

Case Monitoring Sheet for CWCs

(NOTE: PLEASE ATTACH A SEPARATE SHEET IF NECESSARY)

STATE: _____

Child Welfare Committee, District:

Case Number

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

1. Details of Child

1.1 Name: _____

Sex _____

1.2 Age: _____ as per

Documentary Evidence

[Document relied upon]

Or,

Medical examination

[Date and Name of Hospital]

1.3 Place where child was found and date:

_____ Parent /Guardian

Present Address and
Contact Number

Permanent Address

1.4

1.5 Whether child suffers from any disability

Hearing impairment

Speech impairment

Visual impairment

Mental retardation

Mental illness

Mentally challenged

Any other (please specify) _____

2. Pre-production

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

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

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

3. Production

3.1 Date and Time of Production

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

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

No

Yes

Name of Member

3.4 Members present at the time of Production

a. _____

b. _____

c. _____

d. _____

e. _____

3.5 Report submitted by person/institution producing the child before the CWC [Yes/No] _____

4. Details of CNCP

4.1 (Tick where appropriate)

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

4.2 Offences against the child, if any

U/s _____

4.3 FIR registered prior to production [Yes/No]

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

4.5 Date of FIR

4.6 Police Station

4.7 Sections under which FIR is registered

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

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

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

5. Pre-Inquiry Orders

Date of Order _____ Signed by _____

Type of Order

(Tick where appropriate)

- Sent to shelter home

Name, Address, phone number and e-mail

- Sent to adoption agency

Name, Address, phone number and e-mail

- Sent back home

Residential Address

-
- Transferred to another CWC
Name, Address, phone number and e-mail

-
- Sent to a children's home until further orders
Name, Address, phone number and e-mail

-
- Placed with a fit person
Name, Address, phone number and e-mail

-
- Placed with a fit institution
Name, Address, phone number and e-mail

-
- Placed with an institution for mentally challenged or any other institute for people with disability
Name, Address, phone number and e-mail

Any Other (Specify with Date of Order, Name, Address, phone number and e-mail)

6. Inquiry

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

6.2 Date of submission of Inquiry report

6.3 SIR prepared by Welfare Officer or Voluntary Organization as part of their Inquiry
(Yes/No)_____

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

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

6.6 Date on which CWC completed its Inquiry

7. Post-Inquiry Orders

7.1 Date of Order _____ Signed by

7.2 Type of Order
(Tick where appropriate)

Sent to shelter home

Name, Address, phone number and e-mail

Sent to drop-in centre

Name, Address, phone number and e-mail

Sent to adoption agency

Name, Address, phone number and e-mail

Restored to family

Name of Parent/Guardian and

Address _____

Transferred to another district

Details _____

Transferred to another state

Details _____

Placed in a children's home until completion of 18 years of age

Placed in a children's home until completion of trial in the court or recording of evidence and cross examination of the child victim

Placed with a fit person

Name, Address, phone number and e-mail

Placed under supervision with a fit institution

Name, Address, phone number and e-mail

Placed with a children's home for mentally challenged

Name, Address, phone number and e-mail

Sponsorship

Pre-adoption foster care

Name, Address, phone number and e-mail

Foster Care placement

Name, Address, phone number and e-mail

8. Transfer

8.1 Date of transfer order _____ Date of actual transfer _____

8.2 Whether child escorted by Welfare Officer

Childline

Police

Social Worker from NGO

Any Other (Specify)

9. Adoption

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

Date of Submission _____

9.2 Child declared abandoned [Yes/No] _____

Order dated: _____ Signed by

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

Date _____ Place _____

Counseling by

9.4 Surrender Deed [Yes/No] _____

Date _____ Signed by

9.5 Declaration of child as surrendered child [Yes/No] _____

Date _____ Signed by

9.6 Report received from adoption agency [Yes/No]

Date _____ Name of Agency

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

Order dated _____ Signed by

10. Periodic Review

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

10.2 Individual Care Plan prepared [Yes/No] _____

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

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

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

12. Action taken on the basis of review

(Tick where appropriate)

Counseling

Psychotherapy

Admission into nearby school

Name, address, phone number and e-mail of school _____

Enrollment for vocational training

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

Course taken

Continuation of education through Open school

Sports coaching

Name of Sport _____

Name, Address, phone number and e-mail of Coaching Centre _____

Drugs and substance abuse de-addiction programme

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

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

Name of Welfare Officer or Voluntary Organization _____

After care

Any other (please specify)
