

Supplemental Manual of Operation (localized)

Regional Study Center for Children
DSWD, Field Office 10
Masterson Avenue, Carmen, Cagayan de Oro City

Chapter 1

Rationale:

The challenge to achieve the welfare and the best interest of young children particularly the abuse ones and children with special needs continue to inspire welfare and development institutions in the country and abroad.

The Department of Social Welfare and Development through the Reception and Study Center for Children strives to create an alternative home and family to children **0 to below 7 years** old and above who are dependent, abandoned, neglected **and special children with special needs**

This is to respond to the increasing number of cases admitted at the Reception and Study Center for Children especially in the National Capital Region, Region III and Region IX where a high incidence of admission (DSWD 2005) is evident.

Now, the Department has total of eleven (11) RSCC in eleven (11) regions of the country to serve the needs of abandoned, neglected and dependent and **also to children with special needs** through the provision of substitute parental care, custody and protection to children.

RSCC also admits children with disabilities, children who were sexually abused victims of child trafficking, orphaned children and physically abused/maltreated children.

Its operation is focused on the provision of rehabilitative services through appropriate case management. This is being done by addressing the need to integrate and reunify children with their family or relatives and through placement for children alternative family care such as adoption and foster care.

RSCC programs respond the Republic Act Nos. 7610 and 7658, otherwise known as the Special Protection of Filipino Children, which stipulate the promotion and provision of special protection to vulnerable sectors of the society that include the very young children who are between **0 to below 7** years old. Studies show that children **0 to below 7 years old** are the most vulnerable to all forms of abuse, neglect, cruelty, exploitation and discrimination because they are very helpless and are

dependent on their parents and adult caregivers in their homes. Without proper care and support, the effects of abusive circumstances can hamper children's growth and development.

Every child needs a family and a home. To support this need for a caring and conducive environment for learning, growth and development, the Department of Social Welfare and Development commits to implement and develop programs and services responsive to the needs of the very young children in the society through the operation of the Reception and Study Center for Children.

Chapter II

Philosophical Base

Every child has a right to have family where she/he will grow and develop into a mature, disciple, nurturing person and productive member of the society.

However, not all children have the opportunity to be nurtured by a caring and responsible family; hence, the Department commits to provide an alternative family and home through the provision of programs and services for abandoned and neglected children at the Reception and Study Center for Children.

Various principles in child's growth and development serve as the basis in the understanding the needs of a very young child in his/her various stages of growth and development. These include:

- Every child, regardless of his/her present circumstances, develops in at least four (4) interrelated domains – the physical, cognitive, social and emotional, that make up one whole, leading to the complete development of the child.
- His/Her development begins at conception, and his/ her learning begins at birth following a definite pattern and predictable sequence of development using his/her senses and by manipulating tangible, real and actual objects.
- His/her learning and development are most affected by the result of the interaction between heredity and environment and his/her social interactions with other people and the kind of participation in his/her process of development.
- The kind of experience and involvement he/she has in his/her circumstances are what will make him/her unique as a child and as an individual.

Child's experience may either cause development and impairment on his/her attributes and characteristics. The experiences of abandoned and neglected children, for instance where parents failed to provide the basic emotional and physical needs of the child, may result in the impairment of the child's physical, mental, social and emotional development.

Addressing the child's uniqueness and development characteristics and needs vis-à-vis the various effects of difficulty circumstances to a child primarily serve as the main consideration in designing programs and services with a context of a home environment to foster growth, learning and emotional upbringing.

Chapter III

Legal Basis

The reception and Study center for Children responds to the following laws and provisions:

1. U.N Convention on the Rights of the Child (1989)

An international declaration of the rights of children signed by the States parties which recognizes and upholds the inherent worth and dignity of the human person and proclaimed that childhood is entitled to special care and assistance and recognizing that the child, for the full and harmonious development of his/her personality, should grow up in a family environment with an atmosphere of happiness, love and understanding.

2. The Hague Convention in Protection of Children

Article 1.a. To establish safeguards to ensure that inter-country adoptions take place in the best interest of the child and with respect for his/her fundamental rights as a recognized in international law.

Article 1.b. To establish a system of cooperation amongst contracting States to ensure that those safeguards are respected and thereby prevent the abduction, the sale of, or traffic of children.

3. PD 603 (Child and Youth Welfare Code) states that “child is one of the most important assets of the nation, every effort shall be exerted to promote his welfare and enhance his opportunities for a useful and happy life”

Article 3.2. The dependent or abandoned child shall be provided with the nearest substitute for a home that will provided him with love, care, understanding, guidance, counseling and moral and material security.

Article 3.8. Every child has a right to protection against exploitation, improper influences, hazards, and other conditions or circumstances prejudicial to his physical, mental, emotional, social and moral development.

Article 3.10. Every child has the right to the care and protection of the state, particularly when his parents or guardians fail or are unable to provide him with his fundamental needs for growth, development and improvement.

4. Republic Act 7610- Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act

Section 32.9 Protective Custody. If the investigation discloses sexual abuse, serious physical injury or life threatening neglect of the child, the duly-authorized officer or social worker of the Department shall immediately remove the child from his home or the establishment where he was found and to place him under protective custody.

5. Republic Act No.8043- The Inter-country Adaptation Law.

Section 2. It is hereby declared the policy of the State to provide such child with love and care as well as opportunities for growth and development. Towards this end, efforts shall be exerted to place the child with an adoptive family in the Philippines. However, recognizing that inter-country adoption may be considered as allowing aliens, not presently allowed by law to adopt Filipino children if such children cannot adopt by qualified Filipino citizens or aliens, the state shall take measures to ensure that inter-country adoptions are allowed when the same shall prove beneficial to the child's best interest, and shall serve and protect his/her fundamental rights.

6. Republic Act 8552 – Domestic Adoption Act of 1998: An Act Establishing the Rules and Policies on Domestic Adoption of Filipino Children

Section 2. It is hereby declared the policy of State to ensure that child remains under the care and custody of his/her parent(s) and be provided with love, care, understanding and security towards the full and harmonious development of his/her personality. Only when such efforts prove insufficient and no appropriate placement or adoption within the child's extended family is available shall adoption by an unrelated person be considered.

7. Executive Order No.123. The DSWD is mandated to provide care and protection and rehabilitation to those who have least in life and need social welfare assistance and social work interventions to restore their normal functioning and participation in the community.

8. Executive Order No.56 – Authorizing the Ministry of Social Services and Development to take Protective Custody of Child Prostitutes and Sexually Exploited Children.

Section 2. The Ministry of Social Services and Development shall provide suitable programs for the full rehabilitation of the minors under its custody which shall, among others, include the appreciation of proper moral values, psychological or psychiatric treatment, education in the probable physical ailment or disease which they contract or the dangers of unwanted pregnancy and appropriate training skills to prepare them for a decent living.

9. Presidential Proclamation No.13 and 20 encouraged the government departments as well as NGOs to involve themselves in the work for the welfare of working children, street children, sexually exploited children, children in armed conflict and other children in especially difficult circumstances.

Child Protection Policy

The Regional and Study Center for Children (RSCC) in DSWD Field Office 10, located at Masterson Avenue, Carmen, Cagayan de Oro City;

Shall abide with the Principles of the United Nation Convention for the Rights of Children and with the requirements of Republic Act (RA) 7610 and Presidential Decree

(PD) 603 in dealing and providing programs and services to these children. Specifically promotes the rights of the children and ensure adherence to anti-abuse law and promote the general welfare of children and youth.

COMMITMENT TO CHILD PROTECTION POLICY

I Shall Abide To The Above-Mentioned Child Protection Policy.

Chapter IV

Description of the Center

A. DESCRIPTION

The Reception and Study Center for Children *at DSWD Field Office 10:*

The Reception and Study Center for Children is a **24/7** residential facility that provides social work interventions to children **0 to below 7 years** old. It provides protection and rehabilitation services through temporary residential care to neglected, dependent and abandoned abused and exploited children and **to children with special needs** and those who are in need of alternative family care.

It provides appropriate and responsive social work interventions and services that address growth development and the safety and security needs of very young children who are victims of abuse. Further, RSCC works at developing the competence and effectiveness of the Center's staff and service providers in the management of cases through proper placement and other rehabilitation services for children.

B. GENERAL AND SPECIFIC OBJECTIVES

General Objective:

To provide care and protection to neglected, dependent and abandoned children aged **0 to below 7 years** old and **above for children with special needs** including those victims of abuse and **exploited children**.

Specific Objectives:

- To study circumstances of a child to determine appropriate care in the absence of parents/relatives.
- To identify and provide best substitute parental care for the child.
- To serve as a laboratory for the study and development of the child
- To promote a venue for the training of service provider such as social workers, houseparent, as well as volunteers and students engaged or would be engaged in the child welfare and development.
- To promote a model Center for care, protection, rehabilitation, education and training of children with special needs
- **To be the center of excellence in the provision of center based programs and services with excellent facilities.**

C. TARGET CLIENTELE

The Reception and Study Center for Children *of DSWD Field Office 10* serves children **0 to below 7 years old**. These children belong to the following categories:

1. Dependent Children

Dependent children refer to children whose parents are temporarily incapacitated and have no known relatives to whom they can be entrusted. Parent's incapacity to provide care to their children may be due to the following conditions:

- Parent(s) temporarily lack financial means to support their children's needs.
- Parent(s) is currently in jail.
- Parent(s) is in a hospital or is incapacitated due to sickness
- Parent(s) has a to attend to urgent family concerns and will be temporarily.

2. Abandoned/Neglected Children

Abandoned/neglected children refer to children who are left by their parents to private individuals or to different institution such as hospital, clinics or duly-licensed child caring or placement agencies.

3. Foundling

Foundling refers to children left alone in the streets or in other public or private places. These children are exposed to physical, moral, health and environment hazards and risks in the streets.

4. Physically Abused (PA)

Physically abused children refer to children who received any form of maltreatment, battering and verbal assault from their own parents, guardians, neighbors and other individual in their environment.

5. Sexually Abused (SA)

Sexually abused children refer to children who have been employed, enticed, induced or coerced into engaging in sexual intercourse, lascivious conduct, molestation, prostitution and incestuous relationship.

6. Voluntary Committed/Surrendered

Voluntary Committed/Surrendered children refer to children who were voluntarily given up by their parents due to economic and personal reason such as having a child out of wedlock, the lack of financial means to support the child and having a child as a result of rape.

7. Transnational

Transnational children are those 0-6 years of age born out of relationship between Filipino and foreign nationals.

8. Orphaned Children

These are the children who do not have a family and relatives who can assume responsibility for their care.

9. Children With Special Needs who are beyond the age of clientele category.

These are the children who are with special needs and under Special Home Findings of ICAB and are refused admission at Elsie Gaches Village in Manila when referred.

Chapter V

Operational Guidelines

A. General Guidelines:

1. Admission

The following are categories of children aged 0 to **below 7 years** old who may be admitted.

- Abandoned
- Neglected
- Dependent
- Children with special needs and have no family to provide care and /or whose family is unknown and ***under Special Home Findings.***

When applicable, siblings including those above 6 years old shall also be admitted at the center to prevent separation and keep family relationship intact.

Children admitted at the Center shall be treated with utmost care and understanding regardless of economic and family background, race, color and religion.

The social worker shall undertake the following steps in admitting the child at the Center.

- a. Welcome and interview the child (if Possible), or the referring party through the completion of an admission slip and intake sheet. (Please refer to Appendices 1 & 2).
- b. Endorse the child to the Infirmary for medical check up and physical check-up with the a NOD (or while the referring party is being interviewed).
- c. Refer the child to the RSCC infirmary to check for any minor disease. For thorough medical treatment; refer the child to a hospital to be accompanied by the referring party.***and NOD/HP on Duty if more than one (1) child.***
- d. Orient the child on what RSCC is and interpret to him/her simple rules and regulations of the Center (*if applicable*) and if the child is eligible for admission.
- e. Endorse the child to the HP on Duty either for Toddler or Nursery depending on his/her age. Children between 0 ***to 1 year and 5 months old (when applicable)*** are placed in the nursery and ***older children below 7 years old are generally placed at the Toddlers room for temporary care and custody.***

However, if the child is a foundling case where his/her age cannot be determined, he/she will be referred to the Center's dentist for dental assessment.

- f. Endorse the child to the houseparent and introduce him/her to the staff and other children.

- g. In the Toddlers room, the houseparent bathes the child and provide him/her with food, appropriate clothing and personal items such as slippers, soap, toothbrush and beddings.

If the child is 3 years old and above, the houseparent undertakes the following activities:

- Orient the child on daily routines and explain further the reasons why he/she needs to stay in Center.
- Explain that as a houseparent, he/she will serve as surrogate parent while on temporary care at RSCC, and that the Center will be child's temporary home.
- Encourage the child to be obedient and to be friendly with other children in the Center.
- Assure the staff of the love, care and support from the staff and caretakers at the Center.
- Orient the child on the following Rules and Regulation of the Center which he/she should observe during his/her stay:
 - To stay at the Center and to refrain from going out without permission from the social worker and without a guide.
 - To share in the simple household task such as helping in settings the table, arranging the toys and picking up the trash in her/his surroundings
 - To observe daily routine schedules such as sleeping time, play, study, leisure, prayer and rest.
 - To ***encourage the child in attending the Holy Mass (if they are Roman Catholics) but if not respect the child's religious affiliation*** and participate in other special activities at the Center.

2. Re-admission

Children are readmitted at the Center when the family – the biological parent, relatives or adoptive parents –are unable to provide the proper care, support and nurturance and are found irresponsible and negligent of their roles and duties as parents or custodians.

Also for children who are already accepted by PAPs to emotionally and psychologically prepare these children for permanent placement.

3. Out On Pass

Children are allowed to go out ***with approved out on*** pass for special purposes such as attendance to field trips, ***going to school***, cultural visits, ***medical/developmental assessment*** & psychiatric treatment and leisure and fun in the company of a houseparent/***NOD*** and family representative *if applicable*

Out on pass shall be allowed also on the following specific conditions:

- For picture taking (media purposes, matching and adoption purposes)
- For exposures and for therapeutic interventions such as going to malls, church, parks and other recreational facilities especially to children who are not exposed to the outside environment.
- For appearance in court hearing(for application of Declaration of Abandonment and for cases of physical and sexual abuse)
- For visa, medical/DFA appearance/ICAB appearance (children who are matched and accepted by families)

4. Visitation

Visiting time for the children is from 9:00-10:30 in the morning and 3:00 to 4:30 in the afternoon daily.

For court related cases, visitation shall be held at the social services or counseling room under the supervision of **the Social Worker managing the case /Supervising Houseparent/Houseparent on Duty in this order.**

5. Abscondence/Missing/Leaving Without Permission

Abscondence /escape of children particularly with older siblings from the Center shall be reported within an hour to the social worker and **shall prepare a written report (including actions taken)and shall be recorded in their logbook as part of their endorsement to the incoming HP for information and guidance)** and the latter shall in turn **inform the Center Head together with a written report and the CH within 24 hours from receipt of said report, submits reports to the Regional Director within 24 hours upon receipt of the written report including actions taken. Inform the court if it is a court related case.**

6. Donations

The Center accepts donations in cash and in kind from private individuals, groups and organizations and/ government group, organizations and offices. If donations are delivered at the regional office, the region acknowledges the donations and provides the official receipt. If donations are delivered at the Center, **the Center Staff escorts the donor/s to the Regional Office for the issuance of official receipt by the Cashier.**

Perishable donations given to the center are reported immediately and are referred to the Center Head for immediate use. For cash and other in-kind donations, the same shall be reported and turned over immediately within 24 hours to the cashier of the Field Office and should be properly recorded, accounted for and reported to the Regional Director.

a. Cash Donations

The donor may specify the purpose for which the donations are given. This amount shall be used for the specified purpose.

b. In-kind donation

Items and equipment donated are properly accounted for by the property custodian in-charge and reports are submitted to the Regional Office. **The donor is given an acknowledgement receipt of goods donated which is being monetized and this is reported in a quarterly basis to the regional office.**

For detail information on donations, please see Memorandum Circular No.9, Series of 2006-Procedural Guidelines on the Receipt and Utilization of Donations in Cash and In-kind. (Please see Appendix 3)

7. Receiving and Giving Gifts

Any staff at the center shall refrain themselves from accepting any form of gifts from the clients and their families or relatives.

8. Escorting of Clients

Children at the RSCC shall only be allowed to go out of the Center with an escort- a houseparent, a nurse/**a social worker/ center head (whenever applicable)**. The escort will serve as the child's guardians when attending to other needs and requirements of the child such as attending to hearings, accessing to other services from other institutions/GOs and visiting the child's family.

9. Report on Injury, Accidents and Deaths

Any child who shall be injured accidentally or intentionally shall be reported within an hour to the social worker in charge. Any untoward incident such as fighting with other children, loss of belongings and sickness shall likewise be reported in **writing (including the actions taken)to the social worker and center head for information and appropriate actions** and will be included in the daily observations of the houseparent.

10. Discipline

Positive forms of discipline and open communication with the child shall be employed such as time out (usually involves removing parental attention, and requiring the child to sit in a chair for a short period of time with no interaction from members of the **room**), praising or acknowledging positive behavior, modeling positive behavior , loss of privileges and teaching children to accept responsibility for their mistakes and misbehavior to encourage the formation of positive values and good behavior. Corporal punishment is strictly prohibited as a form of discipline to young children.

11. Complaints on Erring Staff

Complaints of staff about administrative and operational concerns shall be addressed to the grievance committee organized at the regional level, and appropriate actions shall be immediately undertaken particularly if the welfare of the children is threatened. **As discussed and agreed during the all staff meetings that a memorandum will be issued twice (depending on the gravity of the offense/neglect) and the 3rd memorandum will reach to the office of the Regional Director for appropriate action.**

12. Confidentiality

All records shall be treated confidential and shall not be disclosed at any time unless required by the court or with the approval of the Regional Director.

13. Special Education

Children are provided with special education classes to meet their development needs. The curriculum is geared towards providing development and age appropriate activities to enhance social adjustment and development as well as to provide a variety of early learning opportunities. Special education classes may include provision of day care class, kinder I and II and grades I, II & III. These classes are in collaboration with the Department of Education.

Toddlers and infants are also provided stimulating activities that are both developmental and age-appropriate. These activities will aim to achieve total development of the child such as mastery of fine and gross motor development, physical and cognitive development and social development.

14. Media Coverage

All media entities wishing for media coverage at RSCC should secure permission from the Regional Director. Regional Administrative Order No.114 Series of 2002 under the specific "Media Request" serves for the said purpose as such:

a. Interviews

- ***interview of children are generally not allowed except through the handling social worker after the approval of the Regional Director or through his/her duly authorized representative.***
- The children's refusal to give interviews or answer questions must be respected.
- Ready questionnaire should be presented to ***the Center Head/Social Workers for guidance and reference.***
- Taking of picture of children in the Center shall be strictly prohibited and if allowed, no frontal shots of the children/clients should be taken.

b. Shootings/film production

The center may be used as venue for television and film production; however, the conduct should be guided by the following:

- Firearms and or/ explosives of any kind should not be used in film production or in any part of the scene in the Center and its premises.
- Violent or malicious scenes should not be taken or done in the Center and its premises.
- Should there be a need for the use of electrical power, the amount approximating the cost of electricity must be paid to the institution and there for should be recorded in accordance with the policies on donations.
- Use or electric power should not disrupt the regular activities at the Center nor affect its illumination.
- The production has to provide its security and should be responsible for any damage that may arise during the taping and production.
- Cleanliness and upkeep of the area used for taping is the responsibility of the film company.

15. Volunteer Work

Volunteer service/work in the center is allowed with approval of the Regional Director.

- Any person of good moral character and has genuine interest to assist and help young children RSCC may apply for volunteer work at the Regional Office. He / She may secure approval from Regional Director through the IDD/Standards Unit (SU) under the Bayanihan Bayan Program.
- Screening of the volunteers will be done in the SU.
- Upon receipt of the **endorsement, the Center Head will require the volunteers/ social work interns through their agency supervisor to secure a recent medical certificate/x-ray results . Upon receipt of said documents the orientation will be conducted by the social worker/NOD/SHP for proper orientation of the center's programs and services, policies and procedures in handling the children.**
- Based on the volunteers knowledge, skills, interest and availability, he/ she will be referred **to render his/her services to the children and directly supervised by the school supervisor in coordination with the NOD and SHP incase of Caregivers, but for social work interns, they are directly supervised by our social workers in the center in coordination with the school supervisors.**

16. Students Training Program

DSWD-Field Office assigns a student-trainee to the Center for Field placement of affiliation. The Center is guided by the DSWD Administrative Order No.63 Series of 2003 – Amendment to Guidelines on the Implementation of the Student Training Program. Particular to the Caregiving Program, the students shall be provided opportunities to promote quality care to clients through provision of planned learning opportunities to develop competences in caregiving.

Activities under the Students Training Program include the following:

- a. Orientation module about DSWD – vision, mission, goals, roles and functions, programs and services, organizational structure, policies and procedures including agency and school expectation and goals.
- b. Orientation on the center's social programs and services, policies and procedures and scope / area of assignment.
- c. Conduct of a guided tour around the center's vicinity to acquaint the students of the Center's composition such as the different offices and buildings and other facilities of the center.
- d. The Center ensures that the student-trainee is given the opportunity to work with the team and that they are being exposed to different activities.

Chapter VI

RSCC Programs and Services:

The rights based and bio-psycho-social-spiritual perspectives serve as conceptual guides in the management and operation of RSCC programs and services for children victims of parental neglect and abuse and children with special needs. Programs and services at RSCC evolve with due recognition to the complex needs of the child as a bio-psycho-social-spiritual being.

The rights based approach is adopted through provision of programs and services to promote and protect child rights for survival, protection, fullest development and participation in his/her early childhood years, taking into consideration his immediate environment- his / her family and the RSCC as transitory place for the child to be placed back in an environment of love, nurture, protection and development.

The Reception and Study Center for Children adopts also the multi-disciplinary approach considering that the needs of children victims of parental neglect and abuse are multi-faceted. Multi-disciplinary interventions and services are adopted through collaborative and collective effort of RSCC personnel composed of professional and non-professional in the fields of rehabilitation and welfare development.

A. Social Services

Social services are interventions that seek to restore/develop social functioning of children from admission to discharge and preparation for family reunification, community reintegration and alternative family placement if deemed identified. Case Management is undertaken through collective and collaborative efforts and expertise of a multi-disciplinary team utilizing social work interventions which include but not limited to counseling, casework, and group work and family/group/individual therapy.

The Social Services Unit integrates the different services based on the treatment plan formulated by the social worker as well as facilities documentation and placement if necessary.

This Unit also provides other diagnostic services to the child and his/ her family such counseling to parents, therapy through individual and group sessions, group work activities for the children or parents and alternative family placement service that includes adoption, foster care and integration with biological parents.

For Children with parent/s, an assessment shall be done on their parental capacity to assess if the reunification of the child is for his/ her best interest. If an assessment is favorable, the family is prepared emotionally, psychological and financially for the proper care and support of the child. When both the child and parent/s are ready, reintegration takes place.

If reintegration to the biological family or relatives is no longer possible, alternative family care is provided through either of the three (3) other types of placement services as follows.

1. Foster Care

Foster Care Service is a social work intervention that provides planned substitute parental care to a child by a licensed foster family when his/her biological parents are unable to care for him/her temporarily.

Foster Family care as an alternative family care has the following features:

- It is temporary – It can either be on a short term (less than six months) or long - term basis (six months or more)
- Its goal is return the child to his/her biological family or prepare for his/her placement to an adoptive family.
- It does not alienate the child from his/her biological family.

Types of Foster Family Care

- a. **Regular Foster Family Care** – the placement of an unrelated abandoned neglected or dependent child with normal development regardless of age to a licensed foster family.
- b. **Kinship Care** – the placement of a child to his/her relatives or godparents who have been licensed.
- c. **Foster Family Care of Children with Special Needs** – the placement of child with behavioral problems and special needs such as: children in conflict with the law, abused and exploited children, street children, children with disabilities, children victims of armed conflict, children whose parents are suffering from HIV / AIDS and others.

The social worker shall refer to the Foster Care Manual for the process of placing the child under a foster family.

2. Adoption

The child shall first be made free for adoption either through the following.

- a. The parent/s if available, shall sign a Deed of Voluntary Commitment. (please see Appendix 4)
- b. File for an involuntary commitment of the child through the court.

The child goes through the regular process of local adoption following the manual on Domestic and Inter-country Adoption.

3. Legal Guardianship

Legal Guardianship is a socio-legal process of providing substitute parental care thru the appointment of a legal guardian of the child and his/her property until the child reaches the age of majority. This does not give of the biological or adoptive child just like the right to a name and inheritance.

B. Homelife Services

The Homelife Services Unit aims to foster a homey environment to ensure that children experience family living. The Homelife Services Unit provides children with food, clothing and shelter as well as well – organized activities providing a family like experience to meet the physical, emotional, mental, social and spiritual needs of children. The Homelife Services Unit is manned by houseparents; they provide care and protection to the children.

Children are housed in accordance to their age and needs. Sick children are separated from other children until such time that they no longer pose threats to the health of other children.

Infants have a room separate from toddlers and are managed by houseparents and a relievers in both rooms in 24/7 with an eight (8) hour shift.

The houseparent are responsible for providing substitute parental love and attention including the teaching of good values. They should also be the role models of the children. They serve as part of the team that provides a nurturing environment to them

Houseparent provide daily experience to children by providing various learnings new concepts and activities to enable them to develop their physical, cognitive and social as well as promoting positive interactions among other children.

Further, daily living activities provide opportunities and promote a development of positive values and spiritual values such as respect and love for God, self and others, disciple and love through role modeling.

Personal care and provision of other needs such as sanitation, **good** grooming, proper clothing, sleeping habits and well planned and prepared meals, require daily supervision.

Roles and Functions:

1. Coordination with the Social Service:

The houseparent formulate a homelife plan for each child and submit it to the supervising houseparent. The supervising houseparent provides her inputs and submits a copy of the said plan to the Social Service Unit for integration to the overall treatment plan prepared by the social worker.

The houseparents prepares endorsement before leaving the post and monthly written progress and narrative reports for ***children handled/assigned***. It is also the responsibility of the houseparent to prepare immediate report on any untoward incident or unusual behavior of the children. These include reports on injury, accident and fights and reported within hour after the incident. The supervising houseparent provides inputs and endorses the said report to the supervising social worker for appropriate action.

The houseparent are required to attend the case conference for the child under their care and for them to report the changes that are taking place with the child.

2. Coordination with the Psychology Unit:

The houseparent coordinates with the Psychologist and ***Social Worker handling the child any observations in relation to his/her behavior which needs further intervention and case management.***

3. Coordination with the Medical Unit:

The houseparent brings the children to the infirmary for any sign and symptoms needing immediate medical attention such as loss of appetite, cough and colds, fever and others.

Medical findings, treatment, laboratory and physical examination undertaken on the child should be recorded in the houseparents' logbook and be immediately referred for medical intervention in coordination with the retainer-pediatrician.

4. Coordination with the school:

The houseparents prepare enrollment slip after a week of the child's admission in the Center and forward said slip to the supervising houseparent for approval.

Upon approval, the houseparent endorse the enrollment slip to the school-teacher for admission.

The houseparent see to it that the child regularly goes to school. They should provide tutorial and follow up sessions to the child needing improvement in school performance.

The houseparents coordinate with the school teacher from time to time to monitor the child's academic performance and improvement.

Make sure that the school needs (supplies/fees/attendance to PTA meetings/events) of these children will be addressed.

Make sure that the needs for special children are addressed to make them functional individuals.

C. Health Services

Health Services include provision of preventive curative interventions to promote health and to reduce and prevent sickness and morbidity. These are conducted through routine physical examinations, immunizations, deworming, growth monitoring, vitamin supplementation, environment health and sanitation, in-patient care and out-patient consultations, dental care and physical therapy.

Health services also include promotion of physical and mental health of children by providing and maintaining a separate health record for each child at the center. The health record contains complete growth monitoring chart that specifies records of monthly weighing, immunization, prescriptions provided to the child, laboratory examinations undertaken and nursing notes regarding health and medical care of every child.

Health services include the following:

1. Preventive:

- Immunization such as BCG, oral polio, DPT and anti-measles, hepatitis
- Deworming
- Vitamin supplementation
- Physical examination
- Bi-annual physical examination
- Monthly monitoring of nutritional status
- Monthly growth monitoring
- Dental evaluation and fluoridation
- Health education

2. Curative

- Oral rehydration
- Primary health care for out – patient
- Secondary health care for in-patients at the infirmary
- Referral for tertiary health care at local children's hospital
- Referral to outside agencies for diagnostic procedures
- Minor Surgical procedures
- Dental extraction

3. Rehabilitative

- Physical therapy under the supervision / direction of a physician
- Psychological support and psychiatric intervention
- Play therapy under the supervision of a psychologist

- Dietary planning
- Interdisciplinary group work under the supervision of the social services
- Submit for developmental assessment when required

Functions:

1. Elicits medical history and does complete physical examination to all children. Formulates and implements long and short – term health and medical plan for submission to the Social Service Unit for integration in the overall treatment/rehabilitation plan for the child.
2. Participates in the monthly rehabilitation team meeting and updates the team with regard to the health of the child.
3. Conducts laboratory examinations when necessary for each case, interprets and acts on the results. For complicated and specialized cases, the medical staff refers the child to the hospital for complete and thorough medical treatment and other needed medical services.
4. Request for approval and funding of laboratory examinations and facilities the same. A copy of the result of the laboratory examinations will be submitted to the social services unit for reference and recording.
5. Prepares the medical abstract of all children and a copy is submitted to the Social Services Unit for reference and information of other concerned agencies, parents or relatives of children.
6. The Medical service unit conducts the following activities for the children:
 - Bi-annual and annual physical examination
 - Immunizations
 - Deworming
 - Growth monitoring
 - Screening for vectors and hazards
 - Monitoring of environment sanitation
 - Referral to subspecialties and
 - Hospital admissions.

Coordination with the Homelife Service

The nurse on duty conducts her daily rounds and provides medical care such as administration of medicines and vitamins for the children. Coordination with the houseparents with regard to child's medical condition and proper health care management is conducted and appropriate instructions based on doctor's order is provided to the houseparents.

D. Dietetic Services

Proper nutrition is important to children's physical and mental developmental. RSCC's dietetic service ensures the maintenance and improvement of the nutritional status of RSCC children. This unit is involved in the preparation and distribution of well – balanced food for the children and promotion and development of healthy eating habits.

The Dietary Services Unit ensures the health and nutritional needs of the children at the Center by providing appropriate menu with consideration to their physiological needs.

The Quarterly Menu in the center are prepared by the regional nutritionist and approved by the Regional Director

Functions:

1. Determine the weight of children upon admission to the center and provides recommendation to the Medical and Homelife services Units or Nursery Units. If the child is found moderately and severely undernourished or with medical problems (allergies to food, low salt diet), the dietitian prepares a special diet for the child.
2. Conducts monthly weighing in the cottage in coordination with the houseparents.
3. Conducts cottage rounds and monitors if the recommended special diet for children is being observed by the houseparents.
4. Prepares the monthly monitoring report and submits a copy of results to the Social service, Medical, Homelife/Nursery Units.

E. Educational Services

Learning is a crucial process in the development of a child. The educational services unit provides educational opportunities based on the capacity and needs of children. RSCC address this by providing formal and non-formal education, remedial classes and socio-cultural services and activities intended for children with special needs. The educational classes include nursery, kindergarten, grades I to IV, and tutorial services. Curriculum designs are based on the age, characteristics and special needs of children in collaboration with the Department of Education.

It provides non-formal and formal education. Its main objective is to develop learning skills and develop positive values and character of children at the Center. The school at RSCC is considered special because curriculum is especially developed and formulated based on the age, characteristic and learning capability of the children admitted at the center.

Children who are already ready for school are being enrolled by the HP.

Functions:

1. The school teacher admits all children being enrolled by the houseparents. The school teacher reports and submits his/her monthly progress reports to the Homelife and Social Service Units as part of monitoring the child's growth and development at the Center.
2. The school teacher coordinates with the Social Service Unit for the inclusion of planned activities and interventions for each of the children at the school to serve as part of the total rehabilitation/treatment plan.
3. Tutorial sessions are conducted by the teacher in-charge to pupils who were found to be slow in any subject.
4. The school teacher coordinates with the houseparents on the conduct of follow up sessions to children and needing academic improvements.

5. Every quarter, the school teacher discusses the academic performance of the children to the houseparents and the social worker, and plans and implements appropriate interventions for the child.

F. Psychological Service

Abuse or neglect may provide a lasting and deep impact on the physical, emotional and psychological conditions of children's. Psychological service enables the children to cope and overcome the impact of abusive circumstances and experiences through conduct of therapy sessions. This unit includes conduct of psychological assessment to determine the personality and intellectual make-up of children, the serves as basis in the formulation of appropriate treatment plan or therapy program.

The Psychological service aims to provide the psychological needs of the children through the conduct of psychological evaluation,. Diagnosis, and help in the management and treatment of children. The unit serve as an auxiliary service to other discipline in the rehabilitation of the child.

Interventions include the following:

- Psycho-diagnostic assessment
- Psychotherapeutic approach
- Guidance service
- Therapeutic learning activity.

Functions:

1. The psychological conducts the testing based on the records and recommendation of the social service. She reviews the case folder of the child and coordinates with the social worker and elicits other information.
2. She then proceeds to the cottage where the child is placed and elicits child's behavior.
3. The psychologist prepares an overall psychological report and forwards it to the Center Head/Social Worker for final inputs and recommendations.
4. The psychological report will be the basis and reference of all the members of the rehabilitation team in planning and implementation of activities for the child.
5. ***Conducts follow-up sessions whenever required.***
6. ***Attends regularly during case conferences and rehabilitation meetings conducted in the center.***

Chapter VII

Case Management Guidelines

CASE MANAGEMENT PROCEDURES

The Social Services Unit has the primary function to carry out the case management of the children at RSCC. It will be then the main duty of the social worker as the case manager to accomplish the following main objectives in partnership with different Service Unit:

- To provide a comprehensive and integrated delivery of rehabilitation/treatment services
- To help in the development of the child's mental, physical, social, emotional and educational well-being.
- To facilitate return of the child to his/her natural parents or provision of substitute home.
- To coordinate with the different services of the Center and integrate their contributions to the total rehabilitation.
- To coordinate/network/link with other government offices and non-government organizations for possible resources and services needed for the rehabilitation and treatment of the child.

The case management procedures shall be as follows:

a. Intake interview / Engagement with the child

The social worker considers that intake and engagement is the most critical stage on the case management of the child. This initial stage influences the next step that will follow and determines the kind of helping relationships that the social worker will establish with the, particularly to 3-year old children whose patterns of relating is determined by his/her level of familiarity with the adults in his/her environment.

During the intake and engagement stage, the social worker shall ensure that complete and necessary documents particularly to the child's category will be submitted. The documents shall include the following.

1. Sexually Abused/Physically Abused

- Medico Legal
- Police and barangay blotter
- Sworn statement executed by the child, the witness and or
- Case Summary
- Referral letter

2. Abandoned

- Birth certificate – if available
- Police foundling certificate and barangay blotters
- Affidavit of finder or the referring party
- Medical abstract/ certificates
- Referral letter

3. Foundling

- Police and barangay blotters
- Affidavit of finder
- Medical certificate
- Case Summary
- Referral Letter

4. Dependent

- Referral letter
- Birth certificate
- Parental consent
- Case summary indicating intervention and efforts provided to the family

5. Surrendered

- Deed of voluntary commitment
- Personal letter of the mother/parents
- Birth certificate
- Picture of the parents and child

The initial contact is the keystone to establish a working alliance with child, the family/referring party

The social worker in these stage accomplishes the following tasks:

- i. Obtain basic information on the child through the referring party or the child himself/herself depending on his / her age.
 - ii. Identify client's presenting problem and situation
 - iii. Establish a beginnings relationship with the client
 - iv. Formulate a tentative intervention
- b. Data Gathering and Assessment/Preparation of Child Case study Report

The social worker gathers relevant data about the child which will be very important and bases in the formulating of rehabilitation/treatment plan as follows:

- History concerning child's presenting problems and situations.
- Factors that led to the child's presenting problems and situations.
- Efforts and attempts to respond to the problems/needs of the child
- Clients present and past social support system
- Potential resources for help

The social worker conducts a thorough assessment of the clients' problems and situations to come up with an overall diagnostic analysis of the child.

Assessment is both a process and a product of understanding on which an action is based- provides the necessary data from which you and the client developed individual plan of interventions.

It answer the following question:

What is the problem, issue or concern?

Which of the problems require priority attention?

Who are the key people involved in the problem/situation?

Where and when does it occur?

What does it exist?

How can it be resolved for the best interest of the child?

(CNSP Handbook of Case Management Council for the Welfare of Children & UNICEF

The social worker may use a variety of ways to gather data and not to limit on the interview process during the intake and engagement stage such as using the following modes of data gathering:

- Selective observation
- Home visit (if there is a family or relatives)
- Collateral contacts with the community members and professionals
- Records review
- Use of assessment tools such as the ECCD checklist (Particularly to children below 6 years old to determine the level of child's old development categorized to seven domains gross - and fine motor, receptive and expressive language, cognitive, social-emotional and self-help- pls refer to ECCD Checklist Manual)
- Use of assessment tools in the other disciplines such as psychological evaluation and growth monitoring chart.

c. Formulation of Treatment Plan

The social worker formulates the treatments plan depending on the kind of assessment she/he makes with the child. Although initial assessment is made during the intake and engagement stage, the social worker makes an in-depth appraisal of the client situation and problems and conducts a holistic approach on the management and treatment of the child.

“A problem well stated is a problem half-solved”

Kettering

The social worker formulates the treatments plan based on comprehensive assessment of the child’s problem and situation. This stage will require defining and child’s and community resources.

The social worker ensures that the treatment plan specifies the need interventions and services to achieve the best and welfare of the child. Hence, partnership with other service providers at the Centers is very essential such as medical care, health and nutrition, psychological interventions and parental care.

The social worker determined also the special needs of the child. If the child is observed to have speech/hearing problem, behavioral problem and psychiatric problems, these findings shall form part of the overall treatment plan of the social worker.

In formulating the treatments plan, the social worker considers the following factors to have clear direction in implementing the needed services and interventions

- ***Establishment of goal*** – overall expected outcome/results of the case management process.
- ***Establishment of specific objectives***- specific short term changes or outputs characterized as SMART- specific, measurable, attainable, and realistic results-oriented and time-bound.
- ***Specifying the unit or target of attention*** – other individuals that will serve as part of the intervention plan that will be essential in the attainment of the overall goal of the helping process.
- ***Specifying the strategy and resources*** – support services and resources needed and available for the achievement of the overall plan.

d. Implementation of Treatment Plan/Delivery of Services

The social worker implements the plan after she/he has clearly and concretely defined the problems defined the problems, strengths and resources available for the child. She works in partnership with different Service Units and links and coordinates with other offices to access or avail other needed resources, support and assistance to

achieve an integrated and efficient and responsive implementation of the treatment plan.

Conduct of Case Conferences:

Two weeks after admission (*if applicable*) the social worker conducts case conference with all the members of the rehabilitation team to discuss and agree on the needed interventions and approaches to respond to the particular needs and problems of the child and to come up with a comprehensive rehabilitation/treatments plan.

To insure that assessment data about the child is regularly updated and corrected (as the case may need) , the social worker conducts case conference once a month particularly to old cases with special concern and that need urgent and close attention.

Further, the social worker secures parenting assessment report from the concerned LGU social welfare unit/department within (2) months in cases of dependents and sexually abused/physically abused children.

The social worker serves as the case manager and facilitates the over all implementation of the treatments plan based on the client's category as follows:

- Sexually /physically abuses child
- Founding
- Abandoned child
- Dependent child
- Surrendered child
- Transnational
- Orphaned

Specific generic steps are identified for each category of the child to serve guides of the social workers in the implementations of the treatment/intervention plan for the child as follow:

1. Sexually Abused/Physically Abused Child

The child victim of sexual abuse experiences severe emotional damage and behavioral manifestations. To some children it may result to psychiatric problems with symptoms which seem to worsen if they are left unattended. The social worker with members of the rehabilitation team addresses these distinct characteristics of a sexually abused child with loving and caring environment that fosters and promotes positive and understandings relationships to help nurture the feeling of security and love in the child.

If the case is not filed, the social worker shall assist the family or none, facilitate the filling of case in court:

- Submit the child to medico legal examination
- Submit social case study report, if required
- Coordinate with the Fiscal with regard to the case
- Escort the child in scheduled court hearings
- Coordinate with the LGU's for further assessment and interventions
- Refer child for psychologically evaluation and psychiatric evaluation if needed
- Conduct sessions and/or refer the child for therapy sessions,
- If there is a relative or family identified or recommended to take care or custody of the family by the LGU, the social worker will facilitate

2. The Foundling Case

Foundlings refer to children found in the streets or in public or private places without a family or primary caregivers to take care of them.

The parents and families of these children are unknown. With the help of concerned citizens, these children are brought to the center.

Upon admission of the child RSCC, the social worker undertakes following activities:

- Conduct area tour together with the child at least once a week to trace the family of the child.
- Coordinate with other service units at the Center needed by the child during his/her stay.
- Facilitate tri-media exposure (TV, radio, and newspaper) for child's identification with his/her family and relatives.
- Facilitate foundling certificate of the child by accomplishing the following documents.
 - Affidavit of delayed registration
 - Affidavit of find
 - Police and barangay blotter

After five (5) months and still there no family/relatives that can claim the child, DSWD thru legal service files a petition for involuntary commitment and declaration of abandonment of child.

- The social worker prepares the following documents:
 - Foundling certificate of the child
 - Affidavit of finder
 - Police and Barangay Blotter
 - Mass media certificate of the child
 - Social Case study report

- The social worker escorts the child in the court whenever appearance is required.
- If the court decision is finalized, necessary documents are prepared by the social worker.
- The child is endorsed/presented for local matching
- If no family is available for local matching, the child is presented/endorsed for inter-regional or inter-country Adoption ICAB
- The social worker submits the update the updated child's profile at ICAB.

If the child is accepted, the social worker prepares and orients the child about his/her adoptive family.

An abandoned child is one who has no proper parental care or guardianship, or whose parents or guardians have deserted the child for a period of at least six continuous months. Usually the child is left in institution such as hospital, clinics or duly licensed

child-caring or placement agency or with private individuals. It is presumed that parents failed to provide for the care and support of the child.

The social worker files Declaration of Abandonment if the case of abandonment persists for six months (continuous) unless otherwise it is due to financial reasons or beyond the control of parents.

The different steps particular to this case are as follows:

- The social worker prepares the documents as stated below:
 - *Updated social case study report of the child*
 - *Request for the updated medical abstract of the child and update psychological evaluation.*
 - *Recent photo of the child*
 - *Certified true copy of the decision of the declaration of abandonment of the child and also with the certificate of finality in court*
- The social worker presents the child for local matching and if there is no available family, to inter-regional or Inter-country Adoption.
- The social worker submits update child's profile at the Inter-country Adoption ICAB.
- If the child is accepted, the social worker prepares and orients him/her about his/her adoptive family.

4. Dependent Child

The dependent child is one who is without a parent, guardian or custodian; or one whose parents, guardian or other custodian for good cause desires to be relieved temporarily of his/her care and custody of the child and is dependent upon the public for support.

The assigned social worker undertakes the following steps to families applying for temporary shelter at RSCC:

- Conduct home visit to gather data and validate information with regards to the child and the family.
- Request/coordinate with LGU to assess the parenting capability of the child's parents and/ or explore other relatives who can take custody of the child/children.
- Refer family for other interventions services to be able to prepare them for their reunification with the child.
- Explore other NGO for appropriate placement of the child if the parents of identified relatives are given unfavorable recommendation and the child is in need of long term institutionalization
- Inform the relatives/family on the transfer of the child if available
- Prepare/orient the child for his/her transfer
- Prepare necessary documents needed by the NGO for the transfer of the child.

5. Surrendered Child

Surrendered child is one whose custody and care is legally turned over by a parent or guardian to the Department of Social Welfare and Development through the Reception and Study Center for Children.

The social worker undertakes the following activities as part of the case management of a surrendered child:

- Provide counseling and explain to or orient the mother, or if legitimate child, both parents, about the provisions of Deed of Voluntary Commitment (DVC)
- Facilitate securing of the birth certificate or request the parents to submit the birth certificate of the child
- Prepare the necessary documents in preparation for the surrender of the child such as:
 - Social case study report
 - Psychological evaluation report
 - Medical Abstract
 - Birth certificate of the child, Security Paper (SECPA)
- Present the child for adoption if the parents/mother is fully decided to surrender the child after 6 month period of signing the Deed of Voluntary Commitment
- Prepare the child for adoption placement and prepares the necessary documents needed for discharge.

6. Transnational Child

The Social worker coordinates with different agencies such as the Department of Foreign Affairs (DFA) and International Social Service to gather data about the child and facilities request for other needed documents.

The social worker undertakes also the following steps:

a. For unknown whereabouts of relatives:

- Facilitate 5months mass media exposure (tri-media), like radio, television and newspaper
- File petition for Involuntary Commitment to the Department
- Escort child during appearance in court for the Declaration of Abandonment
- Prepare and submits Social Case Study Report of the child together with the mass media certificates
- Facilitate the processing of the Foundling Certificate of the child in the absence of Birth Certificate.
- Testify in court for the Declaration of Abandonment of the Child.

b. if relatives are available:

- Coordinate with LGU for the assessment of parenting capability of the available relatives or family.
- Coordinate with other services needed in preparation for the reunification of the child with them.
- Prepare child for reunification with the relatives/family
- Request LGU for the aftercare supervision and monitoring of the child and his family.

e. Monitoring and Evaluation

The social worker monitors the implementation of the treatment plan updates the same through regular meetings of the rehabilitation team held twice a week (**if applicable**) Group consultation or case conference maybe conducted to secure update report from members of the team.

Progress Report from the foreign adoption agency forms part of the case folder Of the child for future reference. This is necessary whenever a motherland tour is conducted for adopted children.

f. Termination

Prior to termination of a case, the social worker facilitates a pre-termination conference with client's family and members of the rehabilitation team. The social work coordinates with the field office and the local government unit for family assessment and preparatory activities for the reintegration of the child on the case of dependent, sexually or physically child.

"People who belong together do not have to glued together"

Theodor Reik

However, for surrendered, foundling and transnational children who are placed for alternative family care, the social worker coordinates with ICAB to prepare the adopting family.

g. Preparation of Life Book

The social worker shall prepare a life book for each child in the Center in coordination with the rehabilitation team. This is will capture the activities, accomplishments, facts and other significant information on the child during his/her stay in the Center. The life book is a tool and a process to help children understand their life experiences and his/her past not only for his sake but also for his/her future family.

The life book shall be given to the child during his/her discharge from the Center. For those who will be adopted and placed to foster families, the adoptive or foster families are encouraged to continue the life book.

h. Discharge of children

Immediately upon of the favorable recommendation of the LGU, the **Center Head** approves the discharge of the dependent child to parents/relatives together with the recommended activities and actions at home. The assigned social worker informs the houseparent to prepare the child by packing her/his belongings. The social worker meanwhile prepares the following documents:

1. **Discharge Slip and closing summary (transfer summary if applicable)**

2. **Gate Pass for the Guard – presentation of approved discharge slip**

3. **Agreement (Kasunduan) or Discharge Agreements** – an agreement between the receiving parent/relative and the Head Social Worker. The agreement states among others that the receiving party will personally attend to the needs of, and to provide protection and safety to the child. It will be part of the agreement that the receiving party shall not transfer the child to other child caring institutions. The LGU/DSWD SO II conduct periodic visits and monitoring of the child's adjustments in his/her new home to ensure that the best welfare and interest of the child are being provided. The receiving parent will be asked to read the agreement and the social worker assigned to the child will provide clarifications and counseling to parents/relatives and **submits reports to RSCC DSWD 10.**

4. **Medical records/growth chart**(for nursery children)

5. **School certification /Report card** (if any)

6. **Medical clearance from the RSCC Infirmary**

In securing the medical clearance, the medical officer or staff shall orient the parents/relative regarding the health /medical condition of the child and whenever appropriate, the needed home care. The medical officer shall indicate on the discharge paper the medical status of the child and shall affix his/her signature.

After securing the medical clearance, the receiving parent/relative/houseparent and the child will go back to the Social Service Unit with the accomplished discharge paper. The social worker shall secure the signature of the receiving parent/relative. Other RSCC staff and personnel shall also affix their signatures in the discharge paper as follows:

- Assigned social worker and / or the Executive on Duty (Social worker)
- Houseparent on duty (for cottage children) or the nursing attendant (for nursery children)
- Supervising houseparent (for cottage children) or the nurse on duty (for nursery children)
- Supervising social worker
- Guard on duty
- Head Social Worker

Copy of the certification will be endorsed to the parent/relative for presentation to the guard on duty.

Specific requirements are necessary for the following categories:

For sexually/physically abused and protective custody cases with on-going, the favorable recommendation from concerned LGU will be endorsed to the assigned court for action. The discharge will only take effect immediately upon receipt of the court order.

For Local Adoption –the discharge will only take effect upon receipt of Pre-Adoption Placement Authority (PAPA)

For Inter-country Adoption – the liaison agency schedules the visit and integration of the child to adoptive family.

Foster Family Care Placement – Foster Placement Authority.

The social worker prepares the child for transfer to alternative family. The social worker explains fully to the child where she/he will go next and why. If the child will be transferred to another facility, the social worker should inform him/her that there will be a new social worker in the agency or Center where he/she will go and that he/she will be coordinating closely with the new social worker.

i. After Care Services

Children who are reunited with their parents/relatives are properly endorsed to the concerned LGUs or Field Offices for aftercare monitoring and supervision to ensure the child's welfare and safety.

RSCC will provide the local government unit (LGU) a progress report on the child.

Aftercare services for the child

May include referring the child to a Day Care Center

Child Minding Center or Supervised Neighborhood Play,

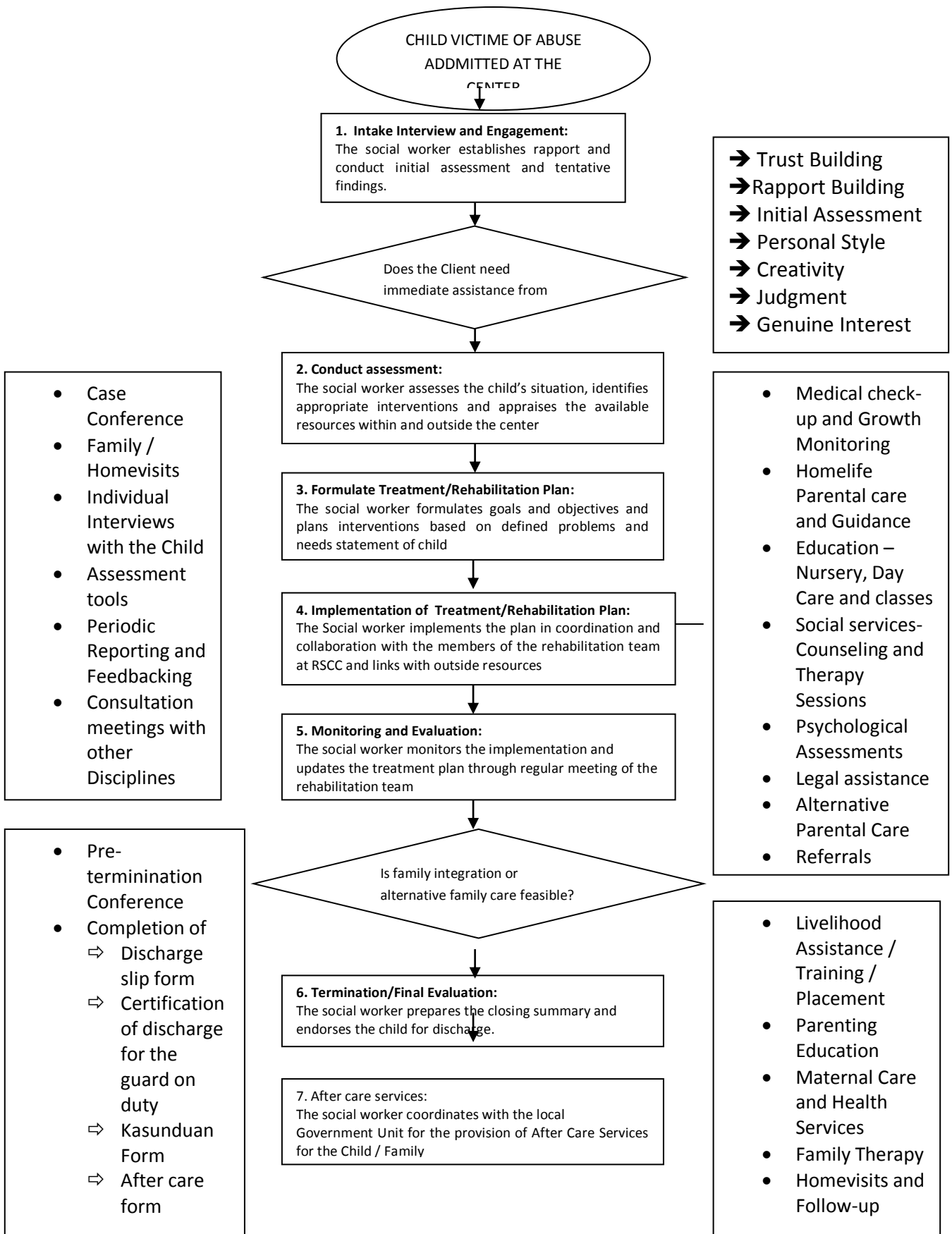
Health services at the Barangay Health Center,

And to parents or surrogate parents livelihood

Activities, parenting education and seminars

And other community activities undertaken in the barangay.

CASE MANAGEMENT FLOW PROCESS (Flow Chart)



Chapter

RECORDS AND REPORTS

Good recording and reporting are basic components of good case management practice. Records are necessary in documenting RSCC operation and program implementation in order that case management interventions are monitored and any recommendation may be properly implemented by the case management team composed of social workers, houseparents, psychologists and medical or health staff.

Records are pertinent reports, documents on the child case recordings and all communications / correspondences, related to the case. The case folder should consist of the following:

- Duly accomplished intake sheet
- Child Study Report
- Progress Report
- Admission / Discharge Slip
- Medical Record
- Picture
- Recording of contact with child, parent/guardians activities of child and its results
- Copies on medical examination, psychological and/ or psychiatric test results
- School records
- Birth Certificate
- Life Book
- House parent's anecdotal report
- Record on treatment plans, periodic evaluation
- Court orders (if applicable)
- Transfer / Closing summary
-

In addition to the case records, a separate file is maintained for the master list of cases, Logbook of supplies and donations inquiries and referrals, program reports both narrative and statistical, minutes of case conferences and minutes of meetings.

Report to the Regional Office

The different units involved as part of the rehabilitation team shall submit to the Social Service Unit the monthly progress reports of children, and the Social Service Unit shall consolidate all reports and prepare an overall monthly report of all cases handled at the RSCC for submission to the Regional Office.

The overall report of the Social Service Unit will include issues and recommendations including the plan of activities that need to be undertaken subject for approval by the Regional Director.

Report to the Central Office

The Regional Office shall report to the Central Office summary of cases served at the Reception and Study Center for Children which will be subject for data banking and shall serve as reference for monitoring and provision of technical assistance

Chapter IX MONITORING AND EVALUATION

Monitoring and Evaluation of the over-all operations of the center shall be done in three levels, namely; the Center, the regional office and central office.

a. Reception and Study Center for Children

Monitoring and evaluation of the over-all operations of the Center shall be the responsibility of the Head Social Worker. As an administrator, she monitors and evaluates implementation of programs and services and sees to it that all the programs and services and sees to it that all the programs and services of the Center are responding to the needs and problems of children at the Center. Administrative concerns shall likewise be evaluated as they effect the total operations of the Center.

b. Regional Office

Monitoring at this level shall be done by the Operations Division of the Regional Office once a month and should look into the following areas:

- a.) Case Management
- b.) Overall operation which include implementation of services, staff/ personnel/ budget, physical facilities and other concerns

c. Central Office

The Program Management Bureau shall provide monitoring as basis for technical assistance and coordinate with the Regional Office Program operations/ implementation concerns.

Chapter X STAFFING REQUIREMENTS

A. STAFFING REQUIREMENTS

To operationalize the Reception and Study Center for Children in DSWD 10, the following staffing requirements in full time basis are needed:

- 1 Center Head
- 1 Social Welfare Officer II
- 1 Social Worker Officer 1
- 1 Psychologist (*who also served other 2 centers on routinary bais*)
- 1 Medical Doctor (*retainer-pediatrician on MOA basis*)
- 1 SWAssist/Clerk
- 2 Supervising Houseparents (As head of the Homelife Services Unit)
- 4 Houseparent II /RSP
- 6 Houseparent (MOA)
- 1 Cook
- 1 laundry Woman
- 1 Driver
- 1 Utility Worker

For at most, the following number of children as follows😊

- 10 healthy children aged 0 to 12 months
- 5 children with special needs
- 10 children aged 13 months to 3 years old
- 10 children aged 3 to 6 years old

~~(AO 141 Series of 2002, Standards for in the Implementation of Residential Care Facilities)~~

QUALIFICATIONS AND ROLES AND DUTIES OF RSCC PERSONNEL

1. Head Social Worker or the Center Head

Qualifications:

Registered social worker preferably with master's degree in social work or at least finished 75% of the academic requirements with 2 years experience; (**10 years experience in residential care facilities**), mature and with leadership qualities; has the ability to supervise, plan and direct the work of the staff.

Roles and Responsibilities

- Directs and Monitors the overall program of action that includes social, psychiatric and psychological services, as well as homelife, education, health, recreation and spiritual services.
- Takes charge of all administrative functions of the Center
- Supervises and coordinates programs of the Unit Heads, which includes the following: social workers, Supervising Houseparent, Psychologist, Pediatrician, NOD and all other staff in the center.
- Makes representations and generates external resources
- Schedules senior staff meetings, **all staff meetings, homelife meetings, case conference/social services meetings, rehabilitation meetings on a monthly basis** and attends the unit meetings if necessary
- Plans and schedules periodic staff development conferences with the Senior Staff
- Takes charge of the administrative personnel of the Center
- ***The Executive Officer of the Day (EOD) from Monday to Sunday, attends to visitors(schedules for party) of the Center and make sure that the policies in the center will be followed as already agreed in one of the meetings conducted.***
- ***The Center Head (when the CH is on OB), the center caretaker (with standing approved SO from the Regional Director) will attend to other visitors like the benefactors, foreign visitors/delegates/representatives and the like.***

2. Senior Social Worker

Under the direct supervision of the Supervising Social Worker, she undertakes the following

- Supervises the social workers in the absence of the Supervising Social Worker
- Sees to it that there is proper and effective implementation of social service programs by the social workers
- Keeps the records of all social services activities
- Updates the daily and monthly statistical reports of the social service
- Prepares the monthly and annual narrative reports of the social service
- Handles the RSCC Community Outreach Program for student social workers
- Updates master list of RSCC cases
- Prepares list of children for placement either for Local or Inter-country Adoption
- Conducts individual conference with the supervising social worker regarding all the cases

4. Social Worker

Under the direct supervision of the supervising social worker, she undertakes the following:

- Renders intake services, casework, group work and Community-based services to implement the social service programs of the Center.
- Coordinates with other service units for an effective "study, diagnosis and treatment" programs of each case
- Assists in the preparation of necessary periodic reports
- Takes responsibility for the keeping of the child's folder intact with all the documents
- ***Performs other related task as maybe assigned by the Center Head.***

5. Supervising Houseparent

- Supervises houseparents and implementation of homelife services
- Formulates program plans, supervises homelife group activities and coordinates the homelife services with other service units in order to provide appropriate interventions
- Attend to administrative functions such as the preparation of homelife staff assignments, schedules of duty, offsetting, leaves of absence, etc.
- Participates in staff meetings and case conferences
- Accomplishes periodic performance evaluation of staff under her supervision
- Prepares narrative and statistical periodic reports of the homelife units
- Undertakes training of houseparents and arranges special training and assignments
- Performs other related tasks as assigned by the Center Head.

6. Houseparents

- Takes the responsibility for the general care and development of children in her cottage
- Implements and coordinates with other units on the status of the child's development
- Reports to the administration any unusual incident and physical condition of his/her cottage unit which needs immediate attention
- Submits to the Supervising Houseparent monthly report accomplishments in the cottage and other statistical reports on children
- Attends meetings and conferences
- Escorts children to social and religious activities
- Reports to the pediatrician or dentist any unusual sign of the physical and health condition of the child
- Observes proper transfers of responsibilities before leaving the unit, after tour of duty or even during tour of duty to answer the telephone calls, attends visitors, etc. Check on the children's condition and supplies before assuming responsibility
- Requests for supplies needed in their respective cottages from the supervising houseparent

- Performs other related tasks as assigned by the Supervising Houseparent/Head Social Worker

7. Pediatrician

- Takes charge of the over-all supervision of the health service unit
- Report to the center once a week and coordinates with the NOD and SHPs
- Provides physical check-up on day and night admissions
- Formulates and implements a comprehensive medical treatment plan for all RSCC clients
- Coordinates with the social service regarding children's needs and schedules for operation/ referrals to a hospital and laboratories
- Attends Local Placement Committee meetings and inter-country adoption matching if required
- Submits monthly updated medical records of children presentation to placement committee meetings
- Coordinates with local and national health facilities for technical support and resources

8. Nurse

- Executes doctor's order
- Prepares and administers medicines and performs treatment to children in the ***Nursery and Toddlers room***
- Makes major and minor decisions in the absence of the doctor
- Supervise nursing attendants during her shift
- Sees to it that the children in the Nursery ***and Toddlers*** room are properly taken cared of
- ***Attends to admission and discharges of all children***
- Documents progress of children during her shift
- ***Closely coordinate with the retainer-pediatrician and attending physician in cases where RSCC children is admitted in the hospital***
- ***Conducts daily rounds/visits in the hospital where children of RSCC is confined and gives health update to the CH.***
- ***Performs other related tasks as maybe assigned***

10. Designated Psychologist

- Administers psychological tests and checks/interprets test results and provides recommendations
- Presents psychological diagnosis in case conference
- Supervises the management of cases as necessary
- Conducts therapeutic sessions when necessary
- Testifies in court as required
- Attends conferences, workshops, seminars, staff development and activities for professional growth
- Supervises students/volunteers on field placement who observe/participate in the agency program
- Provides staff development/team building exercise/skill enhancement to RSCC staff
- Performs other related task

12.Cook

- Cooks variety of food according to recipes and menu
- Stores food supply for subsequent use
- Supervises kitchen helpers
- Prepares and submits reports
- Attends meetings and seminars
- Checks and accepts food stuff deliveries
- Cleans and stores raw food stuff deliveries
- Checks availability of ingredients needed for next day menu
- ***Performs other related task as maybe assigned***

14. Property Custodian/Supply Officer (on designation only to SHP)

- Monitors RSCC budget and expenses in relation to requests and utilization of supplies
- Receives donations and issues acknowledgement receipt
- Issues food stuff supplies requested by all units
- Issues equipment to respective unit and make memorandum receipt (MR)
- Stock piles all supplies
- Checks consumption of requested homelife, janitorial and other supplies
- Prepares the supply adjustment report, electrical consumption
- Prepares and submit inventory of equipment
- Prepares Annual Procurement Plan, Letter Orders, Requisition and Issue Slip and other documents
- Accepts deliveries for all units
- Records cash advance expenses
- Conducts inventory of stock medicines and other supplies

- Checks maintenance of properties and supplies and provide needs for repair
- ***Performs other related task as maybe assigned.***

15. Clerk

- Types routine correspondence, statistical and narrative reports and Social Case Study Reports
- Sorts out, index, routes and re-routes file, correspondence received and for transmittals
- Prepares vouchers, payrolls, daily time records and leaves of absences
- Takes charge of administrative files, answers telephone calls, accommodates visitors, meets public and answers routine questions about places, event or personnel regarding RSCC concerns
- Traces transmitted messages, letters, records and other official papers for recording, referencing, filing and documentation purposes
- ***Performs other related tasks as maybe assigned.***

17. Driver

- Drives office vehicles for clientele and staff of the Center
- Assists center's staff in filing and pick-up of documents, e.g., birth certificates, results of medical examinations and radio/newspaper announcements
- Cleans and maintains assigned vehicle
- Checks-up vehicle before each trip to ensure safety
- Assists in the loading and unloading of supplies, materials and equipment.
- Performs other work as may be assigned.

Executive On Duty

The Center operates 24/7. This is already in-placed in the center with an EOD from Monday to Sunday and makes sure that the center policies are followed.

Roles and Functions of an Executive on Duty:

- Conducts rounds to both rooms conditions and check the surroundings
- Provides brief orientation about the Centers' programs and services to visitors and donors
- Ensures that the houseparents are informed of the scheduled activities for the day
- Ensures that the children are appropriately dressed (party dress) and neatly groomed during special activities and programs
- Attend to other administrative concerns like availability of snacks, materials, finances and staff complement
- Accommodates parents/relatives who visit children from ***Mondays to Sundays***

- Consult the Center Head who is on call on the matters needing major decisions or those that she cannot decide by herself/himself

C. OTHER PERSONNEL POLICIES

a. Off-Setting/Internal Arrangements

A staff is required to prepare a written communication addressed to the Center Head stating his/her reason for off-setting or making internal arrangements in the change of schedules. Emergency reasons such as sickness, disasters and family matters shall be allowed.

b. Filing of Absences/Leaves

Civil Service rules and policies for filing of absences and leaves shall be strictly observed.

c. Hospital Watchers/Relievers

There are times that the children are admitted in hospitals. As the Center has limited staff, hiring a competent/**experienced relievers** for children for the duration of their stay in the hospital is occasionally done. The **relievers** are paid an equivalent amount of the rendered services. They are sustained by the Center's physician and are properly oriented on their duties/functions and responsibilities to the sick children. Competent **relievers** have already experiences in the Nursery and Toddlers taking care of children.

The following are some of the relievers' duties and responsibilities:

- Attends to the physical care of sick children such as feeding, bathing, cuddling, stimulation activities, hygiene and grooming
- Accompanies children in going to other service units of the hospitals such as to the laboratory room, as prescribed
- Coordinates with the hospital physician for the medical condition of the children, prescribed medicines and laboratory examinations to be undertaken
- Ensures that all prescribed medicines are diligently given to the children as per instructions
- Consults and discusses with RSCC physician all matters concerning the hospitalized children

d. conference and on the Job Training

To ensure the effectiveness carrying out of the Center's programs and services and in line with the development of techniques and skills, the staff is encouraged to attend periodic meetings and conferences which consists of the following:

- General staff meeting, which involves all staff of the Center and held every quarter
- Units are required to have their monthly meetings presided by the Unit Head. All issues needing the Head Social Worker's inputs are presented to the latter for her action.

- Case conferences are held at least once a month and attended by the Head Social Worker, Unit Heads, the social worker handling cases, houseparents, teachers of the child/children, and the psychologist. This is in view of using the team approach in formulating treatment and implementation of plan of action.
- The staff is also encouraged to participate in meetings and conferences outside the institutions to widen their knowledge and skills and to serve as refreshers/breaks from the routine of institutional life.
- If possible, staff developments are recommended to be held outside the RSCC.

Chapter XI

PHYSICAL REQUIREMENTS

A. LOCATION

The Reception and Study Center for Children should be accessibly located in areas where hospitals/clinics, churches, transportation, educational, health, leisure and basic needs of the residents can be availed of.

The Center should also include basic utilities for communication, electricity, potable water including accessibility features for persons with disabilities such as grab/handrails, lifts and stairs and ramps.

Separate storage rooms should be provided for the equipment, food and perishable items and office and Center supplies.

The design, layout and furnishings should create a pleasant home environment consistent with the Center's mandate and should be appropriate to the characteristics and needs of the children below 7 years old.

Features of the Center should include the following:

- Play area for young children (outdoor and indoor) with enough safety and protective features (See AO 29 Series of 2004)
- Activity room with enough space of one (1) square meter per child to allow maximum movements especially the toddlers
- Reading room/area for young children
- Infirmary/clinic

- Interview/counseling room equipped with appropriate paraphernalia
- Conference room
- Office space that is properly furnished
- Staff quarter/s
- Separate kitchen room
- bedrooms/living room for residents
- Storage room/area
- Laundry area

B. ACCOMODATION

The Center should provide a communal space or hall for the conduct of a variety of social, cultural and religious and recreational activities. It should be well ventilated and properly lighted.

All rooms should be well-ventilated with having windows that are safe considering the characteristics of the children and with curtains or other window covering. There should also be sufficient lighting for reading.

Each child must have a bed of his/her own appropriate to his/her size with suitable bedding, a storage for clothes and personal possessions.

Room dimensions and layout options should have space on either side of the bed to enable access for caregiver and for any equipment needed.

Houseparents' room should be within the cottage of the children or near the bedrooms of the children for accessibility to children.

C. BATHROOM AND WASHING FACILITIES

Functional bathrooms and toilets with lavatories and other needed amenities and features should be appropriate to the height of children below 7years old.

D. HEALTH, SAFETY AND SECURITY

All rooms and spaces should be kept clean and tidy and should provide safety features to prevent any form of injury and accident. The staff should be able to open the doors of toilets and bathrooms/showers and rooms from the outside in case of emergency.

Extension cords and plugs should be placed high above the height of below 7 year old children to keep them safe.

Medicines should be properly labelled including other dangerous substance and items and should be kept out of reach of children.

E. SUPPORT SERVICES

Additional facilities or structures that can help the Center in the operation of its services for the growth and development of children should be established. These include among others putting up a Day Care Center, classroom/s for formal and special education in coordination with the Department of Education, playground, church and multi-purpose hall for parents meetings and community-initiated activities and other support activities that can enhance or supplement existing programs at the Center.

APPENDIX Appendix 1

Department of Social Welfare and Development RECEPTION AND STUDY CENTER FOR CHILDREN Field Office: _____

ADMISSION SLIP

Instruction: Please complete the Admission Slip upon arrival of the child at the center. The social worker should ensure that each of the items below shall be filled up appropriately, e.g. complete names and addresses of the child's parents and/or referring party. The "cottage" shall refer to where the child will be assigned while on temporary stay at the center, while the category shall refer to child's classification whether foundling, abandoned/neglected, surrendered or dependent.

Child I.D. # _____

Date: _____

Time: _____

This is to certify that I have received the person _____
(Name of Child)

With the following information:

Age: _____ Date of Birth: _____

Place of Birth: _____

Name of Father: _____ Name of Mother: _____

Residence/Address: _____

Name of Referring Party: _____ Address: _____

Cottage: _____ Category: _____

Signature of Referring Party or Parents: _____

Witness/Date

Social Worker/Date

Approved by:

Head – DSWD – RSCC/Date

Health Clearance

HEIGHT:

WEIGHT:

TEMPERATURE:

I

MMUNIZATION

HEALTH FINDINGS:

Medical Officer IV/Date**Appendix****Department of Social Welfare and Development****RECEPTION AND STUDY CENTER FOR CHILDREN****Field Office: _____****GENERAL INTAKE SHEET**

Case No. _____

Data _____

New _____

Region _____

Re-opened _____

Branch _____

Unit _____

Barangay _____

I. IDENTIFYING INFORMATION**Name of Client:** _____

FH/CH/DCG/Dis. (Specify)

II. PROBLEM PRESENTED BY CLIENTS:

Initial assessment (Initial impression of worker about the problem and its cure, strength and weakness resources.

1. Address
2. Birth Place
3. Birth Date
4. Religion
5. Age
6. Occupation
7. Skills
8. Educational
9. Name of nearest blood relative

10. Address of nearest blood relative _____
11. If client is youth (in case of 0-6 year old child with older siblings) indicate by check mark
In school _____ out of school _____
12. Housing indicate by check mark whether
House owner _____ House share _____
13. Estimate losses or damage to property, fire victims of disaster _____
14. If client is disabled, indicate nature of disability _____
15. Has client's family sought outside assistance?
Yes _____ No _____
- If yes, indicate type of assistance received, source and the assistance/service received,
_____ Source _____
16. Source of Referral _____.
- Specific name of agency and others _____.

III. ADDITIONAL INFORMATION

1. Nature of Employment:
Casual _____ Permanent _____ Temporary _____
2. Social Security Membership:
SSS _____ GSIS _____ Others _____
3. Describe housing and other living condition _____
- a. Housing (Structure, materials spare)
 - b. Use and source of potable water
 - c. Toilet
 - d. Light
 - e. Kitchen
4. Describe the social – cultural activity of the clients
- a. Recreational activity
 - b. Religion / Spiritual activity
5. Describe the role performed by the client in relation to the following:
- a. Family
 - b. Community

IV. REHABILITATION GOALS TREATMENT OBJECTIVE. PLEASE CHECK AND SPECIFY:

- 1. To improve economic situation
- 2. To improve social functioning
- 3. To overcome the seated crisis
- 4. To correct manifested social deviance
- 5. To develop desire attitude and capabilities
- 6. To improve handicapping physical condition
- 7. Others

- To improve nutritional staff
From ____ level to ____
- To placed out child for adoption
- To placed out child for parent
- To placed out child for foster care
- To placed out child to institution that can have the necessary service to answer client problem.

V. RECOMMENDATION

VI. PLAN OR ACTION

VII. ACTION TAKEN/DATE

Name of Worker/Position/Date

Republic of the Philippines
Department of Social Welfare and Development
BatasanPambansa Complex, Constitution Hills
Quezon City
Telephone No. 931-8101 to 07

MEMORANDUM CIRCULAR

No. 09

Series of 2006

**SUBJECT: PROCEDURAL GUIDELINES ON THE RECEIPT AND UTILIZATION OF
DONATIONS IN CASH AND IN KIND**

1.0 RATIONALE

Section 12 of the CY 2005 General Appropriations Act authorizes the Department to accept donations, contributions, grants, bequests or gifts, in cash or in kind, from various sources, domestic or foreign, for purposes relevant to its functions. These receipts form donations shall be accounted for in the books of the recipient agency in accordance with pertinent accounting and auditing rules and regulations. However, to facilitate delivery of service to our clientele, donations received have at times been automatically disbursed or utilized without proper accounting, documentation and control processes. Although the purpose of the donations has been served, this may later on be a ground for corruption and fraud in the bureaucracy.

With the issuance of the Commission on Audit- Government Accounting and Financial Management Information System Circular Letter No. 2003-05 dated November 21, 2003, providing or an option in favor of the donor, authorizing the deposit of cash donations in an Authorized Government Depository Bank (AGDB), this guideline is being issued to supplement the accounting procedures and policies and control mechanism on the receipt and utilization of grants and donations.

2.0 REFERENCES

2.1 General Appropriation Act FY2005

2.2 Commission on Audit, Government Accounting and Financial Management
Information System Circular Letter No. 2003-05 dated November 21, 2003,

“Accounting Guidelines and Procedures on Collection and Deposit of Grants And Donations”.

2.3 Administrative Order No.11 dated March 01, 2004, “Guidelines on the Collection and Deposit of Income/ Receipts from all Sources.”

2.4 NGAS Manual issued on June 18, 2002

3.0 OBJECTIVES

To prescribe procedural guidelines on the proper accounting, documentation and control processes on the receipt and utilization of all donations received, whether in cash or in kind, from domestic or foreign resources.

4.0 COVERAGE

This guideline covers the procedures on the receipt and utilization of all cash donations deposited to AGDB and donations in kind received by the Centers / Institutions, Field Offices and Central Office of DSWD.

5.0 DEFINITION OF TERMS

5.1 Donation – refers to all non-repayable transfers or assistance given freely in the form of cash or in kind from domestic or foreign sources, for particular projects or programs, general support or for any other purposes

5.2 Donations in Cash – refers to assistance or contribution from the donor entity / individual to the National Government in the form of cash or check regardless of type of currency

5.3 Donations in Kind – refers to assistance or contribution from the donor entity / individual to the National Government in the form of goods, materials, supplies and equipment

5.4 Recipient Office – for purposes of this guideline, shall mean to refer to Centers / Institutions, Administrative Service in Central Office and Management Division in Field Offices which are authorize to receive donations

5.5 Requesting Office – refers to Centers / Institutions, bureaus, offices, services, divisions or units, where the donations are intended for

6.0 GUIDELINESS

6.1 Receipt of Donations

6.1.1 All donations received, in cash or in kind, shall be covered by a Deed of Donation and Acceptance (DDA), marked as Appendix A in this Circular, Moreover, an Official Receipt shall be issued by the collecting officer for cash donations. The DDA shall ne notarized to be charged on the funds for the operating coats of the Centers or Office.

6.1.2 The recipient Center / Institution , in addition to the Deed of Donation and Acceptance, shall prepare in three (3) copies renumbered Acknowledgment Receipt as Appendix B, to be distributed as follows:

Copy 1 – Donor

Copy 2 – Field Office

Copy 3 – Receiving Center / Institution

While in Central Office and Fields Office, the ARDR shall only prepared and issued for donations in kind as provided under item 6.1.6 of this Circular,

6.1.3 The ARDR shall be properly accomplished and duly signed both by the Head of recipient Office and the Donor or their respective Authorized Representatives. The Designation of the Center Head and the Alternate Representative in the Center / Institution authorized to receive donations shall be covered by a special order to be issued by the Field Office concerned.

6.1.4 Cash Donations is small amounts from various donors for general purpose or common use by the Center / Institution can be pooled together for the execution of a Deed of Donation and Acceptance, provided that each donor has been issued with an ARDR and has signed in the DDA. This can be done thru a pre-printed, fill-in the blanks DDA, with formatted tables for the donors' names and signatures and other required information and specifications. Upon generation of a maximum amount of TWO THOUSAND PESOS (P 2000.00), the DDA shall be notarized and forwarded to the field Office

6.1.5 Cash Donations from anonymous donor thru courier services or direct deposit to the agency / office's authorized bank account, wherein the execution of a DDA is impossible, shall be governed by the existing rules and regulations on the receipt and remittance of grants and donations to the National treasury subject to approval of Special Budget by the Department of Budget and Management

6.1.6 Receipt of donations in kind sourced out by different bureaus / office for purposes other than for disaster relief and rehabilitation shall be coursed-thorough the Administrative Service in Central Office or Management Division in Field Offices. The ARDR shall also be prepared and issued by the said office copy furnished the Accounting Division / Unit for recording in the books.

6.1.7 Donations in kind immediately consumable or perishable in nature like snacks or foods served, medicines and other items provided by the donor shall also be accounted. The corresponding Request and Issuance Slip (RIS) shall be attached to the ARDR for purposes of recording the receipts and outright utilization of the donation.

6.1.8 Donations in kind without monetized value shall be requested for valuation by the Valuation Committee. Detailed procedures are provided in Memorandum Circular No.28 dated November 16,2005, the Guidelines on Monetary Valuation of Foreign and Local Donations for Disaster Relief and Rehabilitation.

6.2. Donations of Cash Donations

6.2.1 Cash donations regardless of amount shall be deposited to the AGDB by the cashier / collecting officer within the day or first hour of the next banking day. all other procedures for the banking day. All other procedures for the collections and deposits thru the Collecting Officer are provided in Sec. 23, Vol.1 of NGAS Manual.

6.2.2 Cash Donations regardless of currencies received by the Center / Institution shall be reknitted to the Field Office Cashier / Collecting Officer together with Deed of Donation and Acceptance and ARDR within the day or not later than the following day except for cash donations referred under item No. 6.1.4

6.3 Special Budget of Cash Donations

6.3.1 A special Budget marked as Appendix C shall be prepared in accordance with the Deed of Donation and Acceptance for approval of Head of Agency or Office. The approved Special Budget shall be entered in the Registry of Budgeted Income and Utilization (RBIU) marked as Appendix D.

6.3.2 In case of cash donations received for general purpose or for common use by the Center / Institution, submission of work and Financial Plan and project Proposal, in addition to the special budget is required for the utilization of the donated funds.

6.3.3 When the intent of the donation is to procure goods and services for the relief and rehabilitation of victims of natural and man-made calamities and disasters, the administrative cost of the Department in managing such donations which estimate shall be indicated in the Work and Financial Plan. The administrative cost shall be limited to the handling and hauling and other related expenses. However, when the donor specifically indicates that the whole amount of donations be given as grant to the beneficiary either in cash or in kind, no amount of administrative cost shall be deducted from such donation

6.4 Utilization of Donations

6.1.4 Charges or utilization of cash donations shall be made thru the issuance of commercial checks based on duly approved Disbursement Vouchers. The amount of charge / expenses shall be entered in the RBIU.

6.2.4 Issuances and utilization of donations in kind shall follow the regular procedures on inventory as promulgated under NGAS Manual Section 45 to 47.

6.5 Recording and Reporting of Donations

6.5.1 The receipt, deposit and utilization of grants and donations, in cash or in kind, shall be recorded in the Regular Agency Books. The account Income from Grants and Donations is used to record the amount receipt of cash donations deposited to AGDB and donations in kind.

The accounting journal entries are as follows:

1. Receipt of cash donation Cash collecting Officer Income from Grants and Donations	102 662	XXX XXX
2. Receipt of donations in kind Other supplies Inventory Other Property , Plan and Equipment Income from Grants and Donations	165 250 662	XXX XXX XXX
3. Deposit to AGDB Cash, Local Currency Current Acct. Cash Collecting Officer	111 102	XXX XXX
4. Utilization of cash donations Appropriate expenses account Cash, Local Currency Current Acct.	111	XXX XXX
5, Utilization of donations in kind Other Supplies Expenses Other Supplies Inventory	765 165	XXX XXX

6.5.2 A Summary Report of Donations received / SRDR marked as Appendix E shall be prepared on monthly basis by the Centers / Institutions for submission to the Regional Office Accountant with deadline every 5th day of the following month for recording in the books of account, copy furnished the Regional Office Property / Supply Officer for Donations in kind.

6.5.3 The field office shall include the grants and donations as contained in th SRDR in the quarterly preparation of the Report of Income under RA books to be submitted to the Central Office every 20th of the month following the quarter for consolidation.

7.0 Electivity

This memorandum shall take effect immediately and revokes previous orders inconsistent previous orders inconsistent with it.

ESPERANZA I. CABRAL
Secretary

Appendix A

DEED DONATION AND ACCEPTANCE

KNOW ALL MEN BY THESE PRESENTS:

This Deed of Donation and Acceptance, made and executed by (**Name of Donor**), represented by (**Name of Representative, If any**), (**Citizenship**), of legal age with office/residential address at (**Complete Address of Donor**), herein referred to as the DONOR, in favor of (**Name or Beneficiary/Department and Field Office**) with office address at (**Complete Address of Beneficiary/Department and Field Office**), herein referred to as DONEE:

WITNESSETH

That as an act of generosity and liberty, the donor hereby voluntarily gives, transfer and conveys by way of donation, into the Donee, (Particulars: Quantity, Amount and description of Donation) free from all liens, encumbrances and charges of whatever from in case of IN-KIND Donations as provided by (Name of Donor). That the donor affirms that this donation is made: (State Specific Purpose of Donation, itemize if necessary.)

That the Donee accepts and receives this donation made in its favor by the Donor, and hereby manifest its gratefulness for the latter's generosity and liberality.

The Donor and Donee agree as follows:

1. **State Specific Assumption of the Donor, Beneficiary and Location, Description of the donations, Purpose and other necessary reference.**
2. **State Specific Responsibility of the Donee**
3. Upon acceptance, the Donee shall be responsible for **(State other responsibilities of the Donee)**
4. The Donor have the authority to: **(State limitations and / or condition of the Donor in the use of the Donations)**
5. The donor likewise authorizes the deposit of the CASH DONATION with Authorized Government Depository Bank (**AGDB**) as provided under COA-GAFMIS Circular Letter No. 2003 – 2005 November 21, 2003.

IN WITNESS WHEREOF, both parties have hereunder subscribed their names this _____ day of CY _____ at _____, Philippines.

Head of Office
(Beneficiary Office)

Name of Donor
(Position)

WITNESSES

Name 1
(Position 1)

Name 2
(Position 2)

Republic of the Philippines
City of _____

BEFORE ME, A notary public in and for the City of _____ this _____
day _____ 20_____, personally appeared with their respective Community Tax
certificates:

NAME	CTC. No.	ISSUED AT/ON
_____	_____	_____
_____	_____	_____
_____	_____	_____

Known to me to be the same persons who executed the foregoing Deed and Acceptance
consisting of _____pages including the page on which this Acknowledgement is written and they
both acknowledgement before me that the same are their free and voluntary act and Deed.

WITNESS MY HAND AND SEAL on date and place first above written.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Boon No. _____
Series No. _____

Appendix C

Department of Social Welfare and Development
Field Office _____

ACKNOWLEDGMENT RECEIPT FOR DONATIONS RECEIVED

Date: _____

Control No.: _____

Donors Name: _____ Authorized Representatives: _____ Address: _____

- ☐ Cash _____ P _____
☐ Check Bank Name and Branch _____
☐ In Kind, Inventory _____

Quantity	Unit	Articles and Description	Estimated Value
Total Donations in Cash in Kind			P

Purpose of Donation:
We certify that the above donated cash and or/ articles are correctly for the purpose stated above.

Head of Recipient Office/ Authorized Alternate Representative

Conforme:

Head of Recipient Office/ Authorized Alternate Representative

O.R No. _____ Dated: _____

Appendix C

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office / Center / Institution

SPECIAL BUDGET

(Pursuant to COA-GAFMS Circular Letter No. 2003-005 dated November 1, 2003)

SB No. : _____

Cash Requirement : _____

Project Description : _____

Purpose : _____

Period Covered : _____

Beneficiary : _____

BREAKDOWN OF EXPENDITURES

Expensive Code	Expense Classification	Amount
		Total:

REFERENCES

OR No,	Date	Amount

Requested by:

Certified Funds Available

Approved by:

Head of Requesting Office

Head of Accounting

Head of Agency/Field Director

SPECIAL BUDGET

INSTRUCTIONS

A. The form shall be accomplished follows:

1. SB No. – control number which shall be one series per year
(**year – number series**)
2. **Cash Requirement** – the amount needed and requested for a particularly activity.
3. **Project Description** – short description of the project or activity to be undertaken.
4. **Purpose** – the reason, use or intention of the requested funds.
5. Period Covered – the date the activity is to be undertaken.
6. Beneficiary – the benefactor or recipient of the project
7. Breakdown of Expenditures – these are the authorized and programmed expenditures for the proposed project or activity, tallied with the total cash requirement, with the total cash requirement, with details of expenses codes, classification and amount.

8. References – these are Official Receipts numbers where the total cash requirement could be charged or are covered for control purposes.

B. The information in this form shall be in accordance with the **Deed of Donation and Acceptance** or as indicated in the **Work and Financial Plan and Project Proposal**.

**REGISTRY OF BUGETTED INCOME AND UTILIZATION
(RBIU)**

INSTRUCTIONS

A. This form shall be accomplished as follows:

1. **Heading** – Name of the agency
2. **Allotment Class** – allotment classification such as Personal Services Maintenance and other Operating, Expenses, Capital Outlay and Financial Expenses.
3. **Sheet No.** – sheet number which shall be one series per year.
4. **Date** – date of the Special Budget/date the amount is earmarked /utilized.
5. **Reference** – Special Budget /PO/Contract/Job Order Number
6. **Account Code** – account of the expenses budgeted/earmarked/utilized in a accordance with the prescribed.
7. **Budget** – amount of budgeted expenses based on the approved Contract/PO/Job order or DV.
8. **Earmarked** – amount set aside for expenses based on the approved Contract/PO/Job Order or DV
9. **Balance** – balance of available budget equivalent to budget less amount.
10. **Utilization** – amount of expenses used on DV's ready for approval of the Head of the Accounting Unit,

B. This registry shall be maintained by the Accounting Unit of Agencies by allotment class

C. Separate Registry shall be maintained for each of the following:

1. Disbursements chargeable of Current Year 's Budget
2. Disbursements chargeable to Prior Year's Budget

DEED OF VOLUNTARY COMMITMENT
(*KasulatanngBaluntaryongPagkakaloob*)

KNOW ALL MEN BY THESE PRESENT:

(*Ipinaalam*)

I/We _____ Filipino _____ years old
Ako/Kami (Pangalanng Ina) Pilipino (taonggulang)

And _____ Filipino _____ years old
At pangalanngama Pilipino taonggulang

With residence postal address at _____
Lugar ngtirahan

_____ after having been duly sworn in
Ay sumusumpasabatas at

Accordance with law, hereby depose and say:
Nagsasabi

That I am / we are the parents of _____
Ako/Kami angmgamagulangngbatangsi at kasarian

Born on _____ at _____
Na ipanangaknoong sabayanng

That I am / we are unable care for the a fore mend child and believe that
Na ako/kami ay walangkakayahanna mag-aalagasaaminganak, at naniniwalanamagkakaroonsiyangmagandangkinabukasan at maaalagaan.

The welfare of said child will be best protected by committing him/her to the care of
Ng maayoskungibigay naming angamingkarapatanngpangagalagsa

the Government.
Pamahalaan.

That I / we have received counseling, services, read and understood the
Na ako/ kami ay sumailalimsa maging pagsanguni at pagtalakay at

meaning of this act of the implication of the same.

*Nalaman naming angkahulugan at kahihinatnan ng aming desisyon ng ito,
katulad ng mga sumusunod:*

That I / we hereby voluntarily , irrevocably and unconditionally commit said
Na ako/ kami ay boluntaryong nagpapawalang bias ng akin gaming karapatan

child to the care and custody of the Department of Social Welfare and Development
bilang magulang sa aming anak at kusang loob na isinusuko ang pangangalaga.

pursuant to the provisions of Article 154/155 or Presidential Decree No. 603, the
*sa Kagawaran ng Kagalingang Panlipunan at Pagunlad ay onsaprobisyon ng Artikulo 154-
155 ng Kautusang Pangulob bilang 603 o ang tinatawag*

Child and Youth Welfare Code:
na " Child and Youth Welfare Code "

That I / we hereby authorize the Department of Social Welfare
Na ako/ kami ay nagbigay ng pahintulot sa Kagawaran ng Kagalingang

Development to release said child for adoption or guardianship either locally or
Panlipunan at Pagunlad namagsaayos upang ang nabangit na bata ay

abroad without notice to me/us and give consent to such adoption or guardianship
sumasailalimsa legal pagpapaampon o pangangalaga.

as if I / we personally gave such consent that terminates the pre-existing legal
satuwirang salita personal naming binigay an gaming konsent sa siyang.

parent-child relationship between child and his/her parent/s
nagaaalis ng relasyon sa aming anak bilang magulang

That I / we further believe that the placement of said children in an adoptive.
Na ako/ kami ay naniniwalana ang paglalagak ng batasaka ay usanna

Home at the earliest possible time serves his/her interest in enhancing his/her
Gagawin ng Department salalong medaling panahon ay makakatuong upang

normal growth and development
*mabuhaysiyan ang maayos at malinang ang kanyang kaalamantungos akanyang paglaki at
pagunlad.*

That I / we have not received any payments, compensation or any
Na ako/ kami ay hindi tumanggap ng anumang bayad, kumpensasyon,

This voluntary and unconditional commitment of my/our children to the
Ang boluntaryo at walang kundisyon kong pagsang-ayon sa paglalagak

Department of Social Welfare and Development shall become irrevocable six months
Aminganaksakagawarangngkagalingangpanlipunan at pagunlad at hindina

After thhe execution of this document:

Mababagopagkataposnganimnabuwangpagkataposmaisagawaangdokumentongito.

I /we declare that I /we have fully understood the above statement

Na ako/kami ay nagpapahayagnanauunawaan naming

lubosanglahatngnasasaadsadokumentongito

IN WITNESS WHEREOF, I/We hereunto set my/ our signature/s
Saharapngmgasaksi, ako/kami ay lumlagdangayong

This _____ day of _____, 20____ at _____
ika _____ arawng 20____ salugar

Signature of Father/Date

Lagdangama

Signature of Mother/Date

Lagdang Ina

Thumb mark

Thumb mark

Signed in the Presence of :

Name / Date

Name / Date

Name / Date

Name/Date

ACKNOWLEDGEMENT

BEFORE ME, NOTARY PUBLIC, for and in the City/Municipality of _____ this _____ day of _____ personally appeared _____ and _____ with Residence Certificates Nos. _____ on _____ at _____ known to me to be the same person(s) who executed the foregoing Deed of Voluntary Commitment and Acknowledgment to me that the same is his/her/their own free volunteer act and deed.

WITNESS WITH MY HAND AND SEAL on the date at the first above written.

Until	:	_____
PTR	:	_____
Issued at	:	_____
Date Issued	:	_____

Doc.No. _____
Page No. _____
Book No. _____
Series NO. _____

Department of Social Welfare and Development
RECEPTION AND STUDY CENTER FOR CHILDREN

Field Office: _____

Date: _____

OUT-ON-PASS

Name of Child/ren: _____

House: _____

Name of Responsible Person : _____

Address: _____

Relationship to the child: _____

Purpose of Travel : _____

Destination: _____

Date and Time of travel: _____

Time out: _____ In: _____

Name & signature of Responsible Person / Date

Executive on duty /Social Worker/Date

Signature of Houseparent on Duty/date

Department of Social Welfare and Development
RECEPTION AND STUDY CENTER FOR CHILDREN

Field Office: _____

Date: _____

OUT-ON-PASS

Name of Child/ren: _____

House: _____

Name of Responsible Person : _____

Address: _____

Relationship to the child: _____

Purpose of Travel : _____

Destination: _____

Date and Time of travel: _____

Time out: _____ In: _____

Name & signature of Responsible Person / Date

Executive on duty /Social Worker/Date

Signature of Houseparent on Duty/date

Department of Social Welfare and Development
RECEPTION AND STUDY CENTER FOR CHILDREN

Field Office: _____

Date: _____

VISITORS SLIP

Name Child: _____

House: _____

Name of Visitors: _____

Address: _____

Relationship to the child: _____

Purpose of visit: _____

Time
___ IN ___ OUT

Printed name & signature of visitors/date

Executive on duty /Social Worker/Date

Signature of Houseparent on Duty/date

Department of Social Welfare and Development
RECEPTION AND STUDY CENTER FOR CHILDREN

Field Office: _____

Date: _____

VISITORS SLIP

Name Child: _____

House: _____

Name of Visitors: _____

Address: _____

Relationship to the child: _____

Purpose of visit: _____

Time
___ IN ___ OUT

Printed name & signature of visitors/date

Executive on duty /Social Worker/Date

Signature of Houseparent on Duty/date

Department of Social Welfare and Development
RECEPTION AND STUDY CENTER FOR CHILDREN
Field Office: _____

CLOSING SUMMARY

Date :
Child's I.D No.

Name:
Age:
Educational Attainment (present)

SUMMARY CASE:

Date discharged:
To who discharged:
Relationship:
Address:

Prepared by:

Social Worker/Date

NOTED By:

Head Social Worker/Date

Date: _____

Department of Social Welfare and Development
RECEPTION AND STUDY CENTER FOR CHILDREN

Field Office: _____

DISCHARGE SLIP

This is certify that I / We _____ of
(Name of parents/relatives/foster/adoptive parents)

_____ Received from the Reception and Study Center for

Children _____ years old who is my /our
(Name of child) (Age)

_____ as per documents.
(relation to the child)

Complied and submitted to attest my/our affinity to the said child. That form hereon, I / we shall be held responsible for the custody of the child.

Affixing my/our signatures in effect of the said discharge this _____
(date)

Signature of Releasing Person/
Social Worker on duty / date

Signature of Receiving Person/Date
Address:

Attested BY;

Supervsing Social Worker / Date

Supervising Houseparent/
Nursery Unit Head/ Date

UNIT SERVICE UNIT

Unit Service	Comments/Remarks	Signature of Staff on Duty/Date
PSYCHOLOGICAL		
COTTAGE Houseparent		
NURSERY		
EDUCATION		
SECURITY GUARD		
SOCIAL SERVICE		

Medical Impression

Temperature_____Height _____Weight_____

Approved by:

Head Social Worker-RSCC/Date

Medical Officer – RSCC / Date

**KASUNDUAN
(A G R E E M E N T)**

IPNAAAAM SA LAHAT SA PAMAMAGITAN NITONG KASULUTAN:

Ang Reception and Study Center for Children – Department of Social Welfare and Development (RSCC – DSWD) nakinakatawanni

_____, Head.

(Name)

Social Worker, Filipino, nasawastonggulang at tatawaging **UNANG PARTIDO**

sakasunduangito AT

Si _____ Pilipino

(Name)

Nasawastonggulangnatatawaging **IKALAWANGPARTIDO**sakasunduangito.

AY NANGANGAKONG, kusangloob at

walangalinglangangtutupadsamgatungkulingnilalamannngkasunduangito;

Na ayonsa **Republic ACT 7610, Special Protection for Children Against Abuse, Exploitation and Discrimination Act**,

naatasanang **UNANGPARTIDO** natiyakinang pangunahin kapakanan ng lahat ng batang Pilipino;

NA, ang batang si _____ ay

(Name of the Child)

Dating nasapangangalagang Reception and Study Center for

Children; _____

NA, kinikilalang **UNANG PARTIDO** ang kanyang karapatan at pangunahing tungkulin ng mga magulang at mga legal guardian ang pangangalaga at pagkukop sa mga bata, lalong-lalong nasasakan bilang maselang kalagayan matapos ang hindi malilimutang karanasan;

NA, pumapayagang**UNANGPARTIDO** nailiparsakarapatan at pangangalagasa**IKALAWANGPARTIDO** nangnaayon lamang samgasumusunod napatakaran.

1. Na personal nakukunin at aalagaan ng**IKALAWANG**

PARTIDO ang batang nabanggit;

2. Na ang**IKALAWANG PARTIDO** ay nagangakona **HINDI** ibabalik, ilalagay o ililipatang pangalaga at

pagkukop kopsa batang nabanggit sa kahitsa ang ampunan, child caring institution o iba partido at organisasyon;

3. Na papayagan at hindi hahadlangan ng**IKALAWANG**

PARTIDO ang gagawin pagbisita ng mga**GOVERNMENT SOCIAL**

WORKERS sa loob ng anim (6) nabuwan, upang matiyak na may

kakayahang**IKALAWANGPARTIDO** na alagaan at

tutusan ang mga pangunahing pangagailangan ng batasapisikal, emosyonal, sikolohika, medical at sa**IKALAWANGPARTIDO** sa kahit;

4. Na sakaling lumabag ang **IKALAWANG PARTIDO**

sakahitalin mangsamgapin ipirmahan nilang nakasaad sa **KASUNDUANG** ito,

binibigyan silang karapatan nang **GOBYERNO**, sa **Pamahalaang Lokal** sa kani-

kanilang lugar at

gumawang hakbang upang matiyak ang pinakamabuti para sa kapakanan ng batang nabanggit sa kasunduang ito.

Bilang, **PAGPAPATUNAY** sa **KASUNDUANG** ito, ililalagay naming an gaming pirmasa

Kasulatang ito sa ika_____ araw ng _____
(petsang buwan) (petsang araw)

20_____ sa Lunsod ng Quezon.

UNANG PARTIDO

IKALAWANG PARTIDO

MGA SAKSI

REPUBLIC OF THE PHILIPPINES)
CITY OF QUEZON) S.S.

ACKNOWLEDGMENT

BEFORE ME this _____ day of _____ 20_____
in the city of Quezon City, Metro Manila, personally appeared the
following :

NO. OF PAGES

CTCW NO.

Known in presence in the name person who appeared and they
acknowledge to me

_____ with my _____

This

IN WITNESS WHEREOF _____

Doc.No. : _____

Page No. : _____

Book No. : _____

Series No. : _____

**TURN AROUND PERIOD FOR ADOPTION
TO BE LEGALLY FREE FOR ADOPTION**

PERIOD	Abandoned Cases	Surrendered Cases
1 st Month	<ul style="list-style-type: none"> • Search all information and corresponding documents from source of referral • Review all records • List all documents available • List all documents needed • Conduct homevisit (if applicable) • Start gathering collateral information/evidences • Send out letter to parents if address is available • Mass media publication 	<ul style="list-style-type: none"> • Application for birth certificate in SECPA form • Counseling to parents • Signing of Deed of Voluntary Commitment and Notarization • Case study report
2 nd Month	<ul style="list-style-type: none"> • Complete case study report 	<ul style="list-style-type: none"> • Completion of documents
3 rd Month	<ul style="list-style-type: none"> • Apply for foundling certificate/late registration with complete evidences • Mass media certificates on file • Returned to sender cards or letters on file 	<ul style="list-style-type: none"> • All documents completed forwarded to ARRUG (for risk placement)
4 th Month	<ul style="list-style-type: none"> • Foundling Certificate/Birth certificate in SECPA form available • Updated Case Study Report 	<ul style="list-style-type: none"> • All documents completed forwarded to ARRUG (for risk placement)
5 th Month	<ul style="list-style-type: none"> • Completion documents in preparation for filling of 	<ul style="list-style-type: none"> • All documents completed

	Declaration of Abandonment	forwarded to ARRUE after the 6 months restoration period as per article 164 of P.D 603 (completed case study report, birth certificate in SECPA form, Deed of Voluntary Commitment, pictures)
7 th Month – 10 th Month	<ul style="list-style-type: none"> • Filling of petition of declaration of abandonment • Follow up on the hearing and petition date • Awaiting court hearing • Follow up on the decree of abandonment • Secure the certificate of finality from the court • Forward case dossiers to ARRUE 	<ul style="list-style-type: none"> • Supervised trial custody of child to adoptive parents

INTERREGIONAL ADOPTION

PERIOD	Abandoned Cases	Surrendered Cases
Week 1	<ul style="list-style-type: none"> • Review of child study report and supporting documents • Matching by Inter-regional child placement committee • Forward case dossiers to inter-country adoption board including inter-country adoption clearance 	<ul style="list-style-type: none"> • Review of study child report and supporting documents • Matching by inter-regional child placement committee • Forward case dossiers to inter-country adoption

		board including inter-country adoption clearance
--	--	---

INTER-COUNTRY ADOPTION

PERIOD	PROSPECTIVE ADOPTIVE CHILD	PROSPECTIVE ADOPTIVE PARENT/S (PAP/S)
Week 1	<ul style="list-style-type: none"> Review of child study report and supporting documents (1week) 	<ul style="list-style-type: none"> Review of PAPs, home study report and supporting documents by the Secretariat (1week)
Week 2	<ul style="list-style-type: none"> Inclusion of ICA clearance children in the roster of children ready for ICA (1day) Notify CCA of Pre-matching (PM) evaluation of child's needs as bases for PM to PAPS (1week) 	<ul style="list-style-type: none"> Board's approval of PAP/inclusion in roster of children Approved application (1 week)
Week 3	<ul style="list-style-type: none"> Matching ICPC, recommendation of placement (1day) 	<ul style="list-style-type: none"> Evaluation of PAPS suitability to respond to child's needs as bases to become 1st or 2nd priority, family (1 week)
Week 4	<ul style="list-style-type: none"> Processing of Pre travel documents (1 day) 	<ul style="list-style-type: none"> Processing of child to PAPS through FFA (1 week)
Week 5	<ul style="list-style-type: none"> USA (minimum of 4 months, maximum of 1 year) 	<ul style="list-style-type: none"> PAPs completion with the countrys immigration requirements/preparation to fetch the child (3 weeks- 3months)
Week 6	<ul style="list-style-type: none"> Placemen / instrument of child to PAPs 	<ul style="list-style-type: none"> 3-4 days
Week 7-24	<ul style="list-style-type: none"> Post placement period 	<ul style="list-style-type: none"> 3 reports in 6 months
Week 25-64	<ul style="list-style-type: none"> Finalization of Adoption/Naturalization/Citizen ship 	<ul style="list-style-type: none"> 6 months – 2 years

TURN – AROUND PERIOD
FOR DECLARATION OF ABANDONMENT

ADOPTION PROCESS	TURN AROUND PERIOD	
	ABANDONED CASE	RISK PLACEMENT
Local Adoption <ul style="list-style-type: none"> • Placement <ul style="list-style-type: none"> • Adoption completed with Amended Birth Certificate 	<ul style="list-style-type: none"> • 10 months, 2 weeks and 1 day (if matched locally, if not to be forwarded for inter-country adoption) <ul style="list-style-type: none"> • 23 months and 16 days 	<ul style="list-style-type: none"> • Risk Placement – 3months, 2 weeks and 1 day. • After 6 months – 6 months, 2 weeks and 1 day <ul style="list-style-type: none"> • Risk Placement – 16 months and 16 days • After 6 months- 19 months, 16 days
Inter country Adoption <ul style="list-style-type: none"> • Placement <ul style="list-style-type: none"> • Adoption Finalized 	<ul style="list-style-type: none"> • 14 months, 2 weeks and 1day <ul style="list-style-type: none"> • 26 months, 2 weeks and 1 day 	<ul style="list-style-type: none"> • Risk Placement – 7months, 2 weeks and 1 day <ul style="list-style-type: none"> • After 6 months of temporary custody – 10 months, 2 weeks and 1 day • Risk Placement- 19 months • After 6 months

		temporary custody – 22 months, 2 weeks and 1 day
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Appendix 12

CHILD CASE STUDY FORMAT

PREPARATION OF CHILD STUDY REPORT

Child Study Report

A child study report refers to a study of a child's legal status, placement history, psychological, social, spiritual, medical, ethno-cultural background, and that of his/her biological family as basis in determining the most appropriate placement for her/him. This shall be or a licensed child caring agency.

A. Suggested content and format of an adoption Child Study Report:

1. Identifying Information

- Name
- Sex/Age
- Date of Birth
- Place of Birth
- Category / Legal status
- Date of DVC/ Court Order of Declaration of abandonment
- Source of Referral
- Present Whereabouts
- Date of Admission
- Family Composition

2. Circumstances of Referral –Indicate circumstances surrounding the referral and admission of the child to the child caring agency e.g referring, reasons for admission.

3. Description of Child Upon Admission –This should cover physical appearance, personality, habits and other significant observations about the child. It should be specific, accurate and factual.

4. Medical and Development History of the Child –This consist of information on types of immunizations on types of immunization received and dates given, previous, illness, treatment and medication and when available, the result of any special medical evaluation.

5. Current Functioning of the Child – This should cover the child's physical, physiological, social, development functioning/ activities of the child e.g school, Center, Foster home.

6. Description of the Child's Present Environment –this include the present environment of the child. Significant adults/children interacting with him/her, and disposition of the child towards his adoption. Description of foster family/center where the child came from and his/her functioning/relationship with foster family/center personnel from the time of admission to child's discharge of placement. Stages of development which child went through (by month). Describe mental development, motor development.

a. On placement and separation from the child:

1. Information on how the following reacted to the separation/placement of the child:

- Birthparents/birth relatives
- Caregiver/Foster parents
- Prospective adoptee himself / herself
- Prospective Adoptive Parents (PAPS)

2. Information regarding the grieving process by:

- Birthparents/birth relatives
- Caregiver/Foster parents
- Prospective adoptee himself / herself
- Prospective Adoptive Parents (PAPS)

3. Information regarding grief resolution of:

- Birthparents/birth relatives
- Caregiver/Foster parents
- Prospective adoptee himself / herself
- Prospective Adoptive Parents (PAPS)

B. Background Information on Child's Parent/s/Family

This tackles pertinent background information on birth family such as:

1. Physical Description

- Physical appearance of birthmother/father, body built, height, complexion, hair, eyes, nose, disability/deformity.
- Health History (physical and mental)
 - Hereditary/non-hereditary illness/es
 - Medication
 - Pre-natal history

2. Education/Occupation/Income and Earnings

3. Psychological background

- Character / trait
- Hobbies, interest, talents
- Quality of intra-familial relationship

Family dynamics (birth parents relationship with their children and siblings relationship) relatives

- Childhood experiences of birth parents (positive / negative that may have an impact on quality of parenting)
- Assessment of mental ability – level of intelligence / personality
 - Negative history of substance/alcohol, abuse, sexual abuse, domestic violence, imprisoned parent/s criminal record.
- Quality of child rearing

4. Surrounding circumstances leading to the child's being given up for placement.

- Inability to care for the child due to poverty
- Born out of an illicit affair/incest/rape
- Imprisoned birth parent/s
- Mentally ill birth parent/s
- Rejection by the birth family
- Birth parents were minors when child was born (emotionally immature)
- Physical disability illness of the child warranting further interventions
- Serious life threatening illness

C. Evaluation – Summary statement on why the child's needs adoption.

D. Recommendation – Summary statement to indicate the type of family that would be suitable given the parenting needs of the child.

LIFE BOOK FORMAT (A Guide)

What is a Life Book?

- A tool and a process to help children understand their past life experiences to feel better about themselves in the present and be better prepared for the future.
- It is a across between a story , a diary, and a scrap book
- It is prepared by the Social Worker at the time of the child's placement
- Once discharged , adoptive or foster families are encouraged to continue the life book.
- It allows a family to record precious facts and capture memories for the child.

How does a life book work?

- It connects the child to his/her past not only for his/her sake but also for his/her future children.

What do children get from a life book?

- It gives a structured and understandable way of talking about themselves
- It clarifies dangerous or idealized fantasies
- It provides a record where the child and his/her caregivers can refer to especially when there is a crisis relating to the child.
- It increases child's sense of self – worth
- It gives an opportunity for caregivers to show the child why they should be proud of themselves

Making a Life Book

DO's

- Make it short
- Make it colorful; there should be a strong visual focus for each page.
- Be funny
- Go with the child's pace not yours. Brainstorm with the child whenever appropriate.
- Use the word and dialogue.
- Forget about grammar. Record as the says it

- Be consistent.

DON'TS

- Never betray the child's confidence
- Don't avoid talking about things the child wants to talk about because they feel uncomfortable.
- Don't put words into the child's mouth.
- Don't leave the child alone to complete the work.
- Never use the product or activity as a prize or a punishment but only as a normal part of your life together.

DAILY ACTIVITIES**A. NURSERY**

TIME	ACTIVITIES
6:00 – 6:30 am	Breakfast (Spoon feeding and Bottle feeding)
6:30 – 7:30 am	Bathing (pool: tuesday,Thursday,Saturday)
7:30 – 9:00am	Strolling/Sunbathing (Taking temperature of Children)
9:00-9:30 am	Snack
9:30-11:30 am	Activity time/play time
11:30-12:00 pm	Lunch (spoon feeding&bottle feeding)
12:00-12:30 pm	Tooth brushing/changing diaper, t-shirts, etc.
12:30-2:00 pm	Nap time
2:00-3:00 pm	Tv Viewing/action songs
3:00-3:30 pm	Snack
3:30-5:30 pm	Activity time/storytelling
5:30-6:00 pm	Dinner
6:00-7:00 pm	Tooth brushing/changing diapers, t-shirts, etc
7:00-7:30 pm	Playtime/storytelling
7:30-onwards	Sleeping
8:00 pm	(taking children's temperature)
12:00 pm	(taking children's temperature)
4:00 am	(taking children's temperature)

DAILY ACTIVITES

B. TODDLER/KIDDIES UNIT

TIME	ACTIVITIES
5:30 – 6:30 am	Walking up/Fixing of Bedding/Morning Exercises
5:30 – 7:45 am	Breakfast Personal Hygiene
7:45 – 8:00 am	Fixing of Room, bedding,./Prepare children to school ECCD
8:00 – 8:30 am	Snacks
8:30 – 11:00 am	ECCD Time/Playroom
11:00- 12:00 noon	Lunch Time
1:00 – 2:30 pm	Nap time
2:30 – 3:00 pm	Fixing of Room/ Beddings
3:00 – 3:00 pm	Snacks Time
3:30 – 5:00 pm	Outdoor Play
5:00- 6:30 pm	Dinner Time
6:30 – 7:00pm	Personal Hygiene
7:00 – 8:00 pm	T.V. Viewing/ Storytelling
8:00 in the Evening	Sleeping Time

B. KIDDIES/TODDLER UNIT (Saturdays & Sundays)

TIME	ACTIVITIES
7: 30 – 6:00 in the Morning	Bedtime/Sleeping Time
6:30 am	Wake up time
6:30 – 7:00 am	Morning Exercise/Personal Hygiene
7:00 – 7:30 am	Breakfast
7:30 – 8:30 am	Review of Assignment
8:30 – 10:00 am	General Cleaning
10:00 – 11:30	T.V viewing
11:30 – 12:00 Noon	Lunch Time
1:00 – 3:00 pm	Nap time
3:00 – 3:30 pm	Snacks
3:30 – 5:30 pm	Outdoor Play
5:30 – 6:30 pm	Dinner Time
6:30 – 7:00 pm	Personal Hygiene
7:00 –8:30 pm	T.V Viewing/Spiritual Enhancement
8:30 in the Evening	Sleeping Time