

Puerta Hermosa

Mexico

IMPROVEMENT ROADMAP

February | 2024



Overview of this Children's Home

Background & Mission

Officially born on May 13, 2013, after having rescued two little sisters Maria and Margarita, originally from Oaxaca, victims of neglect, abandonment and suffering from a genetic disease, God put in our hearts the care of children with severe disabilities and abandonment.

Mission: Assist children with severe disabilities in situations of neglect, to contribute to their healthy emotional, physical, social, economic and spiritual development, thus improving their quality of life.

Vision: To be a leading home in comprehensive care for vulnerable children and to develop their needs so that they can be independent to the extent of their abilities, providing them with all the resources and tools for their resources and tools for their development and that they can be integrated into our society.

Recent Accomplishments

- Acceptance of a girl's surgery at the Shriners Hospital (USA) was achieved.
- Jose started to talk, he started to say words, he started to communicate a little bit more.
- Panchito and Daniela already have their wheelchairs, specially adapted for each of them.

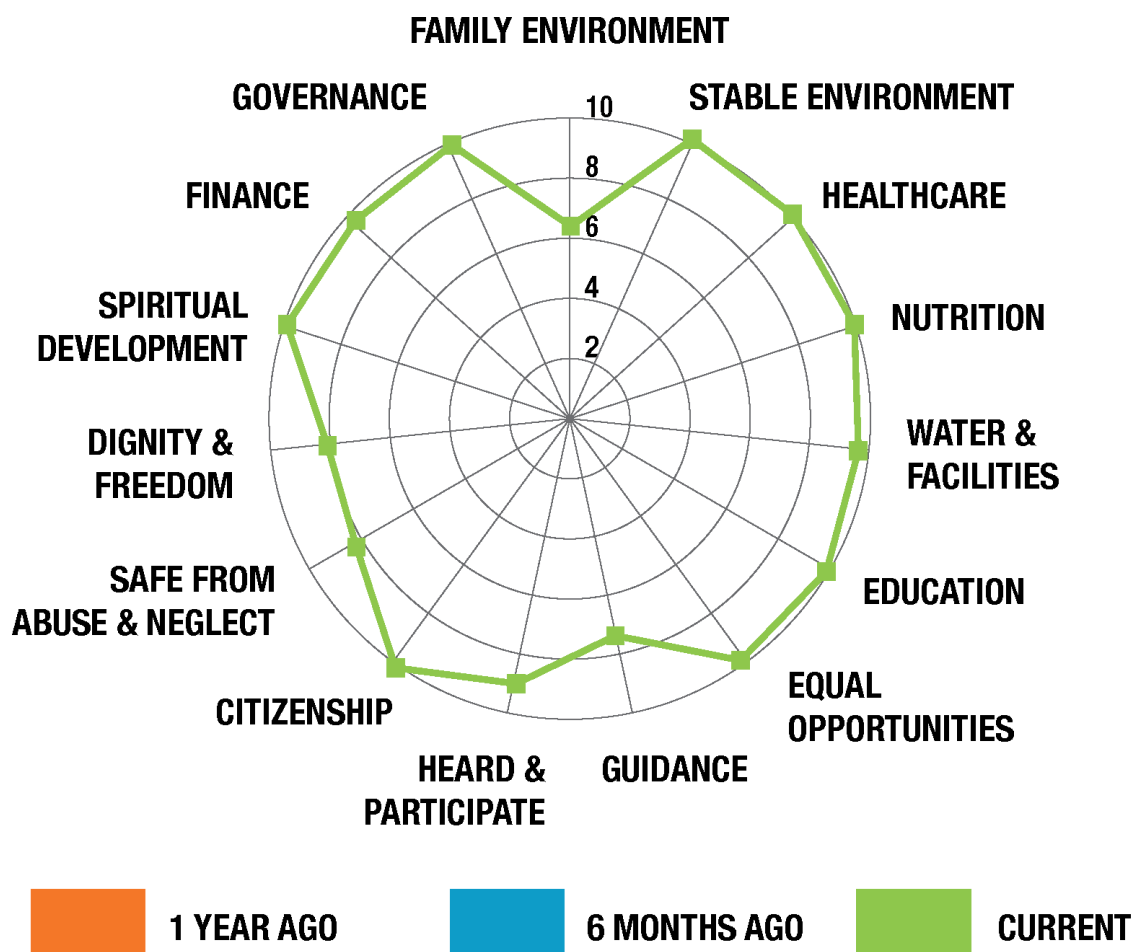


The Thrive Assessment

What is the Thrive Assessment?

In 1959, the United Nations (UN) adopted the Declaration of the Rights of the Child, which defines children's rights to protection, education, healthcare, shelter, nutrition and more. We have codified all 13 Rights, as well as a Finance Standard and a Governance and Human Resource Standard, resulting in a total of 15 standards. These standards ensure that children receive care that truly helps them to thrive, now and in the future. The Thrive Assessment will be administered every 6 months with each partner home to chart the progress of each standard. Our team works with caregivers to outline next steps which are compiled into an Improvement Roadmap.

Current Thrive Scale



Strategic Initiatives

EQUIP AND CONDITION THE PHYSICAL REHABILITATION AREA

PROJECT SUMMARY	It consists of modifying and equipping a room for physical, occupational and sensory rehabilitation, since our mission is to assist children with motor disabilities and it is a dream that we would like to make a reality. To be able to modify an area of the children's home and equip it with professional equipment and instruments in order to provide our children with therapeutic treatments and restore their functional capacity, both emotionally, socially and in terms of independence, so that they can have a better quality of life.
INITIAL ANTICIPATED COST	\$300,000 MXN \$18,181.82 USD

BATHROOM ADAPTATION TO EQUIP AND CONDITION AN EXAMINATION ROOM

PROJECT SUMMARY	To modify the bathroom area since our children are growing, and based on their limitations, it would be very beneficial to adapt the bathroom area to their needs. In this sense, special adaptations are needed for the sink, a bathing stretcher, shower, toilet, and safety grab bars to allow for their independence in the most basic tasks.
INITIAL ANTICIPATED COST	\$150,000 MXN \$9,090.90 USD

EQUIP AND CONDITION AN EXAMINATION ROOM

PROJECT SUMMARY	Due to the disability and vulnerable health of our children, it would also be very important to have a medical examination room in an area of the home. Today we have a pediatrician, but we do not have an adapted area where the children can be properly checked and evaluated. The children are attended to on sleeping beds, which is neither comfortable nor safe for them. We would like to have a special stretcher, lamps, and all the necessary medical equipment where they can be examined by the doctor, in order to prevent or detect illnesses.
INITIAL ANTICIPATED COST	\$100,000 MXN \$6,060.60 USD



Right to Live with Family

SURVIVING

SUSTAINING

THRIVING

The home has more than 2 caregivers to care for the children per shift since the children depend 100% on the caregivers. The home has a record of origin for each child, although it is worth mentioning that due to the profile of the home, they cannot have any contact with the children's relatives and DIF is aware of this decision. Caregivers are not trained every three months but annually, the home has an established training plan when a caregiver enters the home and they are followed up with DIF. It does not apply to encourage sibling coexistence since there are no siblings within the home. Although some of the children do have siblings outside the home, DIF does not encourage them to have visits, however, many times siblings of the children have visited in the past. As for the work of family reintegration of each child, this does not apply because many of the children have entered the home because they were in situations of abandonment and have no family. The caregivers are not evaluated by a psychologist every three months but it is worth mentioning that there is a psychologist onsite for when a caregiver requires to be evaluated.

- Trauma-informed care training is recommended on a quarterly basis.
- Implement a psychological training plan for caregivers.



Right to a Stable Environment

SURVIVING

SUSTAINING

THRIVING

The rules that the home has are appropriate for the age and capacity of the children. In case of any infraction of them, the home applies discipline techniques according to the capacity of the child, for example they stay a few minutes in their rooms depending on their age, that is if they are 9 years old they stay 9 minutes. The children are called by their name and also by some nicknames with affection but never by denigrating nicknames. They have periods of inactivity in which they can watch TV, be on the swings, play bowling and more. Since everyone treats each other as a family, they have activities that they all do together, for example, eating together, playing together, etc. The caregivers have monthly meetings in which they discuss issues related to the care of the children. The caregivers have days off and when they go out there are other caregivers who cover for them. There is not much rotation among the caregivers since some of them have been there since the beginning of the home, but once they start they fall in love with the children and it is pure vocation. The caregivers do not make the commitment to stay for at least two years, since the staff has lasted more than two years working in the home. The caregivers participate in joint activities with the children and also celebrate traditions and important events such as sleepovers, birthday parties, etc.

- Continue with these best practices.



Right to Healthcare

SURVIVING

SUSTAINING

THRIVING

Due to the condition of the children, they undergo annual medical examinations which are neurological, dental, eye exams (as the need arises) among others, but they are constantly under review. Although the children do not have their immunization records, they all have their vaccinations and these are recorded in their files. Soap and water are available near the dining areas and toilets, and the caregivers constantly remind the children to wash their hands. There is a well-stocked first aid kit. The home has a pediatrician and hospital where they can go in case an emergency arises. For various emergencies there is a fund; children can receive treatment if so indicated. It is worth mentioning that the home has a medical record of each of the children. The adolescents (there is only 1 adolescent) have access to feminine hygiene products and are taught about hygiene care and how to dispose of feminine products. The children brush their teeth at least once a day, and when a child is soiled they are changed promptly. In the event that the children have lice, they are given the appropriate treatment, however they have not had any cases of lice. If the children require orthodontics, they are treated.

Continue with these best practices.



Right to Nutrition

SURVIVING

SUSTAINING

THRIVING

The food is prepared in a hygienic way and with the necessary calories for the good development of the children. The cooking area is always well ventilated, free of toxic substances, and free of pests. The children are prepared appetizing and tasty meals which include both fruits and vegetables as well as proteins. The home has received the help of a nutritionist who verifies that the children receive the necessary nutrients on a daily basis. The home keeps a weekly menu. The cooks are trained annually on food preparation and safety; DIF provides them with this training.

Continue with these best practices.



Right to Safe & Adequate Water & Facilities

SURVIVING

SUSTAINING

THRIVING

The home has yearly inspections of its facilities by DIF audits. The drinking water inside the facilities is safe to drink and free of bacteria and chemicals. The facilities have a safe method of drainage and it does not contaminate the drinking water. In the event of an emergency such as fire, flood, loss of water, or loss of electricity, the home has an understandable plan of action and the facilities are safe. The facilities comply with the requirements and codes of the local authorities. There is also good lighting to increase the safety of the children. There are smoke detectors that are checked annually. The home also has a documented emergency plan in which both children and caretakers participate in drills. There is no written plan to address the maintenance of the property, however, if there is a faucet that is leaking, it gets serviced. The electrical infrastructure is sufficient for the electrical needs and is securely connected. The staff has been trained on the importance of water quality and how to take care of it for domestic use, drinking, cooking and hygiene.

- It is recommended to implement a property maintenance plan.



Right to Quality Education

SURVIVING

SUSTAINING

THRIVING

All the children who are able to attend school do so. Because of their disabilities, they are not taught to read but they are able to identify colors, and drawings. They have no way to express themselves, but those who do have the ability to do so are evaluated. On the topic of academics, some of the children have not reached the point of being able to teach them basic operations because of their condition, but the children who do have the ability to learn more are followed up to the point where they have the opportunity to continue reinforcing what they have learned. When the children are not of school age, periodic activities are carried out so that they are prepared for school. To identify children with learning problems, they are sent to a psychologist for evaluation. The youngest children are read to according to their age, for this the home has books easily accessible. The home has internet access and computers, but the children do not have access to additional educational support. There is a small library with books according to the number of children there are, and also according to the age of each one. The home receives the children, but when they are adults, they are not returned to DIF so they stay in the home until God allows them. The director of the home analyzes the qualifications and progress of each child. Children have their tablet in which there are programs for learning and also to be able to communicate with others.

- It is suggested to implement an additional educational support counseling plan for each child.

Right to Equal Opportunities

SURVIVING

SUSTAINING

THRIVING

The children have a space in which they can place their personal items. All children have the opportunity to go to school, have access to counseling, books, etc. Children with disabilities have access to the playground and access to dietary accommodations. The home does not have a transition plan to adulthood. The caregivers act as role models and are available to guide the children. There are resources available to support children with learning disabilities. Resources and expertise to accommodate physical disabilities have been identified and efforts are made to provide special accommodations.

- It is recommended to implement a transition plan to adulthood for children.

Right to Guidance

SURVIVING

SUSTAINING

THRIVING

The home has a profile and job description for when they are looking for new caregivers. These newcomers must model respectful behavior. The children are educated about aspects related to their bodies such as setting limits, consent, etc. The home has simple and clear rules that are communicated to the children so that they can understand. Children are provided with psychological care and therapeutic resources. Depending on the child, these can be yearly or monthly. Caregivers are evaluated to determine if they are quality mentors. Caregivers are trained on how to model, teach and reinforce good behavior and receive training on how to address or manage children's sexual behaviors. Because of the children's disabilities, they are not exposed to different job opportunities and there is no written plan for their education or work after their time in the home, and there is no written life skills plan for the children to participate in on a regular basis.

- It is suggested to implement psychological and therapeutic counseling on a weekly basis.



Right to Be Heard and Participate in Decisions

SURVIVING

SUSTAINING

THRIVING

The children in the children's home have the opportunity to decide what they want to do in their free time. When the children express a need to their caregivers these are taken into account. The children have the opportunity to participate in the planning of the menu in which they can incorporate their tastes. They have the opportunity to choose their clothes on a daily basis, only those who are able to as some are 100% dependent on the caregivers. Children and caregivers receive adequate information about medical care procedures and are given the opportunity to ask questions prior to administration. Children can opt out of non-essential activities in which they do not want to participate. Individual development plans have been implemented for each child and these plans are updated on a monthly basis. Only children who are able are given the opportunity to participate in leadership roles and activities.

Continue with these best practices.



Right to Be Prepared for Citizenship

SURVIVING

SUSTAINING

THRIVING

For each child there is a birth certificate or some other approved documentation. Children are trained in ways that can help them understand and practice skills of being responsible. The children have age-appropriate responsibilities which they must fulfill every day. The home observes national and local holidays. The home is free of debris and other objects to avoid possible accidents. Each object has its own designated space where they get stored. The children can participate in non-routine activities such as trips to the park and other special outings. Adolescents have a mentor who teaches them life skills. There is no community service by the children due to their conditions. The most important, current events that happen around them are shared within the home.

Continue with these best practices.



Right to Safe from Abuse & Neglect

SURVIVING

SUSTAINING

THRIVING

The level of safety of the home is adequate in regards to the surrounding community. Within the home there are private facilities for using the restroom, getting dressed and bathing. There are separate dormitories for girls and boys according to age and government standards. The staff of the children's home has received annual training on positive discipline techniques. There are policies in place within the home to protect children from abuse; caregivers receive annual training on how to identify, prevent and avoid abuse. Caregivers regularly assess the children for any signs of child abuse. There is dialogue with the children about the issues of abuse and how to detect it. When there are outings, the children are accompanied by the home staff. There is a policy for visitors to the home, as well as an established process for checking the background of staff and frequent visitors. Children and infants spend most of the day out of their wheelchairs and cribs. Psychological evaluations are conducted when a child is admitted to the home in order to help them work through trauma.

- It is recommended to implement a training plan every 6 months.



Right to Dignity and Freedom

SURVIVING

SUSTAINING

THRIVING

The children are bathed daily and for the babies, appropriate precautions are taken at bath time. The home encourages the children to be kind to each other and to correct unkind comments. The children have their own sleeping area. They are provided with sufficient clothing and undergarments and are taught to take care of themselves to the best of their ability. The children are given the opportunity to do as much as they can for themselves. The children have their own toothbrush and their own towel. The home has its own outdoor play area and it is age appropriate. There are age appropriate toys and art materials as well. The children are allowed to speak in their own native language but so far there are no children who speak an indigenous language. Within the home they have the opportunity to do chores or additional work to earn a privilege. The adolescents, because of their condition, do not have the opportunity to go out into the community and work since they depend one hundred percent on their caregivers.

- Continue with these best practices.



Right to Spiritual Development

SURVIVING

SUSTAINING

THRIVING

Children in the home have the opportunity to be part of a spiritual community. They are also free to participate in daily communal prayer and spiritual rituals. The children can participate in religious celebrations as well. Within the home there are spiritual materials and books available for when they wish to access those. The children are given the opportunity in a service to practice their learning, such as in a devotional they can lead prayer, and within the facility there is the opportunity to be in a quiet place to meditate.

Continue with these best practices.



Financial Standard

SURVIVING

SUSTAINING

THRIVING

The home has a way of recording both its income and expenses and they are kept on file, available for review at any time. Tax returns are filed in accordance with government requirements. The home does not keep an income statement as such because they do not produce for profit; they basically have a budget and what they get is what they use. Oftentimes, for example, they have a need and prepare themselves in advance to gather the amount but they do keep an external accounting in case they are asked for an account statement, or if they require a balance sheet if they have one. In terms of controls to minimize the chances of misuse of funds, the home always tries saving but without affecting the quality of life of the children. The home operates according to an annual budget. Their bank accounts are reconciled monthly. In terms of separation of financial functions, there is no documented control as such. They are aware of how much is required for each expense but they do not have the separation of the accounts. The home has an internal and external review of its finances every three months. The home has budgets for important projects regarding the health of the children. The accounting records are validated by an accountant qualified to do so.

Continue with these best practices.



Governance and Human Resource Standard

SURVIVING

SUSTAINING

THRIVING

The land of the home is secured for the benefit of the children, meaning that they cannot be removed or sold for personal gain. New caregivers follow an experienced caregiver to show them how things should be done and how to care for the children. Within the home there is an organizational chart which describes very well the delegation of tasks and details the conditions of employment and the responsibility of each position. Meetings are held constantly to discuss issues of improving processes within the hom. The home has all the licenses; it is already certified before DIF. Meetings are held with staff to receive support and guidance. The home's staff does not attend training sessions on topics related to attachment and child development. The home has a board of directors that meets twice a year. Caregivers attend annual training sessions on caring for sick children and good hygiene and prevention. There is a vacation and leave policy for the staff, and employee records are kept in a safe place and updated periodically. Caregivers are trained on the importance and practical ways to facilitate child participation.

- It is suggested to create a training plan with topics related to attachment and child development.





Current Improvement Partners



Genesis Diez A.C.

We are a Civil Association, legally and formally constituted in August 1999, in the city of Ensenada B.C. Our main objective is to serve children from orphanages and children with disabilities, channeling the resources of individuals, groups and organizations, towards educational and recreational projects and programs. The aim is to raise the quality of life of our children, thereby enriching their emotional, spiritual and intellectual development.



Baja Love Outreach

Baja Love Outreach is a US-based nonprofit that exists to empower orphans and orphanages in Baja California, Mexico through supplemental aid in tangible love. Learn more at www.bajaloveoutreach.net

For a list of projects and opportunities to coordinate on go to www.ACHF.org/Projects

