

Quarterly Reporting Form for Child Welfare Committee (CWC)Name of the District: LateharApril to Jun.

Quarter: I, II, III, IV (Please Tick Mark)

A		Remarks		
1	Date of Constitution of CWC	August 2015		
2	No. of CWC member in your district	03		
3	Please give details of CWC members	Dr. Musabir Jha Khadim Ansari Md. Ishaq Khan		
B		Remarks		
1	Appointment of New member any, in the Quarter	NO		
2	Total no. of member who have received training on JJ Act/ICPS	03		
3	Total no. of member who have received training on JJ Act/ICPS	03		
C		Remarks		
2	Total number of sittings of CWC s expected to be held	45		
3	Number of sitting held by CWC	45		
4	Number of sitting where least three members were present	45		
5	No. member attending 1st least three sittings attending in a week	03		
6	No. sitting completing tenure during the quarter	45		
7	No. Meeting attended by the Chairperson of CWC	0		
D		Remarks		
1	No. of CNCP cases carried forward from the last quarter	4	3	3
2	Number of new CNCP cases presented to the CWC during this quarter	01	15	16
3	Number of cases disposed during the quarter.	01	15	16
4	Number of cases carried forward to the next quarter.	4	3	8
		Sponsorship 8 feet		
E		Remarks		
I	Less than 3 quarters	0	0	0
II	3 to 4 quarters	1	1	2
III	4 to 8 quarters	3	2	5
IV	8 to 12 quarters			
V	More than 12 quarters			
Total				
F		Remarks		
1	Number of children restore to their family	1	15	16
2	Number of children sent to children home	0	0	0
3	No. Of children sent to SAA	0	0	0
4	Number of children sent to other District	0	0	0

5	Number of children sent to other State				
6	Numbers of children presented to the CWC refer by other district and state.	01	01		
7	Any other, give details.	0	0		
Number of pending cases carried forward from the previous quarter					
1	Number of new cases during the quarter	—	—		
2	Number of cases declared free for adoption during the quarter	—	—		
3	number of cases to be carried forward to the next quarter	—	—		
4	Case pending as on last day of quarter for declaring a child free for adoption	—	—		
5		—	—		
Remarks					
I	Less than 3 quarters				
II	3 to 4 quarters	—	—		
III	4 to 8 quarters	—	—		
IV	8 to 12 quarters	—	—		
V	More than 12 quarters	—	—		
	Total	—	—		
G					
1	Number of children referred for sponsorship	3	2	5	Handwritten notes and signatures
2	Number of children referred for foster Care committees	0	2	2	
3	Number of children referred to fit person	—	—	—	
4	Number of children referred to fit institution	—	—	—	
H					
1	No. Of children Institutions monitoring in this quarter by using the monitoring tool	—	—		
2	No. Of meeting held with the concerned authority regarding compliance of minimum standard of care and protection in the institution (base on the goal setting)	—	—		
3	No of Institutions recommended as fit Institutions in this quarter	—	—		
4	No. Of persons declared as fit person in this quarter	—	—		

Signature of Chairperson
CWC with date

Signature of Team Member
CWC with date
Member
C.W.C. District
Latehar

Signature of Team Member
CWC with date
Member
C.W.C. District
Latehar

Signature of Team Member
CWC with date
Member
C.W.C. District
Latehar

Signature of Team Member
CWC with date

Forwarded by DSWO: Signature with date