**ANNEX 26. ASSESSMENT TOOL FOR SCC**

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**ASSESSMENT TOOL FOR THE**

**ACCREDITATION OF SENIOR CITIZENS’ CENTER**

|  |  |  |
| --- | --- | --- |
| ***Status of Application for Accreditation*** |  | ***No. of Service Users*** |
| * New Applicant * Renewal of Accreditation   Certificate No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Date of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Date of Expiration:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | (At the Time of the Visit)  Male \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |

1. Identifying Information:
2. *Name of Senior Citizens’ Center:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. *Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. *Head of the Center:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D*esignation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
5. *Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Tel. Fax Number/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. *E-mail Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**II. Documentary Requirements:** *Please check as appropriate*. If available, indicate under findings/ observations whether such document contains complete information or other concern that needs to be improved.

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| ***Requirements*** | ***Available*** | | | ***Findings/Observations*** | |
| --- | --- | --- | --- | --- | --- |
| ***YES*** | ***NO*** | |  | |
| **General Requirements** | | | | | |
| 1. Accomplished Application form |  | |  | |  |
| 1. SEC Registration / Constitution and by Laws / Local Ordinance or Resolution |  | |  | |  |
| 1. Work and Financial Plan for current and succeeding year / LGU approved budget for the year |  | |  | |  |
| 1. Annual Accomplishment Report for the past year |  | |  | |  |
| 1. Financial Report for the past year |  | |  | |  |
| 1. Copy of valid safety certificates namely:    * 1. Occupancy permit (only for buildings) or Annual building Inspection/Structural Safety Certificate (for old buildings)      2. Fire Safety Inspection Certificate      3. Water Potability Certificate |  | |  | |  |
| 1. Profile of clients Served |  | |  | |  |

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1. **Instructions:**
2. Assessment shall be based on all or combinations of any of the following methods, as long as all possibilities are exhausted to determine presence or absence of the indicators:
3. Review of pertinent documents such as records, reports, written plans and other materials;
4. Ocular survey/observation of facilities, offices, project sites, actual conduct of agency activities;
5. Individual interview / Focused Group Discussion (FGD) with Senior Citizens on service delivery by the Senior Citizens Center;
6. Individual or group interview with persons exercising managerial or supervisory functions in the Center;
7. Individual or group interview with administrative and program staff;
8. Other useful and relevant method of data gathering in relation to the indicators. This has to be specified by the administering SB personnel and indicate the reason for such method:

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

1. The Standards and Indicators are divided into the following categories:
   * + - 1. On Compliance column indicate a check (✓) mark if complied with; and cross (x) mark for non-compliance.

Please take note of the level of indicators to wit:

* **MUST /Level 1 (M)** – are mandatory / minimum indicators which should be complied with since the absence of one indicator would compromise the safety and welfare of the Senior Citizens served as well as the service implementation.
* **DESIRED /Level 2 (D)** – are optimal / best indicators but compliance thereof increases the quality of service implementation to a higher level.
* **EXEMPLARY / Level 3 (E)** – are referred to as the highest standards that, if complied with will make the agency a CENTER of EXCELLENCE.

1. The items per work areas and the scoring for the Level of Accreditation of programs and services of Senior Citizens Center, are as follows:

***Items per Work Area for Senior Citizens’ Center catering to Senior Citizens***

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|  |  |  |  |
| --- | --- | --- | --- |
| ***Work Areas*** | ***Total Score per Work Areas*** | | |
| ***Must (M)*** | ***Desired (D)*** | ***Exemplary(E)*** |
| 1. Administration and Organization | 7 | 5 | 7 |
| 1. Program Management | 4 | 4 | 4 |
| 1. Helping Strategies | 8 | 6 | 8 |
| 1. Physical Structures and Safety | 10 | 4 | 7 |
| **Total** | 29 | 19 | 26 |

***Level of Accreditation and corresponding score/points***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Work Areas*** | ***Level of Accreditation*** | | |
| ***Level 1***(3 yrs accreditation) | ***Level 2*** (4 yrs accreditation) | ***Level 3*** (5 yrs accreditation) |
| 1. Administration and Organization | 7 M | 7 M+ 5 D | 7 M + 5 D 7 E |
| 1. Program Management | 4 M | 4 M + 4 D | 4 M + 4 D + 4 E |
| 1. Helping Strategies | 8 M | 8 M + 6 D | 8 M + 6 D + 8 E |
| 1. Physical Structures and Safety | 10 M | 10 M + 4 D | 10 M + 4 D + 7 E |
| **Total** | 29 M | 29 M + 19 D | 30 M + 19 D + 26 E |

**IV. Assessment Tool**

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Under the compliance column, put a check ( √ )mark for an indicator complied and a cross ( X ) if otherwise.

|  | **LEVEL 1**  **(MUST)** | Compliance | **LEVEL 2**  **(DESIRED)** | Compliance | **LEVEL 3**  **(exemplary)** | Compliance | Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.  **Remarks** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **i. aDMINISTRATION AND oRGANIZATION** | | | | | | | |
| 1. Clear statement of the Objectives/Vision, Mission and Goals (VMG) and Policies | | | | | | | |
|  | Vision, mission and goals are developed and aligned with the set objectives of the center.  *MOV: a written and posted VMG statement.* | 1 | A policy on the management and operations of the center is written and approved.  *MOV: Handbook or Manual, if available* | 1 | Local Ordinance/Resolution recognizing the center and its purpose is issued by the Sanggunian.  *MOV: Approved resolution/ordinance.* | 1 |  |
| 1. Functional Organizational and Management Structure | | | | | | | |
| 1. | SCC is managed by an organization of the senior citizens in the city/municipality duly recognized by the LGU assisted by assigned LGU personnel/focal person.  *MOV: Certificate of recognition approved by LCE.* | 2 | Presence of organizational chart and clear delineations of positions, levels of authority and relationships of P/M/CSWDOs, LCEs and Senior Citizens association members.  *MOV: Organizational Chart and Handbook.* | *2* | The center is managed by the Federation of Senior Citizen Associations and is duly recognized by the LGU duly Registered by the DSWD as SWA.  *MOV: Certificate of recognition and registration from DSWD.* | 2 |  |
| 2. | Updated master list of member senior citizen is available in the office.  *MOV: Master list of the senior citizens who availed of membership in the center.* | 3 | Updated master list is sex aggregated with basic demographic information about the senior citizens.  *MOV: Consolidated Profile of member Senior Citizens.* | *3* | Updated master list includes the profession/expertise and other information related to the senior citizen’s skills which can contribute to economic and socio-cultural development of the community.  *MOV: Individual Profile of Senior Citizen members.* | 3 |  |
| 3. | Meetings are conducted regularly in the center based on the Constitution and By-Laws wherein issues and concerns are discussed and properly documented.  *MOV: Minutes of the Meeting, Attendance Sheet* | 4 | Updates on the status of the programs/projects are discussed during regular meetings.  *MOV: Minutes of the Meeting with Status Report* | 4 | Senior citizens are consulted in the development of programs and services to be implemented in the center.  *MOV: Minutes of the Meeting, Proceedings of Activities* | 4 | Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited. |
| 1. Resource Management | | | | | | | |
|  | Financial transactions are fully documented/recorded.  *MOV: Vouchers, Acknowledgement, Receipts* | 5 | Annual financial report noted and approved by the M/CSWDO.  *MOV: Annual Accomplishment Report* | *5* | There are written and operational policies, systems and procedures on financial transactions.  *MOV: Handbook* | 5 |  |
|  | Facilities/assets – assets are properly documented and with updated inventory for the year.  *MOV: Annual Inventory Report* | 6 |  |  | Facilities/assets – assets are properly documented and with updated inventory for the semester.  *MOV: Semi-Annual Inventory Report* | 6 |  |
| 1. Human Resource Management and Development | | | | | | | |
| 1. | Designate personnel from C/MSWD office to serve as contact person or officer-in charge of the senior citizen center and senior citizen affairs.  *MOV: Special Order* | 7 |  |  | A full-time social worker to act as the focal person and provide social welfare services to senior citizens.  *MOV: Special Order/Appointment* | 7 |  |
| **PROGRAM MANAGEMENT** | | | | | | | |
| Program Plan is Available | | | | | | | |
|  | A work and financial plan on the operations of the center and implementation of the programs is developed.  *MOV: Work and Financial Plan or Budget Proposal* | 1 | The plan developed is consistent with the goals and objectives of the center.  *MOV: Work and Financial Plan /Budget Proposal* | *1* | Funds required in the implementation of its programs and services are incorporated in the WFP of the LSWDOs/LGU.  *MOV: Approved WFP/AIP/LDIP* | 1 |  |
| Implementation of program and services | | | | | | | |
|  | 60%of Programs/projects/activities in the center are implemented as planned. (Based on the previous year’s accomplishment)  *MOV: Approved Annual Accomplishment Report by the MSWD/LCE and Plan of Activities* | 2 | 61-80% of Programs/projects/ activities in the center are implemented as planned. (Based on the previous year’s accomplishment)  *MOV: Approved Annual Accomplishment Report by the MSWD/LCE and Plan of Activities* | *2* | 81-100% of Programs/projects/activities in the center are implemented as planned. (Based on the previous year’s accomplishment)  *MOV: Approved Annual Accomplishment Report by the MSWD/LCE and Plan of Activities* | 2 |  |
| Monitoring and Evaluation | | | | | | | |
|  | Annual accomplishment and financial reports from the previous year are available.  *MOV: Approved Annual Accomplishment Report by the MSWD & LCE.* | 3 | Review of plan vs. accomplishment is conducted.  *MOV: Documentation of Activity and the Approved Annual Accomplishment Report.* | *3* | Evaluation of the programs and services is conducted yearly.  *MOV: Documentation of Program Review and Evaluation activity; Process Documentation; and Annual Accomplishment Report* | 3 |  |
|  | Folder or logbook or any photo documentation is available to show record of activities, accomplishments and significant events among others.  *MOV: Logbook/photos/reports* | 4 | Documentation Report of significant events, activities and accomplishments of the Senior Citizens.  *MOV: Documentation Report of all activities with photos.* | *4* | Activities, events and accomplishments are fully documented and organized per folder.  *MOV: Documentation Report per activity with photos and folder.* | 4 |  |
| **HELPING STRATEGIES**  ***Programs and services conducted are initiated by the center or in coordination with other offices.*** | | | | | | | |
| Medical, Health and Dental Services | | | | | | | |
| 1. | Must have conducted the following or a program of similar nature within the year: |  | Must have conducted at least once following programs or of similar nature within the year: |  | Must have conducted at least twice the following programs or of similar nature within the year: |  |  |
| a. | Conduct of physical, medical and dental check-up and eye care to senior citizens.  *MOV: Photo Documentation/logbook/ accomplishment report* | 1 | Conduct of physical, medical and dental check-up and eye care to senior citizens.  *MOV: Photo Documentation/logbook/ accomplishment report* | *1* | Conduct of physical, medical and dental check-up and eye care to senior citizens.  *MOV: Photo Documentation/logbook/ accomplishment report* | 1 |  |
|  |  |  | Conduct of lectures on proper health and nutrition and how to grow old gracefully.  *MOV: Photo Documentation/logbook/ accomplishment report* | *2* | Conduct of lectures on proper health and nutrition and how to grow old gracefully.  *MOV: Photo Documentation/logbook/ accomplishment report* | 2 |  |
| 2. | Referrals of cases needing appropriate intervention.  *MOV: List of Senior Citizens Referred & Referral Letter/s* | 2 | Referrals for cases needing appropriate intervention.  *MOV: List of Senior Citizens referred, Referral Letter, Assessment Report of worker* | *3* | Referrals for cases needing appropriate intervention.  *MOV: List of Senior Citizens referred, Referral Letter, Social Case Study Report and Intervention Plan* | 3 |  |
| B. Socio-cultural & recreational services | | | | | | | |
| 1. | Conduct of socio-cultural and recreational activities once or twice a month. (See Annex B for List of Socio-Cultural/Recreational Activities for Senior Citizens)  *MOV: Logbook/Records/Accomplishment Report* | 3 | Conduct of socio-cultural and recreational activities thrice a month. (See Annex B for List of Socio-Cultural/Recreational Activities for Senior Citizens)  *MOV: Logbook/Records/Accomplishment Report* | *4* | Conduct of socio-cultural and recreational activities five times a month. (See Annex B for List of Socio-Cultural/Recreational Activities for Senior Citizens)  *MOV: Logbook/Records/Accomplishment Report* | 4 |  |
| C. Spiritual enhancement | | | | | | | |
| 1. | Conduct of spiritual services once or twice a month. (See Annex C for List of Spiritual Activities/Services)  *MOV: Logbook/Records/Accomplishment Report* | 4 | Conduct of spiritual services thrice a month. (See Annex C for List of Spiritual Activities/Services)  *MOV: Logbook/Records/Accomplishment Report* | *5* | Conduct of spiritual services five times a month. (See Annex C for List of Spiritual Activities/Services)  *MOV: Logbook/Records/Accomplishment Report* | 5 |  |
| D. Livelihood | | | | | | | |
| 1. | Senior citizens are provided and/or referred to other GOs/NGOs for capital/employment assistance, skills trainings/livelihood opportunities to supplement their earnings.  *MOV: List of Senior Citizens provided with and/or referred for livelihood program.* | 5 |  |  | Livelihood assistance/opportunities provided to Senior Citizens are monitored and tracked.  *MOV: List of Senior Citizens provided with and/or referred for livelihood program and status of progress.* | 6 |  |
| 1. Volunteer Resource Services | | | | | | | |
| 1. | Senior citizens are identified/ recruited/trained and mobilized for community volunteer works where they can share their time, talent, and resources.  *MOV: Photo Documentation/Logbook/ Annual Accomplishment Report or Certificate of Appreciation* | 6 |  |  | Certificate of recognition is awarded to senior citizen/s for voluntary service.  *MOV: Certificate of Recognition signed by the LCE* | 7 |  |
| 2. | Senior Citizens Centers as information Center:  *MOV: IEC Materials on laws/programs and services on Senior Citizens* | 7 | Senior Citizens Centers as information Center:  *MOV: Complete list of Senior Citizens in their jurisdiction* | *6* | Senior Citizens Centers as information Center:  *MOV: List of Senior Citizens with services being received* | 8 |  |
| F. Referral to other Agencies | | | | | | | |
| 1. | Senior Citizens requiring services not provided by the center shall be referred to Government Offices SWDAs & other private sectors (e.g. counseling, stress debriefing, legal assistance, burial assistance and protective care among others)  *MOV: List of Senior Citizens Referred, Referral Letter/s and Social Case Study Report* | 8 |  |  |  |  |  |
| **IV. PHYSICAL STRUCTURES AND SAFETY** | | | | | | | |
| 1. Location and design | | | | | | | |
|  | Center is easily identifiable and accessible to Senior Citizens. Presence of rail, ramp and other accessibility building features. | 1 | Availability of transportation services and doors of covered dwelling must be sufficiently wide to allow passage of wheelchairs. | 1 |  |  |  |
|  | Availability of updated building structural safety permit.  *MOV: Structural Safety Permit* | 2 |  |  |  |  |  |
|  | Availability of updated fire safety Inspection Certificate.  *MOV: Fire Safety Inspection Certificate* | 3 |  |  |  |  |  |
| 1. Facilities and Fixtures | | | | | | | |
|  | Available office equipment such as filing cabinets, chairs/sofa and tables for the senior citizens and inquiring public. | 4 |  |  | There is a designated area for interaction of senior citizens with available amenities for socialization inside the center. | 1 |  |
|  | Utilities for communication, electricity, potable water supply (with water potability/safety certificate) are available. | 5 |  |  | Availability of computer set, internet connection and other IT equipment. | 2 |  |
|  | The toilet/s has/ve accessibility features such as grab bars/hand rails and/or ramp at the door if necessary. | 6 | There are separate toilets for male and female which are accessible and the door is wide enough for a wheelchair user to pass through and use the toilet with ease. | *2* | The toilets for male and female are both accessible, universal and user-friendly for persons with disabilities. | 3 |  |
| 1. Sanitation and Waste Management System | | | | | | | |
|  | The area is generally clean and organized. | 7 |  |  | Implements proper waste disposal system (segregation of biodegradable and non-biodegradable waste). | 4 |  |
|  | | | | | | | |
| 1. | Availability of emergency exits, including visible signage which are known to all staff and senior citizens. | 8 | List of contact numbers and information of agencies and family members of Senior Citizens in case of emergencies.  *MOV: Directory of Agencies and Family Members of Senior Citizens* | 3 | Availability of functional warning systems, fire extinguishers, smoke alarm, and other emergency warning devices in the center. | 5 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Availability of First Aid Kit/Medicine Cabinet with medicines for common illnesses. | 9 |  |  | Availability of medical profile and history of Senior Citizen members. | 6 |  |
| 3. | The older person/senior citizens participates in trainings/seminars/workshops related to Safety/Emergency Preparedness or Disaster Risk Reduction and Management  *MOV: Documentation Report/ Accomplishment Report* | 10 | SCC has an updated evacuation plan and participates in drills (earthquake, fire, among others  *MOV: Evacuation Plan* | 4 | The management of SCC conducts/sponsors training /workshops on disaster preparedness and response for Senior Citizens at least once a year  *MOV: Documentation Report/ Accomplishment Report* | 7 |  |

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| --- |
| **V. PARTICIPATORY ACTION - The assessor may further ask questions through Focus Group Discussion (FGD) to a group of 5-7 or more senior citizens present during the visit. The questions asked shall focused on the following: (1) Senior Citizens opinions/observations/experiences on the programs/projects and activities conducted at the center; (2) their difficulties and challenges encountered and the action taken; (3) Their successes/failures if any; (4) Suggestions/recommendations to improve the senior citizens center; quality service delivery and compliance to the provisions stated in RA7876.** |

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1. **Highlights of Interview/Observation:**

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

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1. **Summary of Rating:** (Please include in the computation those which are not applicable.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Work Areas*** | ***Level 1*** | | ***Level 2*** | | ***Level 3*** | |
| ***Expected Score*** | ***Actual Score*** | ***Expected Score*** | ***Actual Score*** | ***Expected Score*** | ***Actual Score*** |
| 1. Administration and Organization | 7 |  | 5 |  | 7 |  |
| 1. Program Management | 4 |  | 4 |  | 4 |  |
| 1. Helping Strategies | 8 |  | 6 |  | 8 |  |
| 1. Physical Structures and Safety | 10 |  | 4 |  | 7 |  |
| **Total** | 29 M |  | 19 D |  | 26 E |  |

**VIII. Recommendations**:

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

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

(SWDA)

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

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

In view of the above findings, the issuance of accreditation certificate for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby held in abeyance, pending compliance to

(Name of Agency)

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

The Agency shall comply with the agreed action plan within \_\_\_\_\_\_\_ months after the assessment visit:

Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.

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

**Assessed by**:

(Name and Signature of DSWD Authorized Accreditor/ Date)

**Concurred By**:

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

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