

# 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*

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

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**6. Inquiry**

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

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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**

<b>Type of Order</b>	<b>Period for which the Order is applicable</b>	<b>Periodic Review (Dates Required)</b>
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)  
\_\_\_\_\_