

## The Format for Inspection of Children Home/Shelter Home

Date of Inspection:-

A1. Institutional details/ general information:					
(a)	Name of the Home:				
(b)	Contact Details:	Name of Superintendent:			
		His/her Mobile no.			
		Complete visiting address of the Home:-			
		Phone no. of the Institution			
		Fax:			
		Email:-			
(c)	Type of Home (Please tick <input checked="" type="checkbox"/> one): (Whether for Girls/Boys) (Whether for children of 0 -6/6-12/12-18 yrs.)	Children's Home/ Shelter Home/ Any other (please specify):			
(d)	Run by	State Government	Name of the Department:		
		NGO	Name of the NGO/Trust:		
(e)	Registration / Recognition under J.J. Act(Section 34(3) & 34(2)/41(4), under Rule 69(2)	Sec. 34(3) of JJA & Rule 69(2) & 70 of JJR	Lr. No.:		
			Date:		
			Validity Period:		
		Sec. 34(2) & Rule 71 of JJR	Lr. No.:		
			Date:		
			Validity Period:		
		Sec. 41(4) of JJA	Lr. No.:		
			Date:		
			Validity Period:		
(f)	Supported By	MWCD, GOI			
		State Govt.			
		Others (Please specify)			
(g)	Number of Children:	Sanctioned strength			
		Present strength	0-6 yrs.:		
			6-12 yrs.:		
			12-18 yrs.:		
(h)	Age breakup of Children	<b>Age</b>	<b>Number of Children</b>		<b>Total</b>
			Girls	Boys	
		0-6 years			
		7-14 years			
		15-18 years			
		Above 18 years			
(i)	No. of children (category-wise)	Having both parents			
		Having single parent			

		Having no parent	
		Whose parents/guardians are yet to be traced	
		Surrendered children	
		Whose parents/guardians are incapacitated to take care	
		Having both parents but to be restored	
		Substance abused	
		Working children	
		Begging children	
		Homeless child	
		Trafficked children	
		Sexually abused in the family	
		Sexually abused in work place	
		Sexually abused in the Institution	
		Sexually abused in school	
		Rescued from brothels / private places	
		Any other	
(j)	<b>With Special Needs</b>	HIV +	
		Disability in seeing	
		Disability in hearing	
		Disability in speech	
		Disability in movement	
		Mental retardation	
		Mental illness	
		Autism	
		Any other	
(k)	Facilities and support for special category of children staying in the home		

(l)	<b>Stay of Children in the home</b>	<b>Duration</b>	<b>Number of Children</b>		<b>Total</b>	
			Girls	Boys		
		0-2 Months				
		2-4 Months				
		4-6 Months				
		6-12 Months				
		1-2 Years				
		2-3 Years				
		3-4 Years				
		4-5 Years				
		More than 5 Years				
(m)	<b>Reasons for staying in Home in case of children having families:</b>					
(n)	Whether there is any Juvenile in conflict with law staying in this Home (If so, details)					
	If yes, whether they are segregated from CNCP.					
	If segregated, the extent of segregation (only dormitory or otherwise).					
<b>A2. Infrastructure:</b>						
(a)	<b>Accommodation for Children and institutional infrastructure</b>		<b>Number</b>	<b>Size (Sq. ft.)</b>	<b>Capacity /Required Strength</b>	<b>Actual strength</b>
		Dormitories				
		Classrooms				
		Sick room/ First Aid Room				
		Kitchen				
		Dining Hall				
		Store				
		Recreation room				
		Library				
		Bathrooms				
		Toilets/Latrines				
		Office Rooms				
		Counselling & Guidance room				
		Workshop				
Residence for						

		Superintendent				
		Play Ground				
		Outdoor game facilities				
		Indoor game facilities				
(b)	<b>What criteria are used for grouping in dormitories?</b> (Please tick ✓ the appropriate one)	<b>By Age</b>		<b>By Gender</b>		<b>Other (please specify)</b>
(c)	<b>Whitewashing is done?</b>	<b>Frequency</b>		<b>Last time it was done (Give Detail)</b>		
(d)	<p><b>Observations</b> regarding the infrastructure - condition/maintenance, including: flooring, roof, windows, window panes, fans, lights, curtains, ventilation, heating and cooling arrangements, drinking water, toilets, bathing, kitchen, fire extinguishers, first aid kit, age appropriate &amp; disable friendly infrastructure, availability and accessibility of books in the library, etc.:</p>					

**A3. Minimum standards of care****1. Routine**

(a)	<b>Is there a daily routine for children lodged in the home and whether it is followed?</b>	<b>Yes/No</b> (If yes, please provide a copy of the daily routine for at least a week)
(b)	<b>Whether daily routine is displayed in the Dormitories and Notice Board?</b>	<b>Yes/No</b>
(c)	<b>Whether the daily routine is drawn up in consultation with the children's committee and/or with children's participation</b>	
(d)	<b>Observance of the daily routine?</b>	

**Observations on the basis of interaction with children:**

**2. Food / Meals /Diet/Nutritions**

(a)	<b>Whether the meals are planned in consultation with nutrition experts, in accordance with the prescribed diet scale? Yes / No</b>				
(b)	The timings and menu of each meal for the current week in the following table:-				
	<b>Days/ Timings</b>	<b>Breakfast</b> _____	<b>Lunch</b> _____	<b>Evening snacks</b> _____	<b>Dinner</b> _____
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
(c)	<b>Whether children are provided with special food on festivals, etc.?</b>			<b>Yes / No</b>	
	If yes, Please provide detail of the special food provided?				
	<b>Occasion</b>		<b>Food</b>		
(d)	<b>Whether special diet is provided to sick/special health children, as per advice of Doctor?</b>				

(e)	<b>Whether there are any meals or any particular eatable provided by any member of community? Yes / No If yes,</b>	
(f)	<b>Frequency of such meal being provided?</b>	
(g)	<b>Whether there is any quality check?</b>	
(h)	<b>By whom is the meal checked?</b>	
(i)	<b>If prescribed Nutrition &amp; Diet scale is not followed, reasons thereof?</b>	

**Observations on the basis of interaction with children:**

**3. Clothes /Bedding and other personal requirements:**

(a)	Item	Number	Frequency	Remarks
	Summer clothing			
	Winter clothing			
	School uniform			
	Mattress			
	Bed sheet			
	Durry			
	Blanket			
	Pillow			
	Pillow covers			
	Woollen blankets			
	Mosquito Net			
	Towels			
	Sleepers			
	Sports shoes			
	Schools shoes			
	Socks			
	Under garments			
	School Bag & Stationary			
	Handkerchiefs			
	Tooth Paste & Brush			
	Soap			
	Washing soap			
	Shampoo			

	Oil							
	Comb							
(b)	<b>Whether any other article is provided to children?</b>	Study Table						
		Chair						
		Cot						
		Almirah /personal storage space						
		Any Other						
(c)	<b>Whether clothes/bedding is maintained by the children? Yes / No</b> If No, In case of small children, who is maintaining these articles?							
(d)	<b>Are girls invariably provided with provision during the monthly cycle? Yes/No</b> If yes then: What are they provided? (please tick ✓ the appropriate one)					<b>Yes/No</b>		
	Sanitary pads							
	Clothes							
	Both (Sanitary pads and cloths)							
<b>Observations/Remarks:</b>								
4.	<b>Whether sanitation and hygiene is maintained in the home through following facilities?</b>							
(a)	Sufficient treated and filtered drinking water					<b>Yes/No</b>		
	Clean containers for storing drinking water					<b>Yes/No</b>		
	Sufficient water for bathing and washing clothes, maintenance & cleanliness of the premises					<b>Yes/No</b>		
	Proper drainage system					<b>Yes/No</b>		
	Arrangement for disposal of garbage and availability of covered Dustbins?					<b>Yes/No</b>		
	Protection from mosquitoes					<b>Yes/No</b>		
	Sufficient number of latrines/ toilets (at least one latrine for seven children) and whether they are well ventilated?					<b>Yes/No</b>		
	Sufficient number of bathrooms (at least one bathroom for ten children) and whether they are well ventilated?					<b>Yes/No</b>		
	Sufficient space for washing clothes/utensils					<b>Yes/No</b>		
	Clean and fly-proof kitchen					<b>Yes/No</b>		
(b)	Mention frequency of the following:- (Please tick ✓ the appropriate Box)			Daily	Weekly	Fortnightly	Once a month	More than a month
	Sunning of bedding and clothing							
	Maintenance of cleanliness in the medical centre							
	Maintenance of cleanliness in the kitchen							
	Maintenance of cleanliness in the toilets							

Observations/remarks regarding sanitation & hygiene :

**5. Education**

(a)	<b>Are any of the educational facilities available within the institution?</b> (Please tick <input type="checkbox"/> all that are applicable)				
	Formal school on premises	Play-school	Yes/No	No. of children:	
		Pre-school	Yes/No	No. of children:	
		Primary	Yes/No	No. of children:	
		Secondary	Yes/No	No. of children:	
		Higher	Yes/No	No. of children:	
	Non-formal classes		Yes/No	No. of children:	
	Private coaching		Yes/No	No. of children:	
No schooling facilities		Yes/No	No. of children:		
(b)	<b>Are the present education facilities in the institution adequate?</b> If no, then what are the additional facilities required?			Yes/No	
(c)	<b>How many children go to school outside the premises of the institution?</b>				
	<b>Class/Standard</b>	<b>No of children</b>	<b>School run by (Govt. / Pvt.)</b>	<b>Distance of school</b>	<b>Mode of travel for children</b>
	Play-school				
	Pre-school				
	Primary				
	Secondary				
	Higher				
	Open School System				
	Bridge course (non-residential)				
	Non-formal classes				
Any other (please					



	specify)				
	<b>Total</b>				
(e)	<b>No. of children:</b>	<b>attending regular school?</b>			
		<b>not Receiving education?</b>			
(f)	<b>Whether the educational assessment of every child is done on admission into the Home ? if so, who does it?</b>				
<b>Observations/remarks regarding Education:</b>					

6.	<b>What are the recreation facilities available for children in the institution?</b>				
	<b>Activity</b>		<b>Yes/No</b>	<b>Number</b>	<b>Frequency- daily/ per week/ monthly/ yearly</b>
	<b>Sports</b>	Indoor			
		outdoor			
	<b>Yoga</b>				
	<b>Music</b>				
	<b>Cultural programme</b>	In house			
		External			
	<b>Debates</b>				
	<b>Competitions</b>				
	<b>Library</b>				
	<b>Exposure to outside world</b>				
	<b>Television</b>	With cable			
		Without cable			
<b>Radio</b>					
<b>Any other (please specify)</b>					

**Observations / Remarks :**

**7. Vocational Training:**

(a)	<b>Does the Home provide vocational training to children within or outside?</b>					<b>Yes/No</b>
	If so:					
	<b>Type of Vocation</b>		<b>Number of Children</b>			<b>Within the Home (Yes/ No)</b>
			Boys	Age range	Girls	
	Computer					
	Typing					
	Carpentry					
	Fittery					
	Auto rickshaw/ Motor Cycle/ Bicycle repair					
	Mobile Repairing					
	Textile printing					
	Tailoring					
	Electrical trade					
	Printing					
	Soap making					
	Candle making					
Light engineering						
Any other (please specify)						

(b)	If no such facility is provided by the home, specify the reasons for not offering vocational training to children?					
	(a) Lack of space	Yes/No				
	(b) Lack of equipments	Yes/No				
	(c) Lack of manpower	Yes/No				
	(d) Lack of funds	Yes/No				
	(e) Any other (please specify)					
<b>Observations/Remarks:</b>						
8.	Is there is a structured programme for life skill education	Yes/No				
	If yes, by whom (qualification)					
<b>Observations/Remarks:</b>						

<b>A4. Staff (Rule 68 &amp; 90):</b>								
Sl. No	Sanction -ed strength	Actual strength	Staff	Educati- onal qualific- ation	Salary per month	No:- working in one shift	On Regular, Contract or outsourcing?	Whether given any other/ additional Charge?
(a)			Superintendent / Project Manager /Officer In- charge					
(b)			Counsellor					
(c)			Case worker/ Probation Officer/Welfare Officer					
(d)			House Mother/ House Father					
(e)			Care Taker / Ayas					
(f)			Vocational Instructor					
(g)			Educator/ (voluntary / Part Time)					
(h)			Doctor (Part Time)					
(i)			Paramedical Staff					
(j)			Store-keeper cum Accountant					
(k)			Driver					
(l)			Cook					
(m)			Helper					
(n)			Sweeper					
(o)			Art and craft cum Music Teacher					
(p)			Gardner					

(q)			Security					
(r)			House Keeping					
(s)			PT Instructor cum Yoga Teacher					
(t)			LDC/UDC					
			<b>Total</b>					

**(b) Training**

(i)

Observations/Remarks:

**A5. Training and capacity building of Staff (Rule 90):**

(a)	Name of staff	Designation	Training(s) attended – induction/refresher/orien- tation (when)	Organized/conducted by

(b) Further training needs of the staff:

--	--

**Observation/remarks regarding staff training:**

--	--

**A6. Community Participation/ openness and transparency**

(a)		Frequency of visit	Follow up of advice/observation
	Social Workers		
	Lawyers		
	Counsellors / mental health professionals (psychologists/ psychiatrists)		
	NGOs		
	Other Professionals		

**Observation/Remarks:**

--	--

**A7. Escape/running away of children**

(a)	How many children have run away during last 02 years?	
	From the Home:	
	From School:	
(b)	What are the main reasons of escape?	
	Physical abuse	<b>Yes/No</b>

	Sexual abuse	Yes/No
	Missing home	Yes/No
	Discipline	Yes/No
	No outing/ freedom	Yes/No
	Punishment	Yes/No
	Instigation/Inducement	Yes/No
	Bad/ insufficient food	Yes/No

**Observation/Remarks:**

**A8. Death of children during last 5 years.:**

Sl. No.	Name of the child	Sex	DOB/ Age	Date of admission	Date of death	Place (Home/ Hospital)	Cause of death	Whether post-mortem & Autopsy done?	Whether reported to concerned Authorities? If so, to whom & when?


**Observation / Remarks:**

**A9. Health conditions of children and medical facilities available (Rule 45&46):**

<b>(a)</b>	<b>Major health problems / concerns of children?</b>	
	Tuberculosis	
	Skin	
	Sexually transmitted disease	
	HIV OI (Opportunistic infections due to HIV for eg: TB)	
	Others (please specify)	
<b>(b)</b>	<b>Whether every child on admission into the Home undergoes a health checkup ? if so, by whom?</b>	
<b>(c)</b>	<b>Whether children up to 6 years of age have mandatory immunizations ?(wherever applicable)</b>	
<b>(d)</b>	<b>Whether every child has a health card and his checkups are recorded therein?</b>	
<b>(e)</b>	<b>Whether files of medical record are maintained:</b>	
	<b>Do they contain all relevant physical &amp; mental health data, including height, weight and immunization record:</b>	



<b>(f)</b>	<b>Does the Home have a medical care unit? Yes / No.</b> If yes, the details about the doctors, nurse, beds / sick beds, equipments, etc. may be mentioned:																									
<b>(g)</b>	<b>Does the home has the following facilities:</b> <table border="1" data-bbox="244 741 1493 1133"> <tr> <td data-bbox="244 741 619 913">           First aid kit            In-house ambulance            Stock of medicines         </td> <td data-bbox="627 741 1082 779"></td> <td data-bbox="1090 741 1493 779"><b>Provide details, if any</b></td> </tr> <tr> <td></td> <td data-bbox="627 779 1082 817"><b>Yes / No</b></td> <td data-bbox="1090 779 1493 817"></td> </tr> <tr> <td></td> <td data-bbox="627 817 1082 855"><b>Yes / No</b></td> <td data-bbox="1090 817 1493 855"></td> </tr> <tr> <td></td> <td data-bbox="627 855 1082 893"><b>Yes / No</b></td> <td data-bbox="1090 855 1493 893"></td> </tr> <tr> <td data-bbox="244 913 619 1133"> <ul style="list-style-type: none"> <li>• Regular health check up facility</li> <li>• ART provisions for HIV +ve children</li> <li>• Any other, (provide details)</li> </ul> </td> <td data-bbox="627 913 1082 952"><b>Yes / No</b></td> <td data-bbox="1090 913 1493 952"></td> </tr> <tr> <td></td> <td data-bbox="627 952 1082 990"><b>Yes / No</b></td> <td data-bbox="1090 952 1493 990"></td> </tr> <tr> <td></td> <td data-bbox="627 990 1082 1028"></td> <td data-bbox="1090 990 1493 1028"></td> </tr> <tr> <td></td> <td data-bbox="627 1028 1082 1133">Any other (Please specify)</td> <td data-bbox="1090 1028 1493 1133"></td> </tr> </table>		First aid kit In-house ambulance Stock of medicines		<b>Provide details, if any</b>		<b>Yes / No</b>			<b>Yes / No</b>			<b>Yes / No</b>		<ul style="list-style-type: none"> <li>• Regular health check up facility</li> <li>• ART provisions for HIV +ve children</li> <li>• Any other, (provide details)</li> </ul>	<b>Yes / No</b>			<b>Yes / No</b>						Any other (Please specify)	
First aid kit In-house ambulance Stock of medicines		<b>Provide details, if any</b>																								
	<b>Yes / No</b>																									
	<b>Yes / No</b>																									
	<b>Yes / No</b>																									
<ul style="list-style-type: none"> <li>• Regular health check up facility</li> <li>• ART provisions for HIV +ve children</li> <li>• Any other, (provide details)</li> </ul>	<b>Yes / No</b>																									
	<b>Yes / No</b>																									
	Any other (Please specify)																									
<b>(h)</b>	<b>The Institution has a tie up with which Local Health Centre:</b>																									
<b>(i)</b>	<b>Is there any outside doctor visiting the Home on a regular basis? Yes / No</b> <b>If yes, is such doctor MBBS or a specialist?</b>																									
<b>(j)</b>	<b>Does such doctor attend to the children only for curative purposes? Yes / No</b>																									
<b>(k)</b>	<b>Does such doctor also give advice to take preventive steps? Yes /No</b>																									
<b>(l)</b>	<b>Whether a nurse is available in the home, during night hours? Yes / No</b>																									
<b>(m)</b>	<b>Whether medicines are administered to the child by a staff member? Yes / No</b> <b>Or Is it left to the child himself? Yes / No</b>																									
<b>(n)</b>	<b>Whether children are prescribed and/or administered medicines without doctor's advice? Yes/No</b>																									
<b>(o)</b>	<b>Are all staff trained in giving First Aid? Yes/No</b>																									
<b>(p)</b>	<b>Whether measures for preventing out-break of contagious/infectious diseases are taken? YES/No</b>																									
<b>(q)</b>	<b>Are HIV tests conducted for children? Yes / No</b> If yes, then: Are the children informed about the test before it is conducted? Yes / No Is pre-counselling and post-counselling of the children conducted? Yes / No Is the child allowed to continue his/her stay in the Home after being found HIV +? Yes / No What follow up actions are taken in case of a child found with HIV +?																									

(r)	<b>De-addiction treatment/re-rehabilitation of children who are substance abused.</b>	
	<b>No. of Children subjected to substance abused</b>	
	<b>No. of Children treated</b>	
	<b>No. of children undergoing treatment</b>	
	<b>If yes, from where?</b>	
	<b>Counselling facilities available(inhouse / from outside )/record keeping / Periodicity/follow-up / review</b>	

Observations/Remarks:

**A10 Sources of children, system of admission in the Home and mandatory reporting to concerned authorities thereof**

**A.11 The Process of production of children from the Home before the CWC and problems confronted, if any?**

--	--

**A12. System of restoration of children from the Home and follow up (Rule 65) :**

No. of children restored from the Home during last 1 year	
Linkage with CWC and Childline for the purpose	
Process followed for home verification of the children before restoration	
Escort arrangement for inter-state repatriation of children from Home	
Whether the Home gets the receipt in the case of every child from his or her parent/guardian with identity proof for the record?	
Any other aspect?	

--	--

**A13. Rehabilitation and Social Reintegration**

**(a) Number of children given in adoption so far:**

**(b) Number of children given in Foster Care so far:**

**(c) Number of children benefiting from Sponsorship programme:**

<b>(d) Type of Sponsorship</b>	Medical	
	Nutritional	
	Educational	
	Other needs (please specify)	

**(e) Number of children in the Home reaching the age of 18 years, (in last 5 years)**

<b>What happened to these children?</b>	<b>Yes/No</b>	<b>Number</b>
Sent to aftercare organization		
Continued living in home (If yes, then till when)		
Restored to their families/		
Repatriated to their native State/place		
Trained in vocation		
Provided financial support to start a business		
Due to marriage		
Others (if any)		

**Observations/Remarks:**

**A14. Interface with the family members / relatives (Rule 58)?**

(a)	Visitation on which days?	
(b)	Timings of visitation?	
(c)	Visitation by whom (parents/guardian/friends)?	
(d)	Are phone calls allowed? If yes duration & frequency?	YES/No
<b>A15 Records and Registers (Rule 67)</b>		
<b>(a)</b>	<b>Maintenance of case files of each child (Rule 54):</b>	
(i)	Whether the child/juvenile is photographed immediately upon admission to the Home?	Yes/No
(ii)	Whether annual photograph of the child is taken on record?	Yes/No
(iii)	No. Of children whose photograph are not on record?	Yes/No
(iv)	Whether initial reports of interaction with the child are on record?	Yes/No
(v)	Whether individual care plan of the child is on record?	Yes/No
(vi)	How frequently is the care plan reviewed?	Yes/No
(vii)	Whether quarterly progress report of the child are on record?	Yes/No
(viii)	Whether the medical record of the child is there?	Yes/No
(ix)	How frequently is the medical record updated?	Yes/No
(x)	Whether the medial record consist of both physical and mental health ?	Yes/No
<b>(b)</b>	<b>Whether the registers are maintained and updated properly</b>	
(i)	Admission and discharge register	Yes/No
(ii)	Supervision register	Yes/No
(iii)	Medical File or Medical Report	Yes/No
(iv)	Nutrition diet register	Yes/No
(v)	Stock register	Yes/No
(vi)	Log book	Yes/No
(vii)	Order book	Yes/No
(viii)	Meeting book	Yes/No
(ix)	Cash book	Yes/No

(x)	Budget statement register	Yes/No
(xi)	Inquiry report file	Yes/No
(xii)	Individual case file with individual care plan	Yes/No
(xiii)	Children suggestions book	Yes/No
(xiv)	Visitor's book	Yes/No
(xv)	Staff movement register	Yes/No
(xvi)	Personal belongings register	Yes/No
(xvii)	Minutes register of Management Committee	Yes/No
(xviii)	Minutes register of Children's Committee	Yes/No
(xix)	Attendance register for staff	Yes/No
(xx)	Attendance register for children	Yes/No
(xxi)	Children's movement register	Yes/No

**Observations/Remarks:**

**A.16 Children's Committee (Rule 56)**

(a)	Whether children's committee has been set up? YES/No (if yes, the date when it was set up)
-----	---

<b>(b)</b>	If yes, who are its members?		
<b>(c)</b>	S. No.	Name	Designation
	(i)		
	(ii)		
	(iii)		
<b>(d)</b>	Whether there is a Children's Committee for each of the three age group?		
	Age Group 7-12 years		Yes / No
	Details of Members		
	S. No.	Name	Designation
	(i)		
	(ii)		
	(iii)		
	Age Group 13-15 years		Yes / No
	S. No.	Name	Designation
	(i)		
	(ii)		
	(iii)		
	Age Group 16-18 years		Yes / No
	S. No.	Name	Designation
	(i)		
	(ii)		
(iii)			
<b>(e)</b>	How often does the children's committee meet?		
<b>(f)</b>	Whether the Minutes of the children's Committee have been maintained? YES/No  If yes, for which period		
<b>(g)</b>	Whether comments of the Management Committee are available on the Minutes of the Meeting of the Children's Committee?		
<b>(h)</b>	On what issues is the Children's Committee deliberating?		
(i)	Improvement of the condition of the institution		
(ii)	Reviewing the standards of care being followed		
(iii)	Preparing daily routine and diet scale		
(iv)	Developing educational, vocational and recreational plans		
(v)	Supporting each other in managing crisis		
(vi)	Reporting abuse and exploitation by peers and caregivers		

(vii)	Creative expression of their views through wall papers or newsletters or painting or music or theatre	
(viii)	Management of institution through the Management Committee	
(ix)	Any other issue	

**Observations/Remarks :**

### **A17. Management Committee (Rule 55)**

(a)	Whether the Management Committee has been set up? (if yes the date when it was set up)		
(b)	If yes, who are its members?		
	S.No.	Name	Designation
	1.		
	2.		
	3.		
(c)	How frequently does the Management Committee Meet?		
(d)	Whether the Minutes of the Management Committee have been maintained?		
(e)	If yes, for which period		
(f)	Whether Management Committee reviews the progress of each child in the Home in the Meeting?		
(g)	Follow up on the advise of the Management Committee?		
(h)	Whether suggestion box available in the home?		
	If yes, where it is kept?		
(i)	Whether children's suggestion book is being maintained?		
	If yes whether action has been taken on the suggestions by the Management Committee?		

**Observations/Remarks:**



**A18 System and record of Reporting**

--	--

**A19 Records of Inspections during last 1 year (Rule 63):**

(a)	By the Inspection Committee	
(b)	By the CWC	
(c)	By the JJ Committee of the High Court	
(d)	By the senior officer(s) of the Deptt. of WCD	

**A20 Social Audits (Rule 64)**

(a)	Whether social audits of the home are carried out?	YES/No
(b)	If yes, when the last social audit was done?	
(c)	To whom report submitted?	

**A21 Other Systems of Supervision and Monitoring**

--	--

**A22 Assessment of the infrastructure / facilities / standards of care in the Home from the perspective of the children (on the basis of interaction with them)?**

**A23 Summary of Conclusions (add additional sheet, if required)**

--	--

**A24 Recommendations (add additional sheet, if required)**

--	--