

Minimum standards of quality for the functioning of foster care service

Chapter I General Dispositions

Section 1 General terms

1. In the context of these minimum standards of quality for Foster Care Service (hereinafter, Service), the following terms are used:
 - a) *minimum standards of quality for the delivery of foster care service* – compulsory norms, existing at national level, the application of which guarantees minimum level of quality in the process of Service delivery;
 - b) *social assistant in charge* – specialist within the Service, responsible for the work with the child and his/her (re)integration in the family and in the society;
 - c) *social assistant responsible for foster carers* – specialist within the Service, responsible for the assessment of applicants and for monitoring the activities of foster carers;
 - d) *child with disabilities* – person, from birth till the age of 18, who, due to limitations of sensorial nature (hearing, sight), physical/motor, mental/intellectual, psychic or behavioral limitations, needs special care and support;
 - e) *foster care applicant* – physical person who intends to become a foster carer;
 - f) *prevention of institutionalization (gate keeping)* – offering means of alternative protection, as a response to the need for temporary or permanent separation of the child from his/her biological family, stressing family-type forms of protection;
 - g) *(re)integration in the family and in the society* – specific actions to provide access and to maintain the child in his/her biological or

extended family, as well as the child's participation in the life of the community where he/she belongs, and to ensure that the child is accepted in this community;

- h) *individual care plan* – total number of services offered to the child, based on complex evaluation

Section 2

Principles of organization and Service delivery

2. Delivering of the Service is based on the following principles:

- a) *the principle of respecting the child's best interest* – all actions and decisions concerning the child should meet the child's needs and ensure his/her harmonious development;
- b) *respecting the child's right to grow up and be educated in a family* – every child has the right to live in a family, to know his/her parents, to be offered their care, except cases where separation from the parents is in the child's best interest;
- c) *respecting the child's identity* – taking into consideration all personal and behavioral features of the child as an individual and as a member of the society;
- d) *maintaining relations with the child's biological family* – the child, separated from his/her parents, has the right to maintain personal relations and regular direct or indirect contact with his/her parents, if this does not contradict the child's interests;
- e) *placing siblings together* – while delivering the Service, the siblings' right to live together shall be respected;
- f) *respecting the child's opinion* – the child participates in decision-making concerning care and plans for the future, depending on

his/her age, experience, and ability to understand, and benefits of support and assistance in exercising this right;

- g) *non-discrimination* – accepting diversity and promoting equality;
- h) *individual multi-disciplinary approach* -- ensuring personalized intervention for a determined period of time, with pre-established objectives, activities and terms of realization, adequate to the needs of the child, with the participation of specialists and the family;
- i) *confidentiality of the information about the child and the family* – the child’s and the family’s right to privacy and to having their private lives respected.

Section 3

Beneficiaries

3. Beneficiaries of the Service are children who, temporarily or permanently, face at least one of the following situations:
 - a) are temporarily or permanently deprived of family environment;
 - b) their needs cannot be met by their biological family;
 - c) they are or can become victims of violence, human trafficking, abandonment or neglect, bad treatment, exploitation while being in the care of one or both parents, of the legal representative, or of any other person responsible for the child’s care;
 - d) are under 14 and trespassed criminal law, but are not legally responsible, and are in at least one of the situations described under letters a), b), or c) of this section;
 - e) are between 14 and 18, and have been sentenced to criminal punishment without imprisonment, or were liberated of criminal responsibility and are in at least one of the situations described under letters a), b), or c) of this section.

Chapter II

Access to the Service

Section 1

Information – standard 1

4. The Service provider performs activity of informing and promoting the foster care service.
5. **Outcome:** The population has access to information about the Service. The community is informed. The foster care applicant is informed about the approval procedure for the foster carer position. The child and the family are informed about the principles and procedures of the Service.

Standard implementation procedures

6. The Service provider:
 - a) provides this regulation of the Service, that stipulates the organization and principles of its delivering, to the child, the biological family, foster carer applicants, and to the personnel involved in this Service;
 - b) provides the operational manual stipulating the mechanisms of Service implementation, to the child, the biological family, foster carer applicants, and to the staff involved in this Service;
 - c) informs the community about the range of services it offers;
 - d) offers informative materials about this Service to all interested persons;
 - e) informs the applicants about the foster carer approval procedure.

Chapter III

Child's needs and rights

Section 1

Respecting the identity – standard 2

7. **Outcome:** The child receives Services that promote positive image of his identity.

Standard implementation procedures

8. The foster carer and the specialists within the Service promote self-esteem and self-respect of the child placed in the Service:
- a) listening to the child;
 - b) involving him/her when taking decisions concerning the child;
 - c) expressing respect towards the child, his/her family, culture, ethnicity, religion, and, if this is the case, his/her disability;
 - d) working in partnership with the child's family.
9. The Commission for the Protection of the Child in Difficulty [Gate-Keeping Commission], (hereinafter Commission) gives priority to the child's placement in his/her original community, except cases when such placement is inappropriate.
10. Arrangements for the care facilitate the child's contact with his/her family, friends, other persons important for the child, as well as with the community where the child lives. The foster carer is encouraged to maintain links with these persons.
11. If possible, the child's maintaining in the same educational institution he/she attended prior to the placement will be sought.
12. Both, in the family and in the Service the child's access to exact, relevant, full information about his/her origin and history will be encouraged.
13. The foster carer recognizes the importance of the child's personal things – from the child's past – for the feeling of his/her individuality, and helps the child preserve letters, pictures, books, and other things, important for him/her.

14. The parents, members of the extended family, and other persons, important for the child, are consulted in the process of accumulating information about the child's identity.
15. The child receives help from the foster carer and other specialists, to understand the events occurring in his/her life. The foster carer, together with the child, work to complete the child "Life Book". At the end of the placement, the "Life Book" shall be given to the child.
16. In the case of temporary placement, the child's placement in the same foster carer family will be used, where possible, to ensure sustainability of care for the child in placement.
17. In the case when the child returns to the Service, priority is given to contacting the previous foster carers to place the child, except cases when this is inappropriate.
18. The special needs of a child with disabilities are recognized and met in a manner, promoting the child's positive feeling of his/her identity.

Section 2

Developing relations with the family and friends – standard 3

19. **Outcome:** The child, placed in the Service, is encouraged and helped to maintain and develop relations with his/her biological or extended family, with friends.

Standard implementation procedures

20. The child's need to contact his/her biological or extended family, friends, is taken into consideration while placing the child in the Service, especially when the child is placed in a different community than the original one.

21. Siblings are placed together, taking into consideration their opinions. If they are not placed together, arrangements are made so that they have contact – as frequent as possible, including conditions are created for them to spend their holidays together, if that this is in their best interest.
22. The social assistant in charge ensures that there is contact with the members and friends of the family, as it is stipulated in the individual child care plan (hereinafter, Plan).
23. The parents of the child placed in the Service are involved in the child's care, in partnership with the social assistants and the foster carer, except cases when this is detrimental to the child's welfare, when the reasons for the exclusion of the parents are registered in the child's personal file, and the parents are informed in writing about their right to contest this decision.
24. The child, in partnership with the parents, is helped to identify persons who will be considered important in his/her life, including members of the extended family, friends. The child's desire to contact with those persons are taken into consideration and facilitated.
25. The Service provider holds procedures that define the way of setting, maintaining, monitoring, and revising the arrangements for the contact between the child in placement and the members of his/her biological and extended family, with friends.
26. The child is encouraged and helped to use a variety of media resources to maintain contact with his/her family and friends.
27. In case if when one or both parents are imprisoned or placed in a health (restoring) institution, the Service Provider shall provide transport for the child to visit him/her/them, at least one in three months, or in exceptional circumstances, if this does not contradict the child's best interest.

Section 3

Respecting the child's dignity and his/her right to private life and freedom of choice – standard 4

28. **Outcome:** The child is treated with dignity, his/her privacy is respected, he/she makes choices based on the information the child is offered correspondingly to his/her age; the child has his/her own opinions and can complain, being listened to when decisions personally affecting him/her are made, or when such decisions concern the care offered to the child.

Standard implementation procedures

29. The child is encouraged to be independent; he/she is offered personal care, corresponding to his/her age, level of development, gender, culture, ethnicity, religion, and individual needs.

30. The child is helped to contact his/her family and friends, without being disturbed, except cases when there are obvious reasons not to do so.

31. The child's personal correspondence and possessions are protected against any immixture.

32. The child has his/her own private space and privacy.

33. The child is encouraged and has possibility to develop his/her abilities, skills, knowledge and interest.

34. The child is consulted and listened to in all decisions concerning his/her care, and his/her views are given necessary attention.

35. The child is encouraged to make his/her own choice in a number of day-to-day activities, such as purchasing clothes, administrating money, as well as choosing occupations, depending on his/her own preferences.

Section 4
Respecting diversity – standard 5

36. **Outcome:** The child is offered services that consider his/her age, level of development; individually assessed needs, gender, original family, culture, ethnicity, religion, and, if this is the case, disability.

Standard implementation procedures

37. The child is encouraged to understand and appreciate his/her cultural, ethnic, religious heritage.
38. While placing a child in Foster Care, priority shall be given to a foster carer from the same cultural, ethnic, and religious group.
39. In the case when a child is placed in a different cultural, ethnic, or religious group, the foster carer shall be supported to give the child a possibility to develop positive vision of his/her own origin.
40. The child is encouraged and helped to understand and control his/her disability, depending on his/her age, level of development, needs, and desires.
41. The child is supported and encouraged to develop his/her own abilities to efficiently control emotions in any discriminating situation.
42. The child with disabilities receives adequate services and support, which helps him/her to increase his/her own potential. This may include equipment, and, where this is the case, adaptation of the foster carer's building or car.

Chapter IV
Children's placement in the Service

Section 1

Child's needs assessment – standard 6

43. **Outcome:** The child's needs assessment is performed prior to the placement, except emergency placement that stipulates assessment process to be launched immediately after placement.

Standard placement implementation

44. The decision for the placement into the Service is based on a complex evaluation report.
45. The social assistant in charge makes sure that the assessment is done prior to the recommendation of the placement.
46. At writing the assessment report, the social assistant in charge shall take into account any previous assessment, and shall ensure the participation of relevant specialists to perform the assessment of emotional, psychological, medical, educational needs, etc.; any conclusion of the assessment shall be registered and annexed to the assessment report from the child's personal file.
47. The child, his/her family, other persons involved in the child's care, are encouraged and helped to participate in the assessment process.
48. The results of the assessment are made known to the child.

Planning and placement revision – standard 7

Section 2

49. **Outcome:** Every child in the Service has an individual care plan. The child and his/her family participate in the development of the Plan.

Standard implementation procedures

50. Upon consulting the child, his/her family, the foster carer, and other relevant persons, the social assistant in charge develops the Plan. The Plan is kept in the child's personal case file.
51. The Plan shall be developed prior to the child's placement, or, in the case of emergency placement, within 7 calendar days.
52. The Plan shall be developed based on the child evaluation report.
53. The Plan shall contain:
 - a) immediate, mid-term, and long-term goals;
 - b) arrangements for the Plan implementation, including distribution of tasks to the appointed persons, and setting terms for their fulfillment or revision – where this is the case, both for the child's care, and his/her (re)integration in the biological family;
 - c) the support that is to be offered by the Service Provider to prepare the child's (re)integration in the family;
 - d) arrangements for the Plan revision;
 - e) arrangements for the child's education;
 - f) planned duration of the placement;
54. After the Plan development, the Service Provider and the foster carer sign the child placement Agreement.
55. The details of the Plan and of the placement Agreement are made known to the child, to all persons who participated at the planning meeting, and, if this is the case, to the parents. The reasons not to inform the parents about the Plan details are registered in the child's personal file.
56. Plan revision takes place:

- a) after the first month of placement;
- b) at three months of placement;
- c) upon need, but not more seldom than once in every 6 months

57. Revision is reconsidered if:

- a) the situation in the child's family has changed;
- b) the circumstances of the child's placement in the Service have changed;
- c) the child's returning to his/her biological family is appropriate;
- d) child adoption is appropriate.

58. The social assistant in charge coordinates the Plan revision process, and distributes the results of the revision to all responsible persons.

Section 3

The process of the child's matching with the foster carer – standard 8

59. **Outcome:** The child is placed with the foster care who has necessary skills to meet the child's needs.

Standard implementation procedures

60. At the selection of the foster carer that would be appropriate for the placement of a child, the Service Provider shall make sure that the candidate has necessary capacities and competences to meet the child's needs.

61. Prior to placement the child shall have a period of matching with the foster care family.

62. The Service Provider shall perform the matching, based on the Plan, keeping in mind the child's needs and opinion.
63. The matching shall be done by exchanging information and by discussions with all relevant specialists, the child and his/her family, with the proposed foster carer and his/her family.
64. The social assistant in charge monitors the matching of the child and the foster carer.
65. The matching opportunity is re-examined if the Plan or the foster carer's circumstances are changed.

Section 4

Secure environment – standard 9

66. **Outcome:** Living space of the foster carer provides the child with a safe, healthy, and educational environment.

Standard implementation procedures

67. The child is offered care and affection. He is appreciated, accepted, supported. The child's welfare is promoted, and his/her development needs are met.
68. Since the placement is done, the foster carer must create a Child Monitoring Agenda, where relevant information about all aspects concerning the child in placement is introduced.
69. The foster carer offers a stimulating environment and gives the child opportunities for playing and studying.

70. The child is supported and encouraged to maintain relations with his/her family and friends, to develop his/her own interests, and to initiate new contacts.
71. The child is provided with appropriate and well-maintained clothes.
72. The child is offered adequate, nutritive, varied diet, taking into account his/her personal, cultural preferences, as well as any special diet requirements.
73. The foster carer makes sure that his/her living environment, furniture, facilities (bathrooms, WCs, etc.) are:
- a) secure;
 - b) adequate and sufficient for the number of persons living in the house;
 - c) kept in order and hygiene.

Section 5

Means of protecting the child against abuse and neglect – standard 10

74. **Outcome:** The children in placement are protected against abuse and neglect.

Standard implementation procedures

75. The Service Provider makes sure that the preparation of the foster carers includes orientation and training in the following areas:
- a) care of children-former victims of any form of neglect or abuse;
 - b) detection and reporting any signs of abuse;
 - c) understanding and control of the child's provocative behavior;
 - d) keeping record of placement in the Service;

- e) adequate application of educative means for the child, non-admission of any forms of abuse or neglect.
- 76. The foster carer is informed about his/her right to refuse, in case of incompatibility, to accept a child in placement, and the Service Provider and the Commission respect his/her decision.
- 77. The Service Provider makes sure that the foster carers have access to consultancy and information services.
- 78. The social assistant in charge makes sure that the child builds adequate self-care and self-protection abilities.
- 79. In case of a declaration or suspicion of abuse or neglect, the Service Provider performs risk assessment for all children placed in the family of the foster carer under discussion. This evaluation shall constitute ground for the decision to maintain or not the child in the placement.
- 80. The child who made the notification is offered due support and information about the evolution of the assessment process and the investigation.
- 81. Any declaration about abuse or neglect of the child shall be made know to the child's parents, within 3 work days since it has been received, except cases when this may prejudice the process of assessment and investigation.
- 82. The foster carer against whom the declaration of abuse or neglect has been made is informed in writing about the following:
 - a) the declaration against him/her, except cases when this may prejudice the process of evaluation and investigation;
 - b) the process and the result of the evaluation and investigation.

83. In the process of evaluation and investigation, the Service Provider offers consultancy and due support to the foster carer and all children living with him/her.
84. The Commission revises the approval of the foster carer once the evaluation and investigation procedure is over.

Section 6

Health and development – standard 11

85. **Outcome:** The needs of health preservation and normal development of the child placed in the Service are assessed and met. The child is given information, orientation, and support to make correct choice concerning his/her health and development.

Standard implementation procedures

86. The child's medical treatment is discussed with his/her parents and the foster carer, prior to the child's placement in the Service, in the moment of emergency placement. The parents and the foster carer are informed, in writing, about their rights and obligations in this sense.
87. The foster carer makes all reasonable efforts to promote health and development of the child entrusted to him/her.
88. Upon admission in placement, every child is subject to a medical and developmental examination, except cases when the Service Provider is convinced, based on the existing information and reports, that this examination is irrelevant.
89. The child and his/her parents are consulted about the plans for the child's health care and medical treatment, including immunization.

90. The social assistant in charge and the foster carer inform the local family doctor, in whose jurisdiction the child is, about the child's placement in the Service.
91. The foster carer is obligated to ensure the child's medical examination at every 12 months of the child's placement.
92. The foster carer keeps writing evidence of all prescribed and administrated medications.
93. The Plan designates the person responsible for child's counseling, according to his/her age, in terms of health, physical, emotional, sexual development.
94. The child is given exact information about his/her health and his/her and the family's development.
95. The foster carer receives basic training in offering first aid, in health, hygiene, with special stress on the promotion of a healthy life style and in eliminating infectious diseases.

Section 7

Education – standard 12

96. **Outcome:** Foster care gives high priority to the child's educative needs, and the children are encouraged to use their full potential, keeping in mind, where this is the case, their needs for educational inclusion.

Standard implementation procedure

97. The Service Provider collaborates with educational institutions, to promote sustainability and quality of education for children placed in the Service.
98. The child's educational needs and progress achieved are examined and registered in the Plan.
99. The Plan clearly defines the role of the parents, foster carer, and the social assistant in charge , in the promotion of the child's education.
100. The social assistant in charge communicates with the teaching staff responsible for the child's education, in order to ensure effectiveness of the educational process and to keep confidentiality of information related to the child's case.
101. The foster carer gives opportunity to the child to develop social and vital abilities; encourages and facilitates his/her participation in activities that meet the child's needs.

Section 8

Preparing for post-care and adult life – standard 13

102. **Outcome:** The child is helped to develop his/her abilities, knowledge, and competences necessary for adult life. He/she is given support and orientation that would help him to become independent in post-care life.

Standard implementation procedure

103. In case of long-term placement, within 2 years before the date when the child turns 18, the Foster Carer informs the child about the support he/she will receive, about possible arrangements for him/her to leave the care system, and about the potential support the child will receive in a critical situation.
104. The child is prepared to leave the Service, while the development of an acceptable level of child's independence and of risk-assumption is encouraged. This preparation reflects whether the child will continue living with his/her family, with another family, or if other specific arrangements are to be made.

105. The child is encouraged to maintain contact with his/her native community and to use to full capacity the available services there.

Chapter V
(Re)integration in the family and in the society
Section 1

Actions planning for the child's (re)integration – standard 14

106. **Result:** The child in placement and his/her family receives personalized intervention to ensure (re)integration in the family and in the society.

Standard implementation procedures

107. The social assistant in charge is responsible for the child's re(integration) in the family and in the society.
108. All activities concerning the child's (re)integration process are registered in reports, and are kept in the child's file.
109. The child is consulted in the process of (re)integration planning, depending on his/her maturity. The family and other persons, important for the child, are also consulted in this process.
110. Partnership with the family is created in accordance with an agreement signed with the Service Provider – where responsibilities of the parties concerning the Plan implementation are specified.

Section 2
Preparing the child for (re)integration – standard 15

111. **Outcome:** The child is prepared for (re)integration.

Proceduri de implementare a standardului

- 112. No (re)integration in the family can be made without prior preparation of the child.
- 113. The social assistant in charge, the foster carer support the child and his/her family to restore / maintain / consolidate the relations between the child and the family.
- 114. The social assistant in charge, the foster carer make efforts to reduce negative effects of the child's separation from his/her family.
- 115. The social assistant in charge facilitates the parents' access to informative and development programs in parental skills.
- 116. The social assistant in charge organizes and announces meetings between the child and family members.
- 117. The social assistant in charge promotes activities that prepare the community for the child's efficient (re)integration in the family and in the society.

Section 3

Post (re)integration activities – standard 16

- 118. **Outcome:** The child's efficient (re)integration in the family and in the society.

Standard implementation procedures

- 119. The Service Provider ensures post- (re)integration resources for the child and for the family, facilitating the access to psychological, social,

medical, legal counseling services, or to any other services for children and families, in order to maintain sustainable relations between the child and the family.

120. The social assistant in charge monitors the child's situation for a period of 6 months since the child's (re)integration in the family. This term may be extended, depending on the existing situation at the end of the monitoring period.

121. Monitoring reports are kept in the child's file.

Chapter VI

Human resources

Section 1

Employment of staff – standard 17

122. The service has a staff structure that corresponds to its mission.

123. **Outcome:** Human resources are sufficient for effective and efficient running of services delivery.

Standard implementation procedures

124. The following staff is employed in the Service:

- a) 1 Service manager;
- b) 1 social assistant in charge (with higher education in social assistance, psychology, sociology, pedagogy, law, or medicine);
- c) 1 social assistant responsible for foster carers (with higher education in social assistance, psychology, sociology, pedagogy, law, or medicine);
- d) foster carers.

125. The Service Provider develops and periodically revises the organizational structure, in order to meet the needs of the Service and the Community.

126. Prior to employment, the foster care position applicant receives explicit information concerning the following:

- a) evaluation process and criteria;
- b) qualities an applicant should have;
- c) types of professional support for foster carers;
- d) financial remuneration;
- e) appeal procedure.

127. The foster care position applicant:

- a) is subject to evaluation, performed by the social assistant responsible for foster carers, who writes the foster care applicant's evaluation report, with recommendations regarding his/her appointment, terms and conditions of the appointment;
- b) actively participates in the assessment process and provides the Service Provider with necessary information that helps to determine his/her abilities and suitability for the applied position;
- c) prior to the approval, the applicant provides information about criminal records of all adults who live in his/her house;
- d) has access to the assessment report, and has the right to comment upon the report before it is presented to the Commission for examination;
- e) has the right to be present at the Commission's examination of his/her request, being announced in writing about the date and time of examination.

128. After the approval, the Service Provider concludes fostering service delivery contract with each foster carer.

Section 2

Staff training – standard 18

129. **Outcome:** Staff participate in necessary training to gain necessary abilities and knowledge, in order to offer quality services and to increase their level of competence.

Standard implementation procedures

130. The Service Provider:

- a) applies the staff's on-going training plan, according to its mission and minimum standards of quality in the area;
- b) identifies training and improvement opportunities for specialists and foster carers, to improve their competences in service delivery;
- c) develops and periodically assesses training programs for specialists and foster carers, according to the identified training needs, policies, good practices in child care, as well as research in the area;
- d) organizes on-going training courses for specialists and foster carers, lasting at least 20 hours annually;
- e) keeps record of the trainings offered to each specialist and foster carer.

131. Both, Service staff, and the foster care applicants must participate in training courses.

Section 3

Supervision – standard 19

132. The Service Provider has an efficient human resources supervision system, and the staff of the Service are supervised by trained specialists with experience in the area.

133. **Outcome:** the staff of the Service contribute to the optimization of the Service's output.

Standard implementation procedure

134. Supervision hierarchy:

- a) the social assistant in charge with foster carers supervises foster carers;
- b) the Service manager performs the role of supervisor for the social assistant in charge with foster carers and that of the social assistant in charge (with the case);
- c) the Service Provider performs the role of supervisor of the Service Manager.

135. Supervision sessions are organized monthly, annually, or as often as necessary.

136. Supervision sessions are held individually and in group, and refer to:

- a) legal aspects of a given case;
- b) methods applied;
- c) the workload of the specialist/foster carer;
- d) the specialist's/foster carer's emotional situation;
- e) ways of exchanging experience, of discussing difficult cases;
- f) identification of team spirit building solutions.

137. Sessions are planned and organized, are time-limited, and are based on supervision objectives.

138. Minutes of sessions must be written, registering decisions, persons responsible, and terms of executing decisions.

139. Supervisors are responsible for the development of supervision sessions plans and for the organization of sessions for emergency cases.

Section 4

Revision of professional competences of foster carers –

standard 20

140. **Outcome:** Professional competences of foster carers are adequate and allow services delivery, meeting the child's needs.

Standard implementation procedures

141. The Service Provider reviews the terms and conditions of approving each foster carer – annually or more frequently, upon need.

142. Additional re-examinations of the foster carer are performed after assessment and investigation in the case of abuse or neglect, claims, or in other circumstances.

143. The foster carer's professional competences, training needs, significant change of approval circumstances, health condition, are analyzed, according to established format.

144. Upon performing the revision, the social assistant in charge with the foster carer writes a report on the revision of the foster carer's professional competences, that he/she then presents to the Commission. The foster carer is informed, in writing, about any change in the terms and condition of approval.

145. The Commission's decision on the foster carer's approval revision is attached to his/her personal file.

Section 4

Health of staff – standard 21

146. The Service Provider acts to promote a healthy environment for the Service staff.

147. **Outcome:** The health condition of the staff of the Service contributes to better performance of work duties.

Standard implementation procedures

148. Drug administration and alcohol abuse is forbidden among the Service staff.

149. Every employee of the Service has the duty to give personal example of a health life style and adequate behavior to the child.

150. The foster carer must undergo a medical examination, and its result is attached to the Report of annual revision of professional competences.

Section 5

Submission and examination of complaints – standard 22

151. **Outcome:** The Service Provider has a procedure that ensures the child, his/her family, foster carer, and other persons, interested in the child's welfare, can submit complaints about any aspect of the Service's activity.

Standard implementation procedure

152. The Service Provider develops and respects a transparent procedure for the submission and examination of complaints, making sure that the information about this procedure is accessible, including for the child.

153. The complaints submission procedure specifies the following:

- a) what is a complaint;
- b) how a child can be helped to make a complaint;

- c) stages of complaint submission, terms of complaint consideration, responsible persons, as well as ways of appealing against the results of the complaint consideration.

154. The Services Provider has responsibility to:

- a) support the child, his/her family, foster carer, and other persons interested in the child's welfare, to submit the complaint;
- b) make sure, if this is the case, that other relevant persons are listened in the procedure of complaint consideration;
- c) inform, in writing, the petitioner, and, if this is the case, other interested persons, about the result of complaint consideration and about the actions taken to solve the complaint;
- d) ensure access of persons with disabilities to interpretation and communication services, depending on their specific needs, in the process of complaint consideration and resolution.

Chapter IX

Final dispositions

155. Contracts, agreements, plans, files, reports, and other documents, stipulated in these minimum standards of quality, are written in compliance with the procedure and the models presented in the Operational Manual for Foster Care Service Delivery.