

INSPECTION REPORT OF CHILD WELFARE COMMITTEE BY VISITOR JUDGE

District.....

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

Details of Child Welfare Committee:

Sl. No.	Details	Name and Contact Detail	Detail of Training attended in the Quarter
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

Category wise number of CNCP produced before Child Welfare Committee during the quarter

Category	POCSO Victims	Child Labour	Child Marriage	Missing/runa way Children	Abandoned Children
Number					
Category	Surrendered children	Children in street situation	Children victim of cruelty	Children victim of trafficking	Any other
Number					

Details of the case pertaining to legally free for adoption

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 for 0-18 years		
Pending for >2 months		Pending for > 4 months		Pending for > 2 months		Pending for >4 months		Pending for >2 months		
M	F	M	F	M	F	M	F	M	F	

Miscellaneous

Number of Support persons identified in the District	Number of POCSO survivors who received support of Support person in this quarter	Number of POCOS Victims received Special Relief during the quarter	Number of Cases referred for legal aid in this quarter	Total no. of SIR-Form 17 submitted before CWC in the quarter
Total no. of potential foster parents identified in the district	Total no. of ICPs Reviewed in this quarter	Number of suo moto cognizance in this quarter	Total no. of fit facility identified in this quarter	Total no. of fit facility identified in this quarter

Number of meetings in this quarter

S. No.	DCPC Meeting	SJPU Convergence Meeting	Coordination Meeting

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	relative s	

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

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

Details of the cases of Runaway children from CCIs:

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

VISIT TO CCIs BY CHAIRPERSON/ MEMBERS IN THIS QUARTER

Date of visit:.....

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

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

Name of visiting officials

Signature