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ADMINISTRATIVE ORDER NO: 15  
Series of 2012

LEGAL SERVICE  
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**SUBJECT : AMENDED ADMINISTRATIVE ORDER NO. 11 SERIES OF 2007  
ENTITLED REVISED STANDARDS ON RESIDENTIAL CARE SERVICE**

**I. RATIONALE**

The Department of Social Welfare and Development as lead in social protection is mandated to set standards, register, license, accredit and provide consultative services to organizations engaged in social welfare and development activities. In executing the regulatory and quality assurance role of the Department, it enables to develop and maintain the standards of a high performing, proactive and supportive partners in the delivery of social welfare and development programs and services.

Administrative Order (AO) No. 11 series of 2007 entitled Revised Standards on Residential Care Service provides ladderized standards on the operation of a twenty-four (24) hour residential care services for abandoned, abused, neglected or voluntarily committed children, youth, women, persons with disabilities and older persons among others.

The AO 11 is being used for several years but limited numbers of residential care services have been accredited at Level 1 and only four (4) passed the Level 2 which is managed by a private social welfare agency. There are also several strategies that have been developed by the Social Technology Bureau that need to be integrated in the set standards. Further, with the constant changes in this environment, the AO 11 is deemed in need of amendment.

**II. LEGAL BASES**

1. ***Republic Act 5416 of 1968 otherwise known as Providing for Comprehensive Social Service for Individuals and Groups in Need of Assistance, Creating the Department of Social Welfare, Section 3*** – The Department shall:
  - a. (2) set standards and policies to insure effective implementation of public and private social welfare programs.
  - b. (5) accredit institutions and organizations, public and private, engaged in social welfare activity including the licensing of child caring and child placement institutions and provide consultative services thereto.
2. ***Executive Order no. 292 otherwise known as Administrative Code of 1987, Title XVI, Chapter I, Section 3. Functions of the Department*** – to accomplish its mandates and objectives, the Department shall:
  - a. (7) accredit institutions and organizations engaged in social welfare activities and provide consultative and information services to them.
  - b. (14) to set standards, accredit and monitor performance of all social welfare activities both in public and private sectors

3. **Executive Order No. 221 series of 2003 otherwise known as Amending Executive Order No. 15 series of 1998 entitled Redirecting the Functions and Operations of the Department of Social Welfare and Development Section 3 Powers and Functions of DSWD** – (a) “Set standards, accredit and provide consultative services to institutions, organizations and persons engaged in social welfare activities and monitor performance of institutions, organizations and persons engaged in social welfare activities, both public and private”.
4. **Administrative Order No. 17 series of 2008 otherwise known as Rules and Regulations on the Registration and Licensing of Social Welfare and Development Agencies and Accreditation of Social Welfare and Development Programs and Services**. VI. General Procedures 3. Accreditation of Social Welfare and Development Programs and Services- (c.1.) “The Standards Bureau shall develop the standards and accreditation tool for every social welfare and development programs and services in consultation with the internal and external stakeholders as basis for accrediting the social welfare and development programs and services being implemented by a registered and licensed SWA or Resource Agency providing direct services”.
5. **Memorandum Circular No. 1 and 6 series of 2012 otherwise known as Re-clustering of Offices, Bureaus, Services and Units (OBSUs) at the DSWD Central Office (as amended by MC 6)**. Standards Bureau Functions – (1) “Develop national standards on registration, licensing and accreditation of Social Welfare and Development Agencies and service providers”

### III. OBJECTIVES

1. To protect and promote the best interest and welfare of residents of residential care facilities of DSWD, LGUs and private Social Welfare and Development Agencies (SWDAs).
2. To promote efficiency, effectiveness and accountability in the management and implementation of programs and services in residential care facilities
3. To ensure that the social welfare and development agencies are empowered and capable of delivering programs and services following the standards set by the Department.
4. To recognize and provide awards and/or incentives to residential care facilities managed by public and private social welfare agencies awarded as Center of Excellence by DSWD.

### IV. COVERAGE

The amended guidelines shall apply to all Social Welfare and Development Agencies providing residential care services for children, youth, women, older persons and persons with disabilities among others including those managed by DSWD, Local Government Units (LGUs) and Non-Government Organizations (NGOs)

### V. STANDARDS

The specific indicators per work areas are enumerated in ladderized system in the attached Annex 1. Standards for Residential Care Service. The indicators are categorized into five (5) work areas as set by Administrative Order No. 17 series of 2008 namely:

- A. **Administration and Organization** - The clear statement of the vision, mission and goals (VMG) of the SWDA indicating the desired change for its residents and the program

and services it offers to operationalize the VMG. It has a well-defined organizational structure that operates towards an efficient and effective implementation and management of the organization, with sufficient number of trained and competent staff organized to give the best possible services to the residents. Policies are consistent with the VMG and supportive of international conventions, declarations and other national and local legislations. Appropriate internal and external mechanisms for efficient and effective operation are in place.

- B. Program Management** - Projects and activities are responsive to the needs of the residents and appropriate resources are allocated and utilized efficiently towards attaining the SWDA's VMG as well as in improving the total well-being of the residents.
- C. Case Management** - A manageable number of residents in accordance to standards are handled by the registered social workers and other qualified paraprofessionals applying (a) specific social work methods; (b) innovative approaches/strategies and processes; and (c) are in accordance with the assessment of the residents' problems and treatment plan including the systematic documentation of the helping process as basis for determining appropriate interventions and their effects on the residents being assisted.
- D. Helping Strategies/Interventions** - Provision of any or a combination of services that contribute to the attainment of the helping goals for the residents.
- E. Physical Structures and Safety** - Physical facilities shall be designed to promote the well-being of the residents and the staff. It shall conform to the basic safety standards and program requirements for the day to day operation and implementation of the SWDA's programs and services.

Those SWDAs which complied with the set indicators shall be awarded with certificate of accreditation valid for three (3) to five (5) years depending on the assessment of Standards Bureau. The accredited SWDAs shall be continuously provided technical assistance either by the Bureau or concerned FOs.

## VI. INSTITUTIONAL ARRANGEMENT

### A. Central Office

#### 1. Standards Bureau (SB)

- a. Conduct accreditation assessment of SWDAs
- b. Monitor and provide regular technical assistance to DSWD Field Offices (FOs) and SWDAs
- c. Recommends to the DSWD Secretary the issuance of accreditation certificate to SWDAs complied with the Level 1, 2 and 3 indicators.
- d. Maintain and update national database of SWDAs
- e. Provide the PSB an annual accreditation status of DSWD run residential care facilities
- f. Include in the Bureau's Work and Financial Plan and allocate funds for the cash incentives and needed supplies for the plaque of recognition to be given to SWDAs which complied with the level 2 and level 3 accreditation.
- g. Act as resource person during trainings, seminars and forum related to SWDAs compliance to standards that may be conducted by the FOs and/or Area Based Standards Network (ABSNET) among others.

**2. Capacity Building Bureau**

Conduct and/or facilitate training for staff of SB, FOs and SWDAs

**3. Protective Service Bureau**

- a. Provide regular technical assistance to FOs and DSWD-run residential care facilities
- b. Provide the SB a copy of the report of the Inspectorate Committee relative to the monitoring of residential care services

**B. Field Offices**

1. Monitor the operations of SWDAs residential care services including DSWD- and LGU-run residential care facilities
2. Monitor and regularly provide technical assistance to SWDAs
3. Conduct pre-accreditation assessment and recommend to SB those SWDAs ready for accreditation
4. Conduct and/or facilitate training for SWDAs
5. Provide orientation of the guidelines to SWDAs
6. Furnish SB, copy of the quarterly monitoring report
7. Maintain and update SWDAs' data base within the region

**C. Public and Private Social Welfare and Development Agencies**

Observe and comply with the set standards and indicators in the implementation of its residential care services for children, youth, women, older persons and persons with disabilities among others.

**VII. AWARDS AND RECOGNITION**

Those SWDAs including DSWD- and LGU-run residential care facilities implementing residential care service which meet either Level 2 or 3 accreditation standards shall be awarded with plaque of recognition and grant of cash incentives depending on the availability of funds. The amount of cash incentives shall not be lower than ten thousand pesos (Php 10,000.00) for Level 2 and a minimum of twenty thousand pesos (Php 20,000.00) for Level 3 accreditation. The cash incentives shall be used to augment the SWDA's program expenses. The funds shall be charged against the SB's budget hence, shall be included in its annual work and financial plan. Likewise, utilization of funds shall be monitored by the SB and the concerned FO.

The selected Center of Excellence shall be made a model residential care facility and/or venue for trainings, research and documentation of good practices.

**VIII. REPEALING CLAUSE:**

This Administrative Order supersedes DSWD Administrative Order No 11 series of 2007 and other issuances that are inconsistent to its provisions.

**IX. EFFECTIVITY**

This guideline shall take effect immediately.

Issued in Quezon City, this 12th day of December, 2012.

  
**CORAZON JULIANO- SOLIMAN**  
Secretary

Attachment:

**DSWD-Acc Tool-001: Accreditation Assessment Tool for Residential Care Service**

**A CERTIFIED COPY:**

  
Child Welfare Services Division

**ACCREDITATION ASSESSMENT TOOL FOR RESIDENTIAL CARE SERVICE**

**Status of Application**

- New Application
- Renewal
- DSWD Previously Issued
- Accreditation No: \_\_\_\_\_
- Date of Issuance: \_\_\_\_\_
- Date of Expiration: \_\_\_\_\_

**Residents Served:**

Sector	Number of Residents		
	Male	Female	Total
<input type="checkbox"/> Children			
<input type="checkbox"/> Youth			
<input type="checkbox"/> Women			
<input type="checkbox"/> PWDs			
<input type="checkbox"/> Older persons			

**Scope/Coverage**

- More than one Region/Nationwide
- Regional
- Provincial
- City/Municipality

**Identifying Information:**

1. Name of Agency: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Agency Head and Designation: \_\_\_\_\_
4. Telephone/Mobile/Fax Number/s: \_\_\_\_\_
5. E-mail Address and Website: \_\_\_\_\_
6. Registration & License No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Documentary Requirements:** (Please put check as appropriate) If available indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

Requirements	Available		Findings/Observations	Recommendations
	YES	NO		
1. Pre-assessment report from the concerned Field Office				
2. Accomplished application form				
3. Manual of Operation/Handbook containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others (for renewal, required if there are only amendment in the Manual of Operation/Handbook)				
4. Profile of governing board or its equivalent				
5. Profile of employees				
6. Work and financial plan for the succeeding two (2) years				

<i>Requirements</i>	<i>Available</i>		<i>Findings/Observations</i>	<i>Recommendations</i>
	<i>YES</i>	<i>NO</i>		
7. Audited Financial Report of the previous year. Audited Financial Report submitted to SEC, CDA and/or Bureau of Internal Revenue (BIR) shall be accepted. However, financial report conform to the DSWD template shall also be submitted. If DSWD or LGU/government agencies, it shall be certified by Government Accountant Officer.				
8. Accomplishment report for the previous year <ul style="list-style-type: none"> <li>• 1 year - if the SWDA's operating more than one (1) year prior to accreditation assessment visit</li> <li>• Less than 1 year – to cover only the period the SWDA operates prior to accreditation assessment visit</li> </ul>				
9. Profile of client served/caseload inventory of currently served				
10. Valid Certificates (The Certificates should be displayed in the Center's Office) <ul style="list-style-type: none"> <li>• Registration and License Certificate of the SWDA</li> <li>• An occupancy permit for a newly constructed facility or Valid Certificate of Annual Building Inspection</li> <li>• Updated Fire Safety Inspection Certificate</li> <li>• Updated Sanitary Permit or Water Potability Certificate</li> </ul>				

**Instructions:**

1. Assessment shall be based on all or combinations of any of the following methods, as long as all possibilities are exhausted to determine presence or absence of indicators:
  - a. Review of pertinent documents such as records, reports, written plans and other materials;
  - b. Ocular survey/observation of facilities, offices, project sites, actual conduct of agency activities;
  - c. Individual or focus group discussion/interview with residents on relevant information on service delivery by the agency;
  - d. Individual or group interview with persons exercising managerial or supervisory functions in the agency as well as to the Board of Incorporators
  - e. Individual or group interview with administrative and program staff;

- f. Other useful and relevant method of data gathering in relation to the indicators. This has to be specified by the administering SB personnel and indicate the reason for such method.
2. The Standards and Indicators are categorized in three (3) levels namely:
- a. **MUST /Level 1 (M)** – these are MANDATORY compliance which should be complied with since absence of one would compromise the safety and welfare of the residents served and the service implementation as well.
  - b. **DESIRED /Level 2 (D)** – these are optimum compliance would increase the quality of service implementation to a higher level.
  - c. **EXEMPLARY / Level 3 (E)** – these are highest standards that, if complied, will make the facility a CENTER FOR EXCELLENCE.
4. **Summary of Ratings per Work Areas** (Please include in the computation those not applicable indicators)

Work Areas	Level 1		Level 2		Level 3	
	Expected Score	Actual Score	Expected Score	Actual Score	Expected Score	Actual Score
I. Administration and Organization	65		49		39	
II. Program Management	12		10		8	
III. Case Management	50		6		6	
IV. Helping Interventions	43		30		25	
V. Physical Structure and Safety	40		23		12	
<b>Total</b>	210		118		90	

**Standards and Indicators:** Please see attached

**STANDARDS AND INDICATORS FOR RESIDENTIAL CARE SERVICE**

Please indicate check (✓) mark if complied and cross (x) mark for non-compliance on the compliance column. However, if an agency where certain items does not apply, indicate N/A and add the total N/A to the corresponding work areas per level.

LEVEL 1 (MUST)	Compliance	LEVEL 2 (DESIRED)	Compliance	LEVEL 3 (EXEMPLARY)	Compliance	SPECIFIC FINDINGS AND RECOMMENDATIONS
<b>i. Administration and Organization</b>						
<i>A. Clear Statement of the VMG and Policies</i>						
1 The organization has VMG consistent with its objectives, target residents, programs and services.						
2 The VMG is written, posted in a visible area such as bulletin boards, receiving areas, lobby etc., within the Social Welfare Agency (SWA)		VMG is translated into information, education and communication (IEC) materials in a form or language that is understood by the residents and the public as well.		It is translated into a resident's guide that is accessible and available. It contains among others the following information: a. Summary of policies and procedures b. Programs and services c. Safety mechanism d. Complaints and grievance mechanism e. Residents' protection policy		
3 VMG are known and can be articulated by any of the governing board or its equivalent, staff and residents		VMG are known and can be articulated by all the staff and any of its governing board or its equivalent as well as the residents.				
4 Manual of operation is available translating policies into operations. It contains among others the following information:		Manual of Operations reviewed/updated at least every 5 years, if applicable		There is available Manual of operation that is translated to local dialect		
a. Administrative Policies and Procedures such as but not limited to (i) Core values of the agency; (ii) Personnel policies on staffing, job description, filing of leave, trainings of staff, wages, benefits, privileges, incentives, rewards and sanctions, etc; (iii) Shifting schedule and turn-over of staff						

<p>for duty; (iv) Visitation including communication system between clients and families are in place; (v) Protection policies of staff and residents from sexual harassment and other forms of abuse/ violation of human rights; rewards and sanctions including restitution and use of restraint. (vi) Prohibition of corporal punishments; (vii) Management of Complaints and grievance for the residents and staff; (viii) Safety and emergency procedures; (ix) Notification of incidents which must be done within 24 hours; (x) Receipt and utilization of donations; (xi) Food preparation/nutrition; and (xii) Repairs and maintenance included in the approved Work and Financial plan for the current year</p>			
<p>b. Program Policies and Procedures to include: (i) Contract setting and intervention planning; (ii) Case recordings and access to records; (iii) Confidentiality; (iv) Referral system and policies and procedures in place; (v) Termination/ Discharge of residents; (vi) Institutionalized tracking system and feedback mechanism on the admission and discharge of residents</p>			
<p><i>B. Functional Organizational and Management Structure</i></p>			
<p>1 There is an existing organizational structure which clearly defines the</p>	<p>Staff performs in accordance to prescribed tasks and</p>	<p>All staff complement performing prescribed duties and responsibilities</p>	

<p>delineation of responsibilities and duties of the governing body and the personnel and based on written policies</p>	<p>responsibilities</p>			
<p>2 Management structure -- presence of management personnel as reflected in the organizational chart who provide leadership, guidance and support in all aspects of operation.  a. Executive/Program Director/ Manager or Head of the Agency-- who is responsible for administering, planning, managing and controlling the daily activities and for ensuring that the service quality requirements are met.  Renders full time services with corresponding appointment</p>				
<p>b. Supervisors (Administrative and Technical) -- who is under the direct supervision of the Director/ Manager/Center Head will supervises to not more than 15 staff  Renders full time services with corresponding appointment</p>				
<p>3 Policy-making structure- has a governing board or its equivalent that review and/or formulate administrative and program policies and discuss other organizational concerns. Likewise, the Board should not be part of the management structure of the SWDA to ensure the policy on no conflict of interest</p>				

<p>a. Board meets as specified in their Constitution and by-Laws</p>	<p>Board meets more than what is specified in their Constitution and by-laws</p>		
<p>b. Minutes of Board meetings or its equivalent to DSWD/LGU Centers and Institutions are documented and available.</p>	<p>Director/Manager/Center Head attends board meeting and participates in the policy making process.</p>	<p>Presence of the working committee who recommends to the board policies for decision</p>	
<p>4 Staff supervision shall be done at least once (1) a month</p>	<p>Staff supervision shall be done twice a month</p>	<p>Supervision is done weekly</p>	
<p>5 An interfacing intervention for new and outgoing staff is undertaken. If not possible, the interfacing should be done by the Director/Center Head/Supervisor to the incoming staff</p>	<p>Turn-over of documents to incoming staff is documented</p>		
<p>6 Staff meeting Meeting of program staff is conducted per SWA/facility as indicated in its manual of operation with available proceedings</p>	<p>Program staff meeting is conducted monthly with available proceedings</p>	<p>General staff meeting is held once a month to all the administrative and program staff of the agency with proceedings available</p>	
<p>7 Strategic and operational planning system A two-year strategic plan based on a set of desired outcomes for the residents is formulated and translated into work and financial plan and updated annually</p>	<p>A three-year strategic plan is formulated and translated into a work and financial plan reviewed and updated annually to determine whether these are responsive to the needs of the residents.</p>	<p>A five year strategic plan is formulated and translated in a work and financial plan. Institutionalized conduct of annual program review and evaluation workshop to assess past performance/ accomplishments and to re-plan re-direct activities based on SWA's VMG.</p>	
<p>8 Policy-making process and procedures The policies are written, disseminated and implemented.</p>	<p>Staff and residents are consulted in the review and formulation of policies</p>	<p>Research activities or impact evaluations/ studies are conducted or institutionalized as basis for policy review and update/enhancement/ amendment.</p>	
<p>9 Ethical conduct There are written and clear policies governing conflict of interest and ethical standards in dealing with residents.</p>	<p>Conduct "character of the month" activity in the workplace i.e. among staff and residents</p>	<p>Planned activities/set indicators of character for the month and its sustainability as well as recognition of staff and residents who portray the set character</p>	

C. Efficient Financial and Material Resource Management			
<p>1. Financial Management System. There are written and operational policies, systems and procedures on financial transactions are based on approved budget and are reported to fund sources/donors, receipt of financial donation and utilization are transparent and documented; disbursements are covered by duly authorized vouchers and are subjected to annual internal and external auditing</p>			
<p>2 Fund allocation There shall be adequate funds for program implementation which is not less than 80% of the total budget and for administrative expenses of not more than 20% of the total budget.</p>			
<p>3 Stability of Funding- There are regular source of funds to provide appropriate funds for the SWA's operation in a given period for two (2) years</p>	Sources of funds are documented	Regular reporting and feedback on fund utilization to donors and sponsors are done.	
<p>4 Resource generation activities such as solicitation, fund raising projects international fund sourcing are conducted in accordance with the existing laws and regulations, properly reflected in the financial report</p>	Resource generation activities institutionalized and documented with discussions on its impact to residents	Availability of trust fund or related monetary savings account to ensure the financial stability of the agency for its intended residents	

<p>5. Internal and external auditing of financial transactions is done annually by an external Certified Public Accountant or Commission of Audit representative, whichever is applicable specifically for those SWAs with income of P500,000 above. Those with income below P500,000 the financial report will only be audited by an internal auditor</p>	<p>Registered with BIR as a non-profit organization, if private SWA</p>		
<p>6. All assets and facilities are documented; annual inventory being done to monitor acquisition/procurement, utilization, distribution, disposal, repair and maintenance</p>	<p>Available budget for the annual repair and maintenance of equipment and facilities</p>	<p>A capital outlay for permanent improvement is carried out</p>	
<p>7. There are written and operational policies for securing, acknowledging, allocating and distributing non-monetary donations for transparency purposes. These should be just, and equitable, properly recorded and accounted for.</p>			
<p>8. Procurement Process/ System Policies and systems on transactions involving procurement, repair and maintenance of building/facilities, vehicles and equipment are written, operational and properly documented.</p>	<p>Timeline for processing each transaction is indicated</p>	<p>Period for each transaction is completed within the timeline indicated in the manual of operations</p>	
<p><i>D. Human Resource Management and Development</i></p>			
<p>1. Recruitment, selection, hiring and retention system There are written policies for recruitment specifying among others the qualification standards for each position and the criteria for the</p>			

<p>selection process consistent with Civil Service rules and regulations or its equivalent in the private sector; qualifications and background of applicants are assessed based on the written policies on hiring personnel; job description for each position are written and actual tasks are aligned with what is written.</p>			
<p>2. Staff complement and their corresponding competencies and qualification standards  a. Executive/Program Director/ Manager  a.1. One (1) per SWA</p>			
<p>a.2.A College degree holder who at least attended twenty (20) days or one hundred sixty (160) hours of relevant trainings recognized by DSWD with one (1) year supervisory/managerial experience in related field.</p>	<p>Graduate of Behavioral/Social Science Courses with at least (10) days or eighty (80) hours of relevant trainings and two (2) years supervisory or managerial experience or its equivalent professional grade eligibility or relevant training.</p>	<p>Registered Social Worker (RSW) with two (2) years supervisory or managerial experience or its equivalent professional grade eligibility or relevant training; or   Completion of post graduate studies either in social work and with five (5) years supervisory/ managerial experiences</p>	
<p>b. Center Head –  b.1. one per facility, if the SWA has two or more facilities in different locations</p>			
<p>b.2.A College degree holder who at least attended twenty (20) days or one hundred-sixty (160) hours of relevant trainings recognized by DSWD with one (1) year supervisory/managerial experience in related field.</p>	<p>Graduate of Behavioral/Social Science Courses with at least ten (10) days or eighty (80) hours of relevant trainings and two (2) years supervisory or managerial experience or its equivalent professional grade eligibility or relevant training.</p>	<p>Registered Social Worker (RSW) with two (2) years supervisory or managerial experience or its equivalent professional grade eligibility or relevant training; or   Completion of post graduate studies either in social work and with five (5) years supervisory/ managerial experiences</p>	
<p>c. Supervising Social Worker (if applicable)</p>			

<p>c.1. 1 for every 5 SW supervisees and at most 10 other non-social work/technical staff.</p>	<p>One for every 4 social workers and at most 7 other technical staff</p>	<p>One for every 3 social workers and at most 4 other technical staff</p>	
<p>c.2. She/he is a RSW who has at least one (1) year supervisory experience and in handling residents under care</p>	<p>Supervisory experience of two (2) years</p>	<p>Supervisory experience – three (3) years or more</p>	
<p>d. Social Workers (SWs) – number of SWs will depend on the type of residents and actual number of cases at any given time (refer to caseload under III. Case Management) d.1. Registered Social Worker (RSW)</p>	<p>RSW with at least 180 hours of formal training in handling specific type of residents</p>	<p>RSW with at least 360 hours of formal experience and one year work experience in handling specific type of residents under care, or  Accredited as Service Provider on his/her field of practice e.g. Accredited SW Managing Court Cases</p>	
<p>e Administrative Supervisors and Supervising Houseparents e.1. 1 for at most 15 non-social work staff/ houseparents/ administrative staff</p>	<p>One for every 10 non-social work staff/ houseparents/ administrative staff</p>	<p>One for every 5 non-social work staff/ houseparents/ administrative staff</p>	
<p>e.2. Graduate of four-year course with at least one year of relevant supervisory experience</p>	<p>Supervisory experience of 2 years</p>	<p>Supervisory experience of 3 years or more</p>	
<p>f. Houseparents (HPs) f.1. He/She must be of the same sex with the residents. (if applicable)</p>			
<p>f.2. One for a 16 hour shift. In excess of a regular 40/48 working hours per week. for government/private SWA's respectively; a corresponding</p>	<p>One for a 12 hour shift. In excess of a regular 40/48 working hours per week, for government/private SWA's respectively, a corresponding compensation or</p>	<p>One per 8-hour shift with one reliever</p>	

<p>compensation or day-off shall be remunerated based on actual number of hours served/rendered</p>	<p>day-off shall be remunerated based on actual number of hours served/rendered.</p>		
<p>f.3. High school graduate with 40 hours of related seminars/training on care giving. Houseparent who is high school level but has been employed with the SWA for more than two (2) years may be consider provided he/she has at least 40 hours related training.</p>	<p>High School graduate with at least 80 hours of related seminars/training on care giving</p>	<p>College level with at least 120 hours of training/seminars in handling specific type of residents under care.</p>	
<p>g Cook/s (as applicable) – one per Center/facility, except for those catering to older residents who are at age of majority and can perform the tasks as part of their daily activities</p>			
<p>h. Administrative Staff/Aide h.1. At least one staff for every 5 technical staff in the SWA. If more than 5 technical staff, said staff must be computer literate and could prepare their reports electronically, hence no need to require additional administrative staff.</p>			
<p>h.2. High school graduate with at least 40 hours of related seminars/training</p>	<p>High school graduate with at least 80 hours of related seminars/training</p>	<p>College level and computer literate</p>	
<p>i. Security Guard/s (to be required for residents handling court cases, abused etc.)</p>			

<p>i.1. 1 per 8-hour shift with 1 reliever; and to consider the number of residents being served especially for those children in conflict with the law (CICL); women in especial difficult circumstances (WEDC), among others</p>			
<p>i.2. Licensed security guard with basic training.</p>	<p>Licensed with at least 40 hours of training/seminars in handling specific type of residents under care.</p>	<p>College level and licensed with at least 80 hours of relevant training/seminars in handling specific type of residents under care</p>	
<p>i.3. He/she has basic orientation on gender and development</p>	<p>If agency is catering exclusively for girls, guard is a female</p>		
<p>-j. Driver Hired on on-call basis or part time (if applicable)</p>	<p>Hired on a full time basis</p>		
<p>k. Other program and administrative Completed the required training education, degree or obtained appropriate license/ registration or eligibility for the position as provided by law or as stipulated in the SWA's written policies.</p>			
<p>4 Training and development a. Basic orientation for newly hired staff to include SWA's VMG, types/ characteristics of residents being served, programs and services, guiding principles, rules and regulations and their respective roles and responsibilities</p>			
<p>Provided within three (3) months upon assumption of duty</p>	<p>Provided within two (2) months upon assumption of duty</p>	<p>Provided within a month upon assumption of duty</p>	

<p>b Continuing training program for key/core staff appropriate to residents being cared for is provided to upgrade and acquire new skills and competencies. This shall cover the following concerns:</p>			
<p>b.1. at least 24 hours in a year</p>	<p>40 hours/year (5 days)</p>	<p>80 hours/year (10 days)</p>	
<p>b.2. 30% of the staff are provided and/or accessed to specialized training locally per year</p>	<p>60% of the staff are provided and/or accessed to specialized training locally per year</p>	<p>All staff on rotation basis are provided and/or accessed to specialized training per year</p>	
<p>c. Coverage of continuing training program may include any of the following: (i) Relevant International Conventions/ Declarations and national/local legislations for the care and protection of the residents under care; (ii) Care approaches and skills appropriate to the residents including the nature and analysis of their situations, developmental characteristics and dynamics in working with them; communicating with them especially those with disabilities; (iii) Gender and development and Gender Sensitivity Training; (iv) Conduct of self-care/human sexuality sessions (v) Case management skills development; (vi) Psycho-Social Intervention; (vii) Skills on trauma management for residents; (viii) Health education and nutrition; (ix) Safety at work, fire precaution and other emergency measures; (x) First Aid; (xi) Conduct of purposeful and enjoyable activities as part of</p>	<p>A program for career pathing and development *is developed and implemented by the agency</p>		

positive care experience; (xii) Interview techniques; and (xiii) Staff supervision (for those with supervisory functions)			
3 Staff support services a. Counseling/Stress Debriefing Individual and/or group counseling/stress debriefing is provided at least once a year	Critical incident stress management activities are conducted twice a year	Critical incident management stress activities are conducted once every quarter	
b Support mechanisms are in place, which include but are not limited to:			
b.1. Social insurance system, i.e. GSIS, SSS		There is an existing retirement plan for the staff	
b.2. Annual physical, and medical examination as well as health insurance program is afforded to all personnel i.e. Philhealth	Annual rest and recreation activities  Team building and other organizational development activities	Annual stress debriefing is conducted to direct workers e.g. houseparents	
4 Performance Appraisal System a. There is a developed performance appraisal tool and implemented establishing standards for quantity and quality of output, timeliness of results, manner of performance, effectiveness in use of resources, and includes trait-based criteria (personal character and attributes) both in dealing with co-workers and residents			
b Assessment of staff performance is based on agreed upon plans and targets and systematic feedback mechanisms on its result are installed	Performance appraisal is used as basis for performance bonus, <u>specialized training</u> and other forms of incentives	Performance appraisal is used as basis for promotion	
c Done when necessary	Done annually	Semi-annually	

<p>5 Compensation system</p> <p>a For government agencies Salaries, benefits and incentives are given in accordance with the Salary Standardization Law, Civil Service Commission rules and regulations and other relevant laws and government policies</p>	<p>There is a signed and implemented collective bargaining agreement</p>	<p>Salaries of all staff are aligned with the government salary standardization law</p>	
<p>b For non-government agencies Compensation policies including incentives and benefits system such as, but not limited to provision of separation pay for 5 years of employment; retirement plan among others are developed, written and implemented in accordance with existing wage prescribed by the Regional Wage Board, labor</p>	<p>Compensation for Social Work positions and other professionals is similar with the entry positions in government.</p>	<p>Provision of separation pay for 5 years of employment; retirement plan</p>	
<p>6 Performance-based incentives, rewards, and sanctions</p> <p>a An appropriate rewards and incentives are in place to motivate the staff to work towards the promotion and fulfillment of the rights of the residents they serve.</p>	<p>Semestral recognition of high performing staff with corresponding reward system</p>	<p>Quarterly recognition of high performing staff with corresponding reward system</p>	
<p>b Appropriate sanctions for staff misconduct are written properly implemented.</p>	<p>Grievance process is in place</p>	<p>Appropriate and legal process for sanctions implementation is in place</p>	
<p>7 Volunteer management (as applicable)</p> <p>a Written and implemented policies on the recruitment of volunteers, the kind of volunteers that will be accepted, the work they are expected to do and their responsibilities</p>	<p>Presence of clear supervisory and reportorial requirements; structures for the volunteers</p>	<p>Support mechanisms for volunteers are in place, to include intermittent processing of experiences and an exit interview.</p>	

<p>b Volunteers are oriented to the organization and a programmed interaction between the volunteer and the residents</p>	<p>There is existing mechanisms to protect the residents from possible abuse by volunteers</p>	<p>Volunteers are given disciplinary control over residents shall meet the qualification requirements for organic personnel</p>	
<p>8 Discipline a Appropriate complaints and grievance system/machinery is in place. Functional progressive discipline system is properly administered.</p>	<p>Complaints and grievances addressed and resolved within the set timeline in the SWA's written policies</p>		
<p>b Discipline of residents is based on written policies and is always towards achieving helping objectives and focused on developing socially-constructive and productive behavior</p>	<p>Policies on discipline is prepared in consultation with the residents, if applicable</p>		
<p>F. Availability of Support Services</p>			
<p>1 Information Management System Recording of administrative and program files captures critical organizational events, and significant information on cases of residents in aid of organizational decision-making, policy and program development, research and development as well as for management and accountability purposes</p>	<p>Feedback mechanism such as suggestion box, public satisfaction survey, etc. is installed and operational. It is utilized in determining areas for improving quality of service delivery</p>	<p>Information communication technology (ICT) devices including ICT system, i.e. hardware, software, are available and functional</p>	
<p>2 Advocacy and social marketing a IEC Materials</p>			
<p>Availability and accessibility of IEC materials produced by the SWA</p>	<p>Existence of updated social marketing and advocacy plan and/or IEC materials produced by the SWA relevant to the situation of residents under care and the programs and services being provided.</p>		

b Advocacy and social marketing activities for public awareness on the issues affecting the residents to improve public response; and for generating fund support is conducted every three (3) years	Conducted once a year	Conducted twice a year	
<b>II. Program Management</b>			
A. Clear Written Program Plan is Available			
1 The plan is consistent with the goals and objectives for the residents considering their priority issues to be addressed, expected output, time frame, resources needed and responsible person.	A plan developed in consultation with the residents, staff and other concerned stakeholders	Plan developed well articulated by stakeholders involved in the planning process	
2 The plan formulated is supported with baseline data and situational analysis			
B. Implementation of program and services is guided by the agency's policies and procedures			
i Management Support The management supports program implementation through provision of timely and necessary resources and authority to implementors to undertake the planned activities			
2 Implementation of activities At least 60% of the planned activities are implemented	61-90% of the planned activities are implemented	91-100% and beyond of the program of activities are implemented as planned	
3 Institutional linkages with other GAs, NGOs/POs in implementing programs			
There is an established and fully functional mechanism to sustain inter-agency linkage. Referral system is in place.	Fully functional mechanism for referral system and with strong linkages with other government agencies, people's organizations and non-government organizations among others	Existence of innovative program/s or strategies implemented with proper documentation. Covergence/forging of partnership through Memorandum of Agreement/ Understanding (MOA/MOU)	

<i>C. Monitoring is in place and conducted on a regular basis</i>					
1	Monitoring of program/service implementation A monitoring system has been institutionalized and is fully functional	Results of monitoring is documented			
2	Accomplishment Report				
	a Agency accomplishment report including narrative and statistical report prepared and submitted annually to DSWD	Prepared and submitted every semester		Prepared and submitted quarterly	
	b Annual Individual accomplishment report of staff is prepared and submitted to the agency head	Semi-annual Individual accomplishment report of staff is prepared and submitted to the agency head		Monthly Individual accomplishment report of staff is prepared and submitted to the agency head	
		Accomplishment report of staff is properly noted by the agency head and/or concerned staff supervisor		The management take appropriate action to remedy the deficiencies made in order to safeguard the welfare of the residents	
	c Inventory of cases –turned-around period of cases served are prepared	Inventory of case is submitted to DSWD within the set timeline			
	The organization maintains record or logbook of all significant incidents encountered in program/ service implementation. The supervisor or concerned staff reviews the said record or logbook and take appropriate action	Monitoring tools are formulated to check on the progress and/or gaps in implementation as well as basis to remedy the gaps		Dialogue with residents at least once in a quarter.  Document best practices of the agency	
<i>D. Evaluation</i>					
1	Annual assessment of plan vs. Accomplishment is done, result of which is utilized as basis for program planning and enrichment, among others with the participation of the residents, staff and other stakeholders.	Mid-year assessment of plan vs. Accomplishment is conducted as basis for re-focusing/re-directing and re-targeting to address implementation gaps.		Impact evaluation conducted every 3 years with determined/identified short term or long term goal	

2	Results of the assessment are utilized in the modification/development of programs/ policies			
3	Results of evaluation are feedback to the residents and partner agencies, if necessary			
<b>III Case Management</b>				
A. Caseload of Staff				
1	<p>Social Worker -- one full time social worker for:</p> <ul style="list-style-type: none"> <li>❖ 1: 25 children for placement</li> <li>❖ 1:20 children in need of special protection</li> <li>❖ 1:15 youth/CICL</li> <li>❖ 1:30 disadvantaged women</li> <li>❖ 1:25 persons with disabilities</li> <li>❖ 1: 25 older persons</li> <li>❖ Excess cases of the social worker can be managed by the Executive Director (Registered Social Worker) or the Supervising Social Worker but limit to 5 cases each only</li> </ul>			
2	<p>Houseparents – one houseparent per shift for a number of residents as follows:</p> <ul style="list-style-type: none"> <li>a 1:5 children aged birth to 1 year old</li> <li>b 1:10 children aged 13 months to 6 years old</li> <li>c 1:15 children aged 7 to 12 years old</li> <li>d 1:25 children aged 13 to 17 years old</li> <li>e 1:20 CICL</li> </ul>			

<p>f 1:20 able-bodied individuals aged 13 to below 18 years old</p> <p>g 1:25-30 able bodied individuals aged 18 and above.</p> <p>h 1:10 bedridden or sickly older persons</p> <p>i mentally-challenged individuals: (upper trainable 1:15; lower trainable 1:10; profound cases 1:5)</p> <p>j 1:20 deaf/hearing disability</p> <p>k 1:15 with Orthopedic (Muscoskeletal ) disability</p> <p>l 1:15 with visual disability</p> <p>m When age groups are mixed, the ratio that should be followed shall meet the requirements of the youngest residents in the group.</p>			
<p>B. Helping Process</p>			
<p>Each resident has written intervention plan based on the nature of intake and problem situation. Throughout the following process, active participation and self-determination of the residents and their families/relatives are elicited.</p> <p>a Intake and assessment</p> <p>a.1. Intake interview undertaken after the resident was given some time to rest and calm down, but initial information such as name, age, name of parents/guardians, place of origin and last known address should be gathered upon arrival. Assessment should include the physical examination report of the physician</p>	<p>Presence of an interpreter, preferably of the same gender, if the resident cannot articulate himself/herself due to age minority, illiteracy, language</p>	<p>Residents with at risk behavior <u>upon admission</u> e.g. <u>observed with mental problem</u>, referral/endorsement to appropriate agency is made immediately.</p>	

<p>a.2. Orientation regarding services, leveling of expectations, room/ cottage assignment, provision of required set of personal clothing and personal effects are provided immediately upon admission.</p>			
<p>a.3. Pre admission conference involving the parents, referring party and center staff, if feasible</p>			
<p>a.4. Proper endorsement or referral to other agency if services needed are beyond the service capacity of the facility</p>	<p>Referral/endorsement is made within 8 hours</p>	<p>Referral/endorsement is made within 4 hours</p>	
<p>b Social case study report is prepared within 30 days after the intake interview and is reviewed or updated as required. Timeline of other respective sectors shall depend on the specific guidelines e.g. adoption and CICL cases.</p>	<p>Prepared within 15 days <u>and is reviewed or updated as required</u></p>	<p>Prepared within 5 days <u>and is reviewed or updated as required</u></p>	
<p>b.1. Problem identification - problems and priorities to be worked clearly identified, whether it would be a change in the behavior or a change in the environment or both. Problems were identified in consultation with concerned residents</p>			
<p>b.2. Assessment – reflects significant life events of the residents, the feelings, biological, medical, psycho-social and emotional condition, behavior, relationship, safety and security, support system as well as the potential for change (awareness, willingness, ability)</p>			

<p>c. Goal and contract setting and intervention planning- the residents conformes with the intervention plan, unless he/she is mentally incapable to make the decision as in the case of infants, toddlers, young children and those individuals who are mentally challenged. A intervention plan is formulated within 15 days after admission together with other members of the multi-disciplinary helping teams taking into consideration the following:</p> <p>c.1. For abandoned and neglected children, placement in foster homes or adoptive families. Further, their petition for the declaration of the child legally available for adoption should filed in the DSWD-Field Office within a month from date of admission while for those who are voluntarily committed, submission of complete documents forwarded to DSWD Field Office for review of dossiers and endorsement to Central Office within three (3) months after signing the deed of voluntary commitment or as applicable</p>				
<p>c.2. For those children who cannot be placed for foster care or adoption, activities for independent living and development of life skills or as applicable</p>				
<p>c.3. Result of assessment</p>				
<p>c.4 Support system shall be provided after pre-discharge conference</p>				
<p>c.5 Nature of cases, i.e suspected and actual victims of trafficking, victims of violence</p>				

c.6. Birth registration, as applicable for those children below 18 years old			
c.7 Preservation and integrity of ethnic, cultural, faith and cultural identity, if applicable			
c.8 Social Preparation with the family and/or community for possible discharge of the residents			
d. Implementation – activities or helping strategies as reflected in the intervention plan are carried out and any change should be agreed upon with the residents. There is multi-disciplinary/ multi-sectoral involvement where relevant professionals/ disciplines are involved in all phases of the helping process, i.e case conference, consultation, provision of specialized services, etc. Likewise, every activities must indicate specific timeline of implementation as basis for progress, monitoring and evaluation.	All activities are documented		
e. Monitoring and Evaluation Use of appropriate tools to determine movement and progress of residents; implementation of the intervention plan, observation reports of the rehabilitation team, progress notes or recordings and identify gaps among others. This is done quarterly. Gaps among others based on intervention plan per resident	Done monthly	Done based on intervention plan Effect of helping interventions provided to the residents are evaluated with proper documentation reflecting significant events that took place in the process of implementing the intervention plan, their feeling or reactions and feedback of the residents are elicited	
f. Closure and termination -- written policies and procedures on termination are operational which cover the following concerns:			
f.1. Closure/ termination is done when the helping goals are achieved or when the needs of the residents are beyond the service capacity of the facility.			

<p>f.2. Termination/pre-discharge plan is finalized with the participation of residents, their families/relatives and concerned LGUs as applicable at least three (3) months prior to discharge for smooth transition</p>			
<p>f.3. Conduct of exit interview and pre-discharge conference</p>	<p>Conduct Pre discharge Conference with accepting party. The result of the pre-discharge conference is confirmed to the receiving LGU/Agency/other facilities with reintegration agreement duly signed by all parties</p>		
<p>f.4. Discharge conference is conducted with the presence of client, family, concerned SWDAs, LGU and case summary transfer prepared and turn-over to the accepting party.</p>			
<p>f.5. After care services and other support services are arranged prior to discharge</p>			
<p>g. Follow-up and after care services – presence of a mechanism that monitor the situation of the residents from six (6) months to one year after discharge, such as eliciting feedback from the receiving LGUs or agencies.</p>		<p>Review of the reintegration agreement if it is achieved or not.</p>	
<p><i>C. Case recording and documentation</i></p>			
<p>I Basic records- all residents must have an individual case folder to include a checklist of the following document marked confidential</p>			

<p>a Admission slip with date and time of admission; contact address/number/ persons; clothing and other personal care materials provided duly acknowledged by the residents</p>				
<p>b Intake sheet indicating among others reasons for placement including letter of referral</p>				
<p>c Social case study reports indicating profile; family composition and background; presenting problem; brief background of the case, i.e history of abuse, significant events, attitudes and behavior, strengths and weaknesses diagnostic impression/ assessment and recommendations, among others</p>				
<p>d Intervention plan with clear helping goals/ objectives, activities or various helping strategies/interventions, time frame and expected output.</p>				
<p>d.1. Accomplished Social Functioning Indicator (SFI)</p>				
<p>d.2. Accomplished Rehabilitation Indicator (RI)</p>				
<p>e Lifebook of the child (if applicable)</p>				
<p>f. Health, medical, and dental records (growth monitoring chart and immunization records for 0-6 years old; result of physical, laboratory exam, medical history, etc)</p>				
<p>g. School records, if schooling</p>				

h. Psychological/psychiatric evaluation records, as necessary in the helping plan					
i. Monthly progress report and running records of the case					
j. Anecdotal reports from the House Parents					
k. Parenting Capability Assessment Report (PCAR), if applicable					
l. Closing Summary and Discharge Slip					
m. Referral letters and other communications/ correspondence					
n. For those catering to children, the following should also be included					
n.1. Birth certificate or any other recognized documents to establish child's identity and age					
n.2. Foundling or death certificate of parents, as applicable					
n.3. Declaration of voluntary commitment for surrendered children or certificate of eligibility for adoption cases					
n.4. Court decision, i.e. commitment order, declaration of abandonment, disclosure of confidential records for children in conflict with the law/victims of violence and trafficking					
n.5. Notification to parents, publications to locate families and relatives					
n.6. Home study report for those with prospective foster/adoptive families					
n.7. Use of ECCD checklist for 0-4 years old					

<p>n.8 Contact/information of concerned LGUs in the management of residents</p>				
<p>n.9 Contract setting with parents or waiver as applicable.</p>				
<p>2 Confidentiality  a. The residents' right to privacy shall be respected at all times. Any information that could endanger them and their families or that is contrary to their best interest should not be disclosed directly or indirectly to the public and media. To guarantee their protection, the following measures should be observed:</p>				
<p>a.1. Written consent from the resident should be sought before sensitive information is disclosed, if applicable and when possible</p>				
<p>a.2. Court order especially for those children in conflict with the law and victims of violence and trafficking</p>				
<p>a.3. Use of coding system that provides aliases or case number</p>				
<p>a.4. Marking of the records as "CONFIDENTIAL"</p>				
<p>a.5 Designated place for confidential records properly marked "FOR AUTHORIZED PERSONNEL ONLY"</p>				

<p>b Written and operational policies on records access, use, and disposal i.e classification of records that are allowed for sharing among the staff and the public and those records that are confidential, shredding of unneeded records, designating authorized persons, list of destroyed records, etc.</p>		<p>Records inventory and disposal is done every five years except cases of adopted children there is a designated place to restore significant/important records properly marked as "archive"</p>	
<p><b>IV. Helping Strategies/Interventions</b></p>			
<p>A. Psycho-social care</p>			
<p>1 Use of appropriate social work methods</p>			
<p>2 Critical incidents stress debriefing</p>	<p>Stress management activities</p>	<p>Family Conferencing And Therapeutic Sessions</p>	
<p>3 Group dynamic exercises</p>	<p>Psychological/psychiatric evaluation</p>		
<p>B. Homelife</p>			
<p>1 Daily living experience that are flexible and yet balanced with sufficient routines and controls to give them an opportunity to clarify values and modify behavior as well as develop a sense of responsibility, foster discipline, and strengthen their capacity for decision-making and relationship with others.</p>	<p>Available criteria to assess coping, interaction and leadership skills of residents.</p>	<p>Criteria to determine level of functioning of residents adopted</p>	
<p>2 House rules to govern the behavior and conduct of the residents. Corporal punishment and deprivation of basic needs are prohibited as a form of discipline.</p>	<p>House rules posted in conspicuous places at the center</p>	<p>Residents participate in the formulation of house rules.</p>	

<p>3 Work assignment should be done with the participation of the residents and in accordance with their age, health, interest and capacity. They should not be made to do work for personal services or office work of any personnel</p>	<p>Documentation on home life meetings</p>		
<p>4 Personal care and other needs are provided to each resident as follows: a. Supervision from the house parents in personal care like sanitation, grooming, brushing teeth and other personal practices</p>	<p>There is available daily observation report on the residents homelife activities prepared by the house parents on duty</p>	<p>Monthly inventory of the belongings of residents</p>	
<p>b. Clothing and other personal effects</p>			
<p>b.1. Upon admission – 4 sets (2 sets of sleeping clothes and 2 sets daytime clothes including bib/mittens, diapers/nappies for infants and toddlers); 4 pcs underwear; 1 pair of slipper; 1 pair of shoes. However, availability of residents personal clothing and other goods be considered prior releases of items prior his/her admission.</p>	<p>Accomplished and duly signed distribution sheets of the residents receipt clothing</p>	<p>Monthly inventory of goods released clothing and other goods to residents</p>	
<p>b.2. Quarterly – 1 pair of socks; 1 pair of slipper. For infants &amp; toddlers, at least 2 sets of clothing consisting of baby dress &amp; underwear. To consider the available stocks items of the residents given by their parents/guardians/ visiting donors etc.</p>	<p>Distribution sheet of items issued to residents is available</p>	<p>There is a monthly inventory of items released to residents</p>	

<p>b.3 Annually – 2 sets daytime clothes; 1 set Sunday attire; 1 set for special occasion; 2 sets casual attire; 1 pair of shoes. To consider the available stocks items of the residents given by their parents/guardians/ visiting donors etc.</p>	<p>Accomplished and duly signed distribution sheets of the residents receipt clothing</p>	<p>Monthly inventory of goods released clothing and other goods to residents</p>	
<p>c. Toiletries c.1. 2 face &amp; 1 bath towel/<u>semestral</u></p>	<p>Accomplished and duly signed distribution sheets of the residents receipt toiletries</p>	<p>Monthly inventory of goods released toiletries and other goods to residents</p>	
<p>c.2. 1 bath and 1 laundry soap/every 3 weeks</p>			
<p>c.3. 1 tube 150 ml toothpaste/month</p>			
<p>c.4. 1 pc toothbrush/quarter</p>			
<p>c.5. 3 bottles 200 ml shampoo/quarter</p>			
<p>d. Linen 2 bed sheets, 1 pillow with two cases; blankets and mosquito net (replacement may be done on an annual basis and/or as need arises)</p>	<p>Personal care items provided is increased by one set.  Accomplished and duly signed distribution sheets of the residents receipt clothing</p>	<p>Personal care items provided is increased by two sets.  Monthly inventory of goods released clothing and other goods to residents</p>	
<p>e. Food and nutrition considers the nutritional, social cultural and health needs of the residents. Same food is served to everyone except when special diet is required. e.1 Meals served are well-planned and prepared under the supervision of or in consultation with a dietician or nutritionist. Weekly planned menu is prepared</p>	<p>Monthly planned menu is prepared and approved by the dietician or nutritionist</p>	<p>Quarterly planned menu is prepared and approved by the dietician or nutritionist</p>	

e.2. Daily provision of meals to residents 3 meals	3 meals and 1 snack	3 meals and 2 snacks		
<b>C. Educational services</b>				
1 Formal education for primary and secondary school-age children is accessed to other agencies. This is monitored every grading period.	Formal education is facilitated by the agency	Tertiary education is included.		
2 Adequate school- supplies and financial support are provided to those in school such as but not limited to: 2 sets of school uniform, 1 set of PE uniform, as applicable, school bags, school projects and transportation as necessary	School dropouts are accessed to appropriate acceleration and equivalency program and Alternative Education or Alternative Learning System (ALS) of the Department of Education.	Training on protection and safety, i.e protective behavior		
3 Literacy class or other life skills activities are availed for those who cannot be enrolled in formal education				
4 Development of special interest such as arts and crafts, dancing, music, drama and other fields as identified in the helping process.		Empowerment seminars/ workshops based on the categories/ types of residents i.e for women and children victim/survivors of violence (VAWC) would include , cycle of violence, laws on women and children's human rights, assertiveness, practicing non-violence, balancing multiple roles of women, while for older persons on the prevention of debilitating ailments in old age and capacitating persons with disabilities		
5 Provision of self-enhancement activities/services for PWDs such as, daily living skills, sign language and brail among others	Functional education for PWDs	Access to job placement for PWDs		

<p>6 Early childhood care and development (ECCD) for those children below six (6) years old with at least 4 sets of ECCD materials (picture and story books, table games/table blocks and other manipulative materials, arts and crafts and materials for dramatic play)</p>	<p>Character building and values education with at least 4 sets of each type of ECCD materials.</p> <p>ECCD materials must be increased to 6 sets</p>	<p>Maintains a learning resource center for the residents</p>	
<p>D. Medical/Health, Psychological and Dental Services</p>			
<p>1 Annual physical and medical and dental check-up</p>	<p>Specialized medical treatment is provided for cases with special medical needs</p>	<p>Staff and residents demonstrating healthy eating habits; conscious practice on health and sanitation</p>	
<p>2 Hired with regular paramedic staff</p>	<p>Hired in-house nurse</p>	<p>With regular visiting doctors</p>	
<p>3 Laboratory examination, if applicable</p>			
<p>4 Facilitate newborn screening for children.</p>			
<p>5 Basic immunization for infants and toddlers and older persons</p>			
<p>6 Medicines should be administered according to the prescription of licensed physician.</p>	<p>Residents are provided with training on first aid and on handling/management of common health problems.</p>		
<p>7 Conduct of psychological evaluation, if necessary.</p>			
<p>8 Hospitalization of residents need further medical attention.</p>			
<p>E. Alternative family care</p>			
<p>Accessed to licensed and accredited child placement agencies to facilitate child's placement either through foster care or adoption who shall assume the care, custody, protection and maintenance of residents for purposes of adoption, guardianship, foster care, or kinship; or independent living for older children.</p>	<p>Recruits and orients prospective foster and adoptive families including kins, conduct pre and post adoption counseling</p>	<p>Participates in the regional and/or national matching conference</p>	
	<p>Identified children for alternative parental care</p>	<p>Appropriate placements are determined.</p>	

F. Socio-cultural recreation				
Celebration of birthdays and special events such as women/children's month/day, family week/ family thanksgiving day, nutrition month, and other special holidays.	Outing, picnic, swimming and other sports activities quarterly conducted	Summer camp program; summer lympics; paralympics/ abilympics; participation in theater arts production; member of senior citizen federation and other similar activities for the healing and recovery of the residents.  Residents participated on regional/national level		
G. Spiritual enhancement				
All residents are provided or accessed to worship service of their choice.	Observes religious events	Provision of space/room for the spiritual enhances activities of the residents choice		
H. Legal/paralegal assistance				
1 Activities are conducted to prepare residents before the scheduled court hearings; guided during trials and provided de-briefing sessions after each hearing.				
2 Residents are referred to legal counsel of their choice and given options before taking any legal actions.	Pool of lawyers available to interpret the case proceedings and update the staff and residents on the progress of the case.	There is available retainer lawyer in the Center to responds on residents legal concerns		
I. Livelihood, vocational skills/ entrepreneurial training				
1 Skills training	If livelihood activities are implemented, residents served are informed on policies and trained to manage the project, i.e profit sharing, accounting and bookkeeping, earning and savings			
2 Job orientation				
3 Job matching and placement		Provided capital assistance for residents engaged in livelihood activities or access to sub-contract jobs/sheltered workshops.		

J. Progressive integration with family and community				
1	Regular communication by immediate family members (except perpetrator) are planned and agreed upon.	Provision of basic support services in the community are coordinated with LGU concerned and other SWAs	Network of Support services among partner LGUs and SWAs in the community are established	
2	Family reintegration shall be pursued if the case study report shows that it is the best intervention to achieve the helping goals	Follow-up is done within one year	Follow-up is done within 6 months	
3	Integration may also be in a form of independent/group home living arrangement, as applicable			
V. Physical Structure and Safety				
A. Location and design				
1	Accessibility to community facilities Accessible to, at least community facilities to meet basic needs such as schools, churches, clinic or hospitals, recreation centers.			
2	Safety conditions in the neighborhood There are some conditions in the neighborhood that may be potentially dangerous or hazardous to the facility but are still manageable. Necessary corrective measures/actions were already installed.	Safety conditions in the neighborhood are high or at least manageable The facility is far from dangerous structures like gas and power stations, conflict areas, cliff, rivers, or safety measures are installed to prevent loss of life and harm to physical and health condition that may be caused by these structures/elements		
3	Accessibility Features Necessary devices are installed to meet the needs of those with disability	Presence of rail, ramp and toilet and bath for PWDs in compliance to Batas Pambansa 344 s. 1995 and/or other necessary devices are installed to meet the needs of those with disability		

<p>4. Doorways into communal areas, rooms, bathing and toilet facilities and other spaces to which a wheelchair users have access should have a clear opening of at least 85 cm or .85 meter.</p>			
<p>5. All rooms are adequately lit, warm or cool enough, well-ventilated by means of windows that can be opened easily by the staff, and/or functional air conditioning systems/coolers/fans/exhaust fans in toilets and kitchen and in all enclosed areas.</p>			
<p>6. Facilities and Structures There are improvements made for the necessary changes</p>	<p>The design, lay-out and furnishings create a pleasant domestic and therapeutic environment consistent with the facility's mandate and is appropriate to the age, needs, culture and ethnic background of the residents.</p>	<p>Improvement of facilities and structures are sustained.</p>	
<p>7 Lighting and ventilation Lighting in communal rooms is sufficient and appropriately designed</p>	<p>Night lights are installed in the bedrooms and in the living area</p>	<p>Areas in periphery are well lighted</p>	
<p>8 Security structures Security structures that create a prison-like setting shall not be installed. Window grills may be installed provided that it can be opened easily in case of emergency Emergency/fire exit are installed.</p>	<p>Call systems or accessible alarm facility are strategically located or are provided in every room  Alarm system for security measures / two way radio /fire alarm, sprinkler are available.</p>	<p>CCTV camera is installed. Piped-in music; video for monitoring, provided it is managed by responsible staff and for specific purpose</p>	
<p><b>B. Facilities and accommodation</b></p>			
<p>1 Basic utilities for communication, electricity, adequate potable water are available and provided to staff and residents.</p>	<p>Availability of fax machine and other means of communication</p>	<p>Computer with internet connection</p>	

<p>2 There is a designated room for a variety of social, cultural, religious, official and personal activities with adequate space for use of the staff and residents, which include but not limited to the following:</p>				
<p>a Bedrooms a.1. Should not be part of the communal/living areas</p>				
<p>a.2. Room dimensions and lay-out options have space of about ½ meter on either side of the bed to enable access for caregiver and for any equipment needed</p>				
<p>a.3. Rooms for PWDs with accessibility feature and with enough space in between beds for their wheelchair</p>				
<p>a.4. Rooms shared measuring about 24 sq. m are occupied by no more than four (4) adult resident, or 10 infants or 6 toddlers. For those facilities catering to VAWC, women and their children can be accommodated in one room not exceeding 6 individuals per room.</p>				
<p>a.5 In case of a dormitory type room measuring about 100 sq. m, dividing the room into cubicles for privacy may be adopted with no more than 15 residents per dormitory/ quarter.</p>				
<p>a.6 Each resident has his/her own bed, a storage/cabinet for clothing and other personal belongings. Double-decked bed is allowed provided that children below 13 years old are at the lower bed.</p>				

<p>a.7 No basement shall be used as sleeping accommodation unless declared fire-safe by the concerned government authorities</p>			
<p>a.8 No resident such as Older persons/persons with disability/children with difficulty using stairways shall be placed in a bedroom above or below the floor level, or upper deck bed.</p>			
<p>a.9 No resident shall occupy a room with member of the opposite sex unless they are immediate members of the same family</p>	<p>Doors shall have opening for visual check by the staff-on-duty</p>		
<p>b Living/communal areas and facilities</p>			
<p>b.1. There is a designated area for relaxation, leisure or receiving visitors separate from bedroom and dining room, measuring about 4 sq.m/resident including open space for outdoor activities.</p>	<p>A separate area or garden space for reflection</p>		
<p>b.2. Other recreational facilities/supplies/ materials (at least 2 sets board games, 2 pcs basketball/volleyballs, 1 set badminton or table tennis for a group of 25 individuals) are provided</p>			
<p>c Bathrooms and washing facilities c.1 One functional bathroom and toilet with at least two lavatories for every 10 female or male residents</p>	<p>One assisted bath for residents with disability, at least one for every 8 PWD is preferred</p>	<p>Bathrooms and washing facilities are designed for PWDs</p>	
<p>c.2. Children-sized bathroom and toilet facilities/amenities for those catering to children</p>	<p>A separate toilet facilities for visitors</p>		

<p>c.3 When adult facilities are used, non-tippable stairs or stalls are provided</p>					
<p>c.4. One functional bathroom and toilet each for male and female staff.</p>					
<p>D Kitchen and dining rooms d.1 With chairs and table based on the age level of the residents, with no more than 10 individuals per table for better interaction</p>					
<p>d.2 Kitchen should be equipped with basic kitchen furnishing, tools and utensils</p>					
<p>d.3 Equipped with adequate dining wares, one set per resident</p>					
<p>e Laundry area e.1 Located in an area where it can not obstruct in the day-to-day activities of the staff and residents</p>					
<p>e.2.Laundry area for PWDs should be level with their wheelchair (for wheelchair bound PWDs)</p>					
<p>F Storage area f.1. Where foods, supplies, wheelchairs and other equipment are stored and properly accounted for</p>		<p>There is designated separate storage for food supplies.</p>			
<p>f.2 Kept tidy, well-maintained and organized to ensure safety of goods</p>					
<p>f.3. Space should be enough to store all items kept for safekeeping</p>					
<p>f.4. Well ventilated and items properly labeled</p>					

<p>g Study area/mini library g.1. Study area is conducive to learning. Well ventilated with proper lightning and study table</p>	<p>Mini library should be equipped with appropriate reference/ reading materials and other educational materials, either formal or non-formal; books and other reading materials in brail</p>	<p>Resource center in place; computer in joss for the blind</p>	
<p>g.2 Brail for the blind; slates and stylus are available, as applicable</p>			
<p>h Infirmary/Clinic Equipped with beds for isolation with basic first aid kit, medicines for common illnesses, clean and well maintained medical supplies and equipment necessary for medical consultation</p>	<p>Has consultation bed and lavatory to accommodate those residents with communicable diseases, e.g chicken fox, sore eyes, and other illnesses that does not require hospitalization</p>	<p>An infirmary room separate from clinic for daily consultation is available</p>	
<p>i Office space/administrative rooms i.1 Each staff should have one table and chair and has his/her own cabinet/designated space for files and safekeeping of personal items</p>	<p>Computer system to facilitate preparation of financial and administrative reports; preparation and updating of case studies, etc.</p>	<p>Each staff is provided a desk top computer</p>	
<p>i.2. Has adequate space for the day-to-day office operation, at least 4 sq.m/staff</p>			
<p>i.3. Furnished with appropriate office equipment such as filing cabinets, chairs/sofa and tables for the inquiring public</p>			
<p>i.4. Separate from the areas of interaction and programmed activities with the residents</p>			

<p>j Conference/training room Space for conference room is limited but the organization has introduced alternative measure.</p>	<p>There is provision of conference/training room with adequate furniture and fixtures for use by the staff and residents during meetings, case conference, seminars, trainings and other related activities</p>		
<p>K Interview/counseling/therapy room k.l. Space for visiting parent/s and other visitors There is no separate space for visitors but some alternative measures were made instead (e.g. convertible space is made available</p>	<p>Separate from the office space used for day-to-day operation  Equipped with counseling paraphernalia such as art materials, throw pillow, dolls, toys, sandbox and other furniture &amp; fixtures appropriate to the age and purpose of the counseling/therapy sessions</p>	<p>Equipped with one-way mirror, audio-video and computer system and observation room for social laboratory and training purposes; provision of aqua therapy for children with disability</p>	
<p>3 In case of cottage type facilities measuring about 100 sq. m, number of occupants should not exceed 8 individuals including houseparents, with kitchen and dining rooms, bedrooms, toilet and bathroom, study area, living room/communitai area, laundry area that conform with the above specifications.</p>			
<p>4 Staff quarters There is no provision of separate living quarters for the staff. But alternative measures are provided.</p>	<p>Separate sleeping quarters for male and female staff</p>	<p>Separate sleeping quarters for male and female staff with separate bathroom and toilets.</p>	

<p>5 Control/observation room – if provided for those resident manifesting violent behavior, his/her physical safety should be considered by making sure that the room:</p> <p>a Has all switches for lights and ventilation outside the room; no electrical outlets in the room;</p>				
<p>b Allows for total observation of the behavior at all times;</p>				
<p>c Has protected recessed ceiling light;</p>				
<p>d. Is properly ventilated with window/s that are/is secured and protected to prevent harm to the resident;</p>				
<p>e. Has all doors, ceilings and walls constructed of strength and materials to prevent damage or harm to the resident;</p>				
<p>f Is a minimum of 6 ft by 9 ft in size with at least 7.5 ft. ceiling</p>				
<p>C. Sanitation and Waste Management System</p>				
<p>1 Generally clean and free from clutter, dirt or waste matter</p>				
<p>2 Free from rodents, insects and stray animals. If there are pets inside the facility, proper hygiene is also observed.</p>				
<p>3 Functional drainage and sewerage system</p>				
<p>4 Implements proper waste disposal system (segregation of biodegradable and non-biodegradable materials) and other practices that supports the Clean Air Act</p>		<p>Zero waste management</p>	<p>5-s installed and practiced by the management, staff and residents (sort – take out unnecessary items and dispose; systematize – arrange necessary items in good order; sweep – clean your workplace; sanitize – maintain high standards; and self-discipline- do 5s spontaneously)</p>	

D. Emergency and Safety Measures					
1	Evacuation/exit plan, warning system and emergency exits are clearly installed with signages and known to all staff and residents				
2	Fire fighting gadgets available, e.g functional fire extinguisher or its equivalent like sand and water				
3	Inflammable materials and other dangerous home implements/substances are kept in a locked cabinets with designated persons to monitor their use				
4	Organize Disaster Management Committee/Team that will be in-charge of ensuring that disaster risks and vulnerabilities are not present in the facility and that there will be zero casualties.	Conduct once a year a disaster preparedness trainings/seminars and emergency drills to be led by the Disaster Management Committee/Team e.g. fire and earthquake drills and other safety measures in 12-month period including the testing/inspection of emergency and firefighting gadgets		There is available Risk Reduction Management plan	
5	Staff are able to open the doors to any room from the outside in case of emergency	Presence of security system within the facility for those that do not employ the services of security guards			
6	Main exit doors should have outward opening				
7	First aid kits available and strategically located, either in the clinic or quarters/cottages. Medicines are safely stored in a secure cabinet and are administered only by an authorized person and with proper prescription or medical advise				

8	Keeps electrical cords and electrical outlets out of reach by infants and toddlers and those unused electrical outlets covered.			
9	The facility is declared safe by proper government authority. Available and updated certificates on fire safety, building and water potability			
<b>TOTAL POINTS</b>				

**Other Findings:**

**Highlights of Focus Group Discussion** (Include the development of residents in the facility such as physically, mentally, and emotionally etc.)

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**Recommendations:**

**A. For Issuance of Accreditation Certificate**

In view of the above findings, the \_\_\_\_\_

(Name of SWA)

has satisfactorily met the standards of accreditation under **Level** \_\_\_\_\_. An issuance of Certificate of Accreditation is hereby recommended with validity period of \_\_\_\_ **years** for implementing \_\_\_\_\_ residential care services for

(type of beneficiaries/clients)

**B. For Non- Issuance of Accreditation Certificate**

In view of the above findings, the issuance of accreditation certificate for \_\_\_\_\_ is hereby held

in abeyance

(Name of SWA)

The agency shall comply with the agreed action plan within \_\_\_\_\_ months after the assessment visit. *Likewise, non-compliance on the agreed action plan after two (2) consecutive monitoring visits shall be accorded with the penalty stipulated in: the Amended Administrative Order No. 17 series of 2008, Rules and Regulations on the Registration and Licensing of Social Welfare and Development Agencies and Accreditation of Social Welfare and Development Programs and Services.*

<i>Areas for Compliance</i>	<i>Activities</i>	<i>Time Frame</i>	<i>Responsible Person</i>	<i>Resources Needed</i>

**Assessed by:**

\_\_\_\_\_  
(Name and Signature of DSWD Staff or Authorized Accreditor/Designation)/ Date

**Concurred By:**

\_\_\_\_\_  
(Name and Signature of Agency Head or Authorized Representative/Designation)/Date