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
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
H. EFFECTIVITY

These guidelines shall take effect immediately.

Issued this 6th 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:** ____________________________________________  
**Complete Address:** ____________________________________________  
**Status of Operation:** (Please check appropriate box)  
☐ Currently in Operation  
☐ Not yet in Operation  
( if not yet operating, end of interview)

**Tel./Fax/Mobile #s:** ____________________________________________  
**Agency Head:** ________________________________________________  
**Position Title/Designation:** ____________________________________  

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<th>Registration/ Business Permit No.</th>
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**Category of the Social Welfare and Development (SWD) Agency**  
(Please check appropriate box)  
☐ Sole Proprietorship  
☐ Partnership  
☐ Corporation  
☐ Social Work Agency  
☐ People’s Organization  
☐ Resource Agency  
☐ SWD Network  

**Target Clientele**  
(Please check appropriate box)  
☐ Children  
☐ Youth  
☐ Older Persons  
☐ Women  
☐ Persons with Disabilities  
☐ Victims of Calamities  
☐ Families  
☐ Communities  
☐ Others (specify) ___

**Area of Coverage/ Geographical location**  
(Please enumerate)  

<table>
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<tr>
<th>Total Number of Clients Served</th>
<th>Previous Calendar Year (CY)</th>
<th>Current Calendar Year (CY)</th>
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**Source of Fund**  
(Please check appropriate box)  

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

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<th>National</th>
<th>International/ Foreign</th>
<th>Others (pls. specify) i.e. fund raising/solicitation</th>
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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/ objectiv es.  □ Yes □ No

   If no, please state reasons.

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 (RSWs)?  □ Yes □ No

       If no, please state reasons.

   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.
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 reason. ______________________________________________________

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:

Monitor by:

Signature Over Printed Name

Office and Designation

Date
ANNEX B

STANDARDS COMPLIANCE MONITORING TOOL
FOR LICENSED SWD AGENCIES

Name of Agency: ________________________________

Complete Address: ________________________________

Date last visited: ________________________________

Purpose of visit: ________________________________

Assessed by: ________________________________

Office and Designation: ________________________________

Agency Head: ________________________________

Position Title/Designation: ________________________________

License to Operate No.: ________________________________

Date of Issuance: ________________________________

Issued by: ________________________________

□ Standards Bureau

□ Field Office / Region

Agency Service Delivery Mode/s

□ Residential Care

□ Community Based

□ Center Based

□ Street Based

If providing services for children please check specific categories

□ Child placing

□ Child caring

Target Clientele

□ Children

□ Youth

□ Older Persons

□ Women

□ Persons with disabilities

□ Victims of Calamities

□ Families

□ Communities

□ Others (specify) __________

Area of Coverage/Geographical location

(Pls. enumerate)

Total Number of Clients Served

____ Previous CY

____ Current CY

Source of Fund

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<th>Amount</th>
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<td>4. International/ Foreign</td>
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<td>5. Others (pls. specify) i.e. fund raising/solicitation</td>
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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

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

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

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?
      - Yes  - No

      a.1. Introduction/Rationale stating how the agency came about and particular needs/problems of target clientele which the agency wants to address
      Remarks

      a.2. Vision, Mission and Goals/specific objectives
      Remarks

      a.3. Clientele to be served considering the agency's vision, mission, goals and objectives
      Remarks

      a.4. Geographical coverage area of operation where the agency will implement its programs and services
      Remarks

      a.5. General policies on admission/eligibility based on the agency's vision, mission, goals and objectives
      Remarks

      a.6. Programs and services designed to respond to the needs and problems of target clientele including procedures and implementing guidelines.
      Remarks

      a.7. Clear definition of responsibilities and duties of governing body, management personnel and service providers.
      Remarks

      Remarks
a.9. Financial Management
- Systems and procedures on fund sourcing, cash disbursement and liquidation,

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Remarks

a.10. Property and Supplies Management
- Systems and procedures on procurement, utilization and inventory

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Remarks

a.11. Communication and Information
- Systems and procedures on IEC, data banking and management

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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.

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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?

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Remarks

c. Has the agency submitted the following:
- Annual Report
- Work and Financial Plan for the current and incoming years
- Plan of Action specifying commitment to operate within 2 years

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Remarks

d. If operating a residential facility, does the agency have the following certificates?
- Certificate of Fire Safety for the current year
- Certificate of Building Structural Safety for the current year
- Certificate of Occupancy for newly constructed building for the current year
- Water and Sanitation Certificate for the current year

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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  □ Yes □ No
- Adoption  □ Yes □ No
- Legal Guardianship  □ Yes □ No

Remarks

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

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

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

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

Remarks

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

If none, please state reason

m. Does the agency have a Work and Financial Plan for current and incoming year? □ Yes □ No

Remarks

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

If none, please state reasons
OVER ALL FINDINGS/ RESULT

1. Strengths

2. Areas for Improvement

RECOMMENDATIONS

Monitored by:

______________________________
Signature Over Printed Name

______________________________
Office and Designation

______________________________
Date
ANNEX C

STANDARDS COMPLIANCE MONITORING TOOL
FOR ACCREDITED SWD AGENCIES

Name of Agency: Date last visited:

Complete Address: Purpose of visit:

Tel./Fax #s: Assessed by:

Agency Head: Office and Designation:

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

Accreditation No.: Date of Issue: Date of Expiration:

Agency Service Delivery Target Clientele Area of Coverage/
Mode/s

□ Residential Care □ Children
□ Community Based □ Youth
□ Center Based □ Women
□ Street Based □ Persons w/disabilities
□ □ Older Persons
□ Victims of Calamities □ □
□ Families □ □
□ Communities □ □
□ Others (specify) □ □

Total Number of Clients Served

Previous CY

Current CY

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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?

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 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?
STANDARDS COMPLIANCE MONITORING TOOL FOR ACCREDITED SWD AGENCIES

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 SWDGENCIES

Name of Agency:........................................................................................................

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 occupies? ________________________________

   - 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 occupies 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
- Infirmary/clinic or its equivalent is available for residents needing medical attention/consultation. ☐ Yes ☐ No
- Interview/counseling room is equipped with paraphernalia that would allow interaction between client and social worker? ☐ Yes ☐ No
- Conference room is functional and is properly furnished. ☐ Yes ☐ No
- Staff quarters are available. ☐ Yes ☐ No

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
2. Periodic fire and earthquake drills and orientation on safety, survival techniques during emergency and disaster are conducted. ☐ Yes ☐ No
3. Fire fighting gadgets are available e.g. functional fire extinguisher or its equivalent, like sand, water, etc. ☐ Yes ☐ No
4. First aid kit is strategically located for easy access of staff. ☐ Yes ☐ No
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
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
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
   If no, why? ____________________________________________________________

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

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: 

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:

 □ Baseline data/survey of target community YES NO
If none, please state reasons ___________________________________________

 □ Community profile of its target community
If none, please state reasons ___________________________________________

 □ List of priority community problems
If none, please state reasons ___________________________________________

 □ Registry of volunteers
If none, please state reasons ___________________________________________

 □ Inventory of community resources
If none, please state reasons ___________________________________________

 □ Community action/ development plan
If none, please state reasons ___________________________________________

 □ Minutes/ proceedings or highlights of community meetings or assemblies conducted on planning, implementation of community action plan, monitoring and evaluation
If none, please state reasons ___________________________________________

 □ Organized social welfare structures including officers and members/ working committees
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
<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Psychosocial well-being</td>
</tr>
<tr>
<td>□ Emotional welfare</td>
</tr>
<tr>
<td>□ Protection and safety</td>
</tr>
<tr>
<td>□ Shelter</td>
</tr>
<tr>
<td>□ Paralegal/legal assistance</td>
</tr>
<tr>
<td>□ Livelihood</td>
</tr>
<tr>
<td>□ Community participation</td>
</tr>
<tr>
<td>□ Family reunification</td>
</tr>
<tr>
<td>□ Alternative family care</td>
</tr>
<tr>
<td>□ Support towards self-sufficiency and independent living</td>
</tr>
</tbody>
</table>

**Monitored by:**

__________________________

**Signature Over Printed Name**

__________________________

**Office and Designation**

__________________________

**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

- Baseline data/survey of target community □ Yes □ No
  If none, please state reasons

- Inventory of prospective adoptive/foster families □ Yes □ No
  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:

- Intake sheet assessment □ □
  If none, please state reasons ________________________________________________
- Home study report □ □
  If none, please state reasons ________________________________________________
- Records of medical, health history and psychological □ □
  If none, please state reasons ________________________________________________
- Recent family picture □ □
  If none, please state reasons ________________________________________________
- Financial Records □ □
  If none, please state reasons ________________________________________________
- Character References □ □
  If none, please state reasons ________________________________________________
- Foster family care license □ □
  If none, please state reasons ________________________________________________
- Progress report □ □
  If none, please state reasons ________________________________________________

Part VI. Programs and Services

- Advocate 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
STANDARDS COMPLIANCE MONITORING TOOL FOR ACCREDITED SWD AGENCIES

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

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:

- Intake sheet assessment
  □ YES □ NO
  If none, please state reasons

- Referral letter
  □ YES □ NO
  If none, please state reasons

- Treatment Plan
  □ YES □ NO
  If none, please state reasons

- Terminal Report
  □ YES □ NO
  If none, please state reasons

- Progress Report
  □ YES □ NO
  If none, please state reasons

- Social case study report
  □ YES □ NO
  If none, please state reasons

- Profile/masterlist of clients served
  □ YES □ NO
  If none, please state reasons

- Masterlist of clients currently availing of the service
  □ YES □ NO
  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 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: ...................................................................................................................

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:

- Intake sheet assessment
  If none, please state reasons
  □ YES □ NO

- Referral letter
  If none, please state reasons

- Treatment Plan
  If none, please state reasons

- Terminal Report
  If none, please state reasons

- Progress Report
  If none, please state reasons

- Social case study report
  If none, please state reasons

- Profile/masterlist of clients served
  If none, please state reasons

- Masterlist of clients currently availing of the service
  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
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
IDENTIFYING INFORMATION:

Name of Agency: ________________________________

<table>
<thead>
<tr>
<th>Name of Respondents</th>
<th>Position</th>
<th>No. of years in Service</th>
<th>No. of years in Present Position</th>
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(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?
   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. ___________________________________________________________

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
  □ Yes □ No

- 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 reason__________________________________________

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
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 a 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?
<table>
<thead>
<tr>
<th>Issues and Concerns</th>
<th>Findings</th>
<th>Recommendations</th>
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<td>1. Quality of Physical Care</td>
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<td>2. Enhancement of Psychosocial Development</td>
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<td>3. Client Participation</td>
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<td>4. Handling discipline/sanctions for misbehavior</td>
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<td>5. Planning for the future (self and family)</td>
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<td>6. Residential Care/Agency Policies</td>
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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/measure. _________________________________

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?
   □ Yes □ No
   (Name of subject agency)
   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
Annex I

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:

__________________________
Signature Over Printed Name

__________________________
Office and Designation

__________________________
Date
REGIONAL MONITORING REPORT

Period Covered: _______________________

Summary of Agencies Monitored

<table>
<thead>
<tr>
<th>Agency Status</th>
<th>FO Licensed</th>
<th>SB Licensed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Registered</td>
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<td>• Licensed</td>
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<td>• Accredited</td>
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<tr>
<td>• Agencies granted with duty free entry of foreign donated goods</td>
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<tr>
<td>• Agencies issued with Public Solicitation Permit</td>
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<td>- Local</td>
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<td>- National</td>
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<tr>
<td>• Agencies under Suspension Order</td>
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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)
### MASTERLIST OF SWD AGENCIES MONITORED

For the Period ____________________________

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Contact Address/ Telephone Number</th>
<th>Contact Person</th>
<th>Status *</th>
<th>Service Delivery Mode/s **</th>
<th>Findings/ Issues/ Concerns</th>
<th>Action Taken/ Recommendations</th>
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* Status

- R - Registered
- L - Licensed
- A - Accredited
- DF - Duty Free Entry of Foreign Donated Goods

** Service Delivery Modes

- R - Residential
- C - Center Based
- CB - Community Based
- SB - Street Based