***ANNEX 28: ACCREDITATION TOOL FOR RAC,***

***DROP-IN CENTERS, ET. AL***

***CENTER-BASED NON-RESIDENTIAL***

**ACCREDITATION TOOL FOR RECEPTION AND ACTION CENTERS (RACs)**

**DROP-IN-CENTERS, AND OTHER CENTERS PROVIDING SIMILAR PROGRAMS AND SERVICES**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Indigenous Person/s
 |  |  |  |  |
| * Programs/Services to be Accredited
 | * Internally Displaced Individual/s
 |  |  |  |  |
|  | Total |  |  |  |  |
|  | * Families
 |  |  |  |  |
|  |  Total  |  |  |  |  |

**Identifying Information:**

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

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

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

**Documentary Requirements:**

Please put a***check (√)*** *or* ***(X)* mark** inthe corresponding box whether the documentis***available***or***not***. If available, kindly indicate under findings/observations whether such document contains the complete or the needed information. If not, indicate under recommendations the necessary rectification/and or requirement that needs to be complied or submitted:

| ***Requirements*** | ***Available*** | ***Findings/ Observations*** | ***Recommendations***Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.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. |
| --- | --- | --- | --- |
| ***Yes*** | ***No*** |
| 1. **Mandatory Requirements**
 |
| 1. Basic Documents
 |
| 1. Duly Notarized Accomplished Application Form
 |  |  |  |  |
| 1. Pre- accreditation assessment report from the concerned DSWD Field Office (*for new applicant*)
 |  |  |  |  |
| 1. Duly Accomplished Pre-Accreditation assessment tool signed by the SWAs Head of Agency or Authorized Representative (*for renewal of accreditation*)
 |  |  |  |  |
| 1. Photocopy of Official Receipt issued by the concerned DSWD Office as proof of payment for processing fee (*for both government and private SWDA)*
 |  |  |  |  |
| 1. Documents Establishing Corporate Existence
 |
| 1. Certification of No Derogatory information issued by the SEC (except those in operation for less than six (6) months)

(for private SWDAs)Sangguniang Bayan (SB) Resolution or its equivalent (for public SWDAs) |  |  |  |  |
| 1. ABSNET Membership

Certification from the ABSNET Cluster Chairperson attesting for the active membership of the applicant based on the invitation of the ABSNET Cluster/DSWD FO to ABSNET members vis-à-vis their attendance to any ABSNET initiated activities per clarification on the DSWD MC 17 series of 2018 issued by the Undersecretary of Standards and Capacity Building last August 6, 2019.  |  |  |  |  |
| 1. Documents Establishing Track Record and Good Standing
 |
| 1. Work and Financial Plan for the succeeding two (2) years
 |  |  |  |  |
| 1. Notarized Updated Certification from the Board of Trustees and/or the funding agency to financially support the organization’s operation for at least two (2) years *(not applicable to Public SWDAs)*
 |  |  |  |  |
| 1. Annual Accomplishment Report (AAR) of the previous year.
 |  |  |  |  |
| 1. Audited Financial Report/ Statement of the previous year
 |  |  |  |  |
| 1. Profile of clients being served for the preceding and current year
 |  |  |  |  |
| 1. Documents Establishing Corporate Existence and Regulatory Compliance
 |
| 1. Certification from SWAs Head of Agency on their observance and compliance to the provisions of Executive Order No. 26 series of 2017 (Providing for the Establishment of Smoke Free Environment in Public and Enclosed Places and in R.A. 9211 (Tobacco Regulation Act of 2003)
 |  |  |  |  |
| 1. **ADDITIONAL REQUIREMENTS**
 |
| 1. Basic Documents
 |
| 1. Manual of Operation (MOP)
 |  |  |  |  |
| 1. Profile of the Board of Trustees or its equivalent at Public/Government Agencies
 |  |  |  |  |
| 1. Profile of Employees and Volunteers

(Staffing requirement shall be based on the staff-client ratio per set standards on the accreditation of specific programs and services) |  |  |  |  |
| 1. Documents Establishing Corporate Existence and Regulatory Compliance
 |
| 1. Certified True Copy (CTC) of General Information Sheet (GIS) issued by SEC or other regulatory agencies

(*not applicable to Public SWDAs*)  |  |  |  |  |
| 1. Photocopy of NGO-Certification from the National Council on Indigenous People (IP) – for applicant serving within the Ancestral Domains of the Indigenous People
 |  |  |  |  |
| 1. Documents Establishing Track Record and Good Standing
 |
| 1. Certification from Finance Management Service-DSWD Central Office (FMS-CO) or Field Office-Finance Management Unit (FO-FMU) Accounting and/or other concerned government agencies that the applicant is free from any financial liability/obligation. (for agencies with previous/current partnership with the government)
 |  |  |  |  |

**NOTE:**

In compliance to R.A. No. 11032 or the Ease of Doing Business Act, documentary requirements submitted during the licensing process shall be accepted on the application for accreditation. Provided however, that said documents are still valid or have undergone no changes as attested/verbalized by the applicant. Similarly, in the application for the renewal of accreditation, updated/valid documents shall be submitted.

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

| **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) as stated in the Manual of Operation is posted on a conspicuous area in the office MOV: Posted VMG |  | 1 | The VMG is translated into an information, education, and communication (IEC) materialMOV: 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 Organizational Chart |  | 2 | The updated organizational chart is completely filled-up and has the names, designations and pictures of officers and staff.MOV: Posted Organizational Chart has names and pictures of officers and staff |  |  |
| 1. Policy Making Body
 | 3 | The center has a Governing Board/ Trustees or its equivalent in the government/public sector that address organizational issues and concerns MOV: Approved Board Resolutions/Minutes of Meeting |  |  |  |  |  |
| 4 | The Governing Board/Trustees or its equivalent in the government/public sector ensures maintenance of a trust fund to ensure continuous operation of the agency for at least one (1) more year aside from the current year. MOV: Board Resolution/Record of Trust Fund/ Certification from Donors  |  | 3 | They ensure that a trust fund for at least two (2) more years is being maintained MOV: Board Resolution/Record of Trust Fund needed for at least 2 years of Operation/ Certification from Donors  |  |  |
| 4. Operations/ Programs Handbook or User’s Manual  | 5 | The agency has a Manual of Operations that provides the direction in its operation and implementation of programs and services to its chosen beneficiaries MOV: Personnel Handbook or User’s Manual |  | 4 | The agency’s Manual of Operation has its equivalent Handbook or User’s Manual that describe the agency, the clientele group/s it serve/s, programs and services, service protocol, client protection policy, code of conduct of staff and employees, etc. MOV: Personnel Handbook or User’s Manual |  |  |
| 6 | Said Manual of Operation (MOO) provides information on the agency’s policies and procedures in times of local or national emergencies (i.e. health emergencies, disasters and calamities) MOV: MOO - Policies and Procedures in times of Emergency/Calamity  |  |  |  |  |  |
| 7 | The agency includes in its MOO, compliance to set new normal, social distancing or other emergency requirements/standards as prescribed by the concerned government agency/ies in its day to day operation and implementation of programs and services to its chosen beneficiariesMOV: Policies and Procedures in times of emergencies |  | 5 | As stated in the MOO, the agency provides for its staff the necessary support in time of emergency such as alternative work arrangement, emergency leave or other similar work arrangement that allow the staff to adjust/recover from emergency/calamity or other incremental situation/condition MOV: Policies and Procedures in times of emergencies/Minutes of Meeting/SO |  |  |
| 8 | The MOO also indicates agency’s policy of providing the community and chosen beneficiaries with information, education and communication materials on adapting and managing health and other emergencies MOV: Policies and Procedures in times of emergencies/IEC Materials |  |  |  |  |  |
| 9 | The MOO also indicate agency’s policy of providing its beneficiaries with regular bulletin or updates in community emergency situations or conditions with recommendations on acceptable norms in such situation/s MOV: Policies and Procedures in times of emergencies/Sample Bulletin  |  |  |  |  |  |
| 5. Strategic and Operational Planning System  |  |  |  | 6 | The Strategic Plan is reviewed and updated annually (as needed) 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
 | 10 | The center’s source/s of funds are clearly indicated in the Audited Financial Statement/Report (AFS/R) MOV: Audited Financial Report/Statement (AFR/S) duly received by the BIR/SEC/signed by the Municipal/City/ Provincial Accountant for LGU centers |  |  |   |  |  |
| 1. Control
 | 11 | Written internal control systems are being implemented MOV: Vouchers/Ledgers/Audit Reports |  |  |  |  |  |
| 12 | The center’s financial transactions are transparent and properly documented MOV: Vouchers and Ledgers |  |  |  |  |  |
| 13 | Internal and external auditing of financial transaction are documented and done at least annually MOV: Audit Reports |  | 7 | Internal auditing of financial transactions are done quarterly or semi-annuallyMOV: Audit Reports |  |  |
| 14 | Annual Financial Report/Statement is certified by an independent Certified Public Accountant (CPA) should the gross income of the agency goes beyond PhP500,000.00, or by a Government Auditor (Commission on Audit (COA) for government program or project. MOV: Audited Financial Statement/Report |  | 8 | Regular reporting or feedback to donors/sponsors on fund utilization is being done.MOV: Financial Report to Donor/ Catalogue or Annual Report  |  |  |
| 1. Fund Liquidation

 | 15 | Disbursements are covered by duly authorized vouchers and are subjected to annual internal/external auditingMOV: Vouchers/Ledgers/Audit Reports  |  |  |   |  |  |
| 16 | Duly signed Updated Fund Utilization Report (FUR) or its equivalent in the private sector, is available MOV: Signed FUR |  | 9 | Fund Utilization Report or its equivalent in the private sector, is submitted quarterly, semi-annually, or annually as required to concerned agency MOV: Submitted Quarterly, Semi-Annual and Annual Reports  |  |  |
| C. Material Resource Management  |
| 1. Facilities / Assets

 | 17 | An inventory of the center’s facilities and physical assets is being keptMOV: Inventory of Assets |  | 10 | The inventory of facilities and physical assets is updated annually MOV: Updated Inventory of Assets |  |  |
| 18 | Utilization, distribution, disposal, repair, and replacement of physical assets are documented MOV: Distribution Slips/Disposal Report |  |  |  |  |  |
| 1. Donation Management
 | 19 | There are written policies for receipt and acknowledgment, securing, and distribution of monetary and in-kind donations.MOV: MOO |  | 11 | Records also indicate just and equitable distribution of donations and is properly recorded and accounted.MOV: Donation Distribution and Utilization Records/List |  |  |
| 20 | Utilization of donations are transparent and according to policies and rules MOV: Donation Utilization Records |  | 12 | Distribution list are available MOV: Distribution List |  |  |
| 21 | As stated in the MOO, center’s personnel are excluded as beneficiaries of donationsMOV: Review of MOO/Interview with Staff/ Beneficiaries  |  |  |  |  |  |
| D. Human Resource Management and Development |
| 1. Human Resource Policies
 | 22 | The center’s human resource policies, procedures and rules are consistent with organizational policies and goals. They are applicable, understandable, and reasonable. MOV: MOO  |  | 13 | Regularly communicated to all levels of personnel in the organizationMOV: Official communication, transmittal, e-mail with date of sending and acknowledgment |  |  |
| 1. Human Resource Management Systems
 |  |  |  |  |  |
| 1. Recruitment, selection, hiring and retention system
 | 23 | The center follows a functional system of hiring new staff and personnel MOV: MOO/Policy on Hiring Staff |  | 14 | The center has a Personnel Handbook or Manual MOV: Personnel Handbook or Manual |  |  |
| 24 | The written policy specifies qualifications standards that also meet PRC/CSC/TESDA standards, whatever is applicable MOV: MOO |  |  |  |  |  |
| 25 | The center follows a system of hiring new staff and personnel based on Magna Carta for PWDs and Labor Laws, whatever is applicable MOV: MOO/Profile of Employees/File 201 |  |  |  |  |  |
| 26 | Each position has its equivalent written job description and/or Terms of Reference (TOR)MOV: Job Description/MOO/201 Files of Employees |  | 15 | 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 |  |  |
|  | 16 | Program or Project Management Structures are indicated/illustrated on the Organizational Chart MOV: Updated Organizational Chart  |  |  |
| 1. Training and Development

 | 27 | A training plan is developed and approved MOV: Approved Training Plan/Roadmap |  | 17 | The training plan is developed based on the result of training needs analysis MOV: Activity Report/Documentation of TNA |  |  |
| 28 | Funds for staff training is included in the WFP MOV: Approved WFP |  |  |  |  |  |
| 29 | Staff and personnel attend trainings/ seminars as planned MOV: Feedback Report/Training Certificates |  |  |  |  |  |
| 30 | The staff including volunteers are given orientation/training on first-aid and disaster mitigation and management MOV: Activity Report/Accomplishment Report / Photo documentation  |  |  |  |  |  |
| 31 | Orientation on Client Protection Policy and GAD Training are provided to all staff and volunteers.MOV: Feedback Report/Training Certificates  |  | 18 | Re-orientation on Client Protection Policy and GAD Training are provided to the staff at least once a year. MOV: Feedback Report/Training Certificates  |  |  |
| 1. Staff Support Services
 | 32 | The staff receive regular (at least twice a month) supervision which are recorded to help ensure good performance and delivery of programs and services MOV: Supervision Logbook/Supervisory Notes |  | 19 | As necessary, one on one coaching and mentoring are conducted and documented MOV: Folder/Logbook of Notes and Agreements with the Supervisor |  |  |
| 33 | Staff meetings are conducted regularly to allow the discussion of key issues and find solutions to problems MOV: Minutes of Meeting |  | 20 | Staff meetings are conducted monthly  MOV: Minutes of Monthly Meeting |  |  |
| 34 | Emergency staff meetings are conducted as necessary MOV: Minutes of Emergency Staff Meetings |  |  |  |  |  |
| 35 | Staff support mechanism such as stress debriefing are provided especially to those who suffer stress and/or injury MOV: Process Recording  |  | 21 | Stress debriefing activities are provided to all staff at least once a year using agency fundsMOV: Approved WFP and Process Recordings |  |  |
| 1. Compensation System
 | 36 | Compensation policies are developed and written as a general guideline to govern pay, incentives and benefitsMOV: MOO/Compensation Policies  |  | 22 | There are policies that provide rewards/incentives to outstanding performances of employees MOV: MOO |  |  |
| 37 | Salaries and benefits are based on existing laws and categorized according to different job assignments in the center. MOV: MOO/Profile of Employee/Payroll |  | 23 | Salaries and benefits are higher if not within government rates for both technical and administrative staff MOV: MOO/Profile of Employee/Payroll |  |  |
| 1. Performance Appraisal
 | 38 | Assessment of staff performance is conducted annually MOV: Performance Appraisal System/ Signed Performance Appraisal Tool  |  | 24 | Assessment of staff performance is conducted semi-annuallyMOV: Signed Performance Appraisal Tool with dates |  |  |
|  |  |  |  | Assessment of staff performance considers results from the established feedback mechanism of the agency (i.e. feedback survey form or checklist)MOV: Signed Performance Appraisal Tool with dates |  |  |
| 39 | Performance assessment tool is developed and utilized by the center MOV: Tool for Appraisal |  | 25 | Staff that exhibits exemplary performance is recognized and given rewards or incentives MOV: Accomplishment/Activity Report and Photo Documentation |  |  |
| 26 | Recognition of staff’s exemplary performance is recorded with photo-documentation MOV: Documented Activity Reports  |  |  |
| 1. Volunteer and Internship Management Program
 | 40 | There are written policies on the recruitment of volunteers including on-the-job trainees and student interns MOV: Volunteer Management Policies/MOO |  | 27 | Policies on volunteers are disseminated MOV: Commitment Form  |  |  |
| 41 | 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  |  |  |  |  |  |
| 42 | Volunteers are accessed to or provided with orientation and training on laws related to their beneficiariesMOV: Activity Report/Training Certificates/ Accomplishment Report |  |  |  |  |  |
| 43 | Activities of volunteers are fully documented MOV: Activity Report/s/Logbook |  | 28 | Outstanding performance of volunteers are appreciated and given recognitionMOV: Activity Report/Photo documentation |  |  |
| 44 | Support mechanisms for volunteers are in place to include intermittent processing of experiences and exit interviewMOV: MOO/Process Recording/s |  |  |  |  |  |
| 45 | A database of volunteers/interns are maintained and updated MOV: MOO/Updated Database of Volunteers |  |  |  |  |  |
| 1. Personnel Competencies and Qualification Standards
 | 46 | Personnel at different level of functions have the following qualification and competencies~~:~~ |  |  |  |  |  |
| 1. Executive Director/Center Head
 | 47 | A graduate of any bachelor’s degree or 4-year course qualifies if he/she has any of the following: * + 1. Three (3) years relevant experience in social welfare administration or administration/management or on area of major service delivery i.e. crisis intervention, handling, processing and rehabilitation of victims of violence and abuse, trafficking and displacement, crisis management; etc.
		2. At least 80 hours of training on topics/courses relevant to the services or skills in working with the clients of the center

MOV: Certificate of Training/ Profile of Employee/File 201  |  | 29 | A graduate of behavioral science courses with the following additional qualification:1. Master’s Degree in any field
2. Units or Master’s Degree in Social Work and other allied courses
3. Five (5) years of experience in managing social welfare and development agency or on area of major service delivery i.e. handling, processing of victims of violence, abuse and/or trafficking, crisis management; etc.

MOV: Certificate/Transcript of Records/Profile of Employee |  |  |
| b. Program or Administrative Head/Supervisor  | 48 | Program Head or Supervisor is a bachelor’s degree holder with at least three (3) years supervisory experience in social welfare and development MOV: Profile of Employee/File 201 |  | 30 | Program Head or Supervisor is a registered social worker (RSW) with at least one (1) year supervisory experience MOV: Profile of Employee/File 201 |  |  |
| 49 | Administrative Supervisor must have at least three (3) years of relevant supervisory experienceMOV: Profile of Employee/File 201 |  |
| c. Social Worker/ Social Welfare Officer  | 50 | The center’s social worker is a registered (RSW)MOV: MOO/Profile of Employee/File 201 |  | 31 | The registered social worker (RSW) has three (3) year experience on handling clients in crisis situation.MOV: MOO/Profile of Employee/File 201 |  |  |
| 1. Social Welfare Assistants (SWAs)
 | 51 | The Social Welfare Assistant (SWA) is at least a graduate of any behavioral science courses MOV: MOO/Profile of Employee/File 201 |  | 32 | The Social Welfare Assistant is a graduate of Social Work with at least one (1) year experienceMOV: Profile of Employee/File 201 |  |  |
| e. Program or Administrative Support Staff | 52 | Must have completed the required education/degree as required by his position/function (i.e. secretarial science for clerk, B.S. Accounting, Banking or Finance for bookkeeper)MOV: Profile of Employee/File 201 |  |  |  |  |  |
| f. Houseparents  | 53 | At least high school graduate with the required training on caregiving or parenting and at least one (1) year experience as houseparent MOV: Training Certificates/Profile of Employee/File 201 |  | 33 | At least high school graduate with the required training on caregiving or parenting and three (3) year experience as houseparent MOV: Training Certificates/Profile of Employee/File 201 |  |  |
|  | 34 | Graduate of Caregiving with Level II License from TESDA or other certifying agency or organizationMOV: Training Certificates/Profile of Employee/File 201 |  |  |
|  | 35 | At least HS graduate with training on caregiving or parenting and trained to handle persons in crisis situationMOV: Training Certificates/Profile of Employee/File 201 |  |  |
| 1. Other support staff
 | 54 | With the required training or license necessary for his/her job/function (i.e. driver’s license, TESDA certificate/s)MOV: Profile of Employee/File 201 |  |  |  |  |  |
|  |  | No. of complied **Minimum** Standards on Administration and Organization  |  |  | No. of complied **Higher** Standards on 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 using data on the client/ clientele group’s situation gathered thru intake and based on the mandate of the center.MOV: Annual Program Plan/Approved WFP |  | 1 | The program plan is enhanced as necessary based on the result of program review and current trend of clientele being servedMOV: Enhanced Program Plan |  |  |
| 1. Identification of Program Funds
 | 2 | The program plan is supported with funds that ensures its delivery and implementation.MOV: Program Plan/Approved WFP  |  | 2 | The allocated funds are supported with contingency funds that ensures programs/services delivery MOV: Annual Budget/Approved WFP |  |  |
| 1. Collaboration and Networking
 | 3 | Collaboration with stakeholders is done for an efficient and sustained delivery of programs and servicesMOV: Activity/Implementation Report  |  | 3 | Long-time collaboration with stakeholders is established thru Contract of Partnership (COP) or Memorandum of Agreement/ Understanding (MOA/ MOU) ensuring continuous delivery of programs and servicesMOV: MOA/U/Program Plan/WFP |  |  |
| 1. Programs/Services Implementation
 |
| 1. Program / Service Implementation
 | 4 | Programs and services being implemented reflect the felt need/s of the client/clientele MOV: Program Plan vs. Accomplishment Report  |  | 4 | Programs and services being implemented reflect the goals and objectives of the center to resolve the felt need/s of the client/clientele MOV: Program Plan vs. Assessment Report vs. Accomplishment Report  |  |   |
| 1. Data Banking of Clients/

Beneficiaries Programs and Services | 5 | A data-bank or list of clients/clientele 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 MOV: Updated List of clients/beneficiaries vis-à-vis received programs/ services  |  |  |
| 1. Submission of Reports
 | 6 | Annual Accomplishment Report (AAR) as required, is submitted to DSWD Field/Central Office within the prescribed timeline MOV: Receiving Copy/Transmittal / Acknowledgement of Submission |  |  |  |  |  |
| 1. Monitoring
 |
| 1. Conduct of monitoring activities
 | 7 | The Center Head conducts monitoring of implementation of all activities, programs and services MOV: Score Cards/Accomplished Monitoring Tool  |  | 6 | Appropriate action is undertaken to remedy deficiencies in program implementation and safeguard the interest and welfare of the client/sMOV: Enhanced Program Plan  |  |    |
| 1. Use of monitoring tool/s
 | 8 | A monitoring tool for program implementation existsMOV: Approved Monitoring Tool |  |  |  |  |   |
| 1. Evaluation
 |
| 1. Conduct of evaluation
 | 9 | A participatory year-end evaluation program workshop/group session is conducted with staff and other stakeholders MOV: Summary Result of Evaluation/Documentation of Evaluation Activities |  | 7 | Periodic evaluation (pre, mid and post implementation) of program/ service implementation is conducted as necessary with the clients. MOV: Activity Report/Process Recording |  |  |
| 1. Redirection of programs and services based on evaluation
 |  |  | 8 | Programs, Services, Activities and Projects are redirected base on the result of the evaluation MOV: Enhanced Program Plan |  |  |
| 9 | Redirection of programs and services are indicated in the next strategic planning.MOV: Enhanced Strategic Plan |  |  |
| 1. Community Integration
 |
|  | 10 | Immediate community and concerned LGU are aware of the center’s operation and activities in the community and there is evidence of center’s coordination with LGU or community leadersMOV: MOA/MOU/Invites to Community  Activities/Mayor’s Permit/Certification  |  | 10 | The agency cooperates in relevant community projectsMOV: Feedback Report/ Accomplishment Report  |  |  |
| 11 | Community participation in the delivery of programs and services is promotedMOV: MOO/Accomplishment Report/Activity Reports |  |  |
| 1. Resource Generation
 |
|  | 11 | Internally generated or externally outsourced resources are provided by the center to support program implementation MOV: Resource Generation Report/AFR/S  |  |  |  |  |  |
| 12 | Outsourced resources comply with existing guidelines/laws on resource generation MOV: Project Proposal/Solicitation Permit |  |  |  |  |  |
|  |  | No. of complied **Minimum** Standards on Program Management  |  |  | No. of complied **Higher** Standards on Program Management  |  |  |
| **III. Case Management** |
| 1. Caseload
 |
| 1. Registered Social Workers (RSWs)/

Social Welfare Officer/s (SWOs)  | 1 | At least one (1) full-time registered social worker (RSW) is hired by the center to handle the center’s cases MOV: Profile of Employees vs. Profile of Beneficiaries  |  | 1 | As necessary, additional registered social worker (RSWs) is/are hired by the agency to address the number of cases that is being catered by the enterMOV: Profile of Employees/ Beneficiaries |  |   |
| 2 | For special cases such as Children in Need of Special Protection (CNSP), Children in Conflict with the Law (CICL) and Violence Against Women and Children (VAWC), the RSW is hired on a full-time basis following the worker -client ratio of 1:25 at a time. MOV: Profile of Employees/Beneficiaries |  |  |  |  |  |
| 1. Social Welfare Assistants (SWAs)
 | 3 | Social Welfare Assistants (SWAs) is hired by the agency to provide support or para-professional services to the center MOV: Profile of Employees vs. Beneficiaries |  | 2 | SWAs is/are Registered Social Workers and provide support to the RSWs in the management of cases MOV: Profile of Employees vs. Beneficiaries |  |  |
| 1. House Parents
 | 4 | House Parent/s is/are hired on a part-time or on-call basis on centers with no continuous admission of clientsMOV: Profile of Employees vs. Beneficiaries |  | 3 | For big centers with continuous admission of clients i.e. RAC, house parents are hired on full-time basis  MOV: Profile of Employees vs. Beneficiaries |  |  |
| 1. Program / Administrative Supervisor
 | 5 | A Program Supervisor or Social Welfare Officer III (SWO III) is hired to supervise the implementation of programs and services MOV: Profile of Employees |  | 4 | A Program Supervisor/SWO III is hired to supervise every five (5) Social Workers in the implementation of programs and services MOV: Profile of Employees |  |  |
| 6 | An Administrative Supervisor is hired to supervise staff providing administrative support in the agency MOV: Profile of Employees |  | 5 | An Administrative Supervisor is hired to supervise every ten (10) administrative staff providing support in the operation of the agency MOV: Profile of Employees |  |  |
| 1. Other support staff
 | 7 | Support personnel/staff such as Finance Officer, Administrative Clerk, Liaison Officer and/or Driver is/are hired as necessary i.e. part-time or on call. MOV: Organizational Chart/Profile of Employees  |  | 6 | Full-time support personnel/staff such as Finance Officer, Administrative Clerk, Liaison Officer and/or Driver is/are hired. MOV: Organizational Chart/Profile of Employees |  |  |
| 1. Case Management Strategies
 |
| 1. Assessment Processes
 |
| 1. Individual Client/s
 | 8 | Assessment is conducted using the Intake Sheet. It solicits information on the individual and his/her situation and needs MOV: Intake Sheet |  | 7 | The concerned RSW clarifies the background of the problem as well as the difficult situation the client faces through validation of gathered data and collated informationMOV: Table review of documents/ Results of collateral interview  |   |   |
| 1. Family
 | 9 | Family assessment is conducted using the family profile. It gathers information on the family’s problem areas including priorities to be worked upon MOV: Family Assessment Form  |  |  |  |  |  |
| 1. Contract Setting and Case Planning
 |
|  | 10 | Intervention direction/s are clearly discussed and agreed with the client/beneficiaries including tasking, timelines and the needed resources MOV: Helping Contract/Agreement or Kasunduan |  |  |  |  |  |
| 1. Preparation of Social Case Study Report and Intervention Plan
 |
| 1. Preparation of SCSR for individual client/s
 | 11 | A written social case study report (SCSR) including intervention program/plan that addresses client’s situation and need/s is prepared within three (3) days upon contact to the client MOV: SCSR with Intervention Program |  |  |   |  |  |
| 1. Preparation of Family Intervention Plan for Family Case Management
 | 12 | A Family Intervention Plan that provides information on the family and the family’s problem area/s including priorities to be worked upon as agreed is prepared within three (3) days upon contact to the familyMOV: Family Assessment Report  |  |  |   |  |  |
| 1. Implementation of Intervention Plan
 |
| 1. Involvement of inter-disciplinary Team in Case Management
 | 13 | For the individual as the beneficiary, appropriate intervention/s is/are provided as necessary MOV: Helping/Intervention Plan |  | 8 | The agency has an identified members of inter-disciplinary team which can easily be mobilized as necessary MOV: MOA/MOU with other discipline/ Networking document/s  |  |  |
| 1. Timeliness of Program/ Service Implementation
 | 14 | The formulated helping-intervention program is implemented following the prescribed timeline MOV: Activity Report/Process Recordings vs. Intervention/Development Plan  |  |  |  |  |  |
| 1. Coordination and Steering Role of the SWA
 |  |  |  | 9 | The agency provides coordination and steering role to agency/ies working on the client/s socio-economic uplift, improvement and/or development MOV: Activity Reports/Minutes of Meeting  |  |  |
| 1. Identification of Community Volunteers
 |  |  |  | 10 | Community volunteers that help implement programs and services, are identified MOV: List/Pool of Volunteers  |  |  |
| 1. Documentation of Activities
 | 15 | All activities conducted are documented and filed MOV: Activity Report/Process Recording  |  |  |  |  |  |
| 1. Referral System
 | 16 | Referral system is in place MOV: Referral Letters, Folder/Logbook |  | 11 | Collaboration/networking with the stakeholders in the community are in effect through signed Memorandum of Agreement/Understanding (MOA/MOU) MOV: Activity Report/Process Recording  |  |  |
| 1. Monitoring
 |
| 1. Use of Monitoring Tool
 | 17 | Monitoring activities are conducted and documented using a monitoring tool MOV: Score Card/Accomplished Monitoring Tool |  |  |   |  |  |
| 1. Frequency of Monitoring Activities
 | 18 | Monitoring activities are conducted monthly and reports are preparedMOV: Monthly Monitoring Report/s  |  |  |  |  |  |
| 1. Preparation of Monitoring Report
 | 19 | Progress or Monitoring Report that captures the effect of the helping, intervention or development program is prepared and used as reference or guide in enhancing interventionsMOV: Score Card/Monitoring/Progress Report |  |  |  |  |  |
| 1. Conduct of Consultation Activities
 | 20 | Consultation or processes that elicit the effect of the intervention/ development program are regularly conducted MOV: Activity Report/Process Recording  |  | 12 | Consultation processes are conducted monthly MOV: Activity Report/Process Recording |  |  |
|  |  |  | 13 | Formal and informal groups or organizations available in the community are consulted/solicited on matters relevant to the resolution of the problem. MOV: Activity Report/Minutes of Meeting  |  |  |
| 1. Evaluation
 |
|  | 21 | Evaluation of program implementation and its effect to beneficiaries is done MOV: Evaluation Report  |  | 14 | Impact evaluation is conducted to determine the effect of program implementation with beneficiaries MOV :Proceedings of Impact Evaluation |  |  |
| 22 | Evaluation is done using a toolMOV: Accomplished Evaluation Tool  |  |  |  |  |  |
| 23 | Gaps are identified and used to enhance programs/services formulation and deliveryMOV: Evaluation Report/Process Recording  |  | 15 | Feedback of the beneficiary on the processes and the results are elicited and responded MOV: Evaluation Report/Process Recording  |  |  |
| 1. Termination of Program/Service and Closure of Case/s
 |
| 1. Termination/

Closure Policies | 24 | There are written policies/procedures on the termination/closure of delivery of the helping intervention MOV: MOO/Termination/Closure of Cases  |  |   |  |  |    |
| 1. Provision and sustainability of necessary services prior to Termination
 | 25 | Provision of necessary services outside of the agency is arranged prior to terminationMOV: After-Care Service Program/Agreement |  | 16 | Client/s is/are referred to LGUs for after care services, as necessary.MOV: Referral Letter |  |  |
| 1. Preparation of Terminal Report
 | 26 | Termination is appropriately done through the preparation of Terminal Report MOV: Terminal Report/Closing Summary  |  |  |   |  |  |
| 1. Closure and Preparation of Closing Summary/

Report  | 27 | Closure is done after receipt of two (2) positive feedback reports on the client’s recovery from his/her/their difficult/crisis situation/s. Feedback reports maybe receive from the client/s themselves, through social media platform or from the partner LGU social workerMOV: Closing Summary with the Feedback Reports |  |  |  |  |  |
| 1. Case Recording - case folders shall have the following documents that provide evidence of appropriate and efficient management of cases:
 |
| * 1. Individual Beneficiaries
 | 28 | 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  |  |  |  |  |  |
| 29 | Admission Slip – that provide information that client was admitted at the center on particular date and circumstancesMOV: Admission Slip |  |  |  |  |  |
| 30 | A written Social Case Study Report (SCSR) - with the agreed intervention/helping plan as basis in providing intervention for the client MOV: SCSR |  |  |  |  |  |
| 31 | Activity Report/s or Process Recording/s - that capture the events/activities in the implementation of intervention plan or delivery of programs/services MOV: Activity Report/Process Recordings  |  |  |  |  |  |
| 32 | Other pertinent documents relative to the case management of the individual such as referral letters, homevisit reports, medical/health or school records, etc. MOV: Referral Letters, Homevisit Reports, etc. |  |  |  |  |  |
| * 1. Family Beneficiary

 | 33 | A family profile that provide information on the family and problem areas that is being addressed in the intervention program MOV: Family Profile  |  | 17 | The Family Profile is updated as necessary MOV: Updated Family Profile  |  |  |
| 34 | Activity report or documentation of Family Development Sessions (FDS) including homevisit/s conducted MOV: Activity Report/Documentation of FDS |  | 18 | Available document/s of review and analysis of FDS and homevisits conducted MOV: Documentation of FDS/Homevisit Report/s |  |  |
| 35 | Progress Report/s that highlight the effect of the delivery of programs and services to the family MOV: Progress Reports/Journal  |  |  |  |  |  |
| 36 | Other pertinent documents relative to the family case management such as referral letters and the likeMOV: Referral letters, etc. |  |  |  |  |  |
| 1. Records Management
 |
|  | 37 | There are written policies on records access, use and disposal MOV: MOO/Policy on Records  |  |  |  |  |  |
| 38 | Case folders/records are marked “Confidential” and are properly kept and maintained in a location that can be monitored easilyMOV: Observation  |  | 19 | Case folders/records are kept in designated cabinets MOV: MOO/Observation |  |  |
| 39 | Only authorized users are allowed to access records MOV: MOO/Interview with records custodian |  | 20 | A records section only accessible to designated staff is established in the agencyMOO: MOO/Observation |  |  |
|  | No. of complied **Minimum** Standards on Case Management  |  |  | No. of complied **Higher** Standards on Case Management  |  |  |
| **IV. HELPING INTERVENTIONS**  The following are the menu of programs, services or interventions that are necessary for the beneficiaries’ uplift and/or recovery from the difficult situation. The assessor/accreditor shall check on the social welfare agency’s (SWA) compliance to the set of standards/indicators corresponding to the needs of its chosen beneficiaries. Indicators not applicable to the program/service delivery of the SWA shall be marked not applicable (n/a). All n/a indicators shall be counted along with the complied items to arrive at the sum or total which shall be the basis for the accreditation of the agency’s programs and services.  |
| 1. **Interventions for Individuals and Families in Difficult/Crisis Situation**
 |
| 1. Basic Needs * 1. Food

 | 1 | The center ensures that the client/s are provided with proper food at least three (3) times a day while at the center MOV: List of Clients/Signed Distribution List |  | 1 | Snacks, vitamins or food supplement are provided especially to those lacking in nutrition.MOV: Signed Distribution List / Photo-documentation of distribution |  |  |
| * 1. Medical and Health Care
 | 2 | The center ensures that client/s are examined by health professionals during assessment or intake process.  MOV: Medical Record |  | 2 | The client/s are accessed to the service/s of health professional/s to address existing medical/health issues/ conditions, if there’s any MOV: Referral Letters/Medical Certificate/Prescription Pad  |  |  |
| * 1. Shelter
 | 3 | Shelter is provided at the center for a maximum of fifteen (15) days or until the client/s are ready for reintegration to his/her family/community or referral to other agency for further case management. MOV: List of Clients/Residents  |  | 3 | Shelter is provided at the center for a maximum of seven (7) days or until the client/s is/are ready for reintegration to his/her family/ community or referral to other agency for further case management. MOV: List of Clients/Residents  |  |  |
| * 1. Provision of Clothing and Personal Items
 | 4 | As necessary, the center provides or access client/s to decent, clean, culture-sensitive and appropriately-sized clothing and personal items to augment the need for physical protection, good grooming, personal health and sanitationMOV: List of Clients/Distribution List  |  |  |  |  |  |
| 5 | In cases of emergency, disasters or internal conflict, immediate provisions of clothing and personal items are ensuredMOV: List of Beneficiaries/Distribution List |  |  |  |  |  |
| 1. Psycho-social Services
 | 6 | Psycho-social interventions are accessed or provided by qualified professionals which may include psycho-social evaluation and testing, counselling, psycho-therapy. MOV: MOO/Activity Report/Process Recording  |  | 4 | Psychological/psychiatric test results are used in relation to assessment and in planning interventions MOV: MOO/Activity Report  |  |  |
| 7 | Confidentiality policies are discussed with the beneficiaries where decisions on the matter are arrived with the client’s participationMOV: Process Recordings/Minutes of Meeting  |  |  |  |  |  |
| 1. Protection Programs and Services
 | 8 | A Client Protection Policy (CPP) is in place and beneficiaries are shielded from undue harm or risk in any activity conducted, organized or participated in by the center MOV: Client Protection Policy  |  | 5 | 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  |  |  |
| 9 | Service providers observe protective behavior based on the Client Protection Policy (CPP) in dealing with the client/sMOV: CPP/Code of Conduct of Staff |  | 6 | 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 |  |  |
| 10 | In cases when incidents of abuse are found, actions should be taken in accordance to the Client Protection Policy MOV: Incident Report/Activity Report  |  | 7 | The center facilitates or assist the victim in filing a case/s against the perpetrator of abuse or violenceMOV: Activity Report  |  |  |
| 11 | Clients are ensured with confidentiality and protection from undue harm or risk on activities conducted, organized or participated by the center yMOV: MOO/CPP |  |  |  |  |  |
| 12 | 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  |  |  |  |  |  |
| 13 | Client/s are ensured of confidentiality from media exposure MOV: MOO/CPP  |  |  |  |  |  |
| 1. Legal/Para-legal Services
 | 14 | As necessary, legal/para-legal services are accessed if not provided, by the agency MOV: Activity Report  |  | 8 | RSW has taken initial steps in the provision of legal services to CNSP, CICL and VAWC beneficiaries. MOV: Case Records |  |  |
| 15 | The client, who is a victim of abuse and/or exploitation (CNSP/VAWC) is assisted to the police in filing complaints MOV: Process Recording  |  |  |  |  |  |
| 16 | Options are provided to the clients before taking legal action/decisionsMOV: Activity Report  |  |  |  |  |  |
| 1. AICS
 | 17 | Financial Assistance in a form of cash is provided to victims i.e. transportation, medical needs, professional fees, etc. MOV: Vouchers/Payroll/Logbook of Assistance |  |  |  |  |  |
| 1. Referral Services
 | 18 | Referral system to access the clients on their needs that are not being provided by the center, is available.MOV: Referral Letters/Folder  |  |  |  |  |  |
|  |  | No. of Complied **Must** Standards on Helping Interventions  |  |  | No. of Complied **Higher** Standards on 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 | Available office space/s with tables and chairs for all of the staff and properly observing/complying minimum public health standards on physical distancing or other requirement set by the concerned government agency MOV: Observation |  | 1 | Available space/mode/medium for holding meeting/s and conferences MOV: Observation |  |  |
| 1. Office Amenities
 | 2 | With functional computer, printer and communication systemMOV: Observation |  |  |  |  |  |
| 3 | Office/s and/or rooms are adequately lit and well-ventilated MOV: Observation |  | 2 | The office is equipped with air-conditioning system MOV: Observation |  |  |
| 4 | With records section and/or filing cabinets for all documents and records MOV: Observation |  |  |  |  |  |
| 1. Public Areas
 | 5 | With lobby or reception area following the minimum physical distancing standardsMOV: Observation |  | 3 | Activity area for clients appropriate to current social distancing standards are identified/installed/established MOV: Observation |  |  |
| 1. Interviewing /

Counselling Area | 6 | Has room or space for interviewing clients. It ensures space for social distancing, privacy and confidentiality MOV: Observation |  | 4 | Physical barrier is installed to insure compliance to physical distancing standards MOV: Observation  |  |  |
| 1. Room/s for temporary shelter
 | 7 | The rooms and its amenities are regularly disinfected and declared safe by the proper authorities with updated safety certificatesMOV: Valid Building and Fire Safety  Certificate |  |  |  |  |  |
| 8 | Rooms/sleeping areas are segregated according to gender and/or number of family members. Non-family members shall observe safe physical distancing per set health standardsMOV: Observation |  |  |  |  |  |
| 1. Safety and Security
 | 9 | The office and facilities are declared safe by the proper authoritiesMOV: Updated Building, Water and Fire Safety Certificates |  |  |  |  |  |
| 1. Accessibility Requirements
 | 10 | The center’s office facilities is installed with the necessary accessibility requirements (ramps and rails) per Batas Pambansa 344 or the Accessibility Law MOV: Observation |  | 5 | 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. Proper Waste Disposal
 | 11 | The center observes proper waste segregation and disposal MOV: Observation |  |  |  |  |  |
| B. Community Infrastructure/Evacuation Area for Emergency/Disaster |
| 1. Evacuation Area   | 12 | An evacuation area that is accessible to the center, free from all hazards and certified safe by authorized agency is accessible for any eventuality MOV: Identified Evacuation Area  |  | 6 | An evacuation area that is free from all hazards and certified safe for use is identified within the agency premisesMOV: Observation  |  |  |
| 13 | The center conducts emergency drills with all the staff at least twice a yearMOV: Observation |  |  |  |  |  |
|  |  | No. of Complied **Must** Standards on Physical Structure and Safety  |  |  | No. of Complied **Higher** Standards on Physical Structure and Safety  |  |  |

**Other Findings:**

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

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**Table of Scores per Work Area**:

|  |  |  |
| --- | --- | --- |
| ***Work Areas*** | ***Mandatory Requirements or Standards*** | ***Higher Set of Requirements or Standards***  |
| ***Level 1***  | ***For Level 2 and 3***  |
| ***Total Score*** | ***Total Score***  | ***Level 2******(50%)*** | ***Level 3******(90%)*** | ***Actual Score*** |
| ***Level 1*** | ***Level 2*** | ***Level 3*** |
| 1. Administration and Organization
 | 54 | 35 | 18 | 32 |  |  |  |
| 1. Program Management
 | 12 | 11 | 6 | 10 |  |  |  |
| 1. Case Management
 | 39 | 20 | 10 | 18 |  |  |  |
| 1. Helping Interventions
 | 18 | 8 | 4 | 7 |  |  |  |
| 1. Physical Structure and Safety
 | 13 | 6 | 3 | 5 |  |  |  |
| **Total**  | **136** | **80** | **41** | **72** |  |  |  |

**Scores for each Level of Accreditation:**

1. **For Level 1 Accreditation**– compliance to the Mandatory Requirements or an actual score of **136 points**
2. **For Level 2 Accreditation** – compliance to the Mandatory Requirements plus at least 50% from each of the Work Area of the Higher Set of Standards or an actual score of at least **177 (136 + 41) points.**
3. **For Level 3 Accreditation** – compliance to the Mandatory Requirements plus at least 90% from each of the Work Area of the Higher Standards or an actual score of at least **208 (136 + 72) points.**

**Recommendations**:

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

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

*(Name of SWA)*

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

*(Type of beneficiaries/clients)*

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

 In view of the above findings, the issuance of accreditation certificate for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name of SWA)*

is hereby held in abeyance.

 The agency shall comply with the agreed action plan within six (6) months after the assessment visit. Likewise, non-compliance on the agreed action plan after two (2) consecutive monitoring visits shall subject the SWA to monitoring and technical assistance as to its compliance to monitoring standards and non-commission of any of the grounds for reprimand, suspension and revocation per Memorandum Circular No. 16 series of 2018 entitled Guidelines on Handling Complaints Against Social Welfare and Development Agencies.

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

**Prepared by**:

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

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

**Concurred by**:

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