**ASSESSMENT TOOL FOR THE ACCREDITATION OF STIMULATION**

**AND THERAPEUTIC ACTIVITY CENTERS (STACs), HOSPICES AND PHYSICAL REHABILITATION CENTERS PROVIDING FREE AND/OR SOCIALIZED STIMULATION, THERAPEUTIC AND PHYSICAL REHABILITATION SERVICES**

|  |  |
| --- | --- |
| ***Status of Application:*** | **Service Users** |
| * New
 | *Sector/Category* | *No. of Service Users* |  |
| * Renewal
 |  | *Male* | *Female* | *Total* |  |
|  | * Children
 |  |  |  |  |
| ***Accreditation:*** | * Youth
 |  |  |  |  |
| Accreditation No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Women/Men
 |  |  |  |  |
| Date of Issuance : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Older Persons
 |  |  |  |  |
| Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Person/s with

Disability |  |  |  |  |
| ***Scope/Coverage of Accreditation:******\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**** Area of Operation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Programs and Services to be Accredited
 | Total  |  |  |  |  |

**Identifying Information:**

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

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

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

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| --- |
|  **FOREWORD**This accreditation assessment tool provides the standards in the operation of centers providing free or socialized stimulation and therapeutic services, physical rehabilitation services, hospice and palliative care services and other centers providing similar programs and services for mentally and/or physically challenged children, youth, men, women, elderly persons, and persons with disabilities. This tool shall be used in the self-assessment, pre-assessment and assessment for accreditation of the above-mentioned centers.  **INSTRUCTION:**Accreditation assessment shall be conducted using all or a combination of the following methodologies and all possibilities shall be exhausted to determine presence or absence of the required standards as indicated:1. Review of pertinent documents such as records, reports, plans and others 2. Actual conduct of agency visit and ocular survey/observation of the center’s office/s, facilities, amenities and others physical requirements 3. Individual interview or focused-group discussion with the Board of Incorporators/Directors/Trustees and center’s staff and personnel exercising  supervisory and managerial functions4. Individual interview or focused-group discussion with the center’s clients/beneficiaries on service delivery and other relevant information 5. Individual interview of focused-group discussion with administrative and program staff and personnel6. Other useful and relevant method of data gathering in relation to the set standards for center-based, non-residential SWD programs and services  that have to be specified by the administering DSWD personnel and the reason for using 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 of validation to verify compliance to the required standard/s, as necessary. For documentary requirements, to ensure completeness and compliance based on the approved Documentary Requirements at the time of the conduct of assessment.A **check** (✓) mark shall be placed inside the ***Compliance Column*** on the ***Minimum/Mandatory Indicators*** or on the ***Higher Set of Standards*** if the requirement has been complied, and a **cross** (X) mark if not. However, if a certain standard or requirement is being complied by the agency with a different Means of Verification (MOV) not specified in this tool, the assessor shall put a check mark inside the compliance column with the specific means of verification (MOV) written/stated in the Specific Findings/Remarks Column. On the other hand, if the requirement has not been complied, the needed document/actionfor the indicator to be complied shall instead be indicated on the Specific Findings/Remarks Column.Furthermore, should the agency being assessed is certain that the set standard or indicator does not apply to their operation and/or implementation of programs and services, a ***n/a*** (not applicable) mark shall be put inside the compliance column. All ***check*** (✓) mark representing complied items and ***n/a*** shall be summed-up for the total score garnered during the accreditation assessment and shall be the basis for the awarding of either Level 1, Level 2 or Level 3 Accreditation for the center being assessed.  |
| **Key Results Area**(KRA) | No. of Items | **Minimum/Mandatory Indicators***(for Level 1 Accreditation)* | Compliance | No. of Items | **Higher Set of Standards***(for Level 2 and 3 Accreditation)* | Compliance | **SPECIFIC FINDINGS / REMARKS** |
| **I. Administration and Organization**  |
| 1. Vision, Mission, Goals and Administrative Policies
 |
| 1. SWDAs Vision, Mission and Goal
 | 1 | The center’s Vision, Mission and Goals (VMG) is posted on a conspicuous area in the center MOV: Posted VMG |  | 1 | The VMG is translated into an information, education and communication (IEC) materials with addresses and contact numbers of key officers and staffMOV: Pamphlets/Brochures/Online Prints |  |  |
| 1. Organizational Chart
 | 2 | The center’s updated Organizational Chart is posted on a conspicuous area in the office MOV: Posted Updated Organizational Chart |  | 2 | The center’s updated organizational chart is filled-up with existing staff and has the names, position/designation and pictures of officers and employees MOV: Updated Organizational Chart with names, position/designation and pictures of officers and staff |  |  |
| 3 | Program or Project Management Structures are indicated/illustrated on the Organizational Chart MOV: Updated Organizational Chart  |  |  |
| 1. Policy Making Body
 | 3 | The center has a Governing Board/ Trustees or its equivalent in the government/public sector (Provincial Board, City/Municipal Council ( Sangguniang Panglunsod/Bayan) or Regional Development Management Council (RDMC) that address organizational issues and concerns MOV: Approved Board Resolutions/Minutes of Meeting/Agreements |  |  |  |  |   |
| 4 | The Governing Board/Trustees or its equivalent in the government/public sector guarantees the center’s continuous operation for at least one (1) more year aside from the current year, as applicable MOV: Board Resolution/Record of Trust/ Endowment Fund/Certification from Donors or Local Chief Executives (LCEs)/Regional Directors for public centers/ Approved Strategic Plan  |  | 4 | The Governing Board or its equivalent in the government/ public sector guarantees the center’s continuous operation for two (2) more years aside from the current year, as applicable MOV: Board Resolution/Record of Trust/ Endowment Fund/Certification from Donors or LCEs/Regional Directors for public centers/Approved Strategic Plan  |  |  |
|  |  |  | 5 | The center’s policy-making body has enacted resolutions for the continuous implementation and replication of documented good practices MOV – Board/SP/SB Resolution/Policy  Dissemination, others |  |  |
| 1. Manual of Operations
 | 5 | The center has an updated Manual of Operations (MoO) that provide the direction in its operation and implementation of programs and services MOV: Manual of Operations  |  | 6 | The center’s MoO 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, among others. MOV: Handbook or User’s Manual |  |   |
| 6 | Said MoO provides information on the center’s policies and procedures in times of local or national emergencies (e.g. pandemic or public health emergencies, disasters and calamities, internal conflicts, etc.) for both the clients and the staff MOV: Policies and Procedures in times of Emergency/Calamity, etc.  |  |  |  |  |  |
| 7 | It includes client and staff’s compliance to set health and security protocols, and other emergency requirements as prescribed by the concerned government agency, in day to day operation and implementation of programs and servicesMOV: Policies and Procedures in times of emergencies |  | 7 | As stated in the MoO, the center provides for its staff the necessary support in time of emergency such as alternative work arrangement, emergency leave or other similar work scheme that allows the staff to adjust/recover from emergency/ calamity or other incremental situation MOV: Policies and Procedures in times of emergencies/Minutes of Meeting/ Special Order (SO) |  |  |
| 8 | It also includes appropriate measures/procedures in the delivery of programs and services to beneficiaries including compliance set health protocols, and other security requirements as prescribed by the concerned government agency and servicesMOV: Policies and Procedures in times of  emergencies |  |  |  |  |  |
| 9 | It likewise indicates center’s policy of providing its beneficiaries with regular bulletin or updates in community emergency situations with recommendations on acceptable norms during such situation/s MOV: Policies and Procedures in times of emergencies/Sample Bulletin |  | 8 | It also indicates center’s policy of providing the community and beneficiaries with information, education and communication (IEC) materials on adapting and managing health emergencies and others MOV: Policies and Procedures in times of  emergencies/IEC Materials |  |  |
| 1. Work and Financial Planning
 | 10 | A Work and Financial Plan (WFP) that provide the information on financial requirement in the operation of the center and implementation of programs and services for the current/fiscal (CY/FY) year is prepared and made available MOV: Approved Annual Work and Financial Plan (WFP)  |  | 9 | A two (2) year Work and Financial Plan (WFP) was prepared and approvedMOV: Approved two (2) Year Work and Financial Plan (WFP)  |  |  |
| 6. Strategic and Operational Planning System  | 11 | There is an available three (3) Year Strategic Plan that points the way forward in the center’s operation and implementation of programs and services approved by the Board or concerned authority MOV: Approved three (3) Year Strategic Plan |  | 10 | A five (5) Year Strategic Plan that points the way forward in the center’s operation and implementation of programs and services is prepared and approved by the Board or concerned authority MOV: Approved Five (5) Year Strategic Plan |  |   |
| 12 | The Strategic Plan is reviewed and updated annually based on the result of evaluation of operation and implementation of programs and servicesMOV: Updated Strategic Plan/ Proceedings of the Review Process or Annual PREW |  |  |  |  |  |
| B. Financial Resource Management  |
| 1. Financial Management System
 |
| 1. Fund Sourcing
 | 13 | The center’s source/s of funds are clearly indicated in the Audited Financial Statement/Report (AFS/R), Approved Budget or any applicable document for public and private sector MOV: Audited Financial Report/Statement (AFR/S) Approved Budget or any applicable document  |  |  |   |  |  |
| 1. Control
 | 14 | Written internal financial control systems on disbursement and liquidation are being implemented MOV: MOO/Financial Management Policies  vs. Disbursement and Liquidation  Reports  |  |  |  |  |  |
| 15 | The center’s financial transactions are transparent and properly documented MOV: Vouchers and Ledgers |  |  |  |  |  |
| 16 | Internal and external auditing of financial transaction are documented and done annually MOV: Audit Reports |  | 11 | Internal and external auditing of financial transactions are done quarterly or semi-annually.MOV: Audit Reports |  |  |
| 17 | Annual Financial Report/Statement is certified by an independent Certified Public Accountant (CPA) should the gross income of the agency goes beyond PhP500,000. For public or government agency, signed Fund Utilization Report (FUR) or Consolidated Annual Audit Report (CAAR).MOV: Audited Financial Statement/Report/ FUR or CAAR, etc.  |  | 12 | Regular reporting or feedback to funders/donors/sponsors on fund utilization is being done.MOV: Acknowledged Financial Report to Donor/Catalogue or Annual Report  |  |  |
| 1. Fund Liquidation

 | 18 | Disbursements are covered by duly authorized vouchers and are subjected to annual internal/external auditing.MOV: Filed Vouchers/Ledgers/Audit Reports  |  | 13 | Hard and electronic copies of disbursement vouchers are filed MOV: Filed Vouchers |  |  |
| 19 | Updated Fund Utilization Report (FUR) duly signed by authorized signatories that also indicate the source/s of funds or its equivalent in the private sector, is available MOV: Signed FUR or its equivalent  |  | 14 | Duly signed FUR or its equivalent in the private sector, is submitted quarterly, semi-annually or annually as required to concerned agency/ies. MOV: Quarterly, Semi-Annual and Annual  Reports FUR  |  |   |
| C. Material Resource Management  |
| 1. Facilities / Assets

 | 20 | An inventory of the center’s facilities and physical assets is being keptMOV: Inventory of Assets |  |  |  |  |  |
| 21 | The inventory of facilities and physical assets is conducted annually MOV: Updated Inventory of Assets |  | 15 | The inventory of facilities and physical assets is conducted semi-annually MOV: Updated Inventory of Assets |  |  |
| 22 | Utilization, distribution, disposal, repair and replacement of physical assets are documented MOV: Distribution Slips/Disposal Report |  |  |  |  |  |
| 23 | An inventory/list of non-serviceable tools/equipment for purchased and donated items is also available and updated annuallyMOV: Updated Inventory of Non-serviceable items/equipment for purchased and donated  assets  |  |  |   |  |  |
| 1. Donation Management
 | 24 | There are written policies for securing, acknowledging and distribution of monetary and in-kind donations.MOV: MoO – Policies on Donations  |  | 16 | Records also indicate just and equitable distribution/utilization of donations MOV: Donation Distribution/Utilization  List/Logbooks  |  |  |
| 25 | Utilization of donations are transparent and according to policies and rules MOV: MoO/Donation Utilization Policies  |  | 17 | A Committee on Donations is established in the center MOV: SOCommittee on Donations |  |  |
| 26 | As also stated in the MoO, center’s personnel/staff shall not partake on the donations intended for the beneficiaries except on the following conditions:* 1. The donor has categorically state that center staff are included as beneficiaries of the donations
	2. The staff is/are likewise victim/s of calamity, disaster or emergency including health emergency
	3. The staff is in dire/needy situation and qualifies as beneficiary of the donation

MOV: MoO - Written Policy on Donation  Management/Distribution List  |  | 18 | Donors were provided with report on Donation Utilization MOV: Acknowledgement of Report/s |  |  |
| 27 | Distribution list/s of donated goods/ items signed and acknowledged by the recipients is/are available MOV: Signed Distribution List/Logbook/s |  |  |  |  |  |
| D. Human Resource Management and Development |
| 1. Human Resource Policies
 |
|  | 28 | The center’s human resource policies, are clear, applicable and reasonable and aligned with center’s organizational goals MOV: MoO – Human Resource Policies  |  | 19 | Human resource policies including updates are regularly communicated to all levels of staff/personnel of the centerMOV: Official communication or memo, transmittal, e-mail with date of sending and acknowledgment |  |  |
| 1. Human Resource Management Systems
 |  |  |  |  |  |
| 1. Recruitment, selection, hiring and retention system
 | 29 | There are written policies on selection and hiring of staff that specifies qualifications standards and/or equally meeting PRC/CSC/TESDA requirements, whatever is applicable MOV: MoO |  | 20 | The activities of the Human Resource Management Department such as notices of vacancies, promotion and recognition of staff are communicated and posted on a conspicuous area at the center MOV: HR Memo/Posted HR  Announcements |  |  |
| 30 | The center follows a functional or working system of hiring new staff and personnel in accordance to the policies stated in the Manual of Operation MOV: MoO/Human Resource Policies |  | 21 | The center also consider Labor Laws and Magna Carta for PWDs/Women, etc. in hiring new staff, whatever is applicableMOV: MoO/Human Resource Policies Profile of Employees/File 201 |  |  |
| 31 | Each position has its equivalent written job description and/or Terms of Reference (TOR)MOV: MoO/Job Description/201 Files of Employees |  | 22 | Tasks of personnel are aligned with what is written in their Job Description and/or Terms of Reference (TOR) MOV: Profile of Employees/Job Description |  |  |
| 1. Training and Development

 | 32 | A Training Plan based on Training Needs Analysis (TNA) is developed and approved MOV: TNA/Approved Training Plan/Roadmap |  | 23 | Competency-Based Training Program for staff is part of the Training Plan MOV: Roadmap/Approved Training Plan |  |  |
| 33 | Funds for staff training is included in the approved WFP MOV: Approved WFP |  | 24 | Funds for training of staff with CPD credits vis-à-vis their respective field of profession are also included in the approved WFPMOV: Approved WFP  |  |  |
| 34 | Staff and personnel attend trainings/seminars as planned MOV: Feedback/Accomplishment Report/s |  |  |  |  |  |
| 35 | The staff including volunteers are given orientation/training on the center’s Manual of Operation (MoO) MOV: Activity Report/Accomplishment Report/  Photo documentation  |  |  |  |  |  |
| 36 | Important provisions such as Client Protection Policy (CPP), Code of Conduct of Staff and Employees, and Related Laws, First Aid, Disaster Management are given emphasis during the Orientation on the Center’s MoO MOV: Training Syllabus/Accomplishment/  Feedback Report  |  |  |   |  |  |
| 37 | Orientation/Training on important issues such as Gender and Development (GAD), First Aid and Disaster Management is provided to the staff at least once a year MOV: Feedback Report/Training Certificates  |  |  |  |  |  |
| 1. Staff Support Services
 | 38 | The staff receive regular supervision which are recorded to help ensure good performance and delivery of programs and services MOV: MoO/Supervision Logbook/ Supervisory Notes |  | 25 | As necessary, one on one coaching and mentoring are conducted and documented MOV: Folder/Logbook or Supervisory Notes and Agreements with the Supervisor |  |  |
| 39 | Staff meetings are conducted monthly MOV: Minutes of Monthly Meeting |  |  |  |  |  |
| 40 | Emergency staff meetings are conducted as necessary MOV: MoO/Minutes of Emergency Staff  Meetings |  |  |  |  |  |
| 41 | Staff support mechanism such as stress debriefing (peer support, special leave privileges, among others) are provided to the staff especially to those who suffer stress and/or injury MOV: Approved WFP/Activity- Accomplishment Report  |  | 26 | Stress debriefing activities (i.e. Rest and Recreation, Brown Bag Session, etc.) funded by the agency, are provided to all staff at least twice a year MOV: Approved WFP/Process  Recordings/Activity Report  Accomplishment Report  |  |  |
| 1. Compensation System
 | 42 | Compensation policies are developed and written as a general guideline to govern pay, incentives and benefitsMOV: MoO/Compensation Policies  |  | 27 | There are policies that provide rewards/incentives to outstanding performances of employeesMOV: MoO |  |  |
| 43 | Salaries and benefits are based on existing laws and categorized according to different job assignments in the center. MOV: MoO/Profile of Employee/Payroll |  | 28 | Salary increase are provided to both technical and administrative staff per agency policy or as mandated by law MOV: MoO/Profile of Employee/  Payroll/Notice of Salary Increase |  |  |
| 44 | There are policies that provide retirement benefits/separation pay to staff/employees who have rendered at least five (5) years of service to the agencyMOV: MoO – Compensation Policies  |  | 29 | Retiring employees/staff are provided retirement benefits/ separation pay as mandated by the law  MOV: Voucher/Payroll/List of Retirees with benefits |  |  |
| 1. Performance Appraisal
 | 45 | Performance assessment tool is developed and utilized by the agency MOV: MoO/Tool for Appraisal |  |  |  |  |  |
| 46 | Assessment of staff performance is conducted annuallyMOV: MoO/Performance Appraisal System/ Signed Performance Appraisal Tool  |  | 30 | Assessment of staff performance is conducted semi-annuallyMOV: Signed Performance Appraisal Tool with dates |  |  |
| 47 | Staff that exhibits exemplary performance is recognized and documented MOV: Accomplishment/Documentation of Activity Report | 31 | Exemplary Performance are rewarded/provided with incentives while disciplinary measures are effected to non-performing staff MOV: MoO/Accomplishment/Activity Report  |  |  |
| 1. Volunteer and Internship Management Program
 | 48 | There are written policies on the recruitment of volunteers including on-the-job trainees and student interns MOV: MoO/Volunteer Management Policies |  | 32 | Policies on volunteers are disseminated MOV: Routed Memo, Activity Report/ Signed Commitment Form  |  |  |
| 49 | Criteria for selection and placement, task and responsibilities, training and development, monitoring and evaluation of performance of volunteers i.e. student interns, practicumers and on-the-job trainees (OJT) are in placeMOV: MoO/Volunteer Management Policies  |  |  |  |  |  |
| 50 | Volunteers are accessed to or provided with orientation and training on laws related to the center’s beneficiariesMOV: Activity Report/Training Certificates/ Accomplishment Report |  |  |  |  |  |
| 51 | Activities of volunteers are fully documented MOV: Activity Report/s/Logbook |  | 33 | Outstanding performance of volunteers are given recognitionMOV: Activity Report / Photo  documentation |  |  |
| 52 | Volunteer protection mechanism are also in place at the center MOV: MoO/Volunteer Protection Policy |  |  |  |  |  |
| 53 | Exit interview and processing of experiences are conducted to outgoing volunteers MOV: MoO/Activity Report  |  |  |  |  |  |
| 54 | A database of volunteers/interns are maintained and updated MOV: MoO/Updated Database of Volunteers |  |  |  |  |  |
| 1. Personnel Competencies and Qualification Standards
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|  As applicable or necessary in the Operation of the Center, personnel at different level of functions must have the following qualifications and competencies: |
| 1. Executive Director/Center Head
 | 55 | A graduate of any bachelor’s degree or 4-year course qualifies if he/she has any of the following: * + 1. Three (3) years accumulated experience as head of a social welfare agency or in the management/supervision of a center providing SWD programs and services
		2. At least 80 hours of training on topics/courses specific/relevant to the services or skills in working with the clients of the center

MOV: College Diploma/TOR/Certificate of  Training/Profile of Employee/File 201  |  | 34 | A graduate of behavioral science courses with any of the following additional qualification:1. Master’s Degree in any field
2. With at least twenty-four (24) units in M.S. Social Work
3. Five (5) years accumulated experience in managing/ supervising a social welfare and development agency

MOV: Masters Degree Certificate/ Transcript of Records/Profile of Employee |  |  |
| b. Program or Administrative Head/Supervisor  | 56 | As applicable, Program Head or Supervisor must be a Registered Social Worker (RSW) with at least one (1) year of accumulated supervisory experience in social welfare and development MOV: Profile of Employee/File 201 |  | 35 | As applicable, Program Head or Supervisor is a Registered Social Worker (RSW) with three (3) years of relevant supervisory experience in social welfare and development MOV: Profile of Employee/File 201 |  |  |
| 57 | As applicable, Administrative Supervisor must have at least one (1) year of relevant supervisory experienceMOV: Profile of Employee/File 201 |  |
| c. Social Worker/ Social Welfare Officer  | 58 | The center’s social worker is a registered social worker (RSW)MOV: MoO/Profile of Employee/File 201 |  | 36 | The RSW has three (3) years of experience in managing physically/mentally challenged persons/individualsMOV: Profile of Employee/File 201 |  |  |
| d. Physiatrist or Physical Medicine and Rehabilitation Physician  | 59 | As needed, the center accesses the services of duly registered Physiatrist or Physical Medicine and Rehabilitation Physician MOV: MoO/Profile of Employee |  |  |  |  |  |
| e. Developmental Pediatrician  | 60 | As needed, the center accesses the services of a duly registered Developmental Pediatrician MOV: MoO/Profile of Employee |  |  |  |  |  |
| f. Psychologist  | 61 | The center’s psychologist is registered and licensed (Rpsy) MOV: MoO/Profile of Employee |  | 37 | The center’s psychologist has at least one (1) year experience in working with person/ individual with physical and/or mental disabilities MOV: MoO/Profile of Employee |  |  |
| 1. Physical Therapist
 | 62 | The center engages the full-time services of a registered and licensed physical therapist (RPT) with at least one (1) year experience in working with physically/mentally challenged individuals MOV: MoO/Profile of Employee |  | 38 | The center’s physical therapist has at least three (3) year experience in working with persons/individuals with physical and/or mental disabilities MOV: MoO/Profile of Employee |  |  |
| 1. Occupational Therapist (OT)
 | 63 | As needed, the center engages the services of a registered and licensed occupational therapist (OT) MOV: MoO/Profile of Employee |  |  |  |  |  |
| 1. Speech Therapist
 | 64 | As needed, the center engages the services of a licensed speech therapist MOV: MoO/Profile of Employee |  |  |  |  |  |
| 1. Special Education Teacher
 | 65 | As needed, the center engages the services of a licensed SPED Teacher MOV: MoO/Profile of Employee |  |  |  |  |  |
| 1. Other support staff
 | 66 | Support staff have the required training or license necessary for their job/function (i.e. driver’s license, TESDA certificate/s)MOV: Profile of Employee/File 201 |  |  |  |  |  |
| 1. Volunteers
 | 67 | As provided in the SWA’s Manual of Operation, volunteers, on-the-job trainees (OJTs) and student interns must be assigned to tasks according to their courses/specializationMOV: MoO – Volunteer/Internship Program  |  |  |   |  |  |
|  | **67** | No. of complied **Minimum** Standards in Administration and Organization |  | **38** | No. of complied **Higher** Standards in Administration and Organization |  |  |
| **II. Program Management** |
| 1. Programs Processes
 |
| 1. Preparation of Program Plan
 | 1 | An annual program plan that maps the center’s goals, thrusts and priorities, including programs and services is prepared and approved by the center managementMOV: Approved Annual Program Plan |  | 1 | The program plan is enhanced as necessary based on the result of monitoring/program review MOV: Enhanced Program Plan |  |  |
| 1. Identification/

Allocation of Program Funds | 2 | The program plan has identified program funds that ensures its delivery and implementation.MOV: Program Plan/Approved WFP  |  | 2 | The allocated funds are supported with contingency funds that ensures sustained service delivery MOV: Annual Budget/Approved WFP |  |  |
| 1. Collaboration and Networking
 | 3 | Collaborations with stakeholder/s e.g. partnership, sponsorship, etc. are done for an efficient and sustained delivery of programs and servicesMOV: Accomplishment Report  |  | 3 | Long-term collaboration with stakeholder/s is/are established thru Contract of Partnership (COP) or Memorandum of Agreement/ Understanding (MOA/U) which as necessary are renewed or updatedMOV: Updated/Renewed MOA/MOU |  |  |
| 1. Programs/Services Implementation
 |
| 1. Program/Service Implementation
 | 4 | Programs and services being implemented are aligned to the vision, mission, goals and objectives of the center MOV: Program Plan vs. VMG  |  |  |   |  |   |
| Programs and services being implemented respond to the need/s of the center beneficiaries MOV: Program Plan vs. Assessment Report  vs. Accomplishment Report  |  | 4 | Improvement in the delivery/implementation of programs and services are documented MOV: Documentation of  Implementation of programs and services/Periodic Report  |  |  |
| 1. Data Banking of Clients/

Beneficiaries Programs and Services | 5 | A data-bank or list of clients served and programs and services received, is available MOV: List of clients and services received  |  | 5 | The data-bank or list of clients vis-à-vis received services, is maintained and updated monthly or quarterly MOV: Updated List of clients/ beneficiaries vis-à-vis received programs/ services  |  |  |
|  | 6 | A masterlist of clients served is maintained, updated and kept in a file folder MOV: File Folder of Masterlist of  clients/beneficiaries vis-à-vis received programs/ services  |  |  |
| 1. Submission of Reports
 | 6 | Annual Accomplishment Report (AAR) that include physical and financial reports are submitted to donors and DSWD Field/Central Office within the prescribed timeline of sixty (60) days after the center’s current or fiscal year MOV: Receiving Copy/Transmittal / Acknowledgement of Report  |  |  |  |  |  |
| 7 | Accomplishment Reports are regularly updated and made accessible to internal and external stakeholdersMOV: Posted Updated Accomplishment  Reports |  |  |  |  |  |
| 1. Monitoring
 |
| 1. Conduct of monitoring activities
 | 8 | The center head conducts monitoring of the center’s operation and implementation of programs and services MOV: Score Cards/Accomplished Monitoring Tool/Documentation of Monitoring Activities |  | 7 | Appropriate action is undertaken to remedy deficiencies in the operation vis-à-vis program implementation and safeguard the interest and welfare of the clientsMOV: Enhanced Program Plan  |  |    |
| 1. Use of monitoring tool/s
 | 9 | A monitoring tool for program implementation existsMOV: Approved Program Monitoring Tool |  | 8 | The monitoring tool is aligned with program plan per outcome and output indicated on a Gantt Chart and regularly Updated MOV: Gant Chart vs. Program Plan |  |   |
|  | 9 | The monitoring tool for program implementation is updated/ revised accordingly or as need arisesMOV: Updated Program Monitoring  Tool |  |  |
| 1. Frequency of Monitoring Activities
 | 10 | Monitoring of program/service implementation is done quarterlyMOV: Quarterly Monitoring Report/ Documentation of Monitoring Activities  |  | 10 | Monitoring of program implementation is done monthly MOV: Monthly Monitoring Report/ Documentation of Monitoring  Activities  |  |  |
| 1. Evaluation
 |
| 1. Conduct of evaluation
 | 11 | A participatory year-end evaluation workshop is conducted with clients, staff and other stakeholders MOV: Summary Result of  Evaluation/Accomplishment Report  |  | 11 | Periodic evaluation (pre, mid and post implementation) of program/service implementation is conducted as necessary with the clients. MOV: Result of Evaluation/Activity Report/Process Recording  |  |  |
| 1. Use of Evaluation Tool
 | 12 | An evaluation tool to measure the effect of program implementation, existsMOV: Approved Evaluation Tool |  | 12 | The evaluation tool for program implementation is updated/ revised accordingly or as need arisesMOV: Updated/Revised Program  Evaluation Tool  |  |  |
| 13 | Client Satisfaction Surveys are administered to serve clients/beneficiariesMOV: Accomplished Client Satisfaction Survey  |  | 13 | Client Satisfaction Surveys are consolidated and used as reference in enhancing program/service deliveryMOV: Consolidated Client Satisfaction  Surveys |  |  |
| 1. Redirection of programs and services based on evaluation
 | 14 | Programs, services, activities and projects are redirected based on the result of the evaluation MOV: Enhanced Program Plan |  | 14 | Redirection of programs and services are indicated in the next strategic planning.MOV: Enhanced Strategic Plan |  |  |
| 1. Community Integration
 |
|  | 15 | Immediate community and concerned LGU/s are aware of the center’s operation and activities, and that there is evidence of center’s coordination with LGU or community leadersMOV: Interview with Barangay Officials/ Invites to/from Community Activities/ Accomplishment Report/Barangay-Mayor’s Permit/Certification  |  | 15 | The agency cooperates in relevant community projectsMOV: Feedback/Activity Report/ Accomplishment Report  |  |  |
| 16 | Community participation in the delivery of programs and services is promotedMOV: MoO/Accomplishment Report/Activity Reports |  |  |
| 1. Resource Generation
 |
|  | 16 | Internally generated or externally outsourced resources are provided by the center to support program implementation MOV: Resource Generation Report/AFR/S  |  |  |  |  |  |
| 17 | Outsourced resources comply with existing guidelines/laws on resource generation MOV: Project Proposal/Solicitation Permit |  |  |  |  |  |
| 1. Research
 |  |  |  | 17 | As applicable or necessary center’s policies include research activities as integral part of the activities in the center. However, it shall have prior approval of the Head of the Agency/Center MOV: MoO/Approved TOR/Research  Application  |  |  |
|  | 18 | As applicable and necessary, research activities/undertakings shall only be on possible relevant contribution to the center’s program/service developmentMOV: TOR/Copy of Research Output  |  |  |
|  | **17** | No. of complied **Minimum** Standards in Program Management  |  | **18** | No. of complied **Higher** Standards in Program Management  |  |  |
| **III. Case Management** |
| 1. Caseload
 |
| 1. Program/

 Administrative Supervisor | 1 | As needed, Program Supervisor is hired to supervise the implementation of programs and services MOV: Profile of Employees |  | 1 | Program Supervisor is hired to render supervisory functions to every five (5) Program Officers/Social Welfare Officers/ Workers employed by the centerMOV: Profile of Employees  |  |  |
| 2 | As needed, an Administrative Supervisor is hired to supervise staff providing administrative support in the center MOV: Profile of Employees |  | 2 | As applicable or necessary, Administrative Supervisor is hired to render supervisory functions to every ten (10) Administrative Staff employed by the center MOV: Profile of Employees  |  |  |
| 1. Program Officers/

Social Welfare Officers/Social Workers  | 3 | The center hires the services of at least one (1) full-time registered social worker (RSW) to manage the center’s cases MOV: Profile of Employees vs. Profile of Beneficiaries  |  | 3 | The center’s registered social worker (RSW) manages not more than twenty (20) cases at a given time MOV: No. of RSW vs. No. of Cases |  |  |
| 1. Physiatrist or Physical Medicine and Rehabilitation Physician
 | 4 | The center ensures consultation with the Physiatrist in the assessment and rehabilitation of mental/physically challenged person/individual MOV: TOR/Diagnosis and Signed Prescription Treatment Program/Case Abstract  |  | 4 | The Physiatrist prescribe the rehabilitation program of clients and monitors client’s progress/improvement from the rehabilitation programMOV: TOR/Diagnosis and Signed  Prescription/Treatment Program/ Case Abstract  |  |  |
| 1. Development Pediatrician
 | 5 | As needed, the center engages the services of the development pediatrician in the rehabilitation of mental/physically challenged person/ individualMOV: MoO/Profile of Employee |  | 5 | The development pediatrician provides regular services and visits to the clients of the center MOV: WFP/TOR |  |  |
| 1. Psychologist
 | 6 | The center engages the services of a licensed psychologist (Rpsy) regularly or at least quarterly MOV: MoO/Profile of Employee |  | 6 | The center’s psychologist is hired on a full-time basis MOV: MoO/Profile of Employee |  |  |
| 1. Physical Therapist
 | 7 | The center physical therapist (RPT) is hired on a full-time basis MOV: MoO/Profile of Employee |  | 7 | The center’s physical therapist manages not more than 15 cases at a given time MOV: Profile of Employee/Profile of  Clients  |  |  |
| 1. Occupational Therapist
 | 8 | As needed, the center engages the services of a licensed occupational therapist MOV: MoO/Profile of Employee |  | 8 | As needed, the center’s occupational therapist is hired on a full-time basis MOV: MoO/Profile of Employee |  |  |
| 1. Special Education Teacher
 | 9 | As needed, the center’s SPED Teacher is hired on a full-time basis MOV: MoO/Profile of Employee |  | 9 | As needed, the center’s SPED Teacher provides services to not more than 15 clients at a given time MOV: Profile of Employee/Profile of Clients  |  |  |
| 1. Speech Therapist
 | 10 | As needed, the center employs the services of a Speech Therapist on a part-time basisMOV: MoO/Profile of Employee |  | 10 | As needed, the center employs the services of a Speech Therapist on a full-time basisMOV: MoO/Profile of Employee |  |  |
| 1. Other support staff
 | 11 | As needed, part-time or on call support personnel/staff such as Finance Officer, Clerk, Liaison Officer, Driver, etc. is/are hired MOV: Organizational Chart/Profile of  Employees  |  | 11 | As needed, support personnel/ staff such as Finance Officer, Clerk, Liaison Officer, Driver, etc. is/are hired on a full-time basis. MOV: Organizational Chart/Profile of  Employees |  |  |
| 1. Case Management Strategies
 |
| 1. Assessment Processes  |
|  | 12 | Assessment is being conducted by the RSW using the Intake Sheet. It solicits information on the client and his/her situation and needs MOV: Intake Sheet |  |  |   |   |   |
| 13 | Assessment also seeks the help of concerned professionals (e.g. Development Pediatrician, Psychometrician, Psychologist, Physiatrist or Physical Medicine and Rehabilitation Physician, etc.) that provide the needed rehabilitation plan/program for each of the center’s beneficiariesMOV: Diagnosis/prescription and rehabilitation  plan of the concerned professional |  |  |  |  |  |
| 14 | The RSW clarifies the background of the client’s situation including other difficulties through validation of gathered data and/or collated information MOV: Validation Activity/Collateral  Interview |  |  |  |  |  |
| 15 | Homevisit, collateral interview and validation of gathered data is conducted within seven (7) days after the assessment and receipt of assessment reports of other concerned professionals MOV: Homevisit Report |  | 12 | Homevisit, collateral interview and validation of gathered data is conducted within three (3) days after receipt of assessment reports of other concerned professionals MOV: Homevisit Report |  |  |
| 2. Contract Setting and Case Planning  |
|  | 16 |  Intervention direction/s are clearly discussed and agreed with the client and his/her family including tasking, timelines and the needed resources MOV: Helping Contract/Agreement/Case  Conference Proceedings |  | 13 | Documentation of contract setting and case planning is availableMOV: Agreement/Case Conference  Proceedings |  |  |
| 3. Preparation of Social Case Study Report/Family/Group Profile and Intervention Plan |
| 1. Preparation of Social Case Study Report (SCSR) for individual clients
 | 17 | A written social case study report that provides information on the client/s situation and needs including planned interventions is prepared within the prescribed timeline of forty-five (45) days or as prescribed by the Physiatrist and/or other concerned professionals that would be involved in the rehabilitation programMOV: SCSR with Rehabilitation Program  prepared within the set timeline  |  | 14 | The SCSR is prepared ahead of the prescribed timeline or within thirty (30) days after the assessment is completedMOV: SCSR with Intervention Program prepared ahead of the timeline |  |  |
| 4. Implementation of Intervention/Rehabilitation Program/Plan |
| 1. Involvement of inter-disciplinary Team in Case Management

  | 18 | The center has an identified inter-disciplinary team which is easily mobilized as necessary MOV: MOA/MOU with other professional/  networking document/s  |  |  |   |  |  |
| The inter-disciplinary team conduct meeting/case conferences as necessary or on agreed scheduleMOV: Minutes of Meeting |  |  |   |  |  |
| 1. Program/Service Implementation
 | 19 | Intervention/rehabilitation program is prescribed and implemented by the appropriate professional/group of professionals MOV: Rehabilitation/Intervention Plan |  |  |  |  |  |
| 20 | The formulated intervention/ rehabilitation program is implemented according to prescribed timeline MOV: Activity Report/Process Recordings vs. Intervention/ Development Plan |  |  |  |  |  |
| 21 | The formulated intervention program/ plan is flexible and depends on the response stimuli of the client. It is immediately enhanced or revised accordingly.MOV: Enhance/Revised Rehabilitation/  Intervention Plan |  |  |  |  |  |
| 22 | Implementation of interventions or development programs/services or activities include the use of appropriate instruments, gadgets and tools such as therapy instruments (electric stimulator, massage machine, walking bridge, braille system, bean bags, etc.)MOV: Observation on the presence of Therapy Instruments, Tools and Gadgets |  |  |  |  |  |
| 1. Identification of Community Volunteers
 |  |  |  | 15 | Community volunteers that help implement programs and services, are identified MOV: List/Pool of Volunteers  |  |  |
| 1. Coordination and Steering Role of the Center
 |  |  |  | 16 | The agency provides coordination and steering role to beneficiaries’ family working on their socio-economic uplift, improvement and/or development to support rehabilitation costsMOV: Activity Reports/Minutes of Meeting  |  |  |
| 1. Documentation of Activities
 | 23 | All activities in the rehabilitation conducted and management of cases are documented and filed MOV: Activity Report/Process Recording  |  |  |  |  |  |
| 1. Referral System
 | 24 | Referral system is in place MOV: Referral Letters, Folder/Logbook |  | 17 | Collaboration/networking with the stakeholders in the community are in effect through signed Memorandum of Agreement/Understanding (MOA/MOU) MOV: Activity Report/Process Recording  |  |  |
| 5. Monitoring of Effect of Implementation of the Intervention/Rehabilitation Program |
| 1. Use of Monitoring

 Tool  | 25 | Monitoring activities including case conferences are conducted and documented using a monitoring tool MOV: Case conference Proceedings  Accomplished Monitoring Tool |  |  |   |  |  |
| 1. Frequency of Monitoring Activities
 | 26 | Monitoring activities are conducted and progress report/s is/are prepared quarterly MOV: Progress Report/s  |  | 18 | Progress report/s is/are prepared every two (2) months or monthly MOV: Monitoring Report/s  |  |  |
| 1. Preparation of Progress Report
 | 27 | Progress Reports that capture the effect of the rehabilitation program are used as reference or guide in enhancing interventionsMOV: Monitoring/Progress Report/Journal |  |  |  |  |  |
| 1. Conduct of Consultation Activities
 | 28 | Consultation with beneficiaries that elicit the effect of the helping interventions being implemented are conducted quarterlyMOV: Activity Report/Process Recording  |  | 19 | Consultation with beneficiaries that elicit the effect of the helping interventions are conducted monthlyMOV: Activity Report/Process Recording |  |  |
|  |  |  | 20 | Formal and informal groups or organizations (i.e. PWD Center ADHD Groups) available in the community are consulted/ solicited on matters relevant to the management of cases in the center MOV: Activity Report/Minutes of  Meeting  |  |  |
| 6. Evaluation of the Intervention/Rehabilitation Program  |
| 1. Conduct of Evaluation
 | 29 | Evaluation of the effect of the helping interventions to the beneficiaries is done MOV: Evaluation Report  |  | 21 | Impact evaluation is conducted after the termination of implementation of the helping interventions to the beneficiaries MOV: Proceedings of Impact  Evaluation |  |  |
|  |  |  |  | 22 | Rehabilitation highlights and good practices are documented, kept and shared with other concerned organizations/groupsMOV: Documentation of Highlights  and Good Practices  |  |  |
| 1. Use of Evaluation Tool
 | 30 | Evaluation is done using a toolMOV: Accomplished Evaluation Tool  |  | 23 | Documentation of rehabilitation highlights in  |  |  |
| 1. Identification of gaps and use of the result of evaluation
 | 31 | Gaps are identified and used to enhance the helping intervention’s MOV: Evaluation Report/Process Recording  |  | 24 | Feedback of the beneficiary on the implementation of the helping intervention/s are elicited and responded MOV: Evaluation Report/Process  Recording  |  |  |
| 7. Termination of Program/Service and Closure of Case/s |
| 1. Termination of Services Policies
 | 32 | There are written policies/procedures on the termination of delivery of the helping interventions to the beneficiaries MOV: MoO/Termination Report  |  |   |  |  |    |
| 33 | Client/s are effectively integrated to family/community or referred to other agency for further case management within the prescribed period or as stated in the MoO MOV: Referral Letter/Terminal Report  |  |  |  |  |  |
| 1. Provision of after-care services prior to Termination/ Preparation of Transfer Summary
 | 34 | Provision of necessary services outside of the agency is arranged prior to terminationMOV: After-Care Service Program/Agreement |  | 25 | Clients are effectively referred to other agency or the Local Social Welfare and Development Office (LSWDO) for after-care services MOV: Referral Letter/Terminal Report  |  |  |
| 35 | Transfer Summary is prepared within one (1) week after the client is transferred to other agency for further case management or provision of other services MOV: Transfer Summary  |  |  |  |  |  |
| 1. Preparation of Terminal Report
 | 36 | Termination is appropriately done through the preparation of Terminal Report MOV: Terminal Report  |  |  |   |  |  |
| 37 | Terminal report is prepared within one (1) week after the termination of the programs and services MOV: Terminal Report |  | 26 | Terminal report is prepared ahead of the prescribed timeline MOV: Terminal Report |  |  |
| 1. Closure and Preparation of Closing Summary/Report
 | 38 | Closure is done after receipt of two (2) positive feedback reports on the client’s recovery from their difficult/crisis situation. Feedback reports maybe received from the client/s themselves, through e-mail, text or telephone calls or as verified by the LGU social workerMOV: Closing Summary and Feedback Report/s  |  |  |  |  |  |
| 39 | Closing Summary is prepared one (1) week after the closing of case. MOV: Closing Summary  |  | 27 | Closing Summary is prepared ahead of the prescribed timeline MOV: Closing Summary |  |  |
| C. Case Recording - case folders shall have the following documents that provide evidence of appropriate and efficient management of cases: |
| . | 40 | 1. Intake Sheet - that provide information and assessment of the individual’s situation and needs. It is properly and completely accomplished within 24 hours after the initial contact with the client

MOV: Intake Sheet  |  |  |  |  |  |
| 41 | 1. A written Social Case Study Report (SCSR) - with the agreed intervention/helping plan as basis in providing intervention for the client

MOV: SCSR |  |  |  |  |  |
| 42 | 1. Activity Report/s or Process Recording/s - that capture the events/activities in the implementation of intervention plan or delivery of programs/services

MOV: Activity Report/Process Recordings  |  |  |  |  |  |
| 43 | 1. Other pertinent documents relative to the case management of the individual such as referral letters, home visit reports, medical/health or school records, etc.

MOV: Referral Letters, Home Visit Reports, etc. |  |  |  |  |  |
| 44 | 1. Recordings of the client’s behavior and participation/or lack thereof during activities.

MOV: Activity Report/Process Recordings |  |  |  |  |  |
| D. Records Management  |
|  | 45 | There are written policies on records access, use and disposal MOV: MoO  |  |  |   |  |  |
| 46 | Case folders/records are marked “Confidential” and are properly kept and maintained in a location that can be monitored easilyMOV: Observation  |  |  |  |  |  |
| 47 | Case folders/records are kept in designated cabinets marked “For Authorized Personnel Only”MOV: MoO/Observation |  | 28 | A records section only accessible to designated staff is established in the agencyMOO: MoO/Observation |  |  |
| 48 | Innovative Filing System (i.er. color coding, alphabetical arrangements, etc.) for easy access and retrieval is implementedMOV: Observation/Interview with Records Keeper |  |  |  |  |  |
| **48** | No. of complied **Minimum** Standards in Case Management |  | **28** | No. of complied **Higher** Standards in Case Management |  |  |
| **IV. HELPING INTERVENTIONS**  The following are the menu of programs, services or interventions that are being implemented by social welfare and development agencies (SWDAs) providing stimulation, therapeutic and rehabilitation services for physically and mentally challenged persons/individuals. The assessor/accreditor shall check on the center’s compliance to the set of indicators/standards corresponding to the needs of its beneficiaries. Indicators not applicable to the center’s program/service shall be marked not applicable (n/a). Indicators marked n/a and complied items shall summed-up to arrive on the total number of complied items which shall be the basis for the accreditation of the center’s programs and services.  |
| 1. Health and Medical  Services   | 1 | The center ensures that beneficiaries have been examined by health professionals upon assessment and prior to conduct of any stimulation, therapeutic and/or rehabilitation activity MOV: Medical Record |  | 1 | Heath and medical services are regularly accessed to the beneficiaries and in monitoring medical and health issuesMOV: Medical Certificate  |  |  |
|  |  |  | 2 | Regular monitoring of the beneficiary’s health and medical issues are facilitated/accessed MOV: Medical Certificate  |  |  |
| 1. Physical/Mental Rehabilitation and Developmental Services
 | 2 | The center ensures that all beneficiaries have undergone physical/mental development assessment before conducting stimulation, therapeutic or rehabilitative sessions MOV: Medical Record/Doctors referrals |  | 3 | The physiatrist/development pediatrician or any attending professionals regularly monitors progress of clients/ beneficiaries in the therapeutic activities being conducted by the center MOV: Referral Letters/List of Clients |  |  |
| 3 | Regular consultation with the physical rehabilitation medicine doctor, development pediatrician or other concerned professional is facilitated to ensure that therapeutic sessions are still in accordance with the rehabilitation goal for the clientsMOV: Referral Letters/List of Clients |  | 4 | The center facilitates the regular visit of the concerned professionals to provide rehabilitation/developmental inputs including the conduct therapy sessions, use of appropriate tools/equipment and other instruments necessary in the center MOV: Request Letters/Activity Reports  |  |  |
| 1. Psycho-social Services
 | 4 | Psycho-social interventions are provided by qualified professionals which may include psycho-social evaluation and testing, etc. MOV: MoO/Activity Report/Process Recording |  | 5 | Psychological/psychiatric test results are used in relation to assessment, planning and conducting interventions MOV: MoO/Activity Report  |  |  |
| 5 | Support services that involves the client’s family/relative’s participation in the rehabilitation program, is solicited/facilitated MOV: MoO/Activity Report/Process Recording  |  |  |  |  |  |
| 1. Therapy Services
 | 6 | Appropriate therapeutic activities/ sessions are conducted by the licensed professionals (i.e. speech therapy, physical therapy, etc.) MOV : MoO/Profile of Employee |  | 6 | Therapeutic activity sessions conducted by the therapists are prescribed by the physiatrist, developmental pediatrician and/or other concerned professionalMOV: Case Abstract/Signed Prescription Sheet from the concerned physician |  |  |
| 7 | Therapy sessions are enhanced with the use of appropriate instruments, tools and gadgets (i.e. electric stimulator, massage machine, walking bridge, braille system, handpress, bean bags, balloons, etc.) necessary for the therapy and stimulation developmental and rehabilitation faculties of beneficiariesMOV : MoO/Profile of Employee |  |  |  |  |  |
| 1. Special Education (SPED) Program
 | 8 | A special education (SPED) program is being implemented to trainable clients/beneficiaries MOV: List of Enrollees  |  |  |   |  |  |
| 9 | Applicable and age appropriate SPED program/services are facilitated/ provided/accessed accordingly MOV: Menu of SPED program  being implemented in the center |  |  |  |  |  |
| 1. Protection Programs and Services
 | 10 | A Client Protection Policy (CPP) is in place and clients are shielded from undue harm or risk in any activity conducted, organized or participated in by the center MOV: MOO/Client Protection Policy  |  |  |   |  |  |
| 11 | The center 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  |  |  |  |  |  |
| 12 | The CPP is approved by the Board/Executive Director and clients are familiar with and can articulate the CPPMOV: Approved Client Protection Policy  |  | 7 | A manifesto of support to the Client Protection Policy is signed and posted on a conspicuous place in the centerMOV: Signed and posted Manifesto of Support |  |  |
| 13 | Service providers observe protective behavior based on the Client Protection Policy (CPP) in dealing with the client/sMOV: CPP/Code of Conduct of Staff |  | 8 | The center facilitates or assist the victim in filing a case/s against the perpetrator of abuse or violenceMOV: Activity Report  |  |  |
| 14 | In cases when incidents of abuse are found, actions should be taken in accordance to the Client Protection Policy MOV: Incident Report/Activity Report  |  |  |  |  |  |
| 15 | Clients are ensured with confidentiality and protection from undue harm or risk on activities conducted, organized or participated by the center yMOV: MoO/CPP |  |  |  |  |  |
| 16 | Confidentiality policies are discussed with the client/s where decision/s on the matter is/are arrived with the client’s participationMOV: Activity Reports/List of Participants  |  |  |  |  |  |
| 17 | Client/s are ensured of confidentiality from media exposure MOV: MoO/CPP  |  |  |  |  |  |
| 1. Aid to Individual in Crisis Situation (AICS) and other similar forms
 | 18 | Financial Assistance in a form of cash is provided to clients/beneficiaries (i.e. transportation, medical needs, professional fees, etc.) MOV: Vouchers/Payroll/Logbook of Assistance |  |  |  |  |  |
| 1. Referral Services
 | 19 | Referral system to access the clients on the needs that are not being provided at the center, is available.MOV: Referral Letters/Folder  |  |  |  |  |  |
| 1. Spiritual support and Pastoral Care
 | 20 | Appropriate spiritual support and pastoral care is accessed to clients and relatives, as the case may require to instill hope and cope with difficult situationMOV: MoO/Activity Report/Process Recording  |  | 9 | Appropriate spiritual support and pastoral care is provided by the center to the clients and relatives through a partner organization MOV: MoO/MOA-MOU with partner  organization  |  |  |
| **29** | No. of Complied **Must** Standards in the Helping Interventions  |  | **9** | No. of Complied **Higher** Standards in the Helping Interventions  |  |  |
| **V. Physical Structure and Safety** |
| 1. Appropriate and ample office facilities, amenities and space for organizational functions and activities
 |
| 1. Office Space
 | 1 | With tables, chairs and computer system for all of the staff while observing proper health protocols MOV: Observation |  |  |  |  |  |
| 1. Office Amenities
 | 2 | With functional communication systemMOV: Observation |  | 1 | The office is equipped with air-conditioning system MOV: Observation |  |  |
| 3 | Office/s and/or rooms are adequately lit and well-ventilated MOV: Observation |  |  |  |  |  |
| 4 | With records section and/or filing cabinets for all documents and records MOV: Observation |  | 2 | Activity area for group activities and short-term livelihood projects/trainings are identified/ installed/established. It properly observed established health protocols and proper physical distancing MOV: Observation  |  |  |
| 1. Public/Common Areas
 | 5 | With lobby or reception area for clients, relatives and visitors alike that observed proper health protocols and physical distancing MOV: Observation |  | 3 | All areas in the center are accessible and identifiable by any client or visitor with disability in any physical, sensory, cognitive and visual impairment”. MOV: Observation  |  |  |
|  |  |  |  | 4 | Activity area/s is/are equip with special tools and equipment such as braille, audio-visual alarms, etc. that are suitable for those with disabilities, etc. MOV: Observation |  |  |
| 1. Interviewing /

Counselling Area | 6 | Has room or space for interviewing/counseling client/s. It ensures physical distancing, privacy and confidentiality MOV: Observation |  |  |  |  |  |
| 1. Consultation Area
 | 7 | Has the necessary hospital bed for consultation and other purposes  |  |  |  |  |  |
| 1. Therapy Rooms
 | 8 | Has the necessary amenities, tools and equipment for individual or group therapy sessions/activities while properly observing proper physical distancing MOV: Observation |  |  |  |  |  |
| 1. Special Education (SPED) Room
 | 9 | Has the necessary instructional materials such as alphabets, bells, balloon, building blocks, etc. MOV: Observation |  |  |  |  |  |
| 1. Safety and Security
 | 10 | The office and facilities are declared safe by the proper authoritiesMOV: Updated Fire, Water and Building Safety Certificate |  | 5 | A CCTV Camera is installed in the center to insure safety of the client/beneficiary during the therapy session/service delivery MOV: Observation |  |  |
| 11 | As necessary or as required, facilities adopt modified physical arrangements and capacity in accordance to prescribed health or emergency protocols such as controlled capacity, virtual discussion rooms, quarantine areas and disposal of hazardous wastesMOV: MOO/Safety and Security Protocols |  |  |  |  |  |
| 12 | There is an available Contingency Plan in time of disaster and other emergency as part of safety and protection measures of the centerMOV: MOO/Contingency Plan  |  | 6 | The center provides Persons with Disability and Elderly clients with assistive devices such as walkers, canes, crutches or wheelchairs during visit to the center MOV: Observation |  |  |
| 1. Accessibility Requirements
 | 13 | The center’s office facilities are installed with the necessary accessibility requirements (ramps and rails) per Batas Pambansa 344 or the Accessibility Law MOV: Observation |  | 7 | The center provides Persons with Disability with assistive devices such as walkers, canes, crutches or wheelchairs during visit to the center MOV: Observation |  |  |
| 1. Proper Waste Disposal
 | 14 | The center observes proper waste segregation and disposal MOV: Observation |  |  |  |  |  |
| 15 | Hazardous waste are disposed appropriately MOV: MOO/Waste Disposal System  |  |  |  |  |  |
| 1. Community Infrastructure/Evacuation Area in times of Emergency or during Disaster
 |
| 1. Evacuation Area   | 16 | An accessible evacuation area within the center’s premises or in nearby area and known to the staff and beneficiaries, maintained free from all hazards and certified safe by authorized agency is identified for any eventuality MOV: Identified Evacuation Area  |  |  |  |  |  |
| 2. Conduct of  Emergency Drills  | 17 | The center conducts emergency drills with all the staff and clients at least twice a yearMOV: Documentation of Emergency Drills/Accomplishment Report  |  | 8 | The center conducts emergency drills with all the staff and clients every quarter MOV: Documentation of  Emergency Drills/ Accomplishment Report |  |  |
|  | **17** | No. of Complied **Must** Standards in Physical Structure and Safety  |  | **8** |  |  |  |

**Other Findings:**

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

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**Table of Scores per Work Area**:

| ***Work Areas*** | ***Mandatory Requirements or Standards*** | ***Higher Set of Requirements or Standards*** |
| --- | --- | --- |
| ***Level 1***  | ***Total Score*** | ***Level 2***  | ***Level 3*** |
| ***Total Score*** | ***Actual Score*** | ***Total Score (80%)*** | ***Actual Score*** | ***Total Score (90%)*** | ***Actual Score*** |
| 1. Administration and Organization
 | 67 |  | 38 | 30 |  | 34 |  |
| 1. Program Management
 | 17 |  | 18 | 14 |  | 16 |  |
| 1. Case Management
 | 48 |  | 28 | 24 |  | 25 |  |
| 1. Helping Interventions
 | 20 |  | 9 | 6 |  | 8 |  |
| 1. Physical Structure and Safety
 | 17 |  | 8 | 6 |  | 7 |  |
| **Total**  | **169** |  | **101** | **79** |  | **90** |  |

**Scores for each Level of Accreditation:**

1. **For Level 1 Accreditation**– compliance to the Mandatory Requirements or an actual score of **169 points**.
2. **For Level 2 Accreditation** – compliance to the Mandatory Requirements plus **80%** from each of the Work Area of the Higher Set of Standards or an actual score of at least **248 points**.
3. **For Level 3 Accreditation** – compliance to the Mandatory Requirements plus **90%** of each of the Work Area of the Higher Standards or an actual score of **259 point**.

**Recommendations**:

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

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

(Name of SWA)

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

 (Type of beneficiaries/clients)

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

 In view of the above findings, the issuance of accreditation certificate for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is 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 to the agreed action plan after two (2) consecutive monitoring visits shall subject the SWA to monitoring and technical assistance and/or shall be subjected to reprimand, suspension and revocation of License to Operate per Memorandum Circular No. 16 series of 2018 entitled Guidelines on Handling Complaints against Social Welfare and Development Agencies.

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

**Prepared by**:

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

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

**Concurred by**:

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