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**Department of Social Welfare and Development**  
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Telephone No. 931-8101 to 07

**ADMINISTRATIVE ORDER NO. 11**  
Series of 2007

**SUBJECT : REVISED STANDARDS ON RESIDENTIAL CARE SERVICE**

**A. RATIONALE**

The Department of Social Welfare and Development (DSWD) is the primary government agency responsible for caring for the marginalized and disadvantaged sectors of society. As such it sets standards and provides consultative services to enable institutions, organizations and persons engaged in social welfare activities both in public and private settings to comply with said standards and monitor compliance. In keeping with these mandates, Administrative Order no. 141, s. 2002, Standards in the Implementation of Residential Care Service was issued. It presents a set of guidelines on the minimum administrative and program requirements for the operation of a 24-hour group care that provides alternative family care arrangements to the poor, the vulnerable and the disadvantaged individuals in crisis whose needs cannot be adequately met by their families and relatives or by any other form of alternative family care arrangements.

Further, indicators for residential care as Centers of Excellence as contained in Administrative Order no. 01, s. 2004 were formulated in line with the Department's effort to improve service delivery and provide the best quality care for the clients being served. It was intended to be used as reference for determining exemplary performance in providing the service and basis for giving awards and recognition. Initially, an assessment of DSWD residential care facilities using these indicators was conducted which provided an opportunity to review the applicability of the various indicators as well as simplify the assessment process.

The revised standards and indicators for Residential Care Service were developed following the rights-based approach of service delivery of Social Work Agencies providing 24-hour residential care.

These standards concretize the obligation of the government and its partners as duty-bearers who undertake necessary measures to ensure the respect, protection and fulfillment of the rights of the poor, the vulnerable and the disadvantaged whom we consider as claimholders. To comply with this obligation and to guarantee high-quality care for these residents, the standards are formulated encompassing five focus areas – 1) *Administration and Organization*, 2) *Program Management*, 3) *Case Management*, 4) *Helping Strategies/Interventions* and 5) *Physical Structures and Safety*, of which each focus area is deemed important in effective, efficient and accountable service delivery.

**B. LEGAL BASES**

1. Republic Act 5416, Providing for Comprehensive Social Service for Individuals and Groups in Need of Assistance, Creating the Department of Social Welfare, Section 3 – The

Department shall... (2) "set standards and policies to insure effective implementation of public and private social welfare programs"; ..(5) "accredit institutions and organizations, public and private, engaged in social welfare activity including the licensing of child caring and child placement institutions and provide consultative services thereto".

2. Executive Order no. 292 or the Administrative Code of 1987, title XVI, Chapter I, Sec. 3. Functions of the Department.... "to set standards, accredit and monitor performance of all social welfare activities both in public and private sectors".
3. Executive Order no. 15, s.1998 as amended by Executive Order no. 221, s. 2003, Redirecting the Functions and operations of the Department of Social Welfare and Development, Sec. 3 (f) "set standards, monitors, accredit and provide consultative service to institutions, organizations, and persons engaged in social welfare activities, both public and private".

### **C. COVERAGE**

These standards shall apply to all types of residential care facilities operated and managed by DSWD, LGUs and private social work agencies or NGOs. *Residential care shall refer to a service delivery mode that provides 24 – hour group care living as an alternative family care arrangement to residents whose needs cannot be adequately met by their families.*

### **D. OBJECTIVES**

These standards are intended to:

1. Protect and promote the best interest and welfare of residents in residential care facilities, recognizing their right to efficient, responsive and effective human services;
2. Ensure that programs and services in residential care facilities will contribute to the healing, recovery and social reintegration of residents;
3. Promote efficiency, effectiveness and accountability in the management and implementation of programs and services in residential care facilities

### **E. GENERAL POLICIES:**

1. In support of DSWD's policy on de-institutionalization, admission to residential care facilities especially for children should be the last resort and should consider a time frame on the maximum duration of their stay in the facility.
2. Residents who are: a) 15 years old and above; b) who can take care of themselves; c) have no chances for adoption/foster care; and d) those without families/relatives should be prepared for independent or group living.
3. The accreditation of residential care facilities by the Standards Bureau shall have a validity period with a maximum of 5 (five) years.
4. There should be a ladderized system for accreditation wherein indicators of compliance shall be categorized as follows: ( Please see attached annex A)

- a. **MUST** indicators - are **MANDATORY** standards (minimum or baseline) which should be complied with since absence of one would compromise the safety and welfare of the residents and the service implementation as well. This corresponds to level 1 compliance with accreditation valid for 3 years.
  - b. **DESIRED** indicators – are higher standards that if complied with, will increase the quality of service implementation. These can be given credit if all **MUST** standards and indicators are complied with. This corresponds to level 2 compliance with an accreditation valid for 4 years.
  - c. **EXEMPLARY** indicators – are highest standards that, if complied with, will make the facility a **CENTER FOR EXCELLENCE**. Similarly, these can be given credit if all **DESIRED** items are complied with. This corresponds to level 3 compliance with an accreditation valid for 5 years.
5. During the validity period, the Accreditation may be suspended/cancelled if compliance to standards is not maintained despite three (3) notices within six (6) months to act on the reasons for such.
  6. To promote the use of the revised standards, conduct of orientation, advocacy, capability building and technical assistance to LGUs, NGOs and other stakeholders shall be included in the priority activities of the Technical Assistance Division (TAD) of the Field Offices.

## F. STANDARDS

The following general standards will serve as guide for policy and program planners in public and private agencies providing residential care service to children, youth, women, persons with disability, older persons and other vulnerable and disadvantaged individuals.

1. **Administration and Organization** – There is a clear statement of the Vision, Mission and Goals (VMG) of the organization indicating the desired outcomes for its residents and the programs and services it offers to operationalize the VMG. It has a well defined organizational structure that operates towards an efficient and effective implementation and management of the facility, with sufficient number of trained and competent staff organized to give the best possible care to the residents. Policies are consistent with the VMG and supportive of international conventions, declarations, and other relevant instruments wherein the government is a signatory, and other national and local legislations. Appropriate internal and external mechanisms for efficient and effective operations are in place.
2. **Program Management-** Projects and activities are responsive to the needs of the residents, appropriate resources are allocated and utilized efficiently towards attaining the agency's/facility's VMG as well as in improving the total well-being of the residents.
3. **Case Management-** A manageable number of residents are handled by social workers and other allied professional staff with direct care giving functions applying specific social work methods, innovative approaches/strategies and processes in accordance with the assessment of their problems and written treatment plan. This also includes the systematic documentation of the helping process as basis for determining appropriate interventions and their effects on the residents being cared for.

4. **Helping Strategies/Interventions** – Provision of any or a combination of services/interventions shall be done by qualified staff taking into consideration the age, gender, nature of the case and the physical and intellectual attributes of the residents and should be based on the treatment plan to ensure that this/these will contribute to the attainment of the helping goals.
5. **Physical Structures and Safety** – Physical facilities shall be kept in good condition and designed in such a way that will promote the physical, cultural, emotional and psycho-social well-being of the residents and of the staff. It shall conform to the basic safety standards and program requirements for the day to day operation of the facility and implementation of its programs and services.

**G. ASSESSMENT OF COMPLIANCE**

In consideration of the varying service capacities of agencies implementing residential care, compliance to standards shall be assessed using the indicators in Annex A (Revised Standards and Indicators for Residential Care) of this guidelines which shall be reviewed and updated every three (3) years to ensure applicability with current social work practice. Assessment tools for accreditation shall be formulated by the Standards Bureau taking into consideration the peculiar needs of the residents.

**H. REPEALING CLAUSE**

Administrative Orders no. 141 s. 2002 and 01 s. 2004 and all other issuances inconsistent with the provisions of this Order are hereby revoked.

**I. EFFECTIVITY**

This order shall take effect immediately 30 days after publication in the Official Gazette or in newspaper of general circulation whichever comes first.

Issued this 31<sup>st</sup> day of July, 2007.

  
**ESPERANZA I. CABRAL, MD**  
Secretary

## REVISED STANDARDS AND INDICATORS FOR RESIDENTIAL CARE SERVICE

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
<p><b>I. ADMINISTRATION AND ORGANIZATION</b> – there is a clear statement of the Vision, Mission and Goals (VMG) indicating the desired change for the intended residents and the programs and services it offers to operationalize the VMG. It has a well defined organizational structure that operates towards an efficient and effective implementation and management of the facility, composed of sufficient number of trained and competent staff organized to give the best possible care to its residents. Policies are consistent with the VMG and supportive of relevant international conventions, declarations and other relevant instruments wherein the government is a signatory including national and local legislations. Appropriate internal and external mechanisms for efficient and effective operations are in place.</p>			
<p><b>A. Clear statement of the Vision, Mission and Goals (VMG) and Policies</b></p>	<p>The VMG indicate the target sectors it intends to serve and the programs and services it offers.</p> <p>The VMG is written, posted in a conspicuous area such as, bulletin board, receiving area, etc.</p> <p>Manual of operation is available translating policies into operations. It contains among others the following information:</p> <ol style="list-style-type: none"> <li>1. Administrative Policies and Procedures               <ol style="list-style-type: none"> <li>a. Core values of the agency</li> <li>b. Display of the Registration/License and Accreditation certificate of the agency in their office</li> <li>c. Personnel policies to include staffing, job description, filing of leave, training of staff, wages, benefits, privileges, incentives, rewards and sanctions, etc</li> <li>d. Shifting schedule and turn-over of staff for duty</li> <li>e. Visitation</li> </ol> </li> </ol>	<p><i>Known and can be articulated by all staff and governing board or its equivalent</i></p> <p><i>VMG is translated into information, education and communication (IEC) materials in a form or language that is understood by the residents and the public as well.</i></p>	<p>IT IS TRANSLATED INTO A RESIDENTS' GUIDE THAT IS ACCESSIBLE AND AVAILABLE. IT CONTAINS AMONG OTHERS THE FOLLOWING INFORMATION:</p> <ul style="list-style-type: none"> <li>• SUMMARY OF POLICIES AND PROCEDURES</li> <li>• PROGRAMS AND SERVICES</li> <li>• SAFETY PROCEDURES</li> <li>• COMPLAINTS AND GRIEVANCE PROCEDURES</li> <li>• HEALTH PROMOTION AND PROTECTION IN THE WORKPLACE</li> </ul>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>f. Protection of staff and residents from sexual harassment and other forms of abuse/violation of human rights</p> <p>g. Rewards and sanctions including restitution and use of restraint</p> <p>h. Management of complaints and grievance both for the residents and staff</p> <p>i. Safety and emergency procedures</p> <p>j. Notification of incidents</p> <p>k. Receipt and utilization of donations</p> <p>l. Food preparation/nutrition</p> <p>m. Repairs and maintenance</p> <p>2. Program Policies and Procedures</p> <ul style="list-style-type: none"> <li>• Contract setting and case planning</li> <li>• Case recordings and access to records</li> <li>• Confidentiality</li> <li>• Referral system</li> <li>• Termination</li> <li>• Discharge of residents</li> <li>• Institutionalized tracking system and feedback mechanism on the admission and discharge of residents</li> </ul>		
<p><b>B. Functional Organizational and Management Structure</b></p>	<p>1. Organizational chart - organizational positions, levels of authority and relationships between and among these structural elements are written down and illustrated in a diagram, as follows:</p> <p>a. Executive/Program Director/Manager or</p>	<p><i>The organizational chart is posted in a conspicuous area. It indicates the flow of work and other activities</i></p> <p><i>Hired as full time with corresponding</i></p>	<p>ALL STAFF HAVE COPIES OF THE ORGANIZATIONAL CHART AND SHOULD KNOW THE FUNCTIONS AND ROLES OF EACH MEMBER OF THE ORGANIZATION</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>Center Head – hired on part time arrangement and responsible for administering, planning, managing and controlling the daily activities and for ensuring that the service quality requirements are met</p> <p>b. Supervisors (Administrative and Technical) – hired on part time, under the direct supervision of the director/ manager/head and each supervises not more than 15 staff</p> <p>2. policy-making structure – has a governing board or its equivalent who meets as specified in its By-laws to review and/or formulate administrative and program policies and discuss other organizational concerns. The Executive/Program Director or Center Head attends board meeting and participates in the policy making process.</p> <p>3. management structure – presence of management personnel as reflected in the organizational chart who provide leadership, guidance and support in all aspects of operation.</p> <p>4. Staff supervision shall be done on a regular basis as follows:</p> <p>a. At least one and a half (1 ½) hours of one to one supervision each month and supervisory notes available</p>	<p><i>appointment</i></p> <p><i>Hired as full time with corresponding appointment.</i></p> <p><i>The governing board or its equivalent meet more than what is specified in their Constitution and By-Laws to discuss on issues and plans of actions.</i></p> <p><i>Minutes of meetings are available</i></p> <p><i>New staff are supervised at least – one (1) hour every two weeks during the first 6 months of their employment.</i></p>	<p>PRESENCE OF THE WORKING COMMITTEE WHO RECOMMENDS TO THE BOARD POLICIES FOR DECISION MAKING</p> <p>SUPERVISION IS DONE ONE HOUR PER WEEK</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>b. Monthly meeting of program staff is conducted within the division/unit to discuss issues and concerns on the management and implementation of its programs and services</p> <p>c. All new personnel including contractual employees receive basic orientation about the agency's services within one week from the date of assumption to duty</p> <p>5. Strategic and operational planning system – a two (2) year strategic plan based on a set of desired outcomes for the residents is formulated and translated into a work and financial plan</p> <p>6. Policy-making process and procedures – the policies are written, disseminated and implemented.</p> <p>7. Ethical conduct – there are written and clear policies governing conflict of interest and ethical standards in dealing with residents.</p>	<p><i>Division/unit meeting is conducted monthly with proceedings available</i></p> <p><i>Follow-up orientation is provided every year from the date of assumption to duty</i></p> <p><i>A three (3) year strategic plan is formulated and translated into a work and financial plan reviewed and updated annually to determine whether these are responsive to the needs of the residents.</i></p> <p><i>Staff, residents are consulted in the review and formulation of policies</i></p> <p><i>Conduct "character of the month" activity in the workplace among staff and residents</i></p>	<p>GENERAL ASSEMBLY IS CONDUCTED ONCE A MONTH TO ALL ADMINISTRATIVE AND PROGRAM STAFF OF THE AGENCY WITH PROCEEDINGS AVAILABLE</p> <p>FOLLOW-UP ORIENTATION IS PROVIDED EVERY SIX (6) MONTHS FROM THE DATE OF ASSUMPTION TO DUTY</p> <p>A FIVE (5) YEAR STRATEGIC PLAN IS FORMULATED AND TRANSLATED INTO A WORK AND FINANCIAL PLAN. INSTITUTIONALIZED CONDUCT OF ANNUAL PROGRAM REVIEW AND EVALUATION WORKSHOP TO ASSESS PAST PERFORMANCE/ ACCOMPLISHMENTS AND TO RE-PLAN RE-DIRECT ACTIVITIES BASED ON SWA'S VMG.</p> <p>RESEARCH ACTIVITIES OR IMPACT EVALUATION/STUDIES ARE CONDUCTED OR INSITUTIONALIZED AS BASIS FOR PLANNING;</p> <p>PLANNED ACTIVITIES/SET INDICATORS OF CHARACTER FOR THE MONTH AND ITS SUSTAINABILITY (CHECKLIST FOR STAFF AND RESIDENTS)</p>



WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
<b>C. Efficient Financial Resource Management</b>	<ol style="list-style-type: none"> <li>1. Financial management system –there are written and operational policies, systems and procedures on financial transactions; all financial transactions and report from fund sourcing, receipt of financial donation and utilization are transparent and documented; disbursements are covered by duly authorized vouchers and are subjected to annual internal and external auditing.</li> <li>2. Fund allocation – there shall be adequate funds for program implementation which is not less than 75% of the total budget and for administrative expenses of not more than 25% of the total budget.</li> <li>3. Resource generation activities such as solicitation, fund raising projects international fund sourcing are conducted in accordance with the existing laws and regulations, properly reflected in the financial report</li> <li>4. Control – financial report or statement should be done annually and audited by an external Certified Public Accountant or Commission of Audit representative specifically for those SWAs with income P500,000 above whereas, for those with income below P500,000 the financial report will only be audited by an internal auditor.</li> </ol>	<p><i>Resource generation activities institutionalized and documented with discussions on its impact to residents</i></p>	<p>AVAILABILITY OF TRUST FUND TO ENSURE FINANCIAL STABILITY OF THE AGENCY FOR ITS INTENDED BENEFICIARIES</p>
<b>D. Material Resource Management</b>	<ol style="list-style-type: none"> <li>1. Facilities/assets - all assets/facilities are documented and insured; annual inventory being done to monitor acquisition/</li> </ol>	<p><i>Available budget for the annual repair and maintenance of equipment and facilities..</i></p>	<p>A CAPITAL OUTLAY FOR PERMANENT IMPROVEMENT IS CARRIED OUT</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>procurement, utilization, distribution, disposal, repair and maintenance;</p> <p>2. Receipt of non-monetary donation – there are written and operational policies for securing, acknowledging, allocating and distributing non-monetary donations for transparency purposes. These should be just, and equitable, properly recorded and accounted for.</p>		
<p><b>E. Human Resource Management and Development</b></p>	<p>1. Recruitment, selection, hiring and retention system – there are written policies for recruitment specifying among others the qualification standards for each position and the criteria for the selection process consistent with Civil Service rules and regulations or its equivalent in the private sector; qualifications and background of applicants are assessed based on the written policies on hiring personnel; job description for each position are written and actual tasks are aligned with what is written.</p> <p>2. staffing – appropriate number of staff are hired and maintained based on the number of residents under care and the nature of programs and services being provided. The minimum staff complement are as follow:</p> <p>a. Executive/Program Director/Manager or Head – one per facility</p>		



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	<p>number of residents being served especially for cases of children in conflict with the law (CICL)</p> <p>i. Presence of security system within the facility for those that do not employ the services of security guards</p> <p>j. *Driver one per vehicle- as applicable</p> <p>k. **Other qualified professionals and specialists such as doctor, registered nurse, psychologist, occupational therapists and physical therapists for PWDs and OPs; special education teachers, helpline counselor, information officer/advocacy worker, manpower development officers, etc.</p> <p>3. Personnel competencies and qualification standards – staff hired for the following positions shall meet the following minimum qualifications:</p> <p>a. Executive/Program Director/ Manager or Head – Could be a non-Social Work graduate who has at least attended 10 days or 80 hours of relevant trainings recognized by DSWD with 2 years supervisory/managerial experience in related field</p> <p>b. Supervising Social Worker – must be a RSW who has at least one year supervisory experience and in handling specific type of residents under care.</p>	<p><i>Hire on a full time basis</i></p> <p><i>**Depending on the type of residents being served and helping interventions needed, these personnel may be hired on retainer, contractual or MOA basis.</i></p> <p><i>Registered Social Worker (RSW) with three (3) years supervisory or managerial experience or its equivalent professional grade eligibility or relevant training.</i></p> <p><i>Supervisory experience of 2 years</i></p>	<p>COMPLETE STAFFING PATTERN.</p> <p>COMPLETION OF POST GRADUATE STUDIES IN SOCIAL WORK WITH 5 YEARS SUPERVISORY OR MANAGERIAL EXPERIENCE.</p> <p>SUPERVISORY EXPERIENCE – 3 YEARS OR MORE</p>

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	<p>a. Basic orientation for newly hired staff to include agency's VMG, types/ characteristics of residents being served, programs and services, guiding principles, rules and regulations and their respective roles and responsibilities</p> <p>b. Continuing training program for all staff appropriate to specific types of residents being cared for is provided at least 40 hours in a year to upgrade and acquire new skills and competencies. This shall cover the following concerns:</p> <ul style="list-style-type: none"> <li>▪ Relevant International Conventions/ Declarations and national/local legislations for the care and protection of the residents under care;</li> <li>▪ Care approaches and skills appropriate to the type of residents being cared for including the nature and analysis of their situations, developmental characteristics and dynamics in working and communicating with them especially those with disabilities</li> <li>▪ Gender and development and gender sensitivity training (GST)</li> <li>▪ Conduct of self-care/human sexuality sessions</li> <li>▪ Case management skills development</li> <li>▪ Critical incidence stress debriefing (CISD)</li> <li>▪ Skills on trauma management for</li> </ul>	<p>80 hours/year (10 days)</p> <p>60 percent of the staff are provided and/or accessed to specialized training locally per year</p>	<p>240 HOURS/YEAR (30 DAYS)</p> <p>STAFF ON ROTATION BASIS ARE PROVIDED AND/OR ACCESSED TO SPECIALIZED TRAINING ABROAD PER YEAR; OR ATTENDANCE TO REGIONAL/ INTERNATIONAL TRAININGS CONDUCTED IN THE PHILIPPINES</p>

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	<p>residents</p> <ul style="list-style-type: none"> <li>▪ Health education and nutrition</li> <li>▪ Safety at work, fire precaution and other emergency measures</li> <li>▪ First Aid</li> <li>▪ Conduct of purposeful and enjoyable activities as part of positive care experience</li> <li>▪ Staff supervision for those with supervisory functions</li> <li>▪ Interview techniques</li> </ul> <p>c. A program for career pathing and development is developed and implemented by the agency</p> <p>5. Staff support services</p> <p>a. Individual and/or group counseling/stress debriefing is provided whenever necessary</p> <p>b. Support mechanisms are in place, which include but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Social insurance system, i.e GSIS, SSS</li> <li>▪ Annual physical, and medical examination</li> </ul>	<p><i>Career development plan is monitored and evaluated on an annual basis</i></p> <p><i>Critical incident stress management activities are conducted twice a year</i></p> <ul style="list-style-type: none"> <li>▪ <i>Annual rest and recreation activities</i></li> <li>▪ <i>Technical sharing sessions on knowledge and skills among staff</i></li> <li>▪ <i>Team building and other organizational development activities</i></li> </ul>	<p>CAREER DEVELOPMENT PLAN IS MONITORED AND EVALUATED EVERY SIX MONTHS</p> <p>CRITICAL INCIDENT MANAGEMENT STRESS ACTIVITIES ARE CONDUCTED ONCE EVERY QUARTER</p> <ul style="list-style-type: none"> <li>▪ THERE IS AN EXISTING RETIREMENT PLAN FOR THE STAFF</li> <li>▪ A HEALTH INSURANCE PROGRAM IS AFFORDED TO ALL PERSONNEL</li> <li>▪ ANNUAL PSYCHOLOGICAL EVALUATION</li> </ul>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>6. Performance Appraisal System</p> <p>a. Tool for performance appraisal is developed and implemented establishing standards for quantity and quality of output, timeliness of results, manner of performance, effectiveness in use of resources, and includes trait-based criteria (personal character and attributes) both in dealing with co-workers and residents</p> <p>b. Assessment of staff performance is done annually based on agreed upon plans and targets and systematic feedback mechanisms on its result are installed</p> <p>7. Compensation system</p> <p>a. For government agencies, salaries, benefits and incentives are given in accordance with the Salary Standardization Law, Civil Service Commission rules and regulations and other relevant laws and government policies</p> <p>b. For non-government agencies, compensation policies including incentives and benefits system such as, but not limited to provision of separation pay for 5 years of employment; retirement plan among others are developed, written and implemented in accordance with existing wage prescribed by the Regional Wage Board, labor laws</p>	<p><i>Performance appraisal is used as basis for performance bonus and other forms of incentives</i></p> <p><i>Semi-annually</i></p> <p><i>Collective Negotiation / Agreement</i></p> <p><i>Compensation for Social Work positions and other professionals is not less than the amount of similar entry positions in government.</i></p>	<p>PERFORMANCE APPRAISAL IS USED AS BASIS FOR PROMOTION</p> <p>COLLECTIVE BARGAINING AGREEMENT IS SIGNED AND IMPLEMENTED</p>

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	<p>and regulations.</p> <p>c. performance-based incentives and rewards are in place to motivate the staff to work towards the promotion and fulfillment of the rights of the residents they serve.</p> <p>8. Volunteer management (as applicable) - written and implemented policies on mobilization of volunteers, such as but not limited to:</p> <p>a. Volunteer qualifications relevant to the job to be performed, recruitment, training, deployment, rewards and recognition, and disciplinary measures on acts that are detrimental to the welfare of the residents</p> <p>9. Discipline - appropriate complaints and grievance system/machinery is in place and functional of which progressive discipline system is properly administered</p>	<p><i>Quarterly recognition of high performing staff with corresponding reward system</i></p> <p><i>Systematic recruitment, orientation deployment of volunteers are written and implemented</i></p> <p><i>Complaints and grievances addressed and resolved</i></p>	<p>MERIT AND AWARD SYSTEM INSTITUTIONALIZED</p> <p>SUPPORT MECHANISMS TO INCLUDE PROCESSING OF EXPERIENCES AND AN EXIT INTERVIEW OR EVALUATION OF THE VOLUNTEERS ARE IN PLACE</p> <p>VOLUNTEERS ARE INCLUDED IN THE TRAINING AND SKILLS ENHANCEMENT PROGRAM</p>
<p><b>F. Availability of Support Services</b></p>	<p>1. General services – policies and systems on transactions involving procurement, repair and maintenance of building/facilities, vehicles and equipment are written, operational, and properly documented.</p> <p>2. Information management system – recording of administrative and program files captures critical organizational events, and significant information on cases of residents in aid of</p>	<p><i>Timeline for processing each transaction is indicated</i></p> <p><i>Feedback mechanism such as suggestion box, public satisfaction survey, etc. is installed and operational. It is utilized in</i></p>	<p>PERIOD FOR EACH TRANSACTION IS COMPLETED WITHIN A MINIMUM OF 15 AND A MAXIMUM OF 60 WORKING DAYS, DEPENDING ON THE REQUIREMENTS AND NATURE OF THE TRANSACTIONS</p> <p>INFORMATION COMMUNICATION TECHNOLOGY (ICT) DEVICES INCLUDING ICT SYSTEM, I.E. HARDWARE, SOFTWARE, ARE</p>



WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>organizational decision-making, policy and program development, research and development as well as for management and accountability purposes</p> <p>3. Advocacy and social marketing – existence of updated social marketing and advocacy plan and/or IEC materials acquired from other agencies relevant to the situation of residents under care and the programs and services being provided.</p>	<p><i>determining areas for improving quality of service delivery</i></p> <p><i>Availability and accessibility of IEC materials produced by the agency</i></p>	<p>AVAILABLE AND FUNCTIONAL</p> <p>ADVOCACY AND SOCIAL MARKETING ACTIVITIES ARE CONDUCTED AT LEAST ONCE A YEAR FOR PUBLIC AWARENESS ON THE ISSUES AFFECTING THE RESIDENTS TO IMPROVE PUBLIC RESPONSE; AND FOR GENERATING FUND SUPPORT.</p>
<p><b>II. PROGRAM MANAGEMENT - ensures that activities are responsive to the needs of the residents; appropriate resources are allocated and utilized efficiently towards attaining the agency's/facility's VMG as well as in improving the total well-being of the residents.</b></p>			
<p><b>A. A Clear Written Program Plan is Available</b></p>	<p>The plan is consistent with the goals and objectives for the residents considering their priority issues to be addressed, expected output, time frame, resources needed and responsible person. The plan formulated is supported with baseline data and situational analysis.</p>	<p><i>A plan developed in consultation with the residents, staff and other concerned stakeholders.</i></p>	<p>PLAN DEVELOPED WELL ARTICULATED BY STAKEHOLDERS INVOLVED IN THE PLANNING PROCESS.</p>
<p><b>B. Implementation of program and services is guided by the agency's policies and procedures</b></p>	<p>There is a written and operational program/service manual indicating the policies, procedures, strategies and guidelines of each program, service and helping intervention implemented in the facility with adequate corresponding resources.</p>	<p><i>Institutional linkages with other GAs, NGOs/POs in implementing programs</i></p> <p><i>Referral system is in place</i></p>	<p>EXISTENCE OF INNOVATIVE PROGRAM/S OR STRATEGIES IMPLEMENTED WITH PROPER DOCUMENTATION.</p>
<p><b>C. Monitoring is in place and conducted on a regular basis</b></p>	<p>1. Report on the status of program implementation</p> <p>2. Submission of staff quarterly accomplishment reports</p>	<p><i>The report includes information on funds utilization</i></p> <p><i>Staff monthly accomplishment reports submitted</i></p>	<p>SEMI-ANNUAL AGENCY ACCOMPLISHMENT REPORT COMPLIED</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	3. Inventory of cases –turned-around period of cases served  4. Monitoring logbooks to record daily activities, admission, incidents, turn-over of staff on duty, and other significant events of program implementation	<i>Monitoring tools are formulated to check on the progress and/or gaps in implementation as well as basis to remedy the gaps</i>	WITH THE STANDARDS REPORTING PRESCRIBED BY SEC, DSWD AND/OR FUNDING AGENCIES  DIALOGUE WITH RESIDENTS AT LEAST ONCE IN A QUARTER; DOCUMENTATION OF BEST PRACTICES
<b>D. Evaluation</b>	Annual assessment of plan vs. accomplishment is done, result of which is utilized as basis for program planning and enrichment, among others with the participation of the residents, staff and other stakeholders.	<i>Mid-year assessment of plan vs. accomplishment is conducted as basis for re-focusing/re-directing and re-targeting to address implementation gaps.</i>	IMPACT EVALUATION CONDUCTED EVERY 3 YEARS
<b>III. Case Management – a manageable number of cases of residents are handled by social workers and other staff with direct care giving functions and the application of specific social work methods, innovative approaches/strategies and processes in accordance with the assessment of their problems and written case plan. This also includes the systematic documentation of the helping process as basis for determining appropriate interventions and their effects on the residents being cared for.</b>			
<b>A. Caseload shall be based on the type and number of residents under care</b>	1. Social Worker – one full time social worker for: a. At most 25-30 mixed cases of which intensive cases should not exceed 10 cases for casework; for CICL the ratio would be 1:10-15  b. At most three (3) groups for groupwork with not more than 7 members per group.  2. Houseparents – one houseparent per shift for a number of residents as follows: a. 1:5 healthy children aged birth to 3 years old	<i>Caseload is focused on one specific nature or type of case.</i>  <i>At most two groups</i>  <i>Caseload is reduced to at least 3</i>	NUMBER OF CASES IS LESS THAN 25  HANDLES ONE GROUP  CASELOAD IS REDUCED TO 50% OF THE MINIMUM CASES

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<ul style="list-style-type: none"> <li>b. 1:10 healthy children aged 4 to 6 years old</li> <li>c. 1:15 healthy children aged 7 to 12 years old</li> <li>d. 1:20 able-bodied individuals aged 13 to below 18 years old</li> <li>e. 1:25-30 able bodied individuals aged 18 and above.</li> <li>f. 1:10 bedridden or sickly older persons</li> <li>g. mentally-challenged individuals: (upper trainable 1:15; lower trainable 1:10; profound cases 1:5)</li> <li>h. 1:20 with hearing impaired</li> <li>i. 1:15 with physical disabilities</li> <li>j. 1:15 with visual impairment</li> <li>k. 1:10 to 15 cases of CICL</li> </ul> <p>In case of mixed age group, where younger children are housed together with older ones or adult residents, there should be a houseparent for a maximum of 30 residents</p>		
<p><b>B. Helping process is in accordance with social work principles and case management system</b></p>	<p>Each resident has written a case plan based on the result of intake and assessment of his/her problem situation. Throughout the following process, active participation and self-determination of the residents and their families/relatives are elicited.</p> <ul style="list-style-type: none"> <li>1. Intake and assessment <ul style="list-style-type: none"> <li>a. Intake interview undertaken after the resident was given some time to rest and calm down, but initial information such as name, age, name of parents/guardians,</li> </ul> </li> </ul>	<p><i>Presence of an interpreter, preferably of the same gender, if the resident cannot articulate himself/herself due to age minority, illiteracy, language</i></p>	<p>CLIENTS WITH AT RISK BEHAVIOR, REFERRAL/ENDORSEMENT TO APPROPRIATE AGENCY IS MADE UPON ADMISSION.</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>place of origin and last known address should be gathered within 30 minutes upon arrival. Actual intake interview should not go beyond an hour. Assessment should include the physical examination report of the physician.</p> <p>b. Orientation regarding services, leveling of expectations, room/cottage assignment, provision of required set of personal clothing and personal effects are provided immediately upon admission</p> <p>c. Pre admission conference involving the parents, referring party and center staff</p> <p>d. Proper endorsement or referral to other agency if services needed are beyond the service capacity of the facility</p> <p>e. Social case study report is prepared within a month after the intake interview and is reviewed or updated as required,</p> <p>2. Problem identification - problems and priorities to be worked clearly identified, whether it would be a change in the behavior or a change in the environment or both. Problems were identified in consultation with concerned residents</p> <p>3. Diagnosis/assessment – reflects significant life events of the residents, the feelings, biological, medical, psycho-social and emotional condition, behavior, relationship, safety and security, support system as well as the potential for change (awareness,</p>	<p><i>barrier or disability</i></p>             <p><i>Referral/endorsement is made within 8 hours</i></p>             <p><i>Prepared within two weeks</i></p>	<p>REFERRAL/ENDORSEMENT IS MADE WITHIN 4 HOURS</p>             <p>PREPARED WITHIN A WEEK AND REVIEWED, UPDATED AS NEEDED.</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>willingness, ability)</p> <p>4. Goal and contract setting and case planning  – shows agreement of the residents to participate in the helping tasks, unless he/she is mentally incapable to make the decision as in the case of infants, toddlers, young children and those individuals who are mentally challenged. A case plan is formulated within one month after admission together with other members of the multi-disciplinary helping teams taking into consideration the following:</p> <p>a. For abandoned and neglected children, placement in foster homes or adoptive families, and preparation of the petition for declaration of abandonment/involuntary commitment which should be filed in court within a week after six (6) months from date of admission and/or abandonment, while for those who are voluntarily committed, submission of complete documents forwarded to DSWD Field Office for matching within six (6) months after signing the deed of voluntary commitment or as applicable</p> <p>b. For those children who can not be placed for foster care or adoption, activities for independent living and development of life skills or as applicable</p> <p>c. Support system, internal and external</p> <p>d. Result of diagnosis/assessment</p>		

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>e. Nature of cases, i.e suspected and actual victims of trafficking, victims of violence</p> <p>f. Birth registration, as applicable for those children below 18 years old</p> <p>g. Preservation and integrity of ethnic, cultural, faith and cultural identity</p> <p>h. Transition activities for termination/ discharge</p> <p>5. Preparation of social case study report</p> <p>6. Implementation – activities or helping strategies as reflected in the case plan are carried out and any change should be agreed upon with the residents. There is multi-disciplinary/multi-sectoral involvement where relevant professionals/ disciplines are involved in all phases of the helping process, i.e case conference, consultation, provision of specialized services, etc.</p> <p>7. Monitoring – use of appropriate tools to determine movement and progress of residents; implementation of the treatment plan, and identify gaps among others. This is done quarterly.</p> <p>8. Evaluation – effect of helping interventions provided to the residents are evaluated with proper documentation reflecting significant events that took place in the process of implementing the case plan, their feeling or reactions and feedback of the residents are elicited</p>	<p><i>Social Case Study Report updated every year</i></p> <p><i>All activities should be documented.</i></p>	<p>SOCIAL CASE STUDY REPORT UPDATED EVERY 6 MONTHS</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>9. Closure and termination – written policies and procedures on termination are operational which cover the following concerns:</p> <ul style="list-style-type: none"> <li>a. Closure/termination is done when the helping goals are achieved or when the needs of the residents are beyond the service capacity of the facility.</li> <li>b. Termination/pre-discharge plan is finalized with the residents, as applicable at least three (3) months prior to discharge for smooth transition</li> <li>c. Conduct of exit interview and pre-discharge conference</li> <li>d. After care services and other support services are arranged prior to discharge</li> </ul> <p>10. Follow-up and after care services – presence of a mechanism that monitor the situation of the residents from six (6) months to one year after discharge, such as eliciting feedback from the receiving LGUs or agencies.</p>		
<p><b>C. Case recording and documentation.</b></p> <p>All relevant forms are properly filled-up, each resident has</p>	<p>1. Basic records- all residents must have an individual case folder to include a checklist of the ff: document</p> <ul style="list-style-type: none"> <li>a. Admission slip with date and time of admission; contact address/number/ persons; clothing and other personal care materials provided duly acknowledged by the residents</li> </ul>	<p><i>Readily accessible/retrievable, within 10 minutes</i></p>	<p>CASE RECORDS ARE ELECTRONICALLY RETRIEVABLE</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
updated individual case records.	<ul style="list-style-type: none"> <li>b. Intake sheet and social case study reports indicating profile; family composition and background; presenting problem; brief background of the case, i.e history of abuse, significant events, attitudes and behavior, strengths and weaknesses diagnostic impression/ assessment and recommendations, among others,</li> <li>c. Treatment plan with clear helping goals/ objectives, activities or various helping strategies/interventions, time frame and expected output. Updates and salient activities done in the implementation of treatment plan e.g. focus counseling sessions, contracting or other modes of behavior modification and agreements reached during family dialogue</li> <li>d. Health, medical, and dental records (growth monitoring chart and immunization records for 0-6 years old; result of physical, laboratory exam, medical history, etc)</li> <li>e. School records for those in school</li> <li>f. Psychological/psychiatric evaluation records, as necessary in the helping plan</li> <li>g. Progress reports, discharge or closing summary, discharge slip</li> <li>h. Referral letters and other communications/ correspondence</li> <li>i. For those catering to children, the following should also be included</li> </ul>		



WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<ul style="list-style-type: none"> <li>▪ Birth certificate or any other recognized documents to establish child's identity and age</li> <li>▪ Foundling or death certificate of parents, as applicable</li> <li>▪ Deed of voluntary commitment for abandoned and neglected children</li> <li>▪ Court decision, i.e commitment order, declaration of abandonment, disclosure of confidential records for children in conflict with the law/victims of violence and trafficking</li> <li>▪ Notification to parents, publications to locate families and relatives</li> <li>▪ Home study report for those with prospective foster/adoptive families</li> <li>▪ Use of ECCD checklist for 0-4 years old</li> <li>▪ Contact/information of concerned LGUs in the management of residents</li> <li>▪ Contract setting with parents or waiver as applicable.</li> </ul> <p>2. Confidentiality – the residents' right to privacy shall be respected at all times. Any information that could endanger them and their families or that is contrary to their best interest should not be disclosed directly or indirectly to the public and media. To guarantee their protection, the following measures should be observed:</p> <p>a. Written consent from the resident should be sought before sensitive information is disclosed</p>	<p><i>Written and operational policies on records access, use, and disposal i.e classification of records that are allowed for sharing among the staff and the public and those records that are confidential, shredding of unneeded records, designating authorized persons, list of destroyed records, etc.</i></p>	<p>RECORDS INVENTORY AND DISPOSAL IS DONE EVERY THREE YEARS EXCEPT CASES OF ADOPTED CHILDREN THERE IS A DESIGNATED PLACE TO RESTORE SIGNIFICANT/IMPORTANT RECORDS PROPERLY MARKED AS "ARCHIVE"</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<ul style="list-style-type: none"> <li>b. Court order especially for those children in conflict with the law and victims of violence and trafficking</li> <li>c. Use of coding system that provides aliases</li> <li>d. Marking of the records as "CONFIDENTIAL"</li> <li>e. Designated place for confidential records properly marked "FOR AUTHORIZED PERSONNEL ONLY"</li> </ul>		
<p><b>IV. Helping Strategies/Interventions – provision of any or a combination of the following services shall be done by qualified staff taking into consideration the age, gender, nature of the case and other physical and intellectual attributes of the residents and should be based on the treatment plan to ensure that this/these will contribute to the attainment of the helping goals.</b></p>			
<p><b>A. Psycho-social care</b> Application of social work interventions to identify most pressing problem, immediate relief and emotional support, and restore ability to cope constructively with the situation towards healing, recovery and social reintegration of the residents.</p>	<ul style="list-style-type: none"> <li>1. Use of appropriate social work methods (casework, group work and community organizing)</li> <li>2. Critical incidents stress debriefing</li> </ul>	<ul style="list-style-type: none"> <li>1. <i>Psychological/psychiatric evaluation</i></li> <li>2. <i>Group dynamic exercises</i></li> <li>3. <i>Stress management activities</i></li> </ul>	<p>FAMILY CONFERENCING AND THERAPEUTIC SESSIONS</p>



WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<ul style="list-style-type: none"> <li>▪ Quarterly – 1 pair of socks; 1 pair of slipper. For infants &amp; toddlers, at least 2 sets of clothing consisting of baby dress &amp; underwear</li> <li>▪ Annually – 2 sets daytime clothes; 1 set Sunday attire; 1 set for special occasion; 2 sets casual attire; 1 pair of shoes</li> </ul> <p>c. Toiletries</p> <ul style="list-style-type: none"> <li>▪ 2 face &amp; 1 bath towel</li> <li>▪ 1 tube 150 ml toothpaste/quarter</li> <li>▪ 1 pc toothbrush/quarter</li> <li>▪ 3 bottles 200 ml shampoo/quarter</li> <li>▪ Laundry/bath soap and other basic personal hygiene items, as applicable</li> </ul> <p>d. Linen</p> <ul style="list-style-type: none"> <li>▪ 2 bed sheets, 1 pillow with two cases; blankets and mosquito net (replacement may be done on an annual basis and/or as need arises)</li> </ul> <p>5. Food and nutrition considers the nutritional, social cultural and health needs of the residents. Meals served (3 meals and 2 snacks) are well-planned and prepared under the supervision of or in consultation with a dietician or nutritionist. Same food is served to everyone except when special diet is required.</p>	<p><i>Weekly planned menu is prepared</i></p>	<p>MONTHLY PLANNED MENU IS PREPARED</p>
<p><b>C. Educational services</b></p>	<p>1. Formal education for primary and secondary school-age children is accessed to other agencies. This is monitored every grading</p>	<p><i>Formal education is provided by the agency</i></p>	<p>TERTIARY EDUCATION IS INCLUDED.</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
<p>Provision and/or access to educational opportunities appropriate to the age, developmental capacities and needs of the residents, either formal or informal or tutoring</p>	<p>period.</p> <p>2. Adequate school supplies and financial support are provided to those in school such as but not limited to: 2 sets of school uniform, 1 set of PE uniform, as applicable, school bags, school projects and transportation as necessary</p> <p>3. Literacy class for those who cannot be enrolled in formal education</p> <p>4. Provision of self-enhancement activities/services for PWDs such as, daily living skills, sign language and brail among others.</p> <p>5. early childhood care and development (ECCD) for those children below six (6) years old with at least 4 sets of ECCD materials (picture and story books, table games/table blocks and other manipulative materials, arts and crafts and materials for dramatic play)</p>	<p><i>School dropouts are accessed to appropriate acceleration and equivalency program and alternative learning system (ALS) of the Department of Education</i></p> <p><i>Development of special interest such as arts and crafts, dancing, music, drama and other fields as identified in the helping process</i></p> <p><i>Character building and values education with at least 4 sets of each type of ECCD materials</i></p>	<p>TRAINING ON PROTECTION AND SAFETY, I.E PROTECTIVE BEHAVIOR</p> <p>EMPOWERMENT SEMINARS/ WORKSHOPS BASED ON THE CATEGORIES/ TYPES OF RESIDENTS I.E FOR WOMEN AND CHILDREN VICTIM/SURVIVORS OF VIOLENCE (VAWC) WOULD INCLUDE , CYCLE OF VIOLENCE, LAWS ON WOMEN AND CHILDREN'S HUMAN RIGHTS, ASSERTIVENESS, PRACTICING NON-VIOLENCE, BALANCING MULTIPLE ROLES OF WOMEN, WHILE FOR OLDER PERSONS ON THE PREVENTION OF DEBILITATING AILMENTS IN OLD AGE AND CAPACITATING PERSONS WITH DISABILITES</p> <p>MAINTAINS A LEARNING RESOURCE CENTER FOR THE RESIDENTS</p>
<p><b>D. Medical and Health and Dental services</b> Access to</p>	<p>1. Annual physical and medical and dental check-up</p> <p>2. Laboratory examination</p>	<p><i>Specialized medical treatment within the country is provided for cases with special medical needs</i></p>	<p>STAFF AND RESIDENTS DEMONSTRATING HEALTHY EATING HABITS; CONSCIOUS PRACTICE ON HEALTH AND SANITATION ;</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
<p>services of appropriate health professionals to examine and monitor the medical and health conditions of the residents and prescribe medical treatment or intervention</p>	<ol style="list-style-type: none"> <li>3. Basic immunization for infants and toddlers and older persons</li> <li>4. Medicines should be administered according to the prescription of licensed physician.</li> <li>5. Conduct of psychological evaluation for special cases.</li> <li>6. Facilitate newborn screening for children.</li> <li>7. Hospitalization</li> </ol>	<p><i>The conduct of medical mission, if any should be in accordance with the policies, rules and regulations issued by the DSWD</i></p> <p><i>Residents are provided with training on first aid and on handling/management of common health problems.</i></p>	<p>SPECIALIZED MEDICAL TREATMENT OUTSIDE THE COUNTRY IS PROVIDED FOR CASES WITH SPECIAL MEDICAL NEEDS</p>
<p><b>E. Alternative family care</b></p> <p>Provides family placement, either through foster care or adoption to residents who are temporarily or permanently unable to live with their biological families or relatives.</p>	<p>Accessed to licensed and accredited child placement agencies to facilitate child's placement either through foster care or adoption who shall assume the care, custody, protection and maintenance of residents for purposes of adoption, guardianship, foster care, or kinship; or independent living for older children.</p>	<p><i>Recruits and orients prospective foster and adoptive families including kins, conduct pre and post adoption counseling</i></p>	<p>PARTICIPATES IN THE REGIONAL AND/OR NATIONAL MATCHING CONFERENCE</p> <p>CONDUCTS REGULAR FORUM ON ADOPTION AND/OR FOSTER CARE</p>
<p><b>F. Socio-cultural recreation</b></p> <p>Appropriate activities, equipment and toys for socialization,</p>	<p>Celebration of birthdays and special events such as women/children's month/day, family week/ family thanksgiving day, nutrition month, and other special holidays.</p>	<p><i>Outing, picnic, swimming and other sports activities</i></p>	<p>SUMMER CAMP PROGRAM; SUMMER LYMPICS; PARALYMPICS/ABILYMPICS; PARTICIPATION IN THEATER ARTS PRODUCTION; MEMBER OF SENIOR CITIZEN FEDERATION AND OTHER SIMILAR ACTIVITIES FOR THE HEALING AND RECOVERY OF THE RESIDENTS.</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
play, amusement and relaxation are provided according to age, gender, ethnicity, culture, physical and mental capability			
<b>G. Spiritual enhancement</b>  Allows for practice of religion/spiritual belief	All residents are provided or accessed to worship service of their choice.	<i>Observes religious events</i>	PROVISION OF SPACE/ROOM FOR THE ECUMENICAL WORSHIP OF RESIDENTS REGARDLESS OF THEIR RELIGION
<b>H. Legal/paralegal assistance for those with case in court are made available</b>	Residents are referred to legal/paralegal assistance.  Provided legal counsel of their choice and given options before taking any legal actions.  Activities are conducted to prepare residents before the scheduled court hearings; guided during trials and provided de-briefing sessions after each hearing.	<i>Pool of lawyers available to interpret the case proceedings and update the staff and residents on the progress of the case.</i>	
<b>I. Livelihood, vocational skills/entrepreneurial training conducted to guide the residents towards the</b>	<ol style="list-style-type: none"> <li>1. Skills training</li> <li>2. Job orientation</li> <li>3. Job matching and placement</li> </ol>	<i>If livelihood activities are implemented, residents served are informed on policies and trained to manage the project, i.e profit sharing, accounting and bookkeeping, earning and savings</i>	PROVIDED CAPITAL ASSISTANCE FOR RESIDENTS ENGAGED IN LIVELIHOOD ACTIVITIES OR ACCESS TO SUB-CONTRACT JOBS/SHELTERED WORKSHOPS.

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
choice of a vocation			
<p><b>J. Progressive integration with family and community</b></p> <p>Opportunities to experience community life are provided by allowing residents to participate in selected community activities, using available community resources and services like schools, health centers and hospital, markets, churches, etc</p>	<ol style="list-style-type: none"> <li>1. Regular communication by immediate family members (except perpetrator) are planned and agreed upon.</li> <li>2. Family reintegration shall be pursued if the case study report shows that it is the best intervention to achieve the helping goals</li> <li>3. Integration may also be in a form of independent/group home living arrangement, as applicable</li> </ol>	<p><i>Provision of basic support services in the community are coordinated with LGU concerned and other SWAs</i></p> <p><i>Follow-up is done within one year</i></p>	<p>NETWORK OF SUPPORT SERVICES AMONG PARTNER LGUs AND SWAs IN THE COMMUNITY ARE ESTABLISHED</p> <p>FOLLOW-UP IS DONE WITHIN 6 MONTHS</p>
<p><b>V. Physical Structures and Safety – shall be kept in good condition and designed in such a way that will promote the physical, emotional and psycho-social well-being of the staff and residents. It shall conform to the basic safety standards and program requirements for the day to day operation of the facility and implementation of its programs and services .</b></p>			
<p><b>A. Location and design</b></p>	<ol style="list-style-type: none"> <li>1. Accessible to, at least community facilities to meet basic needs such as schools, churches, clinic or hospitals, recreation centers and must be in a safe distance from dangerous structures like gas and power stations,</li> </ol>		



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	<p>conflict areas, cliff, rivers, or safety measures are installed to prevent loss of life and harm to physical and health condition that may be caused by these structures/ elements</p> <p>2. Presence of rail, ramp and toilet and bath for PWDs in compliance to Batas Pambansa 344 s. 1995</p> <p>3. Doorways into communal areas, rooms, bathing and toilet facilities and other spaces to which a wheelchair users have access should have a clear opening of at least 85 cm or .85 meter.</p> <p>4. All rooms are adequately lit, warm or cool enough, well-ventilated by means of windows that can be opened easily by the staff, and/or functional air conditioning systems/coolers/fans/exhaust fans in toilets and kitchen and in all enclosed areas.</p> <p>5. The design, lay-out and furnishings create a pleasant domestic and therapeutic environment consistent with the facility's mandate and is appropriate to the age, needs, culture and ethnic background of the residents.</p> <p>6. Lighting in communal rooms is sufficient and appropriately designed</p> <p>7. Night lights are installed in the bedrooms and in the living area</p> <p>8. Security structures that create a prison-like setting shall not be installed. Window grills may be installed provided that it can be opened easily in case of emergency</p>	<p><i>Other necessary devices are installed to meet the needs of those with disability</i></p> <p><i>Call systems or accessible alarm facility are strategically located or are provided in every room</i></p>	<p>PIPED-IN MUSIC; VIDEO FOR MONITORING, PROVIDED IT IS MANAGED BY RESPONSIBLE STAFF AND FOR SPECIFIC PURPOSE</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
<b>B. Facilities and accommodation</b>	<ol style="list-style-type: none"> <li>1. Basic utilities for communication, electricity, adequate potable water are available and provided to staff and residents.</li> <li>2. There is a designated room for a variety of social, cultural, religious, official and personal activities with adequate space for use of the staff and residents, which include but not limited to the following:               <ol style="list-style-type: none"> <li>a. Bedrooms                   <ul style="list-style-type: none"> <li>▪ Should not be part of the communal/living areas</li> <li>▪ Room dimensions and lay-out options have space of about ½ meter on either side of the bed to enable access for caregiver and for any equipment needed</li> <li>▪ Rooms for PWDs with accessibility feature and with enough space in between beds for their wheelchair</li> <li>▪ Rooms shared measuring about 24 sq. m are occupied by no more than four (4) adult resident, or 10 infants or 6 toddlers. For those facilities catering to VAWC, women and their children can be accommodated in one room not exceeding 6 individuals per room.</li> <li>▪ In case of a dormitory type room measuring about 100 sq. m, dividing the room into cubicles for privacy may be adopted with no more than 15 residents per dormitory/ quarter.</li> </ul> </li> </ol> </li> </ol>	<i>Availability of fax machine and other means of communication</i>	COMPUTER WITH INTERNET CONNECTION

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<ul style="list-style-type: none"> <li>▪ Each resident has his/her own bed (no double deck beds for young children), a storage/cabinet for clothing and other personal belongings.</li> <li>▪ No basement shall be used as sleeping accommodation unless declared fire-safe by the concerned government authorities</li> <li>▪ No resident such as Older persons/persons with disability/children with difficulty negotiating stairways shall be placed in a bedroom above or below the floor level, or upper deck bed.</li> <li>▪ No resident shall occupy a room with member of the opposite sex unless they are immediate members of the same family</li> </ul> <p>b. Living/communal areas and facilities</p> <ul style="list-style-type: none"> <li>▪ There is a designated area for relaxation, leisure or receiving visitors separate from bedroom and dining room, measuring about 4 sq.m/resident including open space for outdoor activities.</li> <li>▪ Other recreational facilities/supplies/materials (at least 2 sets board games, 2 pcs basketball/volleyballs, 1 set badminton or table tennis for a group of 25 individuals) are provided</li> <li>▪ Couch/rocking chairs(one/houseparent caring for infants and one for every two</li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Doors shall have visual opening for visual check by the staff-on-duty</i></li> <li>▪ <i>A separate area or garden space for reflection</i></li> </ul>	

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>older persons)</p> <p>c. bathrooms and washing facilities</p> <ul style="list-style-type: none"> <li>▪ One functional bathroom and toilet with at least two lavatories for every 10 female or male residents</li> <li>▪ Children-sized bathroom and toilet facilities/amenities for those catering to children</li> <li>▪ When adult facilities are used, non-tippable stairs or stalls are provided</li> <li>▪ One functional bathroom and toilet each for male and female staff.</li> <li>▪ Bathrooms and toilets for PWDs</li> </ul> <p>d. Kitchen and dining rooms</p> <ul style="list-style-type: none"> <li>▪ With chairs and table based on the age level of the residents, with no more than 10 individuals per table for better interaction</li> <li>▪ Kitchen should be equipped with basic kitchen furnishing, tools and utensils</li> <li>▪ Equipped with adequate dining wares, one set per resident</li> </ul> <p>e. Laundry area</p> <ul style="list-style-type: none"> <li>▪ Located in an area where it can not obstruct in the day-to-day activities of the staff and residents</li> <li>▪ Laundry area for PWDs should be level with their wheelchair (for wheelchair</li> </ul>	<p><i>One assisted bath for residents with disability, at least one for every 8 PWD is preferred</i></p> <p><i>A separate toilet facilities for visitors</i></p>	

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<p>bound PWDs)</p> <p>f. Storage area</p> <ul style="list-style-type: none"> <li>▪ Where foods, supplies, wheelchairs and other equipment are stored and properly accounted for</li> <li>▪ Kept tidy, well-maintained and organized to ensure safety of goods</li> <li>▪ Space should be enough to store all items kept for safekeeping</li> <li>▪ Well ventilated and items properly labeled</li> </ul> <p>g. Study area/mini library</p> <ul style="list-style-type: none"> <li>▪ Study area is conducive to learning</li> <li>▪ Well ventilated with proper lightning and study table</li> <li>▪ Brail for the blind; slates and stylus</li> </ul> <p>h. Infirmary/clinic</p> <ul style="list-style-type: none"> <li>▪ Equipped with beds for isolation with basic first aid kit, medicines for common illnesses, clean and well maintained medical supplies and equipment necessary for medical consultation.</li> </ul> <p>i. Office space/administrative rooms</p> <ul style="list-style-type: none"> <li>▪ Each staff should have one table and chair and has his/her own cabinet/designated space for files and safekeeping of personal items</li> <li>▪ Has adequate space for the day-to-day office operation, at least 4 sq. m/staff</li> </ul>	<p><i>Mini library should be equipped with appropriate reference/reading materials and other educational materials, either formal or non-formal; books and other reading materials in brail</i></p> <p><i>Has consultation bed and lavatory to accommodate those residents with communicable diseases, e.g chicken fox, sore eyes, and other illnesses that does not require hospitalization</i></p> <p><i>Computer system to facilitate preparation of financial and administrative reports; preparation and updating of case studies, etc.</i></p>	<p>RESOURCE CENTER IN PLACE; COMPUTER IN JOSS FOR THE BLIND</p> <p>AN INFIRMARY ROOM SEPARATE FROM CLINIC FOR DAILY CONSULTATION IS AVAILABLE</p> <p>EACH STAFF IS PROVIDED A DESK TOP COMPUTER</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<ul style="list-style-type: none"> <li>▪ Furnished with appropriate office equipment such as filing cabinets, chairs/sofa and tables for the inquiring public</li> <li>▪ Separate from the areas of interaction and programmed activities with the residents</li> </ul> <p>j. Conference/training room</p> <ul style="list-style-type: none"> <li>▪ With adequate furniture and fixtures for use by the staff and residents during meetings, case conference, seminars, trainings and other related activities</li> </ul> <p>k. Interview/counseling/therapy room</p> <ul style="list-style-type: none"> <li>▪ Separate from the office space used for day-to-day operation</li> <li>▪ Room for visiting parent/s</li> </ul> <p>3. In case of cottage type facilities measuring about 100 sq. m, number of occupants should not exceed 8 individuals including houseparents, with kitchen and dining rooms, bedrooms, toilet and bathroom, study area, living room/communal area, laundry area that conform with the above specifications.</p> <p>4. Staff quarters – separate sleeping quarters for male and female staff</p> <p>5. Control/observation room – if provided for those resident manifesting violent behavior, his/her physical safety should be considered by making sure that the room:</p>	<p><i>Equipped with counseling paraphernalia such as art materials, throw pillow, dolls, toys, sandbox and other furniture &amp; fixtures appropriate to the age and purpose of the counseling/therapy sessions</i></p>	<p>EQUIPPED WITH ONE-WAY MIRROR, AUDIO-VIDEO AND COMPUTER SYSTEM AND OBSERVATION ROOM FOR SOCIAL LABORATORY AND TRAINING PURPOSES; PROVISION OF AQUA THERAPY FOR CHILDREN WITH DISABILITY</p>

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<ul style="list-style-type: none"> <li>a. Has all switches for lights and ventilation outside the room; no electrical outlets in the room;</li> <li>b. Allows for total observation of the behavior at all times;</li> <li>c. Has protected recessed ceiling light;</li> <li>d. Is properly ventilated with window/s that are/is secured and protected to prevent harm to the resident;</li> <li>e. Has all doors, ceilings and walls constructed of strength and materials to prevent damage or harm to the resident;</li> <li>f. Is a minimum of 6 ft by 9 ft in size with at least 7.5 ft. ceiling</li> </ul>		
<b>C. Sanitation and Waste Management System</b>	<ul style="list-style-type: none"> <li>1. Generally clean and free from clutter, dirt or waste matter</li> <li>2. Free from rodents, insects and stray animals. If there are pets inside the facility, proper hygiene is also observed.</li> <li>3. Functional drainage and sewerage system</li> <li>4. Implements proper waste disposal system (segregation of biodegradable and non-biodegradable materials) and other practices that supports the Clean Air Act</li> </ul>	<i>Zero waste management</i>	<b>5-S INSTALLED:</b> AND PRACTICED BY THE MANAGEMENT, STAFF AND RESIDENTS ( <b>Sort</b> – TAKE OUT UNNECESSARY ITEMS AND DISPOSE; <b>SYTEMATIZE</b> – ARRANGE NECESSARY ITEMS IN GOOD ORDER; <b>SWEEP</b> – CLEAN YOUR WORKPLACE; <b>SANITIZE</b> – MAINTAIN HIGH STANDARDS; AND <b>SELF-DISCIPLINE-</b> DO 5S SPONTANEOUSLY)
<b>D. Emergency and safety measures</b>	<ul style="list-style-type: none"> <li>1. The facility is declared safe by proper government authority as evidenced by certificates issued in compliance with building and fire safety requirements</li> </ul>		

WORK AREAS	LEVEL 1 MUST STANDARDS / INDICATORS	LEVEL 2 DESIRED STANDARDS / INDICATORS	LEVEL 3 EXEMPLARY STANDARDS / INDICATORS
	<ol style="list-style-type: none"> <li>2. Evacuation/exit plan, warning system and emergency exits are clearly installed and known to all staff and residents</li> <li>3. Fire fighting gadgets available, e.g functional fire extinguisher or its equivalent like sand and water</li> <li>4. Inflammable materials and other dangerous home implements/substances are kept in a locked cabinets with designated persons to monitor their use</li> <li>5. Conduct of at least two fire and earthquake drills and other safety measures in 12-month period including the testing/inspection of emergency and firefighting gadgets</li> <li>6. Staff are able to open the doors to any room from the outside in case of emergency</li> <li>7. Main exit doors should have outward opening</li> <li>8. First aid kits available and strategically located, either in the clinic or quarters/cottages. Medicines are safely stored in a secure cabinet and are administered only by an authorized person and with proper prescription or medical advise</li> <li>9. Keeps electrical cords and electrical outlets out of reach by infants and toddlers and those unused electrical outlets covered.</li> <li>10. Available and updated certificates on fire safety, building and water potability</li> </ol>		