

# Case Monitoring Sheet for CWCs

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(NOTE: PLEASE ATTACH A SEPARATE SHEET IF NECESSARY)

STATE: \_\_\_\_\_

Child Welfare Committee, District: \_\_\_\_\_

Case Number	Chairperson of the CWC / Member of CWC specifically dealing with the case

## 1. Details of Child

1.1 Name: \_\_\_\_\_

Sex \_\_\_\_\_

1.2 Age: \_\_\_\_\_ as per

Documentary Evidence

[Document relied upon]

Or,

Medical examination

[Date and Name of Hospital]

1.3 Place where child was found and date:

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<b>Parent /Guardian</b>	<b>Present Address and Contact Number</b>	<b>Permanent Address</b>
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1.4

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1.5 Whether child suffers from any disability

- Hearing impairment
- Speech impairment
- Visual impairment
- Mental retardation
- Mental illness
- Mentally challenged
- Any other (please specify) \_\_\_\_\_

## 2. Pre-production

2.1 *Suo motu* cognizance taken [Yes/No]

\_\_\_\_\_

2.2 Date and Time by which information on the child was received by the CWC

\_\_\_\_\_

2.3 Source of Information, with details: (name, address, phone number, e-mail) \_\_\_\_\_

## 3. Production

3.1 Date and Time of Production

\_\_\_\_\_

3.2 Produced by (name, address, phone number, e-mail)

\_\_\_\_\_

3.3 Whether child was produced before an individual Member of the CWC

No  Yes

Name of Member

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3.4 Members present at the time of Production

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

3.5 Report submitted by person/institution producing the child before the CWC

[Yes/No]\_\_\_\_\_

#### 4. Details of CNCP

4.1 (Tick where appropriate)

Homeless | Abandoned Child | Orphan | Missing/Run away Child | Found Begging | Victim of Sexual Abuse | Street Child | Trafficked Child | Child affected by Substance or Drug Abuse | Victim of Natural Calamities | Victim of Civil Unrest | Incapacitated Parents | Mentally challenged | Physically challenged | Child suffering from Terminal Diseases | AIDS/HIV infected or affected | Child of Prisoners | Refugee Child | Child of Commercial Sex Worker | Any other (Specify)

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4.2 Offences against the child, if any

U/s \_\_\_\_\_

4.3 FIR registered prior to production [Yes/No]

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4.4. FIR registered after production on directions from CWC [Yes/No]

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4.5 Date of FIR

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4.6 Police Station

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4.7 Sections under which FIR is registered

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4.8 Legal aid provided [Yes/No], with complete details of legal aid lawyer

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4.9 Counseling provided [Yes/No], with complete details of counselor

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4.10 Support person provided for cases under POCSO (name, address, phone number, e-mail)

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## 5. Pre-Inquiry Orders

Date of Order \_\_\_\_\_ Signed by \_\_\_\_\_

### **Type of Order**

(Tick where appropriate)

- Sent to shelter home

*Name, Address, phone number and e-mail*

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- Sent to adoption agency

*Name, Address, phone number and e-mail*

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- Sent back home

*Residential Address*

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- Transferred to another CWC

*Name, Address, phone number and e-mail*

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- Sent to a children's home until further orders

*Name, Address, phone number and e-mail*

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- Placed with a fit person

*Name, Address, phone number and e-mail*

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- Placed with a fit institution

*Name, Address, phone number and e-mail*

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- Placed with an institution for mentally challenged or any other institute for people with disability

*Name, Address, phone number and e-mail*

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- **Any Other (Specify with Date of Order, Name, Address, phone number and e-mail)**
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## **6. Inquiry**

6.1 Date on which Inquiry by Welfare Officer or Voluntary organization was ordered

\_\_\_\_\_

6.2 Date of submission of Inquiry report

\_\_\_\_\_

6.3 SIR prepared by Welfare Officer or Voluntary Organization as part of their Inquiry

(Yes/No)\_\_\_\_\_

6.4 Home Visit made as part of SIR (Date and Name of the Person)

\_\_\_\_\_

6.5 Name of the Welfare Officer or Voluntary Organization submitting the Inquiry report

\_\_\_\_\_

6.6 Date on which CWC completed its Inquiry

\_\_\_\_\_

## **7. Post-Inquiry Orders**

7.1 Date of Order \_\_\_\_\_ Signed by \_\_\_\_\_

7.2 Type of Order

(Tick where appropriate)

- Sent to shelter home

*Name, Address, phone number and e-mail*

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- Sent to drop-in centre

*Name, Address, phone number and e-mail*

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- Sent to adoption agency

*Name, Address, phone number and e-mail*

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- Restored to family

*Name of Parent/Guardian and Address* \_\_\_\_\_

- Transferred to another district

*Details* \_\_\_\_\_

- Transferred to another state

*Details* \_\_\_\_\_

- Placed in a children's home until completion of 18 years of age
- Placed in a children's home until completion of trial in the court or recording of evidence and cross examination of the child victim
- Placed with a fit person

*Name, Address, phone number and e-mail*

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- Placed under supervision with a fit institution

*Name, Address, phone number and e-mail*

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- Placed with a children's home for mentally challenged

*Name, Address, phone number and e-mail*

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- Sponsorship
- Pre-adoption foster care

*Name, Address, phone number and e-mail*

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- Foster Care placement

Name, Address, phone number and e-mail

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**8. Transfer**

8.1 Date of transfer order \_\_\_\_\_ Date of actual transfer \_\_\_\_\_

8.2 Whether child escorted by

- Welfare Officer
- Childline
- Police
- Social Worker from NGO
- Any Other (Specify)

**9. Adoption**

9.1 Non-traceable report submitted to CWC by Police [Yes/No] \_\_\_\_\_

Date of Submission \_\_\_\_\_

9.2 Child declared abandoned [Yes/No] \_\_\_\_\_

Order dated: \_\_\_\_\_ Signed by \_\_\_\_\_

9.3 Pre-surrender counseling of parent by CWC [Yes/No] \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Counseling by \_\_\_\_\_

9.4 Surrender Deed [Yes/No] \_\_\_\_\_

Date \_\_\_\_\_ Signed by \_\_\_\_\_

9.5 Declaration of child as surrendered child [Yes/No] \_\_\_\_\_

Date \_\_\_\_\_ Signed by \_\_\_\_\_

9.6 Report received from adoption agency [Yes/No] \_\_\_\_\_

Date \_\_\_\_\_ Name of Agency \_\_\_\_\_

9.7 Child declared legally free for adoption [Yes/No] \_\_\_\_\_

Order dated \_\_\_\_\_ Signed by \_\_\_\_\_

**10. Periodic Review**

10.1 Case file of child maintained as per Rules [Yes/No] \_\_\_\_\_

10.2 Individual Care Plan prepared [Yes/No] \_\_\_\_\_

10.3 Quarterly review of child as per individual care plan [Yes/No] \_\_\_\_\_

**11. Details of Review of Placement / Supervision / Restoration Orders**

Type of Order	Period for which the Order is applicable	Periodic Review (Dates Required)
Shelter Home	From ..... To .....	
Children’s Home	From ..... To .....	
Fit Institution	From ..... To .....	
Fit Person	From ..... To .....	
Adoption Agency	From ..... To .....	
Foster Care	From ..... To .....	
Restored to family under Supervision Orders	From ..... To .....	

**12. Action taken on the basis of review**

(Tick where appropriate)

- Counseling
- Psychotherapy
- Admission into nearby school

*Name, address, phone number and e-mail of school* \_\_\_\_\_

- Enrollment for vocational training

*Name, Address, phone number and e-mail of Vocational Training Centre*

\_\_\_\_\_

*Course taken* \_\_\_\_\_

- Continuation of education through Open school
- Sports coaching

*Name of Sport* \_\_\_\_\_

*Name, Address, phone number and e-mail of Coaching*

*Centre* \_\_\_\_\_

- Drugs and substance abuse de-addiction programme

*Name, Address, phone number and e-mail of De-addiction and/or Rehab Centre*

- Continued Supervision by Welfare Officer or Voluntary Organization even after restoration to family

*Name of Welfare Officer or Voluntary Organization* \_\_\_\_\_

- After care

- Any other (please specify) \_\_\_\_\_

**Notes for Assessor :** *The purpose of this assessment is to get an understanding of the basic infrastructure, quality of services and functioning of the institution. In many of the given below questions, if you feel that an answer cannot be stated on 'Yes'-'No' basis then please feel free to write your personal opinion. If the space is not sufficient, please add additional pages wherever you feel necessary. This questionnaire is based on the Juvenile Justice (Care and Protection of Children) Act 2006.*

***PLEASE ATTACH A SEPARATE SHEET IF NECESSARY.***

*For any questions or queries on this questionnaire, please contact: The High Court Committee*

**ASSESSMENT OF OBSERVATION HOME**

Date of Assessment : \_\_\_\_\_

State : \_\_\_\_\_

District : \_\_\_\_\_

Taluka : \_\_\_\_\_

Name and Designation of the Assessor : \_\_\_\_\_

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1. Name of Institution : \_\_\_\_\_

2. Full postal Address : \_\_\_\_\_

3. Situated in : (a) Urban Area (b) Rural Area

4. Telephone : \_\_\_\_\_

5. E-mail : \_\_\_\_\_

6. Type of Institution : (a) Observation Home  
(b) Observation Home cum Special Home

- (c) Observation Home cum Children's Home
- (d) Special Home
- (e) Place of Safety
- (f) Shelter Home or Drop-in-Centre
- (g) Specialised Adoption Agency

i. If (b) & (c) then homes in different buildings? YES / NO

Comments \_\_\_\_\_

7. Institution for : (a) Boys (b) Girls (c) Boys and Girls

8. Approximate distance from

i. the nearest bus stand \_\_\_\_\_

ii. the railway station \_\_\_\_\_

9. Age group : \_\_\_\_\_

10. Type of Institution :

- a. NGO run government funded
- b. Government institution
- c. Government institution NGO management.
- d. Co-management
- e. Government ( ICPS)
- f. Any other \_\_\_\_\_

11. Does the Institution have children who are –

i. Mentally challenged : YES / NO \_\_\_\_\_

ii. Physically Challenged: YES / NO \_\_\_\_\_

iii. HIV +ve. : YES / NO \_\_\_\_\_

i. If YES, does the institution have the infrastructure and facilities to cater to their needs ? YES / NO

ii. Give Details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Number of CNCP (Children in Need of Care & Protection) & JCL (Juveniles in Conflict with law as on the date of assessment

<b>Type of Institution</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Observation Home			
Observation Home cum Special Home			
Observation Home cum Children's Home			
Special Home			
Place of Safety			
Children's home			
Shelter home or Drop-in-Centre			
Specialised Adoption Agency			
Any Other			
<b>Total</b>			

13. Number of children out on bail (pending cases)

As on date \_\_\_\_\_ Number \_\_\_\_\_

14. Staff Structure :

<b>S. No.</b>	<b>Staff structure</b>	<b>Sanctioned Post</b>	<b>Filled Post</b>	<b>Vacant</b>	<b>Long leave</b>	<b>Permanent / contractual/ visiting</b>
1.	Superintendent					
2.	Probation Officer (PO)					
3.	Medical Officer					
4.	Vocational Instructor					
5.	Teacher					
6.	Care Taker					
7.	Chowkidar / Guard					
8.	Cook					
9.	Sweeper					

10.	Clerk					
11.	Counselor /Psychologist					
12.	Welfare Officer					
13.	Social Worker					
14.						
15.						
16.						

15. Is the post of Superintendent an Additional Post? YES / NO

16. Does the Superintendent / PO hold any other additional post? YES / NO

i. Give Details :

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17. Has staff been sent from the institution on a working arrangement to other institutions / office? YES / NO

i. Give Details :

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18. Does the institution have separate rooms/space for the following facilities :

S. No.	Infrastructure	Yes / No	No. of Rooms (Please specify only for the starred items in column 2)	Remarks
1	Recreation*			
2	Kitchen			
3	Dining hall			
4	Superintendent office			
5.	PO office*			
6.	Clerical office			
7.	Study room*			
8.	Dormitory(ies)*			
9.	Room for vocational training*			

10.	Bathrooms*			
11.	Toilets*			
12.	Urinals*			
13.	Medical room*			
14.	First <sup>t</sup> Aid			
15	Storage room for food*			
16	Storage room for clothes*			
17	JJB*			
18	CWC*			
19	Any Other* (Please Specify)			

19. Staying facility

- i. Dormitory system (how many children in one dormitory)
- ii. Group homes ( how many children in group homes)
- iii. Any other \_\_\_\_\_

20. What is the condition of the bedding provided to the children?

*(tick the appropriate one)*

Facilities	Adequate 1	Inadequate 2	Good 3	Average 4	Poor 5	Not available 6
Cots						
Mattresses						
Bed sheets						
Pillows						
Blankets						
Cupboards						

21. What kind of clothes and footwear do children have:

<b>Clothes and Footwear</b>	<b>Number of Items listed in Column 2</b>	<b>Good 1</b>	<b>Average 2</b>	<b>Poor 3</b>	<b>Not available 4</b>
		<i>(tick the appropriate one)</i>			
Uniform					
Coloured clothes					
Old clothes					
Under garments					
Towels					
Shoes					
Slippers					
Sanitary provisions					

22. Record your overall impression of the children: *(tick/circle the appropriate one)*

a) Appearance: dull -1 / average-2 / happy -3/ very happy-4 / sad -5

b) Health: healthy-1 / normal -2/ sickly-3

Comment : \_\_\_\_\_

23. a) Are the toilets and bathrooms sufficient in terms of space and provisions?

YES / NO

b) What is the condition of these? *(tick the appropriate one)*

<b>Facilities</b>	<b>Not available 1</b>	<b>Adequate 2</b>	<b>Inadequate 3</b>	<b>Good 4</b>	<b>Average 5</b>	<b>Bad 6</b>
<b>Toilets</b>						
Space						
Door						
Bucket						
Mugs						
Taps						
Flush						
Water (24 hrs)						

<b>Facilities</b>	<b>Not available 1</b>	<b>Adequate 2</b>	<b>Inadequate 3</b>	<b>Good 4</b>	<b>Average 5</b>	<b>Bad 6</b>
Soaps						
Wash basin						
Light (Bulbs)						
<b>Bathrooms</b>						
Space						
Door						
Buckets						
Mugs						
Taps						
Water (24 hrs)						
Hot Water (24 hrs)						
Soaps						
Light (Bulbs / Tube lights)						
Wash basin						
<b>Urinals</b>						
Space						
Light (Bulbs)						
Water (24 hrs)						
Wash basin						
Soap						

Facilities	Not available 1	Adequate 2	Inadequate 3	Good 4	Average 5	Bad 6

24. Does the drainage of the toilets/bathrooms get blocked? YES / NO

25. Does the Institution get drinking water for all the 24 hrs? YES / NO

a. If 'No' what are the water timings? \_\_\_\_\_

26. Is the water available safe for drinking? YES / NO

a. If Yes, then does the staff also drink the same water? YES / NO

27. Does the Institution have power cuts YES / NO

a. If yes, how often \_\_\_\_\_

b. Is there any generator / emergency lights / lantern / candles / any other specify --

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28. Does this institution have staff quarters? YES / NO

a. Which are the staff (designation) residing in the quarters

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

29. Does the staff have independent bathroom and toilets YES / NO

30. What are the various activities in which the institution has to engage the JCL / CNCP residing there.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

31. Does the institution have any interface with ICPS. YES / NO

If yes, Elaborate \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

32. In the past one year has any one come to inspect / study / evaluate the institution?

YES / NO

a. If Yes, how many inspections / studies / evaluations have been conducted and by whom?

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33. Does the District Child Protection Officer / District Officer inspect the institution?

YES / NO

34. When was the last inspection done by the District Child Protection Officer / District Officer? \_\_\_\_\_

35. What do they inspect? \_\_\_\_\_

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36. Any suggestions for improvement of inspection by the District Child Protection Officer / District Officer?

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37. Are there any NGO's / any other organisation / clubs providing services / conducting programs of any kind for children / staff in the Institution YES / NO

a. If yes, give details

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38. Are there any college students doing field work in the institution? YES / NO

39. What are the common health problems that the children face?

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40. In the past 3 yrs, how many children have been hospitalized? \_\_\_\_\_

41. How many children identified with addiction problems in the last one year? What was the intervention?

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42. How many children identified with mental health problems in the last one year? What was the intervention?

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43. In the past 3 years, have children run away from the institution? YES / NO.

a. How many \_\_\_\_\_

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**JJB / CWC RELATED ASSESSMENT**

44. JJB constitution

<b>Name of</b>	<b>Attending / not attending</b>	<b>Appointed / not appointed</b>
Magistrate		
Social worker 1		
Social worker 2		

45. CWC Constitution

<b>Name of</b>	<b>Attending / not attending</b>	<b>Appointed / not appointed</b>
Chairperson		

<b>Name of</b>	<b>Attending / not attending</b>	<b>Appointed / not appointed</b>
Member 1.		
Member 2		
Member 3		
Member 4		

46. Does the Child Welfare Committee / Juvenile Justice Board sit in the institution?

YES / NO

a. If yes, give details regarding days and time of sitting

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b. Any suggestions :

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47. Sitting arrangement for CWC / JJB

- a. Same room is shared by CWC & JJB YES / NO.
- b. Different room for CWC & JJB. YES / NO.
- c. The room of the superintendent is shared by CWC & JJB. YES / NO.

48. Infrastructure available for JJB / CWC

- a. Sitting arrangement YES / NO.
- b. Computer exclusively for JJB / CWC YES / NO.
- c. Phone exclusively for JJB / CWC YES / NO.
- d. Separate room or space to interact with Juvenile / Child YES / NO.
- e. Any other \_\_\_\_\_

49. Staff for JJB

- a. Exclusive Judicial clerk YES / NO
- b. Typist/ clerical officer YES / NO
- c. Date Entry Operator YES / NO

50. JCL files of JJB stored in

- a. Observation Home premises YES / NO
- b. Board premises. YES / NO

51. Staff for CWC

- a. Exclusive Clerk YES / NO
- b. Exclusive Welfare Officer YES / NO
- c. Data Entry Operator YES / NO

# Quarterly Report submitted by Child Welfare Committee

District: Address:	Reporting Period / Quarter From _____ to _____	Report Submitted on _____
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## 1. Constitution of CWC

S. No.	Name	Designation	Tenure	Qualification / Previous Training or Special Knowledge in JJ System
1.			From _____ to _____	
2.			From _____ to _____	
3.			From _____ to _____	
4.			From _____ to _____	
5.			From _____ to _____	

## 2. Honorarium

### 2.1 Chairperson

Per sitting ₹ \_\_\_\_\_

Paid up to (date) \_\_\_\_\_

### 2.2 Members

Per sitting ₹ \_\_\_\_\_

Paid up to (date) \_\_\_\_\_

## 3. Sitzings of the CWC

3.1 Scheduled Sitzings (Tick where appropriate)      Daily | Twice in a week | Weekly | Any Other (Specify) \_\_\_\_\_

3.2 Duration (Tick where appropriate)      Full Day | Half day

3.3 Premises (Tick where appropriate)      Inside the Children's Home | Outside the Children's Home

3.4 Raised Platform used by the CWC      Yes | No

3.5 Total Number of sittings before the Quarter     

3.6 Number of Sitzings attended by  
Chairperson            Member-1            Member-2            Member-3            Member-4     

## 4. Tenure of the CWC

From \_\_\_\_\_ To \_\_\_\_\_

**5. Staff of the CWC**

*(Mention only those who are exclusively working for the CWC)*

Name	Designation	Contact Number

**6. Infrastructure available with the CWC**

*(Tick where appropriate)*

- |                                                              |     |  |    |
|--------------------------------------------------------------|-----|--|----|
| a. Board Room                                                | Yes |  | No |
| b. Waiting room for the child in need of care and protection | Yes |  | No |
| c. Waiting room for Parents/ Visitors                        | Yes |  | No |
| d. Room for Chairperson and Members                          | Yes |  | No |
| e. Record Room                                               | Yes |  | No |
| f. Room for Welfare Officer                                  | Yes |  | No |
| g. Working Computer                                          | Yes |  | No |
| h. Drinking water                                            | Yes |  | No |
| i. Toilet facilities                                         | Yes |  | No |
| j. Typist/Photocopy etc for Child/Parent in the vicinity     | Yes |  | No |

**7. Lawyers and Counselors provided for children produced before the CWC by the Legal Services Authority**

7.1 Number of Lawyers \_\_\_\_\_ Number of Cases Referred \_\_\_\_\_

7.2 Number of Counselors \_\_\_\_\_ Number of Cases Referred \_\_\_\_\_





## 9.2 Details of Orders Given

S. No.	Orders passed	Girls	Boys	Total	Number of cases where Individual Care plan was prepared
1.	Number of children restored to their family during the quarter				
2.	Number of children sent to Shelter Home				
3.	Number of children sent to State Adoption Agency				
4.	Number of children sent to other Districts				
5.	Number of children sent to other States				
6.	Number of children placed in a children's home until completion of 18 years of age				
7.	Number of children placed with a fit institution				
8.	Number of children placed with a fit person				
9.	Number of children placed in a children's home for mentally challenged				
10.	Number of children referred for Sponsorship				
11.	Number of children referred for pre-adoption foster care				
12.	Number of children referred for foster care placement				
13.	Any other, give details				

**9.3 Children declared “Free for adoption”**

S. No.	Orders Passed	Girls	Boys	Total	Remarks
1.	Number of inquiries pending from the previous quarter				
2.	Number of children declared “free for adoption” during the current quarter				
3.	Number of inquiries carried forward to the quarter				

**10. Training of members**

S. No.	Topic	Organized by	Attended by	Date and Days	Remarks

**11. Complaints/ Suggestion, if any, Received and Action taken [Please attach a separate sheet, if necessary]**

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**12. Remarks / Suggestion by CWC [Please attach a separate sheet, if necessary]**

a. Chairperson \_\_\_\_\_

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b. Member-1 \_\_\_\_\_

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c. Member-2 \_\_\_\_\_

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d. Member-3 \_\_\_\_\_

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e. Member-4 \_\_\_\_\_

\_\_\_\_\_

**Signed by**

**Chairperson** \_\_\_\_\_

**Member-2** \_\_\_\_\_

**Member-4** \_\_\_\_\_

**Member-1** \_\_\_\_\_

**Member-3** \_\_\_\_\_