

Republic of the Philippines  
Department of Social Welfare and Development  
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Quezon City  
Telephone No. 931-8101 to 07

ADMINISTRATIVE ORDER NO. 01  
Series of 2004

**SUBJECT: INDICATORS FOR RESIDENTIAL  
CENTERS OF EXCELLENCE**

**I. INTRODUCTION**

Executive Order (EO) no. 15 series of 1998 as amended by EO 221 dated June 30, 2003 mandates the Department of Social Welfare and Development (DSWD), among others, to implement residential care services covering more than two provinces and/or the whole region. It further provides for the Department's authority to set standards, accredit and provide consultative services to public and private institutions, organizations and persons engaged in social welfare activities. In keeping with these mandates, administrative orders were issued on standards and guidelines in the implementation of residential care service but these primarily are at the minimum levels that would ensure the safety and welfare of the residents availing of the service.

On the other hand, the Department as the lead agency on social welfare concerns, has to be in the forefront of demonstrating and providing the best quality care for the sectors we serve. Therefore it is imperative that we work towards improving the residential care facilities and services to achieve CENTERS OF EXCELLENCE. As used in this guideline, a Center shall refer to a facility providing alternative family care to individuals, groups or families in crisis on a 24-hour basis.

In view hereof and in accordance with the Social Welfare and Development Standards Manual developed by the Standards Bureau, the following indicators for each work area shall be considered in determining compliance to set of standards for a **CENTER OF EXCELLENCE on the assumption that all non-negotiable standards for accreditation were met.** Aside from the specific means of verification indicated below, focused group discussion with the residents and staff and actual observation of activities shall be conducted during the validation visits.

**STANDARD No. 1 ADMINISTRATION AND ORGANIZATION – There is an organizational structure that operates towards the achievement of the Center's stated goals. The Center is managed efficiently and effectively by trained and competent staff who are hired and organized to achieve the Center's goal and to give the best possible care to the residents. There are also appropriate internal and external mechanisms for monitoring and feedback.**

| INDICATORS  | MEANS OF VERIFICATION  |
|---|--|
| 1.1 Vision, Mission and Goal Statement  |  |
| a. All Governing Board, staff and residents are knowledgeable of the Center's VMG | <ul style="list-style-type: none"><li>➤ VMG posted in the office bulletin board and in other areas as appropriate.</li><li>➤ Minutes of meeting/proceedings of orientation</li></ul> |

| INDICATORS  | MEANS OF VERIFICATION   |
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|   | <p>provided to staff and residents on VMG</p> <ul style="list-style-type: none"> <li>➤ Staff and residents can articulate VMG</li> </ul>  |
| <p>b. The Center's VMG are translated into a Resident's Guide in a form/language that is appropriate to the age and understanding of the residents and their relatives/families, staff, volunteers and the community in general. It contains the following information:</p> | <ul style="list-style-type: none"> <li>➤ Resident's Guide/Manual</li> <li>➤ Residents when interviewed can discuss contents of Resident's Guide as these are operationalized.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• summary of the Center's policies and procedures</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>• programs and services</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>• access to services of other agencies</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>• safety measures / emergency evacuation procedures</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>• complaints/grievance procedures</li> </ul>   |   |
| <p>c. Developed primers, brochures, and other materials to promote public awareness/advocacy on its VMG, programs and services including the situation of the sectors being served</p>  | <ul style="list-style-type: none"> <li>➤ Social Marketing / Advocacy Plan</li> <li>➤ Brochures, primers, etc.</li> </ul>  |
| <p><b>1.2 Organizational and Management Structure:</b></p>  |   |
| <p>a. All policies being implemented are written in the Center's Manual of Operation and are known to all staff including the residents.</p>  | <ul style="list-style-type: none"> <li>➤ Manual of Operation</li> <li>➤ Memo issued/ training proceedings/ documentation;</li> <li>➤ Interview with the staff can discuss/articulate/explain policies as it applies with sampled cases</li> <li>➤ Minutes of Meeting</li> </ul> |
| <p>b. The Center's Manual of Operation should also contain the following policies and procedures</p>  | <ul style="list-style-type: none"> <li>➤ Center's Manual of Operation</li> </ul>  |
| <p><b>b.1. Administrative Policies &amp; Procedures</b></p>   |   |
| <ul style="list-style-type: none"> <li>- Complaints and Grievance both for the residents and staff</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>- Rewards and sanctions</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>- Receipt and utilization of donations</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>- Management of petty cash and other funds</li> </ul>  |   |

| <b>INDICATORS</b>   | <b>MEANS OF VERIFICATION</b>        |
|---|-------------------------------------|
| - Notification of incidents   |                                     |
| - Handling of crisis situations e.g. fire, typhoons, earthquakes  |                                     |
| - Health promotion and protection   |                                     |
| - Safety and emergency procedures   |                                     |
| - Repairs and Maintenance   |                                     |
| - Logbook and diary recording   |                                     |
| - Restitution and use of restraint  |                                     |
| - Visitation  |                                     |
| - Responding to reported incidents, allegations or suspicion of abuse   |                                     |
| - Shifting and turnover of staff for duty   |                                     |
| - Personnel policies to include staffing pattern/manpower with corresponding job description consistent with the actual function of the personnel and organizational structure of the agency; wages, benefits, incentives and privileges; and basic training program and other program for personnel skills enhancement and psycho-social support |                                     |
| <b>b.2. Program Policies and Procedures</b>   |                                     |
| - Risk assessment and tool administration/interpretation  |                                     |
| - Contract setting and case planning  |                                     |
| - Case recordings and access to records   |                                     |
| - Confidentiality   |                                     |
| - Referral system   |                                     |
| - Termination   |                                     |
| - Discharge from center   |                                     |
| - Resident's protection measures  |                                     |
| - Running away / Leaving the center   |                                     |
| - Accidents   |                                     |
| - Treatment of residents who were abused  |                                     |
| - Volunteer management  |                                     |
| <b>c. All staff including direct service providers</b>  | <b>➤ Supervisory notes; minutes</b> |

| INDICATORS  | MEANS OF VERIFICATION   |
|---|---|
| receive at least one and a half hours of one to one supervision from their respective immediate supervisors each month, while new staff at least every two weeks during the first 6 months of their employment.   | of supervisory sessions; interview with the staff<br>➤ Schedule of supervisory sessions as reflected in the minutes and/or marginal notes |
| d. Monthly staff meeting is held within the units and the Center in general to discuss issues and concerns affecting the management of the center and implementation of its programs and services.  | ➤ Minutes of staff meeting/ interview with the staff  |
| e. For DSWD, the Center Head meets with Field Office and/ or Central Office concerned Bureaus (Governing Board for NGOs), at least once a year to participate in the review and/or formulation of the Center's policies, programs and services.                                 | ➤ Minutes of meeting<br>➤ Report on significant issues discussed and agreements reached   |
| f. All new personnel receive basic training/orientation about the Center's policies and procedures as contained in the Manual of Operation <i>within six weeks</i> and concerning their job functions and assignments within <i>six months</i> from date of assumption to duty. | ➤ Documentation/proceedings of orientation conducted; interview with the staff  |
| g. Basic program of training for personnel with helping/caregiving functions include the following:   | ➤ Manual of Operation; documentation of training and/or certificates of attendance<br>➤ Training modules                                  |
| - Basic residential care skills team building   |   |
| - Care approaches and skills appropriate to the type of residents being cared for including their developmental characteristics and dynamics in working with them   |   |
| - Behavior management   |   |
| - Gender and Development  |   |
| - Stress Management   |   |
| - Health education and nutrition relevant to specific types of residents being cared for  |   |
| - Human sexuality   |   |

| INDICATORS  | MEANS OF VERIFICATION  |
|---|--|
| - Communicating with the residents including those with disabilities                                  |  |
| - Health promotion and protection   |  |
| - Safety at work including safety with medicines  |  |
| - Fire precaution and other emergency measures  |  |
| - First aid   |  |
| - Relevant legislations for the care and protection of the residents under care                       |  |
| - The provision of purposeful and enjoyable activities as part of positive care experience            |  |
| - Staff supervision (for those with supervisory responsibility)                                       |  |
| - Interview techniques  |  |
| - Complaints and representation procedures  |  |
| - Meeting the standard requirements   |  |
| 1.3 Human Resource Development and Management   | ➤ Actual headcount of staff/personnel; records or personnel complement |
| a. Staffing   |  |
| a.1 DSWD managed facilities   |  |
| ➤ Center Head - 1 SWO V (big residential care)* to be assisted by 1 SWO III                           |  |
| - 1 SWO III (small residential care)**  |  |
| ➤ SWO II, number of which shall be based on the standard on caseload (see caseload under Standards 3) |  |
| ➤ Nurse II  |  |
| ➤ Computer Operator I   |  |
| ➤ Houseparent III   |  |
| ➤ Houseparent II  |  |
| ➤ Cook II   |  |
| ➤ Driver if there is an assigned vehicle  |  |
| ➤ Storekeeper I   |  |

| INDICATORS   | MEANS OF VERIFICATION  |
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| a.2 NGO managed facilities   |  |
| Other programs and administrative staff to include:  |  |
| ➤ Physician and/or nurses  |  |
| ➤ Psychologist   |  |
| ➤ Nutritionist/dietician   |  |
| ➤ Cook   |  |
| ➤ Dentist  |  |
| ➤ Computer operator  |  |
| ➤ Driver   |  |
| ➤ Storekeeper  |  |
| <p>b. Staff competencies and qualifications</p> <p>b.1 where a Center accommodates children with disability, qualified professionals and specialists on disabilities are employed or tapped to attend to their needs</p> | <p>➤ Records of personnel appointment; MOA with the professional or professional group rendering the service; report on services rendered by the professional / specialist</p>         |
| <p>b.2 for those serving older persons, a qualified professional is employed or tapped to manage or provide assistance related to continence, physical fitness and other geriatrics needs.</p>                           | <p>➤ Records of staff's appointment; MOA with the professional or professional group rendering the service; report on services rendered by the professional / specialist</p>           |
| <p>b.3 there is a trained staff to perform risk assessment and management</p>  | <p>➤ Certificate of training/s attended on risk assessment and management; special order issued for designated staff for this function</p>   |
| <p>c. Staff performance and appraisal is conducted semi-annually and systematic feedback mechanisms on its result are installed</p>  | <p>➤ Minutes of staff meeting</p> <p>➤ Minutes of performance review/ evaluation</p> <p>➤ Feedback mechanism installed accomplished performance contract/target worksheets and PAR</p> |
| <p>d. Staff support services and sharing</p>   | <p>➤ Records/documentation of staff development activities conducted</p>   |
| <p>e. Presence of volunteer management system/policies to include recruitment, training, deployment, rewards and</p>   | <p>➤ Manual of operations or volunteers</p>  |

| INDICATORS   | MEANS OF VERIFICATION  |
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| sanctions.   |  |
| 1.4 Financial and Material Resource Management   |  |
| a. Systems and procedures on financial and material resource management, purchase and inventory are installed and are operational  | ➤ Operational systems/ records review actual observation   |
| b. There is an organized and functional system of fund sourcing/resource generation in accordance with AO 161, s. of 2002 and all activities related thereto are indicated in the Center's work and financial plan   | <ul style="list-style-type: none"> <li>➤ Social marketing / Advocacy plan</li> <li>➤ Work and financial plan; approved project proposal</li> <li>➤ Fund raising/ resource generation paraphernalia</li> <li>➤ Approved project activities</li> </ul> |
| c. Reports and fund utilization report are in accordance with AO 76 s. of 2003   | ➤ Fund Utilization report  |
| d. Expenditure is not higher than 30% for administrative concerns and is not less than 70% for program implementation / services.  | <ul style="list-style-type: none"> <li>➤ Financial report audited by an external CPA</li> <li>➤ Financial transaction/ disbursement records</li> </ul>   |
| 1.5 Support Services   |  |
| a. Additional facilities or structures that help the agency in its operation   |  |
| a.1. All ICT devices are available including ICT system i.e. hardware, software, data and personnel  | ➤ Actual observation; staffing pattern/personnel   |
| a.2. General Services – a system for support services for the day-to-day operation of the agency is established and operational, i.e. vehicles to transport staff to official functions and clients during emergencies and court hearing, when indicated; repair and maintenance of physical structures, and machines, among others. | ➤ Observation/ interview with the staff and residents  |
| 1.6 Feedback mechanism is installed to enable management to determine quality of service delivery from the public/residents' point of view   | ➤ Suggestion box, public satisfaction survey, etc.   |

**STANDARD NO. 2 PROGRAM MANAGEMENT – Programs and services are integrative and ensure appropriateness of interventions or helping strategies in relation to the residents' assessed needs and total well-being, and contribute in the fulfillment of their rights to survival, protection, participation and development.**

| INDICATORS   | MEANS OF VERIFICATION  |
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| 2.1 Planning   |  |
| a. Center's work and financial plan are supported with baseline data and situational analysis of the target clientele and of the Center's immediate community.   | ➤ Updated situationer with analysis; residents' profile; work and financial plan |
| b. Plan is consistent with the Center's thrusts/goals/objectives and programs and services   | ➤ Program/service manual; work and financial plan                                |
| c. Plans are discussed with the residents  | ➤ Case records<br>➤ Minutes of meeting/dialogue with the residents               |
| d. Residents and staff are involved in planning  | ➤ Report or documentation of planning process and outputs                        |
| e. Plans clearly indicated short and long term goals, activities, resources needed, expected output of each unit   | ➤ Work plan; calendar of activities  |
| f. Performance indicators/expected results per goals/objectives with performance indicators to measure these in place.   | ➤ Administrative records/ Performance contracts/ target worksheets of staff      |
| 2.2 Implementation   |  |
| a. There is a written program/service manual indicating the operational procedures, policies and guidelines in the implementation of the following programs and services of the Center for proper guidance of the service providers: | ➤ Program/service manual   |
| - Health   |  |
| - Nutrition  |  |
| - Homelife   |  |
| - Education - formal and informal  |  |
| - Socio-cultural and recreation  |  |
| - Spiritual and moral welfare and development  |  |
| - Psycho-social welfare and development  |  |
| - Emotional welfare and development  |  |
| - Protection and safety  |  |
| - Para-legal assistance  |  |
| - Livelihood and job skills development  |  |
| - Community participation  |  |



| INDICATORS   | MEANS OF VERIFICATION  |
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| - Family reunification   |  |
| - Alternative family placement   |  |
| - Self-sufficiency and independent living  |  |
| b. Presence of management support as evidenced by provision of necessary resources and authority or power to implementers to undertake the planned activities  | ➤ Work and financial plan; memorandum; funds disbursement records  |
| c. All staff and residents are informed on the schedules of activities and work program of the Center  | ➤ Work plan as posted in the bulletin board and/or distributed to the staff/residents; actual observation in compliance to schedule/work program vis-à-vis |
| d. Each unit and the Center in general implements program of activities as planned   | ➤ Accomplishment report; work plan   |
| e. Have demonstrated and comprehensive documented innovative approaches/strategies in facilitating or fostering the social functioning of its residents  | ➤ Interview with staff and residents. Photos; video documentation; records of implementation; narrative report.  |
| f. Have institutionalized inter-agency linkage with GAs, NGOs, POs and the academe that ensures implementation of programs and services including those innovative approaches/strategies which include but not limited to resource generation, mobilization and technical exchange | ➤ Documented network system  |
| <b>2.3 Monitoring</b>  |  |
| a. Monitoring of program / service implementation is done on monthly and/or quarterly basis and restorative/corrective measures are effected to remedy gaps  | ➤ Monitoring report, observation / verbal or written feedback on the restorative/ corrective measures instituted as a result of monitoring                 |
| b. Unit records, incidents logbook and staff monthly/quarterly accomplishment reports are reviewed by the respective unit heads.   | ➤ Marginal/supervisory notes indicated in the accomplishment report  |
| c. Accomplishment reports are properly noted by the Center Head and readily accessible   | ➤ Accomplishment reports duly signed by the unit and center head and retrieval of records is not more than 10  |

| INDICATORS   | MEANS OF VERIFICATION  |
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|  | minutes  |
| d. Regular feedback from the residents is gathered on the services they receive  | ➤ Documentation/minutes of dialogues with the residents; incident report; documented suggestions/complaints of the residents; interview with the residents |
| <b>2.4 Evaluation</b>  |  |
| a. Assessment of effects of programs/services/interventions to the residents is done on a quarterly basis and results are incorporated in the residents' case and/or care plan as necessary, or are utilized in the modification/development of policies and programs.           | ➤ Quarterly assessment report; individual case and care plan<br>➤ Copy of enhanced/amended policies/ programs  |
| b. Mid-year and/or year-end program review is done with the Center staff   | ➤ Minutes/proceedings of program review; interview with the staff  |
| c. Project-end review is conducted with project participants   | ➤ Minutes/proceedings of project evaluation; interview with the staff  |
| d. Result of program review and evaluation on innovative approaches/strategies feedback from the residents are properly transmitted to the Field Office which eventually are forwarded by FO to the Central Office as basis for policy and program enrichment and/or development | ➤ Transmittal letter with a copy of the result of program review/feedback; minutes of meeting with FO/CO staff   |
| e. Management interventions in response to organizational, administrative or service-related issues and problems are evaluated   | ➤ Minutes/proceedings of evaluation; interview with the staff  |

**STANDARD NO. 3 CASE MANAGEMENT – refers to a manageable number of cases of residents and application of specific social work methods, innovative approaches/strategies (social technology/ies) and processes in helping them as individuals and/or as collective groups. This includes the mobilization of internal and external resources and helping them access these resources to achieve behavioral and/or environmental change for an improved social functioning.**

| INDICATORS   | MEANS OF VERIFICATION |
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| <b>3.1 Caseload</b>  | ➤ Caseload review     |
| a. One SWO II for 20 residents/cases   |                       |
| b. One houseparent per shift for 25 able-bodied residents 13 years old and above |                       |

| INDICATORS  | MEANS OF VERIFICATION   |
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| c. One houseparent per shift for the following number and type of residents   |   |
| <ul style="list-style-type: none"> <li>• Children</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>- 4 children with special needs (mentally and physically challenged) and 8 for other disabilities</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>- 4 infants below one year old</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>- six children aged 1 year to below 3 years old</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>- 10 children aged 3 years to below 6 years old</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>- 15 children aged 6 years to below 13 years old</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>• Adult residents with disability</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>- 5 sickly and/or bedridden residents</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>- 10 residents with visual impairment</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>- 15 residents with hearing impairment</li> </ul>  |   |
| d. One supervisor per seven (7) supervisees   |   |
| 3.2 Case Management   |   |
| a. Risk assessment is conducted on each resident within 48 hours upon admission.  | ➤ Accomplished risk assessment tool with corresponding recommendations and/or appropriate interventions   |
| b. Each resident has individual care plan that specifically responds to his/her basic and special needs, which is formulated within a week after admission in the center.   | ➤ Individual care plan vis-à-vis assessed basic and special needs.  |
| c. Case Planning is conducted together with the resident and/or his family if applicable and other multi-disciplinary/helping team <i>within a week after the intake interview.</i>   | ➤ Documentation on case planning with information on time and signed by concerned parties   |
| d. For cases of abandoned and neglected children, a petition for Declaration of Abandonment/ involuntary commitment is filed in court within a week after six (6) months from date of admission and/or abandonment. For children who are voluntarily committed, complete file/ documents forwarded to FO for matching a month after signing DVC | ➤ Copies of documents filed for involuntary commitment with time information<br>➤ Copies of documents with corresponding endorsements forwarded to FO with time information tracer. |
| e. Case study is conducted for each resident <i>within two weeks after the intake interview</i> with corresponding case study report which is   | ➤ Review of intake sheets, case study reports with corresponding time/date  |

| INDICATORS   | MEANS OF VERIFICATION   |
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| revised as significant information and progress in the helping process arise. It should indicate the following vital information:  | prepared, Case management records; residents' case folder with documents as indicated |
| - Problem identified in consultation with the residents which should indicate whether it is a change in the resident's behavior or a change in his/her environment/situation   |   |
| - Diagnosis/assessment indicated significant events in the resident's life, his/her feelings, behavior, relationship and support system as well as his/her potential for change (awareness, willingness, ability)  |   |
| - Case plan formulated in consultation with the resident and is consistent with the diagnosis/assessment. It included basic information such as helping goals, activities or various helping strategies/interventions and time frame.                            |   |
| f. Both the case and care plan are implemented as planned and evaluated every six months   | ➤ Evaluation notes/ documentation /minutes of case conference conducted               |
| g. At least 50% of cases are discharged within two (2) years from date of admission.   | ➤ Review of discharged cases  |
| h. Discharge/termination plan is discussed during contract setting with the resident and/or his/her family; at least three (3) months prior to discharge, transition services are provided i.e. referral to/networking with LGUs / NGOs for continuing services. | ➤ Discharge/termination plan signed by resident and/or his/her family                 |
| i. Referral to other agencies is documented.   | ➤ Referral letter/follow-up letters; case update / progress                           |
| 3.3 Recording and Documentation  | ➤ Review of program and administrative records<br>➤ Endorsement prepared by ARRU      |
| a. All records are kept up-to-date and readily accessible/retrievable within 10 minutes which include among others:  |   |
| a.1. Home study report for those with prospective adoptive families  |   |

| INDICATORS  | MEANS OF VERIFICATION  |
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| a.2. Periodic reports on residents' physical, behavioral and psycho-social state and progress   |  |
| a.3. Summary recording which include:   |  |
| - intake summary  |  |
| - transfer or closing summary   |  |
| - discharge summary   |  |
| - block summary or progress notes   |  |
| a.4. Other supporting records/documents whichever is applicable to the resident's case are on file and retrievable within 10 minutes  | ➤ Records of actual reports/ documents retrieval   |
| - Certificate of birth, foundling or death  |  |
| - Court decision/Commitment Order   |  |
| - Declaration of abandonment/certificate of child's availability for adoption (child caring/placing residential care)   |  |
| - Accomplished intake sheets  |  |
| - Health and psychological records to include result of physical, medical, psychological and dental examinations; nutritional diets; medicine intake; and other related documents |  |
| - Communications/correspondence concerning the resident's case  |  |
| - School records for those in-school  |  |
| - Result of periodic evaluation   |  |
| - Other pertinent records such as referral, transfer/summary report, out on pass slips, etc.  |  |
| b. The privacy and confidentiality of the records are observed as manifested by the following:  | ➤ Written policies on accessing, keeping and disposal of records; interview with concerned personnel and observation |
| - All personnel are fully oriented on records that are allowed for sharing among the center personnel and with public and records that are confidential.                          |  |
| - Designated place for confidential records properly marked "For authorized personnel only"   |  |
| - System of records access, keeping and disposal is carried out, i.e. unneeded records are shredded and not left in the   |  |

| INDICATORS  | MEANS OF VERIFICATION |
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| open; list of destroyed files is maintained and updated regularly   |                       |
| - A person is or persons are clearly identified and designated for managing records access, keeping and disposal. |                       |

**STANDARD NO. 4 PHYSICAL STRUCTURES AND SAFETY – the Center's location, design and size are in keeping with its stated purpose; ensures that all residents live in a safe, pleasant, well-designed and maintained surroundings providing sufficient space and adequate facilities for interaction and in meeting the residents' needs.**

| INDICATORS  | MEANS OF VERIFICATION                           |
|---|---|
| 4.1 Location and Design   | ➤ Actual observation of the physical facilities |
| a. Location takes into account the transport, education, health, leisure and basic needs of the residents   |   |
| b. Basic utilities for communication, electricity, potable water including accessibility features for persons with disabilities are installed, such as grab/handrails, lifts and stairs, ramps and other mobility aids  |   |
| c. In case of residents with visual impairment, colors and lightings are chosen to offset the loss of vision and for those with hearing impairment, necessary hearing devises, telephone and television adaptation and noise insulation are provided; and/or appropriate signs are provided to respond to the needs of all residents with disability. |   |
| d. Separate safe storage rooms are provided for:  |   |
| • Equipment and wheelchairs   |   |
| • Food and perishable items;  |   |
| • Office and center supplies  |   |
| e. The design, layout and furnishings create a pleasant domestic environment consistent with the Center's mandate and is appropriate to the age, needs, culture and ethnic background of the residents.   |   |
| f. Doorways into communal areas, resident's rooms, bathing and toilet facilities and other spaces to which wheelchair users have access should have a clear opening of 800mm.   |   |

| INDICATORS  | MEANS OF VERIFICATION                           |
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| g. A maintenance and repair program for buildings/physical structures, furniture and other facilities is available, implemented and recorded.   |   |
| h. There is a designated room for each function measuring at least <u>5 sq.m per resident/staff</u> being accommodated at any given time in the following rooms:  |   |
| • Intermediate care of residents in need of such service  |   |
| • Study area for residents  |   |
| • Infirmary/clinic  |   |
| • Interview/counseling room equipped with appropriate paraphernalia   |   |
| • Conference room   |   |
| • Office space that is properly furnished   |   |
| • Staff quarter/s   |   |
| • Bedroom/s for residents   |   |
| 4.2 Accommodation   | ➤ Actual observation of the physical facilities |
| a. Communal space for a variety of social, cultural and religious activities provides sitting, recreational and dining space apart from the resident's private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq m. for each resident. |   |
| b. Lighting in communal rooms is sufficient and appropriately designed  |   |
| c. Piped-in music   |   |
| d. Sleeping room/s for personnel are not part of the communal living area   |   |
| e. Room dimensions and layout options have space on either side of the bed to enable access for caregiver and for any equipment needed  |   |
| f. Rooms shared are occupied by no more than four residents and at no time are there odd number of residents sharing a bedroom  |   |
| g. Each resident has a bedroom of his/her own with suitable bed of suitable size with suitable bedding, seating, storage for clothes, safe storage for personal possessions, a window   |   |

| INDICATORS  | MEANS OF VERIFICATION  |
|---|--|
| with curtains or other window covering, lighting sufficient to read by  |  |
| h. A couch/rocking chair is provided for each houseparent caring for infants; one for every two older persons   |  |
| i. All rooms are well-ventilated by means of windows that can be opened easily, functional air conditioning systems/coolers/fans; exhaust fans in toilets and kitchen |  |
| 4.3 Bathrooms and Washing Facilities  | ➤ Actual observation of the physical facilities  |
| a. One functional bathroom and toilet with four lavatories for every 8 female residents;  |  |
| b. One functional bathroom and toilet with four lavatories for every 8 male residents   |  |
| c. One assisted bath for 8 residents with disability  |  |
| d. One functional bathroom and toilet for 8 female residents separate from those being used by the residents  |  |
| e. One functional bathroom and toilet for 8 male residents separate from those being used by the residents  |  |
| f. Children-sized bathroom and toilet facilities/amenities (for those catering to children)   |  |
| 4.4 Health, Safety and Security   | ➤ Actual observation of the physical facilities and interview with the staff and residents |
| a. All rooms and spaces are kept clean and tidy   |  |
| b. Call systems with an accessible alarm facility are provided in every resident's room   |  |
| c. Conduct of at least four fire drills in a 12-month period and are recorded including testing of emergency lightings, fire alarms and firefighting equipments.      |  |
| d. Staff are able to open the doors to toilets and bathrooms/showers, and rooms from the outside in case of emergency   |  |
| e. Extension cords used for power supply do not pose potential hazards to the staff and incidents especially to children  |  |
| f. Proper labeling of external and oral medication; visible warning signs on  |  |

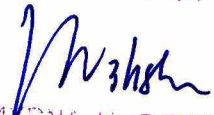


| INDICATORS   | MEANS OF VERIFICATION |
|--|-----------------------|
| potentially dangerous substance and items                                  |                       |
| g. Clearly marked emergency exits are known to all personnel and residents |                       |

This order shall take effect immediately.

Issued this 5th day of January 2004.

  
**CORAZON JULIANO-SOLIMAN**  
Secretary

Certified copy  
  
DIANA H. REYES  
Officer-in-Charge  
Parrish, LA