

## **Best Center**

### **2023 DSWD PRAISE Group Award**

#### **Award Definition**

This award is given to an exemplary center (Level 3 accredited by the Standards Bureau) that provides holistic interventions geared toward client's healing, rehabilitation, restoration of social functioning and empowerment by mobilizing and utilizing resources efficiently and effectively.

#### **Assessment Criteria**

<b>CRITERIA</b>	<b>SCORE</b>
<b>1. Administration and Organization</b> - The Center has clear statement of VMG and policies with functional organizational management structure; with efficient financial and material resource management and human resource management and development	<b>15</b>
<b>2. Program Management</b> - Clear written program plan is implemented in accordance with the DSWD policies and procedures. Monitoring and evaluation is in place and conducted on regular basis	<b>20</b>
<b>3. Case Management</b> - Ensure the provision of holistic case management process in accordance to set standards towards restoration of client's social functioning and reintegration to family and/or community	<b>35</b>
<b>4. Helping Strategies/Services/ Interventions</b> - Provision of any or a combination of services that contribute to the attainment of the helping goals for the residents/clients through the following: psychosocial care, home life, educational services, medical health and dental services, alternative family care, spiritual enhancement, legal/paralegal assistance, reintegration with family and/or community, socio-cultural and recreation, livelihood, vocation skills/entrepreneurial training, and character building session	<b>15</b>
<b>5. Physical Structure and Safety</b> - Physical facility is designed to promote the well-being of the residents and the staff. It conforms to the basic safety standards and program requirements for the day-to-day operation and implementation of the center's programs and services	<b>15</b>
<b>Total</b>	<b>100</b>

#### **Eligibility Criteria**

- ☐ Members of the group could either be on a permanent, temporary, coterminous, contractual or casual status of employment in the DSWD as well as the COS, as applicable, subject to existing budgeting and auditing rules and regulations (Group Certification)
- ☐ Have at least *Very Satisfactory* performance rating or its equivalent for six (6) semestral or three (3) annual rating periods prior to the nomination (Group Certification of performance rating)
- ☐ All members have not been found guilty of any administrative or criminal offense involving moral turpitude and/or with no pending case at the time of nomination certificate of no

pending case/complaint/grievance, For COS/MOA workers Self-Certification to be noted by Head of OBSU)

- ☐ The designated Special Disbursing Officer (SDO), if any, has no overdue unliquidated cash advances, suspensions, and/or disallowances or deficiencies due to controllable factors as of the time/date of submission of nominations (Certification of no pending case/complaint/grievance; For COS/MOA workers Self-Certification to be noted by Head of OBSU)
- ☐ Must have accomplishments, which the group is being recognized for, within the last three (3) years prior to the nomination, and have been consistently and continuously carried out during said period (Supporting Documents)
- ☐ At least one (1) year Level 3 accredited centers from the time of nomination (Certification)

### Nomination Details

<b>Name of Center</b>	
<b>Field Office</b>	
<b>Number of Personnel</b>	
<b>Name of Center Head</b>	
<b>Position</b>	
<b>Designation (if any)</b>	
<b>Contact Nos.</b>	
<b>Email Address</b>	

<b>Name of Nominator</b>	
<b>Position</b>	
<b>Designation (if any)</b>	
<b>Office/Division/Unit</b>	
<b>Contact Nos.</b>	
<b>Email Address</b>	
<b>Date of Submission</b>	

Additional information about the Nominee:

Were you a previous DSWD PRAISE CO/FO Nominee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	Award category:
Were you a previous DSWD PRAISE CO/FO Winner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	Award category:

Were you a previous DSWD PRAISE National Finalist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	Award category:
Were you a previous DSWD PRAISE National winner/awardee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	Award category:

### Nomination Form and Write-up:

- ☐ Each nomination requires the submission of one (1) original nomination packet containing the fully accomplished DSWD PRAISE Nomination Form and other documentary requirements neatly packaged to the PRAISE CO/FO Committee for screening
- ☐ The write-up must highlight outstanding accomplishments manifested within the last three years;
- ☐ Presentation of accomplishments or norms manifested should be in order of significance, complete with descriptions and should adhere to the following pointers:
  - o Use specific terms;
  - o State outstanding accomplishments or exemplary norms displayed and impact in brief factual and in bullet form;
  - o Present Impact of accomplishments by indicating how it was sustained/adopted, problems addressed, savings generated, people/office benefited and/or transactions facilitated

### I. Executive Summary

Write an overall statement on the Center's provision of holistic interventions geared towards client's healing, rehabilitation, restoration of social functioning and empowerment by mobilizing and utilizing resources efficiently and effectively.

### II. Administration and Organization

*a.) How do you operationalize the Center's VMG?*

*b.) Attach the following means of verification, if applicable or available*

- *Approved/Updated Master Development Plan;*
- *Approved 5-Year Strategic Plan;*
- *Approved Center's VMG;*
- *Approved Center's Manual of Operation by the Regional Director*
- *Budget utilization and regular reporting*
- *Annual Report on Donations Received and its Utilization*
- *Approved authority of organized Committees signed by the Regional Director or his/her designated officer*
- *Minutes of the Meeting/ Documentation*
- *Adequate number of competent staff assigned in the center*
- *Certificate of Attendance to trainings*
- *List of staff and their trainings attended/ Profile of employees*
- *Report on advocacy activities conducted, IEC materials, and/or communication plan endorsed by the SMU and approved by the Regional Director*

### **III. Program Management**

*a.) Discuss how do the Center monitor and evaluate its programs and services in accordance to the set policies and procedures.*

*b.) Attach the following means of verification, if applicable or available*

- Documentation of projects/activities implemented e.g. executive summary, and annual accomplishment reports
- Partnership and collaboration with the LGUs, GOs and NGOs through MOA/MOU with multi-disciplinary professionals
- Minutes of the Meetings/ Case Conferences with partners
- Good Practice documentation published following the based on Good Practice and Documentation Guidelines
- Citations/awards received by the center
- Documented annual evaluation program review

### **IV. Case Management**

*a.) Discuss how the use of social work method and approaches is being applied in the center highlighting the innovative practices while taking into consideration the varied residents'/ clients problems and treatment plans*

*b.) Attach the following means of verification, if applicable or available*

- Updated case study report and intervention plan;
- Monthly progress report;
- Running notes;
- Minutes of case conferences;
- Minutes of meeting;
- Anecdotal reports;
- Reports from the multi-disciplinary team;
- Caseload inventories;
- Closing/transfer summaries;
- Recording of after care and follow up;
- General Intake Sheet;
- Admission slips
- Caseload Inventory (Please see Annex A)
- Caseload:  
 Social Worker – client ratio  
 Houseparent –client ratio per shift  
 Program Management Bureau's (PMB) ALOS report and caseload inventory

### **V. Helping Strategies/Services/ Interventions**

*a.) What are the results of the interventions/ services being provided by the centers to its residents?*

- b.) Attach the following means of verification, if applicable or available*
- *Recordings, minutes of sessions conducted, feedback reports, accomplishment reports, and results of the FGD/interview with client and staff*
  - *Program Management Bureau's (PMB) ALOS report and caseload inventory*
  - *Structured activities posted in conspicuous places*
  - *Center's Accomplishment Reports on Home life*

## **VI. Physical Structure and Safety**

*a.) How does the Center ensure the safety, security and physical wellbeing of its residents and staff?*

- b.) Attach the following means of verification, if applicable or available*
- *Presence of updated emergency plan and devices*
  - *Annual Building Inspection/ Structural Safety Certificate/ Occupancy Certificate, Water Potability, and Fire Safety Certificates*
  - *Documentation of fire/ earthquake drill*
  - *Documentation of Disaster Management Training*
  - *Certificate of attendance to first-aid training*
  - *PRC license of medical staff*
  - *Report on the bed capacity of the center vs. total number of admissions at any given time*
  - *Master Development Plan*
  - *Facilities have accessibility features to meet the needs of those with disability/ special needs.*
  - *Frequency of waste disposal*
  - *Center's ambiance and physical appearance*

## **Certification**

We attest to all facts contained herein and authorize the use of this information for publication. We understand that the PRAISE Committee will validate the accuracy of the information contained in this form and grant our consent to the conduct of a background investigation. Any misrepresentation made by the signatories shall be a ground for disciplinary action pursuant to applicable Civil Service laws and rules.

**Printed Name and Signature:**

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**Nominee**

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**Nominator**

## Annex A

Name of Center/Address:

Field Office:

Inventory of Clients Served at the Center/Checklist of Records (as of \_\_\_\_\_)

Case No.	Name	Clientele Category	Date of Birth	Age	Date Admission	Problem Presented	Intervention Plan	Services Provided	Current Status
						<i>*please provide brief information only</i>			

**Prepared by:**

Name and Designation

**Approved/Noted by:**

Center Head

**Approved/Noted by:**

### Checklist of Documents

Name of the Client:	Date of Admission	Admission Slip	Intake Sheet	SCSR	Updated SCSR *indicate date prepared	Intervention Plan	Process Recordings	Progress Report	Houseparent Monthly Anecdotal Report	Progress Report from other Multi-Disciplinary Team Member	Psychological Assessment Report	Pre-Admission Case Conference	Pre-Discharge Case Conference	Multi-Disciplinary Team Case Conference	Parental/Family Assessment Report	Closing/Transfer Summary for Closed Cases
*Please check if these documents are available																

**Prepared by:**  
Name and Designation

**Approved/Noted by:**  
Center Head