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Health and Nutrition Practices in Child Development Centers: Inputs to Early Childhood Education Policies Enhancement

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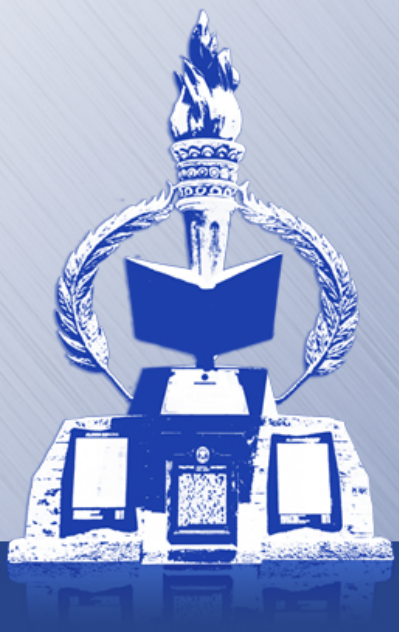

HEALTH AND NUTRITION PRACTICES IN CHILD DEVELOPMENT CENTERS: INPUTS TO EARLY CHILDHOOD EDUCATION POLICIES ENHANCEMENT

In Partial Fulfillment of the Requirements for the

Degree of Master of Arts in Early Childhood Education

KATRINA GUILA A. PEÑAFIEL

JUNE 2022

Approval Sheet

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Abstract

Name: **Katrina Guila A. Peñafiel**

Title: **Health and Nutrition Practices in Child Development Centers: Inputs to Early Childhood Education Policies Enhancement**

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Exploring the health and nutrition practices in child development centers is significant to the enhancement of policies in Early Childhood Education. Health and nutrition are both vital in the growth and development of children and may affect their total well-being. This study aims to determine the health and nutrition practices provided to young children in the different child development centers during the Covid-19 pandemic. A pandemic is an outbreak of a disease that affects a significant portion of a population.

To gather data, lived experiences of child development center workers, as well as parents and guardians, were explored. Face-to-face interview with the participants and ocular visitation in the centers was conducted by the researcher. The results showed that ample health and nutrition practices offered by the centers and most of the practices before the pandemic were still done at home with the guidance of parents/guardians with the help of the teachers. There were also facilities and equipment like a comfort room, kitchen,

toothbrushing/handwashing area, play area, and garden that support the health and nutrition promotion that were not fully maximized during the pandemic. And lastly, it was revealed that child development teachers, parents/guardians, and the community were closely working together to offer the best health and nutrition practices for the children in the centers.

The findings of the study can be used as inputs to the improvement of the programs, services, policies, and guidelines regarding health and nutrition for young children; and, it may serve as a tool in developing new ones in consideration of situations like disasters, calamities, and pandemic. Findings may also be a reference to provide information about child development centers and their efforts on health and nutrition, which may lead to possible interventions and solutions to the continuing health and nutrition issues in the early years of Filipino children.

Chapter I

The Problem and Review of Related Literature

Background of the Study

Health and nutrition play a vital role in the growth and development of children. Both have impact on the latter's total well-being (Chulack, 2016). They may affect the physical, mental, and emotional development of a child. According to the World Health Organization (2018), deficiencies, excesses, or any imbalances in nutrition intakes and lack of important minerals render infants, children, and adolescents more vulnerable to diseases and risk of death. Thus, optimizing nutrition early in life guarantees the best possible start in life and assures long-term benefits. The brain needs proper nutrition and health inputs along with care, responsiveness, and stimulation in order to grow and develop to its full potential (UNICEF, 2016). The National Nutrition Council of the Philippines (2013) stated that the first 1000 days of children is the stage when the body needs adequate nutrition and proper health to be able to develop and function to its highest capacities. Studies have shown that without good health and proper nutrition, a child's brain development and physical changes are negatively affected. Both are big factors in human development, from childhood to adulthood.

Children's physical and mental growth, as well as academic performance, are affected by health and nutrition. Researchers say that health and nutrition are factors that can also affect the academic performance of students especially in the early grades (Ross, 2010). A child's growth and learning may suffer without proper health and adequate nutrition. Poor

nutrition during early years can have permanent effects on the physical and mental development of a child and that may eventually affect performance and productivity in school (Prado & Dewey, 2014). For these reasons, it is necessary to promote health and nutrition right before children start formal schooling. Promoting health and nutrition and exposing them to a variety of interesting practices are means of instilling lifelong health habits at a very early age (Steinhoff, 2016). An article released by UNICEF (2019) revealed that the National Nutrition Council in the Philippines is exerting all efforts to improve health and nutrition through the Philippine Plan of Action for Nutrition (PPAN) 2017-2019. This plan is an immense opportunity to promote optimum physical and mental development of children through nutrition, health, early education, and related services. However, despite the efforts to improve the status of health and nutrition, poor health and malnutrition remain to be a serious problem in the Philippines, and Filipino children are progressively suffering from inadequate nutrition, poor diets, and failure in food systems.

Accounts in health and nutrition show that from the past until the present, there is a notable need for varied programs to support and promote health and nutrition in the country. According to Moralista (2016), studies on health and nutrition have been mostly on malnutrition, micronutrient deficiency, and hunger. For the past years, malnutrition and micronutrient deficiencies have been a persistent challenge for Filipinos. In a global report, it was stated that one in three Filipino children who are under five years old is stunted and roughly seven percent of children are too thin for their height. Filipino children are increasingly suffering from poor diet, failed food systems, and inadequate nutrition

(UNICEF, 2019). The Philippine government continues to resolve this issue by creating and improving laws that support the health and nutrition of children in the early stage. One of these is the *"Early Years Act of 2013",* a law that promotes the survival, development, and protection of children aged 0-8 years old. The foregoing law aims to enhance the holistic development of children by ensuring adequate health and nutrition programs are accessible to them and their parents and by providing their needs for optimum growth and development. Another government initiative is the "*Philippine Plan of Action for Nutrition (PPAN) 2017-2019*". It is a sustainable plan that will reveal the situation analysis of nutrition in the Philippines and will help address problems related to health and nutrition through programs and projects by the National Nutrition Council (NNC), government agencies, government units, academic institutions, and non-government organizations. Regardless of these continuing programs and projects supporting health and nutrition, the government still identifies malnutrition as a public health concern in our country and that it is recognized as one of the major impediments to human development and well-established proof of poor child development (UNICEF, 2019).

Gregorio and Manuel (2015) studied the *"Legal Frameworks for Early Childhood Governance in the Philippines".* This study focused on the decade implementation of The Early Childhood Care and Development (ECCD) Act of 2000. The study showed that some challenges faced in its implementation were weak enforcement, inadequate financing, and uneven policy implementation. Based on the results, these challenges need to be addressed. Research that will provide information for policy makers must be pursued, and robust

monitoring and evaluation to provide a timely and clear update for policymakers and various stakeholders must be institutionalized.

UNICEF (2016) in its study titled *Situation Analysis of Children in the Philippines,"* highlighted the gaps and challenges in fulfilling children's rights in different sectors. It aimed to shed light on the progress towards policies and program interventions for boys and girls. The analysis of the study showed that despite the comprehensive set of laws and policies supporting children, there were still gaps that put young girls and boys at risk. Moreover, policies and laws remained largely on paper due to inadequate efforts in their implementation. It further revealed other challenges such as insufficient financing, inadequate supervision, and poorly disseminated monitoring policies. It likewise mentioned that more efforts were needed to implement laws and policies that support children's rights, including health and nutrition.

Health and nutrition as one of the major concerns in the country have been prioritized by the government through its relentless efforts towards the improvement of the status of the health and nutrition of Filipino children. The government has provided centers that cater to young children and implement programs and projects that promote good health and proper nutrition (Rodriguez, 2014). In the Philippines, the Early Childhood Care and Development (ECCD) Council is the primary government agency that supports programs for 0 to 4 year old children which cover health, nutrition, social services, and early education. It follows the National Early Learning Framework (NELF), a policy document that manages the different

early learning programs of both government and non-government organizations. NELF is mandated to provide Filipino children age-appropriate, developmentally appropriate, and culturally appropriate programs, as well as a full range of early learning, health, nutrition, and social services (ECCD Council, 2019).

At this time of the Coronavirus (COVID-19) pandemic, UNICEF (2020) reported that education in the Philippines i**s** one of the most affected in East Asia and the Pacific Region. The report stated that there was a significant decline in enrollment in Philippine schools during this period compared to the previous school years. UNICEF showed its support to governments across the region through safe back-to-school campaigns and through provision of water, sanitation, and hygiene (WASH) supplies and services. Likewise, Save the Children Philippines (2020) campaigned for positive discipline. It partnered with the Department of Education to conduct webinars on the discipline to help guardians and parents support children's learning at home while protecting their health and safety during this time of the pandemic.

According to Save the Children (2015), disasters had major effects on children and youth. Owing to the fact that Philippines is a disaster-inclined country, the Filipino children's rights to education have been compromised. The group further emphasized the need for strengthened and renewed national legislations to improve care and protection of children affected by different disasters. Accordingly, the need to build on best practices learned at times of recent emergency responses was reiterated. In situations like pandemic, disasters,

and calamities, it is important for the government and other agencies to be prepared and knowledgeable in the implementation of all essential programs to help communities, especially the young children.

The present phenomenological study, therefore, aimed to determine the status of Child Development Centers (henceforth, CDCs) with regard to their health and nutrition practices at this time of the pandemic. The experiences of the child development workers and parents/guardians may help determine the practices and implementation of programs related to health and nutrition among children. It considered the analysis of the activities, services, and programs that CDCs provide to young children to improve their health and nutritional needs. It explored how they utilize equipment and facilities, if there are any in their centers, as well as the roles of child development teachers, families, and even the community in the health and nutrition practices that they conduct.

The results of the study may help inform stakeholders in early childhood care and development regarding the status of health and nutrition practices. The findings of the study may serve as a basis in improving existing programs, services, policies, and guidelines regarding health and nutrition for young children; and, it may serve as a tool in developing new ones in consideration of situations like disasters, calamities, and pandemic. The results of the present study may also be a reference to provide information about CDCs and their efforts on health and nutrition, which may lead to possible interventions and solutions to the continuing health and nutrition issues in the early years of Filipino children.

Literature Review

Health and nutrition are essential to the development and learning of young children. According to the National Nutrition Council of the Philippines (2013), the first 1000 days of the children's life is the stage when the human body needs adequate nutrition and proper health to be able to develop and function to its full potentials. Studies have shown that without adequate nutrition and proper health, there will be negative effects on children's brain development and physical changes in the body. Poor nutrition may cause delays in body and brain development that may consequently affect their school performance. Studies revealed that poor health and problems in the nutrition of young children remained one of the difficult challenges of the country. According to UNICEF Philippines (2008), under-nutrition remained a serious problem in the Philippines and its main effects were on the physical and brain development of children.

Life-long health habits should be developed in children and proper nutrition should be provided to them. It has been shown that improving health and nutrition improves a child's learning potentials. Since health and nutrition are vital to growth and learning, Child Development Centers that cater to very young children, parents, and the community should initiate the promotion of health and nutrition. Instilling good health and proper nutrition in young children at an early stage will be beneficial.

Definition of Health

Health is defined as the absence of illness or any injury. It is the complete state of mental, physical, and social well-being (World Health Organization, 2019). Among the three states of health, mental health is somehow more challenging to define than physical health and social well-being health. Nonetheless, mental health is as significant as the other two. Mental health is the emotional, psychological, and social well-being of a person, whereas physical health is a healthful lifestyle that helps decrease the risk of diseases. It is when a person experiences the ultimate performance of the body. Good health is not just about the absence of diseases but also about how the body recovers from any illness. To achieve optimal health and live to the fullest, one must maintain a healthy lifestyle, that is, keeping a nutritious and balanced diet, managing stress, exercising regularly, and maintaining positive thinking (Nordqvist, 2017). Lastly, social well-being is a state when human basic needs such as food, shelter, water, and health services are met and people are able to peacefully coexist in a community (Centers for Disease Control and Prevention, 2018).

Health is one of the factors that influence development. Thus, children need early identification of health status and immediate response to health-threatening conditions. A strong health system that supports child's physical and mental growth will result to healthy development.

Definition of Nutrition

Nutrition refers to the intake and supply of food in relation to the needs of the body (World Health Organization, 2019). According to Nordqvist (2017), nutrition concentrates on the prevention of diseases, conditions, and problems through healthy diet. It is known that poor nutrition or poor diet is likely the cause of different ailments.

The relationship between health, nutrition, and learning is undeniable as these factors play important roles in child development. Studies revealed that early nutrition was linked to children's health as well as their academic performance in later years. It is necessary to begin nutrition even before birth as there are innumerable health benefits of starting proper nutrition at the first signs of life (Chulack, 2016).

Healthy Children

According to the National Kidney Foundation (2017), both good mental and physical health start with good nutrition. Good nutrition is a part of the optimal development and growth of young children. In addition, SFGate (2018) stated that good nutrition had an effect on health of young children and throughout their adolescence and adulthood. Good nutrition also contributes to the good academic performance of children. It prevents health issues and disorders. Conversely, poor nutrition causes nutrient deficiencies, poor bone health, increased risk in injuries, eating disorders, and poor academic performance. Therefore, teaching good nutrition and providing adequate nutrition throughout childhood can be the foundation of children in becoming healthy and strong individuals.

However, adequate nutrition is insufficient. Providing a healthy environment is another factor that helps children become healthy individuals. A healthy environment should be provided to young children because environmental hazards have been related to an array of health risks for children. Addressing the profound ways in environmental factors means improving the ability of children to survive and shape their health well-being. It is every child's right to have a healthy environment (UNICEF, 2022).

To be able to develop to their full potentials, children must be healthy. A healthy child undergoes a normal development and growth. Characteristics of being healthy cannot only be seen from physical appearances but also through a child's social skills and psychological state. According to Law (2015), a physically healthy child has a heathy body and typical growth. A psychologically healthy child, on the other hand, progresses naturally, grows smart, has sensitive feelings, and has enthusiasm to socialize well. Ikamulya (2019) named seven (7) different features that a healthy child may project: odorless breath, bright teeth and pink gums, healthy skin and easy to recover from injury, a body temperature of 36.3 to 37.7 ◦C, no dull hair or not prone to hair loss, plays enthusiastically, and has good appetite.

Children can be helped to become healthy individuals by fostering them with unconditional love, nurturing their confidence and self-esteem, encouraging them to play, and providing them proper guidance and discipline (Mental Health America, 2019).

Importance of Health and Nutrition

Causes and effects of good health and proper nutrition are undeniably essential knowledge in any efforts to improve young children's holistic growth and development. Moreover, nutrition has an indirect effect on school performance of children. It has been shown that access to nutrition improves concentration, energy levels, and cognition of children. On the other hand, poor nutrition can cause ailments in children such as headaches and stomachaches, which are common reasons among children for missing classes (Moralista, 2016). It has also been established that there is a difference in the scores, behavior, and school performance of children who take less nutritious food than those who take healthy food (Wilder Research, 2014).

Studies proved that the roles of health and nutrition and its underlying effects are vital to children's learning, growth, and development. Health and nutrition being one of the serious problems among children, several studies have shown the importance and effects of health and nutrition to the academic performance and learning of students.

Ross (2010) delved on the existing literature on nutrition and its relationship to the brain function, learning, cognition, and social behaviors. It has been well-established that proper nutrition has a direct effect on the performance and behavior of pupils in school. Furthermore, the study corroborated findings that food insufficiency affects the brain and the consequent cognitive development of children as well as the importance of good nutrition in supporting growth and maximizing the potentials of children. Lastly, it was recommended

that schools educate parents and students on healthy lifestyle and proper nutrition to help school-aged children develop healthy eating habits. Moreover, schools must provide opportunities for employees to receive education on good nutrition and health.

With the existing problems on health and nutrition, Moralista (2016) studied the nutritional status of elementary pupils in the district of Lambunao, East Philippines. The study showed that the pupils had high nutritional status, and that they were moderately concerned about their nutritional status regardless of their nutritional brackets and age. Given this status, the study recommended continuation of the nutritional supplement programs of the schools and offering of health programs to monitor the health and nutrition of the pupils.

In consideration of the effects of health and nutrition to students, several studies delved on the effects of health and nutrition education and intervention in various settings. Roofe (2010) compared the changes in nutritional knowledge, food intake, physical activity behavior, and body mass index of children and parents in order to show the effectiveness of nutrition education programs. After the health and nutrition curriculum was taught, findings showed that compared to those who did not participate in the program, children and parents who participated had a significant increase in nutritional knowledge and their body mass index (BMI) changed over time. Moreover, Preety (2014) conducted a study on the effects of nutrition and health education intervention on rural high school students. The findings of the study implied that inclusion of different topics about health and nutrition in the

curriculum could be a strong foundation on healthy habits. The study concluded that educational intervention had impact on knowledge about health and nutrition.

Glewwe and Miguel (2008), on the other hand, focused on the effects of child health and nutrition on education in less developed countries. They found that the programs or policies in nutrition and health positively increased children's health status and could possibly improve their education outcomes. This study found that the children's health had sizable and statistically significant positive effects on education outcomes.

Health and Nutrition Practices for Children

In promoting good health and proper nutrition among young children, homes and schools/centers have huge responsibilities. They must work together to have continuity in teachings and practices regarding health and nutrition instilled in children.

Parents and guardians must be the first people to encourage children to have proper nutrition and good health. According to Steiner (2013), it is the responsibility of parents to provide a healthy environment to their children. Part of this environment is the education of healthy life. There are several ways to practice health and nutrition for young children at home, and it includes eating fruits and vegetables, eating together as a family, exercising, and going out with safety rules in mind. Giving emotional support and being a good example to kids are also correct ways to promote health and nutrition among children. In addition, Jeffrey and Muckle (2018) posited that reducing sugar intake should be considered in the

promotion of healthy eating habits among children. Giving children healthy choices and letting them be part of the process in preparing their food may be a big help.

Aside from the homes, schools and CDCs that cater to young children have the responsibility of supporting health and nutrition. They must try various ways to provide good health and proper nutrition to children at their early age. Child Development Centers have an important role in the promotion of nutrition among young children; these child care settings provide essential first initiatives in the introduction of good nutrition and physical activities to very young children (County Health Rankings, 2020).

Fit for School Inc., created a manual that served as a reference material for centers to guide the implementation of simple health programs. It contained guidelines on proper execution of activities such as handwashing, tooth brushing, deworming, among others. It also covered discussion on diseases, health problems, and health tips. Moreover, the manual clearly stated the roles and responsibilities of stakeholders in ensuring the health and nutrition of children.

The World Health Organization (WHO) (2009) published a module entitled "*Promoting Good Nutrition and Healthy Diet".* This module discussed the importance of good nutrition and healthy diet for children and adults. It highlighted diseases caused by poor health and nutrition, as well as the dietary recommendations for such diseases. Moreover, it revealed key areas in promoting good nutrition and discussed nutrition

education and the need for counseling for both children and adults. The module can be a very useful guide for everyone promoting good health and proper nutrition among young children and adults.

Several studies focused on the health and nutrition programs as well as the status of CDCs. These studies proved that CDCs have programs that offer quality service and promote health and nutrition to children in their early years. Abulon (2010) studied the current status in terms of facilities, activities, teachers, and problems encountered by CDCs. The findings in the study may be used in improving services of centers for both academic and non-academic services.

Other studies focused on health and nutrition in CDCs. Erinosho et al. (2012) explored the nutritional policies and role modeling of caregivers of healthy eating practices. It revealed that centers with written policies about discouraging unhealthy foods and which conducted informal talks with children about eating healthy food had children with healthy dietary behaviors, whereas those centers with policies that promote healthier food among children had pupils who were observed to be eating unhealthy food.

A study by Hunt (2012) explored the factors affecting and hindering the implementation of best practices in nutritional and physical activities in CDCs. The findings of the study revealed that factors like parent involvement, center control of nutrition policies, center culture of healthful improvement, and administrator and staff participation support

the nutrition and physical activities of CDCs. Another study also concluded that one way to promote health and nutrition in child development center settings was to implement wellness policies and to have best practices training for caregivers regarding nutrition and physical activities (Lyn et al., 2011). Lyn et al. (2013) assessed mealtime environments and nutrition practices in CDCs. The assessment could guide CDCs in providing children healthier nutrition environments. Moreover, a study by Hecht et al. (2009) delved on the nutrition and physical activities environment in CDCs to examine child development center settings and to help create effective policy strategies that would promote healthy eating and activities, which would eventually help reduce childhood obesity. Policies created would help raise standards on nutritional quality and help ensure that children are in healthy environments.

Status of Health and Nutrition of Filipino Children

Nutrition and Consumer (2010) showed that based on the nutrition profiles of the Philippines, malnutrition and micronutrient deficiencies were still the leading problems in the country. Furthermore, obesity and overweight were rampant in the country, contributing to the population considered to be with health and nutrition risks. Factors that cause malnutrition were discussed including the interrelationship of the factors with each other.

It is worth noting that the National Nutrition survey in 2013 reported that the frequency of malnutrition remained unchanged in the past few years. According to Rodriquez (2014), the greatest threat in a child's life is being under nutrition; hence Filipinos must pay attention to child malnutrition in the country at all times. The underlying causes of

malnutrition were said to be insufficient feeding practices and childcare. One way to address this problem was to integrate health and nutrition in school and to seek the active involvement of parents in these health and nutrition programs.

An article by Business Mirror (2008) revealed the situation of nutrition in young Filipino children. It explained the burden of the problem of over and under nutrition among Filipino children. It was found that among Filipino children aged 5-10 years old, 8.6% were over-weight and 31. 2% were under-weight. Closely corroborating these findings was the survey conducted in 2015 by Food and Nutrition Research Institute, which revealed that despite the challenge in over and under nutrition, greater nutrition education was deemed needed and that it is necessary to start it in the early years.

A study conducted by Capanzana et al. (2018) analyzed the nutritional status of young Filipino children in the households headed by fisher folks. With the use of the WHO Child Growth Standards, results revealed that the household headed by fisher folks was one of the groups with the highest malnutrition among children. It concluded that immediate and serious interventions on nutrition and health should be provided starting from information dissemination to sanitation, hygiene, health care, and physical activities. Also, it recommended that a national policy for health, nutrition, and welfare be made for Households Headed by Fisherfolks (HHF).

With this kind of status of health and nutrition among Filipino children for the past years, the government must take lead in improving and promoting health and nutrition in the country. One way to address this serious concern is by developing programs and laws on health and nutrition.

Philippine Laws and Programs for Good Health and Nutrition

The Early Years Act of 2013 is an act that supports the protection, survival, as well as the development of children aged 0-8 years. According to this law, one of the objectives of child development centers is to ensure that adequate health and nutrition programs are accessible to young children and their parents as well as to enhance holistic development of young children. In the Early Years Act of 2013, Early Childhood Care and Development (ECCD) Council was recognized to be responsible for the full range of health, nutrition, early education, social services development programs for the optimum development of children.

A child development center plays a vital role in a child's life. It is one of the first environments that helps mold him or her into what he or she will become. The Administrative Order No. 29 of 2004 recognizes the roles of all CDCs, Early Childhood Education (ECE), and other ECCD programs in children's development. It clearly states that all CDCs and other ECE centers are to ensure the physical, intellectual, social, and emotional needs of children aged 4 to 5 years and 11 months are addressed. Furthermore, the child development centers and its services must undergo accreditation process (Standards for Day

Care, other ECCD Centers and Service Providers, 2004). One of its focuses is the promotion of health and nutrition.

Another law in place is the Philippine Plan of Action for Nutrition 2017-2022: A Call to Urgent Action for Filipinos and its Leadership. It is a law that projects a six-year plan for child development centers to offer health and nutrition services to children. It contains different programs and projects aimed to help address nutrition problems and to improve the nutrition situation in the country.

The Republic Act 11148 or the *"Kalusugan at Nutrisyon ng Magnanay Act"* was recently signed by President Rodrigo Duterte in year 2018. Its main objective is to strengthen programs and address problems in health and nutrition of infants and young children of adolescent females. It focuses on the development of the ECCD in the first 1000 days. It works on the strengthening of programs and government agencies supporting the implementation of proper nutrition in the country.

In its aim to fight the micronutrient deficiency problems in the country, the Department of Health (2015) has "Micronutrient Program", a program that aims to achieve better health outcomes and sustain health finances and a responsive health system. This program aims to help reduce disparities on nutrition, provide supplements to prevent micronutrient deficiencies, and develop models and good practices towards the improvement of nutrition.

Despite the high frequency of poor health and malnutrition that the country is facing, the Philippine government with the aid of various organizations works to provide policies and programs to support and develop good health and proper nutrition especially among young children (WHO, 2018).

Early Childhood Care and Development (ECCD) Framework

The Early Childhood Care and Development Council or the Early Years Act is mandated by the Republic Act 10410 to be the primary government agency that will support programs on nutrition, health, social services, and early education for 0–4-year-old children. One of its responsibilities is to develop policies and programs that will help monitor and assist their services. The ECCD Council follows the National Early Learning Framework (NELF) which is a policy that unites different early learning programs of organizations, both government and non-government. The framework ensures the holistic delivery of early learning, social, health, and nutrition services. It aims to provide Filipino children with programs that are developmentally appropriate, culturally appropriate, and gender fair. NELF considers six domains of development: Physical Health, Well-being and Motor Development, Socio-Emotional Development, Character and Values Development, Cognitive/Intellectual Development, Language Development, and Creative-Aesthetic Development. Health and nutrition belong to the Physical Health, Well-being and Motor Development domains (ECCD Council, 2019).

Given all the benefits and effects of health and nutrition on young children and as the problems concerning it continue to rise, the need for stakeholders to look into the status of

health and nutrition practices in child development centers that cater to very young children become more pressing (Wilder Research, 2014).

In order to help solve the problems of health and nutrition affecting children's learning and development, several studies posited that the problems be addressed at an early stage; and, early school age is the best time to support and provide proper nutrition (Business Mirror, 2018). For this reason, providing good health and proper nutrition right before a child enters formal schooling will be helpful and beneficial in facing problems in nutrition (Steinhoff, 2016). Starting health and nutrition at the early stage will aid in improvements on the condition of health and nutrition in our country. Stakeholders, working hand in hand with the government and organizations can share roles and responsibilities, which may help make bigger progress.

Studies showed that health and nutrition is vital to growth and development of children in the early years. Regardless of all the efforts of the government to provide and promote health and nutrition, problems in lack of adequate nutrition is still a burden to our country. Therefore, this phenomenological study aims to determine the health and nutrition practices of CDCs at this time of pandemic. The experiences of the child development teachers and parents/guardians will help reveal the activities, services, and programs that CDCs provide to young children to supply their health and nutritional needs. It will delve on how they utilize their equipment and facilities (if there is provision for these equipment and facilities in their CDCs) and their programs and activities. Lastly, it will explore the different

roles of the child development teachers, family, and their community. The results and findings may possibly serve as a basis for ECED policy making and improvement.

Research Problems

This phenomenological study aimed to determine and describe the experiences of child development teachers and parents/guardians to discover the status of health and nutrition practices in Child Development Centers. The data gathered from the participants solely focused on experiences in their locale. Any unrelated and biased topics were avoided to protect the respondents. Questions in the interview focused on health and nutrition practices during the Covid-19 pandemic. Specifically, the study aimed to answer the following questions:

1. What activities, services, and programs are provided to young children to promote health and nutrition in Child Development Centers?
2. How do the equipment or facilities of Child Development Centers support activities, services, and programs on health and nutrition?
3. How do the roles of child development teachers, families, and community contribute in different health and nutrition practices in Child Development Centers?
4. What are the inputs derived from the study that may be utilized to enhance existing ECED policies?

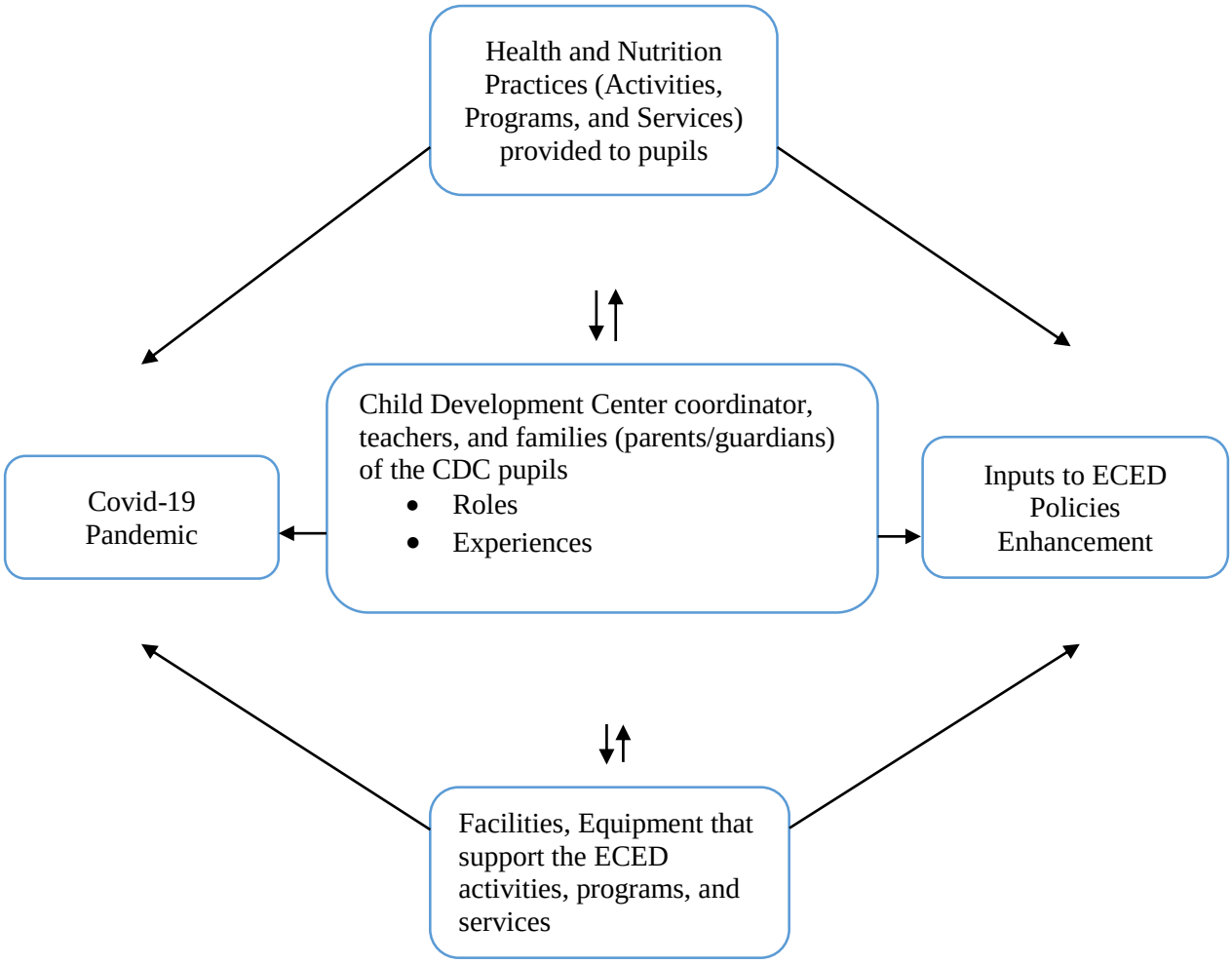
Conceptual Framework

This study aimed to discover the status of health and nutrition practices in CDCs at this time of the pandemic. The conceptual framework below shows the flow of the conduct of this phenomenological study.

The researcher explored the experiences of the child development coordinator, teachers, and parents/guardians of the pupils. The experiences of the participants focused on their practices on health and nutrition at this time of the pandemic. It considered the following: health and nutrition activities, programs, and services, facilities and equipment available that support the activities, programs and services as well as the roles of the child development teachers, families/guardians, and community. These variables were gathered through a series of interviews. The effect**s** of Covid-19 Pandemic were included and taken into consideration in the set of questions for the interview in order to determine its effects on the current status of the selected CDCs. Republic Act 6972 mandates an established child development center with a total development and protection of children program in every barangay; therefore, even in this time of pandemic, CDCs must still function by adhering to the quarantine policies and implementing programs that are applicable even when the children are at home. Gathered information helped reveal the status of health and nutrition practices in the selected CDCs during the time of pandemic. Presidential Decree No. 1567, series of 1978 section 2 states that in every barangay with at least one-hundred (100) family heads residing therein, there shall be an established CDC.

Figure 1

Conceptual Framework of Health and Nutrition Practices During Pandemic



The conceptual framework above shows the relationship of the variables that helped the researcher discover the health and nutrition practices conducted in child development centers during pandemic. The visitations of child development centers and discussions on the interviews conducted revolved on the activities, programs and services provided by CDCs to their students, as well as the different roles and experiences of CDC coordinator,

CDTs, and families particularly parents and guardians on the mentioned health and nutrition practices. The participants also shared the roles and participation of their community which made the discussion more holistic. Lastly, the facilities and equipment available and provided by CDCs that support the different activities, programs, and services were also explored. The researcher delved on all the variables considering the timeframe of pandemic caused by Covid-19. All the data gathered helped answer the research questions and assisted the research to arrive on the inputs to ECED policies enhancement. These inputs may serve as bases in improving existing programs, services, policies, and guidelines regarding health and nutrition for young children. The inputs may also serve as a tool in developing ECED policies considering different situations like disasters, calamities, and pandemic.

Definition of Terms

The following terms which were used in the study have been defined conceptually and operationally below:

Child Development Center (CDC) - According to The Administrative Order No. 29 of 2004, a child development center is an institution that provides supervision and care for young children and infants. Child Development Centers are more commonly known as day care centers. Participants interviewed for this study were from different CDCs.

Child Development Teacher (CDT) – According to Republic Act 10410 section 4, Early Childhood Care and Development (ECCD) Service Providers shall include the various

professionals, paraprofessionals, and caregivers who are directly responsible for the care and education of young children aged zero (0) to four (4) years through the various centers and home-based programs. Child Development Teachers are one of the implementers of the ECCD curriculum through center-based and home-based programs. As implementers of ECCD programs, they are a good source of information regarding the health and nutrition practices in different CDCs.

Early Childhood Care Education (ECCE)- is a preparation for primary school which aims for holistic development of a child considering social, emotional, cognitive and physical needs in order to build a strong foundation for life long wellbeing and learning (UNESCO, 2021). This study focuses on the enhancement of ECED Policies by providing inputs on Health and Nutrition practices conducted in Child Development Centers.

Enhancement- change or process of improving the quality, strength, or amount of something (Cambridge Dictionary). Inputs of this study on the health and nutrition practices during pandemic may serve as a tool in the improvement/enhancement of policies in Early Childhood Education.

Experience- pertains to personal knowledge through direct, first-hand involvement in everyday events rather than representations constructed by other people. It may also be the knowledge of people gained from direct face-to-face interaction (Oxford Reference). In

this study, experiences of CDC workers and parents/guardians were gathered to help describe the status of health and nutrition practices in their respective CDCs.

Facilities and equipment- are buildings or pieces of equipment that are provided for a particular purpose (Collins Dictionary). The study explored the kinds of facilities and equipment available in the CDCs to help support all the health and nutrition practices.

Health- is the condition of being sound in body, mind, or spirit (Merriam Webster). Health practices in Child Development Centers is one of the focuses of this study. The researcher explored the health practices in centers during pandemic. These practices conducted at this time of pandemic will serve as inputs to in ECED policies enhancement.

Inputs- something that is put into an organization or system so that it can operate such as energy, money, or information (Cambridge Dictionary). This study will provide inputs regarding health and nutrition practices that may lead to the enhancement of ECED Policies.

Nutrition- the substances that you take into your body as food and the way they influence your health (Cambridge Dictionary). Nutrition practices offered to young children in the Child Development Centers during pandemic is also one of the focuses of this study. Information regarding health and nutrition practices will serve as inputs to in ECED policies enhancement.

Pandemic- is an outbreak of a disease that occurs over a wide geographic area and typically affects significant portion of the population (Merriam Webster). This study focused on the status of health and nutrition practices at the time of Covid-19 pandemic.

Policies- set of ideas or plan for action to be followed by a group of people, government, or business (Cambridge Dictionary). The results of this study regarding health and nutrition will serve as inputs to the enhancement of the existing ECED Policies.

Practices – Practices pertain to the actual application or systematic exercise for proficiency (Merriam Webster). Republic Act 10410 section 4 states that Early Childhood Care and Development (ECCD) System shall refer to the full range of health, nutrition, early education, and social services development programs that provide for the basic holistic needs of young children aged zero (0) to four (4) years and for the promotion of the optimum growth and development of young children. This study determined the practices in the selected CDCs as well as the status of these CDCs.

Role- is a function or part performed especially in a particular operation or process (Merriam Webster). The study explored the roles of CDC workers and parents/guardians as well as the involvement of their community in the different health and nutrition practices they conduct.

Chapter II

Methodology

Research Design and Method

The research design used for this study was qualitative method to provide an in-depth understanding of a human or social problem. In this kind of method, the researcher conducted the study in a natural setting. She built complex and holistic picture, analyzed words, and reported detailed views of informants (Creswell, 1998).

Phenomenology is qualitative research which centers on the similarity of the experiences within a particular group. Its fundamental goal is to describe the nature of a certain phenomenon. Usually, interviews are conducted to the individuals who have experience in a particular situation and have knowledge of the event (Creswell, 2013).

Research Site

Data were collected in CDCs in Las Piñas City, a highly urbanized city in Metro Manila. The city was chosen as the research locale due to the number of existing CDCs in the area.

Las Piñas City is a multi-awarded city in the National Capital Region (NCR). In particular, it has received significant awards on protecting and prioritizing children's welfare. In 2000, the Council for the Welfare of Children awarded Las Piñas City the *Most*

Child Friendly City. In 2009, the Department of Health awarded Las Piñas City *the Garantisadong Pambata Best Child Health Care Nutrition Award* in recognition of its outstanding program in children's health care and nutrition. In 2011-2012, the Department of Social Welfare and Development awarded Las Piñas City an over-all championship in the regional "*Paligsining Contest of Day Care Children*". In the same year, the National Nutrition Council awarded the city the *Best in LGU in Improvement of Nutritional Status*. In 2013, the Department of Social Welfare and Development recognized the city as '*Best Support and Concerns to the Operations and Programs of the Haven for Children*'. In 2016, the city received commendation for its performance in *Women and Children Protection* from the National Capital Region Police Office. In the same year, it received the *Seal of Child-Friendly Governance* from The Council for the Welfare of Children in recognition of its commitment in promoting child rights to survival, development, protection, and participation towards a child-friendly Philippines.

With the aforementioned reasons, the researcher selected five (5) CDCs located in Las Piñas City. These CDCs are accredited and sponsored by the ECCD council.

Selection Criteria and Participants

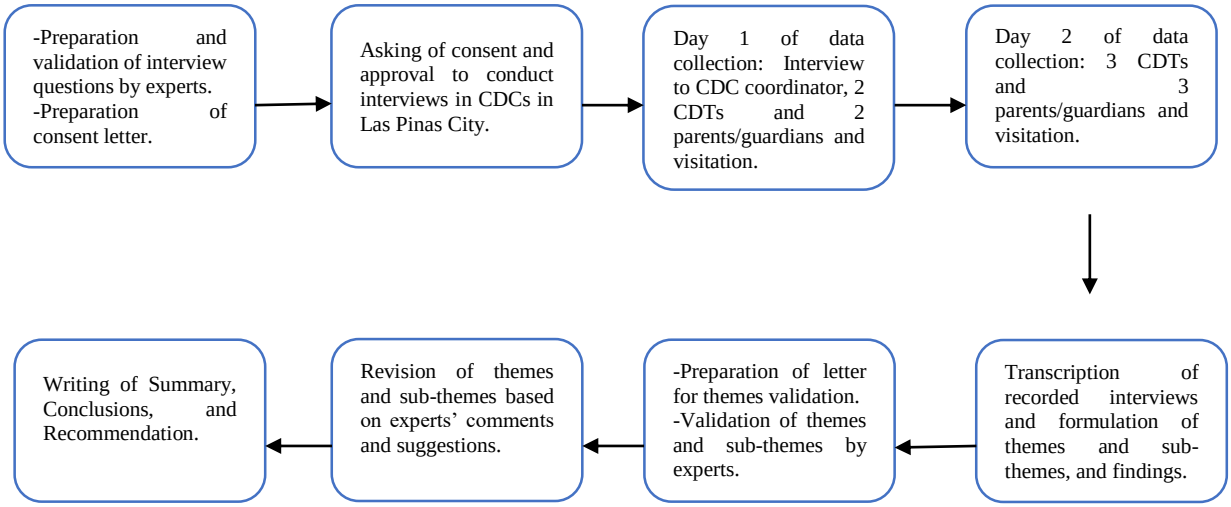
Appropriate selection of participants was made based on the information provided by the participants, their willingness to participate in the study, and their potential for open contributions (DeLaige, 2016). Purposive sampling was used because the method was most appropriate for information-rich cases related to the phenomenon of interest (Palinkas et al.,

2015) such as this study. Purposive sampling involved identifying and selecting individuals or groups of individuals that were particularly knowledgeable about or had experience with a phenomenon of interest (Creswell & Plano Clark, 2011). In this study, the participants had experience in CDCs. Moreover, purposive sampling ensured that there was no conflict of interest among the participants and the researcher. It also established the integrity of the purpose and benefit of the research. Any researcher-participant relation such as relative, friend, or student was excluded in the selection of the target participants. Lastly, no cost was incurred by either the CDCs or the participants.

The research used phenomenology. According to Creswell (1998), it is recommended to have 5 to 25 participants for phenomenological research. Therefore, the present research employed five (5) CDCs in Las Piñas City that are accredited and sponsored by ECCD council to ensure credibility. The participants of the study were composed of one (1) CDC coordinator or focal person for ECCD programs in all CDCs in Las Piñas City, five (5) child development teachers who have worked in the CDCs for not less than five (5) years, and five (5) parents/guardians of the CDC pupils. The researcher interviewed one (1) CDT, and one (1) parent/guardian to represent one CDC. The participants were knowledgeable about the health and nutrition practices conducted during the time of pandemic. Through these selected participants, substantial information needed for the research was gathered (refer to Appendix C).

Figure 2

Data Collection and Analysis



The figure above shows the process that the researcher went through for the collection and analysis of data. The first step was writing of consent letter to conduct study and preparation of questions for the interview. The interview questions were checked and validated by ECE experts. There were suggestions given by the experts that were taken into consideration. With the prepared documents, the researcher asked for consent and approval of the point person in all CDCs in Las Piñas City to conduct interviews in different centers. Approval and schedule were given. It took 2 days to finish the data collection in 5 child development centers. On the first day of data collection, the researcher was able to interview the CDC coordinator and gather data from 2 CDCs in Las Piñas City through visitation of centers and interviews to 2 CDTs, and 2 parents/guardians. On the second day of data

collection, the researcher was able to visit 3 CDCs and conduct interviews with 3 CDTs and 3 parents/guardians.

With the data gathered such as recorded interviews, notes and other documentation, the data analysis started. The recorded interviews were transcribed one by one. Themes and sub-themes were formulated from the transcriptions which lead to the findings and answers to the research questions. On this stage of the analysis, the researcher asked the help of ECE experts to validate the themes and sub-themes as well as the findings from the data collected for validity and reliability purposes. The themes and sub-themes were revised based on the comments and suggestions given by the experts. When the data were finalized, the summary, conclusions, and recommendations were written by the researcher. The entire process of data collection and analysis was done with the supervision and guidance of the research adviser.

Data Collection

This phenomenological study covered the experiences of child development coordinator, teachers, and parents/guardians regarding the health and nutrition practices done and provided at the time of Covid-19 pandemic. The researcher conducted a one-on-one interview that lasted less than 30 mins for each of the participants to gather substantial data. Apart from face-to-face interview, the researcher conducted ocular visit in the selected CDCs in Las Piñas City, which enabled the researcher to see the actual facilities and equipment in the CDCs (refer to Appendix G).

For the data collection tools, all forms of research instruments used in the study to gather data were validated by professionals in the field to ensure the research tools were free from gender, class, cultural, and other biases. The research tools focused on the research topic and related topics relevant to the research and deemed beneficial in answering the research questions (refer to Appendix B).

The researcher used the validated questionnaire during the interview with the participants. The questions focused on the following: health and nutrition practices in CDCs, activities, programs, and services on health and nutrition provided for children in CDCs, equipment and facilities available in CDCs that support and promote health and nutrition, and lastly, roles of CDTs, families and communities in the different health and nutrition activities, programs and services. Same set of questions was given to 3 groups of people: coordinator, CDTs, and parents/guardians.

The data was collected in a natural setting where the individuals experienced the phenomenon. The initial phase for the collection of data involved seeking the approval of the CDCs and of the selected participants. Consent letters were given to them to help explain further the study to be conducted.

After the research protocols were followed and the consent to conduct the study in five (5) accredited CDCs was gathered, the researcher proceeded to data gathering. The researcher went to the CDCs to meet and conduct ocular visit and face-to-face interviews

with the participants. The nature of the study was explained before the conduct of the actual interview. (see Appendix D)

During the face-to-face interviews, the researcher and the participants followed the pandemic safety measures for General Community Quarantine imposed by the government's Inter-Agency Task Force (IATF), such as social distancing, wearing of face mask and face shield, and the number of people allowed in a gathering.

To protect the identity of the participants, the researcher used letters to name each of the participants for the interpretation and summary of the study. For example, Teacher 1, 2, and so on. Furthermore, all personal information and data that were gathered had consent and were treated with utmost confidentiality. The data was used solely for research purposes to appear only in the research manuscript. Any form of communication and use of data in relation with the study were done with transparency and honesty. Misleading and biased interpretation or summary from data gathered was avoided by asking help from experts in the field to validate the results and themes formulated from the data.

Moreover, all the findings based on the experiences of the participants in CDCs would be shared to them and to their communities to provide them further proof that their participation was valued and that the research could highly possibly provide information needed for improvements and development in their communities. In addition, the research may provide an opportunity for early childhood educators and stakeholders to acquire better

understanding of the different health and nutrition practices done in the field during the time of Covid-19 pandemic. Collected data from the experiences of the participants may serve as inputs to ECED policy.

Lastly, the participants received no compensation for their participation in the study. However, they were given a simple token of appreciation after the interviews.

Data Analysis

The qualitative analysis of data was based on the comparison of the outcomes of the collected and observed data, and it was undertaken within a case or between cases. Qualitative data analysis involved the use of visual displays like matrices to show classification of data and discover connections between coded segments (Shanks & Bekmamedova, 2018).

According to Creswell (2013), the data gathered in a phenomenological study are read and reread for same/alike phrases; and, themes are grouped to have clusters of meaning. A kind of qualitative research analysis is defined by Vaismoradi et al. (2016) as thematic analysis. Thematic analysis organizes a group of repeating ideas to answer the study question and contains codes that have a common point of reference.

Thus, the researcher of the present qualitative phenomenological study used themes and sub-themes in analyzing the data collected from its participants. Through these themes, findings and conclusions about health and nutrition practices of CDCs were made.

Role of Researcher

The researcher was responsible for all the implementation and collection of data essential in answering the research problems.

As the study is qualitative in nature which means it is an inquiry process of understanding that explores human or social problems, the researcher had to ensure quality and remain true to the fundamentals of a qualitative research; the researcher considered inclusion and presentation of realities, and focused on the views of the participants (Creswell, 1998).

Lastly, the researcher assured that all information and data gathered from the participants would be kept confidential so as not to place the participants in any form of jeopardy. The researcher held herself accountable in providing truthful, credible, and non-biased findings of the study with the help of ECE experts, who validated the research tool and the themes that were formulated.

Methods of Validation

To establish validity of the research findings, all the materials used to gather information from the participants were checked and validated by professionals and experts in the field. Interview questions focused on answering the research problems. Also, the data collection was conducted to selected participants from chosen CDCs that are accredited by the ECCD council.

The researcher visited the research sites prior to data collection which was done on the site itself to help provide credible data for quality results and findings. The responses of the participants were noted through voice recording. In addition, the researcher wrote important points from the interviews. To ensure the validity and credibility of answers in the data collection, the researcher considered triangulation by interviewing one CDT and one parent/guardian to represent each CDC, as well as the CDC coordinator for all ECCD programs in a chosen research locale. According to Noble and Heale (2019), triangulation is a method used in research that increases credibility and validity of the research findings. Triangulation can help ensure that biases coming from a single observer are overcome.

Moreover, the researcher conducted observations during the CDC visitation to validate the answers of the participants during the interview. Photos that would support the data gathered in the interviews were taken.

Lastly, all themes formulated from the answers of the participants were validated by early childhood experts and professionals as well.

Methods of Reliability

To analyze the data collected, the researcher formulated themes and sub-themes using the answers of the participants in the interview. The voice recordings of the interviews were transcribed by the researcher one by one. Using the transcriptions, themes and sub-themes were formulated from the answers (refer to Appendix E).

Ensuring the reliability of the formulated data, the researcher of the study sought the help of experts and professionals in early childhood education to validate themes and sub-themes. The experts in the field thoroughly checked the themes and sub-themes together with the transcribed responses from the interview. Through the identification of the themes, findings and conclusions about health and nutrition practices of CDCs were derived (refer to Appendix F).

Ethical Considerations

Research issues may surface in the conduct of any research. Several ethical considerations were made in this study to avoid problems during the process of the study. First, the consent and availability of the participants could have been an issue. Since the participants were chosen based on their willingness to participate, the availability of their

time was taken into consideration. They were also given the right not to answer some questions. In addition, they were informed that they could decline to answer at any point during the interviews, which could have affected the data and results. To avoid this, the researcher asked the consent and approval of the ECCD coordinator in Las Piñas City before conducting the study in different CDCs and approaching the participants. The quality of the interaction between the researcher and the participants was another possible concern. Good rapport must have taken place before data gathering for the participants to feel comfortable in answering the interview questions. Another possible issue was the confidentiality of some information gathered from the CDCs since these CDCs cater to young children. The researcher introduced herself, explained the purpose and importance of the study, assured the participants that the responses would be kept confidential, and had a small conversation before proceeding to the actual interview. Lastly, due to the pandemic caused by Covid-19, some schools and centers were still closed and it could have affected and limited the data gathering of the researcher. The pandemic situation could have also slowed down the process of the study and may have limited the researcher's interaction with the participants. Since the researcher asked permission first from ECCD coordinator in Las Piñas City, the researcher was endorsed to a CDT who helped contact other participants from different centers. This strategy facilitated and sped up the data collection process.

Chapter III

Results and Discussion

This section presents the data gathered from the participants, its interpretation and critical analysis in relation to the experience of the CDC staff, parents/guardians regarding the status of health and nutrition practices during Covid-19 pandemic.

According to the Administrative Order 29 Series of 2004, *Standards for Day Care, Other ECCD Centers and Service Providers*, there is an integration of health and nutrition in the program to promote the right of children to survive, to have adequate nutrition, and to have access to safe and nutritious food. Daily routine practices like appropriate nutrition, feeding, health and safety practices ensure the healthy growth and development of children. Delivery of complementary health services for health care, nutrition, and sanitation is also geared towards the holistic support of the needs of children. Feeding, Food Handling, Health Records and Monitoring, and Personal Hygiene and Cleaning are some examples. These services are conducted together with the community support system and access to basic needs. It states that homes and communities play a vital role in the development of children. Partnership with families, community, and local government was recommended to be sustained. Lastly, this Administrative Order also includes the utilization of Learning Materials, Facilities, and Equipment.

Based on the interviews conducted to answer the research questions, the following data helped reveal the status of health and nutrition practices in CDCs particularly at this time of pandemic.

Table 1

Thematic Analysis on Activities/ Services/ Programs that Promote Health and Nutrition

Themes	Sub themes	Participants	Responses
1.1 Pre-Pandemic Health and Nutrition Practices	1.1.1 Cleanliness of One's Body: Priority in Child Development Centers 1.1.2. Physical Education through Play 1.1.3 Nourishing the Mind through Supplemental Feeding	C1	*Number one, of course, they are required before eating to wash their hands. Then, tooth brushing, that's basic ano. And then of course, part of health and development, meron silang physical education every Friday po iyon na kung saan part ng activity is yung they have to play in order for their gross and motor development. The fine motor and gross motor nila.* [Number one is they are required to wash their hands before eating. Then they have toothbrushing. Fro health and development, they have physical education every Friday where they can play for their fine motor and gross motor development.] *So, isa din sa ating inoobserve na practice is ung supplemental feeding talaga. Nag coconduct kami ng supplemental feeding.* *"One of our practices being observed id supplemental feeding. We conduct supplemental feeding."*

Table 1 (continued).

			Then, yun na nga, ang isa lang natin na hindi nagawa kasi wala naman talagang face to face and children are not allowed to go outside their homes, yung check up from by a doctor or a dentist. Yung oral nila hindi natin nacoconduct yun. [Check-up by a doctor or a dentist is a practice during face-to-face sessions that we are not able to do anymore since children are not allowed to go outside their homes.]
		T4	*Tapos, ahh, nung wala pang pandemic, ang ginagawa kasi namin, may handwashing kami, may toothbrushing kami, so may daily routine, ginagawa namin yun. Tapos may mga bata kasi sa supplemental feeding.* [Before pandemic, we have handwashing, toothbrushing which is incorporated in our daily routine. Then the kids have supplemental feeding.]
1.2. Sustaining Health and Nutrition Practices Amidst the Pandemic	1.2.1. Perpetual Support for Children 's Health and Nutrition	C1	*Ah, so, kasi may policy kasi kami na behind pandemic, ano, nitong covid 19 pandemic, the health and nutrition of children should not be compromised.*

Table 1 (continued).

	1.2.2. Monitored Gross and Motor Skills of Children		*Then, yun na nga, ang isa lang natin na hindi nagawa kasi wala naman talagang face to face and children are not allowed to go outside their homes, yung check up from by a doctor or a dentist. Yung oral nila hindi natin nacoconduct yun.*
	1.2.3. Emphasized Concept of Taking Care of One 's Body		[We have a policy during this Covid-19 pandemic that says health and nutrition of children should not be compromised. Check-up by a doctor or a dentist is a practice during face-to-face sessions that we are not able to do anymore since children are not allowed to go outside their homes.]
		T3	*Ahm kami po kasi ngayon, nag aano kami online po, online po yung ginagawa naming at tsaka modular. And regarding po sa nutrition, yun nga yung ginagawa naming, pinapack naming yung food and then sila na po, yung mga parents na po yung pumi-pick up ng food dito sa day care center.* [We conduct classes through online sessions and modules. Regarding nutrition, we pack the food and parents will pick them up in the daycare centers.]

Table 1 (continued).

		T5	*Tapos binabase din naming sa evaluation ng aming ECCD, oo, na kung kaya nyang tumalon, kaya nyang maglakad, kaya nyang tumakbo ng hindi sya nagtritrip o nagpo-falling man lang, binabase din namin yun.* [The evaluation of students is based in ECCD. If they can jump, walk, or run without falling. Those skills are evaluated based in ECCD.]
		P4	*Sa kalusugan, 'yung maghugas ng kamay palagi. Tuturuan ka nila. Nakalagay na sa module, 'yung pagtoothbrush, alagaan ang sarili, kumain ng mga gulay para iwas sa sakit.* [For health, washing of hands is always observed. It is taught in the module as well as toothbrushing, taking care of oneself, and eating of vegetables to avoid getting sick.]
1.3. Funding Sources of Child Development Centers	1.3.1. Local Government Assistance 1.3.2. DSWD Partnership	C1	*Of course, number one talaga, ay nang galing sa local government sa fund talaga. Then of course meron naman subsidy or may counterpart din ang DSWD from the national government.* [Number one source is from the local government. Then there is subsidy coming from DSWD from the national government.]

Table 1 (continued).

		T1	*Opo kasi galing naman po sa taas yan tsaka dito sa barangay. Ganun naman po.* [Yes, the funds are coming from the barangay.]
		T2	*Continues po, Ma'am. Hindi na puputol.* [Continuous funds, Ma'am. Without interruptions.]
1.4. Practices to Foster Health and Nutrition in the New Normal	1.4.1. Continuity of Health and Nutrition Services	C1	*So yun na nga medyo nahihirapan kami kasi nga kung may icoconduct doon, it can be participated by only by parents kasi wala ho yung mga bata bawal naman talaga.* *So, one is aming nairerecomend na magkaroon parin ng orientation for parents sana when it comes sa mag tatalk and aming mga city nutritionist or mga doctor, whatever, kasi sila ang mas nakakaalam na kung anong dapat ipaparating sa mga parents in what way.* [We are having quite a hard time regarding this because if we conduct something, it can only be participated by parents. Because children are not allowed.]

Table 1 (continued).

	T5	*Siguro yung implementation mas ano pa, mas yung rigid?* [Maybe rigid implementation of the activities.]
	P1	*Mas maganda kung tuloy tuloy ang feeding.* [It would be nice if they continue the feeding program.]
	P2	*'Yung mga vitamins, kailangan talaga nila. Huwag ititgil. Tiyaka po 'yung libreng check-up.* [Continue giving vitamins because that is really important. As well as providing free check-ups.]
	P5	*Kahit meron lang sa isang linggo, 2 days makapunta man lang sana para kahit papaano maexperience ng mga bata na makalabas, exercise tapos makasalamuha sa ibang bata.* [I hope there are two days in a week where children can go to centers so that they can experience going out, exercise, and mingle with other kids.]

Pre-Pandemic Health and Nutrition Practices

This theme reveals the health and nutrition practices before pandemic. According to the participants, during face-to-face classes even before the pandemic started, they already had activities related to health and nutrition of the children.

Cleanliness of One's Body: Priority in Child Development Centers

One of their practices is cleanliness and taking care of oneself. They practice proper hygiene by teaching proper handwashing, toothbrushing, taking a bath, and cutting finger nails. CDCs conduct medical and dental check-ups regularly as well. According to one teacher: *(T4) "Tapos, ahh, nung wala pang pandemic, ang ginagawa kasi namin, may handwashing kami, may toothbrushing kami, so may daily routine, ginagawa namin yun. Tapos may mga bata kasi sa supplemental feeding.* [Before pandemic, we have handwashing, toothbrushing which is incorporated in our daily routine. Then the kids have supplemental feeding.]"

Physical Education through Play

Physical education is another practice in CDCs. Children have physical activities like exercise and play to develop their fine and gross motor skills. These kinds of activities will help the children develop their bodies to become healthy and strong. The CDC coordinator of Las Piñas City said: (*C1) "Number one, of course, they are required before eating to wash their hands. Then, toothbrushing, that's basic ano. And then of course, part of health and development, meron silang physical education every Friday po iyon na kung saan part ng activity is yung they have to play in order for their gross and motor development. The fine motor and gross motor nila.* [Number one is they are required to wash their hands before eating. Then they have toothbrushing. Fro health and development, they have physical education every Friday where they can play for their fine motor and gross motor development.]"

Nourishing the Mind through Supplemental Feeding

One of the best practices of CDCs is supplemental feeding. Healthy meals, vitamins, and milk are provided by centers to promote good nutrition. To track the progress of the nutritional status of children enrolled, they monitor the children's height and weight. The CDC coordinator of Las Piñas City shared: *(C1) "So, isa din sa ating inoobserve na practice is ung supplemental feeding talaga. Nag coconduct kami ng supplemental feeding.* [One of our practices being observed id supplemental feeding. We conduct supplemental feeding.]"

This theme and it sub-themes conclude that there are already health and nutrition practices in CDCs before the pandemic occurred, and these practices include observing cleanliness, physical activities, and feeding. Based on the NELF (2010), ECCD centers should ensure delivery of full range early learning as well as health and nutrition services.

Sustaining Health and Nutrition Practices Amidst the Pandemic

With the rise of Covid-19 cases in the Philippines and the consequent effects on education services, CDCs still managed to sustain their health and nutrition practices. Based on the responses of the participants, this theme shows that health and nutrition practices that were in place pre-Covid are still done and provided during the pandemic. Activities are done at home through modules from centers and guidance of parents/guardians.

Perpetual Support for Children's Health and Nutrition

The pre-pandemic health and nutrition practices such as height and weight monitoring, proper hygiene and caring for oneself, supplemental feeding, and physical activities are still continued during the pandemic. These activities are done at home through modules from centers and guidance of parents/guardians. However, medical and dental check-ups are compromised because children are advised to stay at home.

Monitored Gross and Motor Skills of Children

Children continue their physical education at home with the help and guidance of their parents/guardians. They still have dancing time and games through online sessions and modules. For evaluation of physical activities like walking, jumping, skipping, and others, one of the teachers said that they still use ECCD checklist to evaluate the performance of the children. The CDC teacher said: *(T3) "Ahm kami po kasi ngayon, nag aano kami online po, online po yung ginagawa naming at tsaka modular. And regarding po sa nutrition, yun nga yung ginagawa naming, pinapack naming yung food and then sila na po, yung mga parents na po yung pumi-pick up ng food dito sa day care center.* [We conduct classes through online sessions and modules. Regarding nutrition, we pack the food and parents will pick them up in the daycare centers.]"

(*T5) "Tapos binabase din naming sa evaluation ng aming ECCD, oo, na kung kaya nyang tumalon, kaya nyang maglakad, kaya nyang tumakbo ng hindi sya nagtritrip o nagpo-falling*

man lang, binabase din namin yun. [The evaluation of students is based in ECCD. If they can jump, walk, or run without falling. Those skills are evaluated based in ECCD.]"

Emphasized Concept of Taking Care of One's Body

Added to their existing practices, at this time of pandemic, kits with mask and alcohol/sanitizer are distributed. Children are taught to follow safety and health protocols during pandemic. They are always reminded of the situation as well as the things they need to do to become healthy and protected from the virus. Some of the participants said: *(P4) "Sa kalusugan, 'yung maghugas ng kamay palagi. Tuturuan ka nila. Nakalagay na sa module, 'yung pagtoothbrush, alagaan ang sarili, kumain ng mga gulay para iwas sa sakit.* [For health, washing of hands is always observed. It is taught in the module as well as toothbrushing, taking care of oneself, and eating of vegetables to avoid getting sick.]"

(C1) "Ah, so, kasi may policy kasi kami na behind pandemic, ano, nitong covid 19 pandemic ay, the health and nutrition of children should not be compromised. Then, yun na nga, ang isa lang natin na hindi nagawa kasi wala naman talagang face to face and children are not allowed to go outside their homes, yung check up from by a doctor or a dentist. Yung oral nila hindi natin nacoconduct yun. [We have a policy during this Covid-19 pandemic that says health and nutrition of children should not be compromised. Check-up by a doctor or a dentist is a practice during face-to-face sessions that we are not able to do anymore since children are not allowed to go outside their homes.]"

Even though we are in the state of pandemic, health and nutrition of young children should not be compromised especially those who are most vulnerable. According to UNICEF, the health and well-being of 47 million children under age 5 worldwide has been a major concern even before Covid-19. However, unprivileged children are more at risk during this pandemic. One of their proposed interventions is support from the national government to intensify the promotion of breastfeeding, complimentary food and feeding, hygiene practices, and infection prevention and control (UNICEF, 2020).

Funding Sources of Child Development Centers

This theme focuses on the funds of CDCs in relation to the health and nutrition promotion. According to the participants, the fund is maintained and sufficient to sustain the health and nutrition activities, programs, and services. Some parents/guardians said that it would be better if the government could allot more funds for additional activities.

Local Government Assistance

Funds for different health and nutrition practices like feeding, vitamins, milk, and kits are sourced from the local government. The CDC teachers said that: *(T1) "Opo kasi galing naman po sa taas yan tsaka dito sa barangay. Ganun naman po*. [Yes, the funds are coming from the barangay.]"

(T2) "Continuous po, Ma'am. Hindi na puputol. [Continuous funds, Ma'am. Without interruptions.]"

DSWD Partnership

Some health and nutrition activities are funded in partnership with DSWD. The CDC coordinator said that: (*C1) "Of course number one talaga, ay nang galing sa local government sa fund talaga. Then of course meron naman subsidy or may counterpart din ang DSWD from the national government.* [Number one source is from the local government. Then there is subsidy coming from DSWD from the national government.]"

This theme shows the funding of ECCD CDCs for health and nutrition services was not interrupted during the pandemic. According to RA 10410 Sec. 12, Financing ECCD Programs, all ECCD programs shall be financed through public and private funds, prioritizing children aged 0 to 4 whose families are in dire need.

Practices to Foster Health and Nutrition in the New Normal

This theme is about suggestions and recommendations of other health and nutrition practices during pandemic. It reveals that most of the participants opt not to add more activities regarding health and nutrition because it is challenging to implement programs due to the restriction caused by the pandemic. They said that the activities are enough; they suggested that instead of adding new activities, programs, and services, the existing ones may be continued and implemented more rigidly.

Continuity of Health and Nutrition Services

There were suggestions that would cater to parents/guardians since they are the ones guiding the children at home during the pandemic. It was suggested that there should be an orientation for parents/guardians regarding the activities, programs, and services provided by the CDC. Another suggestion is to organize a talk or seminar to parents/guardians from doctors, nutritionists, and other experts. In this manner, they will be fully informed and be able to take part in different health and nutrition promotions. Lastly, one parent suggested that there should be several days in a week that children will be allowed to visit the CDC to play and experience going out again.

According to the participants:

(C1) "So yun na nga medyo nahihirapan kami kasi nga kung may icoconduct doon, it can be participated by only by parents kasi wala ho yung mga bata bawal naman talaga. So one is aming nairerecomend na magkaroon parin ng orientation for parents sana when it comes sa mag tatalk and aming mga city nutritionist or mga doctor, whatever, kasi sila ang mas nakakaalam na kung anong dapat ipaparating sa mga parents in what way. [We are having quite a hard time regarding this because if we conduct something, it can only be participated by parents. Because children are not allowed.]"

(T5) "Siguro yung implementation mas ano pa, mas yung rigid? [Maybe rigid implementation of the activities]."

(P1) "Mas maganda kung tuloy tuloy ang feeding. [It would be nice if they continue the feeding program.]"

(P2): 'Yung mga vitamins, kailangan talaga nila. Huwag ititgil. Tiyaka po 'yung libreng check-up. [Continue giving vitamins because that is really important. As well as providing free check-ups.]"

(P5) "Kahit meron lang sa isang linggo, 2 days makapunta man lang sana para kahit papaano maexperience ng mga bata na makalabas, exercise tapos makasalamuha sa ibang bata. [I hope there are two days in a week where children can go to centers so that they can experience going out, exercise, and mingle with other kids.]"

This theme shows that based on the responses of teachers and parents, existing health and nutrition services are enough. They would also like to observe safety protocol for young children. It is for this reason that they do not want to add more activities at this time. One of the guidelines given by the IATF stated that the vulnerable population including children below 18 years old are not allowed to go out.

Table 2

Thematic Analysis on Supportive Activities/ Services/ Programs for Health and Nutrition

Themes	Sub themes	Participants	Responses
2.1 Usage of Equipment and Facilities of Child Development Centers	2.1.1 Utilize Equipment during Pre-pandemic 2.1.2 Utilize Equipment during Pandemic	C1	*So, yung sa health naman ay meron sila mga weighing scale, height measuring. Kumpleto sa kitchen utensils, may lutuan, sink, yan may mga ganyan sila.* [For their health practices, they have weighing scale and height measuring. They have complete kitchen utensils, stove, sink, etc.]
		T4	*Ang meron kami yan, may kitchen kami, may CR kami, malinis yung CR namin. Meron kaming ano, may outdoor area kami na pwedeng paglaruan sana ng mga bata kung hindi pandemic. Ayan meron naman. May water kami, Nakita mo naman airconditioned kami.* [We have kitchen, and clean comfort room. We have outdoor area where children can play however it is pandemic. We have water and as you can see our place is airconditioned.]
		P2	*Hindi na po nagagamit mga facilities. Sa bahay na po.* [Facilities are not utilized.]

Table 2 (continued).

	P3	*Siguro po 'yung mga materials, pati handwashing kasi sa bahay na lang po sila naghuhugas. Pati 'yung play area.* *(Things that were not used)* [Maybe the materials, handwashing area because they wash their hands at home, as well as the play area.]
	T4	*Ayan yang urban gardening namin. Para magkaroon kami ng halaman kasi last time, hindi naming tinutukan yan eh.* [There we added urban gardening. This will help us in planting because last time we did not put too much attention about it.]
	P4	*Siguro 'yung gulayan. Ngayon lang po naming nakita iyan.* [Maybe our vegetable garden. I have seen it just now.]

Table 2 (continued).

	T4	*Pero as much as possible, we're taking care of. Kumbaga mine-make sure namin yang mga gamit nay an yung kaldero, etc., na hindi na nagagamit, panatilihing malinis kasi hindi naman mananatiling ganito tong pandemic eh, matatapos at matatapos to, magagamit at magagamit namin ang gamit. Cleanliness pa rin. Nakita mo yung mga cabinet na yan, so lahat yan nakalagay dyan yung, intact yung aming mga kutsara, yung nagagamit namin. So since hindi naman nagagamit kailangang totally malinis sya, nandyan lang.* [We are taking care of the facilities and equipment as much as possible. We make sure that things like pot that were not used are maintained clean at this time of pandemic. This situation will have an end and that equipment will be utilized again. We should always consider cleanliness. Utensils and other things we have are kept intact in that cabinet since we do not use them. They are kept clean inside that cabinet.]

Table 2 (continued).

	P3	*Pwede din po ipahiram tapos pagkatapos po gamitin, isauli. Bago ibalik, kailangan malinis din po.* [We can borrow in centers but we need to return things after using them. We need to clean them before returning.]

Usage of Equipment and Facilities of Child Development Centers

This theme discusses the facilities and equipment available in the different CDCs that support health and nutrition practices.

Utilization of Equipment Pre-pandemic

Based on the answers, the children are provided a play area for all their physical activities in the CDC. They have their dining and kitchen areas complete with utensils, plates, stove, refrigerator, and sink. Toothbrushing and handwashing area is also present in the CDCs in addition to comfort rooms. Lastly, they have their planting area. These facilities and equipment help them conduct activities related to health and nutrition promotion.

Since it is pandemic, and children are not allowed to go to CDCs, some of the facilities and equipment are not being fully utilized. Examples of these are the dining area, kitchen and utensils, as well as the play area. Children stay at home and perform activities

at home such as handwashing, toothbrushing, exercise, and other physical activities. In addition to this, supplemental feeding is done at home. CDCs distribute raw goods for a month to parents for them to cook nutritious food in their homes. They are given a weekly menu to follow and documentation is done. The participants shared the following stories:

(C1) "So, yung sa health naman ay meron sila mga weighing scale, height measuring. Kumpleto sa kitchen utensils, may lutuan, sink, yan may mga ganyan sila. [For their health practices, they have weighing scale and height measuring. They have complete kitchen utensils, stove, sink, etc.]"

(T4) "Ang meron kami yan, may kitchen kami, may CR kami, malinis yung CR namin. Meron kaming ano, may outdoor area kami na pwedeng paglaruan sana ng mga bata kung hindi pandemic. Ayan meron naman. May water kami, Nakita mo naman airconditioned kami. [We have kitchen, and clean comfort room. We have outdoor area where children can play however it is pandemic. We have water and as you can see our place is airconditioned.]"

(P2) "Hindi na po nagagamit mga facilities. Sa bahay na po. [Facilities are not utilized.]"

(P3) "Siguro po 'yung mga materials, pati handwashing kasi sa bahay na lang po sila naghuhugas. Pati 'yung play area. [(Things that were not used) "Maybe the materials, handwashing area because they wash their hands at home, as well as the play area.]"

Utilize Equipment during Pandemic

This sub-theme discusses how CDCs try to improve the facilities they have to cope during the pandemic. Also, it reveals the utilization and monitoring of unused facilities and equipment. It reveals that most of the CDCs did not have any additional facilities and equipment during the pandemic. There are few centers that have added vegetable gardens. Parents/guardians plant vegetables that can be used for their feeding program.

(T4) "Ayan yang urban gardening namin. Para magkaroon kami ng halaman kasi last time, hindi naming tinutukan yan eh. [There we added urban gardening. This will help us in planting because last time we did not put too much attention about it.]"

(P4): Siguro 'yung gulayan. Ngayon lang po naming nakita iyan. [Maybe our vegetable garden. I have seen it just now.]"

For the unused facilities and equipment, parents/guardians are allowed to borrow in some CDCs. For their supplemental feeding, parents/guardians can borrow what they need for cooking. For the practice of proper hygiene, the kits with toothbrush, toothpaste, and soap are sent to the children. Some equipment is also used in the barangay for other activities. CDCs see to it that both borrowed and unused things are sanitized, clean, and intact. For the facilities, they are kept clean as well and are checked from time to time.

There were minimal recommendations on how to utilize the unused facilities since it is very strict now due to the pandemic and concerns about the health and safety of children. One of the parents suggested to let children visit centers from time to time so that they can use the play area.

(P3) "Pwede din po ipahiram tapos pagkatapos po gamitin, isauli. Bago ibalik, kailangan malinis din po. [We can borrow in centers but we need to return things after using them. We need to clean them before returning.]"

(T4) "Pero as much as possible, we're taking care of. Kumbaga mine-make sure namin yang mga gamit na yan yung kaldero, etc., na hindi na nagagamit, panatilihing malinis kasi hindi naman mananatiling ganito tong pandemic eh, matatapos at matatapos to, magagamit at magagamit namin ang gamit. Cleanliness pa rin. Nakita mo yung mga cabinet na yan, so lahat yan nakalagay dyan yung, intact yung aming mga kutsara, yung nagagamit namin. So since hindi naman nagagamit kailangang totally malinis sya, nandyan lang. [We are taking care of the facilities and equipment as much as possible. We make sure that things like pot that were not used are maintained clean at this time of pandemic. This situation will have an end and that equipment will be utilized again. We should always consider cleanliness. Utensils and other things we have are kept intact in that cabinet since we do not use them. They are kept clean inside that cabinet.]"

This theme helps conclude that CDCs have sufficient provisions for equipment and facilities that support health and nutrition practices before and during the pandemic. Moreover, even though children are not allowed to go to centers, CDC teachers see to it that every child has the capacity to perform the health and nutrition activities at home and if not, they try to provide equipment by allowing parents to borrow it.

Table 3

Thematic Analysis on the Roles of Child Development Teachers, Families, and Community

Themes	Sub themes	Participants	Responses
3.1 Child Development Teachers as Front liners	3.1.1 Service Beyond Teaching	C1	*Ah number one talaga ang daycare workers. Sila talaga ang lead person na mag conduct talaga doon. Sila talaga ang front liners sa mga delivery ng health and nutrition services. Sila talaga ang mangunguna.* [Number one are the daycare workers. They are the lead persons in conducting the activities. They are the front liners in delivering the health and nutrition services. They are the leaders.]

Table 3 (continued).

	T2	*Ito po, bago ko ibigay idini discuss ko muna sa mga parents para po makita nila, hindi lang kasi bast-basta bigay lang natin sa Nanay yung module, kailangan explain natin ng mabuti kung paano gagawin.* [I discuss the contents first to the parents before handing them the modules. I explain and give instructions on what they are going to do.]
	T4	*Yung pag-angkat, pag-distribute, kami. Pag-repack kami. Lahat kami.* [We do the collection, repacking, and distribution of goods. We do it all.]
	T5	*Yes. Pangalawa, nagkakaroon kami ng monthly meeting. Kahit ngayong pandemic meron akong set of officer.* *….. So yung aming ano, ang aming module ay nanggagaling sa office, Sir Allan. Then kami ang gumagawa ng activities, para sa mga bata. Para ma-identify kung magaya ng mga magulang, pwede nilang ituro at i-guide yung mga anak nila sa lesson na gagawin namin.*

Table 3 (continued).

			[We have monthly meeting. I have set of officers even if it is pandemic. And our modules are coming from the office, from Sir Allan. Then we create different activities for the children so that parents can understand and guide their children with the lessons that we have.]
3.2Family Engagement Amidst Pandemic	3.2.1 Families as Facilitator of Learning	C1	*Meron din naman kaming isa din sa parents palang meron na silang association. Nag organize kami ng Parent's Association. Sa ECCD committee, sila din ang gumalaw. Sila din kung kaya nila, sila. Kung hindi, kailangan tulungan…. So, sila sabi ko, kayo na that's your role kasi mabigat na sya masyado sa teacher at kung kami lang. Pumupunta sila doon, eh kausapin yung mga homeowners kasi yun ang ating problem. At kung makakatulong ang barangay, pupunta na sila doon.*

Table 3 (continued).

		[We have parent's association. We organized Parent's Association. They help in ECCD committee. They participate if they can but if not, we help. I told them that it's one of their roles because it will be difficult for us and the teachers if we do everything alone. Sometimes they visit (the center) and talk to the homeowners and the barangay if they can help.]
	P1	*Kung ano po 'yung gagawin sa module, magmemessage. May GC po kasi pero 'yung iba na walang cellphone, pumupunta na lang po dito.* [We receive instructions for the modules through messages. We have a group chat; however, not everyone has cellphone so they visit the center.]
	P2	*Kung ano po 'yung pinagawa nila, sinusunod po naming sa bahay, araw-araw. Kami na 'yung nagtuturo sa mga bata kung ano ituturo ni teacher….* *Kami na din po nagtuturo sa bahay ng toothbrush, paghugas ng kamay at pagluluto para sa feeding.*

Table 3 (continued).

			[We follow at home their instructions regarding the activities every day. We teach the children based on what teacher will tell us…. We also teach the kids at home toothbrushing, handwashing, and we cook the food for feeding as well.]
		P3	*Tumutulong po kami, Tulong-tulong po kami mag-aassist ng pagkain para maayos po.* [We help. We work together and assist to prepare the food (for feeding).]
3.3 Working Hand in Hand with the members of the Community	3.3.1 Shared Responsibility with the Community	C1	*So, ayun yung support din ng homeowners. Yung mga karamihan dyan ay mga homeowners. Unang una kung may mga program, activity tinatawag naming kinakausap yung mga nasa kapaligiran na magsupport sila, to take support. …… Malaki talaga ang tulong ng komunidad. Meron tayong kasabihan na "To raise a child, it takes a village". So, kailangan talaga lalo na may pandemya ay kailangan talaga ay may tulungan. Sila ang tutulong talaga and komunidad para ma retain natin health and nutrition services in many ways.*

Table 3 (continued).

		[There is support from homeowners. We inform the homeowners around the area to give support whenever we have programs and activities……. The community plays a vital role as well because we have this saying "To raise a child, it takes a village". So, their help is needed especially during pandemic. The people around and the community support is important to retain all the health and nutrition services.]
	T2	*Pag meron po kaming problema pupunta kami ng barangay, kailangan po naming ng ganito…… Lalo na po ang aming mga baranggay kagawad, isang pakiusap lang andyan naman po ang support nila……. Tapos meron pa po kami dyan mga gardening na mga gulay, sila p ang nagtatanim mga nanay and then sasabihin nila "Teacher, pwede humingi" sila po.*

Table 3 (continued).

		[If we have problems and we need something we usually go to the barangay. Especially with our barangay official because they provide prompt solutions and help…. Then we also have out gardening where the community and parent do the planting. Sometime they ask permission if they could get vegetables.]
	P1	*Nagkakaisa po. Kunwari sa feeding. Katulong ako ni teacher sa pagprepare ng feeding. Ako po kapag sinabi ni teacher tumulong, tutulong kami. Nagkakaisa po kaming lahat.* [We work together. For example, in feeding, everybody helps teacher in preparation for the feeding. And I usually help when teacher asks for help. We work together as one.]
	P3	*Siguro po pag 'yung tinatawag sila, sama-sama po kami, tulong-tulong po kami magpamigay….. 'Yung paglilinis na lang po dito sa paligid.* *Para malinis talaga ang kapaligiran.* [I think when they are called (the community), everybody takes part. We work together just like in distribution (of goods) as well as in cleaning the environment.]

Child Development Teachers as Front liners

Service beyond Teaching

This theme reveals the roles of child development teachers in the different health and nutrition activities, programs, and services. Based on the answers during the interview, the teachers are the front liners of CDCs. They are the lead persons for all health and nutrition practices. CDC teachers plan, prepare, and conduct the activities. They also create communication with parents/guardians. They train parents/guardians on how to properly conduct the activities at home. Lastly, since child development teachers are public servants, they serve as the link between the government and the parents/guardians and children.

The participants shared the following experiences:

(C1) "Ah number one talaga ang daycare workers. Sila talaga ang lead person na mag conduct talaga doon. Sila talaga ang front liners sa mga delivery ng health and nutrition services. Sila talaga ang mangunguna. [Number one are the daycare workers. They are the lead persons in conducting the activities. They are the front liners in delivering the health and nutrition services. They are the leaders.]"

(T2) Ito po, bago ko ibigay idini discuss ko muna sa mga parents para po makita nila, hindi lang kasi bast-basta bigay lang natin sa Nanay yung module, kailangan explain natin ng mabuti kung paano gagawin. [I discuss the contents first to the parents before handing them the modules. I explain and give instructions on what they are going to do.]"

(T4) "Yung pag-angkat, pag-distribute, kami. Pag-repack kami. Lahat kami. [We do the collection, repacking, and distribution of goods. We do it all.]"

(T5) "Yes. Pangalawa, nagkakaroon kami ng monthly meeting. Kahit ngayong pandemic meron akong set of officer….. So yung aming ano, ang aming module ay nanggagaling sa office, Sir Allan. Then kami ang gumagawa ng activities, para sa mga bata. Para ma-identify kung magaya ng mga magulang, pwede nilang ituro at i-guide yung mga anak nila sa lesson na gagawin namin. [We have monthly meeting. I have set of officers even if it is pandemic. And our modules are coming from the office, from Sir Allan. Then we create different activities for the children so that parents can understand and guide their children with the lessons that we have.]"

This theme reveals the responsibility of CDC teachers as part of the ECCD Service Provider. These are the people who are directly accountable for the care and education of young children aged 0 to 4 years through various programs and services (RA10410, Sec. 4b)

Family Engagement amidst Pandemic

Families as Facilitator of Learning

At this time of Covid-19 pandemic, active participation of parents/guardian is needed. Responses from the interview revealed that parents/guardians have direct

communication with the CDC teachers. Since children stay and do the activities at home, parents/guardians are the ones guiding the children, acting like teachers at home. They also have active participation in the different health and nutrition practices such as helping in the preparation, distribution, and implementation of the different activities. Aside from their communication with the CDC teacher, parents/guardians also have parent associations so that they can properly communicate their concerns and responsibilities.

(C1) "Meron din naman kaming isa din sa parents palang meron na silang association. Nag organize kami ng Parent's Association. Sa ECCD committee, sila din ang gumalaw. Sila din kung kaya nila, sila. Kung hindi, kailangan tulungan…. So, sila sabi ko, kayo na that's your role kasi mabigat na sya masyado sa teacher at kung kami lang. Pumupunta sila doon, eh kausapin yung mga homeowners kasi yun ang ating problem. At kung makakatulong ang barangay, pupunta na sila doon. [We have parent's association. We organized Parent's Association. They help in ECCD committee. They participate if they can but if not, we help. I told them that it's one of their roles because it will be difficult for us and the teachers if we do everything alone. Sometimes they visit (the center) and talk to the homeowners and the barangay if they can help.]"

(P1) "Kung ano po 'yung gagawin sa module, magmemessage. May GC po kasi pero 'yung iba na walang cellphone, pumupunta na lang po dito. [We receive instructions for the modules through messages. We have a group chat; however, not everyone has cellphone so they visit the center.]"

(P2) "Kung ano po 'yung pinagawa nila, sinusunod po naming sa bahay, araw-araw. Kami na 'yung nagtuturo sa mga bata kung ano itututuro ni teacher….. Kami na din po nagtuturo sa bahay ng toothbrush, paghugas ng kamay at pagluluto para sa feeding. [We follow at home their instructions regarding the activities every day. We teach the children based on what teacher will tell us…. We also teach the kids at home toothbrushing, handwashing, and we cook the food for feeding as well.]"

(P3) "Tumutulong po kami, Tulong-tulong po kami mag-aassist ng pagakain para maayos po. [We help. We work together and assist to prepare the food (for feeding).]"

Part of the providers of ECCD programs are the parents. They are active partners of the CDCs at home, and they are advocates for community concerns that affect young children (RA10410 Sec.5b). Their cooperation is much needed especially at this state of pandemic since most of the programs and services for children of CDCs are conducted at home.

Working Hand in Hand with the Members of the Community

Share Responsibility with the Community

It is not the job only of the CDC teachers and parents/guardians to promote health and nutrition. The community has a major role in the promotion of health and nutrition. Each center is part of the community. Residents and officials in the barangay are involved in the activities, programs, and services. People from the community usually extend their support

in different ways like helping in repacking, distributing donations, planting, cleaning the surroundings, and sharing of new ideas. Also, barangay officials are active in providing support and extending help to the CDCs especially during pandemic. Most of the participants said that everything was easier because they would always work together and help each other in their community. According to the participants of this study:

(C1) "So, ayun yung support din ng homeowners. Yung mga karamihan dyan ay mga homeowners. Unang una kung may mga program, activity tinatawag naming kinakausap yung mga nasa kapaligiran na magsupport sila, to take support……. Malaki talaga ang tulong ng komunidad. Meron tayong kasabihan na "To raise a child, it takes a village". So, kailangan talaga lalo na may pandemya ay kailangan talaga ay may tulungan. Sila ang tutulong talaga and komunida para ma retain natin health and nutrition services in many ways. [There is support from homeowners. We inform the homeowners around the area to give support whenever we have programs and activities…….. The community plays a vital role as well because we have this saying "To raise a child, it takes a village". So their help is needed especially during pandemic. The people around and the community support is important to retain all the health and nutrition services.]"

(T2) "Pag meron po kaming problema pupunta kami ng barangay, kailangan po naming ng ganito……. Lalo na po ang aming mga baranggay kagawad, isang pakiusap lang andyan naman po ang support nila…….. Tapos meron pa po kami dyan mga gardening na mga gulay, sila p ang nagtatanim mga nanay and then sasabihin nila "Teacher, pwede humingi" sila po. [If we have problems and we need something we usually go to the barangay.

Especially with our barangay official because they provide prompt solutions and help….. Then we also have out gardening where the community and parent do the planting. Sometime they ask permission if they could get vegetables.]"

(P1) "Nagkakaisa po. Kunwari sa feeding. Katulong ako ni teacher sa pagprepare ng feeding. Ako po kapag sinabi ni teacher tumulong, tutulong kami. Nagkakaisa po kaming lahat. [We work together. For example, in feeding, everybody helps teacher in preparation for the feeding. And I usually help when teacher asks for help. We work together as one.]"

(P3) "Siguro po pag 'yung tinatawag sila, sama-sama po kami, tulong-tulong po kami magpamigay….. 'Yung paglilinis na lang po dito sa paligid. Para malinis talaga ang kapaligiran. [I think when they are called (the community), everybody takes part. We work together just like in distribution (of goods) as well as in cleaning the environment.]"

Being part of the environment of young children, families and communities must work hand in hand together with the CDCs. Families and communities shall support all ECCD programs including health, nutrition, social development, and early childhood education projects for optimal development of 0 to 4 years old children (RA10410 Sec. 7c).

Significant Inputs to Enhance Existing ECED Policies

The above-mentioned themes that were discussed answered the research questions which helped reveal the different health and nutrition practices in the CDCs during Covid-19 pandemic. Thus, the researcher derived the following inputs that may be utilized to enhance existing ECED policies:

Health and nutrition activities, services, and programs

Health and nutrition activities, services, and programs were sustained and should be sustained amidst the pandemic. The activities, services, and programs that were compromised because of pandemic such as medical and dental check-ups for children in the centers should be taken into consideration and continued. Funds from the local government and other organizations should be maintained and guaranteed sufficient to sustain all health and nutrition activities, services, and programs. Suggestions to improve the implementation of health and nutrition activities, services, and programs such as orientation for parents/guardians from CDCs, and talk or seminar to parents/guardians from doctors, nutritionists, and other experts should be considered.

Facilities and Equipment

Proper guidelines on the utilization and maintenance of all facilities and equipment in all CDCs should be provided to fully maximize their usage. Some CDCs allow parents/guardians to borrow equipment that will be useful in the health and nutrition

activities that they do at home while some CDCs do not. It would be a great help to have proper guidelines and instructions in the utilization as well as in the maintenance of the facilities and equipment in the centers.

Roles of CDTs, Parents/Guardians, and Community

Linkages between CDTs, Parent/Guardians, and Community should be maintained for the welfare of the children in the centers and continuity of all activities, services, and programs offered by the CDCs.

These inputs may serve as an avenue for educational planners, leaders, implementers, and other stakeholders to enhance the existing policies regarding health and nutrition promotion not just during pandemic but also during other circumstances like disasters, calamities, and other situations when children are unable to go to centers. These practices done during pandemic may serve as basis in improving existing programs, services, policies, and guidelines and may serve as a tool in developing new ones. This may also be an instrument that will give knowledge about the real status between CDCs, and health and nutrition promotion that may lead to possible interventions and solutions to the continuing health and nutrition issues in the early years of Filipino children.

Chapter IV

Summary, Conclusion, and Recommendation

This chapter presents a summary of the study and the findings, conclusions drawn, and the recommendations made by the researcher.

Summary of the Study

This qualitative phenomenological study determined the health and nutrition practices in the different CDCs during the Covid-19 pandemic and specifically answered the following research questions:

1. What activities, services, and programs are provided for young children that promote health and nutrition in Child Development Centers?
2. How do the equipment of facilities in Child Development Centers support activities, programs, and services on health and nutrition?
3. How do the roles of child development teachers, families, and community contribute in different health and nutrition practices of Child Development Centers?
4. What inputs to ECED policies may be derived from the findings of the study for policies enhancement?

Since health and nutrition are both vital to the development of young children, the researcher focused on the health and nutrition activities, programs, and services of CDCs,

their equipment and facilities that support these activities, as well as the roles of CDC teachers, families, and community. The study was conducted in five (5) CDCs in Las Piñas City that are accredited by the ECCD Council. Participants were chosen through purposive sampling which included the CDC coordinator/focal person for all ECCD programs in Las Piñas City, five (5) child development teachers, and five (5) parents/guardians. Each CDC was represented by a teacher and a parent/guardian. Triangulation was considered by the researcher for its capability to provide results grounded on reliability and validity. Data gathering procedure was through face-to-face interviews with the participants. The initial phase for the gathering of data was seeking of approval of the CDCs to conduct the study. All questions were validated by experts in the field before the interviews were conducted. Safety protocols were also observed during data collection. For the data analysis, answers from the interviews were thematized. All the themes formulated were validated by early childhood experts. The themes and sub-themes based on the findings revealed the health and nutrition practices which guided the researcher in providing inputs for policies enhancement regarding health and nutrition in CDCs.

Summary of the Results

UNICEF (2020) reported that the Philippines was one of the most affected in East Asia and the Pacific region during Coronavirus (COVID-19) pandemic. Answering the research questions through interviews, and exploring the experiences of child development workers and parents/guardians, helped identify the health and nutrition practices in the different CDCs in Las Piñas City during the pandemic

The researcher was able to formulate themes and subthemes that helped reveal the health and nutrition practices and provide inputs that may be used for policies enhancement about health and nutrition for children. Various health and nutrition activities that CDCs offer were identified. That these health and nutrition activities were still continuously done during the Covid-19 pandemic was noted. Most of the practices were still done at home with the guidance of parents/guardians and modules prepared by child development teachers. However, medical and dental checkups were compromised because children were prohibited outdoors in public spaces. There were also facilities and equipment like a comfort room, kitchen, toothbrushing/handwashing area, play area, and garden that support the health and nutrition promotion. On the other hand, some facilities and equipment were not fully utilized since children stay at home and performed the health and nutrition practices at home. Some centers allowed parents/guardians to borrow equipment but they had to ensure their return, cleaned and sanitized. Still, unused facilities and equipment were maintained, kept clean, and intact for future use. Funds during pandemic were continuous and enough to sustain the practices. For the roles, it was revealed that child development teachers, parents/guardians, and the community were closely working together to offer the best health and nutrition practices for the children in the CDCs. They extend an extra mile so that the health and nutrition of children would not be compromised during the pandemic. Doing their responsibilities and taking part in every activity made it easier for them. One of the participants used the saying: “It takes a village to raise a child”- African proverb.

These practices may serve as an avenue for stakeholders to review the existing policies regarding health and nutrition promotion not just during pandemic but also during other circumstances like disasters and calamities when the children are unable to go to CDCs. These practices done during the pandemic may serve as basis in improving existing programs, services, policies, and guidelines and may serve as a tool in developing new ones. This study may also be an instrument to provide information about the real status between CDCs, and health and nutrition promotion that may lead to possible interventions and solutions to the continuing health and nutrition issues in the early years of Filipino children.

Scope and Limitations

This phenomenological study included only five (5) CDCs accredited by ECCD council and focused on the experiences of child development coordinator and teachers, and parents/guardians. These CDCs helped provide substantial data that led in answering the research problems. The time frame considered in data gathering was limited to this time of Covid-19 pandemic. Lastly, the status of CDCs health and nutrition practices was based on the activities, services, and programs that CDCs provide, utilization of equipment and facilities they have in their centers, and roles of child development teachers, families, and community.

Conclusions

Early childhood care and education is the period when children are supposed to learn all basic skills and is the groundwork for their future development. There should be an emphasis on cognitive, social, emotional, and physical needs of a child for a strong foundation of well-being and learning. As stated in MeridiE (2021), National government, local government units, families, and communities have joint roles and responsibilities in the implementation of Early Childhood Care and Development. Moreover, financing and support for ECCD program should be a combination of private and public funds. The government ensures support through cost sharing arrangements from LGUs, national government agencies, and donors.

Based on the data analysis, this research, therefore, concludes that there are ample health and nutrition activities conducted in CDCs even if it is in the time of a pandemic. Most of the activities, services, and programs before the pandemic are still done and practiced even if the children stay at home. There are sufficient funds from the different sectors to sustain and continue these health and nutrition practices during the pandemic. Various facilities and equipment such as a play area, kitchen, comfort room, toothbrushing/handwashing area, and vegetable garden are present in CDCs that support the health and nutrition practices. Most facilities and equipment are not fully utilized during pandemic since children stay and do the activities at home. Several CDCs allow parents to borrow some equipment. Unused facilities and equipment are kept clean and intact and maintained for future use. Also, there are no facilities and equipment added during pandemic aside from the vegetable garden in some centers. And that there is admirable

connection/linkage between child development teachers, parents/guardians, and the community in the implementation of all the activities, programs, and services regarding health and nutrition.

The Philippine Republic Act 8980 or the Early Childhood Care and Development Act is an act which contains the comprehensive policy and national system for Early Childhood Care and Development. It defines the rights of children to survival and development with recognition of the needs and nature of childhood and the support to the roles of parents/guardians and caregivers/teachers. Also, it covers the institutionalized national system for ECCD that is comprehensive, sustainable, and integrative involving multi-sectoral and inter-agency collaboration at the national and local levels.

Therefore, from the findings, the researcher provided inputs related to health and nutrition activities, programs, and services, facilities and equipment in CDCs, as well as the roles of child development teachers, parent/guardian, and the community. These inputs may be beneficial to ECED policies enhancement.

Recommendations

The purpose of this study was to determine the health and nutrition practices in CDCs through the lived experiences of child development coordinator and teachers, as well as the parents/guardians at this time of the Covid-19 pandemic. Based on the data gathered and findings, the researcher thus recommends that the future researchers consider other factors that may affect and limit the exploration of the experiences of the participants regarding health and nutrition, explore other aspects aside from health and nutrition in the different

CDCs, and consider conducting the study in different cities aside from the locale that the researcher has chosen. Furthermore, that CDCs conduct continuous orientations and seminars regarding health and nutrition promotion that will cater parents/guardians to help them in the implementation of the best health and nutrition practices for their kids during pandemic as well as in everyday life. Lastly, it is recommended that the findings of this study be used by educational planners, leaders, implementers, and other stakeholders as help in developing and enhancing existing programs, services, policies, and guidelines regarding the health and nutrition for young children in CDCs not just during pandemic but as well as on situations like disasters, and calamities.

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Appendices

Appendix A

Signed Documents and Other Pertinent Document

College of Graduate Studies and Teacher Education Research
Graduate Research Office
Taft Avenue, Manila

June ___, 2021

MA'AM TERESITA TAYOTO
Owner and Principal
Kencare Learning Center
Las Piñas City

Madam:

Warmest greetings!

I am a graduate student of Philippine Normal University-Manila, taking up Master of Arts in Early Childhood Education. I would like to ask for your expertise in validating the research instrument in my study entitled, ***"The Status of Health and Nutrition Practices Among Day Care Centers: Inputs to ECED Policy."***

The study aims to describe the lived experiences of day care center workers and parents/guardians on health and nutrition practices done and offered in their centers during Covid-19 pandemic. With this, I will use interview as my data gathering procedure. It will be conducted through face-to-face interview, following safety protocols at this time of pandemic such as social distancing, wearing of face mask and face shield, and maintaining the allowed number of persons in a group. The said interview will be recorded.

Your comments and suggestions will be of big help to check the content, clarity, and appropriateness of the instrument.

Thank you.

Respectfully,

KATRINA GUILA A. PEÑAFIEL
Researcher

Noted by:

DR. LEONORA P. VARELA (Sgd)
Thesis Adviser, Philippine Normal University-Manila

Reply Slip

I have acknowledged and understood the letter.

Please check (/) the blank.

___✓___ Yes, I am **willing** to be the research validator of the instrument of this study.

_____ No, I am **not willing** to be the research validator of the instrument of this study.

Please fill out the blanks.

Name: Teresita G. Tayoto Office/Position: Directress

Signature: _____ Date: 7-5-2021

Appendix B

Validation of Interview Questions

EXPERT'S VALIDATION FORM

Name: Teresita T. Rungduin Date of Evaluation: July 19, 2021

Affiliated Institution: PNU Degree Specialization: PhD Developmental Psychology

Directions: The following are indicators that will help you evaluate the interview questions for the research entitled *"The Status of Health and Nutrition Practices among Day Care Centers: Inputs to ECED Policy".*

Appropriate (A) Not Appropriate (NA) Need Revision (R)

Purpose (Which research question does it answer?)	**Interview Questions**	**A** (Accepted)	**NA** (Not Accepted)	**R** (Revised)	**Comments & Suggestions**
1. What are the practices in different day care centers regarding health and nutrition promotion that may serve as a basis for	1.1 What are the practices in your day care center with regard to health and nutrition promotion? 1.2 Are these practices still done and provided at this time of pandemic?	x			

ECED policy making and improvement ?					
2. What activities, services, and programs are provided for young children that promote health and nutrition in day care centers?	2.1 During the Covid-19 pandemic, what are the activities, programs, and services offered by your center to the children that promote health and nutrition? 2.2 Where do you usually get funds for these activities, programs, and services for health and nutrition practices? 2.3 Do you still get enough funds this pandemic to sustain these practices? 2.4 What other health and nutrition activities, services, and programs can you recommend to be conducted in your center?	x			
3. What equipment or facilities do day care	3.1 What equipment or facilities do you have in your center?				What equipment or facilities

centers have that support activities, services, and programs on health and nutrition?	3.2 Which among these equipment and facilities are beneficial/useful on your activities, services, and programs on health and nutrition promotion at this time of pandemic? 3.3 What other equipment and facilities does your center need to help support more health and nutrition practices?				had been added because of the pandemic? What facilities or equipment are no longer used because of the pandemic? How can the unused facilities and equipment be used in the pandemic?
4. What are the roles of the Day Care Center workers, families, and community in different health and	4.1 How do day care center workers, and families take part in the different health and nutrition practices provided and offered during pandemic? (For DCC workers)	x			

nutrition practices of the Day Care Centers?	4.2 What were your roles in the different health and nutrition activities, services, and programs conducted? (For parents/guardians/families) 4.3 What were your roles as parent/guardian of the day care center in the health and nutrition activities, services, and programs conducted? 4.4 How does your day care center involve your community in the different health and nutrition practices that you conduct at this time of pandemic? 4.5 In what other ways can your community help your center in the different health and nutrition practices?				

Appendix C

Table of Participants

Table 1

Child Development Coordinator

Participant (Pseudonym)	**Sex**	**Job Description**	**Child Development Center**	**No. of Years in Service**
C1	Male	Focal Person for ECCD Programs	CDCs in Las Piñas City	8

Table 2

Child Development Teachers

Participant (Pseudonym)	**Sex**	**Job Description**	**Child Development Center**	**No. of Years in Service**
T1	Female	CDC Teacher	Carnival- B Child Development Center	19
T2	Female	CDC Teacher	Carnival- C Child Development Center	11

T3	Female	CDC Teacher	Pamplona II- A Child Development Center	15
T4	Female	CDC Teacher	Pamplona II- B Child Development Center	8
T5	Female	CDC Teacher	T.S. Cruz- A Child Development Center	21

Table 3

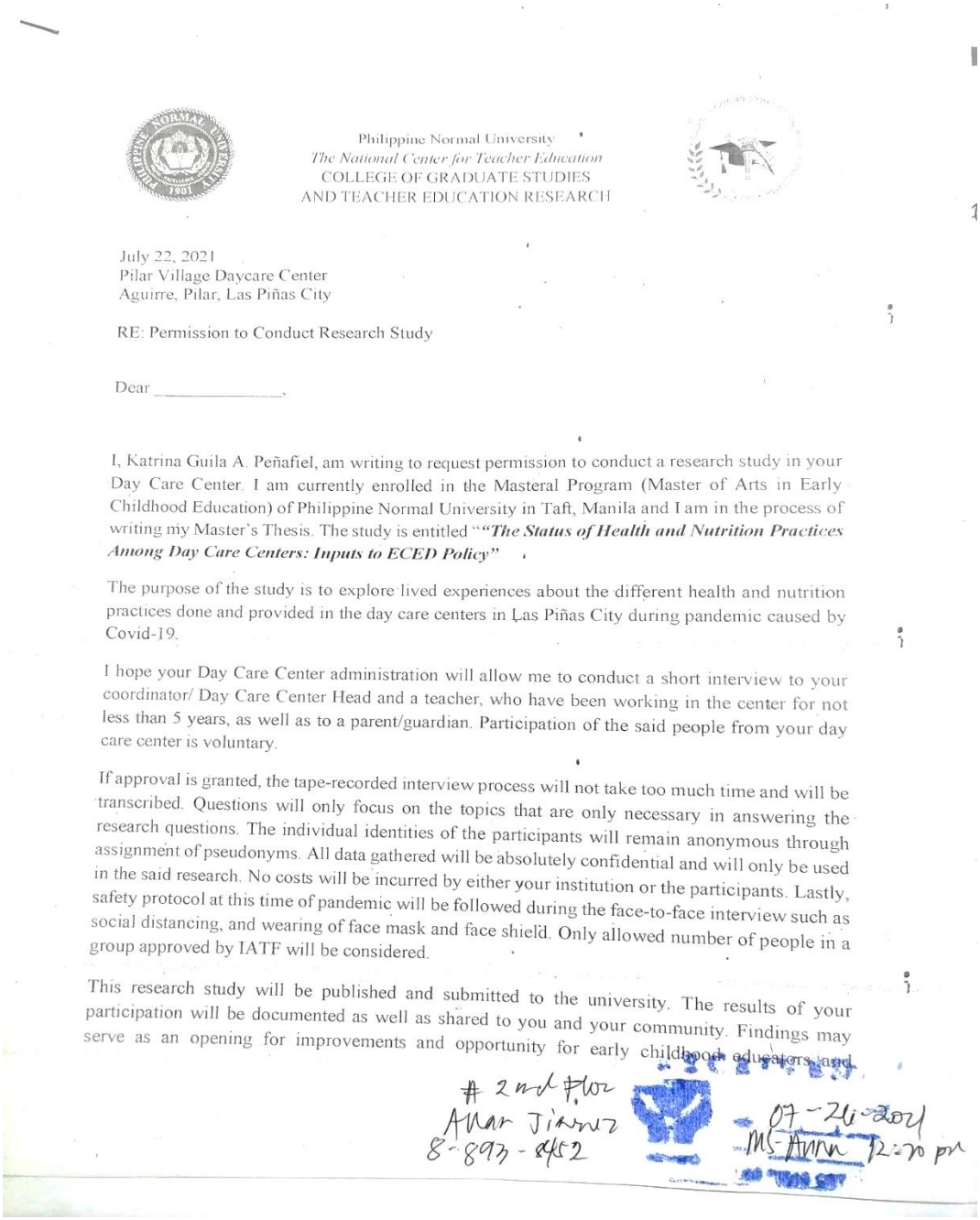
Parents/Guardians

Participant (Pseudonym)	**Sex**	**Relationship to Child**	**Child Development Center**
P1	Female	Grandparent	Carnival- B Child Development Center
P2	Female	Parent	Carnival- C Child Development Center
P3	Female	Parent	Pamplona II- A Child Development Center

P4	Female	Parent	Pamplona II- B Child Development Center
P5	Female	Parent	T.S. Cruz- A Child Development Center

Appendix D

Letter of Consent to Conduct Study



Philippine Normal University
The National Center for Teacher Education
COLLEGE OF GRADUATE STUDIES
AND TEACHER EDUCATION RESEARCH

July 22, 2021
Pilar Village Daycare Center
Aguirre, Pilar, Las Piñas City

RE: Permission to Conduct Research Study

Dear _____,

I, Katrina Guila A. Peñafiel, am writing to request permission to conduct a research study in your Day Care Center. I am currently enrolled in the Masteral Program (Master of Arts in Early Childhood Education) of Philippine Normal University in Taft, Manila and I am in the process of writing my Master's Thesis. The study is entitled "***"The Status of Health and Nutrition Practices Among Day Care Centers: Inputs to ECED Policy"***

The purpose of the study is to explore lived experiences about the different health and nutrition practices done and provided in the day care centers in Las Piñas City during pandemic caused by Covid-19.

I hope your Day Care Center administration will allow me to conduct a short interview to your coordinator/ Day Care Center Head and a teacher, who have been working in the center for not less than 5 years, as well as to a parent/guardian. Participation of the said people from your day care center is voluntary.

If approval is granted, the tape-recorded interview process will not take too much time and will be transcribed. Questions will only focus on the topics that are only necessary in answering the research questions. The individual identities of the participants will remain anonymous through assignment of pseudonyms. All data gathered will be absolutely confidential and will only be used in the said research. No costs will be incurred by either your institution or the participants. Lastly, safety protocol at this time of pandemic will be followed during the face-to-face interview such as social distancing, and wearing of face mask and face shield. Only allowed number of people in a group approved by IATF will be considered.

This research study will be published and submitted to the university. The results of your participation will be documented as well as shared to you and your community. Findings may serve as an opening for improvements and opportunity for early childhood educators and

2nd Flor
Amar Jimenez
8-893-8452

07-26-2021
Ms Anna 12:20 pm

Philippine Normal University
The National Center for Teacher Education
COLLEGE OF GRADUATE STUDIES
AND TEACHER EDUCATION RESEARCH

stakeholders to acquire better understanding of the different health and nutrition practices being done and provided in day care centers during the Covid-19 pandemic.

Your approval to this study will be greatly appreciated..I will follow up with an update and would be happy to answer any questions or concern that you may have at that time. You may contact me at my number 09560598123 or at my email address penafiel.kga@pnu.edu.ph

Thank you so much and Have a nice day.

Sincerely,

Katrina Guila A. Peñafiel
Researcher

Philippine Normal University
The National Center for Teacher Education
COLLEGE OF GRADUATE STUDIES
AND TEACHER EDUCATION RESEARCH

July 28, 2021
Mr. Allan Jimenez
DSWD Las Piñas City

Received:
AB Jimenez
7/28/21

RE: Permission to Conduct Research Study

Dear Sir Allan,

I, Katrina Guila A. Peñafiel, am writing to request permission to conduct a research study in the Day Care Centers of Las Piñas City. I am currently enrolled in the Masteral Program (Master of Arts in Early Childhood Education) of Philippine Normal University in Taft, Manila and I am in the process of writing my Master's Thesis. The study is entitled "***The Status of Health and Nutrition Practices Among Day Care Centers: Inputs to ECED Policy***"

The purpose of the study is to explore lived experiences about the different health and nutrition practices done and provided in the day care centers in Las Piñas City during pandemic caused by Covid-19.

I hope your Day Care Center administration will allow me to conduct a short interview to your coordinator/ Day Care Center Head and a teacher, who have been working in the center for not less than 5 years, as well as to a parent/guardian. Participation of the said people from your day care center is voluntary.

If approval is granted, the tape-recorded interview process will not take too much time and will be transcribed. Questions will only focus on the topics that are only necessary in answering the research questions. The individual identities of the participants will remain anonymous through assignment of pseudonyms. All data gathered will be absolutely confidential and will only be used in the said research. No costs will be incurred by either your institution or the participants. Lastly, safety protocol at this time of pandemic will be followed during the face-to-face interview such as social distancing, and wearing of face mask and face shield. Only allowed number of people in a group approved by IATF will be considered.

This research study will be published and submitted to the university. The results of your participation will be documented as well as shared to you and your community. Findings may serve as an opening for improvements and opportunity for early childhood educators and

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stakeholders to acquire better understanding of the different health and nutrition practices being done and provided in day care centers during the Covid-19 pandemic.

Your approval to this study will be greatly appreciated. I will follow up with an update and would be happy to answer any questions or concern that you may have at that time. You may contact me at my number 09560598123 or at my email address penafiel.kga@pnu.edu.ph

Thank you so much and Have a nice day.

Sincerely,

07/28/2021

Katrina Guila A. Peñafiel
Researcher

Noted by:

(SGD) DR. LEONORA P. VARELA
Thesis Adviser
Philippine Normal University-Manila

Research Title: **THE STATUS OF HEALTH AND NUTRITION PRACTICES AMONG DAYCARE CENTERS: INPUTS TO ECED POLICY**

KEY POINTS

- *Day Care Center coordinators and teachers*
- *Lived Communication Experiences*
- *Families (mother, father, siblings, grandparents, guardian, learning partner, etc.)*
- *Health and Nutrition Practices during Covid-19 Pandemic*
- *Health and Nutrition activities, programs, and services*
- *Facilities and equipment available that support the activities, programs, and services*
- *Roles of the Day Care Center workers, families, and communities*

RESEARCH QUESTIONS

This phenomenological study aims to explore the lived experiences of day care center worker, and parents/guardians to describe the status of health and nutrition practices among day care centers during the Covid-19 pandemic. Specifically, to answer the following questions.

1. What are the practices in different day care centers regarding health and nutrition promotion that may serve as a basis for ECED policy making and improvement?
2. What activities, services, and programs are provided for young children that promote health and nutrition in day care centers?
3. What equipment or facilities do day care centers have that support activities, services, and programs on health and nutrition?
4. What are the roles of the Day Care Center workers, families, and community in different health and nutrition practices of the Day Care Centers?

INTERVIEW QUESTIONS

Introduction:

Good morning/afternoon, _____! I am Katrina Guila A. Peñafiel, the researcher of the study entitled **THE STATUS OF HEALTH AND NUTRITION PRACTICES AMONG DAY CARE CENTERS: INPUTS TO ECED POLICY.** I am a graduate student of Philippine Normal University-Manila taking up Master of Arts in Early Childhood Education. This study

aims to describe the lived experiences of day care center workers, specifically the coordinator and teacher, as well as the parents/guardians regarding the health and nutrition practices conducted and offered at this time of pandemic. Thank you very much for volunteering to be one of my participants. Your contribution will be of big help once I finish this study.

- Before we begin, may I ask how are you? How long have you been working in day care center? (workers); how long have you been a parent/guardian in a day care center? (parents/guardian)
- Thank you. You may answer in Filipino or English. You may inform me if we can stop or take a break. You may also ask me if you need a clearer and more exact question. Rest assured that your answer will be treated with confidentiality.
- May I ask if I can record our conversation now?

Interview:

Target Research Question	Interview Question
1. What are the practices in different day care centers regarding health and nutrition promotion that may serve as a basis for ECED policy making and improvement?	1.1 What are the practices in your day care center with regard to health and nutrition promotion? 1.2 Are these practices still done and provided at this time of pandemic?
2. What activities, services, and programs are provided for young children that promote health and nutrition in day care centers?	2.1 During the Covid-19 pandemic, what are the activities, programs, and services offered by your center to the children that promote health and nutrition? 2.2 Where do you usually get funds for these activities, programs, and services for health and nutrition practices? 2.3 Do you still get enough funds this pandemic to sustain these practices? 2.4 What other health and nutrition activities, services, and programs can you recommend to be conducted in your center?

3. What equipment or facilities do day care centers have that support activities, services, and programs on health and nutrition?	3.1 What equipment or facilities do you have in your center? 3.2 What equipment or facilities had been added because of the pandemic? 3.3 What equipment or facilities are no longer used because of the pandemic? 3.4 How can the unused facilities and equipment be used in the pandemic?
4. What are the roles of the Day Care Center workers, families, and community in different health and nutrition practices of the Day Care Centers?	4.1 How do day care center workers, and families take part in the different health and nutrition practices provided and offered during pandemic? (For DCC workers) 4.2 What were your roles in the different health and nutrition activities, services, and programs conducted? (For parents/guardians/families) 4.3 What were your roles as parent/guardian of the day care center in the health and nutrition activities, services, and programs conducted? 4.4 How does your day care center involve your community in the different health and nutrition practices that you conduct at this time of pandemic? 4.5 In what other ways can your community help your center in the different health and nutrition practices?

Thank you once again. What questions do you have? I will stop recording now. You may contact me @penafiel.kga@pnu.edu.ph if you have more questions about being a participant in this study.

Appendix E

Sample of Data Transcription

THE STATUS OF HEALTH AND NUTRITION PRACTICES AMONG DAYCARE CENTERS: INPUTS TO ECED POLICY Katrina Guila A. Peñafiel MA in Early Childhood Education			
Questions	**Follow-up Questions**	Sir Allan Jimenez CDC Coordinator/Focal Person	**Salient Features**
1.1 What are the practices in your day care center with regard to health and nutrition promotion?		*First, one of the practice is that the every daycare center is engaged in, while at the center, while children are at the center. Number one, of course, they are required before eating to wash their hands. Then, toothbrushing, that's basic ano. And then of course, part of health and development, meron silang physical education every Friday poi yon na kung saan part ng activity is yung they have to play in order for their gross and motor development. The fine motor and gross motor nila. So, isa din sa ating inoobserve na practice is ung supplemental feeding talaga. Nag coconduct kami ng supplemental feeding. Lahat sila, ay, meron tayong tinatawag na 120 days supplemental feeding kasi kung hindi aabot sa supplemental feeding, hindi naman marreach ung nutritional content na nirerequire. So kailangan matapos talaga nila ung 120 days na supplemental feeding na binibigay natin. And of course isa sa practice na ginagawa ay yung merong regular check up sila with the health center, lalo na un gating mga physician at dentist ay pumupunta doon, inorder to check ung oral and medical check up nila. So ung mga ngipin tinitignan, pinapasta, binubunot, yung mga ganon. Then, meron din tayo na regular na height and weight measuring. in order to determine among children kung meron tayong mga underweight or malnourish or overweight so we can determine their nutritional status.*	-hand washing -toothbrushing -physical education -play -supplemental feeding (120 days) -oral and medical check up -height and weight measuring
1.2 Are these practices still done and provided at this time of pandemic?		*Ah, so, kasi may policy kasi kami na behind pandemic, ano, nitong covid 19 pandemic ay, the health and nutrition of children should not be compromised. Oo, and they should not be left behind. Behind that ay talagang pinupursige namin maideliver talaga kasi sila ang talagang most affected. The most vulnerable sector*	-Yes, health and nutrition of children should not be compromised.
		ano. Sila ung affected so kailangan naming timbangin ung tamang nutrition saka ung kalusugan nila. *Na coconduct, in a different mode of delivery. Yes, kaya lang isa yung home based na. So pupunta talaga si teacher doon in order to, let's say for example sa weighing. Mga ganon.* *Sa food naman, the parents, they are required to get the food. So it's a raw food so dinadala nila niluluto nalang. Mino monitor nalang ni teacher kung pinapakain ba.*	-Yes, in a different mode of delivery. -Home based
2.1 During the Covid-19 pandemic, what are the activities, programs, and services offered by your center to the children that promote health and nutrition?		*Nandun parin po iyon. Mine maintain parin po natin ung supplemental feeding. Yung home based na kung saan parents are required to pick up the food commodity from the center and they'll be the one to cook the food. And that's part of their participation and responsibility. Then, yun na nga, ang isa lang natin na hindi nagawa kasi wala naman talagang face to face and children are not allowed to go outside their homes, yung check up from by a doctor or a dentist. Yung oral nila hindi natin nacoconduct yun. Kasi bawal po talaga. Yung vitamins, number one, ung vitamins distribution, one of the best practices namin. Binibigyan talaga naming to supplement their kulang na nutrients. Nai deliver po iyon kasi nga pwede naman yan, syang ihatid kasama sa food. Yun na nga lang hindi ay ung check up. Pero ung weighing okay lang kasi pinupuntahan ni teacher. Yung doctor lang talaga kasi. Yung mga exercise, yes. Through online every Friday na din. Provided for their physical activities.*	-supplemental feeding -height and weight measuring -exercise But not check up by a doctor or a dentist
2.2 Where do you usually get funds for these activities, programs, and services for health and nutrition practices?		*Of course number one talaga, ay nang galing sa local government sa fund talaga. Then of course meron naman subsidy or may counter part din ang DSWD from the national government.*	-local government -DSWD subsidy from national government
2.3 Do you still get enough funds this pandemic to sustain these practices?		*Oo, yeah, hindi naman nabawasan. Name maintain.*	-yes, maintained

2.4 What other health and nutrition activities, services, and programs can you recommend to be conducted in your center?		*What do you mean? This pandemic? Sa health ano?* *So yun na nga medyo nahihirapan kami kasi nga kung may icoconduct doon, it can be participated by only by parents kasi wala ho yung mga bata bawal naman talaga. So one is aming nairerecomend na magkaroon parin ng orientation for parents sana when it comes sa mag tatalk and aming mga city nutritionist or mga doctor, whatever, kasi sila ang mas nakakaalam na kung anong dapat ipaparating sa mga parents in what way. Sila sila ang mas nakakaalam. So yun ang aking nakikita na this school opening start kami na first ay yung orientation for parents na papaamo, hindi lang yung pagkain. In other ways na maintindihan at malaman ng mga parents na mayroon pandemya na kailangan masustain at ma maintain parin natin or masecure natin ang food needs ng mga bata. So yung saakin is an orientation sa kanila.*	-Orientation for parents -Talk from nutritionist, or doctors
3.1 What equipment or facilities do you have in your center?		*So sa health, sa kanilang physical development related sa health, meron naman silang mga playgrounds. Pwede silang mag laro doon. Basketball court, so doon minomobilize natin po iyon. Kaya lang wala. So doon lang talaga sa bahay but inside the center meron din na indoor din meron yung open spaces nila, then mga covered court. So, yung sa health naman ay meron sila mga weighing scale, height measuring. Kumpleto sa kitchen utensils, may lutuan, sink, yan may mga ganyan sila.*	-playground -basketball court -weighing scale -height measuring -kitchen utensils -stove -sink
3.2 What equipment or facilities had been added because of the pandemic?		*Wala naman pa. Kasi naabutan nalang ng pandemic.*	None
3.3 What equipment or facilities are no longer used because of the pandemic?		*Ah yun na nga, yung kitchen hindi na nagagamit, yung mga nasa center hindi na talaga sya nagagamit. Aside sa aming mga weighing scale na talagang nagagamit, naming kasi regular naman. Most an gaming mga kitchen hindi, aming ref, sabi ko, ayusin nalang at linisan kasi baka masira kasi hindi na naming pinapagana. Unlike before na nandun sila sa center. Kinu cook talaga ni teacher at ng parent ang pagkain. Kaya meron kaming refrigerator in every center kasi kailangan ma freeze sila ang food. Ngayon kinukuha. Ayun ang isang hindi nagamit refrigerator. Playground hindi talaga naming yan nagagamit.*	-kitchen -refrigerator (keep it clean) -playground

3.4 How can the unused facilities and equipment be used in the pandemic?		*With that, Ung IATF nag announce sila na ang mga bata pwede na lumabas. Kaso ilang araw lang naman binawi naman nila agad, para sana mautilize naming mga resources na para sa kanilang promotion ng health and nutrition nila. Eh kaso very strict ngayon yung restriction ulit kaya wala kaming mairecommend na gamitin kasi nga hindi ba mas strict and restriction natin ngayon. Very strict ngayon talaga because of the Delta variant na kabilis kumalat.*	-No recommendation since it is very strict now.
4.1 How do day care center workers, and families take part in the different health and nutrition practices provided and offered during pandemic? (For DCC workers) What were your roles in the different health and nutrition activities, services, and programs conducted? (For parents/guardians/families) What were your roles as parent/guardian of the day care center in the health and nutrition activities, services, and programs conducted?		*Ang iyan, yung mga parents, number one din naming ngayon, wnang una, we are in touch, or nagkaroon kami ng linkage ng Kabisig ng Kalahi, that is an NGO na nag offer sila. Kami ang tinatarget beneficiary nila sa food tray program. So we have barangays na binibigyan nila ng food subsidy provided that parents will undergo ung tinatawag na community gardening. So para ma secure yung mga pangangailangan aside sa mga pagkain mga ganon. At least that is for the whole family naman hindi lang sa bata per of course kasama na ang mga bata doon. So they planted vegetables na meron na mga petchay, lahat lahat provided na po iyon namin. Then merong incentives lang ang kabisig kalahi, yung mga bigas and other forms of mga canned goods na ibinibigay every month sa mga magulang. So yung mga parents ay ngayon they realized na mahalaga kasi ang iba na kasi sa sobrang marami, maliit lang naman ang community gardening in Manila, alangan naman sila lahat lahat doon. Yung iba nasa home based lang na nagtatanim kasi na appreciate nila at nakita na pwede lang sa lata, pwede sa mga unused bottles ng softdrinks na malalaki ay pwede na taniman. Edi mabuhay na ang mga petchay doon mga vegetables. So, isa din ho iyon sa nakakatulong yung project ba gardening in coordination ng Kabisig Kalahi, community gardening.* *Ah number one talaga ang daycare workers. Sila talaga ang lead person na mag conduct talaga doon. Sila talaga ang frontliners sa mga delivery ng health and nutrition services. Sila talaga ang manunguna. So, of course may mga directory sila. I advised them na they should have a directory with all the parents. Address at contact number para kailangan anytime may information pupuntahan o kaya itetext si parents. So, number one ho talaga at malaking bagay na nakakatulong sa kanila nagkaroon sila ng link.*	-parents community gardening -linkage with Kabisig ng Kalahi (NGO) -daycare worker are lead persons and frontliners in the delivery of health and nutrition services

		So, very supportive naman ang mga parents. Everytime na meron hindi naman sila pumupunta talaga sila	
4.2 How does your day care center involve your community in the different health and nutrition practices that you conduct at this time of pandemic?		*So, ayun yung support din ng homeowners. Yung mga karamihan dyan ay mga homeowners. Unang una kung may mga program, activity tinatawag naming kinakausap yung mga nasa kapaligiran na magsupport sila, to take support.* *Say for example, yung from here, kasi dito pinipick up yung food. Eh wala naman kaming service. Isa lang. So, sila talaga ang pumipick up dito tumutulong talaga together with the barangay.* *Meron din naman kaming isa din sa parents palang meron na silang association. Nag organize kami ng Parent's Association. Sa ECCD committee, sila din ang gumalaw. Sila din kung kaya nila sila. Kung hindi, kailangan tulungan.* *Kada center ito, oo. So, sila sabi ko, kayo na that's your role kasi mabigat na sya masyado sa teacher at kung kami lang. Pumupunta sila doon, eh kausapin yung mga homeowners kasi yun an gating problem. At kung makakatulong ang barangay, pupunta na sila doon.*	-support from homeowners -Parent's Association
4.5 In what other ways can your community help your center in the different health and nutrition practices?		*Malaki talaga ang tulong ng komunidad. Meron tayong kasabihan na "To raise a child, it takes a village". So, kailangan talaga lalo na may pandemya ay kailangan talaga ay may tulungan. Sila ang tutulong talaga and komunida para ma retain natin health and nutrition services in many ways.*	-community can help raise the children -extend help in many ways to retain health and nutrition services
	Addition: Hindrances Concerns	*Kahit na wala pang pandemic, meron lang tayong mga centers, na hindi naman lahat ng centers ay sufficient ang space. Nakikita natin na pinipilit natin kasi para sa mga bata. Which is not supposed to be. Let's say for example maliit ang center pero kino cope natin dun sa loob kasi wala ng space.* *So, minsan ay nakikita ko parang hindi. Kasi gumagamit tayo doon ng gas. Kahit na maganda, ang sabi ko dapat talaga ang cooking ay may space outside. That's one na mairecommend ko. Other na ang community ay tutulong. Kasi kung saan at kung papaano na pwede doon lutuin. Kasi I don't want na ma ano just because nga.*	-One of the hindrances or conerns is the insufficient space of other daycare centers

		That's my future plan na kung may face to face na, na ang mga magulang, may unity, mag identify nang isang venue kung saan, in particular sa cooking kasi parang minsan hindi natin alam ang aksidente.	

Appendix F

Expert's Themes Validation

September 10, 2021

DR. MELISSA BARTOLOME

PNU- FES Faculty

Dear Dr. Bartolome,

Greetings of peace!

I am Katrina Guila A. Peñafiel, a graduate student of Philippine Normal University under the program of Early Childhood Education. I am currently working on my study, *"**The Status of Health and Nutrition Practices among Day Care Centers: Inputs to ECED Policy.***" The study aims to describe the lived experiences of day care center workers and parents/guardians on health and nutrition practices done and offered in their centers during Covid-19 pandemic.

In line with this, **may I request your assistance as an expert in the field of Early Childhood Education to review the themes** that I have developed in order to ensure its validity. Your insights are vital and very much valued in order to improve the outcomes of this undertaking.

May we continue to contribute in upholding the quality of Philippine education through research. Thank you and may you continue to be blessed abundantly.

Respectfully,

KATRINA GUILA A. PEÑAFIEL

MA-ECE Researcher

Noted by:

DR. LEONORA P. VARELA (Sgd)

Thesis Adviser, Philippine Normal University-Manila

VALIDATION OF THEMES

Name: **MELISSA T. BARTOLOME, PhD** Date of Evaluation: **09/14/2021**

Affiliated Institution: **PNU – MANILA** Designation: **CTD-FES FACULTY**

Directions: Below are the themes that were extracted for the thesis entitled: *"**The Status of Health and Nutrition Practices among Day Care Centers: Inputs to ECED Policy.***" The statements are from Day Care Center coordinator, teachers, and parents/guardians. Please check the appropriateness of each theme and concept. Kindly give your honest assessment based on the given rating.

Appropriate (A) Not Appropriate (NA) Need Revision (R)

The different tables below present the summary of the extracted themes to answer the research objective:

1. **What activities, services, and programs are provided for young children that promote health and nutrition in day care centers?**

Themes	Participant's Indicative Statements	**Responses**	**Rating**			**Recommendations Revisions**
			A	**NA**	**R**	

A Look Back on the Health and Nutrition Practices before the Pandemic Hits	C1	*Number one, of course, they are required before eating to wash their hands. Then, toothbrushing, that's basic ano. And then of course, part of health and development, meron silang physical education every Friday po iyon na kung saan part ng activity is yung they have to play in order for their gross and motor development. The fine motor and gross motor nila. So, isa din sa ating inoobserve na practice is ung supplemental feeding talaga. Nag coconduct kami ng supplemental feeding.* *Then, yun na nga, ang isa*			✓	Suggestion: Pre-pandemic Health and Nutrition Practices

		lang natin na hindi nagawa kasi wala naman talagang face to face and children are not allowed to go outside their homes, yung check-up from by a doctor or a dentist. Yung oral nila hindi natin nacoconduct yun.				

	T4	*Tapos, ahh, nung wala pang pandemic, ang ginagawa kasi namin, may handwashing kami, may toothbrushing kami, so may daily routine, ginagawa namin yun. Tapos may mga bata kasi sa supplemental feeding.*				
Amplifying of Health and Nutrition Practices during the Pandemic	C1	*Ah, so, kasi may policy kasi kami na behind pandemic, ano, nitong covid 19 pandemic ay, the health and nutrition of children should not be compromised.* *Then, yun na nga, ang isa lang natin na hindi nagawa kasi wala naman talagang face to face and children are not allowed to go outside their homes, yung check up from by a doctor or a dentist. Yung oral nila hindi natin nacoconduct yun.*			✓	Suggestion: Pandemic Health and Nutrition Practices

	T3	*Ahm kami po kasi ngayon, nag aano kami online po, online po yung ginagawa naming at tsaka modular. And regarding po sa nutrition, yun nga yung ginagawa naming, pinapack naming yung food and then sila na po, yung mga parents na po yung pumi-pick up ng food dito sa day care center.*				
	T5	*Tapos binabase din naming sa evaluation ng aming*				

		ECCD, oo, na kung kaya nyang tumalon, kaya nyang maglakad, kaya nyang tumakbo ng hindi sya nagtritrip o nagpo-falling man lang, binabase din namin yun.				
	P4	*Sa kalusugan, 'yung maghugas ng kamay palagi. Tuturuan ka nila. Nakalagay na sa module, 'yung pagtoothbrush, alagaan ang sarili, kumain ng mga gulay para iwas sa sakit.*				

Source of Funds in Assisting the Needs of Daycare Center	C1	*Of course number one talaga, ay nang galing sa local government sa fund talaga. Then of course meron naman subsidy or may counterpart din ang DSWD from the national government.*	✓			
Ways of Coping through Health and Nutrition Practices in the New Normal	C1	*So yun na nga medyo nahihirapan kami kasi nga kung may icoconduct doon, it can be participated by only by parents kasi wala ho yung mga bata bawal naman talaga.* *So one is aming nairerecomend na magkaroon parin ng orientation for parents sana when it comes sa mag tatalk and aming mga city nutritionist or mga doctor, whatever, kasi sila ang mas nakakaalam na kung anong*			✓	Suggestion: Pandemic Health and Nutrition Practices (merged to the previous theme)
		dapat ipaparating sa mga parents in what way.				
	P5	*Kahit meron lang sa isang linggo, 2 days makapunta man lang sana para kahit papaano maexperience ng mga bata na makalabas, exercise tapos makasalamuha sa ibang bata.*				

2. What equipment or facilities do day care centers have that support activities, services, and programs on health and nutrition?

Themes	Participant's Indicative Statements	**Responses**	**Rating**			**Recommendations Revisions**
			A	**NA**	**R**	
Facilities and Equipment Not Fully Maximized during the Pandemic	C1	*So, yung sa health naman ay meron sila mga weighing scale, height measuring. Kumpleto sa kitchen utensils, may lutuan, sink, yan may mga ganyan sila.*			✓	Theme doesn't capture the statements.
Improvisation and Adding of Facilities and Equipment	T4	*Ayan yang urban gardening namin. Para magkaroon kami ng halaman kasi last time, hindi naming tinutukan yan eh.*			✓	Theme does not n capture the statements.
	P4	*Siguro 'yung gulayan. Ngayon lang po naming nakita iyan.*				

3. **What are the roles of the Day Care Center workers, families, and community in different health and nutrition practices of the Day Care Centers?**

Themes	Participant's Indicative Statements	**Responses**	**Rating**			**Recommendations Revisions**
			A	**NA**	**R**	
Roles and Characterssrried being out by Daycare Center Workers	C1	*Ah number one talaga ang daycare workers. Sila talaga ang lead person na mag conduct talaga doon. Sila talaga ang front liners sa mga delivery ng health and nutrition services. Sila talaga ang mangunguna.*			✓	Change "characters" with "responsibilities"
	T2	*Ito po, bago ko ibigay idini discuss ko muna sa mga parents para po makita nila, hindi lang kasi bast-basta bigay lang natin sa Nanay yung module, kailangan explain natin ng mabuti kung paano gagawin.*				
	T4	*Yung pag-angkat, pagdistribute, kami. Pag-repack kami. Lahat kami.*				

	T5	*Yes. Pangalawa, nagkakaroon kami ng monthly meeting. Kahit ngayong pandemic meron akong set of officer.* *….. So yung aming ano, ang aming module ay nanggagaling sa office, Sir Allan. Then kami ang gumagawa ng activities, para sa mga bata. Para maidentify kung magaya ng mga magulang, pwede nilang ituro at i-guide yung mga anak nila sa lesson na gagawin namin.*				
Parents and Guardians as Collaborative Partners with Daycare	C1	*Meron din naman kaming isa din sa parents palang meron na silang association. Nag organize kami ng Parent's Association. Sa ECCD*			✓	Suggestion: Home-School Collaboration Engagement) (or

Center Workers		*committee, sila din ang gumalaw. Sila din kung kaya nila, sila. Kung hindi, kailangan tulungan…. So, sila sabi ko, kayo na that's your role kasi mabigat na sya masyado sa teacher at kung kami lang. Pumupunta sila doon, eh kausapin yung mga homeowners kasi yun an gating problem. At kung makakatulong ang barangay, pupunta na sila doon.*				
	P1	*Kung ano po 'yung gagawin sa module, magmemessage. May GC po kasi pero 'yung iba na walang cellphone, pumupunta na lang po dito.*				
	P2	*Kung ano po 'yung pinagawa nila, sinusunod po naming sa bahay, araw-araw. Kami na 'yung nagtuturo sa mga bata kung ano ituturo ni teacher…..* *Kami na din po nagtuturo sa bahay ng toothbrush, paghugas ng kamay at pagluluto para sa feeding.*				

	P3	*Tumutulong po kami, Tulong-tulong po kami magaassist ng pagakain para maayos po.*				
The Community as an Extension of Assistance	C1	*So, ayun yung support din ng homeowners. Yung mga karamihan dyan ay mga homeowners. Unang una kung may mga program, activity tinatawag naming kinakausap yung mga nasa kapaligiran na magsupport sila, to take support.* *…… Malaki talaga ang tulong*			✓	Suggestion: Extended Community Engagement
		ng komunidad. Meron tayong kasabihan na "To raise a child, it takes a village". So, kailangan talaga lalo na may pandemya ay kailangan talaga ay may tulungan. Sila ang tutulong talaga and komunida para ma retain natin health and nutrition services in many ways.				

	T2	*Pag meron po kaming problema pupunta kami ng barangay, kailangan po naming ng ganito…… Lalo na po ang aming mga baranggay kagawad, isang pakiusap lang andyan naman po ang support nila…….. Tapos meron pa po kami dyan mga gardening na mga gulay, sila p ang nagtatanim mga nanay and then sasabihin nila "Teacher, pwede humingi" sila po.*				

GENERAL COMMENTS:

1. Please change Day Care Centers with CHILD DEVELOPMENT CENTERS. This is the nomenclature that they use now. Also, change day care workers/teachers with CHILD DEVELOPMENT WORKERS/TEACHERS.

God bless in your research endeavor!

Evaluator:

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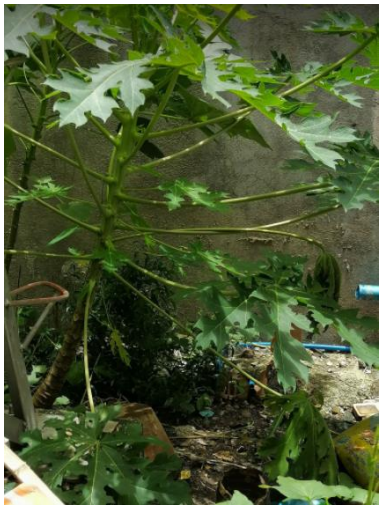
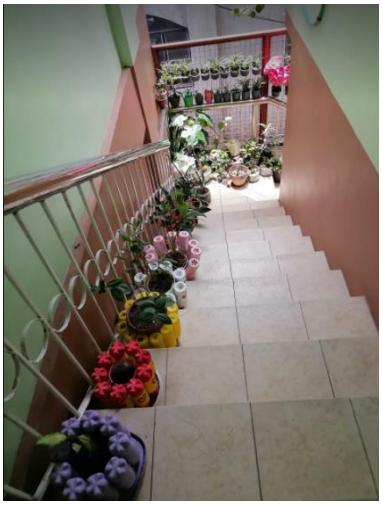
Appendix G

Face-to-Face Interview and Ocular Visit Documentation


EVERYDAY
Fresh Start


Early Childhood Care Development






HANDWASHING
AREA


HANDWASHING AREA



HANDWASHING AREA



Healthy Eating Area


Curriculum Vitae

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EDUCATIONAL BACKGROUND

Philippine Normal University
Bachelor in Early Childhood Education
Cum Laude
Batch 2015

Cavite Southern Emerald Academy, Inc.
International Association of Special Education
Special Education
July-September 2016 (1st Term)

Philippine Registry of Interpreters for the Deaf
Basic Level Sign Language, 2013
Intermediate Level Sign Language, 2016

CERTIFICATION

Humanitarian Leadership Academy
UNICEF: Core Commitments for Children (CCCs)
Online Learning Course
May 2020

Humanitarian Leadership Academy
UNICEF: Introduction to Child Protection
Online Learning Course
May 2020

Google Workspace for Education
Fundamentals Training Program
Online Learning Course
May 2021

EXPERIENCES

Rex Education
Product Design Development Officer
August 2021 until Present

Bloomfield Academy
Preschool Teacher
June 2015 until June 2021

Poem Recitation Contests- Preschool Level
Training Coach

Rotaract Club of Las Piñas West
Member
Professional Development Director (Rotaract Year 2020)

“Mahusay! Magaling! ‘Yan Ang Day Care Teacher Namin!”
Atimonan, Quezon Province, 2019
Speaker/Organizer