

Order no. 25/2004

of March 09, 2004

Published in the Official Gazette, Part I no. 247 of March 22, 2004

For the approval of the mandatory minimum standards for the day care centers

Based on the provisions of the Emergency Ordinance of the Government no.12/2001 on the establishment of the National Authority for Child Protection and Adoption, approved and amended by Law no. 252/2001, and of article 9 paragraph 3 of the Government Decision no. 770/2003 on the organization and operation of the National Authority for Child Protection and Adoption,

the Secretary of state of the National Authority for Child Protection and Adoption issues the present order.

Article 1 The mandatory minimum standards for the day care centers for children with disabilities, listed in the appendix that is an integral part of the present order are hereby approved.

Article 2 The present order shall enter into force as of January 1, 2005.

The secretary of state of the National Authority
for Child Protection and Adoption.
Gabriela Coman

Bucharest, March 9, 2004
No. 25

Appendix

**MANDATORY MINIMUM STANDARDS FOR DAY CARE CENTERS FOR
CHILDREN WITH DISABILITIES**

Day care centers for children with disabilities, further referred to as DCCD, are child protection services aiming at preventing child abandonment and institutionalization, by providing, during daytime, activities such as care, education, habilitation-rehabilitation, recreation-socializing, counseling, development of independent life skills, school and professional guidance etc. for children, and support, counseling, education activities for parents or legal representatives, as well as for other individuals having children in care.

The services provided by DCCD are complementary to the efforts of the child's own family, as these derive from parental obligations and responsibilities, as well as to the services

provided by the educational facilities and other service providers, according to the child's individual needs in his social and family context.

The present mandatory minimum standards are complementary, in particular, with the following documents:

1. Mandatory minimum standards for day care centers, with the following exceptions, amendments and additions:

- Standard #1, Advocacy in the community
- Standard #2, Active collaboration activities with the families of children attending the day care center
- Standard #3, Personalized intervention plan
- Standard #5, Educational activities
- Starting with Standard #6 the numbers are changed, because of the introduction of a new standard, i.e. Habilitation and rehabilitation activities.
- Standard #6 becomes Standard #7, Recreation and socializing activities – the standards, procedures 6.3 (7.3), 6.4 (7.4)
- Standard #7 becomes Standard #8, School and professional guidance and psychological counseling – the title, result and procedure 7.1 (8.1)
- Standard #8 becomes Standard #9, Parent counseling and support
- Standard #9 becomes Standard #10, Location, financial resources and facilities – procedure 9.2 (10.2) and an additional procedure
- Standard #10 becomes Standard #11, Administration and management
- Standard #11 becomes Standard #12, Annual action plan
- Standard #12 becomes Standard #13, Staff recruitment and employment
- Standard #13 becomes Standard #14, Staff initial and ongoing training – procedures 13.2 (14.2), 13.3 (14.3)
- Standard #14 becomes Standard #15, Supervision
- Standard #15 becomes Standard #16, Child protection against abuse – procedure 15.1 (16.1) and (I)15.2.2 ((I)16.2.2)
- Standard #16 becomes Standard #17 Collaboration with relevant institutions and professionals – procedures 16.1 (17.1), 16.2 (17.2), 16.4 (17.4)

2. Methodological guide for the assessment of the children with disabilities and inclusion in a disability degree

3. Other mandatory minimum standards for services designed for children with disabilities

The standards are grouped on the following areas of interest:

Advocacy and relationships with the community

1. Advocacy in the community
2. Active collaboration activities with the families of children attending the day care center for children with disabilities

Activities

3. Personalized intervention plan
4. Children daily schedule
5. Educational activities

6. Habilitation and rehabilitation activities
7. Recreation and socializing activities
8. Support for school and professional guidance and psychological counseling
9. Parent counseling and support

Administration and management

10. Location, financial resources and facilities
11. Administration and management
12. Annual action plan

Human resources

13. Staff recruitment and employment
14. Staff initial and ongoing training
15. Supervision

Inter-institutional collaboration

16. Child protection against abuse
17. Collaboration with relevant institutions and professionals

ADVOCACY AND RELATIONSHIP WITH THE COMMUNITY

Standard #1

Advocacy in the community

The day care center for children with disabilities develops advocacy actions in the community in respect to the services provided and their benefits to the children and their families. The center advocates the complete and active social inclusion/integration of children with disabilities.

Result

The community is aware of the services provided or that can be provided to children by the day care center for children with disabilities.

Requirements for the implementation of Standard #1

- 1.1 DCCD initiates and develops community advocacy actions in respect to the services provided, its role in the community, access and operation, as well as the importance of the existence of these services for the support, rehabilitation and social inclusion/integration of children with disabilities in the community.
- 1.2 At least once a year, DCCD supports the organization of community awareness campaigns on child abandonment and institutionalization prevention in general, as well as on the issue of children with disabilities in particular.
- 1.3 DCCD publishes relevant data on its activity, as well as on the issue of children with disabilities on a regular basis. The content of the materials made public is previously approved by the DCCD coordinator.
- 1.4 The DCCD coordinator ensures that in the media coverage of the cases, the legislation in force in respect to the child's protection in relation with the media and the provisions of the present mandatory minimum standards, further referred to as MMS, on client data confidentiality are observed.

- 1.5 DCCD collaborates with the relevant institutions at the level of the community (mayor's office, schools, medical facilities, church, police, etc.) in the purpose of identifying potential beneficiaries.
- 1.6 DCCD organizes activities for the recruitment of volunteers from the community.
- 1.7 DCCD possesses specialty information made available to the community for consultation.

Indicators for Standard #1

- (I)1.1.1 The number of actions per year promoting the services provided by the center and relating to community advocacy in respect to the necessity for having such services.
- (I)1.1.2 The existence of promotional materials (for example, booklets, brochures), with a content appropriate for the target group (for example children, professionals, media). Informative and promotional materials for children are adapted to the type of disability and/or disability degree (sign language interpreter, materials in Braille, audio cassettes, etc.).
- (I)1.2.1 The number of advocacy, education and communication campaigns per year in which the DCCD was involved.
- (I)1.2.2 The number of actions per year implemented by the DCCD during these community awareness campaigns.
- (I)1.3.1 The annual number of published articles/materials containing relevant data on the DCCD activity.
- (I)1.3.2 The content of the published materials, which must bear the signature of the coordinator.
- (I)1.4 The DCCD coordinator and the specialty staff know the legislation in force in this field.
- (I)1.5.1 Collaboration methods with the relevant institutions in the community (mayor's office, schools, medical facilities, church, police, etc.) in the purpose of identifying potential DCCD beneficiaries.
- (I)1.5.2 The number of collaboration conventions closed with these institutions and their content.
- (I)1.6.1 Recording the implementation of the volunteer recruitment activity.
- (I)1.6.2 The number of volunteer recruitment actions/year.
- (I)1.6.3 Recording the involvement of the volunteers in the DCCD activities, including those pertaining to their initial and ongoing training, as well as supervision.
- (I)1.7.1 The existence of specialty information under different forms (printed, electronic, audio-video).
- (I)1.7.2 The number of persons per year accessing specialty materials.

Standard #2 **Active collaboration relationships with the families of children attending the day care center.**
The staff of the day care center for children with disabilities makes all necessary efforts to establish active collaboration activities with the families of children attending the day care center.

Result **The families of children actively collaborate with the center's staff and are aware of the importance of establishing a real partnership with it in the benefit of their own children.**

Requirements for the implementation of Standard #2

- 2.1 DCCD formulates and ethical code for the relationship with the children and their families, created by the DCCD coordinator in collaboration with the specialty staff.

2.2 The ethical code is made known to the staff and their families, as well as to the children using means and materials appropriate to the type of disability (sign language interpreter, materials in Braille, audio cassettes, etc.).

2.3 DCCD initiates and organizes general reunions, on a regular basis, for informing the parents in respect to the perspectives for the current year, and occasionally, before important events.

2.4 DCCD initiates and organizes individual reunions, periodically and especially upon the child's intake in the DCCD, in the purpose of communicating useful information for parents.

2.5 DCCD keeps a record of these reunions, though the reports created following them. The reports are created based on a protocol approved by the DCCD coordinator.

2.6 The staff is trained in respect to the significance of the child-parent relationship, the importance of the parents' participation as partners in the program and the role of the DCCD in supporting and strengthening the child-parent relationship.

Indicators for Standard #2

(I)2.1.1 The existence of the ethical code created by the coordinator together with the specialty staff.

(I)2.1.2 The content of the ethical code (behavior standards, communication attitudes, etc.).

(I)2.2.1 The staff, children and families know and observe the ethical code.

(I)2.2.2 The way in which the DCCD coordinator supervises the compliance with the code.

(I)2.3.1 The number of general reunions per year (total number, number of periodical reunions, number of occasional reunions).

(I)2.4 The number of individual reunions per year (total number, number of periodical reunions, number of occasional reunions).

(I)2.5.1 The protocol used for creating the reports.

(I)2.5.2 The content of the reports created following the reunions.

(I)2.6 The employee files (studies diplomas, graduation certificates for relevant courses, etc.).

ACTIVITIES

Standard #3	The personalized intervention plan The personalized intervention plan is created by the specialty staff based on the needs and specifics of each child.
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Result	Each child in the day care center is provided with a personalized intervention plan, updated periodically.
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Requirements for the implementation of Standard #3

3.1 The clients may access this service directly or by referral from the specialized public service for child protection, further referred to as SPSCP, the authorities of the local administration, authorized private bodies and other relevant institutions. The referral from the SPSCP is made based on the personalized service plan, created in compliance with the provisions of the Decision of the Romanian Government no. 1205/2001 for the approval of the methodology for the operation of the child protection commission.

3.2 In case of direct requests or referrals from other relevant institutions or organizations, the DCCD notifies the SPSCP in order to perform the child's complex assessment and to take the appropriate measures, according to the legislation in force, in order to prevent child abandonment and institutionalization.

3.3 The personalized intervention plan, further referred to as PIP, is created, in a team, by the specialty staff working with the child in the DCCD, based on the assessment of each child upon intake in the DCCD. The complex assessment service from the SPSCP provides to the specialty staff in the DCCD all documents required for the creation of the PIP. PIP is approved by the DCCD coordinator and is created by consulting the child, based on age and maturity level, as well as the family or legal representative.

3.4 Based on the legislation in force and the present MMS, DCCD creates procedures relating to child intake, approved by SPSCP. These procedures are an integral part of the DCCD organization and operation methodology, further referred to as OOM. The child's intake in the DCCD is made based on the contract with the family closed with the case manager form the SPSCP, according to the Order of the Secretary of state of the National Authority for Child Protection and Adoption, the Minister of education and research, the Minister of health and family and of the President of the National Authority for People with Disabilities no. 18/3.989/416/142/2003.

3.5 PIP contains information on all activities and services provided to children and their families.

3.6 The objectives of the work with the child are realistic, adapted to his/her global level and useful for his/her optimal development.

3.7 The objectives are assessed periodically and updated based on their completion degree.

3.8 The parents are informed in respect to the PIP creation and their role in implementing its objectives.

3.9 The specialty staff inform the case manager periodically and whenever necessary, in respect o the PIP implementation.

Indicators for Standard #3

(I)3.1.1 The number of direct request per year, compared to the number of children admitted based on direct request per year and the compliance with the agreed intake procedures.

(I)3.1.2 The number of referrals on categories per year compared to the number of children admitted based on referrals per year and the compliance with the agreed intake procedures.

(I)3.1.3 The number of children having a personalized service plan and its content.

(I)3.3.1 Each child has a PIP. PIP is signed by the specialty staff having created it and by the child's family or legal representative.

(I)3.3.2 The existence of children's assessment upon intake in the center, made by the specialty staff, as well as of relevant documents made available by the SPSCP.

(I)3.4 OOM contains procedures relating to children intake in the DCCD, approved by the SPSCP.

(I)3.5 The content of the PIP.

(I)3.6 The degree of realism of the objective in the PIP.

(I)3.7 The number of PIP assessments per year.

(I)3.8 The parents know the content of the PIP and have clear responsibilities regarding their role in its implementation.

(I)3.9 The existence of reports on the PIP implementation both at the level of the DCCD, and in the child's file held by the complex assessment service. Other methods for collaboration with case managers.

Standard #4

Children's daily schedule

The daily schedule of the children in the center takes place taking into account their age, development level, potential needs and

availability, while at the same time being provided with the care required for their harmonious development.

Result The children are appropriately cared for, and the implemented activities are consistent with their age, needs and specifics.

Requirements for the implementation of Standard #4

4.1 The children's daily schedule takes into account their individual needs in respect to feeding, hygiene and sleep.

4.2 The children's daily schedule, besides care, involves combining all other activities implemented in the DCCD.

4.3 The activities with the children are diversified, adapted to their age and meet their development level and potential.

4.4 The children's daily schedule is displayed in a visible and accessible location for the staff and parents.

4.5 Caring for children from birth to 3 years is done in compliance with the legislation in force for the organization and operation of nurseries.

4.6 Food is provided to children attending the DCCD based on the number of hours spent by the children in the DCCD. The menus ensure a balanced diet, in compliance with the preferences and biological needs specific for each age group, physician recommended diets and regulations in force on the required level of calories and nutritional elements.

4.7 DCCD supports organizing festive suppers for celebrating the birthdays of children with priority in their own family.

Indicators for Standard #4

(I)4.1 The daily schedule is appropriate to individual needs, resulting from the child's dynamic assessment.

(I)4.2 The content of the daily schedule.

(I)4.3 The activities are diversified for each child, without overworking him/her.

(I)4.4 The staff and parents know the children's daily schedule.

(I)4.5 The staff know and observe the provisions of the regulations in force relating to baby care.

(I)4.6 DCCD provides children with food (various combinations of main meals and snacks) and the menus are appropriate to the children's preferences, age, recommended diets and regulations in force.

(I)4.7 The number of festive suppers for celebrating birthdays of children organized or supported by the DCCD per year and the location (family, DCCD or in the community).

Standard #5

Educational activities

The day care center provides the children with numerous learning situations or activities, including for the development of independent life skills, which are well planned by the specialty staff.

Result Each child is provided with an educational program appropriate for his/her age, needs, development potential and specifics.

Requirements for the implementation of Standard #5

5.1 The educator or specialized educator creates the educational program for each child. In case of independent life skills development, he/she consults with the social worker and takes

into account the relevant provisions for the respective child listed in the MMS for the independent life skill development service.

5.2 The content of the educational program refers to non-formal and informal education. Formal education may be provided in the DCCD only in exceptional situations, with the approval of the school inspectorate and by complying with/adapting the school curriculum appropriate for the child's age and specifics. At the same time, formal education in the DCCD may be done based on the decision of the child protection commission in respect to school guidance.

5.3 The objectives of the educational activities are adapted to the development level and potential of each child, as well as to disability type and/or disability degree.

5.4 The educational activities take place individually or in small groups of children, taking into account the age of children and their acquisitions. When creating the children groups, the number consistent with the age group indicated in the table included in the MMS for the residential type child protection service is recommended.

5.5 DCCD provides appropriate support to each child, including the material resources, adapted to disability type and/or disability degree, required in order to have access to, integrate in and regularly attend the educational facility he/she is registered with, if this is indicated in the PIP.

5.6 The educator/specialized educator supervises school works and upon children's request, provides support for achieving this.

5.7 DCCD encourages and supports each child to participate in extracurricular activities organized by the educational facility and the DCCD.

Indicators for Standard #5

(I)5.1.1 Each child has an educational program signed by the specialty staff having created it.

(I)5.1.2 The development of the independent life skills takes into account the child's age and the respective provisions in the MMS for the independent life skills development service. Based on the child's age and acquisitions, the program contains objectives relating to school and professional guidance, vocational counseling, job searching, etc.

(I)5.2.1 The content of the educational program.

(I)5.2.2 When formal education takes place in the DCCD (for example, for preschool age children with disabilities not attending kindergartens, children with disabilities having school guidance to this purpose based on the decision of a child protection commission, homeless children with disabilities in the process of school reintegration), the compliance with the legislation in force shall be verified (approval of the school inspectorate, respecting and/or adapting the school curriculum, etc.).

(I)5.4.1 The existence of an educator or specialized educator/group of children/shift.

(I)5.4.2 The method for creating children groups.

(I)5.5.1 The existence of school supplies, materials and equipments, as well as necessary means, adapted to disability type and/or disability degree, required for running specific educational activities in the DCCD and for attending the educational facility.

(I)5.5.2 The children's attendance records. The number of children displaying absenteeism and the motivation for this, recorded in the child's file and school documents.

(I)5.6 The number of children for which school work preparation is provided per year. The school performance of each child showing good individual evolution, consistent with the child's development potential.

(I)5.7 The extracurricular activities recorded in the children's files together with the justifying documents (for example, participation tickets, reports of accompanying staff, children's opinions). The children's degree of participation in extracurricular activities organized by the educational facility and the DCCD respectively.

Standard #6 **Habilitation and rehabilitation activities**
The day care center for children with disabilities provides children with various and efficient habilitation and rehabilitation activities according to their specific needs.

Result **Each child is provided with quality habilitation/rehabilitation services supplied by specialized staff.**

Requirements for the implementation of Standard #6

6.1 The specialty staff assess the habilitation/rehabilitation needs of children based on type of disability and their development level.

6.2 The specialty staff (kinetic therapists, physiotherapists, speech therapists, counselors/psychological therapist, occupational therapists, etc.) create the children's habilitation/rehabilitation program and are responsible for fulfilling the objectives set in this program, taking into account medical recommendations and contraindications.

6.3 Habilitation/rehabilitation activities may consist of, as appropriate: a) physiotherapy; b) kinetic therapy and massage; c) speech therapy; psycho-motor and manual habilitation therapy; e) learning therapies (for example, representation, imagination, attention, memory, intelligence, creativity development, etc.); f) self-control abilities development (for example, the development of the voluntary inhibition process); g) the organization and creation of personal autonomy (for example perceptive education, personal hygiene, self-service, self-management skills, etc.); h) conducts reorganization and perceptive-motor restructuring; i) occupational therapy and expression psychotherapy (for example graphical, plastic, corporal, verbal expression, psychodrama, melotherapy, ergotherapy, etc.); various forms of psychotherapy, etc.

6.4 Habilitation/rehabilitation activities may be done, as appropriate, individually or in a group.

6.5 The professionals involved in rehabilitation make constant efforts to achieve a close collaboration with the families, so that a part of these activities must be continued with children and in family, in compliance with the recommendations of responsible professionals.

6.6 DCCD sets up locations appropriate in terms of number, especially designed and supplied according to the nature and particulars of the respective activities, and also adapted and equipped to be accessible and functional depending on disability/handicap of children – see procedure 10.8.

Indicators for Standard #6

(I)6.1 The number of assessments of habilitation/rehabilitation needs of every child per year.

(I)6.2.1 the existence of a habilitation/rehabilitation program for each child.

(I)6.2.2 The number of updates of the objectives included in the habilitation/rehabilitation program per child per year.

(I)6.3-6.4 The types of habilitation/rehabilitation activities and the completion methods are appropriate for the situation of each child.

(I)6.5 The parents' involvement in their children's habilitation/rehabilitation process.

(I)6.6 The DCCD locations designed for these activities are appropriate in terms of dimensions and supplies, in compliance with the provisions of the present MMS.

(I)6.7 The number of children in temporary support. The children are provided with the same conditions according to the provisions of the present MMS.

Standard #7 **Recreational and socializing activities**

The day care center for children with disabilities provides children with recreational and socializing activities in order to achieve a balance between learning and rehabilitation activities on one hand, and relaxation and game-play activities on the other.

Result

The children are presented with recreational and socializing activities that help them maintain the physical and psychological balance required for their optimum development.

Requirements for the implementation of Standard #7

7.1 The educational staff create the program of recreational and socializing activities, including sleep and rest periods, taking into account the preferences and particulars of each child.

7.2 Recreational and socializing activities are planned together with the other professionals avoiding overworking children.

7.3 The children, based on age, maturity level, disability type and/or disability degree, as well as the parents are informed in respect to the recreational and socializing opportunities promoted in and outside (in the community) the DCCD, as well as in respect to how they can be supported to participate in these activities.

7.4 DCCD ensures the necessary conditions and materials, according to the children's age, options and disability type and/or disability degree, for running recreational and socializing activities in the DCCD and in the community.

7.5 Each child is supported to develop positive relationships with the others: with parents/other adults important to them, with the children in the DCCD and in the educational facility attended by them, with the DCCD staff and, as appropriate, with other professionals involved in the implementation the service plan.

7.6 The staff are trained accordingly in order to contribute to the emotional development of the child, by verbal and non-verbal communication, counseling, socializing activities and positive assessments.

Indicators for Standard #7

(I)7.1.1 The daily schedule contains recreational and socializing activities which are provided to the children in the DCCD. The recreational and socializing activities are decided based on the PIP recommendations for all children attending the DCCD.

(I)7.1.2 The implementation of the recreational and socializing activities, the location and content of these activities.

(I)7.2 The involvement of the professionals in the planning of recreational and socializing activities.

(I)7.3 The children and their parents know the opportunities for spending spare time. The displayed daily schedule, written announcements, promotional materials (booklets, brochures, posters), etc. regarding recreational-socializing activities in the DCCD and the community.

(I)7.4.1 Materials existent in the DCCD: books, magazines, video, audio-cassettes, promotional materials. The toys and the equipments for spare time are appropriate from a qualitative and quantitative point of view and are suitable for the age and disability type and/or disability degree of the children in the DCCD.

(I)7.4.2 Accounting documents relating to the purchase of materials and equipments required for the activities promoted by the DCCD, reimbursements of expenses made by children in recreational-socializing activities in the community.

(I)7.5 Discussions with the children, families and staff. The existence of recorded opinions of children and families.

(I)7.6 Employee files (study diplomas, graduation certificated for relevant courses, etc.).

Standard #8 Support for school and professional guidance and psychological counseling

In addition to the services provided by educational facilities and other service providers, the day care center for children with disabilities provides children with support for school and professional guidance, as well as psychological counseling.

Result The children are provided with quality services consisting of psychological counseling and school and professional guidance, based on their age, development level, needs, abilities, interests and disability type and/or disability degree.

Requirements for the implementation of Standard #8

8.1 In case the child is not provided with school guidance based on a decision of the child protection commission, or in the support of this decision, the psychologist creates the school and professional guidance program which contains specific objectives based on the particulars of each child.

8.2 The parents are involved in making operational the intervention objectives set by the school and professional guidance program.

8.3 The psychological counseling takes place upon request or whenever the psychologist considers it to be in the benefit of the child, based on his/her age, development level and needs.

8.4 The counseling activity takes place individually and/or in a group in a specially designed and securing location for the child.

8.5 Counseling is a planned activity, with specific objectives, which in case of the group counseling are negotiated with the children, based on their age and maturity level.

Indicators for Standard #8

(I)8.1.1 The existence of the school and professional guidance program signed by the psychologist.

(I)8.1.2 The number of children participating in school and professional guidance programs.

(I)8.1.3 The number of school and professional guidance meetings per child per year.

(I)8.1.4 The number of group school and professional guidance meetings per year.

(I)8.1.5 The reports containing the progress of each child following individual and/or group meetings organized in the school and professional guidance program.

(I)8.1.6 The number of children having a school guidance certificate issued based on the decision of the child protection commission.

(I)8.2 The involvement of parents in the school and professional guidance program.

(I)8.3.1 The number of children per year requesting the help of a psychologists.

(I)8.3.2 The number of children per year identified by the psychologist as requiring counseling.

(I)8.3.3 The number of children per year provided with counseling.

(I)8.4.1 The number of counseling sessions per child per year.

(I)8.4.2 The number of group counseling sessions per year.

(I)8.5 Planning counseling sessions per child.

Standard #9**Counseling and support for parents**

The day care center for children with disabilities provides parents with counseling and support upon request or whenever the specialty staff considered it to be in the benefit of the child and his/her family.

Result

The parents and other members of the extended family or legal representative and/or child's caretaker are provided with counseling and support by the specialty staff of the day care center, helping them to solve the problems confronting them in respect to the psychological development of the child and the various legal, medical and social aspects.

Requirements for the implementation of Standard #9

9.1 The counseling and support activity is addressed to the family or, in lack thereof, to the legal representative and/or child's caretaker.

9.2 The specialty staff counsel and support the parents based on their needs, upon request or whenever it is considered to be in the benefit of the child and of his/her family.

9.3 The specialty staff identify the needs of the parents starting from the development stages of every child and taking into account the personality and particulars of each child.

9.4 Counseling takes place individually and/or in a group.

9.5 DCCD supports the organization or organizes parent education programs – known as “schools for parents”. These are organized based on a curriculum created in compliance with the legislation in force and based on the needs identified in the community.

Indicators for Standard #9

(I)9.1-9.2 The number of families/legal representatives/child's caretaker per year accessing counseling services.

The number of families/legal representatives/child's caretaker per year identified by the psychologist as requiring counseling services.

The number of families/legal representatives/child's caretaker per year provided with counseling.

Counseling sessions planning.

Types of counseling provided by the DCCD to families/legal representatives/child's caretakers (for example, psychological, medical, social, legal counseling) per year.

Types of support provided by the DCCD to families/legal representatives/child's caretakers (for example, financial/material aid, facilitating access to other services) per year.

(I)9.3 The methods for identifying the needs of parents/families/legal representatives/child's caretakers.

(I)9.4.1 The number of counseling sessions per year attended by each parent/family/legal representative/child's caretaker.

(I)9.4.2 The number of group counseling sessions per year attended by each parent/family/legal representative/child's caretaker.

(I)9.5 The number of parent education programs per year supported/organized by the DCCD.

The content of the parent education programs.

The organization of the parent education program, according to the legislation specific to the educational, medical, or adult professional training system.

The annual number of training cycles attended by parents/families/legal representatives/child's caretakers.

ADMINISTRATION AND MANAGEMENT

Standard #10	Location, financial resources and facilities The day care center for children with disabilities has a location accessible to the members of the community, sufficient financial resources and appropriate facilities for completing all activities.
Result	The children and families in the community are provided with quality services provided by the day care center for children with disabilities.

Requirements for the implementation of Standard #10

10.1 DCCD operates in an appropriate, safe building, adapted to the services it provides, as well as to the particulars of the beneficiaries.

10.2 DCCD is located in an accessible place for all members of the community, from the point of view of the means of transportation and the location of other community services they may benefit from. In case the DCCD serves children with disabilities far away from the DCCD location, the service provider supplies to the DCC appropriate transportation, able to ensure the transportation of children in conditions maximum safety.

10.3 DCCD has a sufficient number of spaces for running all types of activities including administrative activities, sanitary facilities, and kitchen.

10.4 DCCD is located in an area where the general safety of the children is not affected and possesses all permits required by law for its operation.

10.5 The funds allocated to the DCCD by the service provider are sufficient for the fulfillment of its mission and the provisions of the present mandatory minimum standards.

10.6 The DCCD coordinator has the responsibility to provide additional funding sources, mainly by identifying and mobilizing community resources, in order to ensure the implementation in the community of the necessary activities and DCCD long term self-sufficiency.

10.7 The DCCD coordinator has the responsibility to overview the use of DCCD run funds.

10.8 All locations are available allowing the children's mobility and autonomy. The restrictions in terms of accessibility (high positioning of door knobs, etc.) shall be enforced only in case of express indications, in the best interest of the child, with the approval of the SPSCP and only for the children for which the respective recommendation has been issued. The following will be available: conditions allowing the access and mobility of all children to all DCCD locations, adjustments and equipments appropriate to disability type and/or disability degree: a) for children with motor disabilities/handicaps appropriate adjustments shall be made (stairs supplied with safety elements, ramps, doors at least 90 cm wide allowing the maneuvering of the wheel chair, etc.), equipments and devices for moving, etc.; b) for children with visual disabilities/handicaps acoustic warning systems, appropriate lighting and coloring, etc. shall be installed; c) for children with auditory disabilities/handicaps amplification installations, visual warning systems (light, color), etc. shall be used; and d) any other necessary equipments.

Indicators for Standard #10

(I)10.1, (I)10.3 The building is structurally safe and the locations are sufficient in number and furnished appropriately for their purpose, in accordance with the mission and the provisions of the present mandatory minimum standards.

(I)10.2.1 The members of the community have various means of access to the DCCD/the existence of transportation means.

(I)10.2.2 The DCCD is provided with facilities for people with disabilities, according to the legislation in force.

(I)10.4.1 The DCCD is located in an area that does not endanger the children's safety.

(I)10.4.2 The existence of all permits required by law for operation (sanitary authorization, fire department authorization, etc.).

(I)10.5 – (I)10.7 The budget allocated annually to the DCCD by the service provider (specialized public service for child protection, authorized private bodies or authorities of the local government).

(I)10.8.1 Measures restricting accessibility enforced in the DCCD, according to the decision of the CPC or other measures approved by the coordinator or based on the recommendations of the individual appointed by the service provider for monitoring the DCCD activity – from the children's files.

(I)10.8.2 Measures providing accessibility and autonomy for children with disabilities (amenities, adaptations, equipments, devices, etc.) based on children's disability type and/or disability degree.

Standard # 11 Management and administration

The day care center for children with disabilities has an efficient management and administration that ensure its optimum functioning in accordance with its mission.

Result The children and families are provided with quality services based on their needs.

Requirements for the implementation of Standard #11

11.1 The DCCD operates in compliance with the legislation, certified by official documents.

11.2 The DCCD coordinator is responsible to put the DCCD mission in writing, to display, disseminate and advocate it both within the DCCD and in the community.

11.3 The DCCD has an internal rulebook or internal operation norms, based on the employer, reflecting the spirit of democratic values of respect for the rights of the child and the individual; these are approved by the DCCD coordinator and made known to the entire staff.

11.4 The DCCD coordinator organizes periodically – at least once a month or whenever necessary administrative meetings with the entire staff. These meetings are planned, have a posted agenda and their content is recorded in minutes.

11.5 The principle of team work is promoted through training activities, through the method of creating and revising job descriptions for each employee, as well as through all internal communication activities of the DCCD. Reunions of the specialty staff making up the DCCD multidisciplinary team (for example, for debating the PIP implementation) are organized periodically or whenever necessary and are recorded.

Indicators for Standard #11

(I)11.1 The existence of documents certifying the establishment and operation of the center (decisions, authorizations, articles of association, partnership agreements, etc.).

(I)11.2.1 The mission of the DCCD is displayed in a suitable and accessible place for all interested parties. The existence of promotional materials (flyers, brochures, etc.).

(I)11.2.2 The DCCD mission is known by the center's staff and by the DCCD beneficiaries.

(I)11.2.3 The employees know and are aware that the activities they carry out contribute to the fulfillment of the DCCD mission.

(I)11.3.1 The existence of the internal rulebook/internal operation regulations.

(I)11.3.2 All employees know the provisions of the internal rulebook/internal operation regulations.

(I)11.4.1 The number of administrative meetings with the staff/month/year. The meetings are organized in order to discuss, for example: activities relating to children care, revising DCCD procedures.

(I)11.4.2 The content of the minutes.

(I)11.6 The number of DCCD multidisciplinary team reunions/month/year. The documented content of these reunions.

Standard #12

The annual action plan

The day care center for children with disabilities operates in compliance with the provisions of an annual action plan created based on the provisions of the mandatory minimum standards and the needs identified in the community.

Result

The children and families in the community are provided with quality services based on their needs.

Requirements for the implementation of Standard #12

12.1 The DCCD coordinator, in collaboration with the specialty staff, creates the annual action plan based on the present mandatory minimum standards.

12.2 The annual action plan is endorsed by the service provider, who has the obligation to monitor its implementation.

12.3 The annual action plan is revised periodically and whenever required.

12.4 At the end of each year, the specialty staff write the DCCD activity report for the respective year, which is supervised by the DCCD coordinator and conveyed to the service provider.

12.5 The DCCD annual activity report is available to all interested parties.

Indicators for Standard #12

(I)12.1.1 The existence of the annual action plan written by the coordinator in collaboration with the specialty staff.

(I)12.1.2 The content of the annual action plan.

(I)12.2.1 The endorsement of the annual action plan by the service provider.

(I)12.2.2 The monitoring reports created following the visits by the individuals appointed by the service provider.

(I)12.3 The number of revisions of the DCCD annual action plan per year.

(I)12.4 The existence of the DCCD activity report at the end of each year, bearing the signature of the DCCD coordinator. The report is held by the DCCD and the service provider.

(I)12.5 The methods for informing the interested parties in respect to the content of the annual activity report.

HUMAN RESOURCES

Standard #13 **Staff recruitment, employment and number**
The staff of the day care center for children with disabilities is carefully and responsibly selected through a process of recruitment and selection that takes places in compliance with the legislation in force and meets the needs of the center.

Result **The children and their families are provided with quality services provided by the staff of the day care center for children with disabilities with professionalism, respect and empathy towards them.**

Requirements for the implementation of Standard #13

13.1 The employer has the obligation to hire qualified staff that will meet the provisions of the present mandatory minimum standards and of the annual action plan. If the DCCD operates in an area with communities of ethnic minorities, it is recommended that the specialty staff included professionals speaking the language of the respective minorities.

13.2 The DCCD has a set of criteria for the selection of the staff, in compliance with the DCCD specifics, the needs of the community and the legal provisions in force.

13.3 At employment, the personality traits of each candidate that are necessary in working with children will be compulsorily taken into consideration.

13.4 The employer may have, under the law, other types of staff than the ones listed in the DCCD position list, in the purpose of fulfilling the DCCD mission in optimum conditions.

13.5 The specialty staff must have socio-human studies.

13.6 The DCCD coordinator must have a University degree and experience of at least one year in child and family services. At employment, priority will be given to professionals with managerial training.

13.7 The DCCD coordinator ensures that the job descriptions are revised based on the dynamics of the requirements of the respective positions.

13.8 The staff number and structure are sufficient and appropriate for covering all services provided by the DCCD according to the present mandatory minimum standards and the annual action plan.

Indicators for Standard #13

(I)13.1 Study diplomas and other documents certifying the qualifications of the hired staff.

(I)13.2 Staff selection criteria.

(I)13.3 Documents and materials certifying staff recruitments. Existing information in the employee file regarding the interview for the respective position.

(I)13.4 The DCCD position list and the complete organizational chart of the service provider.

(I)13.5 – (I)13.7 The organizational chart, study diplomas, labor contracts, volunteering contracts, job descriptions, employee files.

(I)13.8.1 The staff number and structure according to the organizational chart.

(I)13.8.2 The adults-children ratio.

Standard #14 **Initial and ongoing staff training**
The staff of the day care center for children with disabilities has the training and abilities required for working with children and youngsters, as well as in a team.

Result **The children and their families are provided with quality services by well trained professionals, with empathic and communication abilities.**

Requirements for the implementation of Standard #14

14.1 Each employee of the DCCD has the necessary qualification for fulfilling the tasks of their respective position.

14.2 At employment, if lacking initial training in the child welfare sector/children with disabilities protection sector, each professional is provided with training in this sector, covered by the employer's budget.

14.3 In the purpose of improving the knowledge, abilities and skills relating to meeting the needs of the children with disabilities and their families, each DCCD employees including its coordinator, are provided with at least 42 hours per year of ongoing training in the child welfare sector/children with disabilities protection sector or in related interdisciplinary fields, financed from the employer's budget.

14.4 The DCCD professionals are encouraged to participate in different training courses, including seminars and conferences, which may help them to optimize their work.

14.5 The permanent education of the specialty staff, as well as the ongoing training for all DCCD employees, will be promoted, supported and recorded by the DCCD coordinator.

14.6 The volunteers act based on clear contracts, in compliance with the legislation in force.

14.7 The DCCD has the obligation to provide a minimum number of 14 hours of training for volunteers, before the commencement of their activity.

14.8 The ongoing professional training of volunteers will be supported, promoted and recorded by the DCCD coordinator.

14.9 At employment, if lacking training in the management of social services, the DCCD coordinator will be provided with training in this field, supported by the employer's budget.

14.10 The DCCD coordinator is provided with at least 21 hours of training per year in service management, covered by the employer's budget.

14.11 The permanent education and the ongoing professional training of employees is done in compliance with the legislation in force, through courses organized in the educational, medical and adult professional training system.

Indicators for Standard #14

(I)14.1 – (I)14.10 The personal file of each employee, including the file of the service coordinator and of the volunteers, contains the documents required by the legislation in force, including graduation certificates for the initial and ongoing training mentioned in the present mandatory minimum standards. Examples of related and/or interdisciplinary sector relevant to the DCCD staff: child psychology, social work, prevention of child abuse, neglect and exploitation, including trafficking and worst forms of child labor, domestic violence.

(I)14.11 The graduation certificates with national recognition and the ones with recognition by the employer. For the latter, the manner in which the training program was organized will be checked using the criteria listed in the legislation regulating the adult professional training.

Standard #15

Supervision

The day care center for children with disabilities possesses an efficient system for the supervision of human resources, allowing its operation at optimum efficiency.

Result **The staff are motivated and efficient, providing quality services to the clients of the day care center for children with disabilities.**

Requirements for the implementation of Standard #15

15.1 The DCCD coordinator has the obligation to provide the internal and external supervision of the specialty staff and the volunteers.

15.2 The DCCD coordinator organizes periodical individual or team supervision meetings with the DCCD specialty staff, and upon their request. All meetings are recorded.

15.3 The supervision of volunteers is provided by the staff appointed by the DCCD coordinator.

15.4 The service provider has the obligation to provide supervision for the DCCD coordinator.

15.5 The supervision is provided by professionals with a University degree in social-human studies with training in supervision or at least 2 years of extra experience in child and family services than the supervised.

Indicators for Standard #15

(I)15.1-(I)15.2 The number of individual and team supervision meetings per employee/month/year.

The number of supervision meetings at the request of the employees/team/year.

(I)15.3 The number of supervision meetings per volunteer/month/year.

(I)15.4 The number of supervision meetings for the coordinator/month/year.

(I)15.5 Recorded documents pertaining to supervision.

INSTITUTIONAL COLLABORATION

Standard #16 **Child protection against abuse**
The day care center for children with disabilities promotes and applies measures for protecting children against all forms of intimidation, discrimination, abuse, neglect, exploitation, inhumane or degrading treatment.

Result **The children live in conditions of safety and wealth, any suspicion or accusation of abuse being promptly and correctly solved by the entire staff, according to the legislation in force.**

Requirements for the implementation of Standard #16

16.1 DCCD has written procedures relating to preventing, identifying, notifying, assessing and solving suspicions or accusations of child abuse, created based on the legislation in force. These procedures are approved by the SPSCP director and are made know to the children, based on age, maturity level and disability type and/or disability degree, families or their legal representatives, as well as to the staff.

16.2 The children and their families/legal representatives are informed, through available means, in respect to these procedures, as well in respect to the rights of the children.

16.3 The children are encouraged and supported to notify any form of abuse by the staff, other children in the DCCD or any person from outside the DCCD.

16.4 DCCD maintains a record of all cases of intimidation, discrimination, abuse, neglect, exploitation (including sexual or labor exploitation), inhumane or degrading treatment in the notifications and complaints register.

16.5 The staff suspecting or identifying child abuse, neglect or exploitation cases, in or outside the DCCD, has the obligation to notify them to the SPSCP and to inform the DCCD coordinator, according to the legislation in force, as well as to record them, according to the provisions of the present MMS. The staff appointed by the DCCD coordinator, with the approval of the SPSCP, may provide or participate in the initial assessment of the child abuse, neglect and exploitation situation notified to the SPSCP, and its result are recorded in the mandatory notification and child abuse, neglect and exploitation situations initial assessment form. The form is conveyed to the SPSCP within 48 hours after the date of the initial assessment. The model of the mandatory notification and child abuse, neglect and exploitation situations initial assessment form is an appendix to the methodological guide on the multidisciplinary team and network prevention and intervention in child abuse, neglect and exploitation situations.

16.6 The staff suspecting or identifying child abuse, neglect and exploitation situations in which other DCCD staff members are involved have the obligation to immediately notify the DCCD coordinator, which shall apply the provisions of the legislation in force. In case the DCCD coordinator does not notify these situations to the SPSCP, in the period indicated by the present MMS, the staff that have informed the coordinator have the obligation to make this notification.

16.7 If necessary, the DCCD coordinator notifies, as appropriate, the paramedics, police and/or district attorney.

16.8 The verbal or physical abuse of children is strictly prohibited in the DCCD, and is sanctioned under the law.

16.9 The DCCD provides psychological support and counseling to children who have been intimidated or discriminated. In case of abused, neglected or exploited children, the SPSCP sets the service plan and ensures its implementation, according to the provisions of the methodological guide on the multidisciplinary team and network prevention and intervention in child abuse, neglect and exploitation situations.

16.10 The DCCD ensures that the entire staff (including auxiliary personnel, temporary employees or volunteers) attend training courses on the issue of child protection against abuse, neglect and exploitation.

16.11 DCCD ensures the implementation of parent education programs on the issue of child protection against abuse, neglect and exploitation.

Indicators for Standard #16

(I)16.1.1 OOM contains procedures on protecting the child against abuse, neglect and exploitation situations.

(I)16.1.2 The staff know these procedures.

(I)16.2.1 The children and their families/legal representatives have knowledge in respect to the rights of the children and how to file a notification/complaint in respect to any intimidation, abuse, neglect, exploitation (including sexual or labor exploitation), inhumane or degrading treatment.

(I)16.2.2 The existence of information materials relating to these procedures and the rights of the children. The materials intended for children are adapted to disability type and/or disability degree (sign language interpreter, materials in Braille, audio cassettes, etc.).

(I)16.2.3-16.3 The annual number of notifications made by children, family or legal representatives in respect to suspicions or clear situations of child abuse.

(I)16.4 The DCCD notifications and complaints register includes the record of notifications and complaints in respect to child abuse.

(I)16.5 The annual number of child abuse, neglect and exploitation situations notified by the DCCD to the SPSCP compared to the number of situations recorded in the complaints and abuse register.

The number of mandatory notification and initial assessment form filled in by the DCCD staff and send to the SPSCP.

The annual number of abuse, neglect and exploitation cases notified by the DCCD and monitored by the SPSCP.

The number of active abuse, neglect and exploitation cases (pending solution), notified by the DCCD and monitored by the SPSCP.

(I)16.6 The annual number child abuse, neglect and exploitation in which DCC members are involved compared to the annual number of notifications recorded by the SPSCP regarding this type of situations for the respective DCCD, but received from other individuals than the DCCD staff or coordinator.

(I)16.7 The annual number of situations having required the intervention of the paramedics, or the police and district attorney respectively.

(I)16.9 The content of the PIP.

(I)16.10 The employee files, participation diplomas to such courses.

(I)16.11 Recording the parent education programs.

Standard #17

Collaboration with relevant institutions and professionals

The day care center for children with disabilities collaborates with the other community services supporting children and their families, including with professionals in this sector.

Result

The children and their families are provided with quality services based on their needs, including those identified by the professionals of the day care center for children with disabilities, in the purpose of preventing abandonment and institutionalization.

Requirements for the implementation of Standard #17

17.1 In case of direct requests, the DCCD specialty staff assess the needs of children and their families in respect to other services they should be provided with and which the DCCD is unable to provide. DCCD notifies the SPSCP in respect to the needs and services required in the purpose of creating the personalized service plan.

17.2 The DCCD collaborates with all social players involved in the implementation of the personalized service plan for the prevention of child abandonment and institutionalization and his/her social inclusion/integration.

17.3 In the purpose of fulfilling its mission, the DCCD collaborates in network with all involved regional and national community services and programs for the support and protection of children and families.

17.4 The DCCD maintains a permanent contact with the community in the purpose of adjusting current programs and activities and for initiating new activities and programs in the child abandonment and institutionalization prevention sector.

Indicators for Standard #17

(I)17.1.1 The existence of the assessments of the children in the DCCD in respect to the need for other specialty services which the DCCD is unable to provide to children and families – in case of direct requests.

(I)17.1.2 Communication and collaboration methods with the SPSCP.

(I)17.2.1 Collaboration conventions with the institutions and services involved in the implementation of the personalized service plan.

(I)17.2.2-17.3.1 Recording relevant information pertaining to children provided with other specialty services supplied by other institutions/centers.

(I)17.3.2 Collaboration agreements and the number of programs per year in which the DCCD is involved.

(I)17.4 The DCCD operates with various methods and means for maintaining a permanent connection with the community, in respect to requests for specific services, notification of needs or situations relating to the prevention of child abandonment and institutionalization and social inclusion/integration of children with disabilities, etc. (for example, phone service designed for this issue, P.O. box, collection boxes in various locations in the community and others).