Quality Control in Early Intervention Centers for Young Children with Special Needs

Susan Jeanette G. Ealdama

Division of Curriculum & Instruction, College of Education
University of the Philippines Diliman

Abstract

This study aimed to identify what and how often quality control practices are implemented in Early Intervention (EI) centers. Focus group discussions (FGDs) among 22 participants yielded several aspects of early intervention in four domains: the child and the EI program; parent-professional collaboration; government, non-government, and community linkages; and legislation and societal values. Results were used in constructing a 50-item survey questionnaire, administered to 30 respondents working in 17 EI centers for different age groups. Results showed that almost all the EI centers had these daily activities: development of self-help skills, use of sensorial materials, parent-teacher consultations, and beginning reading, writing, and numeracy lessons. In general, the EI centers concentrate on direct instruction of the child but do not prioritize macro components such as implementation of accessibility laws. Recommendations include standardization of quality control in EI centers, especially the requirement of a transition plan upon exit from the EI program.

Key words: early intervention, quality control, special education

E arly Intervention (EI) is an important aspect of addressing disability. It minimizes handicapping effects of disability, prevents it from becoming worse, prevents secondary disabilities, and maximizes the abilities of young persons with disability (PWD) (Garguilo and Kilgo, 2000). The earlier handicapping conditions are addressed, the better the chances for independent living.

Correspondence regarding this article should be sent to Susan Ealdama at susan.ealdama@yahoo.com

Philippine Context

In the Philippines, there is an estimated 2.5 million young children between 0-5 years old who are enrolled in Early Education. As of December 2007, there were 1,493,237 in daycare, of which 588,818 were in public pre-schools and 410,778 in private pre-schools (CWC, 2009). In 2000, the *Comprehensive Policy and National System for Early Childhood Care and Development* (ECCD) was enacted in the country, having as its eighth objective the establishment of "an efficient system for early identification, prevention, referral, and intervention for developmental disorders in young children" (Republic Act 8980, Section 3-h, p. 4). The former National Council on the Welfare of Disabled Persons published *The National Plan of Action: Philippine Decade of Persons with Disabilities 2003-2012* (NCWDP, 2004) which aims to give barangay-level early intervention services to those who are aged 0-4. It also mentions the establishment and maintenance of more *Stimulation and Therapeutic Activity Centers* (STACs) throughout the country.

A study conducted in all the 132 cities and municipalities of the thirteen (13) provinces in Regions VI, VII and XII in May 2005 by the UP Education Research Program (ERP) showed that the Early Childhood Development Project of the Department of Social Welfare and Development (DSWD) did not have specific early intervention services nor a comprehensive intervention plan for young children with special needs (YCSN), even when it came to health and nutrition needs. Day care workers lacked skills in handling YCSN, and confessed to accepting YCSN as *saling-pusa* ("informal members") who were not expected to join the regular sessions. Day care workers coped by reading resource materials like the *Handbook on Mental Retardation and Allied Disabilities* (FIDS, 2005). The ERP team also evaluated the Department of Education's eight-week school preparedness curriculum, (known as the *Early Childhood Experiences in Grade One*). They found that it espoused developmentally appropriate practices like curricular modification, age appropriateness, and child-centered progress rating (FIDS, 2005).

Due to lack of data from government agencies, an online search was used (Google.com, 2010) which revealed 115 Philippine-based sites classified under "early intervention organizations". As more and more early intervention centers for young children with special needs are being established, both in inclusive and exclusive settings, quality control in these centers needs to be examined.

Quality Control in EI Centers

Quality control is a process to maintain proper standards (Webster's Online Dictionary, 2010). The past thirty years have seen a growth in interest on achieving quality outcomes, from Japan's post-war quality techniques to the American Quality Foundation's systematic evaluation of quality vis-à-vis profitability and productivity (Cuttance, 1997). In educational systems, *development, strategic planning, internal monitoring, review practices* and *quality improvement* are some of the terms used when referring to quality control (Cuttance, 1997, p.104). Accreditation, rankings and ratings, outcomes, licensure, program reviews, and follow up studies are examples of quality control practices (Bogue and Saunders, 1992).

Quality control of EI programs has gained the attention of researchers worldwide. To improve the quality of child care for preschoolers, 180 child care centers in 12 counties were examined regarding the effects of a broad-based community initiative called Smart Start (Bryant, Maxwell, and Burchinal, 2009). Through the use of the Early Childhood Environment Rating Scale (ECERS), child care quality was shown to be affected by the center's involvement in community events on quality control. The study concluded that it is important to invest time and money on grassroots projects on child care quality to make it all-inclusive.

Jalongo et al (2001) studied the attributes of a high-quality early childhood education program worldwide and found "six dimensions of quality." These are: "philosophies and goals; high-quality physical environments; developmentally appropriate and effective pedagogy and curriculum; attention to basic and special needs; respect for families and communities; professionally prepared teachers and staff; and rigorous program evaluation." (p. 143)

A study of 50 American states regarding the basic concepts in early childhood education curriculum concluded that comprehensive and systematic inclusion of basic concepts in early childhood education are needed to ensure that all children have the core descriptive language to describe the world around them and comprehend and discuss subject matter in all content areas (Bracken and Crawford, 2010).

In another study, quality of child care was measured by the "ratio of caregivers to children, group size, teacher training in child development or child care, teacher education, highest wage paid to a teacher in the center, and staff turnover" (Scarr, Eisenberg, and Deckard, 1994, p.131).

A research of Vandell (1996) on 576 6-month old infants, in five types of non-maternal child care (centers, child care homes, in-home sitters, grandparents, and fathers) showed that smaller child-adult ratios, smaller group sizes, and non-authoritarian style of managing children were positive influences attributed to caregivers. Caregiver factors such as child rearing values, experience, educational background and structural characteristics such as child-adult ratio, group size, physical environment, were also considered.

In general, policy makers agree that EI is crucial in a child's growth, but there is an issue regarding policy implementation (Wasik and Hindman, 2005). Certain EI practices serve as a proof of contrasting philosophies. Hence, there is a need for an in-depth analysis of policy application so as to prevent mistakes in designing programs for young children with special needs.

One approach that addresses the policy-to-practice problem is Total Quality Management (TQM). It is a structured mechanism that is client-centered, needs-based, and holistic, with the active participation of the whole organization in the planning and implementation of quality control processes (Goal/QPC, 2010). TQM is important in Early Intervention because of its holistic approach to organizational leadership, personnel management, and output performance indicators. EI centers can benefit from TQM since it relies heavily on organizational schemes in order to achieve success. EI centers can apply the TQM principle of addressing children with special needs and community needs through "timely, cost-effective, innovative, productive," and sustainable EI practices (Goal/QPC, 2010, p.1).

Total Quality Management (TQM) can be related to the theoretical framework of this study, Urie Bronfrenbrenner's Ecological Theory, a paradigm which is gaining more attention (Bronfrenbrenner, 2000; Santrock, 2006). The Ecological Theory focuses on the influence of social contexts in comprehending life-span development. These environmental contexts are the *microsystem* (family, school, neighborhood); the *mesosystem* (connections between family, school, neighborhood); the *exosystem* (influence of another social system in an individual's immediate context); and the *macrosystem* (cultural setting of an individual) (Santrock, 2006).

Bailey (1992) describes the dynamic interplay of the Ecological Theory's microsystem, mesosystem, exosystem, and the macrosystem in the context of EI. The microsystem includes the typical environments where the child is most often: at home with his family, or at the day care center. The

mesosystem refers to the linkages among microsystems surrounding the child, such as interaction among parents, teachers, and therapists. The exosystem is represented by local and national agencies (like the Council for the Welfare of Children (CWC) in the Philippine setting), and non-governmental organizations. The macrosystem pertains to legal and culture-bound settings that affect all the other three systems, such as laws on early intervention and discrimination issues.

The Study

Aim of the Study

The purpose of this study was to describe the practice of quality control in EI centers. Specifically, this research was guided by these questions: (1) What are the quality control measures implemented in EI centers? (2) How often are these quality control measures implemented in these EI centers?

Methodology

Qualitative and quantitative research methods were used in this study, specifically, the focus group discussion (FGD) and a survey. The FGD aimed to answer the first research question on identifying quality control practices, while the survey was used to address the second research question on the frequency of implementation of these quality control practices.

Focus group discussions (FGDs) were held in February to March 2009 to cull concepts for the survey questionnaire. The FGD participants were chosen based on the following criteria: they must be actively involved in an EI center where young children with special needs are enrolled; and their EI center must clearly mention "EI program" as one of its services. In this study, EI centers refer to both exclusive (for persons with disability [PWD] only), and inclusive (for both PWD and non-PWD) settings.

Four FGDs were conducted among 22 participants (5 males and 17 females) involved in four EI centers. The first group was composed of parents of young children with vision impairment who were actively involved in an EI center. The second group comprised of special education (SPED) teachers. The third group was Family Life and Child Development (FLCD) majors, and the fourth group were Teaching in the Early Grades (TEG) degree holders who were involved in EI centers.

The FGD identified quality control measures that were implemented in EI centers in terms of Bronfrenbrenner's microsystem, mesosystem, exosystem, and macrosystem. The participants were asked to share the strengths and weaknesses of their EI centers in terms of ensuring quality intervention or quality control, from the time a child enters the program, to the time he exits the program, and if all resources are maximized to ensure quality intervention.

Survey. The FGD results were used as the bases for the items in the survey. The 50-item survey questionnaire sought to find out how often quality control measures were practiced in EI centers. The questionnaire was divided into four (4) parts, based on Bronfrenbrenner's ecological theory:

Part I, on the microsystem, focused on quality control measures regarding the child in the EI program, with 20 questions on program placement, monitoring, and evaluation.

Part II, on the mesosystem, included 10 questions on quality control in parent-professional collaboration.

Part III had 10 questions on the exosytem, which evaluated quality control in government, NGO, and community linkages.

Part IV, on the macrosystem, carried 10 questions on quality control in implementing legislation and applying societal values.

Respondents chose from these seven (7) options: *daily, weekly, monthly, quarterly, annually, rarely,* and *never*. Purposive sampling was used. The survey participants were chosen based on the following criteria: they must have an undergraduate or graduate degree in Special Education (SPED), allied medical professions (occupational therapy, physical therapy, speech therapy), or related fields; and they must work in an EI center where young children with special needs are enrolled.

From August to September 2010, survey questionnaires were given to a total of 30 EI administrators, teachers, and therapists who worked in 17 public and private centers for different age groups, for children with various types of disabilities. There were 3 males and 27 females. The respondents' ages ranged from 23 to 62.

Results

Focus Group Discussion Results

In seeking answers as to what quality control practices were implemented in EI centers, the FGD results were categorized into (1) the child and the EI program; (2) parent-professional collaboration; (3) government, non-government and community linkages; (4) legislation and societal attitudes; and showed the following aspects of early intervention.

The Child and the EI Program

The FGD among parents identified the review of standard criteria in the admission process as one quality control practice. One parent shared that "diagnosis by a professional" is a practice that is still limited because many have no access to professional services due to financial constraints. Another parent mentioned the quality control practice of free screening. A third shared that early detection was a good practice, especially in the case of her child whose visual acuity on one eye was preserved. The SPED FGD reiterated the good practice of having clear assessment procedures, program placement, program monitoring, and program evaluation. The FLCD discussants said that the Individualized Family Service Plan (IFSP) is another quality control measure, and should include the child's developmental milestones, together with the importance of focusing on the child's needs. The TEG group added sensitivity to financial resources of the family when creating the IFSP or the Individualized Education Plan (IEP) as another positive practice. They also said that intervention programs supported by research ensure that it develops the strengths and talents of young children with disabilities. In the SPED group, the application of EI theories was a good quality control measure, specifically the teaching of beginning reading, writing, counting, and self-help skills. Sensorial materials and adaptive technology are additional quality control measures. Moreover, they said that intervention strategies based on the actual observation of the child in his natural environment, monitoring of school-to-home transfer of skills, and specialized transition plans are all standards of quality control implemented in their centers.

Parent-Professional Collaboration

Prioritization of parent's concerns sprung up as an important quality control measure in the SPED group. This is related to the FLCD group's practice of active parent involvement and empowerment, and further confirmed by the

TEG group's quality control practice of parent leadership. A mother from the parent's FGD shared that if her pediatrician was knowledgeable of EI, her child's condition would not have worsened. Therefore, she believes that quality control should include formal training of pediatricians in early detection and intervention in order to help young children who are at-risk. Another parent said that EI centers who "offer variety of activities for the child and his family" encourage quality. The SPED group considers unity and cooperation as valuable quality control factors among parents and professionals. The FLCD group also said that "positive relationship" between parents and professionals increase quality. The TEG group said that professionals who help parents "understand their child more," provide many modes of communication, and counseling are good quality control indicators. In the case of parents, strong communication linkages between parents and teachers through texting, emails, newsletters, meetings, and consultations with teachers who were very approachable and supportive allowed them to freely express themselves, and are thus laudable quality control factors. A "more structured management" is a quality control practice, according to the SPED group, together with regular meetings held among the members of the EI team.

Government, NGO, and Community Linkages

Relationships with public and private institutions are important quality control measures in the stability of the EI program, according to the SPED group. There must be an "infrastructure or system to support this," they said. The FLCD group said that a quality control practice is parents being linked with organizations, so that they can get assistance upon entry into and exit from the program. The TEG group shared that NGO-initiated "parent support groups" in EI centers are good quality control measures. This is confirmed by the parent's FGD, where there is "strong parent support program during entry, and again during the transfer of children to another school." Some families even return to the center to exchange stories, or ask for tutorials and referrals. A strong referral system, and linkages with government, school, and non-government organizations ensured quality control for their programs. Outreach projects that offer "free service to those who cannot afford professional help" was another quality control practice in EI centers where the SPED group worked. Tapping into more sponsors from GOs and NGOs was another quality control measure raised by the FLCD group. Moreover, they said that joint projects with socio-civic-religious organizations, and "tie-up with private companies… and nearby schools" to "educate as much people as possible" and promote school publicity as well, were quality control measures that helped boost "insufficient public relations" in EI centers. Television and radio advocacy are quality control

measures that increased "interest in SPED," according to the TEG group, and "allocation of funds" from the local government, according to the SPED group. Parents shared that their EI center is a Church-based NGO, and it runs its own radio program to advocate the rights of PWD.

Legislation and Societal Attitudes

The Magna Carta for PWD (RA 9442) and accessibility laws implemented in EI centers are measures of quality control, according to the SPED group. The parent's group said that the EI center for their children with vision impairment have "steel bars and accessibility features within the building and classroom." The parents appreciate that the EI teachers in their center are aware of the broader context within which their families function, are flexible, open to change, update and evaluate policies in response to new discoveries in the field of EI. The FLCD group shared values training among EI staff as another measure of quality control. The SPED group added that when the EI center's service philosophy is improved, quality control is practiced. The TEG group mentioned that a good quality control practice in their centers is the evaluation of the school's vision-mission in relation to what it states in its core principles.

In summary, the FGD findings reveal these four domains of quality control in EI centers: the child and the EI program, parent-professional collaboration, government, NGO, and community linkages, and legislation and societal attitudes.

Survey Questionnaire Results

The Child and the EI Program

Regarding the child and the EI program, the Individualized Family Service Plan (IFSP) and the Individualized Education Plan (IEP) were checked annually or quarterly, and lessons on the 3 Rs (reading, writing, arithmetic) were monitored daily. Half (15) never made transition plans, which is problematic because as proponents of early intervention, centers are expected to be flexible with admissions and ensure the smooth transition of the child with special needs to basic education (see Table 1).

Table 1: Child and the EI Program (N=30)
(f=frequency)

How often are these aspects of EI monitored or implemented?	Never	Rarely	Annually	Quarterly	Monthly	Weekly	Daily
	f	f	f	f	f	f	f
1. Admission Criteria	15	4	9	2	0	0	0
2. Screening	1	0	5	5	12	1	6
3. Diagnostic Test	2	1	7	6	12	0	2
4. IFSP	4	2	6	13	5	0	0
5. IEP	2	2	11	10	3	2	0
6. Strengths-based Lessons	0	2	3	0	4	11	10
7. Talent Workshops	5	4	4	9	5	3	0
8. Program Placement	2	0	13	8	6	0	1
9. Program Monitoring	3	0	5	9	9	1	3
10. Program Evaluation	2	0	10	9	7	2	0
11. Ability-based Grouping	2	0	17	10	0	1	0
12. Adapted Curriculum	0	0	15	9	0	1	5
13. Beginning Reading	1	1	1	1	1	6	19
14. Beginning Writing	1	1	1	1	0	7	19
15. Beginning Numeracy	1	1	1	1	0	7	19
16. Self-help Skills	1	0	1	0	2	1	25
17. Sensorial Materials	1	0	0	0	0	2	27
18. Adaptive Technology	2	10	1	1	0	2	14
19. Facilities	1	1	5	5	5	7	6
20. Transition Plan	15	1	6	7	1	0	0

Parent-Professional Collaboration

Regarding parent-professional collaboration, the survey showed positive results (see Table 2) regarding parents' freedom to consult with teachers on a daily basis (21); annual consultation with parents regarding the curriculum (16); and monthly interdisciplinary meetings (15).

Table 2: Parent-Professional Collaboration (N=30)
(f=frequency)

How often are these aspects of EI monitored or implemented?	Never	Rarely	Annually	Quarterly	Monthly	Weekly	Daily
	f	f	f	f	f	f	f
21.Parent Orientation Seminar	0	3	15	11	1	0	0
22.Family Needs Assessment	1	0	0	9	5	8	7
23. Parent-Teacher Consultation	2	0	0	2	4	1	21
24.Parent Communication System	0	0	0	5	10	4	11
25.Troubleshoot Parenting Problems	0	0	0	4	4	9	13
26. Parent Input in Curriculum	1	2	16	9	1	1	0
27. Family Resources Appraisal	0	2	3	9	12	0	4
28. Family Decision-Making	0	0	1	11	8	1	9
29. School-to-Home Skills Transfer	1	0	1	6	2	4	16
30. Interdisciplinary Meetings	2	1	3	8	15	1	0

Government, NGO, and Community Linkages

In terms of government, NGO, and community linkages, referral to government agencies like the Department of Social Welfare and Development (DWSD) and the Department of Health (DOH) rarely or never occurred for less than half (14) of the respondents. Extra effort is to be put here so as to give access to young children coming from underprivileged neighborhoods. Moreover, radio (18) and TV (19) advocacies, joint projects with socio-civic-

religious groups (16), and community outreach (10) were rarely done. This shows that EI centers are more inward-looking and need to give ample weight to external environments that affect the inclusion of young children with disabilities in society.

Table 3: Government, Non-Government and Community Linkages (N=30)
(f=frequency)

How often are these aspects of EI monitored or implemented?	Never	Rarely	Annually	Quarterly	Monthly	Weekly	Daily
	f	f	f	f	f	f	f
31. Support Programs	4	8	4	12	1	1	0
32. Social Assistance Upon Entry	0	0	12	7	3	3	5
33. Social Assistance Upon Exit	3	1	13	6	1	1	5
34. Referral to Government Agencies (DSWD,DOH)	6	8	7	0	9	0	0
35. PWD Organizations Coordination	2	9	3	4	11	0	1
36. School Publicity	1	4	7	2	4	2	10
37. Radio Advocacy	10	18	0	0	1	1	0
38. TV Advocacy	8	19	1	0	1	1	0
39.Joint Projects with Socio-civic-religious Organizations	4	16	6	0	3	1	0
40. Community Outreach	5	10	5	3	7	0	0

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Legislation and Societal Values

When it comes to legislation and societal values, Table 4 shows negative indicators of quality control that include the lack of implementation of accessibility laws, as this was never or rarely done (13). The Magna Carta was still not discussed in 10 centers. New policies for special children were never or rarely proposed (26) even though EI centers are at the forefront of Special Education and encounter nuances in the field.

Table 4: Legislation and Societal Values (N=30)
(f=frequency)

How often are these aspects of EI monitored or implemented?	Never	Rarely	Annually	Quarterly	Monthly	Weekly	Daily
	f	f	f	f	f	f	f
41. Parent Consultation on Policies	2	0	12	10	4	1	1
42. School Regulations Review	2	1	14	4	8	0	1
43. Accessibility Laws Integration	2	11	9	5	3	0	0
44. Magna Carta Discussion	2	8	13	7	0	0	0
45. Policy Proposals and Initiatives	7	19	3		1	0	0
46. In-house Values Training	1	5	6	8	2	7	1
47. Service Philosophy Improvement	0	4	8	7	9	0	2
48. Service Delivery Innovations	4	3	11	4	7	0	1
49. Service Evaluation to Lessen Discrimination	1	4	8	4	11	0	2
50. Vision/Mission Evaluation of Core Principles Practice	0	3	10	1	11	0	5

Discussion

The Child and the EI Program

The fact that exactly half (15) of the respondents said that the admission criteria were never revised is a concern, because currently, there is no standardized admission system established by the government. Therefore EI centers need to be flexible with the variety of applicants they receive. A zero reject policy in admission is a possibility, with the importance of EI in preventing disabling conditions from becoming worse.

The survey also showed that there were still two centers represented by the respondents who did not conduct screening and diagnostic tests, and 4-6 centers that never or rarely made an IFSP or an IEP for special children. This is problematic, for the basis and the quality control of the intervention are questionable. After screening, diagnosis is needed in order to confirm the presence or absence of a delay or disability, only then should a child be considered for program placement (Davis, Kilgo, and McCormick, 1998).

Almost all (28) did program placement, program monitoring (27), and program evaluation (28), which are good indicators of quality control. Moreover, it is good to note that majority (21) conducted strengths-based lessons on a daily and a weekly basis. This means that there is an effort to focus on what the child can do, instead of just working on what he cannot do. The practice of holding talent workshops varied from one center to another, as the survey results showed almost half (13) rarely did it, while the other half did it more frequently (17). Ability-based grouping is a popular practice (28), and so is curriculum adaptation (30). In terms of teaching beginning reading, writing, and counting, one center never did them, one center rarely did them, one center did them annually, and one center did them quarterly. This is opposed to the 19 respondents whose centers taught these skills on a daily (19) or weekly (6-7) basis. Early Intervention, in order to succeed, has to teach these cognitive skills as soon as possible, because it takes time for children to grasp these concepts, and there is an age range where these skills are easily learned (Garguilo and Kilgo, 2000). Majority taught self-help skills (25) and used sensorial materials (27) as these are priorities for young children with disabilities (Garguilo and Kilgo, 2000). Adaptive technology and facilities modification received responses across the choices, which imply that it depends on the kind of exceptionality the center caters to.

Sadly, transition plans were never done by fifty-percent of those surveyed. This is an issue of quality control that must be addressed. Ideally, the two schools where the child came from and where the child is going have to collaborate and discuss the child's situation in order to have continuity in the behavioral management plans and routine schedules in order to help the child to adjust smoothly to his new environment.

Parent-Professional Collaboration

Parent orientation seminars were always conducted, either annually (usually at the beginning of each school year), or quarterly. This is a good sign of quality control, as parents' right to information is made available. Communication with parents, troubleshooting of parent's concerns, and parent consultation of teachers were mostly done every day, and are plus factors in quality control. Interdisciplinary monthly meetings among half of the respondents show high quality control, as this ensures that the interventions for special children are well-coordinated. Although the one to two centers who never or rarely did this should alarm EI policymakers to put this in its implementing rules and regulations. Other positive indicators were the involvement of parents in decision-making, in giving their insights on the curriculum, of having their resources considered in planning, and the practice of school-to-home skills transfer. These all show that family enablement is practiced.

GOs, NGOs, and Community Linkages

Although there were some respondents whose centers organized support programs with GO/BGOs, there were still four (4) to eight (8) who never or rarely did them. More effort has to be done in order to ensure that families have access to support group, as the child's handicapping condition has an impact on parents and siblings as well (Turnbull and Turnbull,1990). Social service assistance upon entry and exit, referral to government agencies and coordination with PWD organizations are practiced by more than half of those surveyed, and are areas to be strengthened in order to increase quality control measures. School publicity, through brochures, are well-established, but radio and TV advocacies are never or rarely done by almost all. There is a need to help EI centers make known to the public their services, so that more and more families can send their children with disabilities for early intervention. Perhaps government radio and TV programs can help in featuring these centers, NGOs can initiate joint projects so as to help improve services, and community

outreach can become venues for mutual growth if done together with other civic organizations.

Societal Aspects of EI Centers

Since more often than annually, parents were consulted regarding policies, and school regulations were reviewed, therefore these are good signs of quality control measures, as parents' feedback help improve rules. Although the Magna Carta for PWD (RA 9442) was said to be discussed frequently (annually and quarterly), the integration of accessibility laws was done rarely, together with policy proposals and initiatives. There is great potential for research-based policies to involve EI centers at their level, so as to improve quality control in terms of legislation. Since EI centers will be affected by EI-related laws, government agencies like the DSWD and the Council on the Welfare of Children (CWC) should make it a point to consult as many EI centers as possible before, during, and after making policies.

Conclusion

It is the purpose of this study to describe the practice of quality control in EI centers, to know which EI quality control practices are done frequently, and which are not. Results show that almost all respondents said that their centers teach self-help skills daily, use sensorial materials daily, hold parent-teacher consultations daily, and teach beginning reading, writing, and numeracy daily. Overall, the EI centers emphasize more frequently instructional aspects that directly affect the child in the EI center, while less frequently get involved with external affiliations.

In relation to the Ecological Theory, which is this study's theoretical framework, it shows that EI centers have the tendency to focus on the microsystem, and almost forget to include the larger context within which they exist. This has implications to quality control because a narrow-minded approach to early intervention will consequently lead to poor quality. Instructional methods will be weak if they are not founded on legislation and do not respond to the needs of society. The isolated status of EI centers will prevent them from helping young children with disabilities smoothly transition to the next step in the educational ladder. Close coordination is needed between EI practitioners and SPED professionals who are teaching in the upper grades in

order to bridge the gap and make a continuous curricula from EI to preschool to basic education, all the while promoting inclusive education.

It is therefore recommended that policy-makers and EI practitioners standardize quality control measures in EI centers. It would also help if the EI survey was studied in terms of schools' readiness in providing EI. Future researchers can investigate those that are not being done in order to find ways to help EI centers implement them. Non-traditional and indigenous methods of EI were not part of this study, and may be of interest to other researchers. New measurement tools of quality control that are appropriate for the Philippine setting may also be developed.

References

Bailey, D. B. Jr., Wolery ,M. (1992). *Teaching Infants and Preschoolers with Handicaps*. 2nd ed. New York: Macmillan Publishing Company.

Bogue, E. G. and Saunders, R. L. (1992). *The Evidence for Quality: Strengthening the Tests of Academic and Administrative Effectiveness*. California: Jossey-Bass Inc., Publishers.

Bracken, B. A. & Crawford, E. (2010). Basic concepts in early childhood educational standards: A 50-state review. In *Early Childhood Education Journal*. Volume 37, Number 5, March 2010, Retrieved September 2010 from http://www.springerlink.com/content/336nw47785038848/.

Bronfrenbrenner, U. (2000). Ecological theory. In A. Kadzin (Ed.), *Encyclopedia of Psychology*. Washington, DC and New York: American Psychological Association and Oxford University Press.

J. Santrock. (2006). *Life-span Development*. 10th ed. Boston: McGraw-Hill.

Bryant, D. M., Maxwell, K. L., and Burchinal, M. (2009). Effects of a community initiative on the quality of child care. In *International Encyclopedia of Education (3rd ed.)*, Pages 104-109.

Council on the Welfare of Children (CWC). (2009). *Children in Need of Special Protection*. Microsoft Powerpoint. Retrieved September 2010 from www.cwc.gov.ph/downloadables/2009CHILDSITUATIONER.ppt

Cuttance, P. "Quality assurance for schools: case study- New South Wales." In *Restructuring and Quality: Issues for Tomorrow's Schools*. Edited by Tony Townsend. London: Routledge, 1997, Page 104.

Davis, M., Kilgo, J.L & Gamel-McCormick, M.. (1998). *Young Children with Special Needs: A Developmentally Appropriate Approach*. Boston: Allyn and Bacon, 1998.

Foundation for Integrative and Development Studies (2005). *Methods of Early Detection and Intervention of Children with Special Needs*: *Final Report.*Unpublished manuscript.

Garguilo, Richard M. and Kilgo, Jennifer L. (2000). *Young Children with Special Needs: An Introduction to Early Childhood Special Education*. New York: Delmar.

Google.com (2010). *Early intervention organizations*. Retrieved September 2010 from http://www.google.com.ph/search?q=early+intervention+organizations+site:.org&hl=en&lr=&prmd=ivns&source=lnt&tbs=ctr:countryPH&cr=countryPH&sa=X&ei=V1-DTcbXOYiycZXb7fAK&ved=0CAsQpwUoAQ

Hainstock, E. G. (1997). *The Essential Montessori: An Introduction to the Woman, the Writings, the Method, and the Movement*. New York : Plume.

Jalongo, M.R. et al. (2001). *Blended Perspectives: A Global Vision for High-Quality Early Childhood Education*. Retrieved September 2010 from http://www.springerlink.com/content/ulr6222564045123/

National Council on the Welfare of Disabled Persons (2004). *The National Plan of Action: Philippine Decade of Persons with Disabilities 2003-2012*. NCWDP, Quezon City.

Republic Act 9442. An Act Amending RA 7277 (Magna Carta for Disabled Persons). Retrieved September 2010 from http://www.ncda.gov.ph/disability-laws/republic-acts/republic-act-9442.

Republic Act 8980. *An Act Promulgating a Comprehensive Policy and a National System for Early Childhood Care and Development (ECCD)*. Retrieved September 10 from http://www.ncrfw.gov.ph/index.php/laws-legislation-filipino- women/24-laws-girl-[u5] child/167-republic-act-8980.

Santrock, J. W. (2006). *Life-span Development*. 10th ed. Boston: McGraw-Hill.

Scarr, S., Eisenberg, M. & Deckard, K. D. (1994). Measurement of quality in child care centers. In *Early Childhood Research Quarterly*.9(2), June 1994, Pages 131-151.

Turnbull, A. P. and H. R. Turnbull, III (1990). *Families, Professionals, and Exceptionality : A Special Partnership*. 2nd ed. Columbus, Ohio: Merrill.

Vandell, D.L. (1996). Characteristics of infant child care: Factors contributing to positive caregiving: NICHD early child care research network. In *Early Childhood Research Quarterly*. 11(3), 1996, Pages 269-306.

Wasik, B and Hindman, A. H. (2005). *The Implications of Policy Decisions on Practices in Early Childhood Education*. Springer International Handbooks of Education

Websters-online-dictionary.org (2010). Quality control. Retrieved September 2010 from http://www.websters-onlinedictionary.org/definitions/Quality+control?cx=partner-pub-0939450753529744%3Av0qd01-tdlq&cof=FORID%3A9&ie=UTF-8&q=Quality+control&sa=Search#922

Goal/OPC (2010). Resources: The GOAL/QPC TQM Wheel and the Ten-Element Model. Retrieved September 10 from http://www.goalqpc.com/resources_tqm_wheel.cfm.

About the author:

Susan Jeanette G. Ealdama is Assistant Professor at the Special Education Area of the Division of Curriculum & Instruction, College of Education, University of the Philippines Diliman.