**ASSESSMENT TOOL FOR THE ACCREDITATION OF CHILD PLACEMENT SERVICES**

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| --- | --- | --- | --- | --- |
| ***Status of Application:*** | **Service Users** | | | |
| * New | *Category* | *No. of Service Users* | | |
| * Renewal |  | *Male* | *Female* | *Total* |
|  | * Children |  |  |  |
| Accreditation No: \_\_\_\_\_\_\_\_\_\_\_\_\_ | * Foster Families |  |  |  |
| Date of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_ | * Adoptive Families |  |  |  |
| Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_ | Total |  |  |  |

***Scope/Coverage of Accreditation:***

* Branch/Area of Operation

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

* Programs/Services/Projects

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

**Identifying Information:**

1. *Name of SWA****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. *Address:*

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

*(****RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT&BLK. NO.) (STREET NAME)***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***(SUBDIVISION) (BRGY./DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (ZIP CODE)***

1. *Agency Head and Designation:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FULL NAME POSITION***

1. *Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *Telephone/Mobile Number/s:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. *E-mail Address and Website:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. *Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
5. *License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Issued: \_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_*

**INSTRUCTIONS:**

The assessment shall be based on all or combination of any of the following methods, as long as all possibilities are exhausted to determine the 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, and project sites i.e., foster homes, actual conduct of agency activities;
3. Individual or focused group discussion/interview with children, foster, and adoptive families on relevant information on service delivery by the agency;
4. Individual or group interviews with persons exercising managerial or supervisory functions in the agency as well as to the Board of Trustees
5. Individual or group interviews with administrative and program staff;
6. Other useful and relevant methods of data gathering in relation to the indicators. This has to be specified by the assessor and indicate the reason for such method.
7. The validation of documents shall not be limited to the documentary requirements and indicated means of verification. The assessor shall explore other means to verify the information, if necessary.

All documentary requirements shall be complete and compliant at the time of the conduct of the assessment.

Please put a check (✔) mark inside the ***Compliance*** 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 with. However, should the agency being assessed is certain that a requirement does not apply to their operation, indicate not applicable (N/A). All check (✔) marks representing complied items and N/A shall be summed up to come up with a total score.

| **Key Results Area**  (KRA) | No. of Items | **Standard Mandatory Indicators** | **Compliance** | **SPECIFIC FINDINGS / REMARKS** |
| --- | --- | --- | --- | --- |
| **I. Administration and Organization** | | | | |
| **A. Administrative Capacity** | | | | |
| 1. Organizational Structure | 1 | There is an existing organizational structure that clearly defines the organizational positions, responsibilities, levels of authority, and relationships between and among these structural elements.  MOV: MOO/ posted organizational chart/ AVP of organizational chart/ agency history/ programs and services rendered |  |  |
| 2 | The delineation of the responsibilities and duties of the governing body and the staff is based on written policies.  MOV: MOO/ HR/Personnel Manual and other verifiable documents/policy document on the delineation of duties or job description |  |  |
| 2. Policy-making Structure and Process | 3 | A Governing Board/Trustees is established that is in-charge of reviewing and/or formulating administrative and program policies to effectively address organizational issues and concerns.  MOV: MOO/ SEC Articles of Incorporation/SEC General Information Sheet/ approved “Board Resolutions/ Issued Guidelines or Memorandum |  |  |
| 4 | The board meets as specified in their Constitution and by-Laws.  MOV: Minutes of the Board Meetings |  |  |
| 3. Management Structure | 5 | The presence of Administrative and/or Program Director/Manager/Head who is responsible for administration, planning, managing, and controlling the daily operation of the organization that also ensures quality service requirements are met and rendering full time services with corresponding appointments  MOV: MOO/ organizational chart/ other verifiable documents |  |  |
| 6 | There is a/are Supervisor/s (Administrative and Technical) who is under the direct supervision of the Director/ Manager/ Head. He/she shall supervise the program and/or support staff who provide direct services to the beneficiaries and render full-time services with corresponding appointments.  MOV: MOO/ organizational chart/a pproved and updated appointment/certificate of employment/employment contract/special order or other verifiable document |  |  |
| 4. Human Resource Management and Development | | | | |
| i. Recruitment, selection, hiring and retention system | 7 | There are written policies for recruitment specifying, among others, the qualification standards for each position and the criteria for the selection process consistent with the rules and regulations of the Department of Labor and Employment.  There is a written employee retention policy to ensure employees feel fulfilled and satisfied at work and, ultimately, keep them at the company to include competitive pay and benefits, incentives, perks, and means to encourage a healthy work-life balance.  MOV: MOO, Job Description and Competency Based |  |  |
| ii. Staff Complement and Compensation | 8 | Staff complement is compliant with the Annex A. Worker-Beneficiary Ratio of Memorandum Circular No. 18 series of 2024 and shall be reflected in the “Profile of Employees and Volunteers” found in the application forms.  MOV: 201 File/ FGD Result/ Appointment/Contract |  |  |
| 9 | Compensation/salary policies including incentives are developed, written, and implemented in accordance with the existing wage prescribed by the Regional Wage Board.  Staff support services are provided/implemented:  a. Social Insurance System e.g. SSS, GSIS, Pag-ibig  b. Health Insurance Program e.g. PhilHealth  MOV: policy document/ assessment observation/ Personnel 201 file/ payroll |  |  |
| 10 | Staff personal records are properly filed and kept in a designated cabinet/filing drawer for authorized personnel only consisting of but not limited to:   * PDS/Resume * Job description and qualifications * Employment Contract * Other related documents (NBI, result of pre-employment medical examinations/hiring process, school transcript of records and diploma, PRC license if applicable, etc.)   MOV: Personnel personal employment file records |  |  |
| 11 | There is an officer-in-charge who has the authority and capacity to make decisions for the center’s entire operation and is stationed at the main administration office during weekends.  MOV: designation/ Attendance |  |  |
| 12 | There is a documented and proper turnover of duty concerns.  MOV: endorsement/turnover report/summary/notes including incidents that may have occurred/ Officer of the Day (OD) or Executive on Duty (EOD) logbook |  |  |
| iii. Personnel/Staff Competencies and Qualification Standards | Personnel/staff at different levels of functions have the following qualification and competencies: | |  |  |
| 1. Executive Director/Head of Agency | 13 | One (1) per SWDA with the following qualifications:   * A graduate of any bachelor’s degree or 4-year course or a Registered Social Worker (RSW) with valid license; * At least eighty (80) hours of training on topics relevant to the services or skills needed to work with the beneficiaries of the agency; * Three (3) years relevant experience on administration/management of social work agency or on area of major service delivery i.e. Children in Conflict with the Law (CICL), Children in need of Special Protection (CNSP), and Women in Especially Difficult Situation (WEDC) livelihood management, alternative child care programs and services, etc.; and * Three (3) years of general knowledge on organizational management and the management of sector to which they are catering   OR  An RSW with two (2) years supervisory or managerial experience or its equivalent professional grade eligibility or relevant training.  MOV: Diploma/PRC License/Certificate of Training/ Leadership Certificate/ Profile of Employee/201 File |  |  |
| 1. Supervising Social Worker (as applicable) | 14 | * RSW with valid license; * At least eight (8) hours of relevant training; and * Has at least one (1) year supervisory experience in handling adoption and alternative child care programs.   MOV: Diploma/PRC License/Profile of Employees/201 File |  |  |
| 1. Social Workers (SWs) – number of SWs will depend on the type of beneficiaries and actual number of cases at any given time (refer to MC No. 18 Series of 2024 Annex A Worker-Beneficiary Ratio and Annex B Minimum Standards, Competencies, and Qualifications Required for Personnel/Staff in Different SWDA Settings) | 15 | * A Registered Social Worker (RSW) with valid license; * One (1) year of relevant experience; * For adoption social workers, at least three (3) years of experience in handling alternative child care or adoption cases or one hundred eighty (180) hours of formal training in handling cases/managing cases/casework etc; and * Four (4) hours of relevant training in handling cases/managing cases/casework etc.   MOV: Diploma/PRC License/Profile of Employees/ 201 File/ Certificate of Trainings |  |  |
| 1. Adoption Para-social worker/ Social Welfare Assistant (SW Assistant) | 16 | * For Adoption Para-social worker, at least two (2) years experience in the field of social work; For SW Assistant, at least one (1) year of relevant experience; and * Attended one (1) training in handling alternative child care/adoption from the DSWD Academy.   Note: In excess of at least 50% of the standard ratio for RSWs, the Adoption Para-social worker/SWA shall assist in the case management of the excess caseload. However, only the RSW shall sign and submit pertinent documents.  MOV: Profile of Employees/ 201 File/ Certificate of Trainings |  |  |
| 1. Administrative Staff/ Supervisor | 17 | * Graduate of a four (4) year course; * At least one (1) year of relevant experience or supervisory experience; and * Eight (8) hours of relevant training   MOV: Organizational Structure/ Profile of Employees/ 201 File |  |  |
| 1. Other program and administrative staff | 18 | 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 |  |  |
| 5. Staff Support Services | 19 | A policy statement on the provision of assistance/ stress debriefing should be detailed in the MOO as a staff support mechanism.  Stress and management activities are provided to all staff, with the frequency varying according to their needs. The activities are included on the agency’s Annual WFP to meet financial criteria and budgetary requirements.  MOV: Process Recording /MOO/Personnel Handbook/Process Recordings/Annual plan/ Accomplishment Report of Staff/ Activity Documentation Report |  |  |
| 20 | Staff including volunteers are given orientation/training on the following but is not limited to:   * Gender and Development * Child Protection * Child-Women Friendly Space * First Aid and basic life support * Disaster mitigation and management * Occupational Safety and Health   MOV: Activity Report/Accomplishment Report / Photo documentation |  |  |
| 6. Discipline | 21 | Appropriate complaints and grievance system/machinery is in place.  Complaints and grievances addressed and resolved within the set timeline in the SWDA’s written policies.  MOV: documented complaint with resolution/ MOO, Memorandum, policy documents |  |  |
| 7. Occupational Safety and Health (OSH) | 22 | Has policies and/or procedures to protect every working person against the dangers of injury, sickness, or death through safe and healthful working conditions, thereby assuring the conservation of valuable manpower resources and the prevention of loss or damage to lives and properties. \**In compliance with R.A. 11058 Occupational Safety and Health Standards*  For DSWD CRCFs, aside from compliance to R.A. 11058, must adhere to Administrative Order No. 3 s.2021 Occupational Safety and Health Standards for the Department of Social Welfare and Development.  Policies and/or procedures relative to the indicators stated above but is not limited to the following:   * Admission and Screening of Beneficiaries * For staff and personnel work schedules and arrangements * Visitors and Guest * Beneficiaries with illness or flu-like symptoms * Discharge or Beneficiaries   MOV: Board Resolution on supplemental policy or adopting protocols set by the DSWD or other appropriate govt. agency/MOO |  |  |
| 23 | There are health and safety measures/protocol implemented in the agency to safeguard beneficiaries and staff, such as but not limited to the following measures:   * Hand washing and hygiene * Availability of hand sanitizers and alcohol–based solution in all entrances/exits, stairways, and conference room * There is regular disinfection/clean-up conducted by the agency to ensure the safety of beneficiaries * Provision and wearing of appropriate personal protective equipment (PPE) (in cases of health emergencies or as required by the concerned Government Agency/ies)   MOV: Board Resolution on adopting health standards protocol/measures /Observation /FGD result/findings with staff and beneficiaries/ Supplies/storage room/Distribution List for Issuance of Supplies for staff and beneficiaries. |  |  |
| 24 | There is a designated OSH Officer that ensures compliance with occupational health and safety guidelines/standards, advises on safety topics, conducts risk assessments, identifies trends and patterns of work-related hazards, and enforces preventative measures to create a safe workplace.  Submits safety health report at least three (3) days after a calamity.  MOVs: MOO/ document stating the designation as OSH Officer/ Special Order/ safety health report/photo documentation |  |  |
| 8. Property and Supplies Management  **Note:** *As long as the minimum required content has been complied with, the SWDAs are without limitations to rearrange the information, indicate additional information,*  *and/or present its existing manual of operations per area* | 25 | Has policies and procedures on how the SWDA’s properties and supplies are acquired, utilized, and disposed of.  There is a control system policy to safeguard the property against loss, damage, or theft.  MOV: MOO |  |  |
| 26 | There is a designated administrative staff who is responsible for inventory, replenishment, and storekeeping of supplies and equipment.  An inventory of properties and supplies is maintained, documented, and properly accounted for on a quarterly basis to ensure sufficiency and prevent supply scarcity.  MOV: updated Inventory of Supplies and Assets indicating the latest date/Distribution Slips/Disposal Report indicating the latest date/ Financial Statement; MOO as reference |  |  |
| 9. Disaster Preparedness and Response  **Note:** *As long as the minimum required content has been complied with, the SWDA are without limitations to rearrange the information, indicate additional information, and/or present its existing manual of operations per area.* | | | | |
| 1. **Hazards Present within the Facility/Office** | 27 | There is an existing document on the description of the potential hazards/risks that could be encountered in the future using available data from the Local Government Unit (Provincial, City/Municipal or Barangay) based on geographical location, climate or weather condition, among others.  There is an existing hazard analysis being used as the first step to assess hazard/risk of a particular area. The following are some suggestions that need to be integrated in analyzing potential hazards or risks in a facility/office, which are as follows:  Do profiling of potential hazards or risks inside or outside of the facility based on previous experiences and occurrences in coordination with the Local Government Unit;   * 1. Describe the specific characteristics of potential hazards and risks. It is important to know as to what particular hazards or risks that might affect beneficiaries and personnel within the facility/office when they happen.   2. Based on data, describe early warning signs or triggering factors of the potential hazards/risks.   3. Identify strengths and weaknesses of the beneficiaries and personnel in responding to hazard, risk and vulnerability.   MOV: MOO / hazard analysis |  |  |
| **b. Contingency Planning** | 28 | There is an available Disaster Response/ Emergency Management Plan that is simple, clear and concise and is cascaded to all personnel/staff and volunteers.  Annual conduct of mock emergency/disaster drills.  There is an available emergency kit/bag for all personnel/staff and volunteers, if applicable, that includes but is not limited to the following:   * Flash lights with extra batteries * Whistle * Hard hats * Battery-operated radio   There is an immediate provision of clothing and personal items.  MOV: MOO/Approved composition /resolution/ Agency Disaster Management Plan/ Activity documentation/photo documentation/ emergency kit/bag/distribution list |  |  |
| **c. Scenario on displaced population in evacuation area/center during disaster or calamity** | 29 | Has an available document with the following information:   1. Illustration on the usual flow of activities in conducting an emergency drill per nature of disaster/calamity (fire, typhoon, flooding, earthquake, tsunami, local conflict). 2. Updated and clearly defined positions, specific tasks and responsibilities as well as contact numbers of Emergency Management Team Members of the facility/office. 3. Updated list/directory of partner agencies and organizations who can be coordinated by the facility/office during and after a disaster/calamity. 4. The potential scenario of displacement of beneficiaries/personnel in the event of a disaster or calamity. 5. The possible number of beneficiaries/personnel who may use of evacuation area inside and outside facility/office. 6. The strengths and limitations of the evacuation area established by the facility/office or even evacuation area outside of the facility/office in the event of a disaster/calamity.   MOV: MOO / documents on illustration of flow of activities, strengths and limitations of the evacuation area, and indicating the potential scenario of displacement of beneficiaries/personnel and affected beneficiares/personnel / updated and clearly defined Disaster Management Team/Committee /updated list/directory of partner agencies and organizations/photo documentation |  |  |
| **d. Post-Disaster Recovery and Rehabilitation** | 30 | Has the following established and implemented protocols, policies, procedures, or activities:   1. Assessment of the facility/office, necessary repair or construction; 2. Systems of coordination with local disaster coordinating councils (Barangay, City or Municipal) and relevant agencies to access post-disaster assistance and resources; 3. Recovery activities, restoration of services and infrastructure and provision of continuous psychological supports for beneficiaries/personnel; 4. Procedures to restore immediately the provision of programs and services for the beneficiaries/personnel after a disaster/calamity; and   There is a document available that describes the strengths and weaknesses in areas of post-disaster recovery and rehabilitation.  MOV: MOO/ reports/documentation/photo documentation |  |  |
| **B. Technical Capacity** | | | | |
| 1. Clear Statement of VMG and Policies | 31 | The organization has VMG consistent with its objectives, target beneficiary, programs and services.  The latest/ updated VMG is posted in a visible area of the administrative office and translated into information, education and communication (IEC) material.  MOV: tarpaulin/ framed VMG/ IEC materials/ online/prints/ brochures/ AVP of organizational chart/ agency history/ programs and services rendered/ MOO |  |  |
| 32 | Policies are written in the manual of operation and translated into operations.  MOV: MOO |  |  |
| 1. Strategic and operational planning system | 33 | A two-year (2) strategic plan is formulated based on a set of desired output for the beneficiaries and is translated into a work and financial plan (WFP).  MOV: Strategic Plan/ WFP |  |  |
| 34 | The Strategic Plan is reviewed and evaluated annually based on the results of the evaluation and accomplishments.  MOV: Updated Strategic Plan / updated WFP/ Documentation on the Review of the Strategic Plan |  |  |
| 3. Ethical Conduct | 35 | There are written and clear policies governing conflict of interest and ethical standards in dealing with the beneficiaries.  There is a Beneficiary Protection Policy (conduct rules and beneficiary protection regulation) with a corresponding system to monitor compliance of staff to the said policy.  MOV: MOO/ Beneficiary Protection Policy/ office’s policy documents in relation to ethical conduct |  |  |
| 4. Information Management System | 36 | Administrative and program files are recorded to capture critical organizational events and significant information that can be used for organizational decision-making, policy and program development, research and development, management, and accountability.  MOV: Files/Records/ Documentation/ Generated Reports |  |  |
| **C. Financial Capacity** | | | | |
| 1. Financial Management System | 37 | There are written policies, systems, and procedures on financial transactions based on the approved budget.  MOV: policy document/ MOO |  |  |
| 1. Financial Allocation and Disbursement | 38 | There are written policies for securing, acknowledging, allocating, and distributing monetary and non-monetary donations for transparency purposes.  Disbursements are covered by duly authorized vouchers and are subjected to annual internal/external auditing.  Receipt and utilization of cash (if any) and in-kind donations are transparent, accounted for, documented, and up to date.  MOV: MOO/ policy document/ disbursement documentation/logbook/ donation report/logbook/ vouchers |  |  |
| 39 | Fund allocation and utilization follows the ratio of 70% for programs and 30% for administrative expenses.  MOV: Vouchers and Ledgers/ Comparative Matrix/ WFP vs Vouchers and Ledgers/ Audit reports/ Financial Report/Audited Financial Statement for the previous year (for Private SWDAs)/ Annual Procurement Plan/ Annual Investment Plan (AIP) |  |  |
| 40 | Financial transactions are annually audited by an internal and/or external auditor.  MOV: internal/external financial report duly signed by the auditor / treasurer / Duly Accomplished Financial Report using the DSWD template (Annex E) |  |  |
| 1. Stability of Funding | 41 | There are regular sources of funds to provide for and sustain the SWA’s operation for at least two (2) years.  Sources of funds are documented.  MOV: Masterlist of Donors/ WFP and Strategic Plan/ Financial Report/ Audited Financial Statement signed by the supervising department head or center head of the agency or authorized personnel and prepared and certified true and correct by the Internal Accountant/Treasurer/Bookkeeper/ Finance Officer |  |  |
| 1. Resource Generation | 42 | Resource generation activities such as solicitation, fund raising projects, and international fund sourcing are conducted in accordance with the existing laws and regulations, properly reflected in the financial report.  MOV: financial report/ pertinent approved and signed documents/ report/ |  |  |
| **SUB-TOTAL** | **42** | **No. of complied Standards on Administration and Organization** |  |  |
| **II. Program Management** | | | | |
| 1. Program Processes |  | | | |
| 1. Preparation of Program Plan | 1 | An annual program plan that maps the agency’s organizational goals, thrusts, and priorities, including programs and services is prepared and available using captured data from a beneficiary/beneficiary’s intake, community profiling, baseline survey or any method of assessment.  The program plan is enhanced as necessary based on the situations and needs of the program/service beneficiaries  MOV: Annual Program Plan/Approved WFP/ Annual Investment Plan/with revisions as necessary |  |  |
| 2 | The Program Plan:  a. Is clearly defined and written;  b. Is prepared and updated annually;  c. Is consistent with the VMG of the SWDA;  d. Is supported with baseline data and situational analysis;  e. Has defined Outcome/s (ultimate results);  f. Has corresponding Outcome Indicators (to gauge the achievement of the Outcome/s;  g. Has Objectives that are SMART (Specific, Measurable, Attainable, Realistic and Time-bound).  MOV: other verifiable document/ report/ Program Plan |  |  |
| 3 | Program Implementation:  a. Guided by the agency’s policies and procedures; and  b. Supported by the Management through provision of timely and necessary resources and authority to implementers to undertake the planned activities.  MOV: other verifiable document/ report/Program Plan |  |  |
| 1. Allocation of Funds | 4 | The program plan is supported with funds including contingency fund/petty cash in the annual budget plan/WFP to ensure its delivery and implementation.  MOV: Approved WFP/Annual Budget Plan |  |  |
| 1. Collaboration and Networking | 5 | If needed and necessary, collaboration with stakeholders is done for a proficient and sustained delivery of programs and services.  For long-term collaboration with stakeholders (more than 6 months), the partnership is established thru Memorandum of Agreement/ Understanding (MOA/MOU) or Partnership Agreement ensuring sustained delivery of programs and services  MOV: Implementation Report or Documentation Report/ Communication/ MOA/U/ Progress Reports (Semestral or Annual) |  |  |
| B. Programs/ Services Implementation | 6 | Implements programs and services in a timely manner, in accordance with the agency plans (e.g. program plan, WFP, strategic plan, etc.)  Implements/provides for additional programs and activities to respond to the arising needs of the beneficiaries/beneficiaries’ group*.*  MOV: Program Plan/WFP/Strategic Plan/Accomplishment Report/Status report of Project Implementation approved by the Agency Head/ Progress/Development Report |  |  |
| 7 | At least one (1) every semester conduct of organization of information and education forum/discussions  MOV: Documentation Report/ Activity Reports/ Attendance Sheet/ Photo Documentation |  |  |
| C. Monitoring | 8 | The Head of the Agency/ a composite Monitoring Team conducts monitoring of the implementation of all activities, programs, and services using the monitoring tool developed by the agency.  MOV: Approved Monitoring Tool / Accomplished Monitoring Tool /Monitoring Report & Special Order of Monitoring Team |  |  |
| 9 | Appropriate action is undertaken to remedy deficiencies in program implementation to safeguard the interest and welfare of the beneficiary/ies based on the monitoring result.  MOV: Enhanced Program Plan/Monitoring Report and Action Plan |  |  |
| 10 | Monitoring of Program Implementation:  a. A monitoring system is written, has been institutionalized and is fully functional (in-place and conducted in a regular basis);  b. At least 60% of the planned activities are implemented per program plan timeline  c. Agency accomplishment report including narrative and statistical report prepared and submitted annually to DSWD not later than March 31 of the succeeding year through the HELPS (Harmonized Electronic and License Permit System)  MOV: Accomplishment Report with a date stamp or electronically acknowledged as submitted to DSWD and NACC/ monitoring documentation or report |  |  |
| D. Evaluation | 11 | A participatory year-end evaluation of program/service implementation workshop/group session is conducted with beneficiaries, staff, and other stakeholders, where activities and strategies are redirected as necessary, based on the result of the evaluation.  MOV: Activity Report/Summary Result of Evaluation/ Enhanced Program Plan |  |  |
| 12 | a. Regular program evaluation is done through tracking of progress relative to the fulfillment of Outcome Indicators, thus achieving the Agency Outcome/s;  b. Results of the assessment are utilized in the modification/ development/ enhancement of programs/ policies;  c. Results of evaluation are feedbacked to the Beneficiaries and partner agencies, if necessary and applicable.  MOV: Updated evaluation report/ assessment report/ feedback report |  |  |
| E. Community Coordination / Collaboration | 13 | 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 Leaders  MOV: MOA/MOU/Invites to Community Activity/Mayor’s Permit/Certification /IEC Distribution Sheet/Documentation Reports |  |  |
| **SUB-TOTAL** | **13** | **No. of complied Standards on Program Management** |  |  |
| **III. Case Management** | | | | |
| 1. **Foster Care Program** | | | | |
| 1. Caseload | 1 | One (1) full-time social worker for twenty-five (25) foster families with/without children placed.  MOV: Caseload Inventory/ Accomplishment Report/ Summary Reports |  |  |
| 2 | The number of children under the care of foster families is in accordance with their respective Foster Family Care License (FFCL).  MOV: Foster Family Care License/ Foster Placement Authority |  |  |
| 3 | At least 75% of foster families are maximized as resources and placed with child/ren under their care.  MOV: Foster Family Care License/ Foster Placement Authority/ Caseload inventory |  |  |
| 4 | All foster placements are covered by a valid Foster Placement Authority (FPA) and Foster Family Care License (FFCL) .  For emergency placements of children, unlicensed foster family applies for FFCL and/or FPA within one (1) week from the child placement. All emergency placements shall have a Certificate of Emergency Placement pending the issuance of FFCL.  MOV: Valid Foster Family Care License, Foster Placement Authority, Certificate of Emergency Placement, Caseload inventory |  |  |
| 1. Helping Process | | |  |  |
| 1. Assessment Phase | 5 | Conducted Foster Family Care Forum at least bi-monthly or as needed.  MOV: Accomplishment Report/ Documentation Report/ Feedback Report/ Certificates of Participations |  |  |
| 6 | Prepared Foster Care Home Study Report (FCHSR) based on the findings from the home visit/s, collateral interviews, and review of complete documentary requirements.  For favorable application, onward submission to the Inter-Agency Placement Committee (IAPC) or Regional Child Placement Committee (RCPC) for presentation and approval.  At least fifty percent (50%) of endorsed applicants are approved.  MOV: FCHSR/ Endorsed Documents to IAPC/RCPC/ Foster Family Care License |  |  |
| 7 | Twenty-five (25%) of deferred or disapproved families were able to comply with the recommendations or file for a motion of reconsideration for approval of IAPC/RCPC.  MOV: Motion of Reconsideration/ IAPC or RCPC’s Recommendation/ Compliance to Recommendation/ |  |  |
| 8 | Documents for renewal of FFCL are submitted at least thirty (30) working days prior to the date of expiration of the license.  MOV: Foster Family Care License/ Caseload Inventory |  |  |
| 1. Intervention Plan | 9 | Intervention Plan- An intervention plan is formulated within a maximum of fifteen (15) days upon issuance of a Foster Family Care License to appropriately respond to the problems and needs identified by the foster family. The interventions should be consistent based on the need and identified problem of the family and the assessment and consultations made by the worker. This should reflect the minimum content as follows:   * Date Prepared * Overall Objective * Clear specific helping goals * Activities/Helping Interventions/ Strategies * Responsible Persons * Time Frame * Expected Output   MOV: Intervention Plan / SCSR / FCHSR |  |  |
| 10 | The intervention plan is formulated through conduct of case conference and coordination through an inter-disciplinary team, if applicable, being evaluated quarterly.  The formulated plan is consulted and conformed with by the beneficiary except for cases where the beneficiary is incapable of doing so such as for cases of infants, toddlers, young children, beneficiaries with mental condition, or those with dementia.  Enhanced interventions plan/development programs are prepared based on the result of monitoring of the implementation of programs and services  MOV: Intervention Plan and Contract/ FCHSR/ Activity Log/Documentation Report/Enhanced Intervention Plan |  |  |
| 1. Implementation | 11 | Conducted preparatory activities both for the foster child and the foster family prior to placement of the child to a foster home.  MOV: Documentation Report |  |  |
| 12 | Within one (1) month from the date of issuance of FFCL, foster families shall be presented for inter-agency, regional, or interregional matching.  MOV: Endorsement Report/ Documentation Report/ Agency Resolution and Matching Certificate |  |  |
| 13 | There is a standard procedure/protocol on the preparation for the physical transfer/ placement to either a foster/ adoptive family/ reunification of a foster child to the birth family.  MOV: Approved standard procedure/protocol by the Board/Executive Director/Head of Agency |  |  |
| 14 | At least six (6) foster families were added to the roster of foster families in a year.  Maintains a pool of six (6) foster families at any time.  MOV: Foster Family Care License/ Foster Placement Authority/ Caseload inventory |  |  |
| 15 | The agency ensures that victim-survivors of violence is provided with gender-responsive case management. *Note: Applicable to SWAs with cases on VAWC.*  MOV: Intervention Plan (IP) and Contract/ Updated IP/ Progress Notes/Documentation Reports |  |  |
| 1. Monitoring and Evaluation | 16 | Gaps identified are used as the basis for revision/enhancement of the intervention plan as per result of the monitoring and evaluation being conducted using the tool developed by the center/agency and is used to track the progress and current status of the intervention plans implemented.  MOV: Monitoring and Evaluation Tool/ Revised/Enhanced Intervention Plan/ Minutes of Case of Conference |  |  |
| 17 | Conducted home visitations monthly, or more frequently as needed for the first three (3) months and bi-monthly thereafter.  During supervision conducted by the foster care social worker, he/she shall ensure that health services, education, therapy, and behavioral management are provided to the child. Updates on the status of the placement of the child shall also be discussed.  MOV: Home Visitation Reports/ Progress Notes/ Revised Intervention Plan/ Quarterly Progress Reports |  |  |
| 18 | There is an inventory of cases with complete and updated information to include the turn-around period of cases served. This is used, maintained, and submitted monthly to the Regional Alternative Child Care Office (RACCO), or as necessary.  MOV: updated Case Load Inventory/ Endorsement Letter/ turnover reports/ summary report |  |  |
| 19 | Discharge summaries of discharged children are submitted to the NACC through the RACCO immediately after the child is discharged from foster care, if any.    MOV: endorsement of discharge summaries to RACCO |  |  |
| 1. Termination | 20 | A case conference is conducted to formulate the termination plan/pre-discharged plan with the participation of the foster family and inter-disciplinary team. The formulated termination plan/pre-discharged plan is conformed with by the foster family. Conformity is not applicable for cases whose reason for termination is prejudicial to the welfare of the child.  MOV: Termination Plan/ Pre-Discharged Plan/ Case Conference Report/Activity Log/ Undertaking of Termination of Foster Care Placement |  |  |
| 1. Case Recording and Documentation | 21 | Each case folder has the following documents:   1. For Foster Child 2. Child Case Study Report, establishing the needs of the child that should be considered in the selection of Foster Family. 3. SECPA Copy of Certificate of Live Birth or Foundling recognition certificate 4. Matching Process 5. Pre-placement preparations 6. Actual preparations 7. Supervisory or Foster Care Home Visitation Reports 8. Updated Health/Medical and Dental Records 9. School Records, if applicable 10. Progress Reports and running records of the case that highlights the developments of the foster child through the program 11. Psychological/psychiatric evaluation, if applicable 12. Termination of Placement, if applicable 13. Post-placement or After Care Service, if applicable 14. Records on actions taken relative to the intervention plan (i.e. profile of PAPs or Parenting Capability Assessment Report of the family where the child would be returned, whichever is applicable) 15. For Foster Families 16. Application Form containing relationships and individual questionnaire 17. Home visitation Reports/ Recordings 18. Collateral interview process recordings 19. Psychological evaluation, if applicable 20. Medical Certificate 21. Foster Care Home Study Report, to include information on personality and characteristics of foster parents, family background and relationships, motivation for fostering a child, experiences, and attitudes towards children, general financial and social, and physical situation, housing and neighborhood situations, participation on religious and community activities, health condition to include other family members, character reference, and evaluation and recommendation. 22. Foster Family Care License 23. Executive Summary form IAPC/RCPC as a result of the matching process 24. Acceptance Letter 25. Foster Placement Authority, one per child 26. Termination of Placement, if applicable 27. Family Picture of the Foster Family 28. Picture of the Foster Child   MOV: Documents as stated above |  |  |
| 1. **SUB-TOTAL** | **21** | **No. of complied Standards on Foster Care Program** |  |  |
| 1. **Adoption Program** | | | | |
| 1. Caseload | 1 | One (1) full-time social worker for twenty-five (25) Prospective Adoptive Parents.  MOV: Caseload Inventory/ Accomplishment Report/ Summary Reports |  |  |
| 1. Helping Process | 2 | At least two (2) families were added annually to the roster of approved PAPs.  MOV: updated Case Load Inventory |  |  |
| 3 | Provided pre-adoption services/counseling sessions to the biological parents, prospective adoptive parents, and prospective adoptee  MOV: Activity Report/ Process Recording/ Certificate of Attendance/ Attendance Sheet |  |  |
| 4 | Provided post-adoption services to monitor parent-child relationship to ensure that the adoption has redounded to the best interest of the child. This includes support services, as necessary, regarding adoption telling and search and tracing of biological families.  Conducted monthly monitoring visit during the Supervised Trial Custody Period (STC) for a period not more than six (6) months unless the adoption social worker recommends a shorter period of STC, or a waiver thereof, or the RACC Officer recommended a longer STC. Three (3) post placement reports shall be required unless a shorter or longer STC is required.  MOV: Aftercare Monitoring Reports/ Post-Placement Supervision Reports |  |  |
| 5 | Has caseload inventory that is used, maintained, and submitted monthly to the Regional Alternative Child Care Office (RACCO), or as necessary.  MOV: updated Case Load Inventory |  |  |
| 1. Case Recording and Documentation | 6 | Each case folder shall have the following:   1. For the Adoptee 2. Child Study Report; 3. Authenticated or SECPA copy of the birth record of the child; 4. Notarized Deed of Voluntary Commitment and Certificate of Authority for a Notarial Act, if applicable; 5. Written consent of the child if ten years old or older signed n the presence of a social worker of the NACC through the Regional Alternative Child Care Office (RACCO), the agency, or the SWDO as witness after proper counseling 6. Death Certificate of biological parents of the child, as applicable 7. Marriage Certificate or Certificate of No Marriage of the birth parent/s, as applicable 8. Parenting Capability Assessment Request/Report 9. Quad media certifications, police/barangay blotter reports, and other proof of efforts to locate the child’s parents and family 10. Certification Declaring Child as Legally Available for Adoption (CDCLAA), as applicable 11. Medical Certificate/ Health Profile 12. Psychological evaluation for children five years old and above 13. Updated 5R close-up and whole body picture of the child 14. Process recordings on matching conferences, pre-placement preparations of the child, and PAPs 15. Pre-Adoption Placement Authority 16. Post-Placement Supervision Reports 17. For the PAPs 18. Home Study Report 19. Application and Undertaking Form; 20. Certificate of Attendance to Pre-Adoption Forum 21. Home visitation Reports/ Recordings 22. Collateral interview process recordings 23. Authenticated or SECPA copy of the following:     1. birth record of the adoptive applicant/s; and     2. Marriage Certificate/ Certificate of No Marriage/ Divorce Papers with a copy of court decision and Certificate of Finality/ Annulment Decree with Certificate of Finality/ Declaration of Nullity/ Legal Separation Documents; 24. Written consent from the appropriate person/s; 25. Medical evaluation form with test results and Medical Certification 26. Psychological evaluation, as applicable 27. NBI or Police Clearances 28. Latest Income Tax Return or any document showing financial capacity 29. Letters of character reference 30. 5R Pictures of applicant/s, immediate family, and home 31. Certificate of Finality, if with a previously adopted child 32. For foreign nationals, a Certificate of Residency issued by the Bureau of Immigration or Department of Foreign Affairs and Police Clearance where the foreign applicants have lived for more than twelve (12) months in the past fifteen (15) years. 33. Child Care Plans 34. Notice of Approval or Disapproval of Application as PAPs 35. Acceptance Letter 36. Pre-Adoption Placement Authority 37. Supervised Trial Custody Reports/ Recordings, for regular cases 38. Post Placement Supervision Reports, as applicable 39. Petition for Administrative Adoption 40. Order of Adoption 41. Amended Certificate of Birth 42. Certificate of Finality 43. Closing Summary   MOV: Documents as stated above |  |  |
| **SUB-TOTAL** | **6** | **No. of complied Standards on Adoption Program** |  |  |
| **IV. Helping Strategies and Interventions** | | | | |
| 1. Psychosocial Support/Care Programs | 1 | The agency provides psychosocial support/care programs appropriate to its beneficiary 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. Home/Family Visits 3. Basic mental health care  * Social Work Counseling / Counseling * Stress Debriefing * Stress Management Activities * Therapeutic Sessions * Group Dynamic Exercises  1. Psychiatric and psychological evaluation 2. Skills and productivity training   Psychosocial intervention provided is based on the identified needs of the beneficiary.  MOV: Intervention plan/Progress Notes/Report/ Assessment/SCSR/FGD with beneficiaries |  |  |
|  | 2 | Provided support care services and attendance to appropriate training on childcare and development to licensed foster parents to enhance and develop parenting capability, which shall include but not limited to the following:   * Foster Care for online sexual exploitation of children victim-survivors (FOCOS); * Trauma-Informed Care (TIC); * Handling Behaviors of Children with Special Needs; * Art of Letting Go; * Masayang Pamilya (MaPa) Program; * Positive Discipline; * Respite Care; * Parenting a Foster Child * Empowerment and Reaffirmation of Paternal Abilities Training (ERPAT); * Growing Great Kids; * Trauma-Based Relational Intervention (TBRI) * Preparation of Life Book; * Child Protection Policy; * Leadership Training; and * Other Skills Training and Livelihood Assistance   MOV: Accomplishment Report/ Documentation Report/ Feedback Report/ Certificates of Participations |  |  |
| 1. Home/Family Life |  |  |  |  |
| 1. Daily Living | 3 | Daily living experiences that are flexible and yet balanced that would help develop parent-child relationships for foster or adoptive families. There is open communication within the family especially between foster child and foster family or adopted child and PAPs.  House rules to govern the behavior and conduct of the corporal punishment and deprivation of basic needs are prohibited as a form of discipline.  MOV: Home visitation and monitoring reports |  |  |
| 1. Food and Nutrition | 4 | Food and nutrition consider the nutritional, socio-cultural, and health needs of the child placed in a foster or adoptive family.  MOV: Home visitation and monitoring reports |  |  |
| 1. Location and Design | 5 | The foster family or PAPs is accessible to facilities that meet the basic needs such as schools, churches, clinics, hospitals, or recreation centers. Accessibility herein means that these services may be availed, as needed, through available modes of transportation.  MOV: Documentation Report/ Home Study Report |  |  |
| 6 | The safety conditions in the neighborhood are high or at least manageable. The neighborhood is conducive to raise a child, a wholesome environment, with available area for playing, with access to clean water, not near the gambling establishments or prostitution areas where the child can possibly be exposed to negative influences.  Other necessary devices are installed to meet the needs of those with disability, such as ramps or transfer stations, accessible landing, soft surfaces or mats (indoor), etc, as necessary dependending on the type of disability.  The privacy of each member of the family is respected and practiced.  MOV: Documentation Report/ Home Study Report/ Monitoring or Home Visitation Reports |  |  |
| 1. Medical and Dental Services | 7 | Conducted annual physical/medical and dental check-ups, including laboratory examinations, newborn screening, hearing test, and basic immunization for infants and toddlers, administration of medicine as prescribed by a licensed physician, conduct of psychological evaluation (as applicable), and assistance during hospitalization.  MOV: Health/Medical and Dental Records/ Newborn Screening Result, Hearing Test Result/ Immunization Records/ Psychological Evaluation/ Hospitalization Records |  |  |
| 8 | Provision of and access to medical services as stipulated in the MOO.  MOV: Medical file/Records/ MOO/policy documents |  |  |
| 9 | Personnel/staff/foster families are trained on first aid and/or basic life support and have the capacity to perform necessary services whenever necessary.  MOV: Training Certificate on First Aid/FGD with beneficiaries/personnel/staff |  |  |
| 1. Spiritual Enhancement | 10 | Spiritual activities are planned with the beneficiaries and are practiced regardless of religious affiliation and in respect to religious beliefs of the beneficiaries  MOV: Interview with Foster Family/ Monitoring Reports |  |  |
| 1. Protection Programs and Services | 11 | * In cases when incidents of abuse are found, immediate actions should be taken in accordance with the Beneficiaries/Child Protection Policy. * The agency provides orientation programs and services for women empowerment such as gender sensitivity, equality and development in the community, Men Opposed to Violence Everywhere, children’s rights and other child protection law, and/or other similar activities * Beneficiaries are trained on personal safety and protective behavior such as life skills, survival, and etc. * Beneficiaries are ensured of confidentiality from media exposure   MOV: MOO/Beneficiary Protection Policy/Code of Conduct of Staff/ Signed and posted Manifesto of Support/ Incident Report/Activity Report/ Case folder/SCSR/FGD or Interview with Social Worker and Beneficiary / Attendance Sheet |  |  |
| **SUB-TOTAL** | **11** | **No. of complied Standards on Helping Strategies and Interventions** |  |  |
| **V. Physical Structure and Safety**  Must meet at least the minimum requirements set by existing laws governing physical structure and safety, i.e. BP 344, National Building Code of the Philippines, Philippine Fire Code, and Occupational Health and Safety Standards etc. | | | | |
| **Appropriate and ample space and facilities are provided for organizational functions and activities** | | | | |
| 1. Office and Facility | 1 | There is an accessible and identifiable office space where daily organizational functions and activities are conducted.  Adaptive means of communication are installed and functional at all times.  Area of interaction is free from physical obstructions that are hazardous to the safety of the beneficiaries.  MOV: Observation Results/ Documentation |  |  |
| 2 | Offices and facilities are kept in safe repair and decorated in such a way as to create a pleasant ambiance for personnel, beneficiaries, and visitors.  MOV: Observation Results/ Documentation |  |  |
| 3 | The office and facilities are in compliance with the existing laws and have been declared safe by the proper authorities.  MOV: Updated safety certificates (Annual Building Certificate, water potability, Fire Safety Inspection Certificate (FSIC) |  |  |
| 1. Public Areas | 4 | With adequate space or lobby or reception area for beneficiaries and visitors alike  MOV: Observation Results/ Photo Documentation |  |  |
| 1. Accessibility Requirements | 5 | The agency’s office facilities are installed with the necessary accessibility requirements (walkways, ramps, handrails, seating for the person with disabilities) per Batas Pambansa 344 or the Accessibility Law  MOV: Observation Results/ Documentation |  |  |
| 1. Communal/ Activity Area | 6 | With communal area or activity areas for variety of social, cultural, religious, official, and personal activities.  MOV: Observation Results/ Documentation |  |  |
| 1. Interviewing /   Counselling Area | 7 | Has a separate room exclusive for counseling or interviewing, 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. Illumination and Ventilation | 8 | All areas in the facility are sufficiently illuminated and have adequate ventilation.  MOV: Observation Results/ Documentation |  |  |
| 9 | Bathrooms:   * Equipped with grab bars and handrails and bathroom door entrance must be wide enough to accommodate a wheelchair; * With a lavatory; * With a soap and waste bin; * With proper ventilation (window) or exhaust for air circulation; * Has at least 3.5 sqm. space enough for a toilet seat, urinal, and shower.   MOV: Observation Results/ Documentation |  |  |
| 1. Storage Area | 10 | With a properly labeled of designated storage area/place or a separate storage room to properly store, segregate, and organize supplies with proper labels (Food and Non-Food and for authorized personnel only)  Free from rodents and other stray insects/pests.  MOV: Observation Results/ Documentation |  |  |
| 1. Conference/ Training Room/ Space | 11 | Has a conference room/open space with fixtures within the facility conducive for the conduct of meetings, seminars, training, and other similar activities for use by the staff and beneficiaries.  In the absence of a conference room/space, the alternative multi-purpose room/area which serves as a venue for the said activities must be conducive to learning.  MOV: Observation and Documentation Report of Activities conducted in said Area/Space |  |  |
| 1. Sanitation and Waste Management System | 12 | Implements proper waste disposal system (segregation of biodegradable and non-biodegradable materials) and practices that supports the Clean Air Act.  MOV: Observation and Documentation |  |  |
| 1. Emergency Exits | 13 | The office and facilities are in compliance with the existing laws and have been declared safe by the proper authorities.  With an evacuation/emergency exit floor plan in case of disasters posted and installed in lobbies and hallways.  Emergency exits are available and unobstructed at all times on all floor areas, are accessible with exit signs or arrows properly and visibly installed for direction.  MOV: Evacuation/Emergency Exit Floor Plan/Observation/photo documentation/ safety certificates |  |  |
| **SUB-TOTAL** | **13** | **No. of complied Standards on Physical Structure and Safety** |  |  |

**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 the current situation)

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

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**Table of Scores per Work Area**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Work Areas*** | ***Mandatory Requirements or Standards*** | | | | | |
| ***Total Score*** | | | ***Actual Score*** | | |
| ***Foster Care Program*** | ***Adoption Program*** | ***Foster Care and Adoption Programs*** | ***Foster Care Program*** | ***Adoption Program*** | ***Foster Care and Adoption Programs*** |
| 1. Administration and Organization | 42 | | 42 |  |  |  |
| 1. Program Management | 13 | | 13 |  |  |  |
| 1. Case Management | 21 | 6 | 27 |  |  |  |
| 1. Helping Strategies and Interventions | 11 | | 11 |  |  |  |
| 1. Physical Structure and Safety | 13 | | 13 |  |  |  |
| Total | **103** | **88** | **106** |  |  |  |

**Note: All applicable indicators must be met before the issuance of Certificate of Accreditation.**

**Recommendations**:

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

In view of the above findings, the

(Name of SWA)

has satisfactorily met the standards for accreditation. The issuance of Certificate of Accreditation is hereby recommended with a validity

**synchronized with the validity of Certificate of Registration and License to Operate (CRLTO)** or **period of three (3) years**

(for Private SWA) ( for Public SWA)

for implementing Child Placement services for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Type of beneficiaries)

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

In view of the above findings, the application for accreditation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby disapproved.

(Name of SWA)

The agency shall comply with the agreed action plan within thirty (30) calendar days after the assessment visit:

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

**Prepared/ Assessed by**:

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

(Name and Signature of DSWD SB Accreditor/Position/Designation) / Date

**Concurred by**:

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

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