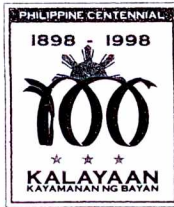




PHILIPPINES 2000



**MEMORANDUM CIRCULAR NO. 03**

**Series of 2004**

**SUBJECT : GUIDELINES IN MONITORING SOCIAL WELFARE AND DEVELOPMENT AGENCIES**

**A. RATIONALE**

Standards compliance monitoring is part and parcel of the system of standards enforcement. This involves checking whether minimum requirements for a quality social welfare and development (SWD) service and operation of a SWD agency are met. Through monitoring, gaps and concerns as well as best practices are identified which serves as significant inputs to the formulation and enrichment of policies and standards as well as in the provision of technical assistance, when indicated. It becomes a basis for supporting appropriate action and to sustain acceptable level of operation and service delivery to the target claim holders.

In view thereof, the Department of Social Welfare and Development (DSWD), through the Standards Bureau (SB) deems it necessary to install a systematic and comprehensive monitoring scheme and tools considering the different modes of service delivery and varying category of claim holders. Clear procedures are expected and effective tools are needed to achieve monitoring goals and determine gaps and difficulties of SWD agencies in complying with the standards, hence, intervention and technical assistance could be rendered in a timely and appropriate manner.

Thus, to ensure effective and efficient conduct of monitoring of SWD agencies, the following guidelines are issued:

**B. OBJECTIVES**

General Objective: To ensure compliance to set standards for the implementation of SWD services such as center based, street based, residential and community based services.

1. To determine what standards were met by the SWD agencies and what were not and identify and assess facilitating factors and/ or hindrances/ difficulties.
2. To identify issues/ concerns affecting quality of service delivery to target clientele groups as bases for policy and/ or standards development, enrichment and technical assistance.
3. To keep track of the progress of SWD agencies under a suspension order.

4. To recommend corrective measures for any deviation from existing standards/policies/ rules and regulations in the operation SWD agencies and implementation of their programs and services.
5. To determine readiness of the registered SWD agencies for licensing and/or accreditation.

### **C. COVERAGE**

These guidelines shall cover the following:

- All registered, licensed and accredited SWD Agencies
- DSWD and local government unit (LGU) run centers and institutions
- All non-government organizations (NGOs) and people's organizations (POs) issued with public solicitation permit and duty free entry of foreign donated goods.
- SWD Agencies with suspension order

### **D. METHODOLOGIES**

Monitoring visits, announced or unannounced, shall be conducted at least every six (6) months for each SWD agency. Residential care facilities shall, however, be monitored quarterly or as often as necessary. Monitoring shall be done using the monitoring tools appended to this guidelines and the following method includes:

1. Review of agency records, reports and other pertinent documents.
2. Ocular survey of agency facilities and/or location and project implementation.
3. Focused group discussion with clients.
4. Interview with agency head/ executive director, social worker/s, board members, houseparents, if applicable and other key personnel.
5. Observation of agency activities.
6. Interview with at least three (3) barangay officials, informants and/or other significant members of the community.

### **E. ROLE DELINEATION**

The Field Offices (FOs) shall monitor those SWD agencies operating within their geographical jurisdiction including those with license to operate nationwide. SB on the other hand, shall be responsible for coordinating with the head office of such agency based on the monitoring reports from Field Offices.

### **F. PROCEDURES**

1. Prior to the visit, the concerned staff shall review all pertinent documents on file of the subject agency to determine changes, revision/ gaps and new/ updated documents. These documents would include but not limited to:
  - a. Agency's annual/ accomplishment report
  - b. Agency's action plan, as applicable



- c. Manual of Operation
  - d. List and profile of agency personnel/ governing board
  - e. Work and financial plan
  - f. Audited financial report
  - g. Suspension order for those SWD agencies under suspension
2. Notice to the concerned agency shall be sent at least one (1) week before the scheduled visit except for unannounced visits in the case of those subject of complaints.
  3. Review of additional records during the actual visit as basis in accomplishing the attached monitoring tools. Such documents would include but not limited to:
    - Minutes of board meetings
    - Minutes of staff meetings
    - Social case study reports
    - Treatment plans
    - Progress reports
    - Houseparents' logbook (if applicable)
    - Minutes of case conferences/ supervision
    - Records of daily activities
    - Recordings in the conduct of sessions
    - Summary/ terminal/ discharge reports
  4. Depending on the status of the subject agency, the following tools shall be used:
    - For registered SWD agencies – please see Standards Compliance Monitoring Tool for Registered SWD Agencies (Annex A)
    - For licensed SWD agencies – please see Standards Compliance Monitoring Tool for Licensed SWD Agencies (Annex B)
    - For accredited SWD agencies – please see Standards Compliance Monitoring Tool for Accredited SWD Agencies (Annex C)
    - For SWD with suspension order – please see Monitoring Tool for SWD Agencies with Suspension Order (Annex F)
    - For SWD agencies granted with duty free entry – please see Monitoring Tool for SWD Agencies Granted with Duty Free Entry of Foreign Donated Goods (Annex H)
    - For agencies issued with public solicitation permit – please see Monitoring Tool for Agencies Issued with Local and National Public Solicitation Permit (Annex I)
  5. The following tools shall be used in the conduct of interview with agency staff and other significant members of the community to validate information gathered from the SWD agencies being monitored:
    - Conduct of interview with the SWD Agency's head and staff – please see Interview and/ or Focused Group Discussion Guide for the SWD Agency's Head, Social Worker and Houseparents (Annex D)
    - Conduct of interview and/ or focused group discussion with clients – please see Guide in the Conduct of Interview and/ or Focused Group Discussion for the Clients (Annex E)
    - Interview with other significant members of the community – please see Interview Guide for Collateral Informants (Annex G)

6. At the conclusion of the visit, an action plan shall be formulated by the agency together with the DSWD staff conducting the monitoring. The said action plan shall focus on the specific areas the subject agency needs to strengthen towards meeting the standards either for licensing and/ or accreditation. Such assessment shall be the reference for the succeeding monitoring.

In case of an accredited agency, the action plan shall focus on how it can sustain or meet higher standards.

In case of SWD agency subject to or under a suspension order, the action plan shall be based on the suspension order and on the corrective measures that would lead to the lifting of the suspension. The FOs shall conduct monthly monitoring to ensure that the action plan is being properly implemented and followed as provided for in the Administrative Order (AO) 140.

In case of a SWD agency issued with duty free entry of foreign donated goods and/or public solicitation permit, the monitoring shall focus on how the distribution or utilization of funds and commodities received and its beneficiaries.

7. Before leaving the area, results/ findings of the monitoring visit shall be discussed with the agency's Executive Director/head or his/her duly authorized representative in the presence of his/her staff. These shall be followed by a confirmation letter within 15 working days after the visit.
8. If, in the course of the monitoring, a complaint against the SWD agency or a violation of existing laws, rules and regulations is noted, the concerned DSWD staff shall prepare a separate report indicating among others the following information:
  - a. Nature of complaint/ violations (administrative or criminal)
  - b. Alleged victims/ name of offended party/ies (client or staff)
  - c. Alleged perpetrator/s
  - d. Acts or omissions complained of as constituting the offense
  - e. Date and/ or duration and place where the offense/ violation was committed
  - f. Other relevant information/ circumstances surrounding the case.

In this case, the procedure in handling of complaints shall apply.

## **G. REPORTING**

Report on the result of regional monitoring shall be submitted to the SB on the last working day of the first week of each succeeding quarter. (Please see attached Annex J for the reporting format).

In case of those agencies with license to operate nationwide, the Field Office concerned shall submit the result of its monitoring conducted to the branch offices or facilities of said agencies to the SB within ten (10) working days after the visit. The report shall contain among others the following information:

- a. Name of agency
- b. Complete address
- c. Contact number

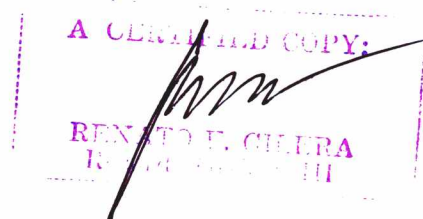
- d. Name of agency regional head/ coordinator
- e. License and accreditation number
- f. Agency category/ies and service delivery mode/s
- g. Significant findings (should be based on the information gathered from the monitoring tools; strengths; weaknesses)
- h. Summary of issues/ gaps
- i. Recommendations

**H. EFFECTIVITY**

These guidelines shall take effect immediately.

Issued this 6<sup>TH</sup> day of February, 2004.

  
**CORAZON JULIANO-SOLIMAN**  
 Secretary



**ANNEXES:**

- Annex A - Standards Compliance Monitoring Tool for Registered SWD Agencies
- Annex B - Standards Compliance Monitoring Tool for Licensed SWD Agencies
- Annex C - Standards Compliance Monitoring Tool for Accredited SWD Agencies
- Annex D - Interview and/ or Focused Group Discussion Guide for the SWD Agency's Head, Social Worker and Houseparents
- Annex E - Guide in the Conduct of Interview and/or Focused Group Discussion for the Clients (Children, youth, women, family, persons with disabilities and older persons)
- Annex F - Monitoring Tool for SWD Agencies with Suspension Order
- Annex G - Interview Guide for Collateral Informants
- Annex H - Monitoring Tool for SWD Agencies Granted with Duty Free Entry of Foreign Donated Goods
- Annex I - Monitoring Tool for Agencies Issued with Local and National Public Solicitation Permit
- Annex J - Regional Monitoring Report



## STANDARDS COMPLIANCE MONITORING TOOL FOR REGISTERED SOCIAL WELFARE AND DEVELOPMENT (SWD) AGENCIES

**Name of Agency:** \_\_\_\_\_ **Status of Operation:**  
**Complete Address:** \_\_\_\_\_ (Please check appropriate box)  
 \_\_\_\_\_  Currently in Operation  
 \_\_\_\_\_  Not yet in Operation  
**Tel./Fax/Mobile #s:** \_\_\_\_\_ (if not yet operating,  
**Agency Head :** \_\_\_\_\_ end of interview)  
**Position Title/Designation:** \_\_\_\_\_

Registration/ Business Permit No.	Date of Issuance
DSWD:	
SEC:	
DTI:	
Mayor's Permit:	
CDA:	

<p><b>Category of the Social Welfare and Development (SWD) Agency</b> (Please check appropriate box)</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Social Work Agency</p> <p><input type="checkbox"/> People's Organization</p> <p><input type="checkbox"/> Resource Agency</p> <p><input type="checkbox"/> SWD Network</p>	<p><b>Target Clientele</b> (Please check appropriate box)</p> <p><input type="checkbox"/> Children</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> Older Persons</p> <p><input type="checkbox"/> Women</p> <p><input type="checkbox"/> Persons with Disabilities</p> <p><input type="checkbox"/> Victims of Calamities</p> <p><input type="checkbox"/> Families</p> <p><input type="checkbox"/> Communities</p> <p><input type="checkbox"/> Others (specify) ____</p>	<p><b>Area of Coverage/ Geographical location</b> (Please enumerate)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Total Number of Clients Served</b></p> <p>_____ Previous Calendar Year (CY)</p> <p>_____ Current Calendar Year (CY)</p>
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Source of Fund (Please check appropriate box)	Amount	
	Previous CY	Current CY
1. Private		
<input type="checkbox"/> Church/ Religious Org.		
<input type="checkbox"/> Civic		
<input type="checkbox"/> Business		
2. Individual		
3. Government		
<input type="checkbox"/> Local		

<input type="checkbox"/> National 4. International/ Foreign 5. Others (pls. specify) i.e. fund raising/solicitation		
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**AGENCY'S OPERATIONS:**

1. The agency has ongoing activities / projects.  Yes  No
2. If yes, the activities are regularly conducted.  Yes  No

Activities are implemented in accordance with agency's purposes/ objectives.  
 Yes  No

If no, please state reasons.

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3. The agency is ready for licensing.  Yes  No  
 (Determine agency's readiness through the following indicators.)

- a. If operating as child caring agency, the agency presented certification of having corresponding number of Registered Social Worker/s (RSW's)?  Yes  No

If no, please state reasons.

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- b. If operating as a residential facility, the agency has the following certificates:

- Certificate of Fire Safety for the current year  Yes  No
- Certificate of Building Structural Safety for the current year  Yes  No
- Certificate of Safety for Occupancy for newly constructed building for the current year  Yes  No
- Water and Sanitation Certificate for the current year  Yes  No

If no, please state reasons \_\_\_\_\_

- c. If implementing child placement service/s, the agency's RSW has certification on training received on the following, as applicable:

- Foster Care  Yes  No
- Adoption  Yes  No
- Legal Guardianship  Yes  No

If no, please state reasons. \_\_\_\_\_

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- d. If operating nationwide, certification from concerned DSWD Offices is presented or if operating in particular locality/ies, certification from concerned Local Government Units (LGUs) attesting to the agency's operation in their respective localities?  Yes  No  
If no, please state reasons. \_\_\_\_\_
- e. If operating through tie-up scheme, the agency has written agreement of partnership or cooperation between the applying agency and concerned party/ies?  Yes  No  
If no, please state reason. \_\_\_\_\_
- f. Complete list and profile of agency personnel is presented.  Yes  No  
If none, please state reasons. \_\_\_\_\_
- g. If agency is utilizing services of foreigners, appropriate permit/s is/are issued by proper government agency/ies.  Yes  No  
If no, please state reasons. \_\_\_\_\_
- h. Complete list and profile of agency's governing board is presented.  Yes  No  
If no, please state reason. \_\_\_\_\_
- i. Masterlist of clients/ beneficiaries is presented.  Yes  No  
If no, please state reason. \_\_\_\_\_
- j. Work and Financial Plan for the current and incoming years is presented.  Yes  No  
If no, please state reason. \_\_\_\_\_
- k. Itemized statement of funds and disbursements certified by duly licensed Certified Public Accountant (CPA) or by an independent accountant.  Yes  No  
If no, please state reasons. \_\_\_\_\_
4. Annual report of agency is updated and submitted.  Yes  No  
If no, please state reason. \_\_\_\_\_

**OVERALL FINDINGS:****1. Strengths**



## 2. Areas for Improvement

### RECOMMENDATIONS:

**Monitored by:**

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**Signature Over Printed Name**

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**Office and Designation**

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**Date**

**STANDARDS COMPLIANCE MONITORING TOOL  
FOR LICENSED SWD AGENCIES**

<b>Name of Agency:</b> _____	<b>Date last visited :</b> _____
<b>Complete Address:</b> _____	<b>Purpose of visit :</b> _____
_____	<b>Assessed by :</b> _____
<b>Tel./Fax #s:</b> _____	<b>Office and Designation :</b> _____
_____	_____
<b>Agency Head :</b> _____	<b>Position Title/Designation:</b> _____
<b>License to Operate No. :</b> _____	<b>Date of Issuance:</b> _____
	<b>Issued by:</b> <input type="checkbox"/> Standards Bureau
	<input type="checkbox"/> Field Office / Region _____

<b>Agency Service Delivery Mode/s</b>	<b>Target Clientele</b>	<b>Area of Coverage/ Geographical location</b> ( Pls. enumerate)
<input type="checkbox"/> Residential Care	<input type="checkbox"/> Children	_____
<input type="checkbox"/> Community Based	<input type="checkbox"/> Youth	_____
<input type="checkbox"/> Center Based	<input type="checkbox"/> Older Persons	_____
<input type="checkbox"/> Street Based	<input type="checkbox"/> Women	_____
If providing services for children please check specific categories	<input type="checkbox"/> Persons with dis-Abilities	_____
<input type="checkbox"/> Child placing	<input type="checkbox"/> Victims of Calamities	<b>Total Number of Clients Served</b>
<input type="checkbox"/> Child caring	<input type="checkbox"/> Families	_____ Previous CY
	<input type="checkbox"/> Communities	_____ Current CY
	<input type="checkbox"/> Others (specify) _____	

Source of Fund	Amount	
	Previous CY	Current CY
1. Private		
<input type="checkbox"/> Church/ Religious Org.		
<input type="checkbox"/> Civic		
<input type="checkbox"/> Business		
2. Individual		
3. Government		
<input type="checkbox"/> Local		
<input type="checkbox"/> National		
4. International/ Foreign		
5. Others (pls. specify) i.e. fund raising/solicitation		

**AGENCY'S OPERATIONS:**

1. Does the agency have ongoing activities / projects?  Yes  No

2. If yes, are the activities regularly implemented?  Yes  No

Are these activities being implemented in accordance with the agency's purposes/ objectives?  Yes  No  
 If no, please state reasons

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3. If there are no activities currently undertaken, please state reasons

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4. Has the agency submitted an updated annual report?  Yes  No  
 If none, please state reasons

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5. Is the agency ready for accreditation?  Yes  No  
 (This can be determined through the following indicators)

a. Does the agency have a Manual of Operation indicating the following?

a.1. Introduction/Rationale stating how the agency came about and particular needs/problems of target clientele which the agency wants to address  Yes  No

Remarks \_\_\_\_\_

a.2. Vision, Mission and Goals/ specific objectives  Yes  No

Remarks \_\_\_\_\_

a.3. Clientele to be served considering the agency's vision, mission, goals and objectives  Yes  No

Remarks \_\_\_\_\_

a.4. Geographical coverage area of operation where the agency will implement its programs and services  Yes  No

Remarks \_\_\_\_\_

a.5. General policies on admission/eligibility based on the agency's vision, mission, goals and objectives  Yes  No

Remarks \_\_\_\_\_

a.6. Programs and services designed to respond to the needs and problems of target clientele including procedures and implementing guidelines.  Yes  No

Remarks \_\_\_\_\_

a.7. Clear definition of responsibilities and duties of governing body, management personnel and service providers.  Yes  No

Remarks \_\_\_\_\_

a. 8. Personnel Policies/Human Resource Management and Development enumerating position, job title, qualification standard, job description, responsibilities and system of supervision.  Yes  No

Remarks \_\_\_\_\_

## a.9. Financial Management

- Systems and procedures on fund sourcing, cash disbursement and liquidation,  Yes  No

Remarks \_\_\_\_\_

## a.10. Property and Supplies Management

- Systems and procedures on procurement, utilization and inventory  Yes  No

Remarks \_\_\_\_\_

## a.11. Communication and Information

- Systems and procedures on IEC, data banking and management  Yes  No

Remarks \_\_\_\_\_

## a.12. Monitoring and Evaluation

- Types of reports and description of content, purpose, user and frequency of preparation, records system for programs/ services and administrative concerns ; methods/tools in monitoring and evaluation.  Yes  No

Remarks \_\_\_\_\_

- b. Does the agency employ adequate number of Registered Social Worker/s (RSW) for child caring agency or community organizer/s for agency implementing community based programs?  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_

## c. Has the agency submitted the following:

- Annual Report  Yes  No
- Work and Financial Plan for the current and incoming years  Yes  No
- Plan of Action specifying commitment to operate within 2 years  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_

## d. If operating a residential facility, does the agency have the following certificates?

- Certificate of Fire Safety for the current year  Yes  No
- Certificate of Building Structural Safety for the current year  Yes  No
- Certificate of Occupancy for newly constructed building for the current year  Yes  No
- Water and Sanitation Certificate for the current year  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. If implementing child placement service/s, has the agency's RSW attended trainings on the following as evidenced by certificates of attendance/ completion?

- |                      |                          |     |                          |    |
|----------------------|--------------------------|-----|--------------------------|----|
| ▪ Foster Care        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| ▪ Adoption           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| ▪ Legal Guardianship | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Remarks

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f. Does the agency have a certification from concerned DSWD Offices, if operating nationwide or certification from concerned LGUs attesting to its operation in their respective localities?

- Yes       No

Remarks

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g. If operating through tie-up scheme, does the agency have a written agreement of partnership or cooperation between the applying agency and concerned party/ies?

- Yes       No

Remarks

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h. Does the agency have a complete list and profile of agency's personnel/ employees?

- i. Does the agency utilize the services of foreigner?       Yes       No
- j. If yes, do they have appropriate permit/s issued by proper government agencies?       Yes       No

Remarks

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k. Does the agency have a complete list and profile of its governing board?       Yes       No

Remarks

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l. Does the agency have a masterlist of its clients/ beneficiaries?       Yes       No

If none, please state reason

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m. Does the agency have a Work and Financial Plan for current and incoming year?

- Yes       No

Remarks

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6. Has the agency submitted an updated annual report?       Yes       No

If none, please state reasons

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**OVER ALL FINDINGS/ RESULT**

1. Strengths

2. Areas for Improvement

**RECOMMENDATIONS**

**Monitored by:**

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**Signature Over Printed Name**

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**Office and Designation**

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**Date**

**STANDARDS COMPLIANCE MONITORING TOOL  
FOR ACCREDITED SWD AGENCIES**

<b>Name of Agency:</b>	<b>Date last visited:</b>
_____	_____
<b>Complete Address:</b>	<b>Purpose of visit:</b>
_____	_____
	<b>Assessed by:</b>
_____	_____
<b>Tel./Fax #s:</b>	<b>Office and Designation:</b>
_____	_____
<b>Agency Head:</b>	<b>Position Title/Designation:</b>
_____	_____

**License to Operate No. :** \_\_\_\_\_ **Date of Issuance:** \_\_\_\_\_  
**Issued by:**  Standards Bureau  
 Field Office / Region \_\_\_\_\_

**Accreditation No.:** \_\_\_\_\_ **Date of Issuance:** \_\_\_\_\_ **Date of Expiration:** \_\_\_\_\_

<b>Agency Service Delivery Mode/s</b>	<b>Target Clientele</b>	<b>Area of Coverage/ Geographical location (Please enumerate.)</b>
<input type="checkbox"/> Residential Care	<input type="checkbox"/> Children	_____
<input type="checkbox"/> Community Based	<input type="checkbox"/> Youth	_____
<input type="checkbox"/> Center Based	<input type="checkbox"/> Women	_____
<input type="checkbox"/> Street Based	<input type="checkbox"/> Persons w/disabilities	_____
	<input type="checkbox"/> Older Persons	_____
	<input type="checkbox"/> Victims of Calamities	
	<input type="checkbox"/> Families	<b>Total Number of Clients Served</b>
	<input type="checkbox"/> Communities	_____ Previous CY
	<input type="checkbox"/> Others (specify) _____	_____ Current CY

Source of Fund	Amount	
	Previous CY	Current CY
1. Private		
<input type="checkbox"/> Church/Religious Org'n.		
<input type="checkbox"/> Civic		
<input type="checkbox"/> Business		
2. Individual		
3. Government		

<input type="checkbox"/> Local <input type="checkbox"/> National 4. International/ Foreign 5. Others (pls. specify) i.e. fund campaign/solicitation		
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**Part I. Administration and Organization:**

**A. Organizational Purpose and Commitment:**

1. The agency has written vision, mission and objectives (VMO.)  Yes  No  
 If no, please state reasons. \_\_\_\_\_
2. Is the agency operation consistent with its VMO?  Yes  No  
 If no, what are the inconsistencies? \_\_\_\_\_
3. The agency operates in the areas specified in its license.  Yes  No  
 If no, why? \_\_\_\_\_
4. The agency serves clientele group/s based on its stated target beneficiaries.  Yes  No  
 If no, why and what clientele group/s is/are being served?  
 \_\_\_\_\_

**B. Human Resource Development and Management:**

1. The agency has existing organizational structure/ staffing pattern.  Yes  No  
 If none, why? \_\_\_\_\_  
 What is/are the organization's plan/s to complete its staffing pattern?  
 \_\_\_\_\_  
 If yes, organizational structure/staffing pattern varies with the size, nature/type of organization and number of target clientele?  Yes  No  
 Remarks \_\_\_\_\_
2. The organizational policies and procedures on recruitment, appointment, promotion and termination/ separation are being followed and strictly implemented.  Yes  No  
 Remarks \_\_\_\_\_
3. The organization has written rules and procedures in handling personnel needing disciplinary action.  Yes  No  
 If yes, what are those? \_\_\_\_\_  
 If none, what actions have to be undertaken/have been done, if any?  
 \_\_\_\_\_
4. The organization's qualification standards on recruitment are being followed.  Yes  No  
 If no, what were the agency's bases for the recruitment of its staff?  
 \_\_\_\_\_
5. The duties and responsibilities of each personnel as specified in the organization's manual of operation are congruent with actual job functions.  Yes  No  
 Remarks \_\_\_\_\_



There are other functions performed by personnel that are beyond the specified duties and responsibilities.  Yes  No

If yes, what is this/are these?

\_\_\_\_\_

Performance of other functions affects the personnel's work.

Yes  No

6. The organization's written working and labor standards including wages, benefits and privileges are strictly implemented.  Yes  No

If no, why and what are those that are not being implemented?

\_\_\_\_\_

\_\_\_\_\_

**7. STAFF DEVELOPMENT**

a. The agency provides training opportunities for their personnel (at least once a year).

Yes  No

If yes, how often? \_\_\_\_\_

Remarks \_\_\_\_\_

b. The agency provides its personnel opportunities to attend training/ seminars with other agencies for professional growth/ development.  Yes  No

Remarks \_\_\_\_\_

c. The organization conducts regular staff meetings.  Yes  No

If no, why? When does it plan to start its regular staff meeting? \_\_\_\_\_

If yes, how often? \_\_\_\_\_

Staff meetings are properly documented.  Yes  No

Remarks \_\_\_\_\_

Meetings cover the needs and problems of the staff.  Yes  No

If no, how are the needs /problems/complaints of the staff, if any, raised/ known to the agency? \_\_\_\_\_

The organization is open to suggestions and recommendations on the concerns of the staff  Yes  No

Remarks \_\_\_\_\_

d. The agency provides health program/services for its personnel?

Yes  No

If no, why? \_\_\_\_\_

If yes, what are these? \_\_\_\_\_

**C. Staff-Client Ratio**

1. How many cases does the social worker/ community worker handle at a time?

\_\_\_\_\_

2. What is the nature of the cases? \_\_\_\_\_

3. How many clients/residents are handled by each houseparent per shift? (As applicable)

\_\_\_\_\_

**D. Financial and Material Resource Management**

1. The agency has an approved and updated two-year work and financial plan that reflects activities to be undertaken and the budget sources.  Yes  No  
If no, why? \_\_\_\_\_
2. Procedures in the receipt and utilization of donations, either in cash or in kind, are transparent.  Yes  No  
If no, why? \_\_\_\_\_
3. The agency has an updated annual financial report duly audited by an independent certified public accountant, or in accordance with existing government procedures.  Yes  No  
If no, why? \_\_\_\_\_
4. Fund allocation and utilization of the agency follows the 60-40 ratio, i.e. 60 % for programs and 40% for administrative expenses.  Yes  No  
If no, what ratio is followed and why?  
\_\_\_\_\_
5. The agency has written policies on management of funds including provision and liquidation of cash advances.  Yes  No  
If no, why? \_\_\_\_\_
6. Resource Generation
  - 6.1. Volunteer development and mobilization  Yes  No
  - 6.2. Funds generation which may include solicitation, fund raising projects or through local and international funding  Yes  No  
What particular method is/ are being used? \_\_\_\_\_

**E. Support Services**

1. The agency has updated data and information management system pertaining to its programs and administrative operation, which can be shared with the public.  Yes  No  
If no, why? \_\_\_\_\_
2. The agency has general services for the maintenance and day-to-day operation of the center such as vehicle/s for the residents and official functions of the agency whenever there is a need.  Yes  No  
If no, why? \_\_\_\_\_  
\_\_\_\_\_  
If yes, what are these? \_\_\_\_\_  
\_\_\_\_\_

**Part II. Program Management**

1. Planning
  - The agency's work plan is consistent with the agency's thrusts, programs and services.  Yes  No  
If no, why? \_\_\_\_\_
  - Work plan is supported with baseline data and situational analysis.  Yes  No  
If no, why? \_\_\_\_\_

- The plan is formulated in consultation with the agency's clients.  Yes  No  
If no, why? \_\_\_\_\_
  - The plan clearly indicates short- and long-term goals, activities, resources needed expected output/outcome and responsible units.  Yes  No  
If no, why? \_\_\_\_\_
  - The agency's performance indicators/ measures are in place.  Yes  No  
If no, why? \_\_\_\_\_
2. Implementation
- The agency has available and operational program/service manual that indicates operational procedures, strategies, policies, guidelines in the implementation of each program/service.  Yes  No  
If no, why? \_\_\_\_\_
  - The agency's programs, projects and activities are implemented as planned.  Yes  No  
If no, why? \_\_\_\_\_
  - The agency's management is supportive of the needs and concerns of the personnel.  Yes  No  
If no, why? \_\_\_\_\_  
If yes, in what way? \_\_\_\_\_
3. Monitoring
- The result of monitoring is being utilized in managing planned activities.  Yes  No  
If no, why? \_\_\_\_\_
  - The agency has an established system on collecting, recording and updating information and incoming significant aspects of a service/plan.  Yes  No  
If no, why? \_\_\_\_\_
4. Evaluation
- The agency conducts periodic assessment of its plan and accomplishments.  Yes  No  
If no, why? \_\_\_\_\_
  - Result of the agency's program evaluation is utilized as basis for program planning and enrichment.  Yes  No  
If no, why? \_\_\_\_\_

**Note:**

For Part III – VI monitoring tool shall depend on the type of service delivery mode. Please refer to:

- Annex C – 1 – Residential Care
- Annex C – 2 - Community-based
- Annex C – 3 - Center-based
- Annex C – 4 - Street-based

STANDARDS COMPLIANCE MONITORING TOOL FOR ACCREDITED SWD AGENCIES  
Name of Agency: \_\_\_\_\_ continuation

RESIDENTIAL CARE

Part III. Physical Structures and Safety

A. Physical Facilities

- 1. The location of the residential facility is accessible to, at least, community facilities such as schools, churches, and hospitals/clinics and is far from conflict areas, cliff, rivers, gas and power stations and other structures that may pose hazard to all.

Yes  No

If no, why? \_\_\_\_\_

- 2. Accessibility features are installed where facilities, rooms and spaces are barrier-free and properly labeled with appropriate signage for access to residents, staff or persons with disability.

Yes  No

If no, why? \_\_\_\_\_

- 3. The agency has recreational facilities, adequate space for indoor activities, open space for outdoor activities, and appropriate space for reflection.

Yes  No

If no, what alternative does it have? \_\_\_\_\_

- 4. Adequate and appropriate laundry space is provided.

Yes  No

If no, why? Where do the staff/residents usually do the laundry? \_\_\_\_\_

- 5. The agency has a stock room where foods, supplies and materials are safely kept and properly accounted for.

Yes  No

If no, where does it keep their foods, supplies and materials? \_\_\_\_\_

- 6. Cottages/rooms accommodate different age groups to approximate family life.

Yes  No

What is the capacity of every cottages/rooms? \_\_\_\_\_

How many occupiers? \_\_\_\_\_

- Dining room is furnished with appropriate chairs and tables, which are arranged in a manner that facilitates healthy interaction.

Yes  No

If no, why? \_\_\_\_\_

- Kitchen is equipped with basic kitchen furnishings, tools and utensils.

Yes  No

If no, why? \_\_\_\_\_

- Bedrooms have the provision of bed or crib per resident.

Yes  No

If no, how many occupiers one bed/crib? \_\_\_\_\_

- Living room/receiving room is suitable for relaxation or leisure of the residents and visitors.

Yes  No

If no, why? \_\_\_\_\_

- Enough functional bathroom/toilet is provided for female and male.

Yes  No

If no, why? \_\_\_\_\_

If yes, how many bathrooms/toilets are there for resident females and males? \_\_\_\_\_

- Study area is provided for residents.  Yes  No  
If no, why? \_\_\_\_\_
- Infirmary/clinic or its equivalent is available for residents needing medical attention/consultation.  Yes  No  
If no, why? Where do the residents go for medical attention/consultation? \_\_\_\_\_
- Interview/counseling room is equipped with paraphernalia that would allow interaction between client and social worker?  Yes  No  
If no, what is being used as an alternative? \_\_\_\_\_
- Conference room is functional and is properly furnished.  Yes  No  
If no, what is being used as an alternative? \_\_\_\_\_
- Staff quarters are available.  Yes  No  
If no, why? What is being used as an alternative? \_\_\_\_\_

## B. Emergency Measures

1. The agency has evacuation plan, warning system and clearly marked emergency exits and escape route known to all residents and staff.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
2. Periodic fire and earthquake drills and orientation on safety, survival techniques during emergency and disaster are conducted.  Yes  No  
If no, why? When would the agency implement such? \_\_\_\_\_
3. Fire fighting gadgets are available e.g. functional fire extinguisher or its equivalent, like sand, water, etc.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
4. First aid kit is strategically located for easy access of staff.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
5. The agency has the following updated annual certificates:
  - Certificate of Fire Safety for the current year  Yes  No
  - Certificate of Building Structural Safety for the current year  Yes  No
  - Certificate of Occupancy for newly constructed building for the current year  Yes  No
  - Water and Sanitation Certificate for the current year  Yes  No
 If no, please state reasons. \_\_\_\_\_
6. Toxic and hazardous substance and materials are kept in safe places  Yes  No

## Part IV. Case Management

1. The agency has policies and systematic procedures in admitting residents/clients?  Yes  No  
If no, why? How are clients admitted? \_\_\_\_\_
2. Case study report is accomplished by the social worker within a week to one (1) month after helping agreement is made.  Yes  No

If no, why? How long is it usually accomplished? \_\_\_\_\_

3. Case study report indicates clear helping plan.  Yes  No  
If no, what serves as basis for intervention? \_\_\_\_\_
4. Helping plan is carried out on time.  Yes  No  
If no, why? \_\_\_\_\_
5. Revised case study report is present in case folder of each client with indication of new significant information and that progress occurred in the helping process.  Yes  No
6. Evaluation is conducted to determine whether the helping goals are achieved and whether the helping strategies were effective.  Yes  No  
If no, why? \_\_\_\_\_
7. Pre-discharge conference is undertaken with the helping team.  Yes  No  
If no, why? \_\_\_\_\_
8. Transfer summary is prepared and properly endorsed by social worker to the receiving social worker/ agency before transferring a case.  Yes  No  
If no, why? How is a case being transferred? \_\_\_\_\_
9. After care services are arranged prior to a client's discharge.  Yes  No  
If no, why? \_\_\_\_\_
10. The average duration of stay of residents in the center is:  
 6 months or less  
 more than 6 months to 1 year  
 more than 1 year to two years  
 more than two years  
If more than one year, please state reasons \_\_\_\_\_
11. In case of abandoned/neglected children, petition is filed in court for the declaration of abandonment.  Yes  No  
If yes, when was this filed in relation to child's admission in the center? \_\_\_\_\_  
If no, please state reasons \_\_\_\_\_
12. In case of voluntary commitment to the center, are requirements completed to facilitate adoption.  Yes  No  
If yes, when were the requirements accomplished in relation to the child's admission to the center? \_\_\_\_\_  
If it is after more than six (6) months, please state reasons \_\_\_\_\_  
If no, please state reasons \_\_\_\_\_

### Part V. Case Recording

The agency maintains complete and updated case records for each client which include the following:

- Birth Certificate or Certificate of Foundling (for abandoned children)  Yes  No  
If no, please state reason/s \_\_\_\_\_

- Court decision on declaration of abandonment/ deed of voluntary commitment whichever is applicable.  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- Death certificate of parents, if applicable  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- Intake assessment  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- Social case study report  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- Helping Plan  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- Records of physical, medical and dental examination/s and interventions  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- All correspondence/communications concerning the client  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- School records, if applicable  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- Progress report/running records of the case  Yes  No  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- Transfer summary/Closing summary, if applicable  
 If no, please state reason/s \_\_\_\_\_  
 \_\_\_\_\_
- Cite other records/documents in case file. Identify nature of case. \_\_\_\_\_  
 \_\_\_\_\_

## Part VI. Programs and Services/ Helping Strategies

### Home Life Services

1. Daily program of activities for residents is comfortably stimulating and flexible to develop a sense of responsibility and discipline and strengthen their relationship with others and capability for decision-making.  Yes  No  
 If no, why? \_\_\_\_\_
2. Clients are free to approach agency personnel/ houseparents/ peers and satisfactory relationship is fostered by the center staff.  Yes  No  
 If no, why? \_\_\_\_\_
3. Opportunity is provided for residents' values clarification and behavior modification.  Yes  No  
 If none, why? \_\_\_\_\_

4. Appropriate rules are set with corresponding disciplinary actions.  
 Yes  No

If yes, what are these? \_\_\_\_\_

Were these formulated in consultation with the residents and staff.  
 Yes  No

If no, how were these formulated? \_\_\_\_\_

5. Houseparents provide adequate supervision to each resident in personal care, like hygiene, grooming, etc. in accordance with their age and physical/mental capability?  
 Yes  No

If no, how are the residents being supervised? \_\_\_\_\_

6. Residents are provided with enough basic clothing and personal effects.  
 Yes  No

If no, why? \_\_\_\_\_

7. Meals are planned and provided in accordance with nutritional, social and cultural needs of the residents.  
 Yes  No

Meals are planned with assistance of dietitian or nutritionist to ensure daily nutritional requirement?  
 Yes  No

If no, how was it planned? \_\_\_\_\_

8. Residents are assigned work assignments in accordance with age, health, interest and ability.  
 Yes  No

9. Residents are made to work for personal services for any personnel of the center.  
 Yes  No

If yes, what particular personal services and why? \_\_\_\_\_

### Educational Services

1. Educational opportunities are provided based on the capacity and needs of the residents.  
 Yes  No

If no, why? \_\_\_\_\_

2. Tutorial classes/services are provided to residents with learning difficulties.  
 Yes  No

If no, why? \_\_\_\_\_

3. Residents are provided with opportunities for development of their special interests or talents  
 Yes  No

If no, why? \_\_\_\_\_

### Health Services

1. Complete physical and dental examinations are conducted with each resident upon admission, prior to discharge and as required by medical professional.  
 Yes  No

If no, why? \_\_\_\_\_

2. Residents and personnel are provided with training on first aid and on handling health problems common to type of clientele being served.  
 Yes  No

Agency maintains separate health record for each resident containing the following:

- Growth monitoring chart for 0-6 years old



- Immunization showing type, date and by whom given  Yes  No
- Growth development of child for age level  Yes  No

- For all age levels
  - Report of admission, physical and dental examination and treatment  Yes  No
  - Previous and continuing health and medical history  Yes  No
  - Nursing notes regarding health care and action done  Yes  No

If none, why? \_\_\_\_\_

3. Agency provides/refers residents for psychiatric evaluation and treatment whenever necessary.  Yes  No

### **Skills Training/ Vocational Counseling**

1. Vocational counseling is provided.  Yes  No  
If none, why? \_\_\_\_\_
2. Appropriate skills training are conducted with the residents, depending on their needs and capability.  Yes  No  
If none, why? \_\_\_\_\_

### **Recreational and Other Cultural Activities**

1. Recreational program is designed and implemented offering wide range of indoor and outdoor activities.  Yes  No  
If none, why? \_\_\_\_\_

### **Spiritual Enhancement**

1. Residents are provided with opportunities for spiritual growth considering their own faith and convictions.  Yes  No  
If not, why? \_\_\_\_\_

### **Community Participation**

1. Residents are allowed to experience community life by participating in selected community activities.  Yes  No  
If not, why? \_\_\_\_\_

**Monitored by:**

\_\_\_\_\_  
**Signature Over Printed Name**

\_\_\_\_\_  
**Office and Designation**

\_\_\_\_\_  
**Date**

STANDARDS COMPLIANCE MONITORING TOOL FOR ACCREDITED SWD AGENCIES

Name of Agency: \_\_\_\_\_ continuation

COMMUNITY-BASED PROGRAM/SERVICE

Part III. Physical Structures and Safety

A. Physical Facilities

- 1. Basic utilities such as telephone or any means of communication are available and functional; supply of electricity is adequate daily.  Yes  No  
If no, why? \_\_\_\_\_
- 2. Conference room is available with adequate furnishings.  Yes  No  
If no, why? \_\_\_\_\_
- 3. Office space is ample and appropriately furnished and used exclusively for office functions.  Yes  No  
If no, why? \_\_\_\_\_

B. Emergency Measures

- 1. The office building has evacuation plan, warning system and clearly marked emergency exits and escape route known to all staff.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
- 2. Periodic fire and earthquake drills and orientation on safety, survival techniques during emergency and disaster are conducted.  Yes  No  
If no, why? When would the agency implement such? \_\_\_\_\_
- 3. Fire fighting gadgets are available e.g. functional fire extinguisher or its equivalent, like sand, water, etc.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
- 4. First aid kit is strategically located for easy access of staff.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
- 5. The office building has the following updated annual certificates:
  - Certificate of Fire Safety for the current year  Yes  No
  - Certificate of Building Structural Safety for the current year  Yes  No
  - Certificate of Occupancy for newly constructed building for the current year  Yes  No
 If no, please state reasons. \_\_\_\_\_

Part IV. Case Management

- 1. Community assessment is conducted.  Yes  No  
If no, why and how is the community being assessed? \_\_\_\_\_
- 2. Community problem/s is/are identified and prioritized with the community.  Yes  No  
If no, why? \_\_\_\_\_

3. Inventory of community resources is conducted.  Yes  No  
If no, why? \_\_\_\_\_
4. Community development plan is formulated indicating the goals/ objectives, activities/strategies, persons or agency responsible, time frame and sources of funds?  Yes  No  
If no, why? \_\_\_\_\_
5. At least 70% of community members participate in problem assessment/ identification, planning, implementation, monitoring and evaluation of community development plan.  Yes  No  
If no, why? How many percent of the community members participate?  
\_\_\_\_\_
6. Social welfare structures are installed for sustainability to responding to community issues/problems.  Yes  No  
If no, why? \_\_\_\_\_

### Part V. Case Documentation

The agency keeps updated records that are readily accessible/ retrievable such as follows:

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Baseline data/survey of target community<br>If none, please state reasons _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Community profile of its target community<br>If none, please state reasons _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> List of priority community problems<br>If none, please state reasons _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Registry of volunteers<br>If none, please state reasons _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Inventory of community resources<br>If none, please state reasons _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Community action/ development plan<br>If none, please state reasons _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Minutes/ proceedings or highlights of community meetings or assemblies conducted on planning, implementation of community action plan, monitoring and evaluation<br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If none, please state reasons _____  |                          |                          |
| <input type="checkbox"/> Organized social welfare structures including officers and members/ working committees<br><input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| If none, please state reasons _____  |                          |                          |

### Part VI. Programs and Services/ Helping Strategies/ Interventions

Programs and services are responsive to client's identified needs/ problems which would include among others, the following: (which can be determined through case study ;client's profile; community profile)

- Health
- Nutrition
- Clothing and personal effects
- Education
- Socio-cultural
- Spiritual and moral

- Psychosocial well-being
- Emotional welfare
- Protection and safety
- Shelter
- Paralegal/legal assistance
- Livelihood
- Community participation
- Family reunification
- Alternative family care
- Support towards self-sufficiency and independent living

**Monitored by:**

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**Signature Over Printed Name**

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**Office and Designation**

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**Date**

Name of Agency: \_\_\_\_\_

**APPLICABLE FOR COMMUNITY BASED  
CHILD PLACING AGENCY**

**Part IV. Case Management**

1. Assessment is conducted on the potential foster and/or adoptive families in target areas/ communities.  Yes  No  
If no, why? \_\_\_\_\_
2. Inventory of foster and/or adoptive families.  Yes  No  
If none, why? \_\_\_\_\_
3. The agency has policies and systematic procedures in the intake and assessment of potential foster and/or adoptive families.  Yes  No  
If no, why? \_\_\_\_\_  
How are the foster/ adoptive families assessed and accepted? \_\_\_\_\_
4. Home study report is accomplished by the social worker after the intake and assessment of the family.  Yes  No  
If no, why? When is it usually accomplished? \_\_\_\_\_
5. Matching conferences is conducted to properly pair a child with a licensed foster family and/ or qualified adoptive family based on the needs of the child and the capacity and resources of the foster and/or adoptive family to meet his/her needs.  Yes  No  
If no, why? \_\_\_\_\_
6. Pre-placement visit/s is/are being done to prepare both the child and the foster parents.  Yes  No  
If no, why? \_\_\_\_\_
7. Supervision of foster homes is conducted every month.  Yes  No  
If no, why? \_\_\_\_\_
8. Transfer and/or discharge summary is prepared and properly endorsed to the agency and foster and/or adoptive family.  Yes  No  
If no, why? \_\_\_\_\_
9. Case conference is undertaken with the helping team.  Yes  No  
If no, why? \_\_\_\_\_
10. After care service is conducted to help foster/ adoptive families cope with parenting roles.  Yes  No  
If none, please state reasons \_\_\_\_\_
11. After care service is provided to children placed in foster/ adoptive families.  Yes  No  
If none, please state reasons \_\_\_\_\_

**Part V. Case Documentation**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ▪ Baseline data/ survey of target community          | <input type="checkbox"/> | <input type="checkbox"/> |
| If none, please state reasons _____                  |                          |                          |
| ▪ Inventory of prospective adoptive/ foster families | <input type="checkbox"/> | <input type="checkbox"/> |
| If none, please state reasons _____                  |                          |                          |

- Updated Registry of foster and/or adoptive families    
If none, please state reasons \_\_\_\_\_
- Minutes of the meetings of foster and/or adoptive families    
If none, please state reasons \_\_\_\_\_

The agency keeps complete and updated case records for each client, which includes the following:

	Yes	No
▪ Intake sheet assessment If none, please state reasons _____	<input type="checkbox"/>	<input type="checkbox"/>
▪ Home study report If none, please state reasons _____	<input type="checkbox"/>	<input type="checkbox"/>
▪ Records of medical, health history and psychological If none, please state reasons _____	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recent family picture If none, please state reasons _____	<input type="checkbox"/>	<input type="checkbox"/>
▪ Financial Records If none, please state reasons _____	<input type="checkbox"/>	<input type="checkbox"/>
▪ Character References If none, please state reasons _____	<input type="checkbox"/>	<input type="checkbox"/>
▪ Foster family care license If none, please state reasons _____	<input type="checkbox"/>	<input type="checkbox"/>
▪ Progress report If none, please state reasons _____	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI. Programs and Services**

- Advocacy and Social Mobilization
  - Mobilization of other government agencies, non-government organizations, volunteers and support groups as partners in mobilizing people and the community.
  - Education, information and dissemination activities
  - Conduct of consultation/ dialogues/ meetings
- Recruitment, Development and Maintenance of Foster Families
- Training and Capability Building
- Support Services
  - Foster Care Subsidy
  - Supplies and other Assistance for Foster Children
  - Respite Care
  - Support Groups
- Monitoring and Evaluation
- Data Banking/Documentation
- Research
- Placement Services
  - Pre-Placement Services
  - Post Placement Services
- Counselling

**Monitored by:**

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**Signature Over Printed Name**

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**Office and Designation**

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**Date**

**STANDARDS COMPLIANCE MONITORING TOOL FOR ACCREDITED SWD AGENCIES**

Name of Agency: \_\_\_\_\_ ..... continuation

**CENTER-BASED****Part III. Physical Structures and Safety****A. Physical Facilities**

1. The location of the residential facility is accessible to, at least, community facilities such as schools, churches, and hospitals/clinics and is far from conflict areas, cliff, rivers, gas and power stations and other structures that may pose hazard to all.  Yes  No

If no, why? \_\_\_\_\_

2. Accessibility features are installed where facilities, rooms and spaces are barrier-free and properly labeled with appropriate signage for access to residents, staff or persons with disability.  Yes  No

If no, why? \_\_\_\_\_

3. The agency has recreational facilities, adequate space for indoor activities, open space for outdoor activities, and appropriate space for reflection.  Yes  No

If no, what alternative does it have?  
\_\_\_\_\_

4. Adequate laundry space is provided, which does not obstruct the day-to-day activities of the staff and residents.  Yes  No

If no, why? Where do the staff/residents usually do the laundry?  
\_\_\_\_\_

5. The agency has a stock room where foods, supplies and materials are safely kept and properly accounted for.  Yes  No

If no, where does it keep their foods, supplies and materials?  
\_\_\_\_\_

6. Cottages/rooms accommodate different age groups to approximate family life.  Yes  No

If no, where do the clients stay? \_\_\_\_\_

If yes, what is the capacity of the cottages/rooms? \_\_\_\_\_

- Dining room is furnished with appropriate chairs and tables, which are arranged in a manner that facilitates healthy interaction.  Yes  No

If no, why? \_\_\_\_\_

- Kitchen is equipped with basic kitchen furnishings, tools and utensils.  Yes  No

If no, why? \_\_\_\_\_

- Beds are provided for clients received at night, or for resting.  Yes  No

If no, why? \_\_\_\_\_

If yes, how many bed are available? \_\_\_\_\_

- Living room/receiving room is suitable for relaxation or leisure of the residents and visitors.  Yes  No

If no, why? \_\_\_\_\_

- Enough functional bathroom/toilet is provided for female and male.  Yes  No

If no, why? \_\_\_\_\_

If yes, how many bathrooms/toilets are there for females and males?  
\_\_\_\_\_



- Interview/counseling room is equipped with paraphernalia that would allow interaction between client and social worker?  Yes  No  
If no, what is being used as an alternative? \_\_\_\_\_
- Conference room is functional and is properly furnished.  Yes  No  
If no, what is being used as an alternative? \_\_\_\_\_
- Staff quarters are available.  Yes  No  
If no, why? What is being used as an alternative? \_\_\_\_\_

### B. Emergency Measures

1. The agency has evacuation plan, warning system and clearly marked emergency exits and escape route known to all residents and staff.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
2. Periodic fire and earthquake drills and orientation on safety, survival techniques during emergency and disaster are conducted.  Yes  No  
If no, why? When would the agency implement such? \_\_\_\_\_
3. Fire fighting gadgets are available e.g. functional fire extinguisher or its equivalent, like sand, water, etc.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
4. First aid kit is strategically located for easy access of staff.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
5. The agency has the following updated annual certificates:
  - Certificate of Fire Safety for the current year  Yes  No
  - Certificate of Building Structural Safety for the current year  Yes  No
  - Certificate of Occupancy for newly constructed building for the current year  Yes  No
  - Water and Sanitation Certificate for the current year  Yes  No
 If none, why? \_\_\_\_\_
6. Toxic and hazardous substance and materials are kept in safe places  Yes  No

### Part IV. Case Management

1. The agency has policies and systematic procedures in admitting residents/clients?  Yes  No  
If no, why? How are clients admitted? \_\_\_\_\_
2. Case study report is accomplished by the social worker within a week to one (1) month after helping agreement is made.  Yes  No  
If no, why? How long is it usually accomplished? \_\_\_\_\_
3. Case study report indicates clear helping plan.  Yes  No  
If no, what serves as basis for intervention? \_\_\_\_\_
4. Helping plan is carried out on time.  Yes  No  
If no, why? \_\_\_\_\_
5. Evaluation is conducted to determine whether the helping goals are achieved and whether the helping strategies were effective.  Yes  No  
If no, why? \_\_\_\_\_
6. Pre-discharge conference is undertaken with the helping team.  Yes  No  
If no, why? \_\_\_\_\_
7. Transfer summary is prepared and properly endorsed by social worker to the receiving social worker/ agency before transferring a case.  Yes  No

If no, why? How is a case being transferred?

8. After care services are arranged prior to a client's discharge.  Yes  No  
If no, why? \_\_\_\_\_
9. The average duration of stay of residents in the center is:  
 6 months or less  
 more than 6 months to 1 year  
 more than 1 year to two years  
 more than two years  
 If more than one year, please state reasons \_\_\_\_\_
10. In case of abandoned/neglected children, petition is filed in court for the declaration of abandonment.  Yes  No  
 If yes, when was this filed in relation to child's admission in the center? \_\_\_\_\_  
 If no, please state reasons \_\_\_\_\_
11. In case of voluntary commitment, are requirements complied to facilitate his/her placement.  Yes  No  
 If yes, when were the requirements accomplished in relation to the child's admission to the center? \_\_\_\_\_  
 If it is after more than six (6) months, please state reasons \_\_\_\_\_  
 If no, please state reasons \_\_\_\_\_

#### Part V. Case Recording

The agency keeps complete and updated case records for each client, which include the following:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>▪ Intake sheet assessment<br/>If none, please state reasons _____</li> </ul>                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ Referral letter<br/>If none, please state reasons _____</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ Treatment Plan<br/>If none, please state reasons _____</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ Terminal Report<br/>If none, please state reasons _____</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ Progress Report<br/>If none, please state reasons _____</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ Social case study report<br/>If none, please state reasons _____</li> </ul>                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ Profile/ masterlist of clients served<br/>If none, please state reasons _____</li> </ul>                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ Masterlist of clients currently availing of the service<br/>If none, please state reasons _____</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |

- Birth Certificate or Certificate of Foundling (for abandoned children)    
If none, please state reason/s \_\_\_\_\_
- Court decision on declaration of abandonment/ Deed of voluntary commitment which ever is applicable    
If none, please state reason/s \_\_\_\_\_
- Death certificate of parents, if indicated    
If none, please state reason/s \_\_\_\_\_
- Records of physical, medical and dental examination/s and interventions    
If none, please state reason/s \_\_\_\_\_
- All correspondence/communications concerning the clients    
If none, please state reason/s \_\_\_\_\_
- School records, particularly for in-school clients    
If none, please state reason/s \_\_\_\_\_

#### Part VI. Programs and Services/ Helping Strategies/ Interventions

Programs and services are responsive to client's identified needs/ problems which would include among others, the following: (which can be determined through case studies; client's profile; community profile)

- Health
- Nutrition
- Clothing and others
- Education
- Socio-cultural
- Spiritual and moral
- Psycho-social well being
- Emotional welfare
- Protection and safety
- Shelter
- Paralegal/legal assistance
- Livelihood
- Community participation
- Family reunification
- Alternative family care
- Support towards self-sufficiency and independent living

**Monitored by:**

\_\_\_\_\_  
**Signature Over Printed Name**

\_\_\_\_\_  
**Office and Designation**

\_\_\_\_\_  
**Date**

**STANDARDS COMPLIANCE MONITORING TOOL FOR ACCREDITED SWD AGENCIES**  
Name of Agency: \_\_\_\_\_ continuation

**STREET-BASED**

**Part III. Physical Structures and Safety**

**A. Physical Facilities**

1. Basic utilities such as telephone or any means of communication are available and functional; supply of electricity is adequate daily.  Yes  No  
If no, why? \_\_\_\_\_
2. Conference room is available with adequate furnishings.  Yes  No  
If no, why? \_\_\_\_\_
3. Office space is ample and appropriately furnished and used exclusively for office functions.  Yes  No  
If no, why? \_\_\_\_\_

**B. Emergency Measures**

1. The office building has evacuation plan, warning system and clearly marked emergency exits and escape route known to all residents and staff.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
2. Periodic fire and earthquake drills and orientation on safety, survival techniques during emergency and disaster are conducted.  Yes  No  
If no, why? When would the agency implement such? \_\_\_\_\_
3. Fire fighting gadgets are available e.g. functional fire extinguisher or its equivalent, like sand, water, etc.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
4. First aid kit is strategically located for easy access of staff.  Yes  No  
If no, why? When would the agency install such? \_\_\_\_\_
5. The office building has the following updated annual certificates:
  - Certificate of Fire Safety for the current year  Yes  No
  - Certificate of Building Structural Safety for the current year  Yes  No
  - Certificate of Occupancy for newly constructed building for the current year  Yes  No
 If none, why? \_\_\_\_\_

**Part IV. Case Management**

1. The agency has policies and systematic procedures in the intake of potential clients.  Yes  No  
If no, why? How are potential clients assessed for services? \_\_\_\_\_
2. Case study report is accomplished by the social worker within a week to one (1) month after helping agreement is made.  Yes  No  
If no, why? How long is it usually accomplished? \_\_\_\_\_
3. Case study report indicates clear helping plan.  Yes  No  
If no, what serves as basis for intervention.? \_\_\_\_\_
4. Helping plan is carried out on time.  Yes  No  
If no, why? \_\_\_\_\_

5. Evaluation is conducted to determine whether the helping goals are achieved and whether the helping strategies were effective.  Yes  No  
If no, why? \_\_\_\_\_
  6. Pre-termination conference is undertaken with the helping team.  Yes  No  
If no, why? \_\_\_\_\_
  7. Transfer summary is prepared and properly endorsed by social worker to the receiving social worker/ agency before transferring a case.  Yes  No  
If no, why? How is a case being transferred?  
\_\_\_\_\_
  8. Appropriate services are arranged prior to case closure.  Yes  No  
If no, why? \_\_\_\_\_
  9. In case of abandoned/neglected children, petition is filed in court for the declaration of abandonment.  Yes  No  
If yes, when was this filed in relation to child's eligibility to the service? \_\_\_\_\_  
If no, please state reasons \_\_\_\_\_
  10. In case of voluntary commitment to the agency, are requirements completed to facilitate his/her placement.  Yes  No  
If yes, when were the requirements accomplished in relation to the child's eligibility to the service? \_\_\_\_\_  
If it is after more than six (6) months, please state reasons \_\_\_\_\_  
\_\_\_\_\_
- If no, please state reasons \_\_\_\_\_

**Part V. Case Recording**

The agency keeps complete and updated case records for each client, which include the following:

	YES	NO
<ul style="list-style-type: none"> <li>▪ Intake sheet assessment</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
If none, please state reasons _____		
<ul style="list-style-type: none"> <li>▪ Referral letter</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
If none, please state reasons _____		
<ul style="list-style-type: none"> <li>▪ Treatment Plan</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
If none, please state reasons _____		
<ul style="list-style-type: none"> <li>▪ Terminal Report</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
If none, please state reasons _____		
<ul style="list-style-type: none"> <li>▪ Progress Report</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
If none, please state reasons _____		
<ul style="list-style-type: none"> <li>▪ Social case study report</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
If none, please state reasons _____		
<ul style="list-style-type: none"> <li>▪ Profile/ masterlist of clients served</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
If none, please state reasons _____		
<ul style="list-style-type: none"> <li>▪ Masterlist of clients currently availing of the service</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
If none, please state reasons _____		

- Birth Certificate or Certificate of Foundling (for abandoned children)    
If none, please state reason/s \_\_\_\_\_
- Court decision on declaration of abandonment/ Deed of voluntary commitment which ever is applicable    
If none, please state reason/s \_\_\_\_\_
- Death certificate of parents, if indicated    
If none, please state reason/s \_\_\_\_\_
- Records of physical, medical and dental examination/s and interventions    
If none, please state reason/s \_\_\_\_\_
- All correspondence/communications concerning the clients    
If none, please state reason/s \_\_\_\_\_
- School records, particularly for in-school clients    
If none, please state reason/s \_\_\_\_\_

#### Part VI. Programs and Services/ Helping Strategies/ Interventions

Programs and services are responsive to client's identified needs/ problems, which would include among others, the following: (which can be determined through case study; client's profile; community profile)

- Health
- Nutrition
- Clothing and others
- Education
- Socio-cultural
- Spiritual and moral
- Psychosocial well-being
- Emotional welfare
- Protection and safety
- Shelter
- Paralegal/legal assistance
- Livelihood
- Community participation
- Family reunification
- Alternative family care
- Support towards self-sufficiency and independent living

**Monitored by:**

---

**Signature Over Printed Name**

---

**Office and Designation**

---

**Date**

**INTERVIEW GUIDE FOR AGENCY HEAD**

Name : \_\_\_\_\_ No. of years in service: \_\_\_\_\_  
 Agency: \_\_\_\_\_ No. of years in present position: \_\_\_\_\_

**A. Organizational Purpose and Commitment:**

1. Agency's written vision, mission and goals/ objectives (VMO) is the basis of the agency's operation.  Yes  No  
 If no, please state reason. \_\_\_\_\_
2. Agency operation covers the areas specified on its VMO.  Yes  No  
 If no, please state specific areas of operation. \_\_\_\_\_

**B. Human Resource Development and Management:**

1. Organizational structure/ staffing pattern is established.  Yes  No  
 If no, please state reason. \_\_\_\_\_
2. Organizational policies and procedures on recruitment, appointment, promotion and termination/ separation are followed and strictly implemented.  Yes  No  
 If no, please state reason. \_\_\_\_\_
3. The organization has written rules and procedures in handling personnel needing disciplinary action.  Yes  No  
 If yes, is it acceptable to you?  Yes  No  
 Please state basis of acceptance. \_\_\_\_\_  
 \_\_\_\_\_  
 Please state recommendation/s. \_\_\_\_\_  
 \_\_\_\_\_  
 If no, please state how the agency manages /disciplines personnel. \_\_\_\_\_
4. Qualification standards on recruitment are followed.  Yes  No  
 If no, give your observation on how this is being done  
 \_\_\_\_\_
5. Duties and responsibilities specified in the organization's manual of operation are congruent with actual job functions.  Yes  No  
 If no, please state your actual job functions. \_\_\_\_\_  
 There are other functions you perform beyond your job description.  Yes  No  
 If yes, please state how this affects your over-all performance. \_\_\_\_\_  
 \_\_\_\_\_  
 Recommendation on venue/process where concern/s could be raised. \_\_\_\_\_
6. Written working and labor standards including wages, benefits and privileges are strictly implemented?  Yes  No  
 If no, state your actual salary, benefits and privileges. \_\_\_\_\_
7. STAFF DEVELOPMENT
  - a. Training opportunities are provided by the organization (at least once a year).  Yes  No  
 If no, state training opportunities provided and frequency this is provided, if any \_\_\_\_\_  
 \_\_\_\_\_  
 If yes, how often? \_\_\_\_\_



- b. Opportunities to attend trainings/ seminars with other NGOs are provided for your professional growth/ development.?  Yes  No  
If no, state reason. \_\_\_\_\_  
If yes, how often? Please state if training expenses are shouldered by the organization. \_\_\_\_\_
- c. The organization conducts regular staff meetings.  Yes  No  
If no, please state reason. \_\_\_\_\_  
If yes, please state frequency. \_\_\_\_\_  
Meetings cover the needs and problems of the staff.  Yes  No  
The organization is open for suggestion and recommendations on the concerns of the staff.  Yes  No  
Complaints and grievances of the staff, if any, are listened and responded to by the organization  Yes  No
- d. Health program is afforded including annual physical, medical and psychological evaluation.  Yes  No

### C. Financial and Material Resource Management

1. The agency has an approved and updated two-year work and financial plan that reflects activities to be undertaken and the budget sources.  Yes  No  
If no, why? \_\_\_\_\_
2. Procedures in the receipt and utilization of donations, either in cash or in kind, are transparent.  Yes  No  
If no, why? \_\_\_\_\_
3. The agency has an updated annual financial report duly audited by an independent certified public accountant, or in accordance with existing government procedures, whichever is applicable.  Yes  No  
If no, why? \_\_\_\_\_
4. Fund allocation and utilization of the agency follows at least the 60-40 ratio, i.e. 60 % for programs and 40% for administrative expenses.  Yes  No  
If no, what ratio is followed and why? \_\_\_\_\_
5. The agency has written policies on management of funds including provision and liquidation of cash advances.  Yes  No  
If no, why? \_\_\_\_\_
6. Receipt and utilization of donations, either in cash or in kind, is transparent to the staff.  Yes  No  
If no, state remarks. \_\_\_\_\_
7. General services for the maintenance and daily operation of the organization such as provision of vehicle/s, are available for the residents and staff whenever necessary?  Yes  No  
If no, state reason. \_\_\_\_\_
8. Resource Generation
- 8.1. Volunteer development and mobilization  Yes  No
- 8.2. Funds generation which may include solicitation, fund raising projects or through local and international funding  Yes  No  
What particular method is/ are being used? \_\_\_\_\_

### D. Support Services

1. The agency has updated data and information management system pertaining to its programs and administrative operation, which can be shared with the public.  Yes  No

If no, why? \_\_\_\_\_

2. The agency has general services for the maintenance and day-to-day operation of the center such as vehicle/s for the residents and official functions of the agency whenever there is a need.  Yes  No

If no, why? \_\_\_\_\_

If yes, what are these? \_\_\_\_\_

\_\_\_\_\_

## E. Program Management

### 1. Planning

- The agency's work plan is consistent with the agency's thrusts, programs and services  Yes  No

If no, why? \_\_\_\_\_

- Work plan is supported with baseline data and situational analysis.

Yes  No

If no, why? \_\_\_\_\_

- The plan is formulated in consultation with the agency's clients.

Yes  No

If no, why? \_\_\_\_\_

- The plan clearly indicates short- and long-term goals, activities, resources needed expected output/outcome and responsible units.

Yes  No

If no, why? \_\_\_\_\_

- The agency's performance indicators/ measures are in place.

Yes  No

If no, why? \_\_\_\_\_

### 2. Implementation

- The agency has available and operational program/service manual that indicates operational procedures, strategies, policies, guidelines in the implementation of each program/service.  Yes  No

If no, why? \_\_\_\_\_

- The agency's programs, projects and activities are implemented as planned.

Yes  No

If no, why? \_\_\_\_\_

- The agency's management is supportive of the needs and concerns of the personnel.

Yes  No

If no, why? \_\_\_\_\_

If yes, in what way? \_\_\_\_\_

### 3. Monitoring

- The result of monitoring is being utilized in managing planned activities.

Yes  No

If no, why? \_\_\_\_\_

- The agency has an established system on collecting, recording and updating information and incoming significant aspects of a service/plan.

Yes  No

If no, why? \_\_\_\_\_

4. Evaluation

- The agency conducts periodic assessment of its plan and accomplishments.  Yes  No

If no, why? \_\_\_\_\_

- Result of the agency's program evaluation is utilized as basis for program planning and enrichment.  Yes  No

If no, why? \_\_\_\_\_

**Interviewed by:**

\_\_\_\_\_  
**Signature Over Printed Name**

\_\_\_\_\_  
**Office and Designation**

\_\_\_\_\_  
**Date**

## INTERVIEW/ FOCUSED DISCUSSION GUIDE FOR SOCIAL WORKERS AND HOUSEPARENTS

### Identifying Information:

Name of Agency: \_\_\_\_\_

Name of Respondents	Position	No. of years in Service	No. of years in Present Position
1.			
2.			
3.			
4.			
5.			
6.			
7.			

(Add more sheets, if necessary)

### FOR BOTH RESPONDENTS

#### A Human Resource Development and Management:

1. Organizational structure/ staffing pattern is established.  Yes  No  
If no, please state reason \_\_\_\_\_
2. Organizational policies and procedures on recruitment, appointment, promotion and termination/ separation are followed and strictly implemented.  Yes  No  
If no, please state reason \_\_\_\_\_
3. The organization has written rules and procedures in handling personnel needing disciplinary action.  Yes  No  
If yes, is it acceptable to you?  Yes  No  
Please state basis of acceptance. \_\_\_\_\_  
Please state recommendation/s. \_\_\_\_\_  
\_\_\_\_\_  
If no, please state how the agency manages /disciplines personnel. \_\_\_\_\_
4. The organization's qualification standards on recruitment are followed.  Yes  No  
If no, why? \_\_\_\_\_
5. Employee's duties and responsibilities specified in the organization's manual of operation are congruent with the employees' actual job functions.  Yes  No  
If no, please state actual job functions. \_\_\_\_\_  
\_\_\_\_\_  
There are other functions that an employee performs beyond the specified duties and responsibilities.  Yes  No  
If yes, please state how this affects your performance. \_\_\_\_\_  
\_\_\_\_\_  
Recommendation on venue/process where concern/s could be raised. \_\_\_\_\_
6. Written working and labor standards including wages, benefits and privileges are strictly implemented?  Yes  No  
If no, state your actual salary, benefits and privileges. \_\_\_\_\_  
\_\_\_\_\_

**7. STAFF DEVELOPMENT**

- a. Training opportunities are provided by the organization (at least once a year).  Yes  No  
 If no, state training opportunities provided, if any. \_\_\_\_\_  
 If yes, how often? \_\_\_\_\_
- b. Opportunities to attend trainings/ seminars with other NGOs are provided for your professional growth/ development.?  Yes  No  
 If no, state reason. \_\_\_\_\_  
 If yes, how often? Please state if training expenses are shouldered by the organization. \_\_\_\_\_
- c. The organization conducts regular staff meetings.  Yes  No  
 If no, please state reason. \_\_\_\_\_  
 If yes, please state frequency. \_\_\_\_\_  
 Meetings cover the needs and problems of the staff.  Yes  No  
 The organization is open for suggestion and recommendations on the concerns of the staff.  Yes  No  
 Complaints and grievances of the staff, if any, are listened and responded to by the organization  Yes  No  
 Health program is afforded including annual physical, medical and psychological evaluation.  Yes  No

**B. Financial and Material Resource Management**

- 1. Receipt and utilization of donations, either in cash or in kind, are transparent to the staff.  Yes  No  
 If no, state remarks. \_\_\_\_\_
- 2. General services for the maintenance and daily operation of the organization such as provision of vehicle/s, are available for the residents and staff whenever necessary?  Yes  No  
 If no, state reason. \_\_\_\_\_

**FOR SOCIAL WORKERS ONLY**

**A. Organizational Purpose and Commitment:**

- 1. The agency serves clientele group/s based on its stated target beneficiaries.  Yes  No  
 If no, what clientele groups/s is/are being served? \_\_\_\_\_
- 2. Agency operation covers the areas specified on its VMO.  Yes  No  
 If no, please state specific areas of operation. \_\_\_\_\_

**B Staff-Client Ratio**

- 1. How many cases/ community do you manage at a time?  
 \_\_\_\_\_  
 What are the nature of the cases/ problems?  
 \_\_\_\_\_
- 2. For those with supervisory function, how many supervisees do you have?  
 \_\_\_\_\_  
 Please state issues/ concerns being discussed. \_\_\_\_\_

**C Organization's Programs and Services**

1. Organization's programs and services adequately respond to the needs and problems of the residents.  Yes  No  
If no, please state reason. \_\_\_\_\_  
Is it properly implemented?  Yes  No  
If no, please state reason. \_\_\_\_\_
2. Regular case supervision and/or case conference are done with supervisor/ program coordinator?  Yes  No  
If yes, please state frequency. \_\_\_\_\_  
If no, please state reason. \_\_\_\_\_
3. Policies and procedures in the case management are strictly followed?  Yes  No  
If no, please state reason. \_\_\_\_\_

**D. Case Management**

1. Case study report is accomplished by the social worker within a week to one (1) month after helping agreement is made.  Yes  No  
If no, why? How long is it usually accomplished? \_\_\_\_\_
2. Case study report indicates clear helping plan.  Yes  No  
If no, what serves as basis for intervention? \_\_\_\_\_
3. Helping plan is carried out on time.  Yes  No  
If no, why? \_\_\_\_\_
4. Revised case study report is present in case folder of each client with indication of new significant information and that progress occurred in the helping process.  Yes  No
5. Evaluation is conducted to determine whether the helping goals are achieved and whether the helping strategies were effective.  Yes  No  
If no, why? \_\_\_\_\_
6. Transfer summary is prepared and properly endorsed by social worker to the receiving social worker/ agency before transferring a case.  Yes  No  
If no, why? How is a case being transferred? \_\_\_\_\_
7. In case of abandoned/neglected children, petition is filed in court for the declaration of abandonment.  Yes  No  
If yes, when was this filed in relation to child's admission in the center? \_\_\_\_\_  
If no, please state reasons \_\_\_\_\_

**APPLICABLE FOR THOSE IN RESIDENTIAL CARE ONLY****FOR BOTH RESPONDENTS**

1. Organization's programs and services adequately respond to the needs and problems of the residents.  Yes  No  
If no, please state reason. \_\_\_\_\_  
Is it properly implemented?  Yes  No  
If no, please state reason. \_\_\_\_\_

## Home Life Services

1. Daily program of activities for residents is comfortably stimulating and flexible to develop a sense of responsibility and discipline and strengthen their relationship with others and capability for decision-making.  Yes  No

If no, why? \_\_\_\_\_

2. Clients are free to approach agency personnel/ houseparents/ peers and satisfactory relationship is fostered by the center staff.  Yes  No

If no, why? \_\_\_\_\_

3. Opportunity is provided for residents' values clarification and behavior modification.  Yes  No

If none, why? \_\_\_\_\_

4. Appropriate rules are set with corresponding disciplinary actions.  Yes  No

If yes, what are these? \_\_\_\_\_

Were these formulated in consultation with the residents and staff.

Yes  No

If no, how were these formulated?  
\_\_\_\_\_

5. Houseparents provide adequate supervision to each resident in personal care, like hygiene, grooming, etc. in accordance with their age and physical/mental capability?  Yes  No

If no, how are the residents being supervised? \_\_\_\_\_

6. Residents are provided with enough basic clothing and personal effects.  Yes  No

If no, why? \_\_\_\_\_

7. Meals are planned and provided in accordance with nutritional, social and cultural needs of the residents.  Yes  No  
Meals are planned with assistance of dietitian or nutritionist to ensure daily nutritional requirement?  Yes  No

If no, how was it planned? \_\_\_\_\_

8. Residents are assigned work assignments in accordance with age, health, interest and ability.  Yes  No

9. Residents are made to work for personal services for any personnel of the center.  Yes  No

If yes, what particular personal services and why? \_\_\_\_\_

## Educational Services

1. Educational opportunities are provided based on the capacity and needs of the residents.  Yes  No

If no, why? \_\_\_\_\_

2. Tutorial classes/services are provided to residents with learning difficulties.  Yes  No

If no, why? \_\_\_\_\_

3. Residents are provided with opportunities for development of their special interests or talents  Yes  No

If no, why? \_\_\_\_\_

**Health Services**

1. Complete physical and dental examinations are conducted with each resident upon admission, prior to discharge and as required by medical professional.

Yes  No

If no, why? \_\_\_\_\_

2. Residents and personnel are provided with training on first aid and on handling health problems common to type of clientele being served.

Yes  No

Agency maintains separate health record for each resident containing the following:

- Growth monitoring chart for 0-6 years old

- Immunization showing type,

date and by whom given

Yes

No

- Growth development of child for age level

Yes

No

- For all age levels

- Report of admission, physical and dental examination and treatment

Yes

No

- Previous and continuing health and medical history

Yes

No

- Nursing notes regarding health care and action done

Yes

No

If none, why? \_\_\_\_\_

3. Agency provides/refers residents for psychiatric evaluation and treatment whenever necessary.

Yes

No

**Skills Training/ Vocational Counseling**

1. Vocational counseling is provided.

Yes

No

If none, why? \_\_\_\_\_

2. Appropriate skills training are conducted with the residents, depending on their needs and capability.

Yes

No

If none, why? \_\_\_\_\_

**Recreational and Other Cultural Activities**

1. Recreational program is designed and implemented offering wide range of indoor and outdoor activities.

Yes

No

If none, why? \_\_\_\_\_

**Spiritual Enhancement**

1. Residents are provided with opportunities for spiritual growth considering their own faith and convictions.

Yes

No

If not, why? \_\_\_\_\_

**Community Participation**

1. Residents are allowed to experience community life by participating in selected community activities.

Yes

No

If not, why? \_\_\_\_\_



**FOR HOUSEPARENTS****Staff-Client Ratio**

1. How many clients/ residents do you handle per shift? \_\_\_\_\_

**FOR SOCIAL WORKERS****Case Management**

1. The agency has policies and systematic procedures in admitting residents/clients?

Yes  No

If no, why? How are clients admitted? \_\_\_\_\_

2. Pre-discharge conference is undertaken with the helping team.

Yes  No

If no, why? \_\_\_\_\_

3. Transfer summary is prepared and properly endorsed by social worker to the receiving social worker/ agency before transferring a case.  Yes  No

If no, why? How is a case being transferred?

4. After care services are arranged prior to a client's discharge.

Yes  No

If no, why? \_\_\_\_\_

5. The average duration of stay of residents in the center is:

- 6 months or less  
 more than 6 months to 1 year  
 more than 1 year to two years  
 more than two years

If more than one year, please state reasons \_\_\_\_\_

6. In case of abandoned/neglected children, petition is filed in court for the declaration of abandonment.  Yes  No

If yes, when was this filed in relation to child's admission in the center? \_\_\_\_\_

If no, please state reasons \_\_\_\_\_

12. In case of voluntary commitment to the center, all requirements are complete to facilitate matching of children with prospective adoptive parents/ foster families.  Yes  No

If yes, when were the requirements accomplished in relation to the child's admission to the center? \_\_\_\_\_

If it is after more than six (6) months, please state reasons \_\_\_\_\_

If no, please state reasons \_\_\_\_\_

**Interviewed by:**

\_\_\_\_\_  
**Signature Over Printed Name**

\_\_\_\_\_  
**Office and Designation**

\_\_\_\_\_  
**Date**

**GUIDE IN THE CONDUCT OF INTERVIEW AND/OR  
FOCUSED GROUP DISCUSSION FOR CLAIM-HOLDERS (CLIENTS)**

A. Objective of the Activity

To identify issues and concerns that affects the quality of services for the clients/ residents and the corresponding suggestions or recommendations to ensure that their needs and problems are addressed.

B. Issues and concerns shall focus on the following:

1. Quality of Physical Care
2. Enhancement of Psychosocial Development
3. Client/ residents' Participation
4. Disciplining/ applying sanctions for misbehavior
5. Planning for the future (self and family)
6. Agency Policies

C. Interview and/or Focused Group Discussion Procedure/ Process

1. Randomly select 8 – 10 clients ages ranging from 7 and above, as participants.
2. Either an interview or a focused group discussion shall be conducted depending on the number and capability of the participants.
3. The monitoring personnel (monitor) shall present to the participant/s the objective of the activity and specific topics to be discussed.
4. The monitor shall ensure comprehensive discussion/ sharing of views, experiences and recommendations on the subject matters. The monitor must not give his/her own views, or correct, negate or support what respondent/s has to say about the topics.
5. The monitor is reminded that the interview/ workshop is not the venue to criticize the ongoing practices/ policies of the subject agency that may be violating the standards. If this happens, the participants may withdraw their participation for fear of being blamed by the subject agency for sharing information.
6. After the activity the monitor shall consolidate all the issues and concerns raised and recommendations presented by the participants.

D. Guide Questions -

(Please see attached "Guide Questions in the Conduct of Interview and/ or Focused Group Discussion with the Clients" as references.)

E. Methodology

The activity can be conducted through interview, group discussion and creative activities such as arts, drawing, etc. for as long as these would allow the participants to freely share their opinion/ knowledge without hesitation. However, it is helpful to avoid direct questions, as these may hamper participants' enthusiasm and willingness to cooperate.

F. Consolidation of Issues/ Concerns

(Please see attached matrix)

### **Guide Questions in the Conduct of Interview and/or Focused Group Discussion for the Clients**

As applicable, the following questions shall be asked to the respondents

1. Reason for admission to the Agency's programs/ Center.
    - What was/were the reason/s you were admitted to the Agency's programs/ Center?
    - How long have you been receiving the Agency's services/ staying in the Center?
  2. Physical Care
    - What are the services being provided to help you keep fit and healthy, to have clean environment, protection from hazards and illnesses?
    - For those clients under residential care, who usually takes care of them whenever they are sick?
  3. Client Participation.
    - What are your usual activities with the Agency/ Center staff?
    - When or were you given the chance/ opportunity to participate in the formulation of policies and in the implementation of the Agency's/Center's programs?
    - Site instances and how this was provided to you?
    - How were these opportunities/ activities helped you overcome or lessen your problems, fears, loneliness or other emotions brought about by your past experiences/ problems?
  4. Plans for the Future
    - What are the programs/ services being provided in order to improve your skills that could help you with your life in the future?
    - What is/ are your dream/s in life or what would you want to do once the services of the Agency are terminated/ discharged from the center?
    - How does the Agency/ Center helps or how could it help in achieving your dream/goal in life?
  5. Agency/ Center Policies
    - What is/ are the policy/ies in the Agency/ Center which would be of help in achieving your dream/ goal?
    - What is/ are those policies which you think would hinder in achieving your dream/ goal?
- For clients under residential care or street based:
- Do you still have contact with your family?
  - What have been or being done by the center's staff for you to have contact with your family?
6. What other experiences/ feelings would you like to share to the group on the programs and services availed of from the Agency/ Center?

Issues and Concerns	Findings	Recommendations
1. Quality of Physical Care		
2. Enhancement of Psychosocial Development		
3. Client Participation		
4. Handling discipline/sanctions for misbehavior		
5. Planning for the future (self and family)		
6. Residential Care/ Agency Policies		

**MONITORING TOOL FOR SOCIAL WELFARE AND DEVELOPMENT (SWD) AGENCIES WITH SUSPENSION ORDER**

Name of Agency: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Tel./Fax/Mobile #s: \_\_\_\_\_

Resolution No. & Date Issued : \_\_\_\_\_

Effectivity/ Duration of Suspension: \_\_\_\_\_

Complainant/s: \_\_\_\_\_

Nature of Case: \_\_\_\_\_

- 1. Activity/ies is/are undertaken to comply with the recommendation/s stated in the suspension order.  Yes  No

If yes, please indicate these activities. \_\_\_\_\_

If no, please state reason/s. \_\_\_\_\_

- 2. Activity/ies and/or corrective measures are undertaken to improve agency operation and prevent future occurrences of the grounds for suspension.  Yes  No

If yes, please indicate these activities/measures. \_\_\_\_\_

- 3. Other plans to improve services to clients:

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

- 4. Other observation/s:

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

**Monitored by:**

\_\_\_\_\_  
**Signature Over Printed Name**

\_\_\_\_\_  
**Office and Designation**

\_\_\_\_\_  
**Date**

INTERVIEW GUIDE FOR COLLATERAL INFORMATION

Agency for assessment: \_\_\_\_\_
Name of Respondent : \_\_\_\_\_ Organization/Position : \_\_\_\_\_
Complete Address : \_\_\_\_\_ Date : \_\_\_\_\_

1. Are you aware of the existence of \_\_\_\_\_ in your locality?
(Name of subject agency)
[ ] Yes [ ] No

If yes, please state its programs and services? \_\_\_\_\_
(Proceed to the following questions.)
If no, end the interview.

2. Please state specific sectors, age group and/or types of clients the agency is serving.
\_\_\_\_\_

3. Does the agency have permanent staff working on a regular basis?
[ ] Yes [ ] No

4. Please indicate the benefits that the agency has given to your community.
\_\_\_\_\_

5. Are there problems encountered by your community related to the existence of the agency
in the area? [ ] Yes [ ] No
If yes, please state the circumstances.

If resolved, please share how this was resolved.
\_\_\_\_\_

If not yet resolved, please state the reasons.
\_\_\_\_\_

6. Other remarks about the agency.
\_\_\_\_\_

Noted by:

Monitored by:

Printed Name of Informant

Signature Over Printed Name

Signature

Office and Designation

**MONITORING TOOL FOR SWD AGENCIES  
GRANTED WITH DUTY FREE ENTRY  
OF FOREIGN-DONATED GOODS**

Name of Agency: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Tel./Fax/Mobile #s: \_\_\_\_\_

1. The status report on the distribution or utilization of commodities is certified by the DSWD, duly authorized representative and/ or LGU SWD office.  Yes  No  
If no, please state reasons \_\_\_\_\_
  
2. Distribution/ utilization of goods is in accordance with the approved distribution plan.  Yes  No  
If no, please state reasons \_\_\_\_\_
  
3. Summary report on the distribution is duly notarized and available.  Yes  No  
If no, please state reasons \_\_\_\_\_
  
4. Photo documentation of the distribution is taken.  Yes  No  
If no, please state reasons \_\_\_\_\_
  
5. Monthly report of the utilization and distribution of all donated goods is accomplished and available.  Yes  No  
If no, please state reasons \_\_\_\_\_

**Monitored by:**

\_\_\_\_\_  
**Signature Over Printed Name**

\_\_\_\_\_  
**Office and Designation**

\_\_\_\_\_  
**Date**

**MONITORING TOOL FOR AGENCIES ISSUED  
WITH LOCAL OR NATIONAL PUBLIC SOLICITATION PERMIT**

**Name of Agency:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Tel./Fax/Mobile #s:** \_\_\_\_\_

1. How much were the funds generated? \_\_\_\_\_
2. Was the fund campaign conducted within the period specified in the permit issued?  
 Yes  No  
 If no, please state reasons \_\_\_\_\_
3. Were the proceeds utilized for the proposed project?  Yes  No  
 If no, state reason/s and actual utilization. \_\_\_\_\_
4. What percentage of the funds generated were utilized for the project? \_\_\_\_\_
5. What percentage of the funds generated were allotted for administrative expenses?  
 \_\_\_\_\_
6. Please indicate the actual number of beneficiaries who received assistance from the funds generated. \_\_\_\_\_
7. The fund raising activity/ies was/were conducted as planned?.  Yes  No  
 If no, please state reasons \_\_\_\_\_
8. A verified report of information, which includes the names and addresses of contributors and beneficiaries of the fund raising activity/ies, was accomplished and is available.  
 Yes  No  
 If no, please state reasons \_\_\_\_\_
9. The methodology/ies used in the conduct of fund raising is/are within the permit/authority issued.  
 Yes  No  
 If no, please state reasons \_\_\_\_\_
10. A terminal report indicating names and addresses of contributors and the names and addresses of the persons to whom assistance were rendered from the funds obtained was accomplished and is available, including the corresponding amounts received by each beneficiary.  
 Yes  No  
 If no, please state reasons \_\_\_\_\_



11. An itemized statement of collections and disbursements certified by duly licensed CPA/independent accountant is presented.  Yes  No  
If no, please state reasons \_\_\_\_\_
- 

**Monitored by:**

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**Signature Over Printed Name**

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**Office and Designation**

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**Date**

Field Office \_\_\_\_\_

**REGIONAL MONITORING REPORT****Period Covered :** \_\_\_\_\_**Summary of Agencies Monitored**

Agency Status	FO Licensed	SB Licensed	Total
▪ Registered			
▪ Licensed			
▪ Accredited			
▪ Agencies granted with duty free entry of foreign donated goods			
▪ Agencies issued with Public Solicitation Permit			
- Local			
- National			
▪ Agencies under Suspension Order			

From the agencies monitored:

1. No. of agencies issued with License \_\_\_\_\_
2. No. of agencies expanded operation/ recommended for amendment of license \_\_\_\_\_
3. No. of agencies ready for accreditation \_\_\_\_\_

**Major Issues/ Concerns** (This would include among others difficulties of SWD Agencies in meeting the standards; deviation from standards policies, rules and regulations, problems encountered during the monitoring visits and other areas needing action from the Bureau)

**Recommendations** (Concrete steps/ measures to respond to the identified issues/ concerns)

**Other Concerns** (To indicate any changes in the agency's programs/ services, contact address/ number/ person as reference in updating their records)

(Please use additional sheet if necessary)

