

nominate qualified centers by submitting the result of the self-assessment to the concerned DSWD Field Offices together with the duly accomplished assessment tool and corresponding documentary/supporting documents.

B. Assessment Review by the Field Office

The Field Offices shall be responsible for reviewing the self-assessment results and pertinent documents of all nominees operating within their territorial jurisdiction, including those centers/NGOs with license to operate nationwide.

A five-member Review Committee shall be organized at the Field Office level. This shall be composed of the three Division chiefs, one Center Head whose center is not a subject of the assessment, and one ABSNET representative. A validation visit may be conducted whenever necessary.

C. Nomination

After determining absolute compliance to the set indicators, the FO shall endorse the nominee to the Standards Bureau within 15 working days after completion of the assessment review. The nomination shall be accompanied by the FO's assessment report and the necessary supporting documents.

D. Basic Supporting Documents

The following basic supporting documents shall be attached to the nomination:

1. Photo copy of the Certificate of Accreditation
2. Center's Manual of Operation
3. Resident's Guide/Manual
4. IEC Advocacy Materials i.e. brochures, primers
5. Photo/Video Documentation on the following:
 - Innovative strategies/approaches/services
 - Center's Facilities
 - Activities of the residents
6. Program/Service Manual
7. List of current personnel with their respective positions and case/workload
8. Work and Financial Plan – previous and current year
9. Accomplishment Report – previous and current year
10. Audited Financial Report (NGOs) and Liquidation Report (GOs) duly signed by the Department's accountant – previous year
11. Performance Contract/Target or its equivalent document

Other documents for the **past three years** shall be made available during the validation visit. These shall include, but not limited to the following:

1. Minutes of meetings/supervisory sessions
2. Proceedings/documentation of trainings/orientation conducted for new staff
3. Feedback of Center staff on trainings attended
4. Memorandum Circulars
5. Modules on Basic Program of Training for the Center's personnel
6. Minutes/highlights of consultations conducted and/or attended by the Center staff/management
7. Personnel records to include but are not limited to appointments, job descriptions, performance evaluation, etc.
8. MOA on professional services, as applicable
9. Documentation/records of staff development, year-end evaluation/performance evaluation.
10. Financial records, i.e disbursement, donations received, financial transaction, audited financial reports (in case og NGOs), liquidation report for GOs.
11. Accomplishment reports
12. Documentation on feedback mechanism/public/client satisfaction
13. Resident's profile
14. Clients' records
15. Other pertinent records, as applicable

E. Validation by the Central Office

A Validation Team at the Central Office level shall be organized with the Assistant Secretary for Policy and Programs as Chair. Its members shall be composed of representatives from the three clusters: Policy and Programs, Operations and Capability Building and General Administration and Support.

The composite team shall conduct validation/on site assessment of the center. The validation shall entail review of documents, interview with staff, service users, practicum students, groups/individual rendering volunteer services, barangay officials and key leaders in the community where the center is located, observations and other related activities.

If the result of validation is favorable, the Validation Team shall submit its recommendation to the Office of the Undersecretary for Policy and Programs within 15 working days after the validation is completed.

If not favorable, a report on the areas for improvement with corresponding recommendations shall be prepared and forwarded to the FO concerned for its appropriate action within 15 working days after the validation,



copy furnished the Undersecretaries of each cluster and concerned LGUs and NGOs, as the case may be.

A center may be considered for re-validation upon recommendation of the Field Office concerned that it has complied with the previously unmet variables/indicators.

III. VALIDATION ASSESSMENT TOOL

AO 01, Series of 2004 presents key indicators which shall be used as a validation/assessment tool at all levels. This shall be reproduced following the attached format and weights for rating purposes as basis for determining extent of compliance to set standards and provision of technical assistance.

IV. DELIBERATION

An Assessment Review Committee with the Standards Bureau as its secretariat, shall be created at the Central Office to deliberate on the recommendation of the validation team. This shall be composed of the three undersecretaries from each cluster or their duly authorized representatives, and two (2) NGO representatives with national network (*who may be from NCR ABSNET, ACCAP for child caring, or other sectors concerned, as the case may be*).

The Committee shall review the result of the assessment conducted by the Central Office Validation Team and submit its recommendation to the Secretary for approval.

V. AWARDS AND RECOGNITION

The recommended nominee shall be declared/confirmed as a "Residential Care Center of Excellence" by the Secretary.

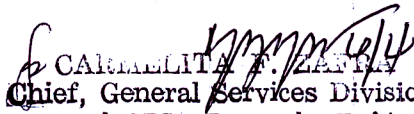
The Secretary or her/his duly designated representative shall award the corresponding certificate to the concerned center/agency in a fitting ceremony. Subject to availability of funds, monetary award and other travel/training benefits for the center staff may be given in accordance with COA rules, MC 36, s.2003 and other rules and regulations pertaining thereto.

The Residential Care Center of Excellence shall be the venue for training, research and documentation of good practices. The staff may serve as resource persons to share their experiences and practices in the Center. To sustain and/or exceed the level of excellence, financial and technical assistance, either from local or foreign sources may be provided when indicated.

Issued this 4th day of June, 2004

For guidance and compliance.


CORAZON JULIANO SOLIMAN
Secretary

A CERTIFIED COPY:

CARMELITA F. ZAFRA
Chief, General Services Division
and OIC, Records Unit

RESIDENTIAL CARE CENTERS OF EXCELLENCE Validation/Assessment Tool

Areas of Concern/Indicators	Weight	Complied		Findings and Supporting Documentary Evidence	Actual Score/Rating	Remarks
		Y	N			
1. ADMINISTRATION AND ORGANIZATION	25					
1.1 VMG	(2.5)					
1.2 Organizational and Management Structure	(9)					
1.3 Human Resource Development and Management	(7)					
1.4 Financial and Material Resource Management	(3.5)					
1.5 Support Services	(2)					
1.6 Feedback mechanism is installed to enable management to determine quality of service delivery from the public/residents point of view	(1)					
2. PROGRAM MANAGEMENT	30					
2.1 Planning	(12)					
2.2 Implementation	(11)					
2.3 Monitoring	(3)					
2.4 Evaluation	(4)					
3. CASE MANAGEMENT	30					
3.1 Caseload	(4)					
3.2 Case Management	(20)					
3.3 Recording and Documentation	(6)					
4. PHYSICAL STRUCTURES AND SAFETY	15					
4.1 Location and Design	(3)					
4.2 Accommodation	(4)					
4.3 Bathrooms and Washing Facilities	(3)					
4.4 Health, Safety and Security	(5)					

- Please refer to AO 1, series of 2004 "Indicators for Residential Care Centers of Excellence" for specific description of each indicator.