

FORM 1

[Rules 8 (1), 8 (5)]

SOCIAL BACKGROUND REPORT

FIR/DD No

U/Sections

Police Station

Date & Time

Name of I.O.

Name of CWPO.....

1. Name

2. Father/Mother/Guardian's name.....

3. Age/ Date of birth

4. Address.....

5. Religion

(i) Hindu (OC/ BC/ SC/ ST)

(ii) Muslim/ Christian/ Other (pl. specify)

6. Whether the child is differently abled:

(i) Hearing Impairment

(ii) Speech Impairment

(iii) Physically disabled

(iv) Mentally disabled

(v) Others (please specify)

7. Family Details:

S.No.	Name and Relationship	Age	Sex	Education	Occupation	Income	Health status	History of Mental Illness (if any)	Addictions (if any)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

8. Reasons for leaving home

9. Whether there is a history of involvement of family members in offences, if any

10. Habits of the child

A

i) Smoking

ii) Alcohol consumption

iii) Drug use (specify)

iv) Gambling

v) Begging

vi) Any other

B

i) Watching TV/movies

ii) Playing indoor/ outdoor games

iii) Reading books

iv) Drawing/painting/acting/singing

v) Any other

Yes

No

11. Employment Details, if any.....

12. Details of income utilization:

(i) Sent to family to meet family need

Yes

No

(ii) Used by self for:

Yes

No

a) For dress materials

Yes/No

b) For gambling

Yes/No

c) For alcohol

Yes/No

d) For drug

Yes/No

e) For smoking

Yes/No

f) Savings

Yes/No

13. The details of education of the child:

(i) Illiterate

(ii) Studied up to V Standard

(iii) Studied above V Standard but below VIII Standard

(iv) Studied above VIII Standard but below X Standard

(v) Studied above X Standard

14. The reason for leaving School

(i) Failure in the class last studied

(ii) Lack of interest in the school activities

(iii) Indifferent attitude of the teachers

(iv) Peer group influence

(v) To earn and support the family

(vi) Sudden demise of parents

(vii) Bullying in school

(viii) Rigid school atmosphere

- (ix) Absenteeism followed by running away from school
- (x) No age appropriate school nearby
- (xi) Abuse in school
- (xii) Humiliation in school
- (xiii) Corporal punishment
- (xiv) Medium of instruction
- (xv) Others (pl. specify)

15. The details of the school in which studied last:

- (i) Corporation/Municipal/Panchayat
- (ii) Government/SC Welfare School/BC Welfare School
- (iii) Private management
- (iv) School under NCLP

16. Vocational training, if any

17. Majority of the friends are

- (i) Educated
- (ii) Illiterate
- (iii) The same age group
- (iv) Older in age
- (v) Younger in age
- (vi) Same sex
- (vii) Opposite sex
- (viii) Addicts
- (ix) With criminal background

18. Whether the child has been subjected to any form of abuse:

Yes/No

S.No.	Type of Abuse	Remarks
1.	Verbal abuse – parents/siblings/employers/others , (pl. specify)	
2.	Physical abuse(pl. specify)	
3.	Sexual abuse parents/siblings/Employers/others (pl. specify)	
4.	Others (pl. specify)	

19. Whether the child is a victim of any offence:

Yes	No
-----	----

20. Whether the child is used by any gangs or adults or group of adults or has been used for drug peddling:

Yes	No
-----	----

21. Reason for alleged offence such as parental neglect or over protection, peer group influence etc.

.....
.....
.....

22. Circumstances in which the child was apprehended

.....
.....

23. Details of articles recovered from the child:

.....
.....

24. Alleged role of the child in the offence:.....

.....
.....

25. Suggestions of Child Welfare Police Officer.....

.....
.....

Signed byChild Welfare Police Officer

FORM - 2

UNDERTAKING BY THE PARENT OR GUARDIAN OR FIT PERSON GIVEN INTERIM CUSTODY
PENDING INQUIRY

Whereas I, (Name) resident of House no..... Street
Village/Town.....District.....State..... do hereby declare that I am willing
to take charge of (name of the child)..... aged..... under the orders of the Board
..... subject to the following terms and conditions:

1. That I have annexed true, correct and authentic identification and address proof of myself.
2. That I undertake to produce him/her before the Board as and when required.
3. That I shall do my best for the welfare and education of the child as long as he/ she remains in my charge and shall make proper provision for his/her maintenance.
4. That in the event of his/her illness, he/she shall have proper medical attention in the nearest hospital and a report of it followed by a fitness certificate shall be submitted before the Board.
5. That I shall do my best to ensure that the child will not be subjected to any form of abuse/ neglect or exploitation
6. That if his/her conduct requires further supervision or care and protection, I shall at once inform the Board.
7. That if the child goes out of my charge or control, I shall immediately inform the Board.

Date thisday of.....20

Signature of person executing the Undertaking/ Bond

(Signed before me)

Juvenile Justice Board

FORM 3

[Rule 10 (1)(iii)]

SUPERVISION ORDER

When the child is placed under the care of a fit person/fit institution/Probation Officer pending inquiry FIR/DD No. of..... 20.....PS.....

Whereas (name of the child) is alleged to have committed an offence and is placed under the care of (Name)..... (address)..... on executing a bond by the said..... and the Board is satisfied that it is expedient to deal with the said child by making an order placing him/her under supervision.

It is hereby ordered that the said child be placed under the supervision of..... for a period of..... subject to the following conditions:

1. That the child shall reside at..... for a period ofand shall be produced before the Board as and when directed.
2. That the child shall not be allowed to quit the district jurisdiction of without the permission of the Board.
3. That the child shall not be allowed to associate with such person who shall negatively influence the child.
4. That the person under whose care the child is placed shall arrange for the proper care, education and welfare of the child.
5. That the preventive measures will be taken by the person under whose care the child is placed to see that the child does not commit any offence punishable by any law in India.
6. That the child shall be prevented from taking narcotic drugs or psychotropic substances or any other intoxicants. The person under whose supervision the child is placed shall report any such act of the child to the Board.

Dated this.....day of..... 20.....

(Signature)

**Principal Magistrate/ Member Juvenile
Justice Board**

Note: Additional, conditions, if any may be inserted by the Juvenile Justice Board.

FORM 4

[Rule 10 (1)(iv)]

ORDER OF PLACING A CHILD IN CHILD CARE INSTITUTION PENDING INQUIRY

To

The Officer in charge

Whereas on the.....day of.....20.....,(Name of the child), son/ daughter of.....aged.....,residing at.....alleged to be involved in FIR/DD No. PSis ordered by the Juvenile Justice Board to be kept in the Child Care Institution (Observation Home/ Place of Safety) namely for a period of

This is to authorize and require you to receive the said child into your charge, and to keep him in the Child Care Institution (Observation Home/ Place of Safety) and to produce the child as and when directed by the Board, for the aforesaid order to be carried into execution according to law.

Next date of hearing.....

Given under my hand and the seal of Juvenile Justice Board

This day of 20.....

(Signature)

**Principal Magistrate/Member
Juvenile Justice Board**

FORM 5

[Rule 10 (2)]

ORDER FOR SOCIAL INVESTIGATION REPORT

FIR No.....

U/Sections.....

Police Station.....

To,

Probation Officer/ Person in-charge of Voluntary or Non-Governmental Organization.

Whereas(Name of the Child), son/daughter of..... age.....residing at....., has been produced before the Board.

You are hereby directed to enquire into the social antecedents, family background and circumstances of the alleged offence by the said child and submit your social investigation report on or before.....or within such time as allowed to you by the Board.

You are also hereby directed to consult an expert in child psychology, psychiatric treatment or counselling or any other expert for their expert opinion if necessary and submit such report along with your Social Investigation Report.

Dated thisday of20.....

(Signature)

Principal Magistrate/ Member

Juvenile Justice Board

15. If the child or person is married, name, age and details of spouse and children:

.....

16. Relationship among the family members:

i. Father & mother	Cordial/ Non cordial/ Not known
ii. Father & child	Cordial/ Non cordial/ Not known
iii. Mother & child	Cordial/ Non cordial/ Not known
iv. Father & siblings	Cordial/ Non cordial/ Not known
v. Mother & siblings	Cordial/ Non cordial/ Not known
vi. Child & siblings	Cordial/ Non cordial/ Not known
vii. Child & grandparents (paternal/maternal)	Cordial/ Non cordial/ Not known

17. History of involvement of family members in offences, if any:

S. No.	Relationship	Nature of Crime	Legal status of the case	Arrest if any made	Period of confinement	Punishment awarded
1.	Father					
2.	Step father					
3.	Mother					
4.	Step mother					
5.	Brother					
6.	Sister					
7.	Others (uncle/ aunty/ grandparents)					

18. Attitude towards religion of child and family.....

19. Present living conditions

20. Other factors of importance if any.....

21. (i) Habits of the child (Tick as applicable)

A

B

- | | |
|------------------------|------------------------------------|
| a) Smoking | g) Watching TV/movies |
| b) Alcohol consumption | h) Playing indoor/ outdoor games |
| c) Drug use (specify) | i) Reading books |
| d) Gambling | j) Religious activities |
| e) Begging | k) Drawing/painting/acting/singing |
| f) Any other | l) Any other |

ii) Extra-curricular interests.....

iii) Outstanding characteristics and personality traits.....

22. Child's opinion/reaction towards discipline in the home.....

23. Employment Details of the child, if any.....

24. Details of income utilization and manner of income utilization.....

25. Work record (reasons for leaving vocational interests, attitude towards job or employers).....

26. The details of education of the child:

- i) Illiterate
- ii) Studied up to V Standard
- iii) Studied above V Standard but below VIII Standard
- iv) Studied above VIII Standard but below X Standard
- v) Studied above X Standard

27. Attitude of class mates towards the child.....

28. Attitude of teachers and classmates towards the child.....

29. The reason for leaving School (tick **Yes/No** as applicable)

- i) Failure in the class last studied
- ii) Lack of interest in the school activities
- iii) Indifferent attitude of the teachers
- iv) Peer group influence
- v) To earn and support the family
- vi) Sudden demise of parents
- vii) Bullying in school
- viii) Rigid school atmosphere
- ix) Absenteeism followed by running away from school
- x) There is no age appropriate school nearby
- xi) Abuse in school
- xii) Humiliation in school

- xiii) Corporal punishment
 - xiv) Medium of instruction
 - xv) Others (pl. specify)
30. The details of the school in which studied last:
- i) Corporation/Municipal/Panchayat
 - ii) Government/SC Welfare School/BC Welfare School
 - iii) Private management
 - iv) School under NCLP
31. Vocational training, if any.....
32. Majority of the friends are
- i) Educated
 - ii) Illiterate
 - iii) The same age group
 - iv) Older in age
 - v) Younger in age
 - vi) Same sex
 - vii) Opposite sex
 - viii) Addicts
 - ix) With criminal background
33. Attitude of the child towards friends.....
34. Attitude of friends towards the child.....
35. Observations of neighbours towards the child.....
36. Observations about neighborhood (to assess the influence of neighborhood on the child).....
37. Whether the child has been subjected to any form of abuse, if applicable:

Yes/No

S.No	Type of Abuse	Remarks
1.	Verbal abuse – parents/ siblings / employers / others , (pl. specify)	
2.	Physical abuse(pl. specify)	
3.	Sexual abuse parents/siblings/ Employers/others (pl. specify)	
4.	Others (pl. specify)	

38. Whether the child is a victim of any offence: Yes/No
39. Whether the child is used by any gangs or adults or group of adults or has been used for drug peddling: Yes/No

40. Does the child has tendency to run away from home, give details if any: **Yes/No**
41. Circumstances of apprehension of the child.....
42. Alleged role of the child in the offence.....
43. Reason for alleged offence:
- (i) Parental neglect
 - (ii) Parental overprotection
 - (iii) Parents criminal behaviour
 - (iv) Parents influence (negative)
 - (v) Peer group influence
 - (vi) Bad habits (to buy drugs/alcohol)
 - (vii) Others (pl. specify)
44. Whether the child has been apprehended earlier for any offence, if yes give details including stay in a child care institution Yes/ No
-
45. Previous institutional/case history and individual care plan, if any:
46. Physical appearance of the child:
47. Health condition of the child (including medical examination report, if applicable)
48. Mental condition of the child:
49. Any other remark

RESULT OF INQUIRY

- 1. Emotional factors
- 2. Physical condition
- 3. Intelligence
- 4. Social and economic factors.....
- 5. Suggestive causes of the problems.....
- 6. Analysis of the case, including reasons/contributing factors for the offence
- 7. Opinion of experts consulted.....
- 8. Recommendation regarding rehabilitation by Probation Officer/Child Welfare Officer.....

Signature of the Probation Officer/ Child Welfare Officer/ Social Worker

Stamp and Seal where available

“FORM 7¹

[Rules 11(3), 13(7)(vi), 13(8)(ii), 19(4), 19(17), 62(6)(vii), 62(6)(x) and 69 I (3)]

INDIVIDUAL CARE PLAN

Child in Conflict with Law or Child in Need of Care and Protection

(Tick whichever is applicable)

Name of Case Worker/Child Welfare Officer/Probation Officer.....

Date of preparing the Individual Care Plan.....

Case/Profile No.....of 20.....

FIR No.....

Under Sections (Type of offence), applicable in case of Children in Conflict with Law.....

Police Station.....

Address of the Board or the Committee.....

Admission No. (If child is in an institution)

Date of Admission (if child is in an institution)

Stay of the child (Fill as applicable)

(i) Short term (up to six months)

(ii) Medium Term (six months to one year)

(iii) Long term (more than 1 year)

FOR BOTH CATEGORIES OF CHILDREN WHO ARE PLACED IN INSTITUTIONAL OR NON-INSTITUTIONAL CARE

1. **Personal details** (to be provided by child/parent/both on admission of the child in the institution)

(a) Name of the Child.....

(b) Age/Date of Birth.....

(c) Sex: Male/Female.....

(d) Father's name.....

(e) Mother's name.....

(f) Nationality.....

(g) Religion.....

(h) Caste.....

(i) Language spoken.....

2. Level of Education.....

3. Details of Savings Account of the child, if any.....

4. Details of awards/rewards received by the child, if any.....

5. Details of child's belongings, if any.....

6. Details of child's parents' property, if any-

7. Details of child's parents bank accounts, if any-

8. Details of child's insurance policy, if any-

9. Details of child's parents' insurance policy, if any-

¹ Form 7 substituted through Sec 60 of JJ(C&P of Children) Model Amendment Rules, 2022

10. Details of child's parents job compensation, pension if any-
11. Details of child's fixed deposits, savings, financial policy, mutual funds if any-
12. Details of parent's loans, Mortgages, other financial liabilities, if any-
13. Details of property to be inherited, if any-
14. Whether succession certificate issued or not?- a. yes b. no
15. Details of succession certificate-
16. Whether legal heir certificate issued or not?- a. yes b. no
17. Details of legal heir certificate-
18. Whether the child is orphan/abandoned/surrendered?
19. Based on the results of Case History, Social Investigation report and interaction with the child, give details on following areas of concern and interventions required, if any- **(This is for both categories of children who are placed in institutional or non-institutional care)**

S. No	Category	Areas of concern	Proposed Interventions
1	Child's expectation from care and protection		
2	Health and nutrition needs		
3	Emotional and psychological support needed		
4	Educational and training needs		
5	Leisure, creativity and play		
6	Attachments and inter-personal relationships		
7	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment		
8	Independent living skills		
9	Any other significant experiences which may have impacted the development of the child, like trafficking, domestic violence, parental neglect, bullying in school, etc. (Please specify)		

20. Whether the child has any siblings? Yes/No
21. Whether the child and his/her sibling are being placed together? A. Yes B. No
22. Whether the child and his/her siblings are being surrendered by the single parent/ Guardian? A. Yes b. No C. Not Applicable
23. Case/Profile No. of the sibling/siblings-
24. **In case the child is with disability or special needs or is terminally ill**
 (This may be relevant for both child in conflict with law and child in need of care and protection, as the case may be)
 - (i) Whether the child who is suffering from disabilities have been provided with disability certificate. Yes/No. If Yes, please state the disability certificate no
 - (ii) Whether such child has been provided with medical equipment like hearing aid, crutches etc.

Yes/No. If Yes, please specify.....

- (iii) Whether the child has been provided for compensation /relief for his/her disability. Yes/No. If yes, please specify.....
- (iv) Education requirements of the child.....
- (v) Any other special needs of the child.....
- (vi) Any other recommendation.....

25. If the child belongs to Children in Street Situations/Trafficked/Involved in Drug Peddling/Child Labour(This may be relevant for both child in conflict with law and child in need of care and protection, as the case may be)

- (i) Whether the child belongs to Children in Street Situation: Yes/No.
- (ii) Whether the child is a victim of child trafficking: Yes/No. If yes,
- (iii) Whether the child was involved in drug- peddling: Yes/No.
- (iv) Whether the child is a victim of child labour. Yes/No. If yes,
- (v) Whether the child who has been a victim of Child-Labour has been provided compensation under the Child Labour Rehabilitation-cum-Welfare Fund or any other scheme. Please Specify.....
- (vi) Whether such child who have been victim of child labour/ child trafficking/drug peddling/ or is a children in street situation provided with counselling? Yes/No
- (vii) Whether the child has been provided any compensation? Yes/ No. If yes, please specify.....

26. If the child is a victim of abuse including sexual abuse: (This may be relevant for both child in conflict with law and child in need of care and protection, as the case may be)

- (i) Whether the child has been provided counselling?.....
- (ii) Whether any action has been taken against such offender/perpetrator? If Yes, Please specify.....
- (iii) Whether the child who has been a victim of sexual assault has been provided compensation as per the compensation scheme under the Protection of Children from Sexual Offences Act, 2012.....
- (iv) Any other compensation or relief provided to the child?.....
- (v) Any other observations.....

FOR CHILDREN PLACED IN INSTITUTIONAL CARE

27. Progress report of the child (to be prepared every fortnight for first three months and thereafter to be prepared once a month)

[Note: Use different sheet for Progress Report]

1. Name of the Probation Officer/Case Worker/Child Welfare Officer.....
2. Period of the report.....
3. Admission No.....
4. Board or Committee details.....
5. Profile No.....
6. Name of the Child.....
7. Place of interviewDates.....
8. General conduct and progress of the child during the period of the report
9. Progress made with regard to proposed interventions as mentioned in point 19 of Part A of this form.

S.No	Category	Proposed Interventions	Progress of the Child
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1.	Child's expectation from care and protection		
2.	Health and nutrition needs		
3.	Emotional and psychological support needed		
4.	Educational and training needs		
5.	Leisure, creativity and play		
6.	Attachments and inter-personal relationships		
7.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment		
8.	Independent living skills		
9.	Any other significant experiences which may have impacted the development of the child, like trafficking, domestic violence, parental neglect, bullying in school, etc. (Please specify)		

10. Any proceeding held before the committee or Board or Children's Court, details:-

11. Variation of conditions of bond:.....

12. Change of residence of the child:.....

13. Other matters, if any:.....

14. Period of supervision completed. Details:.....

15. Result of supervision with remarks (if any):.....

16. Name and Addresses of the parent or guardian or fit person under whose care the child is to live after the supervision is over:.....

Date of report:.....

Signature of the Probation Officer.....

28. Pre-release report (to be prepared 15 days prior to release):

1. Details of place of transfer and authority concerned responsible in the place of transfer/release:.....

2. Details of placement of the child in different institutions/family:.....

3. Training undergone and skills acquired:.....

4. Last progress report of the child (to be attached, refer Part B)

5. Rehabilitation and restoration plan of the child (to be prepared with reference to progress reports of the child).

S. No	Category	Rehabilitation and Restoration plan of the child
1.	Child's expectation from care and protection	
2.	Health and nutrition	
3.	Emotional and psychological	
4.	Educational and Training	

5.	<i>Leisure, creativity and play</i>	
6.	<i>Attachments and Inter-personal Relationships</i>	
8.	<i>Self-care and life skill training for Protection from all kinds of abuse, neglect and maltreatment</i>	
9.	<i>Independent living skills</i>	
10.	<i>Any other</i>	

6. *Date of release/transfer/repatriation:.....*

7. *Requisition for escort if required:.....*

8. *Identification Proof of escort such as driving license, Aadhaar Card, etc:.....*

9. *Recommended rehabilitation plan including possible placements/sponsorships...*

10. *Details of Probation Officer/Non-Governmental Organization for post-release follow up:.....*

11. *Memorandum of Understanding with Non-Governmental Organisation identified for post-release follow-up (Attach a copy)*

12. *Details of sponsorship agency/individual sponsor, if any:.....*

13. *Memorandum of Understanding between the sponsoring agency and individual sponsor (Attach a copy):.....*

14. *Medical examination report before release:.....*

15. *Any other information:.....*

29. Post-release/restoration report of the child:

1. *Status of Bank Account: Closed/Transferred*

2. *Earnings and belongings of the child: handed over to the child or his parents/guardians – Yes/No*

3. *First interaction report of the Probation Officer/Child Welfare Officer/Case Worker/social worker/Non-Governmental Organisation identified for follow-up with the child post-release:.....*

4. *Progress made with reference to Rehabilitation and Restoration Plan:.....*

5. *Family's behaviour/attitude towards the child:.....*

6. *Social milieu of the child, particularly attitude of neighbours' / community:.....*

7. *How is the child using the skills acquired:.....*

8. *Whether the child has been admitted to a school or vocation? Give date and name of the school/institute/anyother agency Yes/No*

9. *Report of second and third follow-up interaction with the child after two months and six months respectively:.....*

10. *Efforts towards social mainstreaming and child's opinion/views about it:.....*

11. *Identity Cards and Compensation*

<i>IDENTITY CARDS</i>	<i>Present status (Please tick whichever Applicable)</i>		<i>Action taken</i>
	<i>Yes</i>	<i>No</i>	
<i>Birth Certificate</i>			
<i>School certificate</i>			
<i>Caste certificate</i>			

<i>Below Poverty Line Card</i>			
<i>Disability Certificate</i>			
<i>Immunization card</i>			
<i>Ration Card</i>			
<i>Adhaar Card</i>			
<i>Received compensation from Government</i>			

[Instruction: Please verify with the physical document]

30. Adoption

- (i) Whether the child has been declared legally free for adoption?
A. Yes B. No C. Not Applicable
(If not applicable, then subsequent questions do not apply)
- (ii) Whether the child has been placed in a Specialised Adoption Agency or Child Care Institution?
A. Specialised Adoption Agency B. Child Care Institution
- (iii) Social Investigation Report by Child Welfare Officer/Case worker/social worker, as the case may be submitted?
A. Yes B. No
- (iv) Deed of surrender executed by the parents/guardian before the Committee?
A. Yes B. No C. Not Applicable
- (v) Declaration submitted by District Child Protection Unit and Child Care Institution or Specialised Adoption Agency that all restoration efforts have been made for the child-
A. Yes B. No
- (vi) Nobody has approached District Child Protection Unit and Child Care Institution or Specialised Adoption Agency for claiming the child as biological parents or legal guardians-
A. Yes B. No
- (vii) All timelines under Section 38 of the Act have been adhered to before declaring the child legally free for adoption-
A. Yes B. No

FOR CHILDREN PLACED IN NON-INSTITUTIONAL CARE (EXCEPT ADOPTION)

1. Guardian's name (if applicable)
2. Parents/Guardian's Nationality.....
3. Parents/Guardian's Religion.....
4. Child's nationality-
5. Details of Adhaar card/voter Identity Card/pan card of the child.....
6. Details of Adhaar card/voter Identity Card /pan card of the child's parents.....
7. Caste.....
8. Language spoken.....
9. Level of Education.....
10. Whether the child has been provided compensation/relief under various schemes of government.....
11. Where is the child being placed? –
(a) guardian (b) foster care (c) sponsorship (d) single parent
12. Whether the child is being surrendered by the single parent/Guardian?
A. Yes B. No C. Not Applicable
13. If yes, then whether the surrender deed has been made? A. Yes B. No

14. Education- (Yes/No/Not applicable) If yes, then

- (i) Whether the child has been enrolled in school or a special training center?
- (ii) If child is enrolled in school, then
 - (a) Name of the school.....
 - (b) Government/Private
 - (c) Class
- (iii) Unified District Information System for Education Code of the said school.....
- (iv) If child is enrolled in special training centre then,
 - (a) Center is Residential or Non-Residential.....
 - (b) Duration of enrollment
- (v) Whether the child has been enrolled in school under clause (c) of sub-section (1) of section 12 of the Right to Education Act, 2009? Yes / No / NA
- (vi) The Child Welfare Committee has recommended for continuing of education of the child in the same school as the child was studying in? Yes / No
- (vii) On the basis of the recommendation, whether the child is continuing education in the same school as he was studying in? Yes/ No
- (viii) The Child Welfare Committee has recommended for transfer of school for the child? Yes / No
 - (a) If yes, then what are the reasons given by the Child Welfare Committee for recommending transfer of school?
- (ix) Whether the child has been admitted to/transferred to a new school? Yes/ No
- (x) Details of new school along with its Unified District Information System for Education Code.....
 - (xi) Address and Contact Details.....
 - (xii) Class in which admission/transfer taken place.....
 - (xiii) Class in which the child was transferred from previous school.....
- (xiv) On the basis of the recommendations of Child Welfare Committee, whether the school in which the child is studying in is giving the benefit under clause (c) of sub-section (1) of section 12(1)(c) of the Right to Education Act, 2009 to the child? Yes / No
- (xv) Whether the child is being given free education by the appropriate government? Yes / No
- (xvi) Is the child availing any scholarship? Yes / No
 - a. If yes, name of the scholarship
 - b. Amount of scholarship
- (xvii) Any other observation and recommendation made by the Child Welfare Committee for education of the child.....

15. Sponsorship

- (i) The child has been recommended for sponsorship by the Child Welfare Committee?
A. Yes B. No (If no, then subsequent questions do not apply)
- (ii) Whether sponsorship for the child has been approved by a Committee headed by District Magistrate:
A. Yes B. No
- (iii) Nature of sponsorship: i. Government ii. Private
- (iv) Type of sponsorship
 - (a) Individual to Individual sponsorship
 - (b) Group Sponsorship
 - (c) Community or organisation sponsorship
 - (d) Support to families through sponsorship
 - (e) Support to children homes and special homes

- (f) Sponsorship through:
 - i. Institutions,
 - ii. Companies
 - iii. Corporations either public or private
- (g) Any other

(v) Whether child has started receiving money under the sponsorship program-

A. Yes B. No

(vi) Recommended duration of sponsorship:.....

(vii) Any other information:.....

16. Restoration of the child:

(i) Whether the child is being restored to:-

Single Parent / Biological Parents / Guardian/ Relative

(ii) Name of the person to whom the child is being restored to.....

(iii) Address and contact details of person where the child is being restored to.....

(iv) If the child is being restored to Guardian/relative, then-

(v) Relationship of the child with the guardian/relative-

(vi) Does the guardian/relative have children of their own? A. yes B. No

(vii) If yes, Details of guardian/relatives' children-

(viii) Social and financial condition of the guardian/relative-

(ix) Whether the child will be staying in the same State where the child was found? Yes/No

(x) Whether the child needs to be transferred to another State for restoration? Yes/No. If yes:

(a) Name of the State where the child is restored to-

(b) An escort is required for transfer of the child to another State?

A. Yes B. No.

If yes: Identification Proof of escort such as driving license, Aadhar Card, etc.....

(c) Whether District Child Protection Unit/ Child Welfare Committee of the concerned district of the State where the child is being transferred to has been informed about the transfer orders? Yes/No

(d) Whether the child's documents/Social Investigation Report/ Individual Care Plan/ Orders of Child Welfare Committee have been transferred to the concerned CWC of the State? Yes/No

(e) Details of Child Welfare Committee where the case is transferred.....

(xi) Child Welfare Committee has recommended follow-up of the child post restoration: Yes / No

(xii) Status of bank accounts of the child.....

(xiii) The belongings of the child are handed over to the child/parent/guardian: Yes/No

(xiv) Identity Cards and Compensation:

IDENTITY CARDS	Present status (Pleasetick whichever is applicable)		Action taken
	Yes	No	
Birth Certificate			
School certificate			
Caste certificate			
Below Poverty Line Card			
Disability Certificate			

<i>Immunization card</i>			
<i>Ration Card</i>			
<i>Adhaar Card</i>			
<i>Received compensation from Government</i>			

REPATRIATION OF THE CHILD

- (i) *Whether the child needs to be repatriated. Yes/No*
- (ii) *If yes, whether such repatriation is: (tick whichever is applicable)*
 - inter-district*
 - inter-state*
 - inter-country*
- (iii) *Whether information about repatriation of the child has been informed to the:-*
 - District Magistrate.*
 - State Government.*
 - Central Government.*
- (iv) *Has the process of repatriation of the child been initiated? Yes / No . Details:.....*
- (v) *Whether the details of the child to be repatriated has been informed to National or State Commission for Protection of Child Rights, as the case may be?*
- (vi) *Any other recommendation.....*

.....*Signature of the Probation Officer/
Child Welfare Officer/District Child Protection Unit
Stamp and Seal where available”*

FORM 8

[Rule 11(6)]

**UNDERTAKING/ BOND TO BE EXECUTED BY A PARENT/ GUARDIAN/ /FIT PERSON IN WHOSE CARE
A CHILD IN CONFLICT WITH LAW IS PLACED**

Whereas I, being the parent, guardian, relative or fit person under whose care.....(name of the child) has been ordered to be placed by the Juvenile Justice Board having been directed by the said Board to execute an undertaking/ bond with surety in the sum of Rs...../- (Rupees) or without surety, I hereby bind myself to be responsible for the good behavior and well-being of the said..... and to observe the following conditions for a period of years with effect from

1. That I shall not change my place of residence without giving previous intimation in writing to the Juvenile Justice Board through the Probation Officer;
2. That I shall not remove the said child from the limits of the jurisdiction of the Juvenile Justice Board without previously obtaining the written permission of the Board;
3. That I shall send the said child daily to school/to such vocation as is approved by the Board unless prevented from so doing by circumstances beyond control;
4. That I shall sincerely give effect to the Individual Care Plan with the help of the Probation Officer;
5. That I shall report immediately to the Board whenever so required by it and also produce the child before the Board as and when directed to do so;
6. That I shall produce the said child in my care before the Board, if he/she does not follow the orders of Board or his/her behavior is beyond my control;
7. That I shall report to the Board if the child goes out of my control or charge;
8. That I shall render all necessary assistance to the Probation Officer to enable him to carry out the duties of supervision;

In the event of my making default herein, I undertake to appear before the Board and bind myself to pay to Government the sum of Rs (Rupees).

Dated thisday of.....20.

Signature of person executing the Undertaking/Bond.

(Signed before me)

Principal Magistrate/ Member Juvenile Justice Board

Additional conditions, if any, by the Juvenile Justice Board may be entered numbering them properly;

(Where a bond with sureties is to executed add)

I/Weof.....(place of residence with full particulars) hereby declare myself/ourselves as surety/sureties for the aforesaid (name of the person executing the undertaking/bond) to adhere to the terms and conditions of this undertaking/bond. In case of(name of the person executing the bond) making fault therein, I/We hereby bind myself/ourselves jointly or severally to forfeit to government the sum of Rs...../- (Rupees.....) dated this the..... day of20in the presence of

Signature of Surety(ties)

(Signed before me)

Principal Magistrate/ Member, Juvenile Justice Board

FORM 9

[Rules 11(7)]

PERSONAL BOND BY CHILD

Whereas I,inhabitant of.....(give full particulars such as house number, road, village/town, tehsil, district, state) have been ordered to be sent back/restored by the Juvenile Justice Boardunder section of the Juvenile Justice (Care and Protection of Children) Act, 2015 on my entering into a personal bond to observe the conditions mentioned herein below. Now, therefore, I do solemnly promise to abide by these conditions during the period.....

I hereby bind myself as follows:

1. That during the period..... I shall not ordinarily leave the village/town/district to which I am sent and shall not ordinarily return to..... or go anywhere else beyond the said district without the prior permission of the Board;
2. That during the said period I shall attend school/ vocational training in the village/town or in the said district to which I am sent;
3. That in case of my attending school/ vocational training at any other place in the said district I shall keep the Board informed of my ordinary place of residence.

I hereby acknowledge that I am aware of the above conditions which have been read over/explained to me and that I accept the same.

(Signature or thumb impression of the child)

Certified that the conditions specified in the above order have been read over/explained to (Name of child).....and that he has accepted them as the conditions upon non-compliance of which he/she may be placed in safe custody.

Certified accordingly that the said child has been released/ relieved on (date)

Signature

**Principal Magistrate/Members
Juvenile Justice Board**

FORM 10

[Rules 11(9) and 64 (3) (xiii)]

PERIODIC REPORT BY PROBATION OFFICER WHEN A CHILD IS RELEASED ON PROBATION

FIR No..... Police StationU/Sections.....

In the matter of..... vs.....

Whereas (name of the child), age....., has on.....(date) been found to be a child in conflict with law, and has been placed under the care of (parent/ guardian/ fit person/fit facility) and under the supervision of (name of Probation Officer)

Reg. No. :-	Age (approximately) :-	Sex:- Male / Female /
Name:-	Fathers Name:-	Religion:-
Education: -	Vocational Training, if any	Language(s) known:-
Next court date:-	Employment, if any	Date of admission (in case of fit person/fit facility)

Case details and summary

.....

1. Preliminary details:

- (i) Visit Date:/...../.....
- (ii) Name of Parent / Guardian.....
- (iii) Names of Other Adults Living in the Home and with whom the Probation Officer interacted:

2. Observations:

- (i) Child's behaviors.....
- (ii) Physical and mental health status/needs of child and family.....
- (iii) Inter-personal relationship of the child with the family.....
- (iv) Inter-personal relationship with friends.....
- (v) Safety and supervision in the family.....
- (vi) Difficulties faced by the child.....
- (vii) Difficulties faced by the family.....
- (viii) Changes in the household.....
- (ix) Vocational training, if any being undertaken by the child.....
- (x) Engagement of child in any anti-social activities or harmful activities (Examples could be exhibiting bullying behaviour, violent outbursts, destructions, self-harm, lying, defiance, impulsiveness, lack of empathy, sexually deviant actions etc.).....
- (xi) Time elapsed since last engagement in any anti-social behavior or harmful activities.....

3. Visit to school/ vocational training centre

- (i) Name of the school/centre.....
- (ii) Name of the Teacher / Principal met.....
- (iii) Any unusual behavior observed.....
- (iv) Feedback received on the progress of the child.....
- (v) Attitude of the peers towards the child.....
- (vi) Attitude of the child towards the peers.....

4. Visit to place of employment:

- (i) Nature of work.....
- (ii) Working hours.....
- (iii) Attitude of the child towards work.....
- (iv) Violation of any labour laws, Low wages or wages being withheld, if observed and action taken against employer.....

5. Did you spend time speaking privately with the child Yes No

If no, give reasons.....

6. Progress made as per Rehabilitation and Restoration Plan under the Individual Care Plan (refer point 14 of form 7).....

.....

7. Recommendations for modifications in Rehabilitation and Restoration Plan under the Individual Care Plan , if any:

Prepared by:

(Probation Officer/...../.... (date)

Plan: Date of next visit:

Action point if any:

Signature
(Probation Officer)

FORM 11
[Rule 12(1)]
CASE MONITORING SHEET

(Separate Sheet may be used in case there are more than one child)

Juvenile Justice Board, District.....

Case No.of.....

Case Name:

Police Station	Date.....
U/S.....	FIR/ GD/ DD No.
Name of Probation Officer.....	Name of IO
Name of Lawyer	Name of Child Welfare Police Officer.....
(If not represented provide Legal Aid Lawyer)	

NATURE OF OFFENCE
PETTY (maximum punishment upto three years)
SERIOUS (maximum punishment between three to seven years)
HEINOUS (minimum punishment for seven years or more)

PARTICULARS OF CHILD			
Name	Parents/ Guardian with Contact No.	Present address	Permanent address

DATE AND TIME CHILD APPREHENDED		
DATE AND TIME OF FIRST PRODUCTION		
DATE OF MEDICAL EXAMINATION UNDER SECTION 54 Cr.P.C.		
AGE DETERMINATION		
Age on the Date of offence		
Date of age Determination		
Time taken for age determination		
Determination by	BOARD	COURT
Evidence Relied:	Documents	Medical

CUSTODY OF THE CHILD		
In Observation Home/ Place of Safety	Date of grant of bail	Sent under supervision (Name of Institution)
From.....To.....		

PROGRESS OF INQUIRY

(Time schedule for disposal of the case to be fixed on the first day of hearing)

Steps to be taken	Scheduled Date	Actual Date
Day 1: Social Background Report by Police (in Form No. 1)	Dated.....	
Day 1: Consideration of Bail	Dated.....	
Day 2: Age determination	Dated.....	
Day 2: SIR (Form No.6) by Probation Officer	Dated.....	
Day 2: Section 173 CrPC Final Report by Police on completion of Investigation	Dated.....	
Day 3: Submission of Report on Provisions of further investigation, if any	Dated.....	
Day 3: Section 251 CrPC Notice	Dated.....	
Day 4-6: Prosecution Evidence (From..... to.....) Depending on the number of witnesses continuous dates may be fixed)	Dated..... Dated..... Dated.....	
Day 7: Statement of child under Section 281 CrPC	Dated.....	
Day 8: Defence Evidence	Dated.....	
Day 8: Individual Care Plan (In case of child in institutional care Individual Care Plan should be prepared within one month of admittance)	Dated.....	
Day 9: Final Arguments	Dated.....	
Day 10: Dispositional (Final) Order	Dated.....	
Day 11: Post Dispositional Review	Dated.....	

signed by
Juvenile Justice Board

FORM 12
[Rule 12(2)]

QUARTERLY REPORT BY JUVENILE JUSTICE BOARD

District

Quarterly Report for the period: From..... to.....

Details of JJB

S.No.	Details	Date of Appointment	Training attended
1.	Principal Magistrate		
2.	Member 1		
3.	Member 2		
4.	Member 3		

VISIT TO HOMES BY PRINCIPAL MAGISTRATE

Date of visit:

Name and Address of Home :

Remark:

VISIT TO JAILS BY PRINCIPAL MAGISTRATE

Date of Visit:

Whether any children found:

Action taken:

CASES INSTITUTED DURING THE QUARTER:

	PETTY	SERIOUS	HEINOUS	TOTAL
Number cases				
Number of Children				
Children granted bail				
Children sent to Observation Home				
Number of cases where preliminary reports were submitted in stipulated time				

PENDENCY OF CASES							
Nature of case	Old cases	New cases	Disposal	Current pendency			
				Less than 4 months	4 months to 6 months	6 months to 1 year	More than 1 year
Petty							
Serious							
Heinous							
Total							
FINAL ORDER							
Total number of final orders passed							
Discharged	Transfer to other JJB	Abated on Death	Repatriated to Foreign Country	Transferred to Children's Court	Declared Compounded & file consigned	Terminated under rule (post-production process)	Acquitted/ Finding of commission in offence
Nature of Dispositional Orders where child has committed Offence (mention the No. of orders)							

COMPLAINT/SUGGESTION, IF ANY, RECEIVED AND ACTION TAKEN	
<hr/> <hr/> <hr/>	
REMARK/SUGGESTION BY BOARD	
a. Principal Magistrate _____	
b. Member : 1 _____	
c. Member: 2 _____	

Principal Magistrate	Member -1	Member -2
----------------------	-----------	-----------

FORM 13
[Rules 13(8)(iv)]

PERIODIC REVIEW OF A CHILD IN PLACE OF SAFETY

FIR No..... PS..... U/Sections

In the matter of vs.

Whereas (name of the child),age....., has on(date) been found to be a child in conflict with law, and has been placed in.....(Name of place of safety)

Date of admission to place of safety –

Period of Review: From..... to.....

Name of the Child.....

Father's Name.....

Date of admission.....

Next date of hearing.....

1. Case details and summary

.....
.....

2. Individual Care Plan (Attach a copy)

.....
.....

3. Fortnightly progress made as per Individual Care Plan

.....
.....

4. Development of new interests

.....
.....

5. Psycho-social progress made by the child: (to be prepared with the help of a psycho-social expert).....

I. Mental Status Evaluation

a. Appearance (Observed) - Possible descriptors: • posture, clothes, grooming.

b. Behavior (Observed) - Possible descriptors: • Mannerisms, gestures, psychomotor activity, expression, eye contact, ability to follow commands/requests, compulsions

II. Attitude (Observed) - Possible descriptors: • Cooperative, hostile, open, secretive, evasive, suspicious, apathetic, easily distracted, focused, defensive.

III. Level of Consciousness (Observed) - Possible descriptors: • Vigilant, alert, drowsy, lethargic, stuporous, asleep, comatose, confused, fluctuating.

IV. Orientation (Inquired) – Possible questions: • “What is your full name?” • “Where are we at (floor, building, city, county, and state)?” • “What is the full date today (date, month, year, day of the week, and season of the year)?” • “How would you describe the situation we are in?”

**V. Speech and Language (Observed) A. Quantity - Possible descriptors: • Talkative, spontaneous, quiet
B. Rate - Possible descriptors: • Fast, slow, normal, pressured. C. Volume (Tone).**

VI. Mood (Inquired): A sustained state of inner feeling – Possible questions: • “How are you feeling?” • “Have you been discouraged/depressed/low?” • “Have you been energized/elated/high/out of control lately?” • “Have you been angry/irritable?”

VII. Affect (Observed): An observed expression of inner feeling.

VIII. Thought Processes or Thought Form (Inquired/Observed): logic, relevance, organization, flow and coherence of thought in response to general questioning during the interview. - Possible descriptors: goal-directed, circumstantial, loose associations, incoherent, evasive, perseveration.

IX. Thought Content (Inquired/Observed)

X. Suicidality and Homicidality – Assessment

XI. Insight (Inquired/Observed) –

XII. Attention (Inquired/Observed) –

XIII. Feelings of guilt/ remorse: present/ absent

6. Status of Current Educational/ Vocational Rehabilitation Programme

- Motivation for the programme.....
- Level of cooperativeness.....
- Regularity.....
- Quality of work/performance.....

7. Impact of institutionalization on the person.....

8. Approach to evaluation/ periodic follow ups.....

Willingness /ability to participate in treatment and rehabilitation in programs/facilities, consistent with public safety.

RECOMMENDATIONS (including whether the person may be released or released on conditions or requires further institutionalization with justification)

DATE : / /

PLACE :

NAME :

DESIGNATION :

SIGNATURE :

Recommendations/Findings:

Signature / Seal

Prepared by:

(Probation Officer/...../.... (date)

FORM 14

[Rules 7 (1) (ii), 13(8)(iv)(C) (cd), 17(vi), 19(20), 65(3)(viii), 69E(2), 69 I (4), 69J(1), 69J(3)]

REHABILITATION CARD

FIR No. /Case No.

U/Sections

PS

Nature of Offence: heinous, serious or petty (in case of child in conflict with law)

Name of Probation Officer/Child Welfare Officer/Rehabilitation cum Placement Officer:
.....

Name of the child:

Age:

Sex:

Father's name:

Mother's name:

Admission No.

Date of Admission:

Date of Provisional Release / Release:

Services availed under Individual Care Plan –

Indicators	Child's expectation from care and protection
First Month	Plan : Outcome :
Second Month	Plan : Outcome :
Third Month	Plan : Outcome :
Fourth Month	Plan : Outcome :

	Health and Nutrition
First Month	Plan : Outcome :
Second Month	Plan : Outcome :
Third Month	Plan : Outcome :
Fourth Month	Plan : Outcome :

Emotional and psychological support needed	
First Month	Plan : Outcome :
Second Month	Plan : Outcome :
Third Month	Plan : Outcome :
Fourth Month	Plan : Outcome :
Education and Training	
First Month	Plan : Outcome :
Second Month	Plan : Outcome :
Third Month	Plan : Outcome :
Fourth Month	Plan : Outcome :

Leisure, creativity and play	
First Month	Plan Outcome
Second Month	Plan Outcome
Third Month	Plan Outcome
Fourth Month	Plan Outcome
Attachments and Inter-personal Relationships	
First Month	Plan Outcome :
Second Month	Plan Outcome :
Third Month	Plan Outcome :
Fourth Month	Plan Outcome :
Self Care and Life Skill Training for Protection from all kinds of abuse, neglect and maltreatment	
First Month	Plan Outcome :
Second Month	Plan Outcome :
Third Month	Plan Outcome :
Fourth Month	Plan Outcome :
Independent living skills	
First Month	Plan Outcome :
Second Month	Plan Outcome :
Third Month	Plan Outcome :
Fourth Month	Plan Outcome :

	Any other such as significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school etc.
First Month	Plan Outcome :
Second Month	Plan Outcome :
Third Month	Plan Outcome :
Fourth Month	Plan Outcome :

Other services provided to the child, including compensation, other benefits etc.

Report of the detailed psychiatric assessment done by certified psychiatrist to be attached along with Rehabilitation card

Date of report and reason for conducting the said assessment (Provisional Release / Release/ Any other)

1. Overall progress shown by the child on the above mentioned aspects of the Individual Care Plan
2. Child's acceptance and understanding of his actions and its consequences
3. Child's willingness to reform
4. Child's behavior and conduct
5. Offence committed by the child , if any reported by family or neighbourhood, in case of a child in conflict with law who is not placed in a Child Care Institution

Signed by
JJB/ CWC

FORM 15

[Rule 17 (1)(i)]

CASE SUMMARY MAINTAINED BY THE CHILD WELFARE COMMITTEE

Case No.....

In Re.....

Case Record.....

1. Name of the child.....
2. Father's/Mother's/Guardian's name (if available).....
3. Date of production of the child.....
4. Name of person producing the child.....
5. A list of all follow up dates (of the child, before the Committee).....
6. Orders passed by the CWC (tick as applicable)
 - (i) Declaration that child is in need of care and protection.
 - (ii) Finding on age of child
 - (iii) Medical Examination
 - (iv) Interim custody
 - (v) Undertaking (by parent, guardian or fit person, if applicable)
 - (vi) Order appointing Case Worker & NGO etc.
 - (vii) Order for compensation/recovery of wages (if applicable)
 - (viii) Transfer order
 - (ix) Final Order (concluding inquiry)
 - (x) Any other order.
7. Medical Records including but not limited to age verification.....
8. Social Investigation Report under Form 22.....
9. Individual Care Plan under Form 7.....
10. Rehabilitation Card in Form 14.....
11. Case History Form 43.....
12. All details, documents and records with regards to Sponsorship/Foster Care/Adoption services (if applicable).

Date:

Place:

(Signatures)

Child Welfare Committee

“FORM 16²

[Rules 17(1)(v), 17(1)(v a), and 20(2)]

QUARTERLY REPORT BY CHILD WELFARE COMMITTEE

District

Quarterly Report for the period: From.....to.....

Details of Child Welfare Committee:

Sl. No.	Details	Date of Appointment	Training attended
1.	Chairperson		
2.	Member 1		
3.	Member 2		
4.	Member 3		
5.	Member 4		

Details of Cases with Child Welfare Committee:

Sl. No.	Number of cases at the beginning of quarter	Number of Cases received during the quarter	Number of cases disposed of during the quarter	Number of cases pending at the end of quarter	Reasons for pendency

Final Order

Total number of final orders passed during the quarter							
Released to parent/ guardian / fit person/ fit institution	Transfer To other Child Welfare Committee	Ordered to stay in Child Care Institution	Repatriated To Foreign Country	Declared Legally free for adoption	Ordered for Foster care/ sponsorship /Aftercare	Recommended to the Juvenile Justice Board For filing FIR	Initiated Process of compensation to child, if eligible

Details of the case regarding Restored children by Child Welfare Committee:

S. No	No. of children Restored			No. of children restored with parents	No. of children restored with fit person		No. of children restored and recommended for follow up
	Same District	Different District	Different State		guardian	relatives	

Details of the cases of Death of Child in Child Care Institution:

<i>S. No.</i>	<i>Name of the deceased child</i>	<i>Cause of death</i>	<i>Name of Child Care Institution the child was placed</i>	<i>Period of stay in Child Care Institution</i>

Details of the cases of Runaway children:

<i>S. No.</i>	<i>Name of the runaway child</i>	<i>Name of Child Care Institution, the child was placed</i>	<i>FIR No.</i>	<i>Background of the child</i>

VISIT TO HOMES BY CHAIRPERSON/ MEMBERS

Date of visit:.....

Name and Address of Home visited:.....

Remarks/ Suggestions of the Committee:.....

**Signature of Chairperson
Seal.”**

“FORM 16 A³

[Rule 43(2) and (3)]

MONTHLY REPORT BY CHILD WELFARE COMMITTEE

District

Monthly Report for the period: From.....to.....

DETAILS OF THE CASE PERTAINING TO LEGALLY FREE FOR ADOPTION

Break-up of Pendency before Child Welfare Committee										
Orphan		Abandoned				Surrendered		Total		
Children for 0-2	Children > 2 years and <18 years	Children for 0-2		Children > 2 years and <18 years		Children 0-18 years				
<i>Pending for >2 months</i>	<i>Pending for > 4 months</i>	<i>Pending for >2 months</i>		<i>Pending for >4 months</i>		<i>Pending for > 2months</i>				
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	

Signature of Chairperson

Seal.

³ Form 16A inserted through Sec 62 of JJ(C&P of Children) Model Amendment Rules, 2022

FORM 17
[Rules 18(2), 19(25)]
REPORT TO BE SUBMITTED AT TIME OF PRODUCTION
OF CHILD BEFORE THE COMMITTEE

Case No.....

Produced before the Child Welfare Committee.....

Date of production..... Time of production.....

Place of production.....

1. Details of person who is producing the child:
 - (i) Name of the person
 - (ii) Age.....
 - (iii) Sex.....
 - (iv) Address
 - (v) Contact number.....
 - (vi) Occupation/ designation.....
 - (vii) Name of the organization/CCI/SAA
2. The child who is being produced:
 - (i) Name (if any).....
 - (ii) Age (stated age/ age based on appearance)
 - (iii) Sex
 - (iv) Identity mark/s.....
 - (v) Language used by the child.....
3. Details of parents / guardians (if available):
 - (i) Name
 - (ii) Age.....
 - (iii) Address.....
 - (iv) Contact number.....
 - (v) Occupation.....
4. Place where the child was found.....
5. The details of the person (if any) with whom the child was found:
 - i. Name
 - ii. Age.....
 - iii. Address.....
 - iv. Contact number.....
 - v. Occupation.....
6. Circumstances under which the child was found.....
7. Allegation by the child of any offence/ abuse committed on the child in any manner.....
8. Physical condition of the child.....
9. Belongings of the child at the time of production.....
10. Date and Time at which the child came to the CCI/SAA.....
11. Immediate efforts made to trace family of the child
12. Medical treatment, if provided to the child
13. Whether police has been informed

Signature/ Thumb impression of the child

Signature/ Thumb impression of the person who produced the child

Police-Local Police/Special Juvenile Police Unit/ designated child welfare police officer / Railway Police/Probation Officers/ any public servant/Social Welfare Organization/Social Worker/ Person in-charge CCI/ SAA/ any citizen/Child himself/herself (fill as applicable)

FORM 18

[Rules 18 (5), 18 (9) and 19 (26)]

ORDER OF PLACEMENT OF A CHILD IN AN INSTITUTION

(Children's Home/Fit Facility/SAA)

Case No.....

To,

The Officer-in-Charge,

Whereas on theday of20 (name of the child) , son/daughter of agedresiding at.....being in care and protection under the Juvenile Justice (Care and Protection) Act 2015 is ordered by the Child Welfare Committee , to be kept in the Children's Home/SAA/Fit Facility.....for a period of

This is to authorize and require you to receive the said child in your charge, and to keep him/her in the Children's Home/ Fit Facility /SAA..... for the aforesaid order to be carried into execution according to law. The concerned official shall upload the details in case of an orphan or abandoned child in the TrackChild/ relevant Web Portal.

Given under my hand and the seal of Child Welfare Committee.

This day of

(Signature)Chairperson/ Member Child Welfare Committee

Encl: Copy of the orders, particulars of home and previous record, case history and individual care plan, as applicable:

FORM 19

[Rule 18(8)]

ORDER FOR PLACEMENT OF CHILD UNDER THE CARE OF A PARENT, GUARDIAN OR FIT PERSON PENDING INQUIRY

Case No.of20.....

In Re.....

Whereas (name of the child) has on(date) been found to be in need of care and protection, and is placed under the care and supervision of (name)..... (address).....on executing a bond by the saidand the Committee is satisfied that it is expedient to deal with the said child by making an order placing him/her under supervision.

Reason for the child being produced before the CWC

It is hereby ordered that the said child be placed under the supervision of (name)..... (address)..... for a period of This shall be subject to the following conditions that:

1. the child along with the copies of the order and the bond, if any, executed by the said..... shall be produced before the Committee as and when required by the person executing the bond
2. the child shall reside at for a period of
3. the child shall not be allowed to quit the district jurisdiction of.....without the permission of the Committee.
4. the child shall go to school/ vocational training centre regularly. The child shall attend(name of) school/ vocational training centre (if already identified) at(address of school/ vocational training centre).
5. the person under whose care the child is placed shall arrange for the proper care, education and welfare of the child.
6. the child shall not be allowed to associate with undesirable characters and shall be prevented from coming in conflict with law.
7. the child shall be prevented from taking narcotic drugs or psychotropic substances or any other intoxicants.
8. the directions given by the Committee from time to time, for the due observance of the conditions mentioned above, shall be carried out.

Dated this _____ day of _____ 20_____

(Signature)
Chairperson/ Member
Child Welfare Committee

- Additional conditions, if any may be inserted by the Child Welfare Committee

FORM 20

[Rule 18(8) and 19 (7)]

UNDERTAKING BY THE PARENT OR GUARDIAN OR 'FIT PERSON'

Iresident of House no.....Street..... Village/Town
.....District Statedo hereby declare that I am willing to take charge of
(name of the child) Aged..... under the orders of the Child Welfare
Committee subject to the following terms and conditions:

1. If his conduct is unsatisfactory I shall at once inform the Committee.
2. I shall do my best for the welfare and education of the said child as long as he remains in my charge and shall make proper provision for his maintenance.
3. In the event of his/her illness, he shall have proper medical attention in the nearest hospital.
4. I agree to adhere to the conditions that may be imposed by the Committee from time to time and also to keep the Committee informed about the compliance with the conditions.
5. I undertake to produce him/her before the Committee as and when required.
6. I shall inform the Committee immediately if the child goes out of my charge or control.

Date thisday of

Signature

Signed before Child Welfare Committee

FORM 21
[Rule 19(3)]

ORDER FOR SOCIAL INVESTIGATION REPORT OF CHILD IN NEED OF CARE AND PROTECTION

To

Child Welfare Officer/ Social Worker/Case Worker/ Person in-charge of Home/ representative of Non- Governmental Organization

Whereas a report under section 31 (2) of the Juvenile Justice (Care and Protection of Children) Act, 2015 has been received from in respect of (name of the child)....., aged (approximate)....., son/daughter ofresiding at....., who has been produced before the Committee under section 31 of the Juvenile Justice (Care and Protection of Children) Act, 2015.

You are hereby directed to conduct Social Investigation as per Form 22 for the above child. You are directed to enquire into socio economic and family background of the said child.

You are directed to submit the Social Investigation Report on or before (date).

Dated thisday of20.....

(Signature)
Chairperson/Member Child Welfare
Committee

FORM 22⁴

[Rule 19(8)]

SOCIAL INVESTIGATION REPORT FOR CHILD IN NEED OF CARE AND PROTECTION

(Tick whichever is applicable)

1. **Sl. No**.....
2. **Produced before the Child Welfare Committee**.....
3. **Case No**.....
4. **Social Investigation Report Prepared by:** District Child Protection Unit/ Social Worker/ Case Worker/ Person in charge of Home/ representative of Non- Governmental Organization
5. **Details of child in need of care and protection:**
 - (i) **Name**.....
 - (ii) **Age**..... DD/MM/YY
 - (iii) **Gender**.....
 - (iv) **Caste: (tick as applicable)**
 - General**
 - Scheduled Caste**
 - Scheduled Tribe**
 - Other Backward Class**
 - Others, specify**.....
 - Not Known**
 - (v) **Religion**.....
 - (vi) **Father's Name**.....
 - (vii) **Mother's Name**
 - (viii) **Guardian's Name**.....
 - (ix) **Permanent Address**.....
 - (x) **Landmark of the address**
 - (xi) **Address of last residence**
 - (xii) **Contact information father/mother/family member/guardian**.....
 - (xiii) **Whether the child needs an interpreter/translator: Yes/ No**
 - (xiv) **Whether the child is- Orphan / Abandoned / Surrendered / Others**
 - (xv) **Previous institutional/case history and individual care plan, if any**.....
 - (xvi) **Family Details: (YES/NO) If yes, then:**

S.N.	Name and Relationship	Age	Sex	Education	Occupation	Income	Health Status	History of Mental Illness	Addiction
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

⁴ Form no. 22 substituted through Sec 63 of JJ(C&P of Children) Model Amendment Rules, 2022

(xvii) *Relationship among family members:*

<i>Father and mother</i>	<i>Cordial/Non cordial/Not known</i>
<i>Father and child</i>	<i>Cordial/Non cordial/Not known</i>
<i>Mother and child</i>	<i>Cordial/Non cordial/Not known</i>
<i>Father and siblings</i>	<i>Cordial/Non cordial/Not known</i>
<i>Mother and siblings</i>	<i>Cordial/Non cordial/Not known</i>
<i>Child and siblings</i>	<i>Cordial/Non cordial/Not known</i>
<i>Child and relative</i>	<i>Cordial/Non cordial/Not known</i>

6. With whom was the child staying prior to production before the Committee:(tick as applicable)

- Parent(s) – Mother / Father / Both*
- Siblings / Blood relative*
- Guardian(s) – Relationship*
- Friends*
- On the street*
- Night shelter*
- Orphanages / Hostels/ Similar*
- Homes*
- Child Care Institution:*
 - Children’s home*
 - Shelter home*
 - Specialised Adoption Agency*
 - Fit Facility*
- Other (please specify).....*

7. In case of orphan and abandoned child-

- a. *Where was the child found?*
- b. *What steps are being taken to trace the biological parents/relatives of the child? Please specify....*
- c. *If the biological roots of the child are known, reasons for death of both parents of the child.....*

8. Whether the child needs to be repatriated: Yes/No. If yes:

- Inter- district repatriation*
- Inter- state repatriation*
- Inter- country repatriation*

9. Whether child is eligible for the benefit of sponsorship: Yes/No

10. Whether the child is eligible for any scheme or entitlement. Yes/No (If Yes, please specify)

11. Whether child has received any kind of compensation in regard to the demise of any parent: Yes/No; Please Specify.....

12. Whether child should get benefit under clause (c) of sub-section (1) of section of Section 12 of the Right to Education Act, 2009: Yes / No

13. Financial support recommended for the child:

- a. *Whether the child’s parents had any property/FD/Cash/Insurance/bank accounts prior to their sudden demise: Yes/No; Details thereof.....*

- b. Whether the child's parents have any loans, mortgages, financial liabilities?
A. Yes B. No. Details thereof.....
- c. Whether the child's parents have any collateral against that mortgage?
A. Yes B. No. Details thereof.....
- d. Whether the child's parents have any family business?
A. yes B. no. Details thereof....
- e. Whether the child has acquired any right/share in the property (self-acquired/ancestral) from the deceased parent: Yes/No; Details thereof.....

14. Details of education of the child:

- a. Whether the child has received education: Yes/No
- b. If yes, specify education up to which class.....
- c. If the child is enrolled in school, then name of the school-
- d. Whether the school of the child is registered on Unified District Information System for Education, if Yes, state Unified District Information System for Education Code.....
- e. Type of school- Government/ Private.
- f. Whether the child has been enrolled in special training centre. Yes/No. If Yes specify duration of enrolment of child in Special Training center.....
- g. Whether the Special Training Center was Residential/Non- Residential
- h. The reason for leaving School (tick as applicable)
 - Failure in the class last studied
 - Lack of interest in the school activities
 - Indifferent attitude of the teachers
 - Peer group influence
 - To earn and support the family
 - Sudden demise of parents
 - Bullying in school
 - Rigid school atmosphere
 - Absenteeism followed by running away from school
 - There is no appropriate level of school nearby
 - Abuse in school
 - Humiliation in school
 - Corporal punishment
 - Medium of instruction
 - Others (please specify).....
- i. Attitude of class mates towards the child (If applicable)
- j. Attitude of teachers and classmates towards the child (If Applicable)
- k. Vocational Training (if any).....

15. Other factors of importance if any.....

16. Habits of the child: (tick as applicable)

- Watching TV/movies
- Playing indoor/outdoor games
- Reading books
- Drawing/painting/acting/singing
- Religious activities
- Begging
- Gambling
- Alcohol consumption
-

Smoking

Drug use, if yes, specify.....

Any other, please specify.....

17. **Extra-curricular interests**.....

18. **Outstanding characteristics and personality traits**.....

19. **Majority of the friends are (tick as applicable)**

Educated

The same age group

Older in age

Younger in age

Male

Female

Addicts

Children in conflict with law

20. **If child is friends with adults, please specify**.....

21. **Attitude of the child towards friends**.....

22. **Attitude of friends towards the child**.....

23. **Observation about neighbourhood (to assess the influence of neighbourhood on the child)**.....

24. **Whether the child has any addiction- YES / NO, if yes, specify**.....

25. **In case the child is with disability or special needs or is terminally ill (If Yes, Specify):**

A. **Health status of the child**

(i) Respiratory disorders - present / not known / absent

(ii) Hearing impairment - present / not known / absent

(iii) Eye diseases- present / not known / absent

(iv) Dental disease- present / not known / absent

(v) Cardiac diseases- present / not known / absent

(vi) Skin disease-present / not known / absent

(vii) Sexually transmitted diseases- present / not known / absent

(viii) Neurological disorders- present / not known / absent

(ix) Mental handicap- present / not known / absent

(x) Physical handicap- present / not known / absent

(xi) Urinary tract infections –present / not known / absent

(xii) Others (please specify).....

B. **Whether the child is differently abled- Yes or No, if yes, specify-**

(a) Hearing Impairment

(b) Speech Impairment

(c) Physical disability

(d) Mental disability

(e) Locomotive disability

(f) Others (please specify).....

C. **Whether the child has a valid disability certificate. (If Yes, provide details)**

D. **Mental condition of the child: (Present and past)**.....

E. **Physical condition of the child: (Present and past)**.....

F. **Whether the child needs special education- Yes/No. If yes, specify:**

G. **Special education already included in the current school curriculum: Yes/No/Not Applicable**

H. **Whether the Child requires or has been using any medical equipment. (If yes, please specify)**

- I. Previous institutional/case history and individual care plan, if any.....
- J. Whether the child is receiving any pension under disability schemes.
Yes/No (If yes then specify).....
- K. Any other remark/observation.....

26. In case the child belongs to Children in Street Situations/Trafficked/Involved in Drug Peddling/Child Labour:

- A. Whether the child belongs to any of the category under Children in Street Situations: Yes/No. If yes,specify:
 - (i) Children without support living on the streets all alone
 - (ii) Children stay on the streets in the day and are back home in the night with their families who reside in a nearby slum/hutments.
 - (iii) Children living on the streets with their families:
- B. With whom was the child staying prior to production before the Committee:
 - (i) Parent – Mother / Father / Both
 - (ii) Siblings / Blood relative
 - (iii) Guardian – Relationship
 - (iv) Friends
 - (v) On the street
 - (vi) Night shelter
 - (vii) Orphanages / Hostels/ Similar Homes
 - (viii) Other (please specify).....
- C. If there is history/ tendency of the child to run away from home. Yes/ No. If yes:.....
 - (i) What is the parents' attitude towards discipline in the home and child's reaction.....
 - (ii) Reasons for leaving the family:
 - (a) Abuse by parent(s)/guardian(s)/step parents(s)
 - (b) In search of employment
 - (c) Peer group influence
 - (d) Incapacitation of parents
 - (e) Criminal record of parents
 - (f) Separation of Parents
 - (g) Demise of parents
 - (h) Poverty
 - (i) Others (please specify).....
- D. Where was the child found, please specify
- E. Whether the child has been used for begging: Yes/No
- F. Whether the child has been involved in rag-picking: Yes/No
- G. Whether the child is used by any gangs or adults or group of adults or has been used for drug peddling: Yes/No
- H. Whether the child has been bought or sold or procured or trafficked for any purpose: Yes/No, if yes:
- I. Whether the child was trafficked with knowledge of parents: Yes/No
- J. Whether the child was sold by the parents/relatives: Yes/No
If yes, then whether any action has been taken against the parents/relative: Yes/No
- K. Whether the child was employed as a labour: Yes/No, if yes:
 - (i) Industry in which the child was employed.....
 - (ii) Whether the child has faced exploitation at work : Yes/No

- (a) *Extracted work without payment*
- (b) *Little or low wages with longer duration of work*
- (c) *Others (Please specify).....*
- (iii) *Details of income utilization.....*
- (iv) *Any occupational hazard faced by the child: Yes/No. If yes, specify.....*
- (v) *Whether case filed against employer: Yes/No. If yes, specify case detail.....*
- (vi) *Compensation provided to the child:*
 - (a) *Interim*
 - (b) *Final*
 - (c) *Child Labour Rehabilitation cum Welfare Fund*

L. *Previous institutional/case history and individual care plan, if any.....*

M. *Whether temporary shelter has been provided to child: Yes/No*

N. *Has any plan been made for rehabilitation of the child, specify.....*

O. *Any other remarks/observation.....*

27. In case the child has faced any kind of abuse, including sexual abuse, or has been a victim of any offence:

A. *Whether the child is a victim of any offence: Yes/No*

B. *Types of abuse faced by the child:*

(a) *Verbal abuse– parents/siblings/ employers/others (please specify).....*

(b) *Physical abuse- parents/siblings/ Employers/others (please specify).....*

(c) *Sexual abuse by- (tick as applicable)*

- relatives through blood*
- relatives through adoption*
- relatives through marriage*
- relatives through guardianship*
- persons in foster care*
- person living in the same or shared household*
- any person in the ownership, or management, or staff, of any institution providing services to a child*
- any person in position of trust or authority*
- Others (please specify)*

(d) *Others– parents/siblings/ employers/others (please specify).....*

C. *Types of ill- treatment met by the child:*

(i) *Denial of food– parents/siblings employers/other (please specify).....*

(ii) *Beaten mercilessly– parents/ Siblings/employers/other (please specify)*

(iii) *Causing injury– parents/ siblings/employers/other (please specify).....*

(iv) *Detention- parents/ siblings/employers/other (please specify).....*

(v) *Any other (please specify).....*

D. *In case of sexual abuse:*

(i) *Relationship with the perpetrator.....*

(ii) *Gender of the perpetrator.....*

(iii) *Age of the perpetrator.....*

(iv) *How the child came in contact with the perpetrator.....*

(v) *Any other child from the same place who is abused / harassed / taken / sent by the perpetrator....*

(vi) *Whether any other person/s were involved in the offence.....*

(vii) *Whether any compensation has been recommended to the child under the Protection of Children from*

Sexual Offences Act, 2012: Yes/No.

If any other, please specify.....

E. Case/FIR registered by the police: Yes/No. If yes, specify Case No./ FIR No.....

F. Whether the child has been a victim of cyber-bullying: Yes/No. If yes:

(i) Cyber bullied while using internet system at home

(ii) Cyber bullied while using internet system in school

(iii) Cyber- bullied while attending school classes from home

G. Has the child been counselled: Yes/No, if yes, provide details.....

H. Any other remark/observations.....

I. Previous institutional/case history and individual care plan, if any.....

28. In case the child is victim of child marriage or is married:

A. Name of the spouse.....

B. Age of the spouse.....

C. Date of marriage (DD/MM/YY).....

D. Place of marriage.....

E. Reasons for conducting marriage of the child.....

F. People who were involved in getting the marriage of the child conducted- i. Parents ii. Relatives iii. Others.

G. If others, please specify.....

H. Whether any case has been registered by police: Yes/No.If yes, provide details.....

I. If any action taken, details thereof.....

J. Any other remarks/observation.....

29. Whether the child needs to be repatriated: Yes/No. If yes: (tick as applicable)

a. Inter- district repatriation

b. Inter- state repatriation

c. Inter- country repatriation

OBSERVATIONS OF INQUIRY

30. Emotional factors.....

31. Physical condition.....

32. Social and economic factors.....

33. Suggestive causes of the problems.....

34. Analysis of the case, including reasons/contributing factors for the offence...

35. Reasons for child's need for care and protection.....

36. Opinion of experts consulted.....

37. Mental Health Expert assessment.....

38. Risk analysis for the child to be restored to the surviving parent/relatives/guardian.....

39. Previous institutional/case history and individual care plan, if any.....

40. Recommendation of District Child Protection Unit/Case Worker/Social Worker regarding psychologicalsupport, rehabilitation and reintegration of the child and suggested plan.....

Signature
(of the person assigned)

FORM 23
[Rule 19(22)]
APPLICATION FOR SURRENDER OF CHILD

Date

To

Child Welfare Committee,

District.....

I/ We.....(name of the applicant/s)(relation with the child)
of.....(name of the child), aged about.....years , intend to surrender.....name of
child) before this Child Welfare Committee as.....(reason/s for
surrender).

I/we am /are fully conscious and making this application before this Child Welfare Committee. I
have not been forced or unduly influenced by any one to take this decision of
surrendering.....(name of child). I shall have no objection if the child is given in adoption. I
am fully aware of the consequences of surrendering the child.

Full signature of the applicant(s)/

Thumb impression (if the CWC deems appropriate)

Name and address.

.....

(Signature of the Chairperson/ member

Before whom such application is submitted)

Committee member/s present:_____

Date.....

Time.....

Place.....

FORM 24
[Rule 19(22)]
DEED OF SURRENDER

Declaration by Person surrendering the child or children

Case No.....

In Re.....

I/We, the undersigned.....Family name/First name(s).....residing at, surrender the child (named).....Aged.....having date of birth.....for the reason:.....

- (ii) I/we are surrendering my/our child or children on our own and without any coercion, compulsion, threat, payment, consideration, compensation of any kind;
- (iii) I/we have been counselled and informed about the implication that I/we can withdraw our consent until 60th day of this surrender deed after which my/our consent will be irrevocable and I/we shall have no claim over the child or children.
- (iv) I/we have been made aware of the implications of surrender and are conscious of the fact that after the 60th day from date of the surrender deed, the legal parent-child relationship between my/our child or children and me/us will be terminated.
- (v) I/we understand that my/our child may be adopted by person(s) residing in India or abroad and give my/our consent for this purpose.
- (vi) I/we understand that the adoption of my/our child will create a permanent parent-child relationship with the adoptive parent(s) and then cannot claim back the child.
- (vii) I/we wish/ do not wish (please tick whichever is applicable) my/our identity and address to be disclosed to my/our child when he/she returns for root search.
- (viii) I/we declare that I/We have read the above statements carefully and have fully understood the same.

Done at on

[Signature or Thumb Impression of
surrendering person(s)]

2. Declaration by Witnesses

We the undersigned have witnessed the above surrender.

(a) Signature, Name and Address of the first witness

.....
.....

(b) Signature, Name and Address of the second witness

.....
.....

3. Certification of child welfare committee

We hereby certify that the person and the witness(es) named or identified above appeared before me this date and signed this document in our presence.

Done at on.....

**Signature & Seal of
Members/Chairperson
Child Welfare Committee**

FORM 25

[Rule 19(29)]

CERTIFICATE DECLARING THE CHILD LEGALLY FREE FOR ADOPTION

1. In exercise of the powers vested in the Child Welfare Committeeunder section 38 of the Juvenile Justice (Care and Protection of Children) Act, 2015, child..... date of birth.....placed in the care of the Specialized Adoption Agency/Child Care Institution (name & address) vide order no.....dated..... of this Committee, is hereby declared legally free for adoption on the basis of the following:

- Inquiry report of the Probation Officer/ Child Welfare Officer / Social Worker / Case Worker/any other (as the case may be);
- Deed of surrender executed by the biological parent(s) or the legal guardian of the child before this Committee on (date);
- Declaration submitted by District Child Protection Unit and the Child Care Institution or Specialized Adoption Agency concerned to the effect that they have made restoration efforts as required under Section 40(1) of the Act, the Rules and Adoption Regulations, but, nobody has approached them for claiming the child as biological parents or legal guardian as on date of the said declaration.

2. This is to certify that:

The biological parent(s) / legal guardian, wherever available, has/have been counselled and duly informed of the effects of their consent including the placement of the child or children in adoption which would result in the termination of the legal relationship between the child and his or her family of origin;

The biological parents / legal guardian have given their consent freely, in the required legal form, and the consents have not been induced by payment or compensation of any kind and the consent of the mother (where applicable), has been given only after the birth of the child.

The Specialized Adoption Agency/ Child Care Institution to which the aforesaid child is entrusted shall post the photograph and other essential details of the child in the CARINGS and shall place such child in adoption as per the procedure laid down in the Act and Adoption Regulations.

Signature

Chairperson and Members of the Committee

(Seal of the Child Welfare Committee)

Date:

Place:

To: Child Care Institution /Specialized Adoption Agency/ District Child Protection Unit Concerned – for information and necessary action.

(Signature: & Seal)

Date:

FORM 26

[Rule 20(1)]

CASE MONITORING SHEET FOR COMMITTEE

CASE MONITORING SHEET

(Separate Sheet may be used in case there are more than one child)

Child Welfare Committee, District.....

Case No.of.....

Case Name:

Police Station	Date.....
U/S.....	FIR/ GD/ DD No.
Name of Probation Officer.....	Name of IO

PARTICULARS OF CHILD

Name	Parents/ Guardian with Contact No.	Present address	Permanent address

DATE AND TIME CHILD PRODUCED BEFORE THE COMMITTEE

DATE AND TIME OF FIRST PRODUCTION

DATE OF MEDICAL EXAMINATION UNDER SECTION 54 Cr.P.C. (if any)

AGE DETERMINATION

Age on the Date of
offence Date of age

Determination

Time taken for age determination

Determination by Committee

Evidence Relied: Documents Medical

PLACEMENT OF THE CHILD

In Children's Home	Sent under supervision <i>(Name of Institution)</i>
From.....To.....	

PROGRESS OF ENQUIRY

(Time schedule for disposal of the case to be fixed on the first day of hearing)

Steps to be taken	Scheduled Date	Actual Date
Age determination	Dated.....	
Social Investigation Report (Form No.22)	Dated.....	
Submission of Report on Provisions of further investigation, if any	Dated.....	
Statement of Child	Dated.....	
Individual Care Plan (In case of child in institutional care Individual Care Plan should be prepared within one month of admittance)	Dated.....	
Dispositional (Final) Order	Dated.....	
Post Dispositional Review	Dated.....	

**Signed by
Child Welfare Committee**

FORM 27

[Rule 21(2) and 22 (2)]

**APPLICATION FOR REGISTRATION OF CHILD CARE INSTITUTION UNDER THE JUVENILE JUSTICE
(CARE AND PROTECTION OF CHILDREN) ACT, 2015**

1. Detail of Applicant/ Institution which proposes to run the Child Care Institution:

- (i) Type of Institution
- (ii) Name of the Institution / Organization.....
- (iii) Registration number and date of Registration of the Institution/ Organization under the relevant Act (Annex- Relevant documents of registration and bye-laws, memorandum of association).....

(iii a) Darpan ID No.....⁵

- (iv) Period of validity to run the Institution / Organization.....
- (v) Complete address of the Applicant/ Institution/ organization.....
- (vi) STD code/ Telephone No.....
- (vii) STD code/ Fax No.....
- (viii) E-mail address.....
- (ix) Whether the organization is of all India character, if yes, give address of its branches, in other states.....
- (x) Whether the Institution/ Organization had been denied registration earlier
Yes/No
- (xi) Ref. No. of application which resulted in denial of registration as CCI
 - a) Date of denial.....
 - b) Which department has denied the registration.....
- (xii) Reason for denial of registration as CCI.....

2. Details of the proposed Child Care Institution

- (i) Name of the proposed Child Care Institution.....
- (ii) Type/Kind of Child Care Institution.....
- (iii) Complete address/ location of proposed child Care Institution or organization
- (iv) STD code/ Telephone No.....
- (v) STD code /Fax No.....

3. E-mail address.....

4. Connectivity (Name and Distance from the proposed Child Care Institution):

- (i) Main Road.....
- (ii) Bus –stand.....
- (iii) Railway Station.....
- (iv) Any landmark.....

5. Infrastructure

- (i) No. of Rooms (Mention with measurement).....
- (ii) No. of toilets (mention with measurement).....
- (iii) No. of Kitchen (mention with measurement)
- (iv) No. of sick room.....
- (v) Annex -Copy of blue print of the building (authentic sketch plan of building)...
- (vi) Arrangement to deal with unforeseen disaster also mention the kind of arrangement made:
 - (i) Fire
 - (ii) Earthquake
 - (iii) Any other arrangement
 - (iv) Arrangement of Drinking water

⁵ Inserted through Sec 64 of JJ(C&P of Children) Model Amendment Rules, 2022

- (v) Arrangement to maintain sanitation and hygiene:
- (vi) Pest Control
- (vii) Waste disposal
- (viii) Storage area
- (ix) Any other arrangement
- (x) Rent agreement/ building maintenance estimate (whichever is applicable)(Annex- copy of Rent agreement)

6. Capacity of the Institution/ Organization

- i. No. of children (0-6 years) present in the home , (if any)
- ii. No. of children (6-10 years) present in the home , (if any)
- iii. No. of children (11-15 years) present in the home , (if any)
- iv. No. of children (16-18 years) present in the home , (if any)
- v. No. of persons (18-21 years) present in the home , (if any)

7. Whether the Child Welfare Committee/Juvenile Justice Board has been informed about the children being housed in the Institution Yes/ No

8. Facilities Available

- (i) Education facility.....
- (ii) Health Checkup arrangement, frequency of checkup, type of checkups proposed to be done.....
- (iii) Any other facility that shall impact on the overall development of the child

9. Staffing

- (i) Detailed staff list.....
- (ii) Education and Experience of the staff
- (iii) Name of partner organizations
- (iv) Name of the chief functionary of the organization

10. Background of the Applicant (Institution / Organization)

- (i) Major activities of the organization in last two years
 - a. (Annex copy of Annual Report)
- (ii) An updated list of members of the management committee/ governing body in the enclosed format (Annex- resolution of the annual meeting)
- (iii) List of assets/ infrastructure of the organization
- (iv) If the organization registered under the Foreign Contribution (Regulation) Act, 1976 (Annex – certificate of registration)
- (v) Details of foreign contribution received during the last two years (Annex- relevant documents)
- (vi) List of other sources of grant- in – aid funding (if any)with the name of the scheme / project , purpose amount, etc. (separately)
- (vii) Details of existing bank account of the agency indicating branch code account no.
- (viii) Whether the agency agree to open a separate bank account for the grant proposed
- (ix) Annex -Photocopy of Accounts of last three years:

i.	Auditors report
ii.	Income and expenditure account
iii.	Receipt and payment account
iv.	Balance sheet of the organization.

I have read and understood The Juvenile Justice (Care and Protection of Children) Act, 2015 and the Juvenile Justice (Care and Protection of Children) Rules, 2016.

I declare that no person associated with the organization has been previously convicted or has been involved in any immoral act or in any act of child abuse or employment of child labour and that the organization has not been blacklisted by the Central or the State Government at any point of time.

.....(Name of the Organization / Institution) has complied with all the requirements to be granted registration as a Child Care Institution under the Juvenile Justice (Care and Protection of Children) Act, 2015 and The Juvenile Justice (Care and Protection of Children) Rules, 2016.

I undertake to abide by all the conditions laid down by the Central/ State Act, Rules, Guidelines and Notifications in this regard.

Signature of the authorized signatory:

Name:.....

Designation:.....

Address.....

District.....

Date.....

Office stamp:

Signature of:

Witness no.1:

Witness no.2:

FORM 28

[Rule 21(3) and 22 (4)]

CERTIFICATE OF REGISTRATION

(UNDER SECTION 41 THE JJ ACT)

After perusal of the documents submitted as per Form 27 is granted registration No.....as a Child Care Institution under Section 41(1) of the Juvenile Justice (Care and Protection of Children) Act, 2015 with effect from..... for a period ofyears.

The Institution which has the capacity ofChildren shall remain bound to follow the Juvenile Justice (Care and Protection of Children) Act, 2015, the Juvenile Justice (Care and Protection of Children) Rules, 2016 and regulations framed by the Central/ State Government from time to time.

Dated this day of 20

(Signature)

Seal

Name and Designation

FORM 29
[Rule 22(9)]

MONTHLY REPORT SUBMITTED BY OPEN SHELTER TO DCPU

1. Name of the Open Shelter.....
2. Name of the In charge
3. Registration No.....
4. Address of the Home.....
5. Period of the Report.....
6. Details of children available on

Sr. No	Name of the Child	Father's Name	Address of the Child, if available	Date of Admission	Reason For admission	Duration of stay	Facilities availed	Produced before CWC (Yes / No)	Remarks, if any

7. Total number of children admitted during the month.....
8. Total number of children in the Open Shelter on the last day of the month.....
9. Total number of children who availed the facilities of the Open Shelter during the month.....
10. Out of these the number of children who availed the services only during the day in the month:

Signature
In charge of the Open Shelter Home

FORM 30
[Rule 23(9)]

HOME STUDY REPORT FOR PROSPECTIVE FOSTER PARENTS

DATE OF REGISTRATION -
AADHAR CARD NO of PFP : -
NAME OF THE SOCIAL WORKER -
DATE OF HOME VISIT -

Part-I of the format shall be filled up by the prospective Foster parents and Part-II of the template shall be filled up by the Social Worker to submit an assessment report along with his/her observation about suitability of the prospective adoptive/ foster parents.

PART-I : SELF ASSESSMENT

A. Information about the prospective foster parents and their family background

Particulars of the foster parents	
Full Name	
Date of birth & age	
Place of birth	
Complete Address with e-mail ID (Present & Permanent Address)	
Identity Proof	
Religion	
Language(s)	
Date of Marriage	
Present Educational Qualification	
Employment/occupation	
Name & Address of the present Employer/Business concern	
Annual Income	
Health Status	

B. Family background information:

- (1) Give a short description of social status and background of the prospective foster parents along with the following information.

Details about Parents of the Applicants		
	Father	Mother
Name in full		
Age		
Nationality/Citizenship		
Occupation		
Previous occupation		
Presently residing with		

- (2) Please complete the following table with the names of each of your respective children (adopted and biological), their sex, educational status (kindergarten, elementary, etc.) and dates of birth.

Name of the Child	Sex	Date of Birth	Educational Status

- (3) If there are other members residing, please furnish the following information in respect of them.

Name	Nature of Relationship	Age	Gender	Occupation

- (4) Please describe how you believe the foster care would affect the family members (grand parents, children, relatives and others).

C. Professional/Employment Details (Professional career details for last 5 years):

Foster Father				
Organisation	Employer Details (Name & Address)	Job Title	From	To

Foster Mother				
Organisation	Employer Details (Name & Address)	Job Title	From	To

D Financial Position: (Give a short description of your income from all sources such as savings, investments, expenditures and liabilities and debts along with supporting documents).....

E Description of Home and Neighbourhood: (Describe the accommodation details and neighbourhood relationship)

(1) How many rooms do you have in your home and describe the play area available for the child.....

(2) Please describe the neighbourhood in which you reside, including any aspect that you believe makes it child-friendly.....

F. Attitude and Motivation for foster care:

(1) Please circle the term which best describes the reason why you wish to take a child in foster care, you may circle more than one option, if applicable:

- a) Provide a companion to your other children;
- b) Provide a child with a happy home;
- c) Other, please specify

(2) Please circle the statement which describes how you think the foster care arrangement will improve the lives of your other children, you may circle more than one, if applicable:

- a) They will be less lonely;
- b) They will learn to be more accommodating;
- c) They will become more empathetic;
- d) Not applicable as I have no other children;
- e) Other, please specify _____

G. Attitude of grandparents/extended family members, other relatives and significant others towards the foster care: (Give a short description about the opinion of other important persons towards foster care who would have impact in the child rearing process).....

H. Anticipated Plans of the prospective foster parents for the child and rearing in the Family:

- a. Please describe how you will manage caring for the child and other life commitments such as work.
- b. Who will be responsible for caring for the child when you are at work, or absent from the familialhome (domestic help, grandparents, spouse).
- c. Please describe your disciplinary approach to parenting.
- d. In case the foster child demonstrates adjustment difficulties, please describe the steps that you plan to take to ease his/her transition into the family?
- e. Would you be prepared to utilize family counselling if the child continues to have difficultiesadjusting?
 - i. Yes
 - ii. No
- f. Would you be willing to support financially higher professional studies of the foster child
 - i. Yes
 - ii. No

I. Preparation and Training: (Give details about the counselling sessions the prospective foster parent(s) have undergone on foster care, child care, handling of needs of children, etc. and their capacity, training and/or experiences in parenting children with their special need, if any)

J. Health Status (Emotional and Physical): (Give details of the state of emotional and physical health status of the applicant(s), if any. If a family member suffers from a particular disease, condition or syndrome, describe how the family copes with it and how this might affect any proposed foster care.)

- (1) Do you or your spouse suffer from any medical condition? If so, would you please provide details?
- (2) Are you or your spouse currently being treated by a psychologist or psychiatrist?
- (3) Are you currently taking any prescribed medication?
- (4) Are there currently any child/ren in your house being treated for a medical condition?
- (5) Does your family have health and hospitalization insurance coverage for all family members?

Signature of the Prospective Foster Parents

Date

PART-II: ASSESSMENT REPORT OF THE SOCIAL WORKER

(To be used by the Social Worker to prepare the assessment report)

(The information/facts filled in the template shall be kept confidential by the agencies /authorities.)

1. Factual Assessment

- (i) Have you verified the contents of the facts mentioned in Part I of the template?

Yes/No

- (ii) Are you satisfied about the facts mentioned in the documents vis-à-vis observation during interviews and visits?

Yes/No

(16) Psychosocial Assessment:

a. Interaction with the prospective foster parents

- (i) Have you interacted with the prospective foster parents individually and jointly?
- (ii) Are the prospective foster parents well prepared for fostering the child?

b. Home visit findings

- (i) When did you visit the home of the prospective foster parents? Who were the members present during your visit?
- (ii) Whom did you interact during the home visit?
- (iii) Have you met any neighbour/relative? Give a detailed description about the interaction?
- (iv) Whether the home environment is conducive for the child?
- (v) Are the prospective foster parents well prepared for foster care?
- (vi) Did the prospective foster parents have any doubt about parenting issues or any other issues? Have you cleared their doubts?

c. Interaction with the family members

- (i) Have you interacted with other family members of the prospective foster parents? What is their opinion about the proposed foster care? Are they positive about the foster care arrangement?
- (ii) Are there any other family member(s) whom you could not interact but they might have a larger role in the proposed foster care? If so, how did you interact? Would you plan to take their views?
- (iii) Have you interacted with older child/ren present in the home of the prospective foster parents? If yes, please give details.
- (iv) Have you noticed any adverse remarks from the family members? If so, how far those remarks may have an impact on the foster care process?

d. Financial capacity

- (i) What is your opinion about the financial status of the prospective foster parents? Are they financially sound to welcome another member into their family?
- (ii) Have you observed any financial situation which is hidden in the template?
- (iii) Would you recommend any financial assistance to them?

e. Physical and emotional capacity

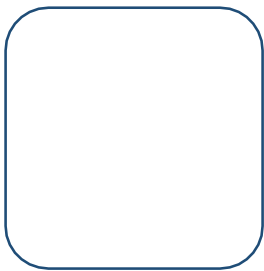
- (i) Are the prospective foster parents in a good physical and emotional state to take care of a child?
- (ii) Have you observed any physical or psychological issues with the prospective foster parents or any other family members that is going to affect the life of the upcoming child? If so, give details.
- (iii) Are the prospective foster parents emotionally equipped enough to take care of a child?

(17) Recommendation for Foster care

- a. Do you recommend the prospective foster parents for foster care? Put your views and rationale for recommending the prospective foster parents for foster care.
- b. In case, you do not recommend the prospective foster parents for foster care, cite appropriate reasons for taking such decision.

Signature, name, designation and official seal

FORM 31
[Rule 23(4)]
CHILD STUDY REPORT

<u>CHILD STUDY REPORT</u>		
S. No.	Item	Response
1	Date of Assessment	
2	Source of Referral	
3	Photograph of the Child to be refreshed periodically	
<i>Profile of the Child</i>		
4	Name of the Child	
5	Date of Birth	
6	Place of Birth	
7	Age	
8	Nationality	
9	Religion	
10	Education	
11	Mother Tongue	
12	Present Address	
13	Aadhaar Card Number	
14	Contact Details a) Landline b) Mobile	

15	Placement history if the child is from institution a) Date of Placement b) Name and Permanent details of the child c) Reason for leaving the family	The child has not been placed in adoption
16	Reason for placement if the child is from community	Mother or both parents in prison Parents are suffering from long term illness Dysfunctional family(eg substance abuse, domestic violence etc) Parents in process of separation Parents in process of legal custody dispute Natural disaster Others

I Social Worker hereby certify that the information given in this form about childis correct.

Place :

Date :

Signature:

Name:

Designation:

FORM 32

[Rule 23(15)]

ORDER OF FOSTER CARE PLACEMENT WITH A FAMILY

OR

GROUP FOSTER CARE

The child (name and address)approximate age..... d/o or s/o
Mr..... and Mrs.....is in need of care and protection of a family.
Mr..... and Mrs.....resident of (complete address and contact numbers)
.....are declared fit for foster-care placement of the child after
considering the Individual Care Plan, Child Study Report and Home Study Report.

OR

Child Care Institution (Name and address).....is declared fit for foster-care
placement of the child after considering the Individual Care Plan and Child Study Report.

The child (name) is placed in foster care for a period of
..... under the supervision of the aforesaid Child Welfare Officer/Social Worker
(name and contact)

Chairperson/ Member
Child Welfare Committee

FORM 33

[Rule 23(16)]

UNDERTAKING BY THE FOSTER FAMILY/GROUP FOSTER CARE ORGANISATION

I/Weresident(s) of House no.Street Village/Town
.....DistrictState/ care giver associated with foster care home run by -----
-----organization at(address), do hereby declare that I/We am/are willing to take charge of
(name of the child Aged.....under the orders of the Child Welfare
Committee subject to the following terms and conditions:

- i. If the conduct of the child is unsatisfactory I/we shall at once inform the Committee
- ii. I/We shall do my/our best for the welfare and education of the said child as long as he remains in my charge and shall make proper provision for his maintenance.
- iii. In the event of his illness, he shall have proper medical attention in the nearest hospital and a report of it followed by a fitness certificate shall be submitted before the Committee.
- iv. I/We shall inform the Committee about any change of address.
- v. I/We shall do my best to ensure that the child will not be subjected to any form of abuse.
- vi. I/We agree to adhere to the conditions laid by the Committee.
- vii. I/We undertake to produce him before the Committee as and when required.
- viii. I/We undertake to inform the Committee immediately if the child goes out of my charge or control.

Date thisday of

Signature and address of 2 witnesses

Signature of Applicant(s)

(Signed before me)

Chairperson/Member, Child Welfare Committee

FORM 34

[Rule 23(17)]

RECORD OF A CHILD IN FOSTER CARE

- a) Case no.....
- b) Name of the Child.....
- c) Age.....
- d) Gender.....
- e) Name and address of the Child Care Institution, if any from where the child has been given for foster care.....
- f) Individual Care Plan
- g) Any other source of referral.....
- h) Details of the child placed in foster care including Photograph of the child, foster care giver/parent, biological parents, if available.....
- i) Details of the placement - individual or group including date and period of placement
- j) Home Study Report of the biological family, where applicable with photograph
- k) Home Study report of the foster family- individual or group care, with photograph
- l) Child Study Report
- m) Address of the Child Welfare Committee
- n) Particulars of the order of the Committee placing the child in foster care
- o) Record (number and significant details) of each visit with the child, foster family, Biological family, if available and child's school
- p) Record of all reviews of the placement including observations, extent and quality of compliance with Care Plan, child's developmental milestones, child's academic progress, and any changes in family environment
- q) In the case of extension or termination of the placement, record of date and reason for termination
- r) Date of the child being handed over to the foster family:
- s) Financial assistance provided, if any
- t) Name of the Case Worker appointed

FORM 35
[Rule 23(18)]

MONTHLY INSPECTION OF FOSTER FAMILIES/GROUP FOSTER CARE

(Fill as applicable)

Date of Visit:

- a) Name :
- b) Date of Birth & Age :
- c) Gender
- d) Date of Placement



1. Details of Foster Parents

- a) Name of Foster Parents
- b) Address

- c) Contact details
 - i) Landline
 - ii) Mobile:
- d) Aadhaar Card Number:
- e) Photograph of Parents



3. Interaction with the Foster Child

a)	Child's experience being part of the family (with reference to whether the child is properly cared for – physical, emotional and health) describe <ul style="list-style-type: none"> i) Health Indicators <ul style="list-style-type: none"> a) Present Health Status b) Any record of Illness c) Any other treatment that the child is undergoing ii) Emotional 	<input type="checkbox"/> Happy and well-adjusted <input type="checkbox"/> In process of adjusting <input type="checkbox"/> maladjusted
b)	How is the child performing in his studies? (i) check in relation with the grades/marks the child achieved in previous examinations, (ii) Foster parents have regular	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>

	<p>conversations with the child regarding his/her studies, extra curricular activities</p> <p>(iii) Do they attend PTA meetings?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p>
<p>c)</p>	<p>i) The amount of time parents (foster) spend with the child either alone or together with their own children.</p> <p>ii) How do they spend time together as a family and for what?</p> <p>iii) Does the foster child share with the foster parent's problems he /she is facing either at home, school in the neighbourhood or emotionally feeling not happy?</p>	<p><input type="checkbox"/> Having conversations</p> <p><input type="checkbox"/> Dining</p> <p><input type="checkbox"/> Playing</p> <p><input type="checkbox"/> Watching TV</p> <p><input type="checkbox"/> Going to school</p> <p><input type="checkbox"/> Doing homework together</p> <p><input type="checkbox"/> Others (specify)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p>
<p>d)</p>	<p>Does the child get support from foster parents' children? (do they mutually help each other)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sometimes <input type="checkbox"/></p>
<p>e)</p>	<p>Has there been any incident that made the foster child feel discriminated against?</p>	
<p>f)</p>	<p>Has there been any incident/incidents that made you uncomfortable?</p> <p>i) The way a foster parent/older sibling/any other member touched you.</p> <p>ii)The conversations foster parents/older siblings/any other member had with you</p> <p>iii) Any materials- visuals, printed you were made to watch or read</p> <p>iv) Were you at any time sexually assaulted or abused?*</p> <p>*if the answers are "yes" immediate steps should be taken to remove the child and send to a place of safety and support the child with medical and psycho-social therapy.</p> <p>** Actions to be taken against the foster carers or parents according to the procedures laid down.</p> <p>*** Is similar treatment being meted out to their biological child also? Then the biological child should also be treated as a child in need of care and protection and appropriate action may be taken.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

g)	Whether the child keeps in contact with his/her family of origin (by telephone, letters, visits). Specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
h)	Have you been beaten by the foster parent at any time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i)	Have you been spoken to in a manner that you felt humiliated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
j)	Are you made to do household chores?	Yes <input type="checkbox"/> No <input type="checkbox"/>
k)	Do the biological children of the foster parents made to do the same household chores?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Interaction with Foster Parents

a)	Parent's impressions about the behavior (emotional well-being) of the child in the family	<input type="checkbox"/> Happy and well-adjusted <input type="checkbox"/> In process of adjusting <input type="checkbox"/> Maladjusted
b)	Perception about his/her adjustment with the household and with other members in the family	<input type="checkbox"/> Happy and well-adjusted <input type="checkbox"/> In process of adjusting <input type="checkbox"/> Maladjusted
c)	How do you discipline the child?	<input type="checkbox"/> Reason with the child <input type="checkbox"/> Scolding , Chastise <input type="checkbox"/> Beat the child <input type="checkbox"/> Other Methods (Specify)
d)	What are the behavior traits that are of concern and how do you as parents deal with them?	<input type="checkbox"/> Lack of co-operation <input type="checkbox"/> Lack of Adjustment <input type="checkbox"/> Introvert <input type="checkbox"/> Aggressive

		<input type="checkbox"/> Not Communicative <input type="checkbox"/> Any Other
e)	Do you spend time together with the foster child and biological children? Describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
f)	Views on the progress of Child's education and other talents i) Child is faring well in school ii) If the child is not faring well in school do you seek to find out the reasons a)from the child b) the school teacher iii) Do you attend PTA meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
g)	Do the foster parents consult the child while taking decisions on behalf of him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
h)	How does the child show his approval/disapproval to the foster parent's decisions?	<input type="checkbox"/> Accept the decision with happiness <input type="checkbox"/> Accept the decisions but unhappy <input type="checkbox"/> Refuse to accept the decision and shows aggressive behavior)
i)	Are the foster parents aware of the social networks of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j)	Views on child's social relationship with the neighbors, school friends and teachers.	<input type="checkbox"/> Good and regular interaction <input type="checkbox"/> Periodic Interactions
k)	What is their plan for the child?(To be noted down)	
l)	Does the foster child maintain the contact with his/her family of origin? (by telephone, letters, visits). Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
m)	Who maintains the bank account of the foster child as a parent?	

6. Interaction with biological children of the Foster Parents:

a)	The things they do together with the foster child	<input type="checkbox"/> Dining <input type="checkbox"/> Playing <input type="checkbox"/> Watching TV <input type="checkbox"/> Going to school <input type="checkbox"/> Doing homework Together
b)	Do they have quarrels or fights between themselves and the foster child? If yes, how often, on what issues, and how do they resolve it. Please note down.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
c)	How do you feel when your parents show love, affection and care to the foster child?	<input type="checkbox"/> Happy <input type="checkbox"/> Unhappy <input type="checkbox"/> Angry <input type="checkbox"/> Jealous

7. Interaction with the School Teachers:

a)	Information about the academic performance of the child in the school (<i>verify with progress cards to see if the child has shown any progress</i>)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
b)	Teacher's observation: if the child has adjusted to his/her foster parents	<input type="checkbox"/> Happy and well-adjusted <input type="checkbox"/> In process of adjusting <input type="checkbox"/> Maladjusted
c)	Do the foster parents attend parent-teacher meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
d)	Do they seem interested in the child's studies?(<i>by enquiring of his academic achievements, his relationship with teachers and classmates</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indifferent

e)	Observation on child's behavior in the school (<i>his relationship with teachers, classmates</i>)	<input type="checkbox"/> Happy and well-adjusted <input type="checkbox"/> In process of adjusting <input type="checkbox"/> Maladjusted
f)	Any concerns of the child in the school. If yes, give details	

8. Interaction with Parents of Origin

a)	Have the parents of origin maintained contact with their child (by telephone calls, letters, and visits? How frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
b)	Was the child happy to meet them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Upset while meeting Them
c)	Did the child raise any issues with regard to his or her foster carers/parents/family with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	Do they have any interaction with the foster family regarding the wellbeing of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
e)	The family's status to receive back the child	<input type="checkbox"/> Family is interested and in a position to receive back the child. <input type="checkbox"/> Family is interested but not in a position to receive back the child. <input type="checkbox"/> Family is not interested to receive back the child.
f)	Received any support from the government or any other agency in helping them to receive back the child from the foster carers(If yes, give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Interaction with Neighbours

a)	Knowledge about the neighbor fostering a child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Information about the attitude and behavior of the foster family towards the child.	<input type="checkbox"/> Positive and Happy <input type="checkbox"/> Indifferent Attitude

		<input type="checkbox"/> Negative Attitude <input type="checkbox"/> Misbehavior towards foster children
c)	Observed any quarrel or issues between the family members and foster child or between neighborhood and the foster child (if yes, give detail)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Prepared by

Signatures

FORM 36

[Rule 24(5)]

ORDER OF SPONSORSHIP PLACEMENT

The child (name and address)age..... d/o or s/o Mr.....
and/or Mrs has been identified as a child needing sponsorship support for education/ health/
nutrition/ other developmental needs.....(please specify). The District Child Protection Unit is
hereby directed to release Rs.....per month/ Rs..... as one time sponsorship support to the
said child for a period of (days/month) and carryout necessary follow up and for the said
purpose shall open a bank account in the name of the child..... to be operated by
.....

Children's Court/ Principal Magistrate, Juvenile Justice Board/
Chairperson/Member, Child Welfare Committee

FORM 37

[Rule 25(2)]

ORDER OF AFTER CARE PLACEMENT

The child (name) d/o or s/ohas/ will be completing 18 years of age on (date) She/ he is still in need of care and protection for the purpose of rehabilitation and reintegration and specifically for (specify the purpose). She/he is placed in (name of organization) for providing aftercare. The In-charge of the Organization is directed to admit the child and provide all possible opportunities for her/ his rehabilitation and reintegration in its truest sense. The person shall be provided all these opportunities maximum till the age of 21 years only or till reintegration in the society, whichever is earlier. The in-charge will send half yearly report on the status of the child/youth to the Child Welfare Committee.

The State/ District Child Protection Unit is hereby directed to release Rs per month towards after-care support to the said person for a period of.....(days/month) and carryout necessary follow up and for the said purpose shall open a bank account in the name of the person.....

**Children's Court/ Principal Magistrate, Juvenile Justice Board/
Chairperson/Member, Child Welfare Committee**

Copy to: State/ District Child Protection Unit or concerned Department of the State Government.

FORM 38**[Rule 27(2)]****APPLICATION FOR FIT FACILITY INCLUDING GROUP FOSTER CARE**

1.	Detail of Institution/ Agency/ Organization which seeks recognition as fit facility	
1.a	Name of the Institution /Agency/ Organization	
1.b	Registration number and date of Registration of the Institution/ Organization under the relevant Act (Annex- Relevant documents of registration, bye-laws, memorandum of association)	
1. c	Complete address of the Applicant/ Institution/ organization	
1.d	STD code/ Telephone No.	
1.e	STD code Fax No.	
1.f	E-mail address	
1.g	Whether the organization is of all India character, if yes, give address of its branches, in other states	
1.h	If the Institution had been denied recognition earlier? If yes i. Reference No. of application leading to denial of recognition ii. Date of denial iii. Who had denied the recognition iv. Reason for denial of recognition	
2.	Details of the proposed fit facility:	
2.a	Complete address/ location of proposed Fit Facility	
2.b	STD code/ telephone no	
2.c	STD code fax no	
2.d	E-mail	
3.	Connectivity (Name and Distance from the proposed Fit Facility):	
3.a	Main Road	
3.b	Bus –stand	
3.c	Railway Station	
3.d	Any landmark	
4.	Infrastructure:	
4.a	No. of Rooms (Mention with measurement)	

4.b	No. of toilets (mention with measurement)	
4.c	No. of Kitchens (mention with measurement)	
4.d	No. of sick room	
4.e	Annex -Copy of blue print of the building (authentic sketch plan of building)	
4.f	Arrangement to deal with unforeseen disaster also mention the kind of arrangement made: i) Fire ii) Earth quake iii) Any other arrangement	
4.g	Arrangement of Drinking water Annex-Certified from public health engineering (PHE) Department.	
4.h	Arrangement to maintain sanitation and hygiene: i. Pest Control ii. Waste disposal iii. Storage area iv. Any other arrangement	
4.i	Rent agreement/ building maintenance estimate (whichever is applicable)(Annex- copy of Rent agreement)	
5.	Capacity of the Fit Facility	
6.	Facilities Available (would depend on the purpose for which recognition as fit facility is to be given)	
6.c	Any other facility that shall impact on the overall development of the child	
7.	Staffing	
7.a	Detailed staff list	
7.b	Name of partner organizations	
8.	Background of the Applicant	
8.a	Major activities of the organization in last two years	
8.b	An updated list of members of the management committee/ governing body in the enclosed format (Annex- resolution of the annual meeting)	
8.c	List of assets/ infrastructure of the organization	
8.d	If the organization is registered under the Foreign Contribution (Regulation) Act, 1976 (Annex – certificate of registration)	
8.e	Details of foreign contribution received last two years (Annex-relevant documents)	

8.f	List of other sources of grant- in – aid funding (if any)with the name of the scheme / project , purpose amount, etc. (separately)	
8.g	Details of existing bank account of the agency indicating branch code account no.	
8.h	Whether the agency agrees to open a separate bank account for the grant proposed	
8.i	Annex -Photocopy of Accounts of last three years: <ul style="list-style-type: none"> i. Auditors report ii. Income and expenditure account iii. Receipt and payment account iv. Balance sheet of the organization. 	

I have read and understood The Juvenile Justice (Care and Protection of Children Act), 2015; and the Juvenile Justice (Care and Protection of Children) Rules, 2016.

.....(Name of the Organization / Institution) has complied with all the requirements to be granted recognition as a Fit Facility under the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Juvenile Justice (Care and Protection of Children) Rules, 2016.

I declare that no person associated with the organization has been previously convicted or has been involved in any immoral act or in any act of child abuse or employment of child labour or an offence involving moral turpitude and that the organization has not been blacklisted by the Central or the State Government at any point of time.

I undertake to abide by all the conditions laid down by the Central/ State Act, Rules, Guidelines and Notifications in this regard.

I undertake to abide by the orders passed by the Juvenile Justice Board or the Child Welfare Committee from time to time.

Signature of the authorized signatory:

Name:

Designation:

Address:

District:

Date:

Office stamp:

Signature of:

Witness no.1:

Witness no.2:

FORM 39
[Rule 27(4)]

CERTIFICATE OF RECOGNITION OF FIT FACILITY ⁶

After perusal of the documents and on the basis of an inspection of the Institution conducted on..... the(Name of the Institution) is recognized as a Fit Facility under Section 51 of the Juvenile Justice (Care and Protection of Children) Act, 2015 with effect from..... for a period ofyears.

The Facility shall remain bound to follow the Juvenile Justice (Care and Protection of Children) Act, 2015, the Juvenile Justice (Care and Protection of Children) Rules, 2016 and regulations framed by the appropriate Government from time to time.

The Facility shall remain bound to comply with the orders passed by the Juvenile Justice Board or the Child Welfare Committee from time to time.

Dated this.....day of20

(Signature)

(Seal)

Dated this.....day of20

(Signature)

Chairperson, Child Welfare Committee / Principal Magistrate, Juvenile Justice Board

⁶ "INCLUDING GROUP FOSTER CARE" omitted Sec 65 of JJ(C&P of Children) Model Amendment Rules, 2022

FORM 40
[Rule 61(3)(xii)]

LIST OF CHILDREN SUBMITTED BY CCI TO BOARD OR COMMITTEE WEEKLY

Details of the Child Care Institution:

Sr. No.	Name of Child	FIR/DD/Case No.	PS	Date of Next Production

Total Number of Children admitted during the week.....

Total Number of Children released during the week.....

Total Number of Children in the Institution as on.....

Signature
Person-in-charge of the CCI

Date:

FORM 41

[Rule 69 (C) (1)]

PROTECTIVE CUSTODY CARD

1. Name of the child :
2. Age of the child :
3. Mother's Name :
4. Father's Name :
5. Address of parent/guardians :
6. Date of receiving by Organization/Institution:
7. Name & contact details of the person producing child:
8. Date of Inquiry:

This is to authorize and direct you to receive the above named child in your Child Care Institution and keep her/him in your charge for protective custody under the J.J. Act, 2015.

And to produce the child on

Next Date of hearing.....

(Signature)
Principal Magistrate/ Member,
Juvenile Justice Board

FORM 42
[Rules 69 (D) (4)]

OVERNIGHT PROTECTIVE STAY

Whereas (name of the child)has this day been apprehended/ found to be in need of overnight protective stay at the..... (Name of the Institution).

The said child has been produced by.....(Name of the child welfare police officer, fromPolice station ,) . The child has been brought along with the required application seeking protective stay, medical report stating the general health condition of the child which has been duly perused by the person in-charge of the Institution.

The said child has been brought to the Institution at(time) and shall be handed over on the following day to the concerned jurisdiction of the child welfare police officer on or before(mention time).

The personal belongings of the child have been thoroughly searched and the following articles (if any) have been handed over to the concerned child welfare police officer.

In case the concerned child welfare police officer fails to report in due time to take custody of the child, such child shall be produced before the Juvenile Justice Board/ Child Welfare Committee by the Officer in charge of the Institution at the earliest.

Copy to:

1. Child Welfare Police Officer
2. Board / Committee
3. The Person in charge of the Institution

Dated this _____ day of _____ 20

(Signature)

The Person-in-charge of the Institution

(Signature)

Child Welfare Police Officer

FORM 43

[Rule 69 (H) (3)]

**CASE HISTORY OF THE CHILD-
(FOR CHILD CARE INSTITUTION)**

Case/Profile No.....

Date & Time.....

Affix a latest
photograph here

A. PERSONAL DATA

1. Name.....
2. Male / Female (tick the appropriate category)
3. Age at the time of admission.....
4. Present age.....
5. Category (tick as applicable):
 - (i) Separated from family
 - (ii) Abandoned/deserted
 - (iii) Victim of exploitation and violence (give detail)
 - (iv) Run-away
 - (v) Any other
6. Religion
 - (i) Hindu (OC/BC/SC/ST)
 - (ii) Muslim/Christian/Other(pl. specify)
7. Native District & State:
8. Description of the Housing:
 - (i) Concrete building/ Kuchha
 - (ii) Three bedroom/ two bedroom/ one bedroom/ no separate bedroom
 - (iii) Owned / rental
9. By whom the child was brought before the Child Welfare Committee/Juvenile Justice Board (tick as applicable):
 - i. Police-Local Police/Special Juvenile Police Unit/ designated Child Welfare Police Officer / Railway Police/ Women Police
 - ii. Probation Officers

- iii. Social Welfare Organization
- iv. Social Worker
- v. Parent(s)/Guardian (s) (please Specify the relationship)
- vi. Any public servant
- vii. Any public spirited citizen
- viii. Child himself/herself

10. Reasons for leaving the family

- i. Abuse by parent(s)/guardian(s)/step parents(s)
- ii. In search of employment
- iii. Peer group influence
- iv. Incapacitation of Parents
- v. Criminal behaviour of Parents
- vi. Separation of Parents
- vii. Demise of Parents
- viii. Poverty
- ix. Others (please specify)

11. Types of abuse met by the child

- i. Verbal abuse – parents/siblings/ employers/others (pl. specify)
- ii. Physical abuse
- iii. Sexual abuse parents/siblings/ Employers/others(Pl. specify)
- iv. Others – parents/siblings/ employers/others (pl. Specify)

12. Types of ill-treatment met by the child.

- i) Denial of food –parents/siblings employers/other (pl. specify)
- ii) Beaten mercilessly-parents/ Siblings/employers/other (pl. specify)
- iii) Causing injury – parents/ siblings/employers/other (pl. specify)
- iv) Detention - parents/ siblings/employers/other (pl. specify)
- v) Other (please Specify)

13. Exploitation faced by the child

- i) Extracted work without payment
- ii) Little (low) wages with longer duration of work
- iii) Others (pl. specify)

14. Health status of the child before admission.

i)	Respiratory disorders	- present / not known / absent
ii)	Hearing impairment	- present / not known / absent

iii)	Eye diseases	- present / not known / absent
iv)	Dental disease	- present / not known / absent
v)	Cardiac diseases	- present / not known / absent
vi)	Skin disease	- present / not known / absent
vii)	Sexually transmitted diseases	- present / not known / absent
viii)	Neurological disorders	- present / not known / absent
ix)	Mental handicap	- present / not known / absent
x)	Physical handicap	- present / not known / absent
xi)	Urinary tract infections	- present / not known / absent
xii)	Others (pl. specify)	- present / not known / absent

15. With whom the child was staying prior to admission

- i. Parent(s) – Mother / Father / Both
- ii. Siblings / Blood relative
- iii. Guardian(s) – Relationship
- iv. Friends
- v. On the street
- vi. Night shelter
- vii. Orphanages / Hostels/ Similar Homes
- viii. Other (pl. specify)

16. Visit of the parents to meet the child

Prior to institutionalization- Frequently / Occasionally / Rarely / Never

After institutionalization - Frequently / Occasionally / Rarely / Never

17. Visit of the Child to his parents

Prior to institutionalization - Frequently / Occasionally / Rarely / During festival times / During summer holidays / Whenever fallen sick / Never

After institutionalization-- Frequently / Occasionally / Rarely / During festival times / During summer holidays / Whenever fallen sick / Never

18. Correspondence with parents -

Prior to institutionalization – Frequently / Occasionally / Rarely / During festival times / During summer holidays / Whenever fallen sick / Never

After institutionalization – Frequently / Occasionally / Rarely / During festival times / During summer holidays / Whenever fallen sick / Never

19. Details of disability

20 Type Family: Family / joint family/ broken family / single parent

21. Relationship among the family members:

i) Father & mother	Cordial/ Non-cordial/ Not known
ii) Father & child	Cordial/ Non-cordial/ Not known
iii) Mother & child	Cordial/ Non-cordial/ Not known
iv) Father & siblings	Cordial/ Non-cordial/ Not known
v) Mother & siblings	Cordial/ Non-cordial/ Not known
vi) Child & siblings	Cordial/ Non-cordial/ Not known
vii) Child & relative	Cordial/ Non-cordial/ Not known

22. History of crime committed by family members, if any:

S. No.	Relationship	Nature of Crime	Legal status of the case	Arrest if any Made	Period of confinement	Punishment Awarded
1.	Father					
2.	Step father					
3.	Mother					
4.	Step mother					
5.	Brother (a) (b) (c) (d)					
6.	Sister (a) (b) (c) (d)					
7.	Child					
8.	Others (uncle/ aunty/ grandparents)					

23. Properties owned by the family:

- i. Landed properties (pl. specify the area)
- ii. Household articles- Cows/ Cattle/ Bull

- iii. Vehicles- two wheeler/ three wheeler/ four wheeler (lorry/ bus/ car/ tractor/ jeep)
- iv. Others (please specify)

24. Marriage details of family members:

- i) Parents Arranged/ Special Marriage
- ii) Brothers Arranged/ Special Marriage
- iii) Sisters Arranged/ Special Marriage

25. Social activities of family members:

- i. Participate in social and religious functions
- ii. Participate in cultural activities
- iii. Does not participate in social and religious functions
- iv. Not known

26. Parental care towards child before admission:

- i. Over protection
- ii. Affectionate
- iii. Attentive
- iv. Not affectionate
- v. Not attentive
- vi. Rejection

ADOLESCENCE HISTORY (Between 12 and 18 years)

27. At what age did the child attain puberty?

28. Details of delinquent behaviour if any

- i. Stealing
- ii. Pick pocketing
- iii. Arrack selling
- iv. Drug pedaling
- v. Petty offences
- vi. Violent crime
- vii. Rape
- viii. None of the above
- ix. Others (please specify)

29. Reason for delinquent behaviour

- i. Parental neglect
- ii. Parental overprotection
- iii. Parents criminal behavior

- iv. Parents influence (negative)
- v. Peer group influence - To buy drugs/alcohol
- vi. Others (pl. specify)

30. Habits

- | A | B |
|-------------------------|------------------------------------|
| i) Smoking | i) Watching TV/movies |
| ii) Alcohol consumption | ii) Playing indoor/outdoor games |
| iii) Drug use (specify) | iii) Reading books |
| iv) Gambling | iv) Religious activities |
| v) Begging | v) Drawing/painting/acting/singing |
| vi) Any other | vi) Any other |

EMPLOYMENT DETAILS

31. Employment details of the child prior to entry into the Home:

S.No.	Details of employment	Timing and Duration	Wages earned
i)	Cooly		
ii)	Rag picking		
iii)	Mechanic		
iv)	Hotel work		
v)	Tea shop work		
vi)	Shoe polish		
vii)	Household works		
viii)	Others (pl specify)		

32. Details of income utilization:

Sent to family to meet family need

- i. For dress materials
- ii. For gambling
- iii. For prostitution
- iv. For alcohol
- v. For drug
- vi. For smoking
- vii. Savings

33. Details of savings

- i. With employers
- ii. With friends

- iii. Bank/Post Office
- iv. Others (pl. specify)

34. Duration of working hours

- i. Less than six hours
- ii. Between six and eight hours
- iii. More than eight hours

EDUCATIONAL DETAILS

35. The details of education of the child prior to the admission to Children's Home

- i. Illiterate
- ii. Studied up to V Standard
- iii. Studied above V Std but below VIII Standard
- iv. Studied above VIII Std but below X Standard
- v. Studied above X Standard

36. The reason for leaving the School

- a. Failure in the class last studied
- b. Lack of interest in the school activities
- c. Indifferent attitude of the teachers
- d. Peer group influence
- e. To earn and support the family
- f. Sudden demise of parents
- g. Rigid school atmosphere
- h. Absenteeism followed by running away from school
- i. There is no age appropriate school nearby
- j. Others (pl. specify)

37. The details of the school in which studied last:

- i. Corporation/Municipal/Panchayat -
- ii. Government/SC Welfare School/BC Welfare School
- iii. Private management/ Convents

38. Medium instruction: Hindi/English/Urdu/Tamil/Malayalam/Kannada/ Telugu/
Marathi / Gujarati/ Bengali / Other language (please specify)

39. After admission to Children's Home, the educational attainment from the date of
admission till date;

No. of years	Class studied	Promoted /detained
--------------	---------------	--------------------

40. Vocational training undergone from the date of admission into Children's Home till date.

No. of years
Name of Vocational Trade
Proficiency Attained
Details of certification?

41. Extra-curricular activities developed from the date of admission into the Children's Home till date

- i) Scout
- ii) Sports (please specify)
- iii) Athletics (please specify)
- iv) Drawing
- v) Painting
- vi) Others (pl. specify)

MEDICAL HISTORY

42. Height and weight at the time of admission:

43. Physical condition:

44. Medical history of child (gist):

45. Medical history of parent/guardian (gist):

46. Present health status of the child:

Sl. No.	Annual Observation	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	Date of Review				
	Height				
	Weight				
	Nutritious diet given				
	Stress				
	Dental				
	ENT				
	Eye				

47. Height and Weight Chart

Date, Month and Year	Height	Admissible Weight	Actual Weight

SOCIAL HISTORY

48. Details of friendship prior to admission into Children's Home:

- i. Co-workers
- ii. School/Classmate
- iii. Neighbours
- iv. Others (pl. specify)

49. Majority of the friends are

- i. Educated
- ii. Illiterate
- iii. The same age group
- iv. Older in age
- v. Younger in age
- vi. Same sex
- vii. Opposite sex

50. Details of membership in group (please specify details)

- i. Associated with cine fans association
- ii. Association with religious group
- iii. Associated with arts and sports club
- iv. Associated with gangs
- v. Associated with voluntary social service league
- vi. Others (please specify)

51. The position of the child in the groups/league

- i. Leader
- ii. Second level leader
- iii. Middle level functionary
- iv. Ordinary member

52. Purpose of taking membership in the group:

- i. For social service activities
- ii. For leisure time spending
- iii. For pleasure seeking activities
- iv. For deviant activities
- v. Others (please specify)

53. Attitude of the group / league

- i. Respect the social norms and follow the rules
- ii. Interested in violating the norms
- iii. Impulsive in violating the rules

54. The location/meeting point of the groups

- i. Usually at fixed place
- ii. Places are changed frequently
- iii. No specific places
- iv. Meeting point is fixed conveniently

55. The reaction of the society when the child first came out of the family

- i. Supportive
- ii. Rejection
- iii. Abuse
- iv. Ill-treatment
- v. Exploitation

56. The reaction of the police towards children

- i. Compassionate
- ii. Harsh
- iii. Aggressive and abusive
- iv. Exploitative
- v. Ill-treated

57. The response of the general public towards the child

HISTORY OF THE CHILD (Brief)

- (i) Education
- (ii) Health
- (iii) Vocational training
- (iv) Extra curricular activities
- (v) Others

Suggestion of Child Welfare Officer/ Probation Officer after orientation to child and the response towards orientation.

Follow up by Child Welfare Officer/ Probation Officer/ Case Worker/ Social

Worker Quarterly Review of Case History by Management Committee

**PERSON IN CHARGE/ SUPERINTENDENT/
CHILDWELFARE OFFICER/ PROBATION
OFFICER**

FORM 44

[Rule 82 (1)]

RELEASE CUM RESTORATION ORDER

(Name of the Child).....son/ daughter of..... residence.....
Case No./ Profile Number..... who was ordered to be placed in an observation home/place
of safety/ special home/Children's Home/ by the Juvenile Justice Board/ Children's Court/ Child
Welfare Committeeunder section..... of the Juvenile Justice (Care and
Protection of Children) Act 2015, for a term of..... on theday
of.....20..... and
who is now in the Institution, at.....is directed to be released from the
said.....Institution and supervision and the authority ofduring the remaining
period of stay
as..... reason for discharge).

This order is granted subject to the conditions hereon, upon the breach of any of which it shall be liable to be revoked.

Dated

Signature

Juvenile Justice Board/ Children's Court/ Child Welfare

CommitteePlace:

Conditions:

1. The discharged person shall proceed to..... and live under the supervision and authority of.....until the expiry of the period of his stay in Children's Homes or fit facility/ detention in observation home/ special homes/ place of safety unless the remission is sooner cancelled.
2. He shall not, without the consent of the remove himself from that place or any other place, which may be named by the said
3. He shall obey such instruction as he may receive from the saidwith regard to punctual and regular attendance at school/vocation or otherwise.
4. He shall not get involved in any offence and shall lead a sober and industrious life to the satisfaction of.....
6. In the event of his committing a breach of any of the above conditions the remission of the period of stay in the Institution hereby granted shall be liable to be cancelled and on such cancellation he/she shall be dealt with under section 97 of the Juvenile Justice (Care & Protection of Children) Act 2015.

I hereby acknowledge that I am aware of the above conditions which have been read over/ explained to me and that I accept the same.

(Signature or mark of the released child)

Certified that the conditions specified in the above order have been read over/explained to (Name of child).....and that he/she has accepted them as the conditions upon which his/her release may be revoked.

Certified accordingly that the said child has been discharged on the.....

Signature and Designation of the certifying authority

i.e. Person-in-charge of the institution

FORM 45
[Rules 82(4)]
ESCORT ORDER

Case No..... In the matter of Boy/Girl Child
.....
..... Aged
about.....year
taken

The Parents of the boy/girl child are reported to be residing at.....

He/She therefore be sent under supervision of a proper police / recognized non governmental organization escort to the.....

For tracing and for handing over to the parents or close relatives of the said Boy Child/Girl Child residing at the aforesaid address or at other Place which may be shown by the Child, if no such parents or relative are traced or if traced but they are unwilling to take charge of the boy/girl be kept in the custody of the SuperintendentChildren's Home/ Place of Safety/ Observation Homes of the said district and the said Boy/Girl child be produced before the concerned Child Welfare Committee/ Juvenile Justice Board for further orders.

Orders

Pending Escort, the said Boy/Girl Child shall remain in Children's Home/ Place of Safety/ Observation Homes, residing at present at----- The State/District Child Protection Unit, or Police Department and recognized Non-governmental organization/ Childline shall positively make immediate arrangement not less than 15 days from the date of receipt of this order by him and send the said Boy Child/Girl Child at his/her aforesaid place of residence.

Dated this.....day of 20

Chairperson/Member
Child Welfare Committee
Juvenile Justice Board

CC to:

1. The Person in charge, Child Care Institution.
2. The District Child Protection Unit or non-governmental organization or Childline

Ref.: 1. Order of admission of minor.....born on.....Profile No.....

“FORM 46”

[Rule 21(10), 41(3) and 41(9)]

INSPECTION OF CHILD CARE INSTITUTIONS

(Fill as applicable)

Date and time of visit:

Name of the officials inspecting the Home :

1.
2.
3.

Name and address of Institution:

Type of Facility: _____ (Children Home/Observation Home/Special Home/Place of Safety/Open Shelter/Specialised Adoption Agency/Fit Facility)

If aided/supported: by State Government, Name of Department:

If run by Government:

Name of Person-in-charge:

Contact No.

E-mail ID:

Indicator	Status (Yes or No)	Remarks (In case of No Compliance or Partial Compliance)	Acts/Rules
LEGAL STATUS			
Registration of the Parent Organization under the Societies Registration Act 1860/The Indian Trusts Act 1882/The Companies Act 2013			Section 41/Rule 21: Registration of the Child Care Institutions
Registration No. of the Parent Organization under the Societies Registration Act 1860/The Indian Trusts Act 1882/The Companies Act 2013			
Registration of the Parent Organization under the Juvenile Justice (Care & Protection) Act 2015			
Registration No. of the Parent Organization under the Juvenile Justice (Care & Protection) Act 2015			
Foreign Contribution (Regulation) Act 2010, Registration (if any)			

FUNCTIONING			
<i>Sanctioned capacity (in numbers)</i>			
<i>Total number of Children placed in the Institution</i>			<i>Rule 18 and 19: Production before a Committee and Inquiry</i>
<i>Number of Children living in the Home without the order of the Child Welfare Committee/ Juvenile Justice Board</i>			
<i>Are there children in the age group of 0-5 years staying there? (Specify number)</i>			
<i>Are there children above 18 years staying there? (Specify number)</i>			
<i>No. of new admissions in the current month (Specify number)</i>			
<i>No. of children who have moved out/released (Specify number)</i>			
<i>No. of children referred by Child Welfare Committee/ Juvenile Justice Board during the month. (Specify number)</i>			
<i>No. of children produced before Child Welfare Committee/ Juvenile Justice Board during the month. (Specify number)</i>			
<i>No. of children as on last day of the previous month. (Specify number)</i>			
<i>No. of children with special needs, if yes, give details. (Specify number)</i>			
<i>Total number of children present in the Institution are less than its capacity or as per its capacity</i>			<i>Section 41: Registration of Child Care Institutions</i>
<i>Number of children residing for more than 04 months</i>			<i>Observation Home/Special Home/Place of Safety</i>
<i>Management Committee</i>			<i>Rule 39: Management Committee</i>
<i>Average Number of meetings conducted in a year (Specify number)</i>			
<i>Children's Committees constituted</i>			<i>Rule 40:</i>

<i>Average Number of meetings conducted in a year (Specify number)</i>			<i>Children's Committees</i>
<i>Adoption Committee constituted</i>			<i>Section 65:</i>
<i>Average Number of meetings conducted in a year (Specify number)</i>			<i>Specialised Adoption Agency</i>
<i>Open Shelter/Shelter Home has any other activity apart from psycho-social rehabilitation of children for a short period of time</i>			<i>Open Shelter</i>
<i>Information regarding the children is uploaded on a portal, as specified by the Central Government.</i>			
<i>PHYSICAL INFRASTRUCTURE</i>			
<i>Building (Rented or owned)</i>			<i>Rule 29: Physical Infrastructure</i>
<i>Sign board displayed indicating name, type of Child Care Institution, contact details</i>			
<i>Education (Class room)</i>			
<i>Dormitories</i>			
<i>Kitchen</i>			
<i>Counseling</i>			
<i>Recreation with television</i>			
<i>Sick room</i>			
<i>Library</i>			
<i>Visitors' room</i>			
<i>Vocational training</i>			
<i>Dining hall</i>			
<i>Store</i>			
<i>Record room</i>			
<i>Office room</i>			
<i>Staff Residence</i>			
<i>Bathrooms</i>			
<i>Toilets</i>			
<i>Computer with internet</i>			
<i>Boundary wall/fencing</i>			
<i>Separate living area for children below 10 years</i>			
<i>INSTITUTIONAL FACILITY</i>			
<i>Records stored safely</i>			
<i>Essential Details including- Emergency Numbers</i>			

<i>Duty Chart</i>			<i>Rule 26: Management and Monitoring of Child Care Institutions</i>
<i>Menu Chart</i>			
<i>Attendance Status</i>			
<i>Weekly Programme Schedule</i>			
<i>Safe transport facility for children attaining education outside the campus</i>			
<i>Separate facilities for children from staff and management</i>			
<i>Facilities and support (equipment, staff, teaching and learning materials/aids) for children with special needs</i>			
<i>Visual needs</i>			
<i>Intellectual needs</i>			
<i>Hearing needs</i>			
<i>Rooms and dormitories being free of unstable heavy equipment, furniture, or other items that children could pull down on themselves</i>			<i>Specialised Adoption Agency</i>
<i>Good condition of ceilings walls, floor coverings, draperies, curtains, blinds, furniture, fixtures, and equipment</i>			
<i>Clear guidelines regarding access of staff/visitors in identified areas especially in children's dormitories/toilets</i>			
<i>Walls and compound painted with attractive paints/cartoons/pictures etc.</i>			
<i>A cradle has been placed near the outside gate or not</i>			
<i>Infants, toddlers and older children are segregated or not</i>			
<i>Restrictions on entry in the infants and toddler areas</i>			
<i>Freedom of movement of mobile infants and toddlers in a safe area</i>			<i>Rule 67: Security Measures</i>
<i>Privacy maintained in toilets and bathing areas or not</i>			
<i>Basic emergency medical care equipment available or not</i>			
<i>Special emergency medical care equipment available or not</i>			<i>Rule 31: Sanitation and Hygiene</i>
<i>Child friendly bathrooms / bathing areas (1:10) available exclusively for children or not. (Specify number)</i>			
<i>Child friendly toilets (1:7) available exclusively for children or not (Specify number)</i>			

<i>Safe and purified drinking water storage is available or not</i>			
<i>Safe and purified drinking water is provided to all children or not</i>			
<i>Proper drainage and garbage disposal facilities available or not</i>			
STAFF			
<i>One Person- in-Charge</i>			<i>Rule 26: Management and Monitoring of Child Care Institutions</i>
<i>Two Counselor</i>			
<i>Three Child Welfare Officer/ probation officer/Case workers</i>			
<i>Four House Mother/ House Father</i>			
<i>One Medical Officer (Physician)</i>			
<i>One Para medical staff</i>			
<i>One Store keeper cum accountant</i>			
<i>One (part time) Art and Craft cum music teacher</i>			
<i>One (part time) PT instructor cum Yoga Trainer</i>			
<i>One Driver</i>			
<i>Two Cook</i>			
<i>Two Helper</i>			
<i>Two House Keeping</i>			
<i>Security Guard</i>			
<i>Any Other</i>			
<i>Whether personal files of each staff are available including- Records of Recruitment</i>			
<i>Reference Check</i>			
<i>Work Profile</i>			
<i>Performance Appraisal</i>			
<i>Female Superintendent / Manager /In-Charge available for girls' unit</i>			
TRAINING OF STAFF			
<i>Training organised for the staff viz: Social Workers</i>			<i>Rule 89: Training of Personnel Dealing with Children</i>
<i>Child Welfare Officers</i>			
<i>Case Workers</i>			
<i>rehabilitation cum placement Officers</i>			
<i>care givers</i>			
<i>House Fathers and House Mothers</i>			

<i>Security personnel and other staff</i>			
<i>The staff of the Child Care Institution has been given refresher trainings or not</i>			
<i>Rehabilitation-cum-Placement Officer</i>			<i>Rule 65: Rehabilitation-cum-Placement Officer</i>
<i>Superintendent/Manager/ In-charge stay on the campus</i>			<i>Rule 61: Duties of the Officer-in-charge of a Child Care Institution</i>
<i>CHILD CARE FACILITIES</i>			
<i>Enough/safe toys are available and accessible to children or not</i>			<i>Rule 38: Recreational Facilities</i>
<i>Enough suitably equipped outdoor space for play is available and accessible to children or not</i>			
<i>Availability of Baby Care Unit with special emergency medical care equipment (MCE) or not</i>			
<i>Availability of safe toys for infants and toddlers to stimulate their healthy development or not</i>			
<i>Individual beds are available and provided to children or not</i>			<i>Rule 29: Physical Infrastructure</i>
<i>Children segregated according to age group for stay and activities or not</i>			
<i>Children segregated according to gender for stay and activities or not</i>			
<i>Activities are conducted under staff supervision to minimize the risk of injury to children or respond as promptly as possible or not</i>			<i>Rule 34/35: Medical Care and Mental Health</i>
<i>Active supervision of children in emotional distress (due to fear, trauma, or illness) or not</i>			
<i>PREVENTION AND PROTECTION FROM ABUSE</i>			
<i>Standard operating procedure for child protection</i>			<i>Rule 76: Abuse and Exploitation of the child</i>
<i>Standard operating procedure is adhered to by staff and Management</i>			
<i>Functional and accessible complaint and grievance redressal mechanism including for abuse prevention is in place, such as- Suggestion Box</i>			
<i>Child helpline</i>			
<i>CCTV Cameras</i>			

<i>Children Committees</i>			
<i>Regular Staff-Children Interface</i>			
<i>Training and Orientation of children</i>			
<i>Any complaint found in the Suggestion or Complaint Book</i>			
DAILY ROUTINE			
<i>Daily routine of activity is followed</i>			<i>Rule 32: Daily Routine</i>
<i>Daily routine is drawn up in consultation with the children's committee or as per the need</i>			
<i>Daily routine is on public display at prominent places in the institution</i>			
NUTRITION			
<i>Staff is aware of the nutritional requirement of children at varying stages of development</i>			<i>Rule 33: Nutrition and Diet Scale</i>
<i>Meals are planned in consultation with children</i>			
<i>Meals are provided in accordance with prescribed norms/diet scale</i>			
<i>Birthdays of children are celebrated</i>			
<i>Special meal is provided during festivals/occasions</i>			
<i>Special diet is provided to sick/special health children, as per advice of Doctor</i>			
<i>Home receives sponsored cooked/uncooked food items, lunch, dinner etc. from donors</i>			
<i>Cooked food if sponsored is tasted/checked by care giver before serving</i>			
<i>Ayah/caretakers are supervised by other staff while babies are fed</i>			
CLOTHING, BEDDING HYGIENE			
<i>All children are provided individual, clean, seasonal and age appropriate clothes, articles and toiletries as per norms</i>			<i>Rule 30: Clothing, Bedding, Toiletries and other articles</i>
<i>All children are provided individual, clean, seasonally appropriate mats and sleeping materials as per norms</i>			
<i>Sleeping material is cleaned /sanitized regularly or before reuse as needed</i>			<i>Rule 31: Sanitation and Hygiene</i>
<i>Rooms are regularly fumigated, disinfected and material provided to each child for prevention of infection and disease</i>			

<i>Each child has been allocated a secured space to store personal belongings</i>			
<i>Old articles like clothes, bed sheets, mats, bedding, etc. if donated, are cleaned/ disinfected before use</i>			
<i>Whether following facilities available in Home for children: Fans</i>			
<i>Coolers</i>			
<i>Air Conditioner</i>			
<i>Heaters for Winter</i>			
HEALTH CARE			
<i>Every child undergoes a health check-up on admission</i>			<i>Rule 34/35: Medical Care/ Mental Health</i>
<i>Every child has regular health checkups</i>			
<i>Every child has health card and the records/files are maintained and updated</i>			
<i>Nurse/paramedical staff is available in the home at night</i>			
<i>Medicines are administered to the child by a staff/ nurse</i>			
<i>Staff is trained to provide First Aid</i>			
<i>Mandatory Immunization is done of children up to 6 years of age</i>			
EDUCATION			
<i>Educational assessment is conducted and need of every child addressed</i>			<i>Rule 36/69: Education/ Institutional Management of Children</i>
<i>All children are provided with age appropriate formal education</i>			
<i>Enough emphasis on stimulating infants to learn through a play way learning process</i>			
<i>Age appropriate, feasible and market oriented vocational training is provided</i>			<i>Rule 37: Vocational Training</i>
<i>Children are consulted in selecting vocational training being provided to them</i>			
<i>Age appropriate life skill education is provided</i>			
RECREATION			
<i>Indoor recreation facilities are available for children</i>			<i>Rule 38: Recreational Facilities</i>
<i>Outdoor recreation facilities are available for children</i>			

<i>Staff engage with children in such recreation activities</i>			
<i>Any innovative activities to develop cooperation/ participation, resilience, etc. are harnessed</i>			
ADMISSION AND REPORTING			
<i>All children admitted to the Home are produced before the Child Welfare Committee within the prescribed time limit</i>			<i>Section 31/ Rule 18: Production before Committee</i>
<i>All children in the Home are housed in compliance with the Child Welfare Committee orders</i>			
<i>All children admitted to the Home are produced before the Juvenile Justice Board within the prescribed limit</i>			<i>Section 10/Rule 9: Production before Board</i>
<i>All children in the Observation Home Special Home/Place of Safety are housed in compliance with the Juvenile Justice Board Orders</i>			
<i>Every child is restored through the Child Welfare Committee or the Juvenile Justice Board</i>			
<i>The case history of each child is submitted before the Child Welfare Committee within the stipulated time period as directed</i>			<i>Rule19 / 69: Inquiry/ Institutional Management of Children</i>
<i>The Home has made efforts to trace the biological family/guardian of the child</i>			
<i>Home submits any report of its own efforts to trace biological families to the Child Welfare Committee</i>			
INDIVIDUAL CASE RECORD			
<i>Individual Care Plan is prepared for every Child</i>			
<i>If yes, Individual Care Plan is prepared for every child is being implemented</i>			
<i>A professional Social Worker or experienced personal has prepared the Individual Care Plan (ICP) for every child</i>			
<i>ICP has been prepared for children in the Home within 30 days of admission of the child</i>			
MAINTENANCE OF RECORDS			
<i>Home maintains a master admission register</i>			<i>Rule 77: Maintenance of Registers</i>
<i>Home updates the master admission register in Track Child</i>			
<i>Home updates the master admission register in centralised database and portal</i>			

<i>relating to children and prospective adoptive parents for the purpose of adoption</i>			
<i>Number of children present tallies with the attendance register as on date</i>			
<i>Monthly data about children is sent to State Adoption Resource Agency/ District Child Protection Unit as the case may be</i>			<i>Rule 22: Open Shelter</i>
<i>Documentary proof of restoration-parent/guardian letter with identity proof regarding the same is available</i>			
<i>Whether details of legally free children for adoption is maintained by the institution</i>			
<i>The Child Care Institution maintains all the relevant information of the child i.e. --</i>			
<i>Individual case file with individual care plan</i>			
<i>Case History</i>			
<i>Inquiry report</i>			
<i>Child Welfare Committee Orders</i>			
<i>Medical Examination Report (MER)</i>			
<i>Child Study Report (CSR)</i>			
<i>Home Study Report (HSR)</i>			
<i>Birth Certificate</i>			
<i>Court order</i>			
<i>Quarterly Progress Report</i>			
<i>Health report</i>			
<i>Report of counselor or social worker, social history/case history of each child is available in the personal file</i>			<i>Rule 77: Maintenance of Registers</i>
<i>Initial reports of interaction with the child are on record</i>			
REGISTERS			
<i>Master Admission and discharge register</i>			
<i>Supervision register</i>			
<i>Case file of each child</i>			
<i>Medical File and Medical Report</i>			
<i>Attendance register of children and staff</i>			
<i>Order Book</i>			
<i>Inquiry report file</i>			
<i>Children's suggestion book/file</i>			

<i>Voucher, Cash Book, Ledger, Journal and Annual Accounts</i>			
<i>Grant utilization register</i>			
<i>Stock register</i>			
<i>Record of minutes of meetings of-- Management Committee</i>			
<i>Complaints Committee</i>			
<i>Staff-Children interaction</i>			
<i>Staff-Meetings</i>			
<i>Nutrition/diet register</i>			
<i>Budget statement register</i>			
<i>Visitors' book</i>			
<i>Staff movement register</i>			
<i>Personal belonging register</i>			
<i>Children's movement register</i>			
<i>IF A SPECIALISED ADOPTION AGENCY</i>			
<i>There is a professional social worker/ experienced personnel available in the agency for preparing Child Study Report</i>			
<i>Formal Child Study Report of each child is prepared after the child is declared free for adoption by the Child Welfare Committee</i>			
<i>There is a professional social worker/experienced personnel available in the agency for preparing Home Study Report</i>			
<i>Medical Examination Report of eachchild is prepared after the child is declared free for adoption by the Child Welfare Committee by a pediatrician</i>			
<i>There was pendency of completion ofHome Study Report</i>			
<i>There was pendency of completion ofChild Study Report</i>			
<i>There was pendency of completion of Medical Examination Report</i>			
<i>All the reports are uploaded on centralised database and portal relating to children and prospective adoptive parents for the purpose of adoption</i>			
<i>ADOPTION RELATED</i>			
<i>The agency expeditiously uploads Child Study Report, Medical ExaminationReport, as soon as children become legally free for adoption</i>			

<i>The decision for referral and matching of each child is taken by the Adoption Committee</i>			Specialised Adoption Agency
<i>The agency prepares every adoptable child psychologically for his or her assimilation with the adoptive family and the new surroundings</i>			
<i>The agency has developed leaflets/pamphlets/literature/ any other publicity materials depicting the process of adoption</i>			
<i>Adoption register is maintained and complete adoption file of each child placed in adoption is available</i>			
<i>Regular follow-ups of children placed in adoption</i>			
<i>The agency receives/maintains post placement progress reports in respect of children placed in in-country adoption and inter-country adoption</i>			
<i>All post-adoption records are kept in a manner, which prevents accessibility of larger public</i>			
<i>The agency kept all the information and documents as well as belongings of the child in safe custody</i>			
<i>There has been a plan how to preserve the information and how to disseminate incase the child comes for searching theroot</i>			
<i>There has been any disruption occurred in case of children placed in in-country adoption</i>			
<i>There has been any disruption occurred in case of children placed in inter-country adoption</i>			
<i>The agency completes the Home Study Report of all Prospective Adoptive Parents registered, expeditiously and within stipulated time frame</i>			
<i>The agency places a child in pre-adoption Foster Care on completion of assigning and referral processes and after observing necessary formalities as laid down in the Guidelines</i>			
<i>The agency receives Adoption fees as per the Norms</i>			
<i>The agency obtains appropriate information from birth parent(s) before surrender of the child</i>			
<i>The agency gets the surrender deed executed only in the presence of the Child Welfare Committee</i>			

<i>The agency explains the implications of surrendering their child to the parents including the possibility of adoption of the child by foreigners and of no further contact with him or her</i>			
<i>The agency informs the parent(s) that from the date of surrender they would get a reconsideration period of sixty days during which period they can take back the child</i>			
<i>The agency maintains the confidentiality of the unwed mother and the biological parents</i>			
<i>The agency restores the child to the biological parents after the reconsideration period is over, if claimed by the parents</i>			
<i>The agency provides counselling to Prospective Adoptive Parents and children as and when required by them</i>			
<i>The agency provides counselling to Prospective Adoptive Parents before the Home Study Report is prepared</i>			
<i>The agency advises/encourages Prospective Adoptive Parents to contact Adoptive Parents Associations, adoptive families and older adoptees to understand the entire process of adoption</i>			
<i>The agency counsels the adoptive parents, not to change the name of an older child so as to help the child keep his or her identity</i>			
FINANCIAL TRANSPARENCY			
<i>Details of information about the sources of funding and that of the organisation as whole or separately available</i>			
<i>Sources of Funding- Govt. aid/grant</i>			
<i>National Donors</i>			
<i>International Donors (FCRA)</i>			
<i>Corporate Donors</i>			
<i>Own sources</i>			
<i>Others</i>			
<i>Details of project wise Bank Account(s) maintained by it with A/c No, purpose, amount received including FCRA Account available</i>			<i>Accounts and Audit</i>
<i>The Home submits a copy of audited accounts of organization with its audit report and Annual Report within six months from date of closing of financial year, to State Government</i>			

<i>The accounts are audited annually by an authorized Chartered Accountant</i>				
<i>The Home has provided copies of Audited Statement of Accounts and Foreign Contribution (Regulation) Act 2010, Returns for last 2 years to the competent authority</i>				
<i>Grants are released as per norm and time taken for</i>				
<i>The agency has provided information about the details of child wise adoption charges received during last two years for in-country and inter-country separately</i>			Specialised Adoption Agency	
<i>The agency receives adoption charges over and above the prescribed norms</i>				
<i>The agency maintains financial records including receiving and utilization of adoption fee</i>				
<i>The Home submits a copy of audited accounts of organization with its audit report and Annual Report within six months from date of closing of financial year, to State Government</i>				
<i>The Adoption Agency utilizes funds available in the form of Adoption fee in accordance with the specified norms</i>				
<i>The accounts are audited annually by an authorized Chartered Accountant</i>				
INSPECTIONS				
<i>The Home has been inspected by the Inspection Committee</i>				Rule 41: Inspection
<i>Feedback was provided on the inspection by the Inspection Committee</i>				
<i>The feedback report is positive</i>				
<i>The Home has been inspected by the Child Welfare Committee</i>			Section 30: Functions and Responsibilities of Committee	
<i>Feedback was provided on the inspection by the Child Welfare Committee</i>				
<i>The feedback report is positive</i>				
<i>The Home has been inspected by the Juvenile Justice Committee of the High Court</i>			Inspections conducted by JJ Committee and Department of WCD	
<i>Feedback was provided on the inspection by the Juvenile Justice Committee of the High Court</i>				
<i>The feedback report is positive</i>				
<i>The Home has been inspected by the appropriate authority of Department of Women and Child Development</i>				

<i>Feedback was provided on the inspection by appropriate authority of Department of Women and Child Development</i>			
<i>The feedback report is positive</i>			
<i>The Home has been inspected by the National Commissions for Protection of Child rights</i>			<i>Rule 91: Monitoring by National/State Commission for Protection of Child Rights</i>
<i>Feedback was provided on the inspection by the National Commissions for Protection of Child rights</i>			
<i>The feedback report is positive</i>			
<i>The Home has been inspected by the State Commissions for Protection of Child rights</i>			
<i>Feedback was provided on the inspection by State Commissions for Protection of Child rights</i>			
<i>The feedback report is positive</i>			
<i>Previously, Social audit has been conducted of the Home and the report has been positive</i>			
<i>The Home has a copy of the inspection recommendations and record of action thereof</i>			
<i>Any improvement has taken place based on the Inspection Reports</i>			
PROGRAMMATIC LINKAGES			
<i>Medical care and Mental health services for children</i>			<i>Rule 34: Medical Care</i>
<i>Education</i>			<i>Rule 36: Education</i>
<i>Vocational training</i>			<i>Rule 37: Vocational Training</i>
<i>Life Skills, Art and Dance and Drama therapy and Occupational therapy and other issue-based workshops</i>			<i>Rule 38: Recreational Facilities</i>
<i>Recreational activities including sports</i>			
<i>Hobby classes</i>			
<i>Health including speech/physiotherapy</i>			<i>Rule 35: Mental Health</i>
<i>Legal aid services</i>			<i>Rule 39: Management Committee</i>
<i>De-addiction services</i>			<i>Rule 27: Fit Facility</i>
<i>With appropriate authorities for birth registration, identity proof and reserved/special category certificate</i>			

<i>The Home has established linkages with other Child Care Institution for rehabilitation of children with special needs</i>			
<i>Restoration and Rehabilitation of children and their linkage established with- Child Welfare Committee</i>			
<i>Juvenile Justice Board</i>			
<i>Child Helpline</i>			
<i>District Child Protection Unit</i>			
<i>District Sponsorship & Foster Care Approval Committee</i>			
<i>Details of adoptable children have been uploaded on centralised database and portal relating to children and prospective adoptive parents for the purpose of adoption</i>			<i>Section 65: Specialized Adoption Agency</i>
<i>Specialised Adoption Agency is located in the same premises</i>			
<i>With appropriate authorities for birth registration, identity proof and reserved/ special category certificate</i>			
<i>Any other Institution is also located in the same premises</i>			

Violations

1. Violation of the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Rules
 2. (a) Violation of Protection of Children from Sexual Offences Act, 2012.
- (b) If yes, whether Section 19 of the Protection of Children from Sexual Offences Act, 2012 was followed?
3. Any other Violation/Observation/Remarks: None.

Interaction with Children

During the Inspection, informal interaction with the children may be held with a group of children of appropriate age group in an open friendly environment to find out about their safety, security and protection from offence in the Institution. The interaction may focus on education, skilling, sports, co-curricular activities. The confidentiality of the children also needs to be ensured.

1. General Principles to Conduct the Interaction

The following General Principles has to be followed throughout the conduct of Interaction:-

- (i) Confidentiality
- (ii) Transparency
- (iii) Participation

Keep the questions simple and general. Show that you are genuinely interested in the child/children.

2. **Rapport Building and generic Conversation-** Begin the discussion with a general, open-ended question about the topic such as asking about the views about the Home that the children are staying in. The inspecting team/officials can ask the children about the positives and negatives of the Home.
3. **Discussing general issues-** The inspecting team/officials should ask general questions to the children to gain their trust and confidence. The general questions can be focussed on issues with the administration and staff, issues faced by children while staying in the Home, how helpful are the staff of the Home, measures for reporting a complaint and information about child protection policy in the Home.

4. OBSERVATIONS on the interaction-

5. *If any case of child abuse is observed/suspected, then it should be immediately reported as per provisions of Section 19 of the POCSO Act.*

Observations/ Remarks:

Name of inspection Committee member:

Signature:

Name of inspection Committee member:

Signature:

Name of inspection Committee member:

Signature: Name of inspection Committee member:

Signature:”

FORM 46A⁸

[Rule 21(3) and Rule 21(15)]

INSPECTION FORMAT FOR REGISTRATION AND RENEWAL OF A CHILD CARE INSTITUTION

State:

District:

Name of Institution:

Educational facility:

Type of Facility: _____ (Children Home/Observation Home/Special Home/Place of Safety/Open Shelter/Specialised Adoption Agency/Fit Facility)

Name and address of the Institution:

Acts/Rules	Indicator	Status (Yes or No)	Remarks (In case of No Compliance or Partial Compliance)
I. LEGAL STATUS			
Registration of the Child Care Institutions	Registration of the Parent Organization under the Societies Registration Act 1860/The Indian Trusts Act 1882/The Companies Act 2013		
	Registration No. of the Parent Organization under the Societies Registration Act 1860/The Indian Trusts Act 1882/The Companies Act 2013		
	Foreign Contribution (Regulation) Act 2010, Registration (if any)		
II. PHYSICAL INFRASTRUCTURE			
	Sign board displayed indicating name, type of CCI, contact details		

⁸ Form no. 46A inserted through Sec 67 of JJ(C&P of Children) Model Amendment Rules, 2022

<i>Rule 29: Physical Infrastructure</i>	<i>Boundary wall/fencing</i>		
	<i>Classroom</i>		
	<i>Dormitories</i>		
	<i>Kitchen</i>		
	<i>Counseling</i>		
	<i>Recreation</i>		
	<i>Sick room</i>		
	<i>Library</i>		
	<i>Visitors' room</i>		
	<i>Vocational training</i>		
	<i>Dining hall</i>		
	<i>Store</i>		
	<i>Record room</i>		
	<i>Office room</i>		
	<i>Staff Residence</i>		
<i>Bathrooms</i>			
<i>Toilets</i>			
	<i>Good condition of ceilings walls, floor coverings, draperies, curtains, blinds, furniture, fixtures, and equipment</i>		
<i>Rule 31: Sanitation and Hygiene</i>	<i>Child friendly bathrooms / bathing areas (1:10) available exclusively for children</i>		
	<i>Child friendly toilets (1:7) available exclusively for children</i>		
	<i>Safe and purified drinking water storage is available</i>		
	<i>Safe and purified drinking water is provided to all children</i>		
	<i>Proper drainage garbage disposal and facilities available</i>		
	<i>Clear guidelines regarding access of staff/visitors in identified areas especially in children's dormitories/toilets</i>		
<i>III. MANAGEMENT/ STAFFING PATTERN</i>			
<i>Rule 26: Management and Monitoring of Child Care Institutions</i>	<i>1 Person in Charge</i>		
	<i>2 Counselor</i>		
	<i>3 Child Welfare Officer/ probation officer/Case workers</i>		
	<i>4 House Mother/ House Father</i>		
	<i>1 Medical Officer (Physician)</i>		
	<i>1 Para medical staff</i>		
	<i>1 Store keeper cum accountant</i>		

	<i>1 (part time) Art and Craft cum music teacher</i>		
	<i>1 (part time) PT instructor cum Yoga Trainer</i>		
	<i>1 Driver</i>		
	<i>2 Cook</i>		
	<i>2 Helper</i>		
	<i>2 House Keeping</i>		
	<i>Security Guard</i>		
	<i>Any Other</i>		
	<i>Female Superintendent / Manager /In-Charge available for girls' unit</i>		
<i>Rule 89: Training of Personnel Dealing with Children</i>	<i>Training organized for the staff on - Child Rights Protection</i>		
	<i>Care Giving</i>		
	<i>Rehabilitation</i>		
	<i>Juvenile Justice (Care and Protection of Children) Act, 2015</i>		
	<i>Mission Vatsalya</i>		
<i>Rule 76: Abuse and Exploitation of the child</i>	<i>Training and Orientation of care givers</i>		
	<i>Training and Orientation of children</i>		
<i>Rule 65: Rehabilitation-cum-Placement Officer</i>	<i>Rehabilitation-cum-Placement Officer</i>		
<i>Rule 61: Duties of the Person-in-charge of a Child Care Institution</i>	<i>Superintendent/Manager/ In-charge stay onthe campus</i>		
IV. FUNCTIONALITY			
<i>Rule 29: Physical Infrastructure</i>	<i>Computer with internet accessibility</i>		
	<i>Records stored safely</i>		
	<i>Essential Details including- Emergency Numbers</i>		
	<i>Duty Chart</i>		
	<i>Menu Chart</i>		
	<i>Attendance Status</i>		
	<i>Weekly Programme Schedule</i>		
	<i>Safe transport facility for children attainingeducation outside the campus</i>		
	<i>Separate facilities for children from staff andmanagement</i>		
	<i>Facilities and support (equipment, staff, teaching and learning materials/aids) for children with special needs</i>		

	<i>visual needs</i>		
	<i>Intellectual needs</i>		
	<i>hearing needs</i>		
	<i>others</i>		
	<i>Rooms and dormitories is free of unstable heavy equipment, furniture, or other items that children could pull down on themselves</i>		
<i>Rule 67: Security Measures</i>	<i>Privacy maintained in toilets and bathing areas</i>		
	<i>Basic emergency medical care equipment available</i>		
	<i>Special emergency medical care equipment available</i>		
V. PREVENTION AND PROTECTION FROM ABUSE			
<i>Rule 76: Abuse and Exploitation of the child</i>	<i>Standard operating procedure for child protection</i>		
	<i>Functional and accessible complaint and grievance redressal mechanism including for abuse prevention is in place, such as-</i>		
	<i>Suggestion-Box</i>		
	<i>Child Helpline</i>		
	<i>CCTV Cameras</i>		
	<i>Children Committees</i>		
	<i>Regular Staff-Children Interface</i>		
VI. DAILY ROUTINE AND FACILITIES			
<i>Rule 32: Daily Routine</i>	<i>Daily routine is drawn up in consultation with the children's committee and/or with children's participation or as per the need</i>		
	<i>Daily routine is on public display at prominent places in the institution</i>		
<i>Rule 38: Recreational Facilities</i>	<i>Enough/safe toys are available and accessible to children</i>		
	<i>Enough suitably equipped outdoor space for play is available and accessible to children</i>		
VII. NUTRITION AND RECREATION			
<i>Rule 33: Nutrition and Diet Scale</i>	<i>Staff is aware of the nutritional requirement of children at varying stages of development</i>		
<i>Rule 38: Recreational Facilities</i>	<i>Indoor recreation facilities are available for children</i>		
	<i>Outdoor recreation facilities are available for children</i>		
	<i>Any innovative activities to develop cooperation/ participation, resilience, etc. are harnessed</i>		

VIII. CLOTHING, BEDDING HYGIENE			
<i>Rule 30: Clothing, Bedding, Toiletries and other articles</i>	<i>clean, seasonal and age appropriate clothes, articles and toiletries as per norms are available</i>		
	<i>clean, seasonally appropriate mats and sleeping materials as per norms are available</i>		
<i>Rule 31: Sanitation and Hygiene</i>	<i>Sleeping material is cleaned /sanitized regularly or before reuse as needed</i>		
	<i>Rooms are regularly fumigated, disinfected and material provided to each child for prevention of infection and disease</i>		
	<i>secured space to store personal belongings available for each child</i>		
	<i>Whether following facilities available in Home for children:</i>		
	<i>Fans</i>		
	<i>Coolers</i>		
	<i>Air Conditioner</i>		
	<i>Heaters for Winter</i>		
IX. HEALTH CARE			
<i>Rule 34/35: Medical Care/ Mental Health</i>	<i>Nurse/paramedical staff is available in theHome at night</i>		
	<i>Staff is trained to provide First Aid</i>		
X. EDUCATION			
<i>Rule 36/69: Education</i>	<i>To provide age appropriate education optionis available</i>		
<i>Rule 37: Vocational Training</i>	<i>Option for age appropriate, feasible and market oriented is available</i>		
XI. RECORD MAINTENANCE			
<i>Rule 77: Maintenance of Registers</i>	<i>Master Admission and discharge register</i>		
	<i>Supervision register</i>		
	<i>Medical File and Medical Report</i>		
	<i>Attendance register of children and staff</i>		
	<i>Order Book</i>		
	<i>Inquiry report file</i>		
	<i>Children's suggestion book/file</i>		
	<i>Voucher, Cash Book, Ledger, Journal andAnnual Accounts</i>		
	<i>Grant utilization register</i>		
	<i>Stock register</i>		
<i>Nutrition/diet register</i>			

	<i>Budget statement register</i>		
	<i>Visitors' book</i>		
	<i>Staff movement register</i>		
	<i>Personal belonging register</i>		
	<i>Children's movement register</i>		
XII. FINANCIAL TRANSPARENCY			
	<i>Details of information about the sources of funding and that of the organisation as whole/ separately available</i>		
	<i>Sources of Funding- Government aid/grant</i>		
	<i>National Donors</i>		
	<i>International Donors under the Foreign Contribution (Regulation) Act 2010</i>		
	<i>Corporate Donors</i>		
	<i>Own sources</i>		
	<i>Others</i>		
<i>Rule 53: Accounts and audit of the Authority</i>	<i>Details of project wise Bank Account(s) maintained by it with A/c No, purpose, amount received including FCRA Account available</i>		

I. RECOMMENDATION BY DISTRICT MAGISTRATE FOR REGISTRATION -

- Details of violations or discrepancies or not as per norms observed:-*
- The district already has _____No. of Child Care Institutions (viz., _____Children Home, _____Observation Home, _____Shelter Home, _____Special Home, _____Special Adoption Agency) and _____Juvenile Justice Boards, _____Child Welfare Committees, _____District Inspection Committees and **has /does not have** (tick as applicable) a requirement for additional Child Care Institution.*
- In view of the above, the said Child Care Institution is recommended for consideration for registration/renewal of registration.*

OR

In view of the above, the said Child Care Institution is not recommended for consideration for registration / renewal of registration. (whichever is applicable)

*Sign and Stamp
(Name)
District Magistrate
District _____
State _____
Date _____*

****”

“Form 47⁹

[Rule 21A(5), (8) and (9)]

INSPECTION FORM FOR GROUP FOSTER CARE

(Fill as applicable)

Date and time of visit:

Name and designation of the officials inspecting the Home :

1.
2.
3.

Name and address of Group Foster Care:

Name of Foster Parents:

Contact No.

E-mail ID:

Indicator	Status (Yes or No)	Remarks (In case of No Compliance or Partial Compliance)	
LEGAL STATUS			
Previous registration of the facility as a Group Foster Care			Rule 21A: Registration of the Child Care Institutions
Duration of previous registration			
Whether the registration of Group Foster Care was cancelled at any time		If yes, specify reason	
Mandatory police verification of each of the individuals has been done or not			
STATUS OF CHILDREN			
Sanction capacity (in numbers)			
Total number of Children placed in Institution			
Number of biological children			
Number of children placed under foster care by the Child Welfare Committee			
Number of children placed under foster care without the orders of the Child Welfare Committee			
Number of siblings placed in the foster care			
Are there children in the age group of 0-5 years staying there? (Specify number)			
No. of new placements in the current month			
No. of children who have moved out in the current month, including:			

<i>No. of children restored to family</i>			
<i>No. of children moved in CCI</i>			
<i>No. of children given in adoption</i>			
<i>Number of children with special needs placed in the foster care</i>			
PHYSICAL INFRASTRUCTURE			
<i>Building (Rented or owned)</i>			<i>Rule 29: Physical Infrastructure</i>
<i>Number of rooms are sufficient for sanctioned capacity of children</i>			
<i>Kitchen, available or not</i>			
<i>Recreation with television</i>			
<i>Number of Bathrooms are sufficient for sanctioned capacity of children</i>			
<i>Individual beds are available and provided to children</i>			
<i>Children segregated according to age group for stay</i>			
<i>Children segregated according to gender for stay</i>			
INFRASTRUCTURAL FACILITY			
<i>Whether rooms are free of unstable heavy equipment, furniture, or other items that could harm children, or not</i>			<i>Rule 26: Management and Monitoring of Child Care Institutions</i>
<i>Whether good condition of ceilings walls, floor coverings, draperies, curtains, blinds, furniture, fixtures, and equipment</i>			
<i>Privacy maintained in toilets and bathing areas or not</i>			<i>Rule 67: Security Measures</i>
<i>Basic emergency medical care equipment available or not</i>			
<i>Special emergency medical care equipment available or not</i>			
CHILD CARE FACILITIES			
<i>Enough/safe toys are available and accessible to children or not</i>			<i>Rule 38: Recreational Facilities</i>
<i>Enough suitably equipped outdoor space for play is available and accessible to children or not</i>			
PREVENTION AND PROTECTION FROM ABUSE			
<i>Whether Standard operating procedure for child protection is in place or not</i>			<i>Rule 23: Foster Care</i>
<i>Whether restricting/restraining children's movements by binding, tying or any other form, is practiced or not</i>			

<i>Whether food, rest or toilet is withheld or not</i>			
<i>Whether any previous cases of child abuse, neglect, cruelty etc. reported against the foster family or not (Give Details)</i>			
<i>NUTRITION</i>			
<i>Whether Foster Family is aware of the nutritional requirement of children at varying stages of development or not</i>			<i>Rule 33: Nutrition and Diet Scale</i>
<i>Whether meals are planned in consultation with children or not</i>			
<i>CLOTHING, BEDDING HYGIENE</i>			
<i>Whether all children are provided individual, clean, seasonal and age appropriate clothes, articles and toiletries as per norms or not</i>			<i>Rule 30: Clothing, Bedding, Toiletries and other articles</i>
<i>Whether sleeping material is cleaned /sanitised regularly or before reuse as needed or not</i>			<i>Rule 31: Sanitation and Hygiene</i>
<i>Rooms are regularly cleaned</i>			
<i>Whether each child has been allocated a secured space to store personal belongings or not</i>			
<i>HEALTH CARE</i>			
<i>Whether Foster Family is trained to provide First Aid or not</i>			
<i>Whether Foster Family is aware of basic medicines which would be required to be administered to children in case of sickness, emergencies or not</i>			
<i>EDUCATION</i>			
<i>Whether all children are provided with age appropriate formal education or not</i>			
<i>Whether all children are admitted in school or not</i>			
<i>Whether all children are attending and going to school regularly or not</i>			
<i>Whether Foster Family is able to help the children with their education like homework, projects, presentations or not</i>			
<i>RECREATION</i>			
<i>Whether indoor recreation facilities are available for children or not</i>			<i>Rule 38: Recreational Facilities</i>
<i>Whether outdoor recreation facilities are available for children or not</i>			

MAINTENANCE OF RECORDS			
<i>Group Foster Care maintains all the relevant information of the child i.e. --</i>			
<i>Individual case file</i>			
<i>Social Investigation Report</i>			
<i>Individual Care Plan</i>			
<i>Case History</i>			
<i>CWC Orders</i>			
<i>Child Study Report (CSR)</i>			
<i>Home Study Report (HSR)</i>			
<i>Birth Certificate</i>			
<i>Quarterly Progress Report</i>			
<i>Health report</i>			
FINANCIAL COMPLIANCES			
<i>Details of information about the sources of income of Foster Family is available</i>			
<i>Foster Family has sufficient income to provide for sanctioned capacity of foster children</i>			
<i>Other sources of funding (Government/Private)</i>			
<i>IT returns record of each of the individuals for the last three years</i>			
INSPECTIONS			
<i>The Home has been inspected by the Inspection Committee</i>			<i>Rule 44: Inspection</i>
<i>Feedback was provided on the inspection by the Inspection Committee</i>			
<i>The feedback report is positive</i>			
<i>The Home is being inspected by the Child Welfare Committee every month</i>			
<i>The Home has been inspected by the National Commissions for Protection of Child rights/State Commissions for Protection of Child Rights</i>			<i>Section 109/Rule 91: Monitoring by National/State Commission for Protection of Child Rights</i>
<i>Feedback was provided on the inspection by the National Commissions for Protection of Child rights/ State Commissions for Protection of Child rights</i>			
<i>The feedback report is positive</i>			
<i>Any improvement has taken place based on the Inspection Reports</i>			

I. Violations

(a) *Violation of Protection of Children from Sexual Offences Act, 2012.*

If yes, whether Section 19 of the Protection of Children from Sexual Offences Act, 2012 was followed:

(b) *Any Other Violation/Observation/Remarks:*

II. RECOMMENDATION BY DISTRICT MAGISTRATE FOR REGISTRATION

In view of the above, it is recommended that the said Group Foster Care is fit for providing registration/renewal of registration and if not the case – not fit to provide registration/ renewal of registration.

Sign and Stamp

(Name)

District Magistrate

District _____

State _____

Date _____

FORM 48

[Rule 21(A)(7)]

CERTIFICATE OF REGISTRATION OF GROUP FOSTER CARE

After perusal of the documents and on the basis of an inspection of the facility conducted on (date)..... the facility is recognized as a Group Foster Care under the Juvenile Justice (Care and Protection of Children) Act, 2015 and Juvenile Justice (Care and Protection of Children) Model Rules, 2016 with effect from..... for a period of years.

The Group Foster Care shall remain bound to follow the Juvenile Justice (Care and Protection of Children) Act, 2015, the Juvenile Justice (Care and Protection of Children) Rules, 2016 and regulations framed by the appropriate Government from time to time.

Dated this.....day of20

(Signature)

(Seal)

Name and Designation.....

FORM 49

[RULE 15(4A)]

AFFIDAVIT BY THE PERSON APPLYING FOR CHAIRPERSON OR MEMBER OF THE COMMITTEE

I applying for the position of Chairperson/Member of Child Welfare Committee
....., hereby certify that I am not barred by any of the conditions laid down in Section 27(4A) of
the Act, i.e.,

- (i) I do not have any past record of violation of human rights or child rights,
 - (ii) I have not been convicted of an offence involving moral turpitude, and such conviction has not been reversed or has not been granted full pardon in respect of such offence,
 - (iii) I have not been removed or dismissed from service of the Government of India or State Government or an undertaking or corporation owned or controlled by the Government of India or State Government,
 - (iv) I have never indulged in child abuse or employment of child labour or immoral act or any other violation of human rights or immoral acts, or
 - (v) I am not part of management of a child care institution in a District.;
2. If found otherwise by the State Government, I shall be liable for punitive action.

(Signature of the person)
Name and other
particulars

FORM 50

[RULE 21A (2)]

DECLARATION BY THE FOSTER FAMILY/PERSONS APPLYING FOR GROUP FOSTER CARE

I/weapplying for the Group Foster care hereby certify that:

- (i) I/we do not have any previous conviction record.*
- (ii) I/we are not involved in any immoral act or in any act of child abuse or employment of child labour.*
- (iii) I/we have not been black listed by the Central or State Government.*

2. If found otherwise by the State Government, I shall be liable for punitive action and immediate disqualification.

(Signature of persons/foster family)

Name and other particulars”