

SITE VERIFICATION TOOL

NAME OF ORGANISATION:

**ADDRESS OF THE APPLYING
ORGANISATION/SHELTER** _____

PHYSICAL ADDRESS:

TYPE OF THE ORGANISATION:

REGISTRATION NUMBER (if applicable):

OPERATIONAL SITE:

CONTACT PERSON:

CONTACT DETAILS :(Tel) _____

(mobile) _____ **Email** _____

DATE OF VISIT: _____

PHYSICAL ADDRESS:

SECTION A – FOR SERVICE PROVIDERS

LEGAL REQUIREMENTS FOR ORGANISATIONS

1. REGISTRATION CATEGORY

1.1 In which category is the Service Provider/entity registered? (tick appropriate option with an X)	Non-Profit Organisation (NPO) Act No 71 of 1997	Companies and Intellectual Property Commission(CIPC)	Section 21 Company	Public/Government
	SA Schools Act 84 of 1996	Trust	Professional Body: (SACSSP) Health Professions Council of South Africa (HPCSA) Other Professional Body	Children's Act 38 of 2005
1.2 Proof of Occupation or Ownership	Owned	Lease agreement	Contracted	Rented
1.3 Written proof Occupation or Ownership attached	Yes	No	Provide reasons if there is no written proof:	

2. GOVERNANCE

2.1 Existing Board of directors or governing body for private organisations (tick appropriate option with an X)	Director	Deputy-Director	Treasurer	Secretary Deputy – Secretary	Other Portfolios (Please specify)
2.2 Existing Governing structure for public organization (tick appropriate option with an X)	Deputy Director	Service Office Manager	Social Work Supervisor	Probation Officer	

3. MANAGEMENT (DAY TO DAY OPERATION)

3.1 Is there a person responsible for day to day running of entity?	Yes	No
3.2 Are there clear reporting lines?	Yes	No
3.3 Remarks if any:		

4. FINANCIAL MANAGEMENT

4.1 Are there Financial and Accounting policies and procedures in place? (In line with GAAP (Generally Accepted and Accounting Practices), PFMA and other relevant legislation?)	Yes	No
4.2 Are budget requirements in line with business plans?	Yes	No
4.3 Are there sound fund-raising activities?	Yes	No
4.4 Is the entity in receipt of funding from the Department of Social Development?	Yes	No
4.5 Is there a signed service level agreement in place?	Yes	No
4.6 Do you receive funding from any other government Departments or donors?	Yes	No
4.7 If yes, indicate the name/s		
4.8 Remarks/ Comments if any: substantiate your answers above		

5. BUSINESS PLAN

5.1 Is there a written, signed and approved business plan in place?	Yes	No
5.2 For public entities, is there an approved Annual Performance Plan or Operational Plan in place?	Yes	No
5.3 Remarks / Comments if any:		

6. RECORD KEEPING

6.1 Is there a record-keeping system in place?	Yes	No
6.2 Are files kept in lockable/steel cabinets?	Yes	No
6.3 Are the following files in place with regard to personnel?		
i) Personnel Files	Yes	No
ii) Duty sheet/weekly plans	Yes	No
iii) Staff development register	Yes	No
iv) Work plans/Performance agreement	Yes	No
6.4 Are there files for each client, with all relevant details contained therein?	Yes	No
6.5 Are there attendance registers in place?	Yes	No
6.6 Are records clearly marked and demarcated?	Yes	No
6.7 Are minutes of meetings kept and readily available?	Yes	No
6.8 Remarks / Comments if any:		

7. REQUIREMENTS FOR INDIVIDUALS / HUMAN RESOURCE

7.1 Does the entity have a human resource section / directorate/ division?	Yes	No	Comment:
7.2 Are all staff members aware of and understand entity's Code of Conduct/ Good Practice?	Yes	No	Comment:
7.3 Is the Code of Conduct / Good Practice in writing?	Yes	No	Comment:

7.4 Have all staff members signed a copy of Code of Conduct/ Good Practice?	Yes	No	Comment:
7.5 Do professional staff adhere to specific professions' Code of Ethics?	Yes	No	Comment:
7.6 Are qualifications and certificates of staff adequately displayed as well as proof of registration with respective professional bodies?	Yes	No	Comment:
7.7 Is there a working agreement/contract in place pertaining to each staff member? (dates to be verified where applicable)	Yes	No	Comment:
7.8 Are recruitment, selection and appointment processes done in keeping with relevant legislation? e.g. Labour Relations Act (as amended), Employment Equity Act 55/1998.	Yes	No	Comment:
7.9 Are there records of all recruitment, selection and appointment processes in place?	Yes	No	Comment:
7.10 Are records of disciplinary actions and results in place?	Yes	No	Comment:
7.11 Grievance procedures of respective professional bodies are they displayed within an entity?	Yes	No	Comment:
7.12 Does entity align itself to grievance procedures as set out in Labour Relations Act (as amended) and relevant legislation governing each profession?	Yes	No	Comment:
7.13 Are there records of grievance lodged and outcome thereof? (NB records mentioned hereto should be less than 5 years)	Yes	No	Comment:
7.14 Remarks / additional comments if any:			

8. PERFORMANCE APPRAISAL

8.1 Is there a performance appraisal policy in place?	Yes	No	Comment:
8.2 Are staff members exposed to annual performance appraisal?	Yes	No	Comment:
8.3 Are there records of performance appraisal conducted?	Yes	No	Comment:
8.4 Are clients informed of grievance procedures to be followed?	Yes	No	Comment:
8.5 Remarks / additional comments if any:			

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9. SKILLS DEVELOPMENT FOR STAFF AND VICTIMS

9.1 Is there a staff training policy / skills development policy?	Yes	No	Comment:
9.2 Have staff members been trained over last 12 months?	Yes	No	Comment:
9.3 Is there a supervision policy in place?	Yes	No	Comment:
9.4 Does the entity adhere to its supervision policy?	Yes	Some	Comment:
9.5 Is there documented proof e.g. register that staff attends training/ skills development?	Yes	No	Comment:
9.6 Are there education and skills development programmes for the victims?	Yes	No	Comment
9.7 Is there documented proof of debriefing sessions for staff members?	Yes	No	Comment
9.8 Remarks / additional comments if any:			

10. SAFETY AND EMERGENCY PROCEDURES AT THE OPERATIONAL SITE

10.1 Is there a safety and an emergency manual?	Yes	No	Comment:
10.2 Does entity have up to date fire extinguisher and water pressure? If possible, is the health inspector report available?	Yes	No	Comment:
10.3 Does entity have an emergency exit?	Yes	No	Comment:
10.4 Does entity have a clearly marked emergency exit?	Yes	No	Comment:
10.5 Does entity have an up to date and accessible first aid kit?	Yes	No	Comment:
10.6 Are all staff members trained in basic first aid and other safety procedures?	Yes	No	Comment:
10.7 Is the facility providing a safe space for group activities, education and skills programmes?	Yes	No	Comment:
10.8 Does entity have recent Electricity Certificate? Is it displayed?	Yes	No	Comment:
10.9 Is there an evacuation plan in place?	Yes	No	Comment:

10.10 Is there an emergency assembly point?	Yes	No	Comment:
10.11 Is there access control?	Yes	No	Comment:
10.12 Are toilet facilities separate for both male and female victims?	Yes	No	Comment
10.13 Is there privacy in the sleeping rooms?	Yes	No	Comment
10.14 Is the shelter environment conducive and safe for the wellbeing of children?	Yes	No	Comment
10.15 Is the kitchen clean and hygienic for preparation of food?	Yes	No	Comment
10.16 Are all places in the shelter accessible for people with disabilities?	Yes	No	Comment
10.17 Remarks / additional comments if any:			

11. CRIMINAL RECORD

11.1 Is / are there staff member(s) with a criminal record?	Yes	No	Comment:
11.2 Are staff members screened against Part B of the Child Protection Register	Yes	No	Comment
11.3 Are staff members screened against the National Register of Sexual Offenders?	Yes	No	Comment
11.4 Remarks / additional comments if any:			

12. SHELTER SERVICES FOR VICTIMS OF TRAFFICKING

12.1 Does the organization provide accommodation services for victims of trafficking?	Yes	No	Comment: If the answer is yes please indicate total bed space underneath
			Number of beds
12.2 Does the shelter provide accommodation for children who are in the company of parents or guardians?	Yes	No	Comment
12.3 Does the organization provide counselling services for victims of trafficking?	Yes	No	Comment
12.4 Are the victims of trafficking exposed to a trauma informed rehabilitation programme?	Yes	No	Comment

12.5 Are there safe recreational facilities or recreational activities for victims in the organization?	Yes	No	Comment
12.6 Does the shelter prioritize reintegration of victims into their families and/or communities?	Yes	No	Comment
12.7 Remarks / additional comments if any:			

13. RECOMMENDATION AND REASONS THEREOF

(i) Closing remarks on findings:

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i) Recommendation to cover aspects of section A and aspects of section B

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ii) Recommendation to suggest to the Accrediting Committee whether programme/service provider must be granted **candidacy status, non-accreditation or accreditation status**

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iii) Team leader to state reasons how recommendation was reached.

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iv) Names of Verification Chairperson/ Team Leader:

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Signature:.....

Date:.....

Contact details: (telephone/ email
address).....

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