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Department of Social Welfare and Development

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DEPT. OF SOCIAL WELFARE & DEV.
IBP ROAD, CONSTITUTION HILLS, Q.C.

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Administrative Order No: 09
Series of 2010

**SUBJECT: GUIDELINES OF THE NATIONAL INSPECTORATE COMMITTEE
FOR DSWD CENTERS AND RESIDENTIAL CARE FACILITIES**

I. Background:

In the 1990s, an Inspectorate Team for DSWD centers and institutions was created. It was primarily tasked to assess the DSWD facilities and recommend actions to address the identified needs of the various centers and institutions to make them compliant to standards. The Team was composed of representatives from the Bureau of Disabled Person's Welfare (BDPW), Bureau of Child and Youth Welfare (BCYW) and Bureau of Women's Welfare (BWW). Finding the outputs of the National Inspectorate as reliable and valid basis for management action, a special unit for monitoring of centers and institutions was created to institutionalize the inspectorate as a management monitoring mechanism. The unit then was headed by a Director and was under the supervision of the Office of the Secretary. Technical staff from BDPW, BCYW and BWW assisted the unit. The said unit was short lived due to organizational shifts as a consequence of devolution.

Following the revised organizational set-up of the Department after the devolution, the Program Management Bureau (PMB) was tasked to sustain the functions of this special unit thru its Center-Based Services Unit (CBSU) under the Social Welfare and Development Services Division. The EXECOM however has decided to revive the Inspectorate as a vital mechanism to support the effort of transforming the centers and institutions as centers of excellence- as models for Local Government Units (LGUs) and Non-Government Organizations (NGOs) replication of similar facilities.

ii. Rationale

The Department of Social Welfare and Development is mandated to lead in the provision of social protection services and promote the rights and welfare of the poor, vulnerable and disadvantaged individuals, families and communities.

The Department's programs and services are delivered thru the community by local Social Welfare Development Office or thru residential care facilities. While admission to residential care facilities should be the last resort, when other options such as foster home, adoption and legal guardianship are not viable, DSWD should be able to make its residential facilities models of quality services.

Thus, the Inspectorate Committee for centers and residential care facilities is being reconstituted to undertake objective assessment of DSWD centers/institutions towards becoming centers of excellence. The Inspectorate Committee shall serve as the mechanism for determining whether the seventy (70) centers, currently in operation are compliant to the set standards. (Please see Annex A). The re-constitution of the Committee is also in line with the Department's social reform agenda, which is to provide faster and better social protection programs.

III Legal Bases

a. **Executive Order 221 Series of 2003 (Amending Executive Order No. 15 Series of 1998, entitled "Redirecting the Functions and Operations of DSWD")**

Sec. 3 Power and Functions of the DSWD – (a) Set standards, accredit and provide consultative services to institutions, organizations and persons engaged in social welfare activities and monitor performance of institutions, organizations and persons engaged in social welfare activities, both public and private.

b. **Executive Order No. 123 Series of 1987**

The DSWD is mandated to provide care and protection and rehabilitation to those who have least in life and need social welfare assistance and social work interventions to restore their normal functioning and participation in the community.

IV. Objectives

General: Establish a benchmark of quality of services and adequacy of facilities of Centers/Institutions currently operated/managed by DSWD as basis for management action towards transforming them into centers of excellence.

Specific:

1. Determine extent of center's compliance to established standards along five areas of operations namely:
 - a.) Administration
 - b.) Program Management
 - c.) Case management
 - d.) Helping strategies/interventions
 - e.) Physical structure and safety
2. Recommend scientific studies as basis for policy recommendations on enhancing centers operations
3. Provide recommendation on specific improvement of every center assessed based on areas of operations stated in no. 1 above.
4. Determine the classification of the centers based on set standards as basis for a more rational allocation of resources.

V. Scope of Operations/Coverage

The Committee shall cover all of the centers/institutions managed by DSWD. The selection of facility to be covered by the Inspectorate for a given period shall consider the following:

- a. Sectoral coverage (children, youth, women, older person, differently disabled person, other vulnerable and disadvantaged individual)
- b. Type of facility according to size (small, medium and large).
- c. Geographical Clusters (Luzon, Visayas and Mindanao),

DSWD shall endeavor to identify among its facilities a model, Social laboratory or center of excellence for a sectoral clientele in every geographical cluster. These centers shall serve as showcase for intermediaries.

The assessment will focus on five areas¹ as follows:

- a. **Administration and Organization** – includes functional organizational and management structure; efficient financial and material resource management; human resource management and development; and availability of support services;
- b. **Program Management** – includes written program plan that are responsive to the needs of the clients; allocation and utilization of resources; and monitoring and evaluation system;
- c. **Case Management** – includes caseload assignment of staff; helping process; case recording, periodic assessment of client progress, documentation and networking of services;
- d. **Helping Strategies/Services/Interventions** –provision of any or a combination of services/interventions such as social, home life, educational, psychological, health, economic productivity, recreational, dental/medical and spiritual under the acronym SHEPHERDS, 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 these will contribute to the attainment of the helping goals.
- e. **Physical Structure and Safety** – includes location and design; facilities and accommodation; sanitation and waste management system; and emergency and safety measures.

The period of assessment by the Inspectorate Committee shall be concluded within a calendar year. The assessment/final report shall be reviewed by the MANCOM and presented to the EXECOM and during the National Management Development Conference (NDMC). Concerned Offices Bureaus Service Unit (OBSU) shall be tasked to respond to specific recommendation for improvement of a particular centers/institutions as well as generalized policy recommendations relative to DSWD operations of centers/institutions.

VI. Functions

A. National Inspectorate Committee

1. Come-up with benchmark of centers/institutions' compliance to the established standards;
2. Determine the classification of the centers as basis for rational resource allocation;
3. Recommend policies and recommend actions for enhancement of centers operations;
4. Provide recommendation on scientific and analytical studies as basis for policy recommendation and program enhancements.

¹A.O. 11 s. 2007 or Revised Standards on Residential Care Facilities

The Community-Based Service Unit (CBSU) of the Social Welfare and Development Services (SWDS) Division of PMB shall serve as the Secretariat. It shall undertake the following:

1. Plan and coordinate monitoring visits of centers/institutions;
2. Ensure proper documentation and processing of the data generated during center assessment;
3. Follow-up concerned field office and CO OBSUs on update on the implementation and completion of the recommendations of the Inspectorate Committee;
4. Monitor the implementation of the recommendation of the Committee every three months after the latest assessment;
5. Consolidate Inspectorate Committee reports;
6. Prepare reports and presentation materials required by the Committee, the MANCOM, EXECOM and NMDC.
7. Prepare for and coordinate Committee meetings;
8. Monitor and follow-up agreements reached by the Committee;

VII Composition

Under the direct supervision of the Undersecretary for the Operations and Capacity Building Group (OCBG), the National Inspectorate Committee shall be composed of the following:

Chairperson	-	Head, Program Management Bureau
Co-Chairperson	-	Director (from the members; on rotation)
Members	-	Director, Standards Bureau
	-	Director, Administrative Service
	-	Director, Financial Management Service
	-	Director, Human Resource Management and Development Service

Permanent alternate representatives shall be identified for every principal member of the Committee.

VIII Methodology

Inspectorate Team shall conduct actual monitoring, evaluation and assessment on the over-all operation and management of the center/residential care facilities with focus on the five areas of operations mentioned in preceeding item V thru the following methodologies.

1. Administration of Assessment tool (Annex B)
2. Case records review
3. Interview with the Head Social Workers, selected staff and residents
4. Focus group discussion with staff and residents/clients.

The committee shall in all instances conduct an exit conference with the concerned Field Office.

IX Reports

The Inspectorate Committee shall submit within 15 days after each center's visit the following reports to the Undersecretary for Operations and Capability Building Group (OCBG):

- Assessment report of individual center per work area.
- Consolidated report containing general findings and recommendations.

X Financial Requirement

Source of funds for the supplies and other expenses to be incurred during meeting of the Committee shall be charged against the PMB's regular fund. However, transportation expenses and per diems of the Inspectorate Committee members shall be charged against their respective office funds.


XI Effectivity

This Administrative Order shall take effect immediately. All previous issuances inconsistent with this Order are hereby repealed/revoked accordingly.

Issued in Quezon City this 28th day of July 2010


CORAZON JULIANO SOLIMAN
Secretary 

A CERTIFIED COPY:


MYRNA H. REYES
Officer In-Charge
Records Unit

DSWD Residential and Non-Residential Facilities
June 24, 2010

SECTOR	RESIDENTIAL		NON-RESIDENTIAL		Total
	NAME OF CENTER	LOCATION (Region)	NAME OF CENTER	LOCATION (Region)	
Children in Need of Special Protection	Reception & Study Center for Children	NCR, CAR, II, III, V, VII, VIII, IX, X, XI, XII			11
	Amor Village	III			1
	Haven for Children	NCR, I			2
	Lingap Center	III			1
	Nayon ng Kabataan	NCR			1
	Marillac Hills	NCR			1
	Home for Girls	I, III(2), IV-A, VI, VII, VIII, IX, X, XII, Caraga			11
Sub-Total		28		0	28
Youth in Need of Special Protection (YNSP)	Youth Hostel	IX			1
	National Training School for Boys (NTSB)	IV-A			1
	Regional Rehabilitation Center for Youth (RRCY)	I, II, III, IV-B, V, VI, VII, VIII, IX, X, XI, XII, Caraga			13*
Sub-Total		15		0	15
Women in Especially Difficult Circumstances	Haven for Women	I, III, IV-A, VI, VII, VIII, IX, X, NCR			9
	Sanctuary Center	NCR			1
			INA Healing Center	NCR	1
YNSP and Women	Haven for Women and Girls	CAR, II, V, XI			4
Sub-Total		14		1	15
Older Person	Golden Acres: Haven for Elderly	IV-A			1**
	Home for the Elderly/ Aged	IX, XI			2
Sub-Total		3		0	3
Person with Disability	Elsie Gaches Village	NCR			1
			National Vocational Rehabilitation Center (NVRC)	NCR	1
			Area Vocational Rehabilitation Center (AVRC)	I, VII, IX	3
			Rehabilitation Sheltered Workshop	NCR	1
		Center for Handicapped	XII	1	
Sub-Total		1		6	7
Individual and Family in Crisis Situation	Jose Fabella Center	NCR			1
	Processing Center for Displaced Person	IX			1
Sub-Total		2		0	2
GRAND TOTAL		63		7	70

* RRCY in CAR not included

**With older persons/clients still at former location in Bago Bantay, Quezon City

Home for Boys in Region V was closed, while Home for Girls was converted into an RRCY per SO 827 series of 2010

National Inspectorate Monitoring Tool for DSW^o Centers and Residential/ Facilities

<i>Work Areas</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
I. ADMINISTRATION AND ORGANIZATION			
A. Functional Organizational and Management Structures Staff supervision shall be done on a regular basis as follows			
a. At least one and a half (1 ½) hours of one to one supervision each month and supervisory notes available			
b. New staff are supervised at least – one (1) hour every two weeks during the first 6 months of their employment.			
c. Supervision is done one hour per week			
2. Staff meeting			
a. Monthly meeting of program staff is conducted within the division/unit to discuss issues and concerns on the management of the agency or facility and implementation of its programs and services			
b. Division/unit meeting is conducted monthly with proceedings available			
c. General assembly is held once a month to all the administrative and program staff of the agency with proceedings available			
3. Orientation to Staff			
a. All new personnel including contractual employees receive basic orientation about the agency's services within one week from the date of assumption to duty			
b. Follow-up orientation is provided every year from the date of assumption to duty			
c. Follow-up orientation is provided six months from the date of assumption to duty			
Strategic and operational planning			

<i>Work Area:</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/ Recommendations</i>
system a. A two-year strategic plan based on a set of desired outcomes for the residents is formulated and translated into work and financial plan			
4. A three-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.			
A five year strategic plan is formulated and translated in 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.			
Policy-making process and procedures a. The policies are written, disseminated and implemented.			
b. Staff and residents are consulted in the review and formulation of policies;			
c. Research activities or impact evaluations/ studies are conducted or institutionalized as basis for planning.			
5. Ethical conduct a. There are written and clear policies governing conflict of interest and ethical standards in dealing with residents.			
b. Conduct "character of the month" activity in the workplace i.e. among staff and residents			
c. Planned activities/ set indicators of character for the month and its sustainability (checklist for staff and residents)			
B. Efficient Financial Resource Management			
1. Financial management system.			

<i>Work Areas</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings Recommendations</i>
<p>a. 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</p>			
<p>2. Fund allocation – there shall be adequate funds for program implementation which is not less than 70% of the total budget and for administrative expenses of not more than 20% of the total budget.</p>			
<p>a. Availability of trust fund to ensure the financial stability of the agency for its intended beneficiaries</p>			
<p>C. Material Resource Management</p>			
<p>1. Property Management</p> <p>a. Conduct of Semi-Annual Inventory of Property and Equipment</p> <p>b. Conduct of Semi-Annual and Annual Inventory of Supplies</p> <p>c. Presence of updated Property Sticker on Properties/equipment</p> <p>d. Property and Equipment are issued with corresponding Property Acknowledgement Receipt (MC 2 s. 2004)</p> <p>e. Submission of Building and Structure Inventory Report (Form)</p> <p>f. Submission of Real Property Profile (Form 2)</p> <p>g. Submission of Construction and Repair Progress Report</p> <p>h. Submission of Construction and Repair (Form 3)</p> <p>i. Annual insurance coverage of facility and its content</p> <p>j. Annual Motor Vehicle Insurance</p>			

Work Areas	Compliant	Non Compliant	Specific Findings/Recommendations
registration k. Annual vehicle maintenance l. Facilitation of Land Registration and Documentation m. Non-presence of informal settlers inside facility compound (Form 5) n. Submission of report on Unserviceable properties and waste materials for disposal _Semi-Annual_ Annual o. Submission of status Report on lease_, _Rent or Agreement on Land Utilization (MC 14 s. 2006)			
2. Facilities/assets -			
a. All assets and facilities are documented and <i>insured</i> ; annual inventory being done to monitor acquisition/ procurement, utilization, distribution, disposal, repair and maintenance			
b. Available budget for the annual repair and maintenance of equipment and facilities			
c. A capital outlay for permanent improvement is carried out			
2. Receipt of non-monetary donation			
a. 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.			
b. The organization follows certain policies and procedures but these are not written			
c. There are no known policies in written and unwritten form			
3. Facilities Housekeeping and Maintenance			
a. Annual Maintenance and Repair Program			
b. Doors and locks are in good working order			
c. Ceiling tiles are intact			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
<p>undamaged and in place</p> <p>d. Ceiling fan blades are safe and clean</p> <p>e. There are no signs of weather, disaster damage or mold growth in the facility</p> <p>f. All windows are unbroken and free from any type of damage</p>			
<p>D. Human Resource Management and Development</p>			
<p>1. Recruitment, selection, hiring and retention system</p> <p>a. 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.</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. Head Social Worker III (SWO III)</p>			
<p>b. Supervising Social Worker (SSW) (as applicable) – one for every 5 SW supervisees and at most 10 other non-social work/technical staff.</p>			
<p>➤ One for every 4 social workers and at most 7 other technical staff</p>			
<p>➤ One for every 3 social workers and at most 4 other technical staff</p>			
<p>c. Direct Social Workers (SWs) – number of SWs will depend on the type of residents and actual number of cases at any given time.</p>			
<p>d. Administrative Supervisors and Supervising Houseparents – one for at most 15 non-social work staff/houseparents/ administrative staff</p>			
<p>e. Houseparents (HPs)</p>			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings Recommendations</i>
➤ One for a 24-hour shift and shall not render for two consecutive days with corresponding compensation or day-off based on actual number of hours served in excess of the regular 8 working hour			
➤ One for a 12 hour shift with corresponding compensation or day-off based on actual no. of hours served in excess of a regular 8 working hours			
➤ One per 8-hour shift with one reliever.			
f. Cook/s (as applicable) – one per facility, except for those catering to older residents who can perform the tasks as part of their daily activities			
g. Administrative Staff/Aide – at least one staff for every division/section of the agency			
h. Licensed Security Guard/s (as applicable) – with relevant training; one per 8-hour shift with one reliever; and to consider the number of residents being served especially for those children in conflict with the law (CICL)			
i. Presence of security system within the facility for those that do not employ the services of security guards			
j. Driver ➤ One per vehicle (if applicable)			
➤ Hired on a full time basis			
k. Other qualified professionals and specialists (as necessary) ➤ Other qualified professionals and specialists (as necessary) such as doctor, registered nurse, psychologist, occupational therapists and physical therapists; special education teachers, helpline counselor, information officer/advocacy worker, manpower development officers, etc.			
➤ Depending on the type of residents being serve and helping			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
interventions needed, these personnel may be hired on retainer, contractual or MOA basis.			
➤ Complete staffing pattern			
3. Training and development			
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 ➤ Provided within one month upon assumption of duty			
• ➤ Provided after a month upon assumption of duty			
➤ No orientation provided			
b. Continuing training program for all staff appropriate to residents being cared for is provided to upgrade and acquire new skills and competencies. This shall cover the following concerns:			
➤ at least 40 hours in a year			
➤ 80 hours/year (10 days)			
➤ 240 hours/year (30 days)			
➤ 60 percent of the staff are provided and/or accessed to specialized training locally per year			
➤ 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			
c. Coverage of continuing training program may include any of the following: • ➤ Relevant International Conventions/ Declarations and national/local legislations for the care and protection of the residents under care;			
d. Career pathing and development			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
➤ A program for career pathing and development is developed and implemented by the agency			
➤ Career development plan is monitored and evaluated on an annual basis			
➤ Career development plan is monitored and evaluated every six months			
4. Staff support services			
a. Counseling/Stress Debriefing			
➤ Individual and/or group counseling/stress debriefing is provided whenever necessary			
➤ Critical incident stress management activities are conducted twice a year			
➤ Critical incident management stress activities are conducted once every quarter			
b. Support mechanisms are in place, which include but are not limited to:			
➤ Social insurance system, i.e GSIS, SSS and Medical income			
➤ Annual physical, and medical examination			
➤ Annual rest and recreation activities			
➤ Technical sharing sessions on knowledge and skills among staff			
➤ Team building and other organizational development activities			
➤ There is an existing retirement plan for the staff			
➤ A health insurance program is afforded to all personnel			
➤ Annual psychological evaluation			
5. Performance Appraisal System			
a. Tool for performance appraisal is developed and implemented establishing standards for quantity and quality of output, timeliness of results, manner of performance,			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
<ul style="list-style-type: none"> • effectiveness in use of resources, and includes trait-based criteria (personal character and attributes) both in dealing with co-workers and residents 			
<ul style="list-style-type: none"> b. Performance appraisal is used as basis for performance bonus and other forms of incentives 			
<ul style="list-style-type: none"> c. Performance appraisal is used as basis for promotion 			
<ul style="list-style-type: none"> d. Assessment of staff performance is based on agreed upon plans and targets and systematic feedback mechanisms on its result are installed <ul style="list-style-type: none"> ➤ Semi-annually ➤ Done annually 			
<p>6. Compensation system</p> <ul style="list-style-type: none"> ➤ 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 			
<ul style="list-style-type: none"> ➤ Collective Negotiation / Agreement 			
<ul style="list-style-type: none"> • ➤ Collective bargaining agreement is signed and implemented 			
<p>7. Volunteer management (as applicable)</p> <ul style="list-style-type: none"> a. Written and implemented policies on mobilization of volunteers, such as but not limited to: <ul style="list-style-type: none"> ➤ 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 			
<ul style="list-style-type: none"> ➤ Systematic recruitment, orientation deployment of volunteers are written and implemented 			
<ul style="list-style-type: none"> ➤ Support mechanisms to include processing of experiences and an exit interview or evaluation of the 			

<i>Work Are</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>pecific Findings/Recommendations</i>
volunteers are in place			
➤ Volunteers are included in the training and skills enhancement program			
8. Discipline			
a. Appropriate complaints and grievance system/machinery is in place and functional of which progressive discipline system is properly administered			
b. Complaints and grievances addressed and resolved			
E. Availability of Support Services			
1. General services			
a. Policies and systems on transactions involving procurement, repair and maintenance of building/facilities, vehicles and equipment are written, operational and properly documented.			
b. Timeline for processing each transaction is indicated			
c. 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			
2. Information Management System			
a. Recording of administrative and program files captures critical organizational events, and significant information on cases of residents in aid of organizational decision-making, policy and program development, research and development as well as for management and accountability purposes			
b. Feedback mechanism such as suggestion box, public satisfaction survey, etc. is installed and operational. It is utilized in determining areas for improving quality of service delivery			
c. Information communication technology (ICT) devices including			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
ICT system, i.e. hardware, software, are available and functional			
3. Advocacy and social marketing			
a. IEC Materials			
➤ 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.			
➤ Availability and accessibility of IEC materials produced by the agency			
➤ Agency has no IEC materials			
b. Advocacy and social marketing activities for public awareness on the issues affecting the residents to improve public response; and for generating fund support.			
➤ Conducted at least once a year			
➤ Conducted at least once a year			
➤ Not conducted at all			
II. Program Management			
A. Clear Written Program Plan is Available			
1. 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.			
2. The plan formulated is supported with baseline data and situational analysis			
3. A plan developed in consultation with the residents, staff and other concerned stakeholders			
4. Plan developed well articulated by stakeholders involved in the planning process			
B. Implementation of program and services is guided by the agency's policies and procedures			
1. Program/service manual			
a. There is a written and operational program/service manual indicating the policies, procedures, strategies			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
and guidelines of each program, service and helping intervention implemented in the facility with adequate corresponding resources.			
2. Management Support a. The management supports program implementation through provision of timely and necessary resources and authority or power to implementors to undertake the planned activities			
3. Implementation of activities a. The 75%- 100% of the program of activities are implemented as planned			
b. Less than 75% of the planned activities are implemented			
c. None of the planned activities are implemented			
4. Institutional linkages with other GAs, NGOs/POs in implementing programs a. There is an established and fully functional mechanism to sustain inter-agency linkage			
5. Referral system is in place			
6. Existence of innovative program/s or strategies implemented with proper documentation.			
C. Monitoring is in place and conducted on a regular basis			
1. Monitoring of program/service implementation a. A monitoring system has been institutionalized and is fully functional			
b. There is no monitoring system installed			
2. Report on the status of program implementation			
3. The report includes information on funds utilization			
4. Accomplishment Report a. Quarterly accomplishment report prepared by the staff involved in program implementation and			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
properly noted by the concerned staff supervisor			
b. Staff monthly accomplishment reports submitted			
c. Semi-annual agency accomplishment report complied with the standards reporting prescribed by sec, dswd and/or funding agencies			
5. Inventory of cases –turned-around period of cases served			
6. Review of records, incident logbook			
a. The Center/Institution maintains record or logbook of all significant incidents encountered in program/service implementation. The supervisor or concerned staff reviews the said record or logbook and take appropriate action			
b. Monitoring tools are formulated to check on the progress and/or gaps in implementation as well as basis to remedy the gaps			
c. Dialogue with residents at least once in a quarter; documentation of best practices			
D. Evaluation			
1. Program Evaluation			
a. 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.			
b. Mid-year assessment of plan vs. Accomplishment is conducted as basis for re-focusing/re-directing and re-targeting to address implementation gaps.			
c. Impact evaluation conducted every 3 years			
2. Utilization of the results of program evaluation/assessment			
d Results of the assessment are always			

<i>Work Areas</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
utilized in the modification/development of programs/policies			
3. Feedbacking to the beneficiaries and partner agencies a. Results of evaluation are always feedback to the project beneficiaries and partner agencies, if necessary			
III. Case Management	New	Old	Total
A. Cases Served-2009 (old and new) and 1 st Quarter of 2010			
B. No. of clients with court and legal processes (Carry-over of 2009 1 st quarter of 2010			
• 1. With court cases 2. With legal process			
C. Status of Active Cases (1 st Quarter of 2010)			
D. Length of Stay (Carryover of 2009-1 st Quarter of 2010.			
E. Frequency of meetings/conference			
F. Frequency of individual and group activities (2009 and 1 st Quarter of 2010)			
B. Caseload of Staff			
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 Caseload is focused on one specific nature or type of case. Number of cases is less than 25			
b. At most three (3) groups for groupwork with not more than 7 members per group. At most two groups			
• Handles one group			
2. Houseparents – one houseparent per shift for a number of residents as follows: (pls. check appropriate indicators to the residential care service that is being assessed			
a. 1:5 healthy children aged birth to 3			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
<ul style="list-style-type: none"> years old b. 1:10 healthy children aged 4 to 6 years old c. 1:15 healthy children aged 7 to 12 years old d. 1:20 able-bodied individuals aged 13 to below 18 years old e. 1:25-30 able bodied individuals aged 18 and above. f. 1:10 bedridden or sickly older persons g. mentally-challenged individuals: (upper trainable 1:15; lower trainable 1:10; profound cases 1:5) h. 1:20 with hearing impaired i. 1:15 with physical disabilities j. 1:15 with visual impairment k. 1:10 to 15 cases of CICL 			
<ul style="list-style-type: none"> • Caseload is reduced to at least 3 <p>Caseload is reduced to 50% of the minimum cases</p>			
<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>			
C. Helping Process	Yes	No	
<p>1. Each resident has written 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> <p>a. Intake and assessment</p> <p>a.1. 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, 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</p>			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
physical examination report of the physician			
Presence of an interpreter, preferably of the same gender, if the resident cannot articulate himself/herself due to age minority, illiteracy, language			
Clients with at risk behavior, referral/endorsement to appropriate agency is made upon admission.			
a.2. Orientation regarding services, leveling of expectations, room/cottage assignment, provision of required set of personal clothing and personal effects are provided immediately upon admission			
a.3 Pre admission conference involving the parents, referring party and center staff			
a.4. Proper endorsement or referral to other agency if services needed are beyond the service capacity of the facility			
Referral/endorsement is made within 8 hours			
Referral/endorsement is made within 4 hours			
a.5. Social case study report is prepared within a month after the intake interview and is reviewed or updated as required			
Prepared within two weeks			
Prepared within a week and reviewed, updated as needed			
b. 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			
c. Diagnosis/assessment – reflects significant life events of the residents, the feelings, biological, medical, psychosocial and emotional condition, behavior, relationship, safety and security, support system as well as the potential for change (awareness, willingness, ability)			

<i>Work Areas</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings Recommendations</i>
<p>d. 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>d.1. 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>d.2. 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>d.3. Support system, internal and external</p> <p>d.4. Result of diagnosis/assessment</p> <p>d.5. Nature of cases, i.e suspected and actual victims of trafficking, victims of violence</p> <p>d.6. Birth registration, as applicable for those children below 18 years old</p> <p>d.7. Preservation and integrity of ethnic, cultural, faith and cultural identity</p> <p>d.8. Transition activities for termination/ discharge</p>			
<p>e. Preparation of social case study report</p>			
<p>f. Implementation – activities or helping strategies as reflected in the case plan are</p>			

<i>Work Areas</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings Recommendations</i>
<p>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>Social Case Study Report updated every year</p>			
<p>All activities should be documented</p>			
<p>Social case study report updated every 6 months</p>			
<p>g. 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>h. 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. Closure and termination – written policies and procedures on termination are operational which cover the following concerns:</p> <ul style="list-style-type: none"> i.1. 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. i.2. Termination/pre-discharge plan is finalized with the participation of residents, their families/relatives and concerned LGUs as applicable at least three (3) months prior to discharge for smooth transition i.3. Conduct of exit interview and pre-discharge conference i.4. After care services and other support services are arranged prior to discharge 			
<p>j Follow-up and after care services – presence of a mechanism that monitor the situation of the residents from six (6)</p>			

<i>Work Areas</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
months to one year after discharge, such as eliciting feedback from the receiving LGUs or agencies.			
D. Case recording and documentation			
1. Basic records- all residents must have an individual case folder to include a checklist of the ff: document			
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			
b. Intake sheet indicating among others reasons for placement including letter of referral			
c. 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			
d. 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			
e. Lifebook of the child			
f. Health, medical, and dental records (growth monitoring chart and immunization records for 0-6 years old; result of physical, laboratory exam, medical history, etc)			
g. School records for those in school			
h. Psychological/psychiatric evaluation records, as necessary in the helping plan			
i. Periodic evaluation of resident's needs and progress and running records of the case			

<i>Work Area:</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>cific Findings/Recommendations</i>
j. Discharge or closing summary, discharge slip			
k. Referral letters and other communications/ correspondence			
l. For those catering to children, the following should also be included <ul style="list-style-type: none"> ▪ Birth certificate or any other recognized documents to establish child's identity and age ▪ Foundling or death certificate of parents, as applicable ▪ Deed of voluntary commitment for abandoned and neglected children ▪ 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 ▪ Notification to parents, publications to locate families and relatives 			
<ul style="list-style-type: none"> ▪ Home study report for those with prospective foster/adoptive families ▪ Use of ECCD checklist for 0-4 years old ▪ Contact/information of concerned LGUs in the management of residents ▪ Contract setting with parents or waiver as applicable. 			
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: <ul style="list-style-type: none"> a. Written consent from the resident should be sought before sensitive information is disclosed b. Court order especially for those children in conflict with the law and victims of violence and trafficking 			

<i>Work Areas</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
c. Use of coding system that provides aliases d. Marking of the records as "CONFIDENTIAL" e. Designated place for confidential records properly marked "FOR AUTHORIZED PERSONNEL ONLY"			
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.			
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"			
IV. Helping Strategies/Interventions			
A. Psycho-social care			
1. Use of appropriate social work methods (casework, group work and community organizing)			
3. Critical incidents stress debriefing			
Psychological/psychiatric evaluation			
Group dynamic exercises			
Stress management activities			
Family Conferencing And Therapeutic Sessions			
B. Homelife			
1. Daily living experience that are flexible and yet balanced with sufficient routines and controls to give them an opportunity to clarify values and modify behavior as well as develop a sense of responsibility, foster discipline, and strengthen their capacity for decision-making and relationship with others.			
Available criteria to assess coping, interaction and leadership skills of residents.			
Criteria to determine level of			

Work Areas	Compliant	Non Compliant	Specific Findings/Recommendations
empowerment of residents adopted			
2. House rules to govern the behavior and conduct of the residents. Corporal punishment and deprivation of basic needs are prohibited as a form of discipline.			
3. Work assignment should be done with the participation of the residents and in accordance with their age, health, interest and capacity. They should not be made to do work for personal services or office work of any personnel			
4. Personal care and other needs are provided to each resident as follows: a. Supervision from the house parents in personal care like sanitation, grooming, brushing teeth and other personal practices			
b. Clothing and other personal effects b.1. Upon admission – 4 sets (2 sets of sleeping clothes and 2 sets daytime clothes including bib/mittens for infants and toddlers); 4 pcs underwear; 1 pair of slipper; 1 pair of shoes			
b.2. Quarterly – 1 pair of socks; 1 pair of slipper. For infants & toddlers, at least 2 sets of clothing consisting of baby dress & underwear			
b.3. Annually – 2 sets daytime clothes; 1 set Sunday attire; 1 set for special occasion; 2 sets casual attire; 1 pair of shoes			
c. Toiletries c.1. 2 face & 1 bath towel			
c.2. 1 tube 150 ml toothpaste/quarter			
c.3. 1 pc toothbrush/quarter			
c.4. 3 bottles 200 ml shampoo/quarter			
d. Linen d.1. 2 bed sheets, 1 pillow with two cases; blankets and mosquito net (replacement may be done on an annual basis and/or as need			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
arises)			
Personal care items provided is increased by one set.			
Personal care items provided is increased by two sets.			
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.			
Weekly planned menu is prepared			
Monthly planned menu is prepared			
C. Educational services			
1. Formal education for primary and secondary school-age children is accessed to other agencies. This is monitored every grading period.			
Tertiary education is included.			
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			
School dropouts are accessed to appropriate acceleration and equivalency program and alternative learning system (ALS) of the Department of Education			
Training on protection and safety, i.e protective behavior			
3. Literacy class for those who cannot be enrolled in formal education			
Development of special interest such as arts and crafts, dancing, music, drama and other fields as identified in the helping process			
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			

<i>Work Area.</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
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 disabilities			
4. Provision of self-enhancement activities/services for PWDs such as, daily living skills, sign language and brail among others			
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)			
Character building and values education with at least 4 sets of each type of ECCD materials			
Maintains a learning resource center for the residents			
D. Medical and Health and Dental services			
1. Annual physical and medical and dental check-up			
Specialized medical treatment within the country is provided for cases with special medical needs			
Staff and residents demonstrating healthy eating habits; conscious practice on health and sanitation ;			
2. Laboratory examination			
3. Basic immunization for infants and toddlers and older persons			
4. Medicines should be administered according to the prescription of licensed physician.			
Residents are provided with training on first aid and on handling/management of common health problems.			
5. Conduct of psychological evaluation for special cases.			
6. Facilitate newborn screening for children.			
7. Hospitalization			
Specialized medical treatment outside the			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings Recommendations</i>
country is provided for cases with special medical needs			
E. Alternative family care			
1. 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.			
Recruits and orients prospective foster and adoptive families including kins, conduct pre and post adoption counseling			
Participates in the regional and/or national matching conference			
Conducts regular forum on adoption and/or foster care			
F. Socio-cultural recreation			
1. Celebration of birthdays and special events such as women/children's month/day, family week/ family thanksgiving day, nutrition month, and other special holidays.			
Outing, picnic, swimming and other sports activities			
Summer camp program; summer olympics; paralympics/abilympics; participation in theater arts production; member of senior citizen federation and other similar activities for the healing and recovery of the residents.			
G. Spiritual enhancement			
1. All residents are provided or accessed to worship service of their choice.			
Observes religious events			
Provision of space/room for the ecumenical worship of residents regardless of their religion			
H. Legal/paralegal assistance			
1. Residents are referred to legal/paralegal assistance.			
2 Provided legal counsel of their choice and given options before taking any legal actions.			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
3. Activities are conducted to prepare residents before the scheduled court hearings; guided during trials and provided de-briefing sessions after each hearing.			
Pool of lawyers available to interpret the case proceedings and update the staff and residents on the progress of the case.			
I. Livelihood, vocational skills/entrepreneurial training			
1. Skills training			
2. Job orientation			
3. Job matching and placement			
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			
Provided capital assistance for residents engaged in livelihood activities or access to sub-contract jobs/sheltered workshops.			
J. Progressive integration with family and community			
1. Regular communication by immediate family members (except perpetrator) are planned and agreed upon.			
Provision of basic support services in the community are coordinated with LGU concerned and other SWAs			
Network of Support services among partner LGUs and SWAs in the community are established			
2. Family reintegration shall be pursued if the case study report shows that it is the best intervention to achieve the helping goals			
Follow-up is done within one year			
Follow-up is done within 6 months			
3. Integration may also be in a form of independent/group home living arrangement, as applicable			
K. Physical Structure and Safety			
A. Location and design			
1. Accessibility to community facilities			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
a. Accessible to, at least community facilities to meet basic needs such as schools, churches, clinic or hospitals, recreation centers.			
2. Safety conditions in the neighborhood a. Safety conditions in the neighborhood are high or atleast manageable. The facility is far from dangerous structures like gas and power stations, 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			
3. Accessibility Features Presence of rail, ramp and toilet and bath for PWDs in compliance to Batas Pambansa 344 s. 1995			
4. 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.			
5. 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.			
6. Facilities and Structures a. 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.			
7. Lighting and ventilation a. Lighting in communal rooms is sufficient and appropriately designed			
8. Security structures b. Security structures that create a prison-like setting shall not be installed. Window grills may be installed provided that it can be			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
opened easily in case of emergency			
c. Call systems or accessible alarm facility are strategically located or are provided in every room			
d. Piped-in music; video for monitoring, provided it is managed by responsible staff and for specific purpose			
B. Facilities and accommodation			
1. Written policies and procedures to guide employees notes care and supervising client			
2. Written policies and procedures respecting food and drinks to be given to client			
3. Written policies and procedures for the safe release of client			
4. Universal precautions are practiced			
5. Allergies are posted and staff informed			
6. Clients instructed and practice good hygiene			
7. Hazardous methods are inaccessible of clients particularly children			
8. Basic utilities for communication, electricity, adequate potable water are available and provided to staff and residents.			
Availability of fax machine and other means of communication			
Computer with internet connection			
9. 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:			
a. Bedrooms			
a.1. Should not be part of the communal/living areas			
a.2. 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			
a.3. Rooms for PWDs with accessibility feature and with			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
<p>enough space in between beds for their wheelchair</p>			
<p>a.4. 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.</p>			
<p>a.5. 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.</p>			
<p>a.6. Each resident has his/her own bed (no double deck beds for young children), a storage/cabinet for clothing and other personal belongings.</p>			
<p>a.7. No basement shall be used as sleeping accommodation unless declared fire-safe by the concerned government authorities</p>			
<p>a.8. 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.</p>			
<p>a.9. No resident shall occupy a room with member of the opposite sex unless they are immediate members of the same family</p>			
<p>Doors shall have visual opening for visual check by the staff-on-duty</p>			
<p>b. Living/communal areas and facilities</p>			
<p>b.1. 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.</p>			
<p>A separate area or garden space</p>			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
for reflection			
b.2. 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			
b.3. Couch/rocking chairs (one/houseparent caring for infants and one for every two older persons)			
c. Bathrooms and washing facilities			
c.1. One functional bathroom and toilet with at least two lavatories for every 10 female or male residents One assisted bath for residents with disability, at least one for every 8 PWD is preferred			
c.2. Children-sized bathroom and toilet facilities/amenities for those catering to children A separate toilet facilities for visitors			
c.3. When adult facilities are used, non-tippable stairs or stalls are provided			
c.4. One functional bathroom and toilet each for male and female staff.			
c.5. Bathrooms and toilets for PWDs			
d. Kitchen and dining rooms			
d.1. With chairs and table based on the age level of the residents, with no more than 10 individuals per table for better interaction			
d.2. Kitchen should be equipped with basic kitchen furnishing, tools and utensils			
d.3. Equipped with adequate dining wares, one set per resident			
e. Laundry area			
e.1. Located in an area where it can not obstruct in the day-to-day activities			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
of the staff and residents			
e.2. Laundry area for PWDs should be level with their wheelchair (for wheelchair bound PWDs)			
f. Storage area			
f.1. Where foods, supplies, wheelchairs and other equipment are stored and properly accounted for			
f.2. Kept tidy, well-maintained and organized to ensure safety of goods			
f.3. Space should be enough to store all items kept for safekeeping			
f.4. Well ventilated and items properly labeled			
g. Study area/mini library			
Study area is conducive to learning. Well ventilated with proper lighting and study table			
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			
Resource center in place; computer in joss for the blind			
h. Infirmary/Clinic			
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			
i. Office space/administrative rooms			
i.1. Each staff should have one table and chair and has his/her own cabinet/designated space for files and safekeeping of personal items			
i.2. Has adequate space for the day-to-day office operation, at least 4 sq. m/staff			
i.3. Furnished with appropriate office equipment such as filing cabinets,			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
chairs/sofa and tables for the inquiring public			
i.4. Separate from the areas of interaction and programmed activities with the residents			
j. Conference/training room j.1. There is provision of conference/training room with adequate furniture and fixtures for use by the staff and residents during meetings, case conference, seminars, trainings and other related activities			
k. Interview/counseling/therapy room k.2.Space for visiting parent/s and other visitors			
A separate space is provided to entertain visitors			
k.1.Separate from the office space used for day-to-day operation			
Equipped with counseling paraphernalia such as art materials, throw pillow, dolls, toys, sandbox and other furniture & fixtures appropriate to the age and purpose of the counseling/therapy sessions			
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			
9. 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.			
10. Staff quarters			
Separate sleeping quarters for male and female staff			
11. Control/observation room – if provided for those resident			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings Recommendations</i>
manifesting violent behavior, his/her physical safety should be considered by making sure that the room:			
a. Has all switches for lights and ventilation outside the room; no electrical outlets in the room;			
b. Allows for total observation of the behavior at all times;			
c. Has protected recessed ceiling light;			
d. Is properly ventilated with window/s that are/is secured and protected to prevent harm to the resident;			
e. Has all doors, ceilings and walls constructed of strength and materials to prevent damage or harm to the resident;			
f. Is a minimum of 6 ft by 9 ft in size with at least 7.5 ft. ceiling			
a. Sanitation and Waste Management System			
1. Generally clean and free from clutter, dirt or waste matter			
2. Free from rodents, insects and stray animals. If there are pets inside the facility, proper hygiene is also observed.			
3. Functional drainage and sewerage system			
4. Implements proper waste disposal system (segregation of biodegradable and non-biodegradable materials) and other practices that supports the Clean Air Act			
5. Rest rooms facilities are clean and sanitary			
6. Rest room facilities are adequately stock with the necessary supplies			
Zero waste management			
5-s installed: and practiced by the management, staff and residents (sort – take out unnecessary items and dispose; systematize – arrange necessary items in good order; sweep – clean your workplace; sanitize – maintain high standards; and self-discipline- do 5s spontaneously)			
b. Emergency and Safety Measures			

<i>Work Area</i>	<i>Compliant</i>	<i>Non Compliant</i>	<i>Specific Findings/Recommendations</i>
1. The facility is declared safe by proper government authority as evidenced by certificates issued in compliance with building and fire safety requirements			
2. Evacuation/exit plan, warning system and emergency exits are clearly installed and known to all staff and residents			
3. Fire fighting gadgets available, e.g functional fire extinguisher or its equivalent like sand and water			
4. Inflammable materials and other dangerous home implements/substances are kept in a locked cabinets with designated persons to monitor their use			
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			
6. Staff are able to open the doors to any room from the outside in case of emergency			
7. Main exit doors should have outward opening			
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			
*9. Keeps electrical cords and electrical outlets out of reach by infants and toddlers and those unused electrical outlets covered.			
10. Available and updated certificates on fire safety, building and water potability			

Highlights of Focus Group Discussion: