**ACCREDITATION ASSESSMENT TOOL FOR NATIONAL VOCATIONAL REHABILITATION CENTER (NVRC), AREA VOCATIONAL REHABILITATION CENTERS (AVRCs) AND OTHER CENTERS PROVIDING SIMILAR PROGRAMS AND SERVICES**

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| ***Status of Application:*** | **Service Users** | | | | |
| * New | *Sector/Category* | *No. of Service Users* | | |  | |
| * Renewal |  | *Male* | *Female* | ***Total*** |  | |
| Accreditation No : \_\_\_\_\_\_\_\_\_\_ | * Youth |  |  |  |  | |
| Date of Issuance : \_\_\_\_\_\_\_\_\_\_ | * Women |  |  |  |  | |
| Date of Expiration: \_\_\_\_\_\_\_\_\_\_ | * Older Person/s |  |  |  |  | |
| ***Scope/Coverage of Accreditation:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | * Person/s with Disability |  |  |  |  | |
| * Area of Operation   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Indigenous Person/s |  |  |  |  | |
| * Programs/Services | * Internally Displaced Person/s |  |  |  |  | |
|  | **Total** |  |  |  |  | |

**Identifying Information:**

1. *Name of Center****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. *Location/Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. *Center Head and Designation:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. *Telephone/Mobile Number/s:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. *Social Media Account (if there’s any):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *E-mail Address and Website:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. *Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
3. *License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Issued: \_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_*

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| **FOREWORD**  This accreditation assessment tool provides the standards in the operation of National Vocational Rehabilitation Center, Area Vocational Rehabilitation Centers and other similar centers and institutions. Hence, it shall be used in the assessment for the accreditation of the programs and services being implemented by these centers and institutions.  **INSTRUCTION:**  A **check** **(✓) mark** shall be put inside the ***Compliance Column*** on the ***Minimum/Mandatory Indicators*** or on the ***Higher Set of Standards,*** if the requirement has been complied, and a **cross** **(X) mark**, if not. However, should a certain standard or requirement is being complied by the center under a different Means of Verification (MOV) not specified in this tool, the assessor shall put a check inside the compliance column with the specific means of verification (MOV) written/stated in the Specific Findings/Remarks Column. On the other hand, findings and/or the needed actionfor the requirement to be complied shall also be indicated in the Specific Findings/Remarks Column, if the requirement has not been complied.  Furthermore, should the agency being assessed is certain that the set standard or requirement does not apply to their operation and/or implementation of programs and services, a ***n/a*** **(not applicable) mark** shall be put inside the compliance column. To avoid argument or discussion with the agency, the assessor shall refrain from the unnecessary or exaggerated interpretation of the standards or requirement as listed. Should a different interpretation is necessary, the assessor shall distinctively indicate in the Specific Findings/Remarks his interpretation of the standard/requirement and the corresponding compliance.  Likewise, as to documentary requirements, to ensure completeness and compliance based on the approved Documentary Requirements at the time of the conduct of assessment.  All ***check*** **(✓) mark** representing complied items and ***n/a*** both equivalent to one (1) point, shall be summed-up to arrive at the ***total score*** garnered during the assessment. |

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| **Key Results Area**  (KRA) | No. of Items  No. of Items | **Minimum/Mandatory Indicators**  *(for Level 1 Accreditation)* | Compliance | No. of Items | **Higher Set of Standards**  *(for Level 2 and 3 Accreditation)* | Compliance | **SPECIFIC FINDINGS / REMARKS**  Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.  Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited. |
| **I. Administration and Organization** | | | | | | | |
| 1. Vision, Mission, Goals and Administrative Policies | | | | | | | |
| 1. SWDAs Vision, Mission and Goal | 1 | The Vision, Mission and Goal as stated in the Manual of Operation is posted on a conspicuous area at the center.  MOV: Posted VMG |  | 1 | The VMG is translated into an information, education and communication (IEC) material  MOV: Pamphlets/Brochures/  Online Prints |  |  |
| 1. Organizational Chart | 2 | The center has an updated organizational chart posted on a conspicuous area at the center  MOV: Posted Updated Organizational Chart |  | 2 | The updated organizational chart is completely filled-up and has the names, designations and pictures of officers and staff  MOV: Completely filled-up and updated Organizational Chart |  |  |
|  | 3 | Program or Project Management Structures are indicated/ illustrated on the Organizational Chart  MOV: Updated Organizational Chart |  |  |
| 1. Policy Making Body | 3 | The center has a Governing Board/Trustees or its equivalent in government/public sector (i.e. Provincial/City/Municipal Development Council (P/C/MDC), Regional Management Committee) that address organizational issues and concerns  MOV: Approved Board Resolutions/Minutes of Meeting |  |  |  |  |  |
| 4 | The Governing Board/Trustees or its equivalent in government/public sector ensures continuous operation of the center for one (1) more year aside from the current year.  MOV: Bank Account/ A Record of Trust Fund/ Certification from the Board or Donors/ Certification of the Local Chief Executive (LCE)/Certification of the Regional Directors |  | 4 | The Governing Board/Trustees or its equivalent in government/ public sector ensures continuous operation of the center for two (2) more years aside from the current year.  MOV: Bank Account/A Record of Trust Fund/Certification from the Board or Donors/Certification of the Local Chief Executive (LCE)/Certification of the Regional Directors |  |  |
| 4. Manual of Operations/ Programs Handbook or User’s Manual | 5 | The Center has a Manual of Operations that provides the direction in its operation and implementation of programs and services to its chosen beneficiaries  MOV: Personnel Handbook or User’s Manual |  | 5 | The center’s Manual of Operation has its equivalent Handbook or User’s Manual that describe the agency, the clientele group/s it serve/s, programs and services, service protocol, client protection policy, code of conduct of staff and employees, etc.  MOV: Agency Handbook or User’s Manual |  |  |
| 6 | Said Manual of Operation (MOO) provides information on the center’s policies and procedures in times of local or national emergencies (i.e. health emergencies, disasters and calamities)  MOV: MOO - Policies and Procedures in times of Emergency/Calamity |  |  |  |  |  |
| 7 | The center includes in its MOO, compliance to set new normal, social distancing or other emergency requirements/standards as prescribed by the concerned government agency/ies in its day to day operation and implementation of programs and services to its chosen beneficiaries  MOV: Policies and Procedures in times of emergencies |  | 6 | As stated in the MOO, the center provides for its staff the necessary support in time of emergency such as alternative work arrangement, emergency leave or other similar work arrangement that allow the staff to adjust/recover from emergency/calamity or other incremental situation/condition  MOV: Policies and Procedures in times of emergencies/Minutes of Meeting/SO |  |  |
| 8 | The MOO also indicates center’s policy of providing the community and chosen beneficiaries with information, education and communication (IEC) materials on adapting and managing health and other emergencies  MOV: Policies and Procedures in times of emergencies/IEC Materials |  |  |  |  |  |
| 9 | The MOO also indicate agency’s policy of providing its beneficiaries with regular bulletin or updates in community emergency situations or conditions with recommendations on acceptable norms in such situation/s  MOV: Policies and Procedures in times of emergencies/Sample Bulletin |  |  |  |  |  |
| 5. Strategic and Operational Planning System | 10 | The center’s Strategic Plan is reviewed and updated annually based on the result of evaluation of operation and implementation of programs and services  MOV: Updated Strategic Plan/ Proceedings of the Review Process or Annual PREW |  |  |  |  |  |
| B. Financial Resource Management | | | | | | | |
| 1. Financial Management System | | | | | | | |
| 1. Fund Sourcing | 11 | The center’s source/s of funds are clearly indicated in the Audited Financial Statement/Report (AFS/R) or Statement of Allotment and Obligation Balances (SAOB) or similar document in public/government operated centers  MOV: Audited Financial Report/Statement (AFR/S) duly received by the BIR/SEC/signed by Provincial/City/Municipal Accountant for government programs/projects |  |  |  |  |  |
| 1. Control | 12 | The center’s written internal control systems are being implemented  MOV: Finance Audit Reports |  |  |  |  |  |
| 13 | The center’s financial transactions are transparent and properly documented  MOV: Vouchers and Ledgers |  |  |  |  |  |
| 14 | Internal and external auditing of financial transactions are being done annually, are documented and done at least annually  MOV: Audit Reports |  | 7 | Internal and/or external auditing of financial transactions, as applicable are being done quarterly and/or semi-annually  MOV: Audit Reports |  |  |
| 15 | Annual Financial Report/Statement is certified by an independent Certified Public Accountant (CPA) should the gross income of the center goes beyond PhP500,000.00, or by Commission on Audit (COA) or a Government/Agency Auditor for government center  MOV: Audited Financial Statement/Report |  | 8 | Regular/annual reporting or feedback to donors/sponsors on fund utilization is being done.  MOV: Financial Report to Donor/ Catalogue or Annual Report |  |  |
| 1. Fund Liquidation | 16 | Disbursements are covered by duly authorized vouchers and are subjected to annual internal/external auditing.  MOV: Vouchers/Ledgers/Audit Reports |  |  |  |  |  |
| 17 | Duly signed Updated Fund Utilization Report (FUR) or its equivalent in the private sector is available  MOV: Signed FUR |  | 9 | Fund Utilization Report or its equivalent in the private sector is submitted quarterly, semi-annually or annually as required to concerned agency/ies.  MOV: Submitted Quarterly, Semi-Annual and Annual Reports. |  |  |
| C. Material Resource Management | | | | | | | |
| 1. Facilities / Assets | 18 | An inventory of the center’s facilities and physical assets is being kept  MOV: Inventory of Assets |  | 10 | The inventory of facilities and physical assets is updated annually  MOV: Updated Inventory of Assets |  |  |
| 19 | Utilization, distribution, disposal, repair and replacement of physical assets are documented  MOV: Distribution/Disposal Slips/Report |  |  |  |  |  |
| 1. Donation Management | 20 | There are written policies for securing, acknowledgement, securing and distribution of monetary and in-kind donations.  MOV: MOO-Donation Policy |  | 11 | Records also indicate just and equitable distribution of donations and is properly recorded and accounted.  MOV: Donation Distribution and Utilization Records/List |  |  |
| 21 | Utilization of donations are transparent and according to policies and rules  MOV: MOO/Donation Utilization Records |  | 12 | Distribution list of donations, are available  MOV: Distribution List |  |  |
| 22 | As stated in the MOO, center’s personnel/staff are excluded as beneficiaries of donations  MOV: MOO-Policy on Donation Management |  |  |  |  |  |
| D. Human Resource Management and Development | | | | | | | |
| 1. Human Resource Policies | | | | | | | |
|  | 23 | The center’s human resource policies, procedures and rules are consistent with organizational policies and goals. They are applicable, understandable and reasonable  MOV: MOO – Human Resource Policies |  | 13 | They are regularly communicated to all levels of personnel in the organization thru memoranda, e-mails, and other applicable means  MOV: Official communications/Memo/e-mails with acknowledgement Activity/ Accomplishment Report |  |  |
| 1. Human Resource Management Systems | | | | | | | |
| 1. Recruitment, selection, hiring and retention system | 24 | The center follows a functional system of hiring new staff and personnel  MOV: MOO/Policy on Hiring Staff |  |  |  |  |  |
| 25 | The written policy specifies qualifications standards that also meet PRC/CSC/TESDA standards, whatever is applicable  MOV: MOO/Qualification Standards |  | 14 | The center follows a system of hiring new staff and personnel based on Magna Carta for PWDs and Labor Laws, whatever is applicable  MOV: MOO/Profile of Employees/File 201 |  | Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited. |
| 26 | Each position has its equivalent written job description or Terms of Reference (TOR)  MOV: Job Description/TOR/201 Files of Employees |  | 15 | Tasks of personnel are aligned with what is written in their job description/TOR  MOV: Profile of Employees/Job Description |  |  |
|  |  |  |  |  |
| 1. Training and Development | 27 | A training plan for the staff is developed.  MOV: Training Plan/Roadmap |  | 16 | Prepared training plan is based on training needs analysis.  MOV: TNA Documentation/Process  Recordings |  |  |
| 28 | Staff and personnel attend trainings/seminars as planned  MOV: Feedback Report/Training Certificates |  |  |  |  |  |
| 29 | Funds for staff training are included in the WFP  MOV: Approved WFP |  |  |  |  |  |
| 30 | The staff including volunteers are given orientation/training on first-aid and disaster mitigation and management  MOV: Activity Report/Accomplishment Report/Photo documentation |  |  |  |  |  |
| 31 | Orientation on Client Protection Policy and GAD Training are provided to all staff  MOV: Feedback Report/Training Certificates |  | 17 | Re-orientation on Client Protection Policy and GAD Training are provided to the staff at least once a year.  MOV: Feedback Report/Training Certificates |  |  |
| 1. Staff Support Services | 32 | The staff receives regular supervision which are recorded to help ensure good performance and delivery of programs and services  MOV: Supervision Logbook/Supervisory Notes |  | 18 | One on one coaching and mentoring are conducted and documented  MOV: Folder/Logbook of Notes and Agreements with the Supervisor |  |  |
| 33 | Periodic or at least monthly staff meetings are conducted to allow the discussion of key issues and find solutions to problems  MOV: Minutes of Meeting |  | 19 | Emergency staff meetings are conducted as necessary  MOV: Minutes of Emergency Staff Meetings |  |  |
| 34 | Staff support mechanism such as stress debriefing are provided especially to those who suffer stress and/or injury  MOV: Process Recording |  | 20 | Stress debriefing activities are provided to all staff at least twice a year  MOV: Process Recordings |  |  |
| 1. Compensation System | 35 | Compensation policies are developed and written as general guideline to govern pay, incentives and benefits  MOV: MOO |  | 21 | There are policies that provide rewards/incentives to outstanding performances of employees  MOV: MOO |  |  |
| 36 | Salaries and benefits are based on existing laws (CSC, Minimum Wage), and categorized according to different job assignment in the agency.  MOV: MOO/Profile of Employee/Payroll |  | 22 | Salaries and benefits are based on government rates or higher for both technical and administrative staff  MOV: MOO/Profile of Employee/Payroll |  |  |
| 1. Performance Appraisal | 37 | Assessment of staff performance is conducted annually  MOV: MOO/Performance Appraisal System/ Signed Performance Appraisal Tool |  | 23 | Assessment of staff performance is conducted semi-annually  MOV: Signed Performance Appraisal Tool with dates |  |  |
| 38 | Performance assessment tool is developed and utilized by the agency  MOV: MOO/Tool for Appraisal |  | 24 | Staff that exhibits exemplary performance is recognized.  MOV: Accomplishment/Activity Report and Photo Documentation |  |  |
| 25 | Exemplary Performance are rewarded and provided with incentives    MOV: Accomplishment/Activity Report and Photo Documentation |  |  |
| 26 | Recognition of staffs exemplary performance is recorded and with photo-documentation  MOV: Documented Activity Reports |  |  |
| 1. Volunteer and Internship Management Program | 39 | There are written policies on the recruitment of volunteers including on-the-job trainees and student interns  MOV: MOO/Volunteer Commitment Form |  | 27 | Policies on volunteer management are disseminated  MOV: Routed Memorandum/Activity Report/s |  |  |
| 40 | Criteria for selection and placement, task and responsibilities, training and development, monitoring and evaluation of performance of volunteers i.e. student interns, and on-the-job trainees (OJT) are in place  MOV: MOO/Volunteer Management Policies |  |  |  |  |  |
| 41 | Volunteers are accessed to or provided with orientation and training on laws related to their beneficiaries  MOV: Activity Report/Training Certificates/Accomplishment Report |  |  |  |  |  |
| 42 | Activities of volunteers are fully documented  MOV: Activity Report/s/Logbook |  | 28 | Outstanding performance of volunteers are recognized  MOV: Activity Report/Photo Documentation |  |  |
| 43 | Support mechanisms for volunteers are in place to include intermittent processing of experiences and exit interview  MOV: MOO/Process Recording/s |  |  |  |  |  |
| 44 | A database of volunteers/interns are maintained and updated  MOV: MOO/Updated Database of Volunteers |  |  |  |  |  |
| 1. Personnel Competencies and Qualification Standards | | | | | | | |
| Personnel at different level of functions have the following qualification and competencies: | | | | | | | |
| 1. Executive Director/   Center Head/Head of the Agency | 45 | A graduate of bachelor’s degree or any 4-year course qualifies if he/she has any of the following:   * + 1. Three (3) year experience as manager, administrator or head of a social welfare and development agency, center or institution.     2. At least 80 hours of training on topics relevant to the services or skills on working with the clients of the agency   MOV: College Diploma/Certificate of Training/Profile of Employee/File 201 |  | 29 | A graduate of behavioral science courses with the following additional qualification:   1. Units in or a Master’s Degree 2. Five (5) year experience in managing social welfare and development agency   MOV: College Diploma/Transcript of Records/Profile of Employee |  |  |
| b. Program or Administrative Head/ Supervisor | 46 | Program Head or Supervisor is a bachelor’s degree holder with at least three (3) years supervisory experience in social welfare and development  MOV: Profile of Employee/File 201 |  | 30 | Program Head or Supervisor is a registered social worker (RSW) with at least one (1) year supervisory experience  MOV: Profile of Employee/File 201 |  |  |
| 47 | Administrative Supervisor must have at least three (3) years of relevant supervisory experience  MOV: Profile of Employee/File 201 |  |
| c. Program Officer/Social Worker/Social Welfare Officers | 48 | Program/Social Welfare Officer who handle the case management of the center is a registered social worker (RSW)  MOV: MOO/Profile of Employee/File 201 |  | 31 | The RSW has at least one (1) year experience in working with PWDs, WEDC, Release Prisoners and other vulnerable group/s  MOV: MOO/Profile of Employee/File 201 |  |  |
| d. Manpower Development Officer | 49 | A full-time Manpower Development Officer (MDO), graduate of any Degree with at least three (3) years of experience in Voc-Tech Training and Job Placement Program is employed  MOV: MOO/Profile of Employee/File 201 |  | 32 | Hired MDO has at least three (3) year experience in working with the Persons with Disability  MOV: MOO/Profile of Employee/File 201 |  |  |
| e. Psychologist/ Psychometrician | 50 | A full-time registered psychometrician (RPm) with at least three (3) year experience in handling specific cases is employed to conduct psychological evaluation, individual and group counselling sessions, etc.  MOV: Profile of Employee/File 201 |  |  |  |  |  |
| 51 | The services of a registered psychologist (RPsy) with experience in handling specific cases is accessed as necessary for clients with severe dysfunctionality  MOV: Referral Letter/s |  | 33 | A registered psychologist (RPsy) is employed to conduct psychological test and evaluation, psycho-therapy, individual and group counselling sessions, and address the psycho-social needs of clients with severe dysfunctionality  MOV: Profile of Employee/File 201 |  |  |
| f. Medical/Dental  Personnel | 52 | Must have completed the required education/degree or obtained the appropriate license or eligibility as required by his position/function  MOV: Profile of Employee/File 201 |  |  |  |  |  |
| g. Dormitory Manager/ Houseparent/s | 53 | Must be at least high school graduate with the required training and license in parenting/caregiving, and one (1) a year experience in handling persons with disabilities  MOV: Profile of Employee/File 201 |  | 34 | College level with the required training and license in parenting/caregiving, and three (3) year experience in handling persons with disabilities  MOV: Profile of Employee/File 201 |  |  |
| h. Program or Administrative Support Staff | 54 | Must have completed the required education/degree or obtained the appropriate license or eligibility as required by his position/function (i.e. Secretarial Science for clerk, B.S. Accounting or Banking and Finance for bookkeeper, etc.)  MOV: Profile of Employee/File 201 |  |  |  |  |  |
| i. Other support staff | 55 | With the required training or license necessary for his/her job/function (i.e. driver’s license/TESDA certificate/s)  MOV: Profile of Employee/File 201 |  |  |  |  |  |
| **55** | No. of complied **Minimum** Standards on Administration and Organization |  | **34** | No. of complied **Higher** Standards on Administration and Organization |  |  |
| **II. Program Management** | | | | | | | |
| 1. Program Processes | | | | | | | |
| 1. Preparation of Program Plan | 1 | An annual program plan that maps the agency’s organizational goals, thrusts and priorities including programs and services is prepared using data on the client/clientele group’s situation gathered thru intake, community profiling, baseline survey or any method of assessment  MOV: Annual Program Plan/Approved WFP |  | 1 | The program plan is enhanced as necessary based on the situations and needs of the program/service beneficiaries  MOV: Enhanced Program Plan |  |  |
| 1. Identification of Program Funds | 2 | The program plan is supported with funds that ensure its delivery and implementation.  MOV: Program Plan/Approved WFP |  | 2 | The allocated funds is supported with contingency funds  MOV: Annual Budget/Approved WFP |  |  |
| 1. Collaboration and Networking | 3 | Collaboration with stakeholders is done for an efficient and sustained delivery of programs and services  MOV: Activity/Implementation Report |  | 3 | Long-time collaboration with stakeholders is established thru Partnership or Memorandum of Agreement/Understanding (MOA/MOU) ensuring sustained delivery of programs and services  MOV: MOA-U/Program Plan/WFP |  |  |
| 1. Programs Implementation | | | | | | | |
| 1. Program / Service Implementation | 4 | Programs and services being implemented reflect the need/s of the client/clientele group  MOV: Assessment Report vs. Program Plan vs. Accomplishment Report |  | 4 | Improvement in the situation/ condition of client/clientele groups is documented providing reason/s for its continuous implementation or review for possible enhancement or revision  MOV: Progress/Development Report |  |  |
| 1. Data Banking of Programs and Services, and Beneficiaries | 5 | A data-bank or list of implemented programs and services vis-à-vis list of clients is available  MOV: List of implemented programs/ services and beneficiaries |  | 5 | The data-bank or list of implemented programs and services vis-à-vis list of clients is maintained and updated  MOV: Updated List of Beneficiaries and implemented programs/services |  |  |
| 1. Submission of Reports | 6 | Annual Accomplishment Report (AAR) is submitted as required, to DSWD Field/Central Office within the prescribed timeline  MOV: Receiving Copy/Transmittal / Acknowledgement of Submission |  |  |  |  |  |
| 1. Monitoring | | | | | | | |
|  | 7 | The Center Head conducts monthly monitoring of implementation of all programs, services and activities  MOV: Score Cards/Accomplished Monitoring Tool |  | 6 | Appropriate action is undertaken to remedy deficiencies in program implementation and safeguard the interest and welfare of the client/s  MOV: Enhanced Program Plan/Action Plan |  |  |
| 8 | A monitoring tool for program implementation exists  MOV: Approved Monitoring Tool |  |
| 1. Evaluation | | | | | | | |
|  | 9 | A participatory year-end evaluation program workshop/group session is conducted with clients, staff and other stakeholders  MOV: Summary Result of Evaluation/Documentation of Evaluation Activities |  | 7 | Periodic evaluation (pre, mid and post implementation) of program/ service implementation is conducted as necessary with the clients.  MOV: Activity Report/Process Recording |  |  |
| 8 | Activities and strategies in program implementation are redirected base on the result of the evaluation  MOV: Enhanced Program Plan |  |  |
| 1. Community Integration | | | | | | | |
|  | 10 | Immediate community and concerned LGU are aware of the center’s operation and activities in the community and there is evidence of its coordination with LGU or community leaders  MOV: MOA/MOU/Invites to Community  Activities/Mayor’s Permit/Certification |  | 9 | The center cooperates in relevant community projects  MOV: Feedback Report/Accomplishment Report |  |  |
| 10 | Community participation in the delivery of programs and services is promoted  MOV: MOO/Accomplishment Report/Activity Reports |  |  |
| 1. Resource Generation | | | | | | | |
|  | 11 | Internally generated or externally outsourced resources are provided by the center to support program implementation  MOV: Resource Generation Report/AFR/S |  |  |  |  |  |
| 12 | Outsourced resources comply with existing guidelines/laws on resource generation  MOV: Project Proposal/Solicitation Permit |  |  |  |  |  |
| 1. Research | | | | | | | |
|  |  |  |  | 11 | Research shall be part of the activities in the center. However, it shall have prior approval of the Head of the Agency/Center  MOV: Approved Research Application |  |  |
|  |  |  | 12 | The center accommodates research undertakings and other similar activities that will contribute to program development  MOV: Copy of Research Output/Report |  |  |
| 1. TESDA Accreditation | 13 | The center has TESDA Accreditation for vocational-technical training programs which upon practice or employment of the clients may need/require TESDA Certification  MOV: Copy of Research Output/Report |  |  |  |  |  |
|  | **13** | No. of complied **Minimum** Standards on Program Management |  | **12** | No. of complied **Higher** Standards on Program Management |  |  |
| **III. Case Management** | | | | | | | |
| 1. Caseload of Workers | | | | | | | |
| 1. Registered Social Workers (RSW) | 1 | A full-time RSW handling the case management of the center manages not more than thirty (30) cases at a given time  MOV: Profile of Employees/List of Clients |  |  |  |  |  |
| 1. Trainor/   Manpower Development Officer (MDO) | 2 | A full-time Trainor/Program Officer/PDO/MDO providing services as Trainers/Placement Officers manages not more than 3-4 batches of clients-trainees at a given time  MOV: Profile of Employees/List of Trainees-  beneficiaries |  |  |  |  |  |
| 1. Psychologist | 3 | The services of a Psychologist to conduct psychological evaluation, counselling services, psycho-therapy, etc. for the clients-trainees is regularly accessed as necessary.  MOV: Funds for Cost of Service/WFP |  | 1 | The services of a full-time Psychologist to conduct psychological evaluation, counselling services, psycho-therapy, etc. for the clients-trainees is employed.  MOV: Profile of Employees |  |  |
| 1. Psychometrician | 4 | A full-time Psychometrician to assist the Psychologist in conducting psychological evaluation, counselling, psycho-therapy and documentation of psycho-social activities etc. manages not more than thrity (50) beneficiaries at a given time  MOV: Profile of Employees/List of Clients |  |  |  |  |  |
| 1. Medical/Dental Staff | 5 | A full/part-time medical/dental personnel provides medical/dental services to the center’s clients at least once a week.  MOV: Profile of Employees/List of Clients |  |  |  |  |  |
| 1. For Program or Administrative Supervisor | 6 | As necessary, a Program Supervisor is hired to supervise the implementation of programs and services  MOV: Profile of Employees |  | 2 | A Program Supervisor is hired to supervise every five (5) Program Officers in the implementation of programs and services  MOV: Profile of Employees |  |  |
| 7 | As necessary, an Administrative Supervisor is hired to supervise staff providing administrative support in the agency  MOV: Profile of Employees |  | 3 | An Administrative Supervisor is hired to supervise every ten (10) administrative staff providing support in the operation of the agency  MOV: Profile of Employees |  |  |
| 1. For Volunteers | 8 | A volunteer-client ratio of 1:5 is observed by the agency for individual clients  MOV: Profile of Employees vs. Beneficiaries |  |  |  |  |  |
| 1. For other support staff | 9 | Support personnel/staff such as Finance Officer, Administrative Clerk, Liaison Officer and/or Driver is/are hired as necessary i.e. part-time or on call.  MOV: Organizational Chart/Profile of Employees |  | 4 | Full-time support personnel/staff such as Finance Officer, Administrative Clerk, Liaison Officer and/or Driver is/are hired.  MOV: Organizational Chart/Profile of Employees |  |  |
| 1. Case Management Strategies | | | | | | | |
| 1. Assessment Processes | | | | | | | |
| 1. Individual Client/s | 10 | Assessment is conducted using the Intake Sheet. It solicits information on the individual and his/her situation and needs  MOV: Intake Sheet |  | 5 | The concerned RSW clarifies the background of the problem as well as the difficult situation the client faces through validation of gathered data and collated information  MOV: Collateral Interview |  |  |
| 1. Contract Setting and Case Planning | | | | | | | |
|  | 11 | Rehabilitation/intervention/training direction/s are clearly discussed and agreed with the client/beneficiaries including tasking, timelines and the needed resources  MOV: Helping Contract/Agreement/ Kasunduan |  |  |  |  |  |
| 1. Preparation of Social Case Study Report | | | | | | | |
| 1. Preparation of SCSR for individual client/s | 12 | A written social case study report (SCSR) including intervention program/plan that addresses client’s situation and need/s is prepared within 45 days upon admission to the program  MOV: SCSR with Intervention Program |  | 6 | The SCSR is updated based on the result of monitoring of program/service implementation  MOV: Updated SCSR |  |  |
| 1. Implementation of Rehabilitation/Intervention/Training Plan | | | | | | | |
| 1. Involvement of inter-disciplinary team in case management | 13 | For the individual as the beneficiary, appropriate intervention/s is/are provided with the involvement of a multi-disciplinary team  MOV: Helping/Intervention Plan |  | 7 | The center has an identified members of inter-disciplinary team which can easily be mobilized as necessary  MOV: MOA/MOU with other discipline/ Networking document/s |  |  |
| 1. Timeliness of Program/ Service Implementation | 14 | The formulated helping-intervention or development program is implemented according to prescribed timeline  MOV: Activity Report/Process Recordings vs. Intervention/Development Plan |  |  |  |  |  |
| 1. Coordination and Steering Role of the SWA |  |  |  | 8 | The agency provides coordination and steering role to beneficiaries working on their socio-economic uplift, improvement and/or development  MOV: Activity Reports/Minutes of Meeting |  |  |
| 1. Identification of Community Volunteers |  |  |  | 9 | Community volunteers that help implement programs and services and facilitate group activities, are identified  MOV: List/Pool of Volunteers |  |  |
| 1. Enhancement of Intervention/ Rehabilitation Program |  |  |  | 10 | Interventions/rehabilitation plan are enhanced based on the result of monitoring of implementation of programs and services  MOV: Enhanced Intervention/ Development Plan |  |  |
| 1. Documentation of Activities | 15 | All activities conducted are documented and filed  MOV: Activity Report/Process Recording |  |  |  |  |  |
| 1. Referral System | 16 | Referral system is in place  MOV: Referral Letters, Folder/Logbook |  | 11 | Collaboration/networking with the stakeholders in the community are in effect through signed Memorandum of Agreement/Understanding (MOA/MOU)  MOV: Activity Report/Process Recording |  |  |
| 1. Monitoring | | | | | | | |
| 1. Use of Monitoring Tool | 17 | Monitoring activities are conducted and documented using a monitoring tool  MOV: Accomplished Monitoring Tool |  |  |  |  |  |
| 1. Frequency of Monitoring Activities | 18 | Monitoring activities using the monitoring tool/s are conducted quarterly and reports are prepared  MOV: Quarterly Monitoring Report/s |  | 12 | Monitoring activities are conducted monthly and reports are prepared  MOV: Monthly Monitoring Report/s |  |  |
| 1. Preparation of Monitoring Report | 19 | Progress or Monitoring Report that captures the effect of the helping, intervention, rehabilitation or training program is prepared and used as reference or guide in enhancing interventions  MOV: Monitoring/Progress Report/Journal |  |  |  |  |  |
| 1. Conduct of Consultation Activities | 20 | Consultation or processes that elicit the effect of the intervention/ rehabilitation/training program are regularly conducted  MOV: Activity Report/Process Recording |  | 13 | Consultation processes are conducted quarterly  MOV: Activity Report/Process Recording |  |  |
|  |  |  | 14 | Formal and informal groups or organizations available in the community are consulted/solicited on matters relevant to the programs/services of the center.  MOV: Activity Report/Minutes of Meeting |  |  |
| 1. Evaluation | | | | | | | |
|  | 21 | Evaluation of program implementation and its effect to client-trainees is done  MOV: Evaluation Report |  | 15 | Impact evaluation is conducted to determine the effect of program implementation with the clients-trainees.  MOV :Proceedings of Impact Evaluation |  |  |
| 22 | Evaluation is done using a tool  MOV: Accomplished Evaluation Tool |  |  |  |
| 23 | Gaps are identified and used to enhance programs/services formulation  MOV: Evaluation Report/Process Recording |  | 16 | Feedback of the beneficiary on the processes and the results are elicited and responded  MOV: Evaluation Report/Process Recording |
| 1. Termination of Program/Service and Closure of Case/s | | | | | | | |
| 1. Termination/   Closure Policies | 24 | There are written policies/procedures on the termination of delivery of development program or closure of the helping intervention  MOV: MOO/Termdination/Closure of Cases |  |  |  |  |  |
| 1. Preparation of Termination Plan | 25 | Termination plan is formulated with the beneficiary/ies prior to actual termination  MOV: MOO/Termination Program |  |  |  |  |  |
| 1. Provision and sustainability of necessary services on Termination of Services | 26 | Provision of necessary services outside of the cenrer is arranged prior to termination  MOV: After-Care Service Program/Agreement |  | 17 | Sustainability of necessary services outside of the center is ensured  MOV: After-Care Service Program/Agreement |  |  |
| 1. Preparation of Terminal Report | 27 | Termination is appropriately done through the preparation of Terminal Report  MOV: Terminal Report/Closing Summary |  |  |  |  |  |
| 1. Closure and Preparation of Closing Summary/   Report | 28 | Closure is done after receipt of two (2) positive feedback reports on the client-trainee’s success over his disability or difficult/crisis situation. Feedback reports maybe receive from the clients themselves, through the social media, text messages, from partner LGU social worker or other verfied means  MOV: Closing Summary with the Feedback Reports |  |  |  |  |  |
| 1. Case Recording - case folders shall have the following documents that provide evidence of appropriate and efficient management of cases: | | | | | | | |
| * 1. Individual Client/s | 29 | 1. Intake Sheet - that provide information and assessment of the individual’s situation and needs. It is properly and completely accomplished within 24 hours after the initial contact with the client   MOV: Intake Sheet |  |  |  |  |  |
|  | 1. Admission Slip/Contract – that provide the working-helping arrangement between the client, relatives and the center |  |  |  |  |  |
| 30 | 1. A written Social Case Study Report (SCSR) - with the agreed intervention/helping plan as basis in providing intervention for the client   MOV: SCSR |  | 18 | An updated Social Case Study Report (SCSR) with enhanced intervention plan based on the result of monitoring and evaluation  MOV: Updated SCSR |  |  |
| 31 | 1. Activity Report/s or Process Recording/s - that capture the events/activities in the implementation of intervention plan or delivery of programs/services   MOV: Activity Report/Process Recordings |  |  |  |  |  |
| 32 | 1. Progress Report/s - that provide information on the effect of the implementation of intervention program or delivery of programs and services to the individual   MOV: Progress Report/Journal |  | 19 | Progress Report is submitted monthly or quarterly  MOV: Monthly/Quarterly Progress Reports |  |  |
| 33 | 1. Other pertinent documents relative to the case management of the individual such as referral letters, homevisit reports, medical/health or school records, etc.   MOV: Referral Letters, Homevisit Reports, etc. |  |  |  |  |  |
| 1. Records Management | 34 | There are written policies on records access, use and disposal  MOV: MOO |  |  |  |  |  |
| 35 | Case folders/records are marked “Confidential” and are properly kept and maintained in a location that can be monitored easily  MOV: Observation |  | 20 | Case folders/records are kept in designated cabinets  MOV: MOO/Observation |
| 36 | Only authorized users are allowed to access records  MOV: MOO/Interview with records custodian |  | 21 | A records section only accessible to designated staff is established in the agency  MOO: MOO/Observation |
| **36** | No. of complied **Minimum** Standards on Case Management |  | **21** | No. of complied **Higher** Standards on Case Management |  |  |
| **IV. HELPING INTERVENTIONS**  Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited. | | | | | | | |
| 1. **Programs and Services** | | | | | | | |
| * + 1. Social Adjustment Services | | | | | | | |
| * 1. Casework | 1 | The center conducts casework i.e. orientation on the client’s disability and gain insight into his/her strength and weaknesses enabling him to cope with his situation and facilitate social functioning  MOV: Activity Report |  |  |  |  |  |
| * 1. Groupwork | 2 | The center facilitates opportunities for social participation through interactive sharing of problems, interests, ambitions and solutions to the challenges  MOV: Activity Report/List of Participants |  |  |  |  |  |
| * 1. Working with the Family and Community | 3 | Close coordination with the client’s family and community is done, for them to understand the client’s disability and solicit their participation in the rehabilitation of the client  MOV: Home/Community Visit Report |  |  |  |  |  |
| 1. Medical and Dental Services | | | | | | | |
| * 1. Services of Health Professionals | 4 | The center ensures that the service/s of health professional/s to examine client’s health condition including oral health is provided    MOV: Referral Letters/List of Beneficiaries |  | 1 | Medical/surgical interventions such as surgery for cataract patients, cleft palate, harelip, clubfoot and hands, etc. is facilitated  MOV: Referral Letters/List of Beneficiaries |  |  |
| 5 | Specialty examination and physical impairment evaluation are facilitated for the provision of the needed physical/medical interventions  MOV: Referral Letters/List of Beneficiaries |  | 2 | Assistive and restorative devices/services are provided/ facilitated accordingly for confidence building and productivity  MOV: Distribution Sheet/List of Beneficiaries |  |  |
| * 1. Provision of health education and disability preventionseminars | 6 | The center conducts Health Education Seminar/s and Disability Prevention to client/s and their families are provided  MOV: Activity Reports/Attendance Sheet |  | 3 | The center facilitates the free registration of the client/s to the LGU and to PhilHealth for the provision of discount ID’s  MOV: Activity Reports/List of Beneficiaries |  |  |
| 1. Vocational Guidance and Psychological Services | | | | | | | |
| 1. Vocational Guidance | 7 | Client/s are provided with information on suitable work and training opportunities based on his/her medical/physical condition and capabilities  MOV: Process Recordings |  |  |  |  |  |
| 1. Psychological Testing and Evaluation | 8 | Psychological testing and evaluation to determine client’s mental ability, vocational interest, occupational preferences and attitudes is/are administered/facilitated  MOV: Psycho-Evaluation Report |  |  |  |  |  |
| 1. Vocational Training Services | | | | | | | |
| 1. Social Rehabilitation | 9 | Social rehabilitation through the provision of intensive and extensive instructions along subject and activities designed to enhance their functional literacy, independent living skills, personality development, improvement of physical functioning and psycho-social adjustments is provided within two (2) months upon admission of the client to the center  MOV: Activity Report/s/Attendance Sheet/s |  |  |  |  |  |
| 10 | Activities such as indoor and outdoor games, voice and instruments, painting and drawing, theater arts, dancing are facilitated for personality development and improved physical functioning.  MOV: Activity Report/s/Attendance Sheet/s |  |  |  |  |  |
| 1. Vocational Rehabilitation | 11 | Vocational courses according to the clients’ capability and interest and aimed at preparing clients for possible employment are facilitated/conducted  MOV: Activity Reports/List of Enrollees |  |  |  |  |  |
| 1. On-the-Job Training | 12 | On-the-Job Training is provided to clients/trainees who have acquired the knowledge and skills of the chosen vocational course to further enhance their skills in an actual work setting  MOV: MOA/U with Partner Agency/List of Clients/Referred for OJT Training |  |  |  |  |  |
| 13 | Productivity Thrust Program is facilitated for client/s/trainee/s if OJT is not possible for a particular course or trainee.  MOV: Activity Reports/List of Beneficiaries |  | 4 | Trainees on Productivity Thrust Program are given reasonable incentives on their output based on the rate determined by the center  MOV: Payroll/List of Trainees |  |  |
| 14 | Trainees are also taught with positive work habits and attitudes  MOV: Activity Reports/List of Participants |  |  |  |  |  |
| d. School Placement | 15 | School Placement is facilitated for client/s whom upon assessment is found to be interested in, has aptitude for a prospective employment along a vocational or trade course.  MOV: Referrals to Vocational or Trade  School/List of Enrollees |  |  |  |  |  |
| 1. Placement Services | | | | | | | |
|  | 16 | The center facilitates open- employment services to qualified clients on the same level with the normal labor or where they are most suited  MOV: Referral Letters/List of Placed Clients |  | 5 | The center conducts industrial survey to determine specific job opportunities and other work operations can be performed by Persons with Disability and Special Groups  MOV: Activity/Feedback Report |  |  |
| 17 | The center facilitate self-employment services to clients in an income- producing projects utilizing their own resources and/or with technical and financial assistance from the Government or Non-Government entities.  MOV: Referral Letters/List of Beneficiaries |  | 6 | The center conducts campaign among employers, labor groups and in the community to develop employment opportunities for the Persons with Disability and special groups  MOV: Activity Report/Attendance Sheet/WFP |  |  |
| 18 | The center facilitates placement of client/s with special needs and clients waiting for open employment to sheltered workshops to address their economic needs  MOV: Referral Letters/List of Beneficiaries |  | 7 | Follow-up of placed clients to ensure necessary support and ascertain quality of placement or employment is conducted  MOV: Activity/Accomplishment Report |  |  |
| 1. Protection Programs and Services | | | | | | | |
|  | 19 | A Client Protection Policy (CPP) is in place and clients are shielded from undue harm or risk in any activity conducted, organized or participated in by the center  MOV: Client Protection Policy |  | 8 | The agency has a written Code of Conduct for staff and employees that serve as mechanism for protection from physical, mental, emotional and/or sexual abuse and other forms of exploitation from both beneficiaries and staff  MOV: Code of Conduct of Staff |  |  |
| 20 | Service providers observe protective behavior based on the Client Protection Policy (CPP) in dealing with the clients  MOV: CPP/Code of Conduct of Staff |  | 9 | A manifesto of support to the Client Protection Policy is signed and posted on a conspicuous place in the center  MOV: Signed and posted Manifesto of Support |  |  |
|  | 21 | In cases when incident of abuse is determined, actions should be taken in accordance to the Client Protection Policy  MOV: Incident Report/Activity Report |  | 10 | The center facilitates or assist the victim in filing a case/s against the perpetrator  MOV: Activity Report |  |  |
| 1. Referral Services | | | | | | | |
|  | 22 | Referral system is in place that access the clients to needs that are not available in the center  MOV: Folder of Referral Letters |  |  |  |  |  |
| **22** | No. of Complied **Must** Standards on Helping Interventions |  | **10** | No. of Complied **Higher** Standards on Helping Interventions |  |  |
| **V.     Physical Structure and Safety** | | | | | | | |
| 1. Appropriate and ample office facilities, amenities and space for the center’s functions and activities | | | | | | | |
| 1. Office Space | 1 | With office tables and chairs for all of the staff  MOV: Observation |  | 1 | Available space for holding meeting/s and conferences  MOV: Observation |  |  |
| 2 | With functional comfort rooms for male and female staff |  |  | The center have separate comfort rooms for male and female staff |  |  |
| 1. Office Amenities | 3 | With functional computer, printer and communication system  MOV: Observation |  |  |  |  |  |
| 4 | With records section and/or filing cabinets for all documents and records  MOV: Observation |  |  |  |  |  |
| 5 | Office/s and/or rooms are adequately lit and well-ventilated  MOV: Observation |  | 2 | Office/s/Room/s is/are equipped with air-conditioning system  MOV: Observation |  |  |
| 1. Public Areas | 6 | With lobby or reception area for clients and visitors alike  MOV: Observation |  | 3 | Activity area for clients are identified/installed/established  MOV: Observation |  |  |
| 1. Interviewing /   Counselling Area | 7 | Has room or space for interviewing clients that ensures privacy and confidentiality but equally observing social distancing  MOV: Observation |  |  |  |  |  |
| 1. Venue for Trainings/   Seminars | 8 | Rooms for trainings/seminars or where the activities are conducted are spacious, properly ventilated and conducive for learning  MOV: Observation |  | 4 | Rooms for trainings have air-conditioning system  MOV: Observation |  |  |
| 9 | Training rooms are equipped with the necessary amenities, tools and instruments (braille for the blind, etc.) for the training program or courses being availed by the clients  MOV: Observation |  | 5 | Rooms for trainings/seminars or where the training activities are conducted, is/are equipped with computer system and LCD projector for inter-active learning processes  MOV: Observation |  |  |
| 1. Accessibility Requirements | 10 | The center has available assistive devices such as walkers, canes, crutches or wheelchairs  MOV: Observation |  |  |  |  |  |
| 11 | The center’s facilities are installed with the necessary accessibility requirements (ramps and rails) per Batas Pambansa 344 or the Accessibility Law  MOV: Observation |  |  |  |  |  |
| 1. Safety and Security | 12 | The center has been declared safe by concerned office/agency  MOV: Safety Certificates |  |  |  |  |  |
| 1. Dormitory or Hostel Services | 13 | As provided in the Manual of Operation (MOO), the center may provide dormitory or hostel services to clients during the duration of their rehabilitation and training  MOV: MOO – Guidelines in the Operation  and Availing Dormitory Services |  |  |  |  |  |
| 14 | Dormitory/hostel are manned by staff (i.e. dormitory manager, security personnel, houseparents) who provide the needed support and/or supervision to the clients  MOV: Profile of Employees |  |  |  |  |  |
| 15 | There are separate bedrooms with individual beds for male and female clients  MOV: Observation/Signage |  |  |  |  |  |
| 16 | There are separate wash area/ bathroom/comfort room for male and female clients  MOV: Observation/Signage |  |  |  |  |  |
| 17 | Aisle, doorways and hallways should have a clear opening to which wheelchairs of different sizes may have access  MOV: Observation |  |  |  |  |  |
| 18 | Dormitory/hostel are sufficiently lighted and properly ventilated  MOV: Observation |  |  |  |  |  |
| 19 | Has alarm system and accessible exit for emergencies such as fire, earthquake, etc.  MOV: Observation |  |  |  |  |  |
| 20 | Has basic utilities for daily living such as telephone, electricity and potable water  MOV: Observation/Safety Certificates |  |  |  |  |  |
| B. Community Infrastructure/Evacuation Area for Emergency/Disaster | | | | | | | |
| 1. Evacuation Area | 21 | An evacuation area that is accessible to the community, free from all hazards and certified safe by authorized agency is identified/known to beneficiaries for any eventuality  MOV: Identified Evacuation Area |  | 6 | With pre-identified women friendly facilities and amenities  MOV: Observation |  |  |
|  |  |  |
| 22 | The center conducts specialized emergency drill with all the staff and trainees  MOV: Process Recordings/  Accomplishment Report |  |  |  |  |  |
|  | **22** | No. of Complied **Must** Standards on Physical Structure and Safety |  | **6** | No. of Complied **Higher** Standards on Physical Structure and Safety |  |  |

**Other Findings:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Highlights of Focus Group Discussion** (Include the effect of programs and services delivered by the agency for their development, cite previous situation and compare with current situation)

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**Table of Scores per Work Area**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Work Areas*** | ***Mandatory Requirements or Standards*** | | ***Higher Set of Requirements or Standards*** | | | | |
| ***Level 1*** | | ***Total Score*** | ***Level 2*** | | ***Level 3*** | |
| ***Total Score*** | ***Actual Score*** | ***Total Score (80%)*** | ***Actual Score*** | ***Total Score (90%)*** | ***Actual Score*** |
| 1. Administration and Organization | 55 |  | 34 | 27 |  | 31 |  |
| 1. Program Management | 13 |  | 12 | 10 |  | 11 |  |
| 1. Case Management | 36 |  | 21 | 17 |  | 19 |  |
| 1. Helping Interventions | 22 |  | 10 | 8 |  | 9 |  |
| 1. Physical Structure and Safety | 22 |  | 6 | 4 |  | 5 |  |
| **Total** | **148** |  | **83** | **66** |  | **75** |  |

**Scores for each Level of Accreditation:**

1. **For Level 1 Accreditation**– compliance to the Mandatory Requirements or an actual score of **148** points
2. **For Level 2 Accreditation** – compliance to the Mandatory Requirements plus at least **80%** from each of the Work Area of the Higher Set of Standards or an actual score of at least **214 points.**
3. **For Level 3 Accreditation** – compliance to the Mandatory Requirements plus at least **90%** from each of the Work Area of the Higher Standards or an actual score of at least **223 points.**

**Recommendations**:

A. ***For Issuance of Accreditation Certificate***

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

(Name of SWA)

has satisfactorily met the standards for accreditation under **Level** \_\_\_\_\_. The issuance of Certificate of Accreditation is hereby recommended with validity period of \_\_\_\_ **years** for implementing community-based programs and 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

(Name of SWA)

hereby held in abeyance.

The agency shall comply with the agreed action plan within six (6) months after the assessment process. Likewise, non-compliance to the agreed action plan after two (2) consecutive monitoring visits shall subject the SWA to monitoring and technical assistance and/or shall be subjected to reprimand, suspension and revocation of License to Operate per Memorandum Circular No. 16 series of 2018 entitled Guidelines on Handling Complaints against Social Welfare and Development Agencies.

| ***Areas for Compliance*** | ***Activities*** | ***Time Frame*** | ***Responsible Person*** | ***Resources Needed*** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Prepared by**:

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

**Concurred by**:

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