

Assessment of Observation Home

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

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

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

**ASSESSMENT OF OBSERVATION HOME**

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

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

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

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

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

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

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

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

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

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

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

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

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

Comments \_\_\_\_\_

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

8. Approximate distance from

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

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

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

10. Type of Institution :

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

11. Does the Institution have children who are –

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

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

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

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

ii. Give Details

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

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

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

i. Give Details :

\_\_\_\_\_

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

i. Give Details :

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

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

S. No.	Infrastructure	Yes / No	No. of Rooms (Please specify only for the starred items in column 2)	Remarks
1	Recreation*			
2	Kitchen			
3	Dining hall			
4	Superintendent office			
5	PO office*			
6	Clerical office			
7	Study room*			
8	Dormitory(ies)*			
9	Room for vocational training*			
10	Bathrooms*			
11	Toilets*			
12	Urinals*			
13	Medical room*			
14	First Aid			
15	Storage room for food*			
16	Storage room for clothes*			
17	JJB*			
18	CWC*			
19	Any Other* (Please Specify)			

19. Staying facility

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

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

(tick the appropriate one)

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

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

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

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

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

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

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

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

YES / NO

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

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<b>Facilities</b>	<b>Not available 1</b>	<b>Adequate 2</b>	<b>Inadequate 3</b>	<b>Good 4</b>	<b>Average 5</b>	<b>Bad 6</b>
<b>Toilets</b>						

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

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

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

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

27. Does the Institution have power cuts YES / NO

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

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

\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

YES / NO

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

\_\_\_\_\_

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33. Does the District Child Protection Officer / District Officer inspect the institution?  
YES / NO

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

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

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

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

a. If yes, give details

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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**JJB / CWC RELATED ASSESSMENT**

44. JJB constitution

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

45. CWC Constitution

Name of	Attending / not attending	Appointed / not appointed
Chairperson		
Member 1.		
Member 2		
Member 3		
Member 4		

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

YES / NO

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



