service and one (5.88%) who have been in the service for 15 years.

The needs for training on sign language, early childhood behavioral management, and teaching or dealing with children with disabilities were particularly mentioned by a number of teachers. Majority (70.59%) of the teachers had expressed their willingness to learn more about the care and the needed instruction for disabled children. The difficulties that they commonly experienced were considered as a challenge that needs dealing with positive mind and resourcefulness to succeed and become effective as a teacher. And their willingness to work for the day care children was said to be driven by compassion for both the

disabled children and their parents who just cannot afford a costly special school for their disabled children.

With regards to external support, majority (64.71%) of the day care teachers felt that they were not getting it. Thirty-five percent (35.29%) were in the affirmative. The external support was said to be coming from the LGU, DSWD, DOH, NGOs, parents and private organizations. As to what the teachers can recommend to sustain the day care center with children with special needs mainstreamed with the regular class, close monitoring and improvement of facilities were suggested. Other suggestions were on more reasonable compensation for the day care teachers and workers; and provisions for teaching materials should be made available. Other more suggestion was on capability building program to upgrade the teacher's competence.

#### **CAMARINES NORTE**

In the Tagalog-speaking northern Camarines province of the Bicol region, the day care teachers are comparatively older than those in the other provinces. Majority (46.16%) of the day care teachers are in the age range of 36 to 49 years old; 30.77% are 30 to 35 years old; and another 23.08% are 50 years old and above (Table 3c).

**Table 3c**  
 Profile of Day Care Workers in  
 Camarines Norte

Variables	N	%
<b>Age</b>		
Less than 30 yrs. Old	0	0.00
30-35	4	30.77
36-40	3	23.08
41-50	3	23.08
50 and above	3	23.08
Total	13	100.00
<b>Educational Attainment</b>		
Elementary	0	0.00
HS	0	0.00
Vocational	0	0.00
College Undergraduate	2	15.38
College Graduate	11	84.62
Post Graduate	0	0.00
Total	13	100.00
<b>EDUCATION</b>		
Subjects taken concerning CWD		
None	13	100.00
Total	13	100.00
Is your course relevant to provide services to CWD?		
Yes	3	23.08
No	10	76.92
Total	13	100.00
Do you have access to CWD specialist for advice?		
Yes	4	30.77
No	9	69.23
Total	13	100.00
<b>TRAININGS AND EXPERIENCE</b>		
Number of Trainings Attended		
None	0	0.00
1 - 2	11	84.62
3 - 4	2	15.38
> 4	0	0.00
Total	13	100.00

Years of experience in handling CWD		
Less than 5 yrs.	2	15.38
5 - 10	1	7.69
11 - 15	5	38.46
16 - 20	4	30.77
21 & above	1	7.69
Total	13	100.00
Do you aspire having student w/ disability?		
Yes	10	76.92
No	3	23.08
Total	13	100.00
Do you categorize it as difficult or challenging?		
Yes	13	100.00
No	0	0.00
Total	13	100.00
Are there other external support services for CWD?		
Yes	8	61.54
No	5	38.46
Total	13	100.00

The province' day care centers have also more college educated teachers with Bachelor's Degree (84.62%) that leaves only 15.38% day care teachers still pursuing their college degree.

Most (76.92%) of the day care teachers indicated that they have not taken any subject dealing with children with disabilities. There are 23.08% day care teachers, however, who claimed to have taken subject or subjects related to early childhood education, but not to children with disabilities. Being conscious themselves of their less fitting education to their present work, they nonetheless claimed to have adopted resourcefulness, patience and dedication which gradually enabled them to make the needed adjustment for handling classes of preschool children that include mainstreamed children with special needs. Lengthening experience is what they have. Some of them have been handling day care children for more than 20 years already. Sixty-nine percent of the respondents have signified serving their day care center for 11 to 19 years. It was, thus, their length of service that enabled them to accept and teach children with disabilities, despite its attending difficulties.

When asked if they have access to specialists on children with disabilities, only about 30.77% of the day

care teachers answered in the affirmative, while the 69.23% were in the negative. In-service trainings are what have been augmenting and enriching their knowledge and experience as early childhood day care givers. Some of the training programs they have attended were the MSWDO-PASWI-sponsored: Behavioral Management of Children, the PASWI-sponsored Management of 3-5 Years Old Children, PSWDO-MSWD-sponsored training Multiple Intelligence Gabayan, DOH-sponsored Orally Care Fit Child Training, PSWDO-sponsored Red Cross, Neighborhood :Play and Day Care Workers Congress, and the PASWI-sponsored Child Development training - to name a few.

Since the barangay day care centers were commonly housed in a multi-purpose building or building established without consideration for the provisions of the Disability Law, the day care teachers had expressed the need for proper ventilation, perimeter fence, wider windows and provision of drinking and toilet facilities. They also suggested that the services of specialists on children with special needs be made available and accessible in the municipality.

### CATANDUANES

In the island province of Catanduanes, majority (50%) of the day care centers are in the age range of 30 to 35 years old and the rest are distributed in the ages from 36 to 39 years old (Table 3d).

As to their educational attainment, 11 teachers constituting 91.63% are college degree holders but have not taken any course that relates to children with disabilities; and not even their field of specialization is relevant to their work as day care teachers. What they hold on are some desirable behavioral predisposition, like their being industrious and resourceful, and their inexhaustible patience, understanding and caring attitude to preschool children including those who have disabilities.

Since their day care centers were also mere occupants of a room in a multi-purpose building not made nor designed for the exclusive use of the preschool children, they commonly have a classroom that lacks proper ventilation, lighting, and the needed facilities and equipments for preschool children with special needs.

Access to specialists on early childhood and children with special needs was available to five (41.67%) day care teachers, but not to the other seven (58.33%) day care teachers who were just inclined to rely on their own in an

**Table 3d**  
 Profile of Day Care Workers in  
 Catanduanes

Variables	N	%
<b>Age</b>		
Less than 25 yrs. Old	2	16.67
30-35	6	50.00
36-40	2	16.67
41-50	1	8.33
50 and above	1	8.33
Total	12	100.00
<b>Educational Attainment</b>		
Elementary	0	0.00
HS	0	0.00
Vocational	1	8.33
College Undergraduate	0	0.00
College Graduate	11	91.67
Post Graduate	0	0.00
Total	12	100.00
<b>EDUCATION</b>		
Subjects taken concerning CWD		
None	12	100.00
Total	12	100.00
Is your course relevant to provide services to CWD?		
Yes	1	8.33
No	11	91.67
Total	12	100.00
Do you have access to CWD specialist for advice?		
Yes	5	41.67
No	7	58.33
Total	12	100.00
<b>TRAININGS AND EXPERIENCE</b>		
Number of Trainings Attended		
None	5	41.67
1 - 2	7	58.33
3 - 4	0	0.00
> 4	0	0.00
Total	12	100.00

Years of experience in handling CWD		
Less than 5 yrs.	5	41.67
5 - 10	4	33.33
11 - 15	3	25.00
16 - 20	0	0.00
21 & above	0	0.00
Total	12	100.00
Do you aspire having student w/ disability?		
Yes	12	100.00
No	0	0.00
Total	12	100.00
Do you categorize it as difficult or challenging?		
Yes	12	100.00
No	0	0.00
Total	12	100.00
Are there other external support services for CWD?		
Yes	5	41.67
No	7	58.33
Total	12	100.00

effort to face certain problems and overcome difficulties met in trying to keep the care giving function of their centers at work for the daycare children.

As to outside institutional support for improving and enhancing their capability as day care teachers, five (41.67%) of them have none; hence, to be given still an opportunity to attend training related to early childhood care and teaching of children with special needs. Seven (58.33%) day care teachers were recipients of the capability building training programs of the MSWD and PSWD. The day care teachers, for instance, of Little Angel Day Care Center in Virac had attended the MSWD-sponsored training on Caring Children; and the MSWD-sponsored training on Management of Children with disability was attended by the day care teachers of Cavinitan Day Care Center, Sta. Cruz Day Care Center, Holy Angel Day Care Center, Agojo Day Care Center and San Pablo Day Care Center.

#### **MASBATE**

In the southwestern island of Masbate, most (80%) of the day care teachers are in the ages of 30 to 40 years old, with the other teachers (20%) in the age range of less than 50 years old (Table 3e).

**Table 3e**  
 Profile of Day Care Workers in  
 Masbate

Variables	N	%
<b>Age</b>		
Less than 30 yrs. Old	1	10.00
30-35	4	40.00
36-40	4	40.00
41-50	1	10.00
50 and above	0	0.00
Total	10	100.00
<b>Educational Attainment</b>		
Elementary	0	0.00
HS	0	0.00
Vocational	1	10.00
College Undergraduate	0	0.00
College Graduate	9	90.00
Post Graduate	0	0.00
Total	10	100.00
<b>EDUCATION</b>		
Subjects taken concerning CWD		
None	10	100.00
Total	10	100.00
Is your course relevant to provide services to CWD?		
Yes	0	0.00
No	10	100.00
Total	10	100.00
Do you have access to CWD specialist for advice?		
Yes	3	30.00
No	7	70.00
Total	10	100.00
<b>TRAININGS AND EXPERIENCE</b>		
Number of Trainings Attended		
None	5	50.00
1 - 2	5	50.00
3 - 4	0	0.00
> 4	0	0.00
Total	10	100.00

Years of experience in handling CWD		
Less than 5 yrs.	3	30.00
5 - 10	3	30.00
11 - 15	4	40.00
16 - 20	0	0.00
21 & above	0	0.00
Total	10	100.00
Do you aspire having student w/ disability?		
Yes	8	80.00
No	2	20.00
Total	10	100.00
Do you categorize it as difficult or challenging?		
Yes	10	100.00
No	0	0.00
Total	10	100.00
Are there other external support services for CWD?		
Yes	2	20.00
No	8	80.00
Total	10	100.00

Also most (90%) of them are college graduates who had their initial intention to take the day care teaching service as a temporary work while waiting for an employment opportunity for a more secured and good-paying job outside.

Although holders of Bachelor's Degree, they (100%) have not taken any course related to early childhood nor to children with special needs. But they have the willingness to learn, patience, resourcefulness, sense of compassion and other predispositions considered appropriate for the teaching and caring of children with special needs.

Some outside help to upgrade their competence were received by 5 (50%) day care teachers. Such help came from the orientation training on oral care, child care and early childhood behavior provided by the MSWD. Five day care teachers, however, possibly new recruits, are yet to receive training and upgrading of their knowledge and skills on early childhood care giving work. Majority (70%) of the day care teachers have also indicated that they do not have access to specialists on children with special needs.

Being situated under similar conditions as those experienced by the day care teachers in the other provinces, they also have problems and difficulties of carrying out their day care service works in an ill-equipped classroom,

its lack of ventilation, and inadequate instructional materials.

### **SORSOGON**

Majority (46.67%) of the barangay day care teachers in the southern province of Sorsogon are in the ages of 30 to 40 years old; and the others in the ages of 41 to 50 years old (Table 3f). They are mostly (73.33%) college degree holders also with the initial intention of taking the LGU-funded day care service work temporarily while facing the scarcity of opportunity for a more stable and relatively high-paying job outside the community. The same group of college degree-holder respondents admitted that they don't have any course in the college that could be related to preschool children with special needs. A few (6.67%) of them, however, have had some orientation on basic graphic arts, sign language, values education, writing and recreational activities for elementary school children. The course that most (80%) of the day care teachers have are commonly not in accordance with the works that they have in the day care centers.

**Table 3f**  
 Profile of Day Care Workers in  
 Sorsogon

Variables	N	%
<b>Age</b>		
Less than 30 yrs. Old	2	13.33
30-35	4	26.67
36-40	3	20.00
41-50	5	33.33
50 and above	1	6.67
Total	15	100.00
<b>Educational Attainment</b>		
Elementary	0	0.00
HS	1	6.67
Vocational	1	6.67
College Undergraduate	2	13.33
College Graduate	11	73.33
Post Graduate	0	0.00
Total	15	100.00
<b>EDUCATION</b>		
Subjects taken concerning CWD		
None	9	60.00
Coloring & sign language	1	6.67
General	1	6.67
Val.Ed, Writing, Drawing	1	6.67
Val. Ed, Drawing & writing, Math	1	6.67
Values Education	1	6.67
Recreational Activity	1	6.67
Total	15	100.00
Is your course relevant to provide services to CWD?		
Yes	3	20.00
No	12	80.00
Total	15	100.00
Do you have access to CWD specialist for advice?		
Yes	4	26.67
No	11	73.33
Total	15	100.00

TRAININGS AND EXPERIENCE		
Number of Trainings Attended		
None	12	80.00
1 - 2	3	20.00
3 - 4	0	0.00
> 4	0	0.00
Total	15	100.00
Years of experience in handling CWD		
Less than 5 yrs.	10	66.67
5 - 10	4	26.67
11 - 15	1	6.67
16 - 20	0	0.00
21 & above	0	0.00
Total	15	100.00
Do you aspire having student w/ disability?		
Yes	10	66.67
No	5	33.33
Total	15	100.00
Do you categorize it as difficult or challenging?		
Yes	13	86.67
No	2	13.33
Total	15	100.00
Are there other external support services for CWD?		
Yes	3	20.00
No	12	80.00
Total	15	100.00

It was commonly from their years of work as daycare givers that they gradually learned to make some adjustments and adopt certain scheme and approaches for handling preschool children with disabilities. Somehow, most (73.33%) of them could avail the services of the municipal specialists on preschool children with special needs.

Most respondents (80%) expressed the problem of insufficient institutional support for the day care centers. For a few who claimed having external support for the center, these were in the form of discount cards for PWD, supplemental feeding, medicine and financial support for emergency needs from the DSWD.

Having been experiencing similar problems and difficulties as those in the other provinces, the respondents suggested that the programs intended for the centers should be implemented as planned and not merely started and be counted among the "ningas cogon" institutional programs. The centers also need more suitable well-ventilated classrooms with facilities like toilet and faucets that children can conveniently reach in the center.

## SUMMARY AND CONCLUSIONS

It may be important at this point to state again the limitations of this study. Since the study was exploratory and descriptive in its design, it did not have a well structured data gathering instrument that contains batteries of questions that are meant to determine the validity of its theoretical proposition and hypothesis on the possible influences of some suspected factors on an identified phenomenal social event or people's behavior. The study then did not use more sophisticated statistical measures to be able to test the significance of its observation and findings. A more structured and refined theory-testing study is not possible when antecedent studies and factual knowledge on a given problem are extremely wanting or practically absent. Lack of adequate data and dependable information on the extent of operation and people's responses to the established barangay day care centers in Bicol - is precisely the reason that inclined this study to its exploratory design.

What this study, therefore, could only inquire about and describe are the existence and conditions of the physical structure and facilities of the eighty (80) barangay day care centers that constituted the quota samples from the 6 provinces (13 barangays from Albay, 17

from Camarines Sur, 13 from Camarines Norte, 12 from Catanduanes, 10 from Masbate and 15 from Sorsogon) of the Bicol region. Included in the study are the qualifications of the caregivers' of the day care centers and their given programs of services. Data were obtained by way of a structured questionnaire and interviewing of the daycare teacher respondents. The end-purpose to which the study was basically aimed at was that of finding out the extent of conformity or non-conformity, compliance or non-compliance to the provisions of the state law, the Accessibility Law (Batas Pambansa No.344), which prescribes the institutions and services for the preschool children with disabilities. It is, thus, within the limited bound and the findings of this study that the subsequent concluding statements and their implications are made.

1. On physical plant and facilities, the findings of the study revealed that there was generally a low percentage (26.85%) of availability of the needed facilities of the barangay day care centers in Bicol.

The availability of ramp among the day care centers figured out only to about 9%. Higher percentage of availability was on washroom-and-toilet (70.41%) and doors and entrances (90.61%) (Table 4).

**Table 4**  
Physical and Infrastructural Facilities in  
Public Day Care Centers having Children with Disabilities  
in Bicol

FEATURES	PERCENT OF AVAILABILITY						MEAN %
	ALBAY (13)	CAM. SUR (17)	CAM. NORTE (13)	CATANDUANES (12)	MASBATE (10)	SORSOGON (15)	
1. Ramp	30.77*	5.88*	0	8.33*	0	6.67	<b>8.61</b>
2. Washroom/ Toilet	92.31	88.23*	76.92**	58.33*	60	46.67	<b>70.41</b>
3. Parking Areas/Slots	46.15	11.76	61.54	58.33	20	13.33	<b>35.18</b>
4. Signages	38.46	0	84.61	83.33**	90	20	<b>52.73</b>
5. Non-skid Flooring	0	0	15.38	0	0	0	<b>2.56</b>
6. Doors and Entrances	100	82.35	84.61	100**	90*	86.67	<b>90.61</b>
7. Stairs	30.77*	5.88***	0	0	0	0	<b>6.11</b>
8. Handrails	7.69	5.88*	0	0	0	0	<b>2.26</b>
9. Drinking Fountains	0	0	0	0	0	0	<b>0</b>
10. Public Telephones	0	0	0	0	0	0	<b>0</b>
<b>Mean</b>	<b>34.61</b>	<b>19.99</b>	<b>32.31</b>	<b>30.83</b>	<b>26.00</b>	<b>17.33</b>	26.85

\* underspecification  
\*\* variable measurements  
\*\*\* not slip resistant

Signages in the form of labels indicating the center's name and its functional room, directional and informative signs has 52.73% availability among the day care center. The presence of parking area comprised 35% of the day care centers. Lower percentage was obtained from the presence of non-skid flooring (2.56%), handrails (2.26%) and stairs (6.11%). None of the barangay day care centers have drinking fountains and public telephone.

Among the six provinces of Bicol, the highest percentage of availability (34.61%) of facilities was found in Albay. This is followed by Camarines Norte (32.31%). Lower percentages were obtained from Sorsogon (17.33%) and Camarines Sur (19.99%).

Recorded observations on the structural design and conditions of the physical plant and facilities of the studied day care centers in Bicol further showed that they were barely conforming to the structural designs and specifications as provided in Batas Pamansa 344 or the Accessibility Law. Only a negligible few, for instance, has ramp. Some of these are just under construction, usually without handrails, and the pavement is either undersized or oversized in width. Toilet facilities are notably small, either with or without washroom, often without movable grab bar, and with narrower floor space. And many of these

toilets were communal or shared with personnel and clients from other offices. Signages were often limited to the name of the center and directional and informational signs are rare. Still few of the barangay day care centers have parking area; and these are mostly shared with other offices. Almost all classroom floorings are not overlaid with non-skid surface to prevent accidental slipping among the children. Most classroom floorings are either of rough or smooth surface cement which turn slippery when wet. Without drinking fountains, children have to use outside faucets meant for other purposes or advised to always bring with them their plastic bottled drinking water, or if they have a conscientious teacher, a jug of drinking water will be made ready for them. Public telephone was practically an unnamed facility in the day care centers.

All these conditions may have reason on the kind of building that the day care centers were made to occupy. The fact that the day care centers were established without their own building, the supposed building design and facilities are then remaining to be desired. Presently, being commonly housed in a barangay multi-purpose building or barangay hall, the desired structural design and facilities could not be freely installed for their special

purpose and services for the mainstreamed children with disabilities.

Something must be said, therefore, about the importance of an appropriate structural design and facilities for preschool children with mainstreamed disabled children.

Children suffering from the impairment of their visual organ, sense of hearing, motor skills, or other infirmities cannot be expected to respond and make some adaptation as readily and normally as the physically healthy children to their newfound environment. Some of them may be over-sensitive or less sensitive, easily bored and irritated, extremely shy, short span of interest and attention, inclined to indulge in self-activity, self-centeredness and over demanding for attention, or other more behavior bordering on the unusual and extreme. Extreme manifestation, therefore, of any of these behavioral tendencies from the disabled children can be triggered or caused by a less comfortable and dissatisfying conditions of the classroom or school environment. Hence, this is where consideration for a proper ventilation, humidity, lighting, with lesser outside disturbances or sources of distraction, and risky surrounding will come in among the desired classroom conditions for the disabled children. In

addition, well-equipped classroom with instructional materials that are sufficiently interesting and stimulating to children with special needs are also most desired.

In view of their physical impairment, facilities like ramp, washroom-and-toilet, drinking fountain and the space for resting or play activities space must be made conveniently accessible and safe for the disabled children. More than these, the availability of health care must also be an integral part of the daycare services. Apparently, such conditions of accessibility, comfortable and safe environment and physical facilities are considerations that discernibly went into government prescription on the physical facilities for children with disabilities. It is just unfortunate that these desired conditions and facilities are yet to be set in place among the barangay day care centers in the Bicol region.

2. The study's findings on support programs and services given to the day care centers showed that they are well provided given their mean ratings which are within the range of being "highly" provided. Support services to the barangay day care centers were particularly most notable on health and nutrition given their ratings of 4.16 and 3.99, respectively. Following closely with a mean rating of 3.90 was social services for social protection (Table 5).

**Table 5**  
 Programs and Services in  
 Public Day Care Centers having Children with Disabilities  
 in Bicol

PROGRAMS AND SERVICES	PROVINCES						MEAN
	ALBAY (13)	CAM. SUR (17)	CAM. NORTE (13)	CATANDUANES (12)	MASBATE (10)	SORSOGON (15)	
1. Health	3.92	3.76	3.92	4.33	3.90	4.13	<b>3.99</b>
2. Nutrition	4.54	3.82	4.31	4.58	3.60	4.13	<b>4.16</b>
3. Parent Education	3.92	2.82	3.92	3.92	3.50	3.40	<b>3.58</b>
4. Social Services for Social Protection	4.23	3.35	3.92	3.92	3.80	4.20	<b>3.90</b>
5. Parental 6. Support	4.08	3.53	4.23	3.83	3.50	4.07	<b>3.87</b>
<b>Mean</b>	<b>4.14</b>	<b>3.46</b>	<b>4.06</b>	<b>4.12</b>	<b>3.66</b>	<b>3.99</b>	3.90

Legend:

4.21 - 5.0	Very High (VH)
3.41 - 4.20	High (H)
2.61 - 3.40	Fair (F)
1.81 - 2.60	Poor (P)
1.0 - 1.8	Very Poor (VP)

The lowest (3.58) was the support services on parents' education.

Among the six provinces, support programs and services in Albay obtained a mean rating of 4.14, which surfaced as the highest among the provinces. Catanduanes came out as second highest (4.12) in terms of support programs and services. The lowest rating of 3.46 was obtained from Camarines Sur.

The high rating on health services can be attributed to the MHO program of health services being course through to the barangay health stations. Its yearly community service undertakings, therefore, like immunization, deworming, infant weighing, dental service, family planning counseling and contraceptive distribution - all these are likely to constitute the respondent's recollection of services being regularly provided in the community. Another highly rated was nutrition which could well be owing to the commonly given instruction on nutrition and the supplemental feeding given as a programmed service to daycare children.

Social services for social protection was ranking third as highly rated as visible support services in view of the activated work of the barangay tanod, presence of check points, military stations, and police visibility in

the community. But these security measures were notably observed of their presence in the sub-urban areas of the provinces where there are reportedly "threats of insurgency." These security measures, therefore, essentially appear to be merely incidental support to the daycare children and their parents.

Perceived to be minimally provided was parents' education, which is a support day care program of concern involving, home visitation, home-based intervention and parents' reorientation for enhancing their parenting attitudes and practices. The required "floor time" and most demanding responsibility for the daycare children that includes those with special needs, limited resources, lack of external support, and the teacher's felt inadequacy for dealing with problem child, more so a disabled child, with their parents - are some of the basic reasons for the somewhat lower rating on this program of support services.

Parents' support was also given somewhat low rating which was explained to be due to the parents' minimal involvement and participation in the program of activities of the day care center. Apparently, the economic insecurity and dearth of education of many parents in view of poverty could well constrain and inhibit the parents' involvement as priority of concern is rather more placed on

their income-earning activities for their family while the attention for their daycare children or presence in the day care program of activities is entrusted to their eldest son or daughter.

3. Inquiries on the personal, educational and experiential characteristics of the daycare teachers showed that majority (78.75%) of them are from their early adult age (30 years old) to middle aged (35-50 years old). Most of them (77%) have Bachelor's Degree and the others are still hoping to finish their college education (Table 6). But, although with college education, about 80% have courses that do not meet the required educational preparation for preschool children and children with disabilities. Those who claimed that they have educational preparation relevant to preschool children were either graduates of elementary education or were citing subjects on general psychology, child psychology and child development.

The prescribed qualifications and profile for the preschool teachers by the Department of Education (Education Order 107, s. 1989) are: (1) a B.S. degree with specialization in Early Childhood or Kindergarten Education with at least 18 units in ECCD; or an allied non-education

**Table 6**  
 Profile of Barangay Day Care Workers  
 in Bicol

Variables	Number (F)						
	Albay	Cam. Sur	Cam. Norte	Catanduanes	Masbate	Sorsogon	Total
<b>1. Age</b>							
Less than 30 y/o	2	6	0	2	1	2	13
30-35	1	3	4	6	4	4	22
36-40	1	2	3	2	4	3	15
41-50	4	6	3	1	1	5	20
50 and above	5	0	3	1	0	1	10
<b>2. Educational Attainment</b>							
Elementary	0	0	0	0	0	0	0
High School	1	2	0	0	0	1	4
Vocational	1	0	0	1	1	1	4
College Undergrad	3	4	2	0	0	2	11
College Grad	8	11	11	11	9	11	61
Post-Grad	0	0	0	0	0	0	0
<b>3. Relevance of Course to SPED for CWD</b>							
Number	6	4	3	1	0	3	17
%	46.15	23.53	23.08	8.33	0	20.00	
<b>4. No. of Subjects Taken on CWD</b>							
None	11	14	13	12	10	9	69
1-2	2	3	0	0	0	5	10
>2	0	0	0	0	0	1	1
<b>5. Strengths</b>							
Personality Traits	12	16	13	12	10	15	78
Education	0	1	0	0	0	0	1
Facilities	0	0	0	0	0	0	0
Learning Resources	0	0	0	0	0	0	0
Training	1	0	0	0	0	0	1
<b>6. Limitations</b>							
Personality Traits	9	7	0	0	0	9	25
Education	2	3	4	3	2	4	18
Facilities	0	0	2	4	4	0	10
Learning Resources	0	0	3	1	1	0	5
Training	2	7	4	4	3	2	22
<b>7. Trainings Attended</b>							
None	5	13	0	5	5	12	40
1 - 2	5	3	11	7	5	3	34
3 - 4	3	1	2	0	0	0	6
> 4	0	0	0	0	0	0	0

<b>8. Years of Experience in BDCC w/ CWD's</b>							
Less than 3	3	8	2	2	0	9	24
3 - 6	7	8	1	4	4	2	26
7 - 10	0	0	1	3	2	3	9
>10 yrs	3	1	9	3	4	1	21
<b>9. Access to Expert Services</b>							
Number	7	7	4	5	3	4	30
%	53.85	41.18	30.77	41.67	30.00	26.67	
<b>10. Perceptions on CWD's</b>							
Aspiration	8	12	10	12	8	10	60
Difficulty/Challenge	11	17	13	12	10	13	76

college course with at least 18 units in ECCD;  
(2) male or female, between the ages of 21-35 years old;  
(3) training, experience and interest in working with young  
children; and (4) certified physically and emotionally fit  
(Education for All Global Monitoring Report, 2007).

The daycare teachers with college degree commonly have their initial intention of serving as temporary day care teachers while waiting for the opportunity for employment outside the community. A substantial number of them are still having this hope for a more secured employment outside, but others who have been residing in the community with their lengthening years as daycare teachers are already giving up such hope.

As to length of years as daycare teachers, majority (52%) are still young in the service and the rest already have 11 to 15 years service as day care teachers. These findings on service length, together with those in education, need earnest attention since they suggest continuing turnover of daycare teachers which would certainly necessitate sustained efforts on the part of the LGU's and MSWD to provide reorientation and training on fresh recruits of daycare teachers.

Institutional efforts, it appears, to upgrade knowledge and competence of the day care teachers were

somehow being provided by the MSWDO, CSWDO, and PASWI. But, some daycare teachers particularly those young in the service and in some remote centers indicated that they have not undergone any training.

Data on external support programs and services and recorded statements from the daycare teacher respondents tended to suggest that the provision of these support services have not been consistent and sustaining, with extent of provision most varying from province to province and from one center to another. These conditions seem to create certain discontentment among the daycare teachers, with more than half of them nursing such misgivings that support services are so inadequate and not sustaining, "palakasan" or depending upon one's political affinity, and assuming an age-old trend of being "ningas-cogon" of government development programs.

### **IMPLICATIONS**

The passage of Accessibility Law and the mainstreaming of children with disabilities in a regular classroom have created some problematic conditions which are discernible from the findings of this study. These conditions are quite suggestive of some interventions and management prescriptions which can be specified as follows:

1. **Institutionalization** of the program of daycare services at the municipal level (LGU) to ensure its **funding allocation in the General Appropriation Act** following what have been done for GAD programs where there is an automatic 5% allocation. Budget planning and distribution can be done at the municipal level to minimize thinly spreading the minimal resource allocation to the different barangay day care centers.
2. The **Local Government Unit** can initiate the construction of **day care center models** equipped with the necessary physical and structural requirements to provide access to children with disabilities. Construction can consider the strategic location of the barangay and the socio-economic condition of the community.
3. **An educationally fit and professionally and technically trained preschool worker with specialization on children with disabilities** is still **most valued as daycare teacher**. A teacher with qualification less than that which is prescribed could well mean limited capability and competence to understand and deal with the individual behavior and needs of the children with disabilities. The old saying that "teacher can either make or unmake the

learner” would be a good reminder on this problem. Securing, of course, well qualified teachers requires an attractive and more satisfying compensation. And **if for economic reason, a good pay for a well-qualified teacher is not presently possible, then a continuing reorientation and training of the generations of recruits of day care teachers would be the only alternative way.** The assurance, however, that this measure will work and really help mainstream disabled children into the normal life of the community or society remains quite an uncertain possibility.

4. The DSWD should spearhead a **continuing capability building program for the daycare teachers and workers.**
5. **Networking and firming up strong partnership and collaborative efforts** with other agencies, such as with Higher Education Institutions (HEIs) with daycare services as part of their extension and GAD programs, and with other government and non-government organizations to attract additional resources for the day care centers.
6. **Close monitoring** by the DSWD and the DepEd is also needed for ensuring proper implementation of the curriculum and the performance of children with disabilities.

7. With the implementation of the **K-12 where pre school education is mandatory before the pupils are admitted in Grade 1**, it is necessary that the LGU and DSWD should work in partnership with the DEpEd for the learning domains desired in Kindergarten.
8. **Further research** can be conducted throughout Bicol to assess and identify the readiness of all barangay day care centers for the mainstreaming of children with disabilities in terms of human, physical, infrastructure and learning resources of the centers according to the learning domains expected from the pre school pupils.

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