**ASSESSMENT TOOL FOR THE ACCREDITATION OF CENTER-BASED (RESIDENTIAL)/ SOCIAL WELFARE AND DEVELOPMENT (SWD) PROGRAMS AND SERVICES**

|  |  |
| --- | --- |
| ***Status of Application:*** | **Service Users** |
| * New
 | *Sector/Category* | *No. of Service Users* | Maximum Bed Space Capacity |
| * Renewal
 |  | *Male* | *Female* | *Total* |
|  | * Children
 |  |  |  |  |
| Accreditation No : \_\_\_\_\_\_\_\_\_\_ | * Youth
 |  |  |  |  |
|  Date of Issuance : \_\_\_\_\_\_\_\_\_\_ | * Women
 |  |  |  |  |
|  Date of Expiration: \_\_\_\_\_\_\_\_\_\_***Scope/Coverage of Accreditation:***  | * Older Person/s
 |  |  |  |  |
| * Branch/Area of Operation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Programs/Services/Projects

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Person/s with Disability
 |  |  |  |  |
|  | * Family
 |  |  |  |  |
|  |  Total  |  |  |  |  |

**Identifying Information:**

1. *Name of SWA****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. *Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. *Agency Head and Designation:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. *Telephone/Mobile Number/s:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. *E-mail Address and Website:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. *Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
7. *License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Issued: \_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_*

 **Instructions:**

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:

1. Review of pertinent documents such as records, reports, written plans and other materials;
2. Ocular survey/observation of facilities, offices, project sites, actual conduct of agency activities;
3. Individual or focus group discussion/interview with residents on relevant information on service delivery by the agency;
4. Individual or group interview with persons exercising managerial or supervisory functions in the agency as well as to the Board of Incorporators
5. Individual or group interview with administrative and program staff;
6. 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.
7. The validation of documents shall not be limited with the documentary requirements and indicated means of verification. The assessor shall explore other means to verify the information, if necessary.

For documentary requirements, to ensure completeness and compliance based on the approved Documentary Requirements at the time of the conduct of assessment.

Please put a check (✓) mark inside the ***Compliance Column*** on the ***Minimum/Mandatory Indicators*** or ***Higher Set of Standards*** if the requirement has been complied, and cross (X) mark, if not. On the other hand, kindly indicate under the ***Specific Findings/Remarks*** other findings and/or the needed actionfor the requirement to be complied. However, should the agency being assessed is certain that a requirement does not apply to their operation, indicate not applicable (n/a). All check (✓) mark representing complied items and n/a shall be summed-up to come-up with a total score.

| **Key Results Area** (KRA)  | No. | **Minimum/Mandatory Indicators***(for Level 1 Accreditation)* | Compliance | No. | **Higher Set of Standards** *(for Level 2 and 3 Accreditation)*  | Compliance | **SPECIFIC FINDINGS / REMARKS**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Administration and Organization**  |
| 1. Vision, Mission, Goals and Administrative Policies
 |
| 1. SWAs Vision, Mission and Goal
 | 1 | The VMG is posted in conspicuous /visible area and translated into an information, education and communication (IEC) material.MOV: Pamphlets/Brochures/Online/Prints/ Tarpaulin |  | 1 | 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 proceduresb. Programs and servicesc. Safety mechanismd. Residents'/Clients’ protection policyMOV: Printed Resident’s Guide/Handbook |  |  |
|  |  |  |  | 2 | Copies of VMG IEC materials are placed in an accessible area.MOV: Observation Notes/Result |  |  |
| 1. Organizational Chart
 | 2 | The organizational chart is completely filled-up and has the names and pictures of officers and staff. It shall be posted/presented on a visible place in the office of the SWA.MOV: Posted Organizational Chart/AVP of Organizational Chart |  | 3 | Delineation of responsibilities and duties of the governing body and the staff based on written policies.**For Bahay Pag-asa** the organizational structure should also reflect the composition of the Intensive Juvenile Intervention Support Center (IJISC) and the Multi-Disciplinary Team aside from the usual organic staffMOV: Policy document on the delineation of duties or job description/ Manual of Operation |  |  |
|  |  |  | 4 | Program or Project Management Structures are indicated/illustrated on the Organizational Chart MOV: Updated Organizational Chart  |  |  |
| 1. Policy Making Body
 | 3 | Governing Board/Trustees for Private SWDAs or the DSWD RMDC/ LGU Sangguniang Panlalawigan/Panglungsod/Bayan Official or an equivalent body/committee for Public SWDAs to address organizational issues and concerns MOV: Approved Board Resolutions/Minutes of Meeting |  |  |  |  |  |
| 4. Operations/ Programs Handbook or User’s Manual  | 4 | Manual of Operation is available translating policies into operations. In addition to the minimum policy requirements for licensing, additional required policies must be reflected in the manual that to include policies on:* Human Resource Policies (recruitment, compensation, staff support, volunteer management)
* Policies on Material Resource Management (donations)
* Case Management (Helping Process-termination, aftercare, referral system, confidentiality)
* Resource Management and data privacy.
* House Rules
* Client Protection Policy
* Health and Safety Protocols
* Staff Protection Policy/Occupational Safety Policy

MOV: MOO |  | 5 | Manual of Operations reviewed/updated at least every 5 years.MOV: Proof of updating |  |   |
| 6 | The agency’s Manual of Operation is translated into a Handbook or a User’s Manual that indicates clientele groups it serves, eligibility requirements, programs and services, service protocol, client protection policy, code of conduct of staff and employees, and data privacy policy, among others. Likewise, is/should be easily understood by the clients. MOV: Handbook or User’s Manual |  |  |
| 5. Strategic and Operational Planning System  | 5 | There is an available two-year strategic plan which provides direction in the agency’s operation and implementation of programs and services aligned with its VMG or its equivalent reflecting the following components/elements:* Goal
* Objective
* Activities
* Specific Time Frame
* Responsible Person
* Resources
* Outcome

MOV: Strategic Plan  |  | 7 | A five-year strategic plan or its equivalent reflecting the following components/elements:* Goal
* Objective
* Activities
* Specific Time Frame
* Responsible Person
* Resources
* Outcome

MOV: Strategic Plan (5 years coverage) |  |  |
|  | 6 | The Strategic Plan is reviewed and updated annually based on the result of the evaluation and accomplishments. MOV: Updated Strategic Plan |  |  |  |  |  |
| 1. Health Emergency and Prevention and Control, as applicable

**Applicability: During COVID/pandemic/health emergency cases** | 7 | There is an infection control/health policy or protocol adopted by the agency to cover the following procedures which is aligned with the standard safety protocol set by the DOH:* Admission and Screening of Residents
* For staff and personnel work schedules and arrangements
* Visitors and Guest
* Residents with illness or flu-like symptoms
* Discharge or residents.

MOV: Board Resolution on supplemental policy or adopting protocols set by the DSWD/MOO |  | 8 | An updated Manual of Operations covering the health and safety measures of the agency in times of pandemic or health emergency crisis.MOV: MOO |  |  |
|  |  |  | 9 | There is an alternative process implemented to allow remote communication between visitors and residents (i.e video call or teleconferences)MOV: Board Resolution on supplemental policy/ FGD findings/Documentation |  |  |
| B. Financial Resource Management  |
| 1. Financial Management System
 |
| 1. Fund Sourcing
 | 8 | The agency’s source/s of funds are clearly indicated in the Audited Financial Statement/Report (AFS/R) MOV: Audited Financial Report/Statement (AFR/S) duly received by the BIR/SEC or COA Report for Public SWDA |  | 10 | There is a regular source of funds to provide appropriate funds for the SWA’s operation in a given period for three (3) years.**Note: N/A for Public SWDAs**MOV: Masterlist of Donors, WFP and Strategic Plan/MOA bet SWA and Donors/Approved AIP/WFP  |  |  |
| 9 | Policies on cost sharing is written and provided in the manual, if applicable. MOV: MOO |  |  |  |  |  |
| 10 | Fund sourcing through cost sharing scheme is documented and with a written agreement (if applicable), particularly with BPAs. MOV: MOA/MOU/WFP |  |  |  |  |  |
| 1. Trust Fund
 |  |   |  | 11 | A trust fund is maintained to ensure continuous operation of the agency for at least one (1) or two (2) more year/s aside from the current year.**Note: N/A for Public SWDAs**MOV: A Record of Trust Fund/Approved AIP/WFP / Certification from Donors |  |  |
| 1. Control
 | 11 | Written internal control systems are being implemented. MOV: Vouchers/Ledgers/Audit ReportsMOO can be used as reference. |  |  |  |  |  |
| 12 | The agency’s financial transactions are transparent and properly documented. MOV: Vouchers and Ledgers/ Comparative Matrix, WFP versus Vouchers and Ledgers |  |  |  |  |  |
| 13 | Internal and external auditing of financial transaction are done regularly (at least annually) and documentedMOV: Audit Reports |  | 12 | Internal and external auditing of financial transactions are done quarterly or semi-annually.MOV: Audit Reports |  |  |
| 14 | Annual Financial Report/Statement is certified by an independent Certified Public Accountant (CPA) should the gross income of the agency goes beyond PhP500,000.00, or by a Government Auditor for government program or project. MOV: Audited Financial Statement/Report/ SB Form on Financial Statement Report |  |  13 | Regular reporting or feedback to donors/sponsors on fund utilization is being done.MOV: Financial Report to Donor/ Catalogue or Annual Report / Acknowledgement of Donations  |  |  |
| 15 | Fund allocation and utilization follows the ratio of 70% for programs and 30% for administrative expensesMOV: Work and Financial Plan and Audited Financial Statement/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/ Comparative Matrix, Vouchers vs. Receipts  |  |  |   |  |  |
|  17 | Duly signed Updated Fund Utilization Report (FUR) is available MOV: Signed FUR |  | 14 | Fund Utilization Report is submitted quarterly, semi-annually or annually as required to concerned agency/ies. MOV: Available Quarterly, Semi-annual and/or Annual Reports.  |  |  |
| C. Material Resource Management  |
| 1. Facilities / Assets

 | 18 | An inventory of the agency’s facilities and physical assets is being keptMOV: Inventory of Assets indicating the latest date |  | 15 | The inventory of facilities and physical assets is updated annually MOV: Updated Inventory of Assets with date/MOO provision |  |  |
| 19 | Utilization, distribution, disposal, repair and replacement of physical assets are documented MOV: Distribution Slips/Disposal Report indicating the latest date/ Financial Statement; MOO as reference |  |  |  |  |  |
| 1. Donation Management
 | 20 | There are written policies for securing, acknowledging and distribution of monetary and in-kind donations.MOV: MOO |  |  |  |  |  |
| 21 | Proper recording and accounting of donations (monetary/in-kind) is implemented.MOV: Logbook/Records of Donation |  |  |  |  |  |
| 22 | Utilization of donations are transparent and according to policies and rules.MOV: Donation Utilization Records/Acknowledgement Receipt of Donations Received |  | 16 | Distribution list are made available.MOV: Updated Distribution List/ Distribution Sheet with signature of clients |  |  |
| 23 | As stated in the MOO, agency personnel staff are excluded as beneficiaries of donations. However, as provided, the agency may include exceptions for agency personnel under moral, ethical and human consideration. MOV: MOO-Policy on Donation Management and Exemptions/Distribution List |  |  |  |  |  |
| 1. Supplies
 | 24 | Supplies are accounted properly to ensure sufficiency and prevent supplies scarcity. MOV: updated Inventory of Supplies |  |  |  |  |  |
| D. Human Resource Management and Development |
| 1. Human Resource Policies
 | 25 | The agency’s human resource policies, procedures and rules are consistent with organizational policies and goals. They are applicable, understandable and reasonable. MOV: MOO  |  | 17 | Communicated to all levels of personnel in the organizationMOV: Personnel handbook/manual; memoranda/ Certificates/ Documentation/FGD with personnel |  |  |
| 1. Human Resource Management Systems
 |  |  |  |  |  |
| 1. Recruitment, selection, hiring and retention system
 | 26 | The agency follows a functional system of hiring new staff and personnel MOV: MOO/Policy on Hiring Staff |  | 18 | The agency has a Personnel Handbook or Manual, specifically covering recruitment, selection, hiring and retention system of the agency.MOV: Personnel Handbook or Manua/FGD with personnel |  |  |
| 27 | The written policy specifies qualifications standards that also meet PRC/CSC/TESDA standards, whichever is applicable MOV: MOO/Sample proceedings of the hiring proccess |  | 19 | The agency’s hiring system complies with the standards set by existing laws and prevents any form of discrimination against applicants. MOV: MOO-Recruitment Process Flow/Profile of Employees/File 201/FGD with personnel |  |  |
| 28 | Each position has its equivalent written job description MOV: Job Description/MOO/201 Files of Employees |  | 20 | Tasks of personnel are aligned with what is written in their job description MOV: Profile of Employees/Job Description/ FGD with personnel |  |  |
| 1. Training and Development

 | 29 | Basic orientation for newly hired staff to include SWA’s VMG, types/ characteristics of residents being served, programs and services, guiding principles, policies and procedures and their respective roles and responsibilities, provided within a month upon assumption to dutyMOV: Interview/FGD with newly hired staff/ Documentation/Copy of Materials Used in the Orientation/Sample Certificates |  | 21 | Basic orientation provided within 2 weeks upon assumption to dutyMOV: Interview/FGD with newly hired staff/ Documentation/Copy of attendance sheet and materials used in the Orientation/Copy of Certificates |  |  |
| 30 | A training plan is developed based on training need analysis which is conducted at least annually MOV: Training Plan/Roadmap/WFP |  | 22 | Staff and personnel attended trainings/seminars as planned MOV: Feedback Report/Training Certificates |  |  |
| 31 | Funds for staff training is included in the WFP MOV: Approved WFP |  |  |  |  |  |
| 32 | 90% of staff including volunteers are given orientation/training on first-aid and disaster mitigation and management.MOV: Activity Report/Accomplishment Report / Photo documentation  |  |  |  |  |  |
| 33 | Orientation on Client Protection Policy and GAD Training is provided to all staff.MOV: Feedback Report/Training Certificates/ Documentation Report  |  | 23 | Re-orientation on Client/Child Protection Policy and GAD Training is provided to the staff at least once a year.MOV: Feedback Report/Training Certificates/ Documentation Report  |  |  |
| 34 | The agency has provided a basic orientation on the prevention and control measures for COVID-19 to at least 90% of its residents and staff to help them understand the implication of the situation to their daily routines.  MOV: Documentation Report/FGD with staff and/or clients |  |  |  |  |  |
| 1. Staff Support Services
 | 35 | All staff/personnel are provided with a monthly supervision or as the need arises which are recorded to help ensure good performance/delivery of programs and services MOV: Minutes of Staff/Program Meeting/Supervisory Notes |  | 24 | Conduct of coaching/mentoring to staff based on developed plan. (one on one)\*Mentoring- a development focused relationship with a domain relevant mentor who passes on their skills and experience to a mentee. \* Coaching – Provides guidance to a person/professional on their career goals and help them reach their full potentials. MOV: Minutes of Meeting/Documentation captures coaching/mentoring sessions and agreements. |  |  |
| 36 | Periodic or at least monthly staff meetings are conducted to allow the discussion of key issues and find solutions to problems MOV: Minutes of Monthly Meeting |  | 25 | Emergency staff meetings are conducted as necessary MOV: Minutes of Emergency Staff Meetings |  |  |
| 37 | A policy statement on provision of assistance/ stress debriefing should be detailed in the MOO as a staff support mechanism.MOV: Process Recording /MOO/Personnel Handbook |  | 26 | Stress management activities are provided to all staff at least twice a year and is included in the organization’s annual plan.MOV: Process Recordings/Annual plan/ Accomplishment Report of Staff/ Activity Documentation Report |  |  |
| 1. Occupational Health, if applicable

**Applicability: During COVID/pandemic/health emergency cases** | 38 | The facility has sick leave policies or has adopted policies that are flexible and non-punitive consistent with public health policies that allow personnel to stay at home. MOV: Board Resolution on supplemental policy or adopting protocols set by the DSWD |  |  |  |  |  |
| 39 | Provides for flexible work arrangements for its personnel.MOV: Board Resolution on supplemental policy or adopting protocols set by the DSWD |  |  |  |  |  |
| 1. Compensation System
 | 40 | Compensation policies are developed and written as general guideline to govern pay, incentives and benefits.MOV: MOO |  | 27 | There are policies that provide rewards/incentives to outstanding/ excellent performances of employees MOV: MOO |  |  |
| 41 | Salaries and benefits (*SSS/GSIS, PAG-IBIG, PhilHealth/health insurance program, rest and recreation activities etc.*) are based on existing laws and categorized according to different job assignments in the agency. MOV: MOO/Profile of Employees/Payroll |  | 28 | Salaries and benefits are based on government rates or higher for both technical and administrative staff **Note: N/A to Public SWDAs**.MOV: MOO/Profile of Employees/Payroll |  |  |
|  |  |  |  |
| 42 | Policy on provision of separation pay for 5 years of employment; or retirement plan MOV: MOO/Payroll/Retirement Plan |  |  |  |  |  |
| 1. Performance Appraisal
 | 43 |  Performance assessment tool is developed and utilized by the agency MOV: MOO/Tool for Appraisal |  |  |  |  |  |
| 44 | Assessment of staff performance is conducted annually MOV: MOO/Performance Appraisal System/ Signed Performance Appraisal Tool |  | 29 | Assessment of staff performance is conducted semi-annuallyMOV: Signed Performance Appraisal Tool with dates |  |  |
|  |  |  | 30 | Staff that exhibits exemplary performance is recognized and given rewards or incentives MOV: Accomplishment Report / Photo Documentation/MOO/ Posting in Bulletin Board/Certificate of Recognition |  |  |
| 31 | Recognition of staffs’ exemplary performance is recorded and with photo-documentation MOV: Documented Activity Reports /Post in Bulletin Board |  |  |
| 1. Volunteer and Internship Management Program
 | 45 | There are written policies on the recruitment of volunteers including on-the-job trainees and student interns MOV: Volunteer Management Policies/MOO |  | 32 | Policies on volunteers/ OJT/ internship are disseminated.MOV: Commitment Form / Volunteer Handbook/Brochure |  |  |
| 46 | Criteria for selection and placement, task and responsibilities, training and development, monitoring and evaluation of performance of volunteers, interns/practicumers and on-the-job trainees (OJT) are in place with corresponding MOU between schools and agency – for interns and OJTs.MOV: MOO/Volunteer Management Policies/MOU/MOA  |  | 33 | Volunteers are not permitted to assume full responsibilities or duties of any paid staff member, **if applicable****Note: Applicable only to agencies with volunteers.**MOV: MOO; interview with volunteers (if applicable) |  |  |
| 47 | Volunteers are accessed to or provided with orientation and training on laws related to their beneficiariesMOV: Activity Report/Training Certificates/ Accomplishment Report/ Documentations |  | 34 | Support mechanisms for volunteers are in place to include transportation support, intermittent processing of experiences and others. MOV: MOO/Process Recording/s |  |  |
| 48 | Activities of volunteers are fully documented MOV: Activity Report/s/Logbook |  | 35 | Outstanding performance of volunteers are appreciated and given recognitionMOV: Activity Report / Photo documentation/Certificate of Appreciation  |  |  |
| 49 | A database of volunteers/interns are maintained and updated MOV: MOO/Updated Database of Volunteers |  |  |  |  |  |
| 1. Emergency/ Disaster Measures
 | 50 | With an identified Disaster Management Team/Committee that will manage and lead disaster activity measures. MOV: Approved composition /resolution |  |  |  |  |  |
| 51 | There is an available Disaster Management PlanMOV: Agency Disaster Management Plan  |  |  |  |  |  |
| 1. Discipline
 | 52 | Appropriate complaints and grievance system/machinery is in place. (Policies on grievance mechanism is in place)MOV: MOO, Memorandum, policy documents. |  | 36 | Complaints and grievances addressed and resolved within the set timeline in the SWA’s written policies.MOV: documented complaint with resolution |  |  |
| 1. Personnel Competencies and Qualification Standards
 | 53 | Personnel at different level of functions have the following qualification and competencies: |  |  |  |  |  |
| 1. Executive Director/Head of Agency

**Note: N/A to Public SWDAs** | 54 | One (1) per SWA  |  |  |  |  |  |
| 55 | A graduate of any bachelor’s degree or 4-year course qualifies if he/she has any of the following: * + 1. Three (3) year experience in social welfare administration or management on areas of major services delivered by the agency
		2. At least 80 hours of training on topics relevant to the services or skills on working with the clients of the agency
		3. Three (3) years relevant experience on administration/management of social welfare agency or on area of major service delivery i.e. CICL, CNSP, WEDC, etc.

MOV: Certificate of Training/ Profile of Employee/File 201  |  | 37 | Registered Social Worker (RSW) with two (2) years supervisory or managerial experience or its equivalent professional grade eligibility or relevant training; or A Graduate of Behavioral/Social Science Courses with at least five (5) years supervisory/ managerial experiencesMOV: Certificate/Transcript of Records/Profile of Employees |  |  |
| * 1. Center Head
 | 56 | One per facility, if the SWA has two or more facilities either in different or same locations; **For LGUs:**One full-time personnel/staff per center/facility, which is at least a second level position per EO 292 s. 1987. MOV: Certificate/Contract of Employment/Appointment/Special Order |  |  |  |  |  |
| 57 | A College degree holder who at least attended twenty (20) days or one hundred-sixty (160) hours of relevant trainings with one (1) year supervisory/managerial experience in related field.MOV: Certificate of Training/ Profile of Employee/File 201 |  | 38 | 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.MOV: Certificate of Training/ Profile of Employee/File 201\**per RA 6758 s.1989, position classification is categorized as professional supervisory category who are assigned to SG 9 to SG 33. SG 9 as identified in 1989 is an Officer level at least.*  |  |  |
| b. Supervising Social Worker (as applicable) | 58 | 1 for every 5 SW supervisees and at most 10 other non-social work/technical staff.MOV: Profile of Employees/File 201 |  | 39 | One for every 4 social workers and at most 7 other technical staffMOV: Organizational structure |  |  |
|  | 59 | She/he is a RSW who has at least one (1) year supervisory experience in handling residents under care MOV: Profile of Employees/File 201 |  | 40 | Supervisory experience – three (3) years or more MOV: Profile of Employees/File 201 |  |  |
| * 1. 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)
 | 60 | Registered Social Worker (RSW).**Note: All SWs hired must be an RSW.**MOV: Profile of Employees/File 201 |  | 41 | RSW with at least 180 hours of formal training in handling cases/managing cases/casework etc; orAccredited Service Provider on his/her field of practice e.g. Accredited SW Managing Court CasesMOV: Profile of Employees/File 201/Certificate of Trainings/Valid Certificate of SWMCC accreditation |  |  |
| * 1. Administrative Supervisors and/or Supervising House parents (as applicable)
 | 61 | 1 for at most 15 non-social work staff/ house parents/ administrative staffMOV: Organizational Structure |  | 42 | 1 for at most 10 non-social work staff/ house parents/ administrative staffMOV: Organizational Structure |  |  |
| 62 | Graduate of four-year course with at least one year of relevant supervisory experienceMOV: Profile of Employees/File 201 |  | 43 | Supervisory experience of 2 yearsMOV: Profile of Employees/File 201 |  |  |
| * 1. Houseparent (HPs)
 | 63 | Preferably, a house parent of the same sex as the residents; or a female houseparent specifically for children residents (boys and girls).MOV: Profile of Employees |  |  |  |  |  |
| 64 | One per 12-hour shift. (*In compliance to Labor Laws)* In excess of a regular 40/48 working hours per week, for government/private SWA’s respectively, a corresponding compensation or day-off shall be remunerated based on actual number of hours served/rendered.Stay-in staff may be considered, provided that the core working hours per week is 40/48 hours only.MOV: MOO; FGD/interview with HPs/ Houseparent Monthly schedule of duty |  | 44 | One per 8-hour shift with reliever. MOV: MOO; FGD/interview with HPs |  |  |
| 65 | **Applicable only to facilities catering to non-intensive cases or for educational purposes**:One per 12-hour staggered\* hours shift. (*In compliance to Labor Laws)* *\*Staggered hours - is an arrangement where employees can vary their start and end times based on the demand and nature of their work. These flexible bands should at least contain a 2-hour window (e.g. 7am to 10am start time and 4pm to 7pm end time). Typically, there is a core time during which employees must work (e.g. 10am to 4pm).* |  | 45 | **Applicable only to facilities catering to non-intensive cases or for educational purposes**:One per 8-hour staggered\* hours shift. (*In compliance to Labor Laws)* *\*Staggered hours - is an arrangement where employees can vary their start and end times based on the demand and nature of their work. These flexible bands should at least contain a 2-hour window (e.g. 7am to 10am start time and 4pm to 7pm end time). Typically, there is a core time during which employees must work (e.g. 10am to 4pm).* |  |  |
| 66 | **Applicable only during this PANDEMIC**24-hours shift per Houseparent may be allowed given the pandemic, hence, to prevent or lessen any threat of contagion. Further, houseparent should not be on duty for 2 consecutive days on 24-hours shift of duty to ensure that they are rested and good physical/mental condition on their next duty. Likewise, the corresponding compensation must be provided based on the number of hours served/rendered. Stay-in staff may be considered, provided that the core working hours per week is 40/48 hours only given the set-up. MOV: MOO; FGD/interview with HPs/ Houseparent Monthly schedule of duty |  |  |  |  |  |
| 67 | High school graduate with 40 hours of related seminars/training on care giving or A Houseparent who is a high school level but has been employed with the SWA for more than two (2) years shall be consider provided he/she has at least 40 hours related training.MOV: PDS of Staff/Certificates of Training |  | 46 | Vocational course graduate or college level with at least 80 hours of related seminars/training on care giving/handling specific type of residents under care.MOV: PDS of Staff/Certificates of Training |  |  |
| * 1. Cook/s (as applicable)

Most applicable to facilities catering to infants and toddlers- i.e CPAs and CCAs | 68 | One (1) 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 activitiesMOV: Profile of Employees |  |  |  |  |  |
| * 1. Security Guard/s (mandatory for facilities handling CICL with court cases)
 | 69 | 1 per 12-hour shift with 1 reliever MOV: Profile of Employees/ Shifting schedule |  | 47 | 1 per 8-hour shift with 1 reliever MOV: Profile of Employees/ Shifting schedule |  |  |
| 70 | Licensed with basic security guard training.MOV: Profile of Employees/201 file |  | 48 | Licensed security guard with at least 40 hours of training/seminars in handling specific type of residents under care.MOV: Certificate of trainings/201 file |  |  |
| 71 | He/she has basic orientation on gender and developmentMOV: Certificate of trainings/201 file |  | 49 | For facilities catering to sexually abused children and women, the guard must be a female particularly **if there are more than five (5) sexually abused or court related cases managed.**MOV: Profile of Employees/201 file |  |  |  |
| * 1. Other program and administrative staff
 | 72 | 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.MOV: Profile of Employees/201 file/ MOO Policies/PDS |  |  |  |  |  |
|  |  |  | 50 | At least part time/ in contract or in a MOA or MOU with a government especially to those catering to toddlers, older persons and persons with special needs:* Nurse or Nursing Assistant

MOV: Profile of Employees/201 file/ PDS/DTR/Contract/Appointment*\*ideal ratio for a nurse to patient is 1:12 per DOH* |  |  |
|  |  |  | 51 | * Full time Nursing Assistant; or
* Full-time Nurse.

(Especially to those catering to toddlers, older persons and persons with special needs)MOV: Profile of Employees/201 file/ PDS/DTR/Contract/Appointment |  |  |
|  |  |  | 52 | At least part time/ in contract or in a MOA or MOU with a government:* Psychologist
* Psychometrician

MOV: Profile of Employees/201 file/ MOO Policies/PDS/MOA or MOU |  |  |
| **72** | No. of complied **Minimum** Standards |  | **52** | No. of complied **Higher** Standards |  |  |
| **II. Program Management** |
| 1. Programs Processes
2. 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 captured data from client/clientele’s 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/Approved and revised WFP |  |  |
| 1. Identification of Program Funds
 | 2 | The program plan is supported with funds that ensure its delivery and implementation. MOV: Approved WFP/Annual Budget Plan  |  | 2 | A contingency fund/petty cash is allocated/provided in the annual budget plan/WFP to ensure its delivery and implementation. MOV: Annual Budget Plan/Approved WFP |  |  |
| 1. Collaboration and Networking
 | 3 | Collaboration with stakeholders is done for a proficient and sustained delivery of programs and servicesMOV: /Implementation Report or Documentation Report/ Communication |  | 3 | Long-time collaboration with stakeholders is established thru Memorandum of Agreement/ Understanding (MOA/MOU) or Partnership Agreement ensuring sustained delivery of programs and servicesMOV: MOA/U/Program Plan/WFP |  |  |
| 1. Programs/ Services Implementation
 | 4 | Programs and services being implemented reflect or is aligned to meet the need/s of the client/clientele groupMOV: Program Plan/Accomplishment Report/Status report of Project Implementation approved by the Agency Head  |  | 4 | Improvement in the situations/ conditions of clients/clientele groups is documented providing reasons for its continuous implementation or its review for possible enhancement or revision (*Implements/provides for additional programs and activities to respond to the arising needs of the client/clientele group.*) MOV: Progress/Development Report  |  |   |
| 5 | A database or list of implemented programs and services vis-à-vis beneficiaries is available MOV: List of implemented programs/ services and beneficiaries /Narrative Accomplishment Report approved by the Agency head |  | 5 | The database or list of implemented programs and services vis-à-vis beneficiaries is maintained and updated MOV: Updated List of Beneficiaries and implemented programs/services  |  |  |
| 6 | Annual Accomplishment Report is submitted to DSWD Field/Central Office within the prescribed timeline MOV: Receiving Copy/Transmittal / Acknowledgement of Submission |  |  |  |  |  |
| 1. Monitoring
 | 7 | The Head of the Agency/ a composite Monitoring Team conducts monitoring of implementation of all activities, programs and services using the standard monitoring tool.MOV: Accomplished Monitoring Tool /Monitoring Report & SO of Monitoring Team |  | 6 | Appropriate action is undertaken to remedy deficiencies in program implementation to safeguard the interest and welfare of the client/s based on the monitoring result.MOV: Enhanced Program Plan/Monitoring Report and Action Plan  |  |   |
| 8 | A monitoring tool for program implementation existsFor CICL, monitoring tools are formulated and used to check the status of discharged CICL and record the incidents of re-offending.MOV: Approved Monitoring Tool |  |  |   |
| 9 | A monitoring plan or system is in place. (The plan that will be used as basis in the conduct of monitoring)MOV: Monitoring plan/system.  |  |  |  |  |  |
| 1. Evaluation
 | 10 | A participatory year-end evaluation program workshop/group session is conducted with clients, staff and other stakeholders MOV: Activity Report/Summary Result of Evaluation |  | 7 | Semestral evaluation of program/ service implementation is conducted as necessary with the clients. MOV: Activity Report/Process Recording |  |  |
| 8 | Activities and strategies are redirected base on the result of the evaluation MOV: Enhanced Program Plan |  |  |
| 1. Community Integration
 | 11 | Immediate community and concerned LGU are aware of the agency’s operation and activities in the community and there is an evidence of agency coordination with LGU or Community LeadersNote: N/A for LGU facilities.MOV: MOA/MOU/Invites to Community Activity/ Mayor’s Permit/Certification /IEC Distribution Sheet/Documentation Reports |  | 9 | The agency cooperates in relevant community projects (i*.e Brigada Eskwela, Tree Planting and among others*)MOV: Feedback Report/Accomplishment Report/ Photo Documentation  |  |  |
| 10 | Community participation in the delivery of programs and services is promoted.MOV: MOO/Accomplishment Report/Photo Documentation |  |  |
| 1. Resource Generation
 | 12 | Internally generated or externally outsourced resources are provided by the agency to support program implementation MOV: Resource Generation Report/AFR/S  |  |  |  |  |  |
| 13 | Outsourced resources comply with existing guidelines/laws on resource generation MOV: Project Proposal/Solicitation Permit  |  |  |  |  |  |
| 1. Management of health Emergencies, as applicable

**Applicability: During COVID/pandemic/health emergency cases** | 14 | A committee/group is created or organized to lead the planning and implementation of the safety and health measures of the agency. MOV: Team Composition and Board Resolution |  |  |  |  |  |
| 15 | There is an available system/checklist to monitor the health status and condition of residents on a daily basis. MOV: Monitoring/Health Checklist |  |  |  |  |  |
| 16 | There is a process flow and referral plan in managing resident’s and personnel with COVID like or infectious disease symptoms. MOV: Process Flow and Referral plan for COVID cases |  |  |  |  |  |
| **SUB-TOTAL** | **16** | No. of complied **Minimum** Standards |  | **10** | No. of complied **Higher** Standards  |  |  |
| **III. Case Management** |
| 1. Caseload
 |
| 1. Registered Social Workers (RSWs)
 | 1 | Standard Ratio of RSW to resident (case work):* 1:25 children aged 0-7 y/o (applicable to nursery homes, and reception and study centers) and children needing intensive\* case work

*\*Intensive Casework refers to court related cases and cases for rehabilitation programs/services.*MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 1 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:18 or 1:19 casesMOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |   |
| 2 | * For CICL
* 1:15 per law

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 2 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:11 or 1:12 cases; 1:8 for CICL undergoing intensive interventionMOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 3 | * 1:60 for non- intensive\* cases at a time, e.g. children for independent living and education purposes

\**non-intensive cases are those catered by institutions whose primary purpose is education, when nine (9) or more of its clients in the ordinary course of events do not return annually to the homes of their parents or guardians for at least two months of summer vacation.* MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 3 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:45 casesMOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 4 | * 1:25 women/IDPs

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 4 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:18 or 1:19 casesMOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 5 | * 1:20 women with dependents

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 5 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:15 casesMOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 6 | * 1:30 older persons/persons with disabilities

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 6 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:23 casesMOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 7 | In case of mixture of intensive and non-intensive cases, intensive cases shall not exceed 10 cases at a time, with a maximum of 30 mixed cases.MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report  |  | 7 | Caseload is reduced to at least 25% of the minimum ratio.MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 1. House parents (with at least 8 to 12 hours shift, that to include maximum hours of overtime on a daily basis.)
 | 8 | Standard Ratio of Houseparent to residents:* 1:5 children from birth to 1-year-old

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 8 | A reliever is available on call in case of emergency situationMOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 9 | * 1:10 children aged 13 months to 7 years’ old

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 9 | Caseload is reduced to at least 25% of the minimum ratio or 1:8MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 10 | * 1:15 children aged 8 to 12 years’ old

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 10 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:11 MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 11 | * 1:20 children aged 13 to below 18 years old capable for independent living

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 11 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:15MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 12 | * 1:10 for children with special needs (upper\* and lower\*\* trainable)

*\*upper trainable- affected with mild mental retardation and capable of developing academic, social, and occupational skills with capabilities of one with a mental age between 9-12 years.* *\*\*lower trainable –affected with moderate mental retardation and capable of being trained in self-care and in simple social and work skills in a sheltered environment.*MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 12 | Caseload is reduced to at least 25% of the minimum ratio or 1:8MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 13 | * 1:5 for children with profound special needs

*\*Profound – affected with the most severe mental retardation and are unable to work, live alone or care for themselves.*MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 13 | Caseload is reduced to at least 25% of the minimum ratio or 1:2MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 14 | * 1:30 individuals with special needs aged 18 and above (upper\* and lower\*\* trainable)

*\*upper trainable –can usually achieve social and vocational skills adequate to minimum self-support but may need guidance and assistance when under unusual social or economic stress.* *\*\*lower trainable – may achieve self-maintenance in unskilled or semi-skilled work under sheltered conditions; needs supervision and guidance when under mild social or economic stress*MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 14 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:23MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 15 | * For CICL:
* 1:15 CICL resident

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 15 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:11 MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  |  |
| 16 | * For Older Person
* 1:25 ambulatory residents (*refer to resident’s ability to bear weight, pivot, and safely walk independently or with the use of a cane, walker or other mechanical supportive device that to include but not limited to a wheel chair*)
* 1:10 Bed-ridden residents (*refers to elderly residents that requires a total assistance or is dependent to other person for mobility*)

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 16 | Caseload is reduced to at least 25% of the minimum ratio or at least * 1:23; and
* 1:8

MOV: Profile of Employees/Caseload inventory |  |  |
| 17 | * For Women/IDPs
* 1: 30 women

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 17 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:23 MOV: Profile of Employees/Caseload inventory |  |  |
| 18 | * 1:20 women with dependents

MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 18 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:15 MOV: Profile of Employees/Caseload inventory |  |  |
| 19 | * For PWDs
* 1:5 Non-ambulant\*
* 1:15 Ambulant\*\*

\**Non-Ambulant- refers to a person who is unable to leave a building unassisted under emergency conditions. It includes, but is not limited to, those persons who depend upon mechanical aids such as crutches, walkers and wheelchairs. (confined to a wheelchair or assistive devices)*\*\**Ambulant- able to walk around, needs minimal assistance, can do practical daily routines.*MOV: Profile of Employees/Caseload inventory/Quarterly Accomplishment Report |  | 19 | Caseload is reduced to at least 25% of the minimum ratio or at least 1:11 MOV: Profile of Employees/Caseload inventory |  |  |
| 20 | In case of mixed age group, exceeding the must ratio, where younger children are housed together with older ones or adult residents, there should be a houseparent to cater a maximum of 30 residents. MOV: Profile of Employees/ Caseload  |  |  |  |  |  |
| 1. Helping Process
 |
| Admission and Intake | 21 | 1. Initial assessment is conducted using the Intake Sheet. It solicits information on the individual and his/her situation and needs.

MOV: Intake Sheet |  | 20 | The concerned RSW probes deeper into the background of the client through validation of gathered data and collated information.MOV: Homevisit Reports/Collateral Interview in the Community/Social Case Study Report of the referring agency/Referral Letter; and Police report or barangay report in cases of abuse children/women.  |   |   |
| 22 | 1. Conducted an orientation to client on the agency’s programs/services, rules and policies, expectations, assignments and other agency regulations within two (2) days upon admission. (*Toddlers and Infants are exemptions*.)

MOV: Progress Report/Client Folder/Interview with the client |  | 21 | Conducted an orientation to client on the agency’s programs/services, rules and policies, expectations, assignments and other agency regulations within twenty-four (24) hours upon admission. MOV: Progress Report/Client Folder/Interview with the client |  |  |
| 23 | 1. Provided client with personal necessities including but not limited to hygiene essentials, clothing, room/bed/cottage assignment immediately upon admission.

MOV: Progress Notes/Client Folder/Interview with the client/ Record Book of Issuance or Index Card |  |  |  |  |  |
| 24 | Conducted a case conference with parents/relatives/referring party relative to client’s intake assessment result. MOV: Documentation/Case Conference Report/Record of Admission Case Conference |  |  |  |  |  |
| Social Case Study Report (SCSR) | 25 | 1. A social case study report is prepared within thirty (30) days after the admission for each client.

 MOV: Social Case Study Report (Date Stamp) |  | 22 | The SCSR is prepared within fifteen (15) days after the admission for all clients. MOV: Social Case Study Report (Date Stamp) |  |  |
|  | 26 | The SCSR is updated based on the MOO’s provision, reflecting the current condition and progress of the client based on the result of the evaluation assessment. MOV: Updated Social Case Study Report (Date Stamp) |  | 23 | The SCSR is updated as required or at least annually, reflecting the current condition and progress of the client based on the result of the evaluation assessment. MOV: Updated Social Case Study Report (Date Stamp) |  |  |
| Assessment Phase | 27 | 1. Problem Identification - clearly reflects the problem and needs of the client that have to be addressed and responded to (immediate problem) based on the initial interview with the client and data gathered.

MOV: Social Case Study Report, Intake Sheet, Referral Report/Home Visit Report/Collateral Interview Output with community/Progress Notes |  |  |  |  |  |
| 28 | 1. Assessment- clearly reflects the worker’s assessment on the client’s condition that to include client’s current medical condition, pyscho-social and emotional condition, strengths, weakness, significant manifested behavior, relationship/adjustments, support system, potential for change and immediate needs.

MOV: SCSR, Intake Assessment, Progress Notes |  |  |  |  |  |
| 29 | 1. Client’s Background- reflects the client’s history (family background, medical, biological, emotional, psychological, relationships, and other significant details).

MOV: Intake Assessment, SCSR, Collateral Reports, Medical/Psycho-social reports, Referral |  |  |  |  |  |
| Goal and Contract Setting | 30 | 1. Intervention Plan- An intervention plan is formulated within fifteen (15) working days after the admission of client to appropriately respond to the problems and needs identified by the client. The interventions should be consistent based on the assessment and consultations made by the worker. Should reflect the following:
* Clear helping goals
* Activities/Helping Interventions/ Strategies
* Responsible Persons
* Time Frame
* Expected Output

MOV: Intervention Plan / SCSR |  | 24 | The intervention plan is formulated through conduct of case conference and coordination thru an inter-disciplinary team. MOV: Intervention Plan and Contract/ SCSR, Activity Log/Documentation Report |  |  |
| 31 | 1. The formulated plan should be consulted and conformed with by the client except for cases where the client is incapable of doing so such as for cases of infants, toddlers, young children, mentally challenged clients or those with dementia.

MOV: Intervention Plan and Contract/Activity logs and Agreements |  | 25 | Enhanced interventions plan / development programs are prepared based on the result of monitoring of implementation of programs and servicesMOV: Enhanced Intervention Plan/Development Program |  |  |
| Implementation Phase | 32 | 1. Activities and timelines identified and reflected in the intervention plan is carried out. Any changes should be documented and agreed upon with the client.

MOV: Intervention Plan and Contract, Updated IP, Progress Notes |  | 26 | There is a multi-disciplinary/multi-sectoral involvement where relevant professionals/disciplines are involved in the implementation phase that to include conduct of consultations, case conferences, meetings, etc. MOV: Activity Log/Documentations, Progress Notes/Activity Report |  |  |
|  | 33 | 1. All activities conducted in relation to the formulated intervention plan is properly documented and filed.

MOV: Intervention Plan, Documentation Reports |  |  |  |  |  |
| Monitoring and Evaluation | 34 | 1. A monitoring and evaluation tool is developed and used to track the progress of the intervention plans implemented and its current status.

MOV: Monitoring Tool and Evaluation Tool |  |  |  |  |  |
| 35 | 1. A semestral periodic monitoring report is generated relative to the progress and status of the implemented activities using the developed tool and is filed properly.

MOV: Accomplished Monitoring Tool, Progress Notes/Revised Intervention Plan/Minutes of Case Conferences where status report on client’s interventions plan is discussed/updated/ Rehab or Social Functioning Indicator Tool |  | 27 | A quarterly periodic monitoring report is generated relative to the progress and status of the implemented activities using the developed tool and is filed properly. MOV: Accomplished Monitoring Tool, Progress Notes/ Revised Intervention Plan/ Minutes of Case Conferences where status report on client’s interventions plan is discussed/updated |  |  |
|  |  |  | 28 | Gaps identified are used as basis in the revision/enhancement of the intervention plan. MOV: Revised/Enhanced Intervention Plan/Minutes of Case of Conference |  |  |
| Termination and Closure | 36 | 1. There are written policies and procedures on termination and closure of cases.

MOV: Manual of Operations/Handbook/Presentation of Case Procedure Management |  |  |  |  |  |
| 37 | 1. Termination procedures are observed and implemented based on stated policies.

MOV: Process Recording/Activity Log |  |  |  |  |  |
| 38 | 1. A termination plan/pre-discharged plan is formulated and conformed with by the client and his/her family.

MOV: Termination Plan/Pre-Discharged Plan |  |  |  |  |  |
| 39 | 1. A case conference is conducted to formulate the termination plan/pre-discharged plan with the participation of the client and inter-disciplinary team.

MOV: Termination Plan/Pre-Discharged Plan, Case Conference Report/Activity Log |  |  |  |  |  |
| 40 | 1. Conduct an exit interview/discharge conference with the client prior discharge, whichever is applicable or practiced.

MOV: Process Recording/Activity Log or Documentation |  |  |  |  |  |
| 41 | 1. Termination/Closure is appropriately done by the preparation of Terminal Report or Closing Summary

MOV: Terminal Report/Closing Summary/ Presentation of Case Procedure Management |  | 29 | Closure is done after completing at least 50% of the after-care program plan. MOV: Process Recording/Intervention Plan/Feedback |  |  |
| After Care | 42 | 1. There is a written policy on the provision of after-care services to clients for at least six (6) months to one (1) year after discharge.

MOV: MOO/Handbook |  |  |  |  |  |
| 43 | 1. An after-care plan/agreement is developed and formulated prior termination of case or discharged of client.

MOV: After Care Plan/Agreement/FGD with client or personnel |  |  |  |  |  |
| 44 | 1. After-care program/plan/agreement was implemented as planned.

MOV: Process Recording and Client Feedback |  |  |  |  |  |
| Referral System/Pathway | 45 | 1. A referral system/pathway is developed and is in place to properly address and respond to the immediate problem and needs of the client.

MOV: Referral Process Mechanism/System; Referral System Flow |  | 30 | A written policy on the referral system/pathway of the agency. MOV: MOO/Handbook |  |  |
| Confidentiality | 46 | 1. There is a written policy along confidentiality and procedures/protocols for case disclosure.

MOV: MOO/Handbook |  | 31 | There is a confidentiality agreement executed by and among concerned individuals/professionals managing the cases of clients. MOV: Executed Confidentiality Agreement |  |  |
| 1. Case Recording and Documentation- following documents are filed/compiled and organized to provide evidence of appropriate and efficient management of cases:
 |
| Case Folder (Current Residents) | 47 | 1. All residents must have an individual case folder marked as confidential.

Each case folder must have the following documents:  |  |  |  |  |  |
| 48 | 1. Admission slip with date and time of admission, that to include
* Contact person, number and address;
* Essentials provided to client upon admission.

MOV: Filed Admission Slip |  |  |  |  |  |
| 49 | 1. Intake Sheet

MOV: Filed Intake Sheet with date stamp  |  |  |  |  |  |
| 50 | 1. The Social Case Study Report that will capture the following details:
* Identifying Information of the Client
* Family Profile
* Source and Circumstance of Referral, if applicable
* Identified Problem
* Current Situation
* Family Background and Client History
* Social Worker’s Assessment and Recommendation

MOV: Filed SCSR |  |  |  |  |  |
| 51 | 1. Intervention Plan and Contract

MOV: Filed IP and Contract with conforme’ from the beneficiary  |  |  |  |  |  |
| 52 | 1. Health/Medical and Dental Records

MOV: Filed records |  | 32 | Updated health/medical and dental records MOV: Filed updated records |  |  |
| 53 | 1. School Records, if schooling or has been to school

MOV: Filed school records |  |  |  |  |  |
| 54 | 1. Progress Report/Anecdotal Reports and running records of the case that highlights the developments made by the client thru the agency’s services and program is updated every month and on activity basis.

MOV: Chronologically filed progress reports/running records, Home Visit Reports/Collateral Interview Reports |  |  |  |  |  |
| 55 | 1. Monitoring and Evaluation Report

MOV: Filed accomplished tools and monitoring and evaluation reports |  |  |  |  |  |
| 56 | 1. Psychological/Psychiatric evaluation results/records, as necessary
 |  |  |  |  |  |
| 57 | 1. Referral, case conference records, if applicable

MOV: Referral letters/Case Conference report/Activity Log |  |  |  |  |  |
|  |  |  | 33 | Lifebook of the child. MOV: Lifebook |  |  |
| Case Folder (Discharged Residents- those that were at least discharged from the agency within two (2) years |  | In addition to the above documents, the following documents must be filed properly: |
| 58 | * 1. Closing Summary and Discharged Slip

MOV: Referral letters/Case Conference report/Activity Log |  |  |  |  |  |
| 59 | * 1. After Care Plan/Agreements and Termination Plan

MOV: Termination Plan/After-Care Plans and agreements, Referral Letters,  |  |  |  |  |  |
| 60 | * 1. Closing Summary/Terminal Report

MOV: Filed Terminal Report/Closing Summary |  |  |  |  |  |
| Records Management  | 61 | There are written policies on case records access, use and disposal.MOV: MOO  |  |  |  |  |  |
| 62 | Use of coding systems, specifically control or serial numbers, thereby, ensuring that names of clients are kept confidential.MOV: Case folders |  |  |  |  |  |
| 63 | Case folders/records are marked “Confidential” and are properly kept and maintained in a location that can be monitored easilyMOV: Observation/Sample of Case Folders  |  | 34 | Case folders/records are kept in designated cabinets MOV: MOO/Observation |  |  |
| 64 | Only authorized users are allowed to access records MOV: MOO/Interview with records custodian |  | 35 | A records section only accessible to designated staff is established in the agencyMOO: MOO/Observation |  |  |
| Confidentiality | 65 | There should be a written policy along data privacy to ensure security of client information disclosure pertaining to records management.MOV: MOO/Handbook |  |  |  |  |  |
|  | **65** | No. of complied **Minimum** Standards |  | **35** | No. of complied **Higher** Standards |  |  |
| **IV. HELPING INTERVENTIONS**  The following are the basic programs, services or interventions that are necessary for the beneficiaries’ upliftment, rehabilitation and/or development. The assessor/accreditor shall check on the social welfare agency’s (SWA) compliance to the set of standards/indicators corresponding to the needs of its chosen beneficiaries. Indicators not applicable to the program/service delivery of the SWA shall be marked not applicable (N/A). All N/A indicators shall be counted along with the complied items to arrive at the required sum or total.  |
| 1. **Psychosocial Support/Care**
 |
| 1. Psychosocial support/care programs | 1 | The agency provides psychosocial support/care programs appropriate to its clientele group as indicated in the intervention plan that to include any but not limited to the following listed below:1. Basic Services and Security
2. Counseling
3. Stress Debriefing
4. Stress Management Activities
5. Home/Family Visits
6. Psychiatric and psychological evaluation
7. Basic mental health care
8. Psychological First Aid (PFA)
9. Therapeutic Sessions
10. Group Dynamic Exercises

 MOV: Intervention plan/Progress Notes/Report |  |  |  |  |  |
| 2 | Psychosocial intervention provided is based on the identified needs of the client.MOV: Assessment/SCSR/FGD with clients |  |  |  |  |  |
| 1. **Home Life**
 |
| 1. Daily Living
 | 3 | The center has set a clear and sufficient daily routines and control for clients that are flexible and balanced to enable them to develop a sense of responsibility, foster discipline and explore opportunities to clarify values and modify behavior and strengthen their capacity to build relationships with others.MOV: MOO |  | 1 | The agency is able to determine the level of coping and adjustment of clients on a quarterly basis thru using a set of criteria/checklist. MOV: Monitoring tool/Progress Notes/Checklist |  |  |
|  |  |  | 2 | There is an available daily observation report on the client’s home life activities.MOV: Anecdotal reports of HPs/Daily Observation reports |  |  |
| 1. House Rules
 | 4 | There are clear and written policy of the center’s house rules to govern the behavior and conduct of residents. MOV: MOO |  | 3 | The updating and formulation of the house rules is participated by the clients.MOV: Photo and Process Documentation/Minutes of Meeting/FGD with clients |  |  |
| 5 | The house rules are visible and posted in conspicuous places. MOV: Pictures (taken by assessor); tarpaulins/ posts |  | 4 | The posted house rules are updated and are printed and posted using, tarpaulin, LED Screens or Sintra PVC Boards among others. MOV: Tarpaulin, LED Screens or Sintra PVC Boards and the likes |  |  |
| 1. Home Life Assignments
 | 6 | Clients are given appropriate home life assignments or responsibilities according to the client’s physical and health capacity.MOV: Home Life Assignment List/Documentation/ FGD or interview with clients |  | 5 | Clients are allowed or are given the liberty to choose their assignments based on their age and capabilities.MOV: Documentation of home life meetings/ Interview or FGD with clients |  |  |
| 1. Clothing and Personal Effects
 | 7 | The agency provides/accesses children clients decent, clean, culture-sensitive and appropriately-sized clothing and personal items to augment the need for physical protection, good grooming, personal health and sanitation:* Upon Admission
* Quarterly Provision
* Annual Provision

MOV: Accomplished and Signed Distribution Sheet/Inventory of Clothing/Toiletries and Essentials |  |  |  |  |  |
| * 1. Upon Admission
 | 8 | Bib/mittens, diapers, and nappies for infants and toddlers *(N/A for facilities that do not cater infants/toddlers)* |  |  |  |  |  |
| 9 | 2 sets of sleeping clothes |  |
| 10 | 2 sets of daytime clothes |  |
| 11 | 4 pcs underwear |  |
| 12 | 1 pair of slipper and shoes |  |
| 13 | 1 pc toothbrush and 1 tube of toothpaste |  |
| 14 | 200 ml shampoo (boys); 300 ml shampoo (girls)- either in bottle or sachet |  |
| 15 | 1 bath soap |  |
| 16 | 1 bedsheet |  |  |  |
| 17 | 1 blanket |  |
| 18 | 1 bath towel |  |
| 19 | 1 pillow with 1 pillow case |  |
| * 1. Quarterly
 | 20 | 1 pair of socks |  | 6 | All personal care items provided is increased by a set.  |  |  |
| 21 | 2 pcs underwear |  |
| 22 | 1 pair of slippers |  |
| 23 | 1 pc toothbrush |  |
| 24 | Baby dress and underwear for infants/toddlers *(N/A for facilities that do not cater infants/toddlers)* |  |
| * 1. Annual
 | 25 | 2 sets day time clothes |  | 7 | All personal care items provided is increased by a set. |  |  |
| 26 | 1 set Sunday attire |  |
| 27 | 1 set for special occasion |  |
| 28 | 2 sets casual attire |  |
| 29 | 1 pair of shoes |  |
| d. Other toiletries and essentials | 30 | 1 bath towel (semestral) |  | 8 | 1 bottle of cologne (150 ml) quarterly |  |  |
| 31 | 2 face towels (annual) |  |
| 32 | 1 bath soap every 3 weeks  |  |
| 33 | 1 tube toothpaste (150ml) per month |  | 9 | 50 ml deodorant/Antiperspirant for clients aged 13 and above on a monthly basis |  |
| 34 | 200 ml shampoo per month (sachet/bottle) |  |
| 35 | 1 bed sheet (semestral) |  |
| 36 | 1 pillow and 2 pillow cases (annual) |  | 10 | In cases of emergency or disasters, immediate provisions of clothing and personal items (including under wears) are ensuredMOV: Distribution List |  |
| 37 | 1 mosquito net |  |
| 38 | 1 laundry bar every 3 weeks  |  |
| 5. Food and Nutrition | 39 | The agency ensures a well-balanced diet meal for its clients through a planned monthly menu prepared based on the Meal and Nutrition Plan/Cycle Menu approved by the Dietician or Nutritionist.MOV: Cycle Menu or Meal Nutrition Plan approved by a Dietician or Nutritionist/MNAO (LGU) |  | 11 | The agency ensures a well-balanced diet meal for its clients through a planned quarterly menu prepared based on the Meal and Nutrition Plan/Cycle Menu approved by the Dietician or Nutritionist.MOV: Cycle Menu or Meal Nutrition Plan approved by a Dietician or Nutritionist/MNAO (LGU) |  |  |
| Meals |  |   |  | 12 | A special diet plan is prepared for those that has special or health related concerns. MOV: Meal and Nutrition Plan of the Client approved by a Dietician or Nutritionist/MNAO |  |  |
| 40 | Provides 3 meals in a day. MOV: FGD results with clients |  | 13 | Provides 3 meals and 2 snacks in a day.MOV: FGD results with clients |  |  |
| 6. Medical/Health and Dental Services | 41 | Clients undergo a mandatory annual physical/medical and dental check-up.MOV: Updated Medical and Dental Records |  |  |  |  |  |
| 42 | Provision of and access to medical services as stipulated in the MOO.MOV: Medical file/Records |  |  |  |  |  |
| 43 | First Aid is provided by trained personnel.MOV: Training Certificate on First Aid/FGD with clients/personnel |  |  |  |  |  |
| 44 | With on-call Doctor or access of clients to a doctor/medical facility/clinic when in case of emergency or in need of medical attention provided further that there is an available transportation vehicle.MOV: MOA/MOU/Medical Records; and Certification of availability/access to transportation vehicle. |  | 14 | In contract or partnership with a health facility/ individual health provider to provide on call medical services in case of emergency situationMOV: MOA/MOU/Certificate of Partnership Agreement |  |  |
| 45 | Provides for laboratory examinations, if necessary.MOV: Medical and laboratory results. |  |  |  |  |  |
| 46 | Facilitate new born screening for infants. *(N/A for facilities that do not cater infants/toddlers)*MOV: New born screening result |  |  |  |  |  |
| 47 | Facilitate complete immunization of infants and toddlers. *(N/A for facilities that do not cater infants/toddlers)*MOV: Immunization Booklet |  | 15 | Provides flu immunization to all clients. MOV: Medical Record |  |  |
| 48 | Medicines or medications are provided and administered properly according to prescription by a physician.MOV: Medical Records and Prescription |  | 16 | Clients are provided with training on first aid and on handling/management of common health problems. MOV: Documentation/FGD results with the clients |  |  |
| 49 | Facilitate hospitalization of clients needing medical attention.MOV: Medical records/ Interview results with staff and clients |  |  |  |  |  |
| 1. Socio-cultural and recreational activities
 | 50 | Different socio-cultural activities are introduced/conducted to provide a venue for self-expression e.g. art or dance lessons, theater arts, ecological camping, sports activities, etc. MOV: Activity Report  |  | 17 | Clients are allowed to participate on regional and national socio-cultural activities (Quizzes, Olympiads, Meets, etc).MOV: Documentation Report  |  |  |
| 51 | The agency work with other agency for the provision of appropriate activities, equipment for clients appropriate to their age level, culture or ethnicity, physical and mental capabilityMOV: MOA/MOU/Activity Reports  |  | 18 | Expression and practice of client’s own ethnicity/cultural practice is encouraged and respected by others and given time/opportunity to hold their special cultural practice. MOV: Activity/Accomplishment Reports  |  |  |
| 1. Moral and Spiritual Welfare
 | 52 | The agency conducts structured/non-structured group activities or work sessions that develop, inculcate, clarify or affirm positive values and virtues necessary for the clients’ moral and social growth and development (i.e recollections, retreats, etc.)MOV: Activity Report  |  |  |  |  |  |
| 53 | Spiritual activities are planned with the clients regardless of religious affiliation MOV: Minutes of Meeting/Consultation Report  |  | 19 | Practice/celebration of client’s respective religious beliefs are encouraged/conductedMOV: Activity Reports/List of Participants |  |  |
| 1. Protection Programs and Services
 | 54 | Facilitate birth registration of clients without birth certificates, if necessary. MOV: Birth Certificates |  |  |  |  |  |
| 55 | A Client or Child Protection Policy (CPP) is in place and beneficiaries are shielded from undue harm or risk in any activity conducted, organized or participated in by the SWAMOV: Client Protection Policy /Child Protection Policy/MOO/Recording of Activity |  | 20 | Review/Re-Orientation of CPP is conducted annually. MOV: Documentation Report |  |  |
| 56 | 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 staffMOV: Code of Conduct of Staff  |  |  |  |  |  |
| 57 | Code of Conduct as indicated in the MOO is observed and adhered by the staff.MOV: FGD report with clients/ 201 files to serve as reference if there are staff with memo on violation of code of conduct/interview with the HR |  |  |  |  |  |
| 58 | Service providers must observe protective behavior based on the Client Protection Policy in dealing with the beneficiaries MOV: CPP/Code of Conduct of Staff |  | 21 | A manifesto of support to the Client Protection Policy is signed and posted on a conspicuous place in the agencyMOV: Signed and posted Manifesto of Support |  |  |
| 59 | In cases when incidents of abuse are found, actions should be taken in accordance to the Client/Child Protection Policy.MOV: Incident Report/Activity Report  |  | 22 | The agency facilitates or assist the victim in filing a case/s against the perpetrator. MOV: Activity Report  |  |  |
| 60 | The agency ensures that victim-survivor of violence are provided with gender-responsive case management, if applicable.Note: Applicable to facilities with cases on VAWC.MOV: Casefolder/SCSR/FGD or Interview with Social Worker and Client. |  |  |  |  |  |
| 61 | The agency provides orientation programs and services for women empowerment such as gender sensitivity, equality and development in the communityMOV: Activity Reports/Attendance Sheet  |  | 23 | The agency provides Male beneficiaries/staff with orientation on Men Opposed to Violence Everywhere and/or other similar activities MOV: Activity Reports/Attendance Sheet |  |  |
| 62 | Beneficiaries are trained on personal safety and protective behavior such as life skills, survival and etc. MOV: Activity Report/FGD with clients |  |  |  |  |  |
| 63 | Beneficiaries are ensured of confidentiality from media exposure MOV: MOO/CPP  |  |  |  |  |  |
| 1. Legal/Para-legal Services
 | 64 | Legal/para-legal services are accessed if not provided, by the agency MOV: Activity Report /Progress Notes  |  | 24 | There is an available retainer lawyer/legal counsel in the center to respond to client’s legal concerns. MOV: Contract/MOA/Appointment |  |  |
| 65 | Clients are consulted before taking legal action/decisionsMOV: Progress Notes /FGD with client  |  |  |  |  |  |
| 1. Life/Domestic Skills
 | 66 | The agency equips its clients with the basic training on life or domestic skills for home life.MOV: Activity Reports/Work Assignments/ Interview Results with the Clients |  |  |  |  |  |
| 1. For PWDs, **applicable to facilities catering to PWDs**
 | 67 | The agency has an available assistive device such as walkers/canes/crutches or wheelchairs for clients with disabilities.MOV: Observation Results/ Documentation |  | 25 | Access to Physical Therapist for treatment. MOV: Medical Records |  |  |
| 68 | Brail for the blind; slates and stylus are available.MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. ECCD

**Applicable only to facilities catering to 2–5-year-old children**. | 69 | The agency provides ECCD programs and services.MOV: Observation Results/ Documentation |  | 26 | The agency’s ECCD facility is duly accredited by DSWD. MOV: Accreditation Certificate |  |  |
| 1. Health Emergency and Prevention and Control, as applicable

**Applicability: During COVID/pandemic/health emergency cases** | 70 | There is a health safety measures and protocol implemented in the agency such as but not limited to the following measures:* Hand washing and hygiene
* Physical distancing
* Wearing of face masks/face shields
* Appropriate PPEs

MOV: Board Resolution on adopting health standards protocol/measures |  | 27 | The agency provided its office personnel and staff with hygiene kits that to include:* Alcohol/Sanitizers
* Facemasks/face shield
* Vitamins
* Soap
* Tissue

MOV: Hygiene Kit List/Distribution Shee/Observation Results |  |  |
| 71 | There are available hand sanitizers and alcohol –based solution in all entrances/exits, stairways, and conference room.MOV: Observation |  | 28 | A thermal scanner is available at the entrance of the facility. MOV: Observation |  |  |
| 72 | There is a regular disinfection/clean-up conducted by the agency to ensure the safety of residents and prevent further spread and transmission of the virus.MOV: FGD result/findings with staff and residents |  | 29 | The agency supports the conduct of Rapid Tests for residents and staff or SWAB test for those manifesting symptoms or any other test required and applicable.MOV: Board Resolution/Written Policy |  |  |
| 73 | There is an available supply of masks and alcohol for staff and residents’ use. MOV: Supplies of masks and alcohol; storage room/Distribution List for Issuance of Supplies for staff and residents. |  |  |  |  |  |
| **SUB-TOTAL** | **73** | No. of Complied **Must** Standards  |  | **29** | No. of Complied **Higher** Standards  |  |  |
| **V.     Physical Structure and Safety** |
| 1. Appropriate and ample office facilities, amenities and space for organizational functions and activities
 |
| 1. Office Space
 | 1 | Each staff should have one (1) table and chair and with designated space for files and safekeeping of personal items. MOV: Observation Results/ Documentation |  | 1 | Each staff has their own cabinet for storage of files and personal items.MOV: Observation Results/ Documentation  |  |  |
| 2 | Has adequate space for the day-to-day office operation, at least 4 sqm/staff.MOV: Observation Results/ Documentation |  | 2 | Available space for holding meeting/s and conferences MOV: Observation Results/Documentation |  |  |
|  |  |  | 3 | With comfort room exclusive for personnel only. MOV: Observation Results/ Documentation |  |  |
| 1. Office Amenities
 | 3 | With functional * Computer,
* Printer; and
* Communication system (to include but not limited to landline phones/office hotline/office mobile phones/facsimile)
* With internet connection (line/Wi-Fi/broadband)

MOV: Observation Results/ Documentation |  |  |  |  |  |
| 4 | With records section and/or filing cabinets for all documents and records MOV: Observation Results/ Documentation |  |  |  |  |  |
| 5 | Office/s and/or rooms are adequately lit and well-ventilated MOV: Observation Results/ Documentation |  | 4 | The office is equipped with air-conditioning system MOV: Observation Results/ Documentation |  |  |
| 1. Public Areas
 | 6 | With lobby or reception area for clients and visitors alike MOV: Observation Results/ Documentation |  | 5 | Activity area for clients are identified/installed/established MOV: Observation Results/ Documentation |  |  |
| 1. Safety and Security
 | 7 | The office and facilities are declared safe by the proper authoritiesMOV: Updated Building Safety Certificate |  | 6 | With fire alarms, fire detectors and sprinklersMOV: Observation Results/ Documentation |  |  |
|  | 8 | The office and facilities are declared safe from fire hazard by proper authoritiesMOV: Updated Fire Safety Certificate |  | 7 | CCTV camera is installed along the lobby or hallway areas. MOV: Observation Results/ Documentation |  |  |
| 1. Accessibility Requirements
 | 10 | The agency’s office facilities are installed with the necessary accessibility requirements (ramps and rails) per Batas Pambansa 344 or the Accessibility Law MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. Accommodation Facilities
 | 11 | The facility is compliant with applicable building codes and other laws, indicating it to be a condition suitable for occupancy. MOV: Certificate of Occupancy; Fire Safety Inspection Certificate; and Updated Annual Structural Safety Certificate |  |  |  |  |  |
| 1. Communal/ Activity Area
 | 12 | With communal area or activity areas for variety of social, cultural, religious, official and personal activities. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. Interviewing /

Counselling Area | 13 | Has room or space for interviewing clients. It ensures privacy and confidentiality MOV: Observation Results/ Documentation |  | 8 | Has a separate room exclusive for counseling, equipped with counseling paraphernalia such as art materials, throw pillow, dolls, toys, sandbox and other furniture and fixtures appropriate to the age and purpose of the counseling or therapy session.MOV: Photo Documentation/Observation Results |  |  |
| 1. Lighting and Ventilation
 | 14 | All areas in the facility are sufficiently illuminated and has adequate ventilation. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. Bedroom Facilities
 | 15 | Room dimensions and lay-out options have space of about ½ meter on either side of the bed sufficient for movement and access for caregiver and for any equipment needed. MOV: Observation Results/ Measurement Certification |  | 9 | Has at least a minimum of 4.4 sqm. floor space for each single bed for dormitory type facilities; or For bedrooms with one single bed space capacity, must have a minimum floor area of 7.43 sqm, if applicable.MOV: Observation Results/ Measurement Certification |  |  |
| 16 | Rooms for toddlers aged 0-3 years must have padded walls. *(N/A for facilities that do not cater infants/toddlers)*MOV: Observation Results/ Measurement Certification |  |  |  |  |  |
| 17 | Consistent with the declared maximum bed space capacity. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 18 | 1 client: 1 bed ratio MOV: Observation Results/ Documentation |  |  |  |  |  |
| 19 | 1 client: 1 cabinet/storage ratioMOV: Observation Results/ Documentation |  |  |  |  |  |
| 20 | Double-decked beds are allowed provided that client below 13 years old/with disabilities are at the lower bunk. MOV: Observation Results/ Validation/ Documentation |  |  |  |  |  |
| 21 | Separate rooms for female and male clients. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 22 | Room has a fire/emergency exit/passage. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. Recreational Materials/ Supplies
 | 23 | 2 sets of Board Games or other indoor game/activity set or materials (coloring books, puzzles, etc.)MOV: Observation Results/ Documentation |  |  |  |  |  |
| 24 | 2 sets of balls games set or other outdoor games/activities/materials (volleyball/basketball/swing/seesaw/etc)MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. Sanitary/ Bathroom Facilities
 | 25 | At least two-bathroom facilities for centers with a maximum bed capacity of 20 clients. MOV: Observation Results/ Documentation |  | 10 | A separate toilet facility for visitors.MOV: Observation Results/ Documentation |  |  |
| 26 | Separate toilet facility for boy and girl or male and female clients.MOV: Observation Results/ Documentation |  |  |  |  |  |
| 27 | Bathroom is equipped with grab bars and hand rails, applicable only to facilities catering to PWDs and Older Persons. MOV: Observation Results/ Documentation |  | 11 | Bathroom door entrance must be wide enough to accommodate a wheelchair. MOV: Observation Results/ Documentation |  |  |
| 28 | With a lavatory. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 29 | With proper ventilation (window) or exhaust for air circulation.MOV: Observation Results/ Documentation |  |  |  |  |  |
| 30 | Has at least 3.5 sqm space enough for toilet seat, urinal and shower. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 31 | With a soap and waste bin. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 32 | For amenities catering to small children, a toilet seat with a height of 35 cms.MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. Kitchen and Dining Rooms
 | 33 | Dining area have chairs and tables based on the age level of residents with adequate space for movement. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 34 | Kitchen is equipped with basic kitchen furnishing, tools and utensils:* Stove
* LPG
* Kitchen wares (casseroles and frying pans, etc)
* Kitchen Utensils (knife, chopping board, etc)
* Kitchen sink (soap and sponge)
* Drying Area
* Dining ware storage rack

MOV: Observation Results/ Documentation |  | 12 | With any of the following additional kitchen appliances:* Oven and baking supplies;
* Microwave
* Electric Water Dispenser

MOV: Observation Results/ Documentation |  |  |
| 35 | Liquefied petroleum gas (LPG) should be out of reach of children or is properly kept/stored in a cool area.MOV: Observation Results/ Documentation |  |  |  |  |  |
| 36 | Sharp objects such as knife are properly kept or stored/locked and are out of reach of small children.MOV: Observation Results/ Documentation |  |  |  |  |  |
| 37 | 1 client: 1 set of dining ware* Plate
* Spoon and Fork
* Glass

MOV: Observation Results/ Documentation |  |  |  |  |  |
| 38 | Dining set is labeled per owner. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. Laundry Area
 | 39 | Has a designated laundry area, it could either be an indoor or outdoor laundry area with the following tools/supplies:* Water hose/faucet for the water supply;
* Basins, bucket and dippers;
* Stool/chair
* Clothes line

MOV: Observation Results/ Documentation |  | 13 | Has a washing machine.MOV: Observation Results/ Documentation |  |  |
| 1. Storage Area
 | 40 | With a properly labeled of designated storage area/place to properly store, segregate, organize supplies with proper labels (Food and Non-Food)MOV: Observation Results/ Documentation |  | 14 | A room is designated as storage area where supplies (food and non-food items) are properly stored and organized. MOV: Observation Results/ Photo Documentation |  |  |
|  |  |  | 15 | A separate storage room for food and non-food items.MOV: Observation Results/ Photo Documentation |  |  |
| 41 | Free from rodents and other stray insects/pests. MOV: Observation Results/ Documentation |  |  |  |  |  |
| 1. Study Area/Mini Library
 | 42 | Equipped with the following:* Study chairs and tables.
* With available school supplies such as (pens, pencils, crayons, scissor, erasers, etc.)

MOV: Observation Results/ Documentation |  | 16 | With a computer set and internet for research purposes only. MOV: Observation Results/ Documentation |  |  |
| 43 | With electric fan (*or at least weather is consistently below 20 degrees Celsius daily)*MOV: Observation Results/ Documentation |  | 17 | With books sets, drawing sets, and reading materials. MOV: Observation Results/ Documentation |  |  |
| 1. Isolation Room for Medical/Health related concerns
 | 44 | With own bathroom. MOV: Observation Results/ Documentation/Checklist |  |  |  |  |  |
| 45 | With proper air ventilation and windows. Airflow should not be stagnantMOV: Observation Results/ Documentation/Checklist |  | 18 | With air-conditioning.MOV: Observation Results/ Inventory of Equipment |  |  |
| 46 | With the following fixture and furniture:* Bed
* Chair
* Side table
* Washable Curtains
* Fan
* Waste Bin

MOV: Observation Results/ Documentation/Checklist |  |  |  |  |  |
| 47 | With room signage “Isolation Room” properly posted or placed outside the door. MOV: Observation Results/ Documentation/Checklist |  |  |  |  |  |
| 48 | With available communication line such as any of the following: phone/mobile phone or alarm signal in case of emergencies.MOV: Observation Results/ Documentation/Checklist |  |  |  |  |  |
| 1. Staff Quarters/ Sleeping/ Resting Rooms
 | 49 | With provision of sleeping quarter/room or other sleeping arrangements for personnel/staff living or staying in the agency as allowed or required by agency policies, **if applicable.**MOV: MOO/Observation and Documentation |  | 19 | With separate sleeping quarters for male and female staff. MOV: MOO/Observation and Documentation |  |  |
| 1. Control Observation Room, if applicable

***Applicability: Facilities catering to high risk clients (CICL, abused children and women and street children or for residents manifesting violent behavior)*** | 50 | With a designated room facility to place clients manifesting violent behavior that can be monitored or observed outside the given space. The room should either have an acrylic glass window or one-side mirror.In the absence of an acrylic glass window or one-side mirror, a CCTV camera may be considered. MOV: MOO/Observation and Documentation |  |  |  |  |  |
| 51 | The room is equipped with safety features such as the following:* Absence of any sharp objects or furniture inside the room;
* No electrical outlets in the room; and
* Padded walls.
 |  |  |  |  |  |
| 52 | There are written policies on its usage and control mechanisms. MOV: MOO |  |  |  |  |  |
| 53 | With proper ventilation and lighting. Has protected recessed ceiling light. MOV: Observation and Documentation |  |  |  |  |  |
| 1. Infirmary/Clinic
 | 54 | With basic First Aid Kit and cabinet to include:* Bandages/Band-Aids
* Plasters
* Sterile Gauze Dressings
* Safety Pins
* Sterile Gloves
* Antiseptic Cream/Disinfectant
* Cough medicine
* Pain killers such as paracetamol, aspirin or ibuprofen (based on age level)
* Antihistamine cream or tablets
* Diarrhea medicine

MOV: Observation Results/ Documentation/ChecklistNote: Absence of one is equivalent to non-compliance. |  | 20 | With emergency equipment and supplies that to include:* Airways, if applicable (older persons)
* Aspirators if applicable (older persons)
* Oxygen
* Mask; and other health paraphernalia needed

MOV: Observation Results/ Documentation/Checklist |  |  |
| 55 | With body weight scalesMOV: Observation Results/ Documentation/Checklist |  | 21 | With wheelchairMOV: Observation Results/ Documentation/Checklist |  |  |
| 56 | With thermometer or thermos scan for body temperaturesMOV: Observation Results/ Documentation/Checklist |  | 22 | With mini refrigerator for medical suppliesMOV: Observation Results/ Documentation/Checklist |  |  |
| 57 | With available protective equipment* Gloves
* Eyewear/Shield
* Facemasks

MOV: Observation Results/ Documentation/Checklist |  | 23 | With oximeter/sphygmomanometer.MOV: Observation Results/ Documentation/Checklist |  |  |
| 1. Conference/ Training Room/ Space
 | 58 | Whichever is applicable: |  |  |  |
| Has a conference room/open space within the facility conducive for conduct of meetings, seminars, trainings and other similar activities for use by the staff and residents. MOV: Observation and Documentation Report of Activities conducted in said Area/Space |  | 24 | Has the following equipment, furniture and fixture:* LCD Projector
* Laptop
* Chairs and Tables

MOV: Observation  |  |  |
| In the absence of a conference room/space where there are provisions for trainings, seminars or alternative learning system (ALS), the venue where these activities are conducted should be conducive for learning.MOV: Observation and Documentation Report of Activities conducted in said Area/Space  |  |  |  |  |  |
| 1. Sanitation and Waste Management System
 | 59 | The office and facility is declared to be sanitary by proper authorities. MOV: Updated Mayor’s Permit or Sanitary Certificate |  |  |  |  |  |
| 60 | Implements proper waste disposal system (segregation of biodegradable and non-biodegradable materials and practices that supports the Clean Air ActMOV: Observation and Documentation |  |  |  |  |  |
| 1. Emergency Exits
 | 61 | With an evacuation/emergency exit floor plan in case of disasters posted and installed in lobbies and hallways. MOV: Evacuation/Emergency Exit Floor Plan |  |  |  |  |  |
| 62 | Exit signs or arrows properly and visibly installed for direction. MOV: Observation/Documentation |  |  |  |  |  |
| 63 | Emergency exits are available on all floor areas and are accessible. MOV: Observation/Documentation |  |  |  |  |  |
| 1. Evacuation Area
 | 64 | An identified evacuation area that is accessible to the agency.MOV: Identified Evacuation Area/Documentation/Observation/Signage of Evacuation Area |  |  |  |  |  |
| **SUB-TOTAL**   | **64** | No. of Complied **Must** Standards |  | **24** | No. of Complied **Higher** Standards  |  |  |

**Other Findings:**

**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***  | ***For Level 2 and 3***  |
| ***Total Score*** | ***Actual Score*** | ***Total Score***  | ***Actual Score*** |
| 1. Administration and Organization
 | 72 |  | 52 |  |
| 1. Program Management
 | 16 |  | 10 |  |
| 1. Case Management
 | 65 |  | 35 |  |
| 1. Helping Interventions
 | 73 |  | 29 |  |
| 1. Physical Structure and Safety
 | 64 |  | 24 |  |
| Total  | **290** |  | **150** |  |

**Scores for each Level of Accreditation:**

1. **For Level 1 Accreditation** – compliance to the Mandatory Requirements or an actual score of **290** points
2. **For Level 2 Accreditation** – compliance to the Mandatory Requirements plus at least **80%** (**120 points**) of the Higher Set of Standards or an actual score of at least 410 points.
3. **For Level 3 Accreditation** – compliance to the Mandatory Requirements plus at least **90%** (**135 points**) of the Higher Standards or an actual score of at least 425 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 center-based (residential) 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 hereby held in abeyance

 (Name of SWA) .

 The agency shall comply with the agreed action plan within six (6) months after the assessment visit. Likewise, non-compliance on the agreed action plan after two (2) consecutive monitoring visits shall subject the SWA to monitoring and technical assistance as to its compliance to monitoring standards and non-commission of any of the grounds for reprimand, suspension and revocation 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**:

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

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

**Concurred by**:

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