

# MODEL SOCIAL AUDIT PROFORMA FOR CHILDREN'S HOME UNDER THE JUVENILE JUSTICE (CARE & PROTECTION OF CHILDREN) ACT, 2000

1. Date of Social Audit: \_\_\_\_\_

## 2. Details of Social Audit Team

| S.N. | Name | Designation | Department/Agency/<br>Organization |
|------|------|-------------|------------------------------------|
| i)   |      |             |                                    |
| ii)  |      |             |                                    |
| iii) |      |             |                                    |
| iv)  |      |             |                                    |
| v)   |      |             |                                    |

## 3. Details of the Children's/Special Home

| <b>A. General information</b> |  |   |  |          |
|-------------------------------|--|---|--|----------|
| i)                            | <b>Name &amp; Address of Home</b>                                    |   |  |          |
| ii)                           | <b>Contact Details:</b>  | <b>Name of the Chief Functionary/Contact person:</b>      |  |          |
|                               |  | <b>Tel. / Mobile no.</b>                                  |  |          |
|                               |  | <b>Complete address of Department/Agency/Organization</b> | Taluk / Block/Ward                                       |          |
|                               |  |   | Village / Panchayat/ Urban body                          |          |
|                               |  |   | City/Town  |          |
|                               |  |   | District   |          |
|                               |  |   | State  |          |
|                               |  |   | Phone no.:   |          |
|                               |  |   | Fax:   |          |
|                               |  |   | Email:   |          |
|                               | Website:   |   |  |          |
| iii)                          | Whether the location of the CCI is easily accessible?                |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| iv)                           | If Yes, how?   |   | Rail/Road/Air/Water                                      |          |
| <b>B. Legal Status</b>        |  |   |  |          |
| i)                            | Registration of the Parent Organization under SR/Trust/Companies Act |   | No.:<br>Date:  |          |
| ii)                           | For the Children's /Special Home (under the JJ Act 2000)             | Information as applicable to be provided                  | No.  | Validity |

|   |   |   |  |  |
|---|---|---|--|--|
|   |   | a) Registration   |  |  |
|   |   | b) Recognition  |  |  |
|   |   | c) Licensing  |  |  |
|   |   | d) Certification  |  |  |
|   |   | e) Registration under 12A of Income Tax Act (general info)                  |  |  |
|   |   | f) FCRA Registration (if any)   |  |  |
| iii)  | Under jurisdiction of which Child Welfare Committee (CWC)/Juvenile Justice Board (JJB) is the home functioning  |   |  |  |
| <b>C. Details of Committees constituted</b> |   |   |  |  |
| i)  | Whether there is a Management Committee(MC)/Governing Body(GB) (details of composition to be attached)  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Remarks, if any |  |  |
| ii)   | Number of meetings conducted in a year (average of - last 3 years or span of constitution if less than three years) & Date of last meeting                                    | No.:<br>Date:<br>Remarks, if any  |  |  |
| iii)  | Whether the minutes of the MC/GB are upto date as per the Bye-laws & copy provided  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Remarks, if any |  |  |
| iv )  | Whether Home Management Committee (HMC) has been constituted as per JJ Rules  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Remarks, if any |  |  |
| v)  | Number of meetings conducted in a year (average of - last 3 years or span of constitution if less than three years) & Date of last meeting                                    | No.:<br>Date:<br>Remarks, if any  |  |  |
| vi )  | Whether the minutes of the HMC are upto date & copy provided  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Remarks, if any |  |  |
| vii )                                       | Whether Children's Committees have been constituted (details of composition to be attached)   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Remarks, if any |  |  |
| vii i)                                      | Number of meetings conducted in a year (average of - last 3 years or span of constitution if less than three years) & Date of last meeting                                    | No.:<br>Date:<br>Remarks, if any  |  |  |
| ix )  | Whether the minutes of the CC are upto date & copy provided   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Remarks, if any |  |  |
| x)  | Whether the CCI has any other activity apart from psycho-social rehabilitation of children in need of care and protection (if any) - If yes, details to be attached to report | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Remarks, if any |  |  |

| Section Rating  |   |
|---|---|
| <p>In this section Rating shall be –</p> <p><b>A</b> –</p> <ul style="list-style-type: none"> <li>90-100% of required information has been provided</li> <li>100% legal compliance has been adhered to as per section B</li> <li>Answers to all questions is yes and the MC &amp; CC are regularly meeting</li> </ul> <p><b>B</b> if – 60-80% of answers are yes &amp; the information solicited is provided + legal compliance as per section B has been adhered to</p> <p><b>C</b> (needs attention) if – anything less than B but more than 50% of the answers are yes &amp; information is provided</p> <p><b>D</b> (Unfit) if – anything less than the above</p> | <p><b>Remarks</b></p> <div> <input type="checkbox"/> <b>A</b><br/> <input type="checkbox"/> <b>B</b><br/> <input type="checkbox"/> <b>C</b><br/> <input type="checkbox"/> <b>D</b> </div> |

#### 4. Staff

| Qualitative details  |  |  | Remarks if any |
|--|--|--|----------------|
| i)   | Is there adequate & skilled staff as per sanction/ norms (as per format attached)  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| ii)  | Whether personal files of each staff are available and these include records of recruitment, reference check, work profile and performance appraisal   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| iii)   | Has staff undergone training regarding child rights/ protection/ care giving/ rehabilitation/JJ Act/ ICPS etc. (details of - duration, issue, frequency, last attended - to be checked & attached) | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| iv)  | Is the staff aware of the needs of each child?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| v)   | Is the staff motivated in their job?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| vi)  | Does the Superintendent/Manager/In-charge stay on the campus?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| vii)   | Is there a lady Superintendent/Manager/In-Charge available for girls unit?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| Section Rating   |  |  |                |
| <p>In this section rating shall be –</p> <p><b>A</b> If – 90-100% answers to questions is yes &amp; required information has been provided</p> <p><b>B</b> if – 60-80% of answers are yes &amp; the information solicited is provided</p> <p><b>C</b> (needs attention) if – anything less than B but more than 50% of</p> | <b>Remarks</b>   | <input type="checkbox"/> <b>A</b><br><input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b><br><input type="checkbox"/> <b>D</b> |                |

|   |  |  |  |
|---|--|--|--|
| the answers are yes & information is provided<br><b>D</b> (Unfit) if – anything less than the above |  |  |  |
|---|--|--|--|

## 5. Physical Infrastructure

| <b>A. Accommodation</b> |                        |     |                             |    |       |          |            |                  |          |            |
|-------------------------|------------------------|-----|-----------------------------|----|-------|----------|------------|------------------|----------|------------|
| S. N.                   | Purpose of the room    | No. | Whether adequately equipped |    | Space |          |            | Ventilated & lit |          |            |
|                         |                        |     | Yes                         | No | Good  | Adequate | Inadequate | Good             | Adequate | Inadequate |
| i)                      | Education (Class room) |     |                             |    |       |          |            |                  |          |            |
| ii)                     | Dormitory              |     |                             |    |       |          |            |                  |          |            |
| iii)                    | Counseling             |     |                             |    |       |          |            |                  |          |            |
| iv)                     | Recreation             |     |                             |    |       |          |            |                  |          |            |
| v)                      | Sick room              |     |                             |    |       |          |            |                  |          |            |
| vi)                     | Library                |     |                             |    |       |          |            |                  |          |            |
| vii)                    | Visitors room          |     |                             |    |       |          |            |                  |          |            |
| viii)                   | Vocational training    |     |                             |    |       |          |            |                  |          |            |
| ix)                     | Dining hall            |     |                             |    |       |          |            |                  |          |            |
| x)                      | Store                  |     |                             |    |       |          |            |                  |          |            |
| xi)                     | Record room            |     |                             |    |       |          |            |                  |          |            |
| xii)                    | Office room            |     |                             |    |       |          |            |                  |          |            |
| xiii)                   | Staff Residence        |     |                             |    |       |          |            |                  |          |            |
| xiv)                    | Bath room              |     |                             |    |       |          |            |                  |          |            |
| xv)                     | Toilets                |     |                             |    |       |          |            |                  |          |            |
| xvi)                    | Sitting of CWC         |     |                             |    |       |          |            |                  |          |            |

| <b>B. Additional details</b> |  |   |  | Remarks if any |
|------------------------------|--|---|--|----------------|
| i)                           | Type of accommodation  | <input type="checkbox"/> Rented<br><input type="checkbox"/> Owned<br><input type="checkbox"/> Lease |  |                |
| ii)                          | Whether there is adequate infrastructural security (boundary wall, fencing, strong structure etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |
| iii)                         | Whether decorum of the office room appears satisfactory  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |
| iv)                          | Whether computer with internet connectivity available  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |
| v)                           | Whether furniture/fixtures available to store records safely                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |

| B. Additional details |  |  | Remarks if any |
|-----------------------|--|--|----------------|
| vi)                   | Whether sign board displayed indicating name, type of CCI, contact details   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| vii)                  | Whether essential details including emergency number, duty chart, menu chart, attendance status, weekly programme schedule are displayed prominently.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| viii)                 | Whether the following education facilities available in the campus?<br><input type="checkbox"/> Play-School <input type="checkbox"/> Pre-School <input type="checkbox"/> Primary School <input type="checkbox"/> Middle School | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| ix)                   | Whether there is safe transport facility for children attaining education outside the campus?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| x)                    | Whether facilities for children are separate from staff and management facilities?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| xi)                   | Whether facilities and support (equipment, staff, teaching and learning materials/aids) for children with special needs is available   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| xii)                  | Whether facilities and support (equipment, staff, teaching and learning materials/aids) for children with visual needs is available  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| xiii)                 | Whether facilities and support (equipment, staff, teaching and learning materials/aids) for children with hearing needs is available   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| xiv)                  | Whether facilities and support (equipment, staff, teaching and learning materials/aids) for children with special needs (Mental Health) is available   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| xv)                   | Whether any other and  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |

| B. Additional details |   |   | Remarks if any |
|-----------------------|---|---|----------------|
|                       | support (equipment, staff, teaching and learning materials/aids) for children with special needs (Mental Health) is available, other than those mentioned above [A separate sheet on the kind of facilities and support be attached]  |   |                |
| xvi)                  | <p>Whether adequate safety and security measures for children available including:</p> <p>a) rooms and dormitories being free of unstable heavy equipment, furniture, or other items that children could pull down on themselves</p> <p>b) good condition of ceilings, walls, floor coverings, draperies, blinds, furniture, fixtures, and equipment</p> <p>c) clear guidelines regarding access of staff/visitors in identified areas especially in children's dormitories/toilets</p> <p>d) Privacy maintained in toilets and bathing areas</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |                |
| xvii)                 | Whether basic emergency medical care equipment available  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |
|                       | Whether special emergency medical care equipment available  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |
| xviii)                | Whether adequate child friendly bathrooms / bathing areas (1:10) and toilets (1:7) available exclusively for children   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |
| xiii)                 | Whether safe & purified drinking water storage is available   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |
| xix)                  | Whether safe & purified drinking water is provided to all children on all 30 days in a month  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |
| xx)                   | Whether safe & purified   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |

| B. Additional details  |   |  | Remarks if any |
|--|---|--|----------------|
|  | drinking water is provided to all children on 20-29 days in a month                           |  |                |
| xxi)   | Whether safe & purified drinking water is provided to children on 10-19 days in a month       | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| xxii)  | Whether safe & purified drinking water is provided to children on less than days in a month   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| xii)   | Whether there are proper drainage and garbage disposal facilities available                   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| xiv)   | Whether enough/safe toys are available & accessible to children                               | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| xv)  | Whether enough suitably equipped outdoor space for play is available & accessible to children |  |                |
| <b>Section Rating</b>  |   |  |                |
| <p>In this section Rating shall be –</p> <p><b>A</b> If – 90-100% of answers to questions is yes % required information has been provided</p> <p><b>B</b> if – 60-80% of answers are yes &amp; the information solicited is provided</p> <p><b>C</b> (needs attention) if – anything less than B but more than 50% of the answers are yes &amp; information is provided</p> <p><b>D</b> (Unfit) if – anything less than the above</p> <p><b>Note:</b> Adequate or good rating is equivalent to a yes</p> | <b>Remarks</b>  | <input type="checkbox"/> <b>A</b><br><input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b><br><input type="checkbox"/> <b>D</b> |                |

## 6. Standards of Care

| A. Child care facilities  |  |  | Remarks if any |
|---|--|--|----------------|
| i)  | Whether the total number of children present at the Children's Home exceed, its capacity   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| ii)   | Whether the total number of children present at the Children's Home are less than, its capacity  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| iii)  | Whether individual beds are available & provided to children   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| iv)   | Whether there are enough caregivers present to meet required numbers of caregiver to child ratio (1:7)   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| v)  | Whether children are segregated according to age group for stay & activities   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| vi)   | Whether children are segregated according to gender for stay & activities  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| vii)  | Whether all activities are conducted under staff supervision to minimize the risk of injury to children and/or respond as promptly as possible   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| viii)   | Whether the response is prompt in case of injury to children   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| ix)   | Whether children who are in emotional distress (due to fear, trauma, or illness) are being actively supervised   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| <b>B. Prevention &amp; Protection from Abuse (including emotional, sexual &amp; physical)</b> |  |  |                |
| i)  | Whether there is a written child protection policy   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| ii)   | Whether the child protection policy is adhered to by staff & management regarding which training & awareness is regularly provided   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| iii)  | Whether a functional & accessible complaint and grievance redressal mechanism including for abuse prevention, is in place, such as<br>a) suggestion box, 1098 hotline, CCTV Cameras & children's committees, regular staff - children interface<br>b) training & orientation of care givers & children | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| iv)   | Whether adequate measures to prevent any form of physical /emotional abuse of children for the purpose of disciplining (corporal punishment) like use of abusive language, insulting, humiliating, name  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |

|                                   |  |  |  |
|-----------------------------------|--|--|--|
|                                   | calling, hitting, spanking, shaking, biting, pinching, or any other measure that results in mental or physical pain/discomfort/trauma  |  |  |
| v)                                | Whether there is for purpose of enforcing discipline, any practice of<br>a) Restricting/restraining children's movements by binding, tying or any other form<br>b) withholding of food, rest, or toileting | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>C. Daily Routine</b>           |  |  |  |
| i)                                | Whether a daily routine of activity is followed (If yes, the Children's Home should provide a copy of the daily routine for at least a week)   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| ii)                               | Whether the daily routine is drawn up in consultation with the children's committee and/or with children's participation or as per the need?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iii)                              | Whether the daily routine is on public display at prominent places in the institution?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>D. Nutrition (Meals/Diets)</b> |  |  |  |
| i)                                | Whether staff is aware of the nutritional requirement of children at varying stages of development   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| ii)                               | Whether meals are planned in consultation with children  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iii)                              | Whether meals are provided in accordance with prescribed norms/diet scale  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iv)                               | Whether birthdays of children are celebrated   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| v)                                | Whether a special meal is provided during festivals/occasions  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| vi)                               | Whether special diet is always provided to sick/special health children, as per advice of Doctor   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| vii)                              | Whether special diet is occasionally provided to sick/special health children, as per advice of Doctor   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| viii)                             | Whether the home receives sponsored  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |

|   |  |  |  |
|---|--|--|--|
|   | cooked/uncooked food items, lunch, dinner etc. from donors (If cooked, please specify whether tasted/checked by care giver)  |  |  |
| <b>E. Clothing, Bedding, personal hygiene &amp; other</b> |  |  |  |
| i)  | Whether all children are provided individual, clean, seasonal & age appropriate clothes, articles & toiletries as per norms  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| ii)   | Whether all children are provided individual, clean, seasonally appropriate mats & sleeping materials as per norms   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iii)  | Whether sleeping material is cleaned/sanitized regularly or before reuse as needed   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iv)   | Whether the rooms are regularly fumigated, disinfected & material provided to each child for prevention of infection & disease.  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| v)  | Whether each child has been allocated a secured space to store personal belongings   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| vi)   | Whether the agency receives donations of articles (both old and new) like clothes, bed sheets, mats, bedding etc. (If yes, please specify whether old articles are cleaned/disinfected before use) | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| vii)  | Whether sufficient water for bathing & washing clothes & maintenance & cleanliness of the premises is available on all 30 days in a month  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| viii)   | Whether sufficient water for bathing & washing clothes & maintenance & cleanliness of the premises is available on 20 to 29 days in a month  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| ix)   | Whether sufficient water for bathing & washing clothes & maintenance & cleanliness of the premises is available on 10-19 days in a month   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| x)  | Whether sufficient water for bathing & washing clothes & maintenance & cleanliness of the premises is available on less than 10 days in a month  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| xi)   | Whether cleanliness of the campus is maintained  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| xii)  | Whether following facilities available in Home for children:<br>A. Fans<br>B. Coolers  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |
|--|--|--|--|
|  | C. Air Conditioner<br>D. Heaters for winter  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>F. Health Care &amp; medical</b>  |  |  |  |
| i)   | Whether every child undergoes a health check-up on admission   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| ii)  | Whether every child has regular health checkups, health card etc. & the records/files are maintained & updated   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iii)   | Whether nurse/paramedical staff is available in the home at night  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iv)  | Whether medicines are administered to the child by a staff/ nurse  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| v)   | Whether staff is trained to provide First Aid  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>G. Education</b>  |  |  |  |
| i)   | Whether educational assessment is conducted & need of every child addressed  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| ii)  | Whether all children are provided with age appropriate formal education  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iii)   | Whether children are provided with age appropriate non-formal/bridge/supplementary education, as required [give details of number of children being provided such education on separate sheet] | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| iv)  | Whether age appropriate, feasible & market oriented vocational training is provided  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| v)   | Whether children are consulted in selecting vocation training being provided to them?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| vi)  | Whether age appropriate life skill education is provided   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Section Rating</b>  |  |  |  |
| In this section Rating shall be –<br><b>A</b> If – 90-100% of answers to questions is yes % required information has been provided<br><b>B</b> if – 60-80% of answers are yes & the information solicited is | <b>Remarks</b>   | <input type="checkbox"/> <b>A</b><br><input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b><br><input type="checkbox"/> <b>D</b> |  |

|  |  |  |  |
|--|--|--|--|
| <p>provided<br/> <b>C</b> (needs attention) if – anything less than B but more than 50% of the answers are yes &amp; information is provided<br/> <b>D</b> (Unfit) if – anything less than the above</p> <p>Note: if any violation of section B ii) &amp; iii) is reported, the rating will be D regardless of other features.</p> |  |  |  |
|--|--|--|--|

## 7. Adherence to Juvenile Justice (Act & Rules) Procedure

| A. Admission of Children & mandatory reporting |   |  | Remarks if any |
|--|---|--|----------------|
| i)   | Whether all children admitted to the home are produced before CWC within the prescribed time limit                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| ii)  | Whether all children in the home are housed in compliance with CWC orders   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| iii)   | Whether the Social Investigation report (SIR) of each child has been submitted before CWC within the stipulated time period as directed | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| iv)  | Whether the home has made efforts to trace the biological family/guardian of the child  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| v)   | Whether home submits any report of its own efforts to trace biological families to the CWC  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| vi)  | Whether Individual Care Plan is prepared for every child  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| vii)   | Whether Individual Care Plan is prepared for every child is being implemented   |  |                |
| viii)  | Whether a professional Social Worker or experienced personnel has prepared the Individual Care Plan (ICP) for every child               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| viii)  | Whether ICP has been prepared for   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |

|  |   |  |  |
|--|---|--|--|
|  | every child in the Home within 30 days of admission of the child  |  |  |
| ix)  | Whether the home maintains a master admission register  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| x)   | Whether the home updates the master admission register in Track Child   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| xi)  | Whether the number of children present tallies with the attendance register as on date  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| xii)   | Whether number of children admitted during a particular year matched with the children present at the end of the year after excluding placement in families (restoration, repatriation), death, transfer & leave without permission (if any)                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| xiii)  | Whether monthly data about children is sent to DCPU as the case may be  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| xiv)   | Whether the home reports all cases of admission, restoration, transfer, adoption, death & leave without permission, of children, from the institution, to Competent Authority, State Government, DCPU, as the case may be                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| xv)  | Whether every child is restored through CWC/JJB   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| xvi)   | Whether there is any document available in the home as proof of restoration - parent/guardian letter with identity proof regarding the same   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>B. Documentation and Record Keeping - Records &amp; Registers</b> |   |  |  |
| i)   | <b>Documentation and Record Keeping</b>   |  |  |
|  | a) Whether all relevant information i.e. correspondences, ICP, Case History, Inquiry Report, CWC orders, MER, HSR, birth certificate, court order, quarterly progress report, health report, etc (in case applicable) are available in the file of each child | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  | b) Whether the report of counsellor or social worker, social history/case history of  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |
|---|--|--|--|
|   | each child is available in the personal file   |  |  |
|   | c) Whether initial reports of interaction with the child are on record                 | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| ii)   | <b>Records and registers</b>   |  |  |
|   | <b>Whether the following registers are maintained and updated properly:</b>            |  |  |
|   | a) Master Admission & discharge register   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | b) Supervision register  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | c) Case file of each child   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | d) Medical File & Medical Report   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | e) Attendance register of children & staff   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | f) Order Book  |  |  |
|   | g) Inquiry report file   |  |  |
|   | h) Children's suggestion book/file   |  |  |
|   | i) Voucher, Cash Book, Ledger, Journal & Annual Accounts                               | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | j) Grant utilisation register  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | k) Stock register  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | l) Record of minutes of meetings of HMC, CC, Staff-Children interaction, Staff meeting | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | m) Nutrition/diet register   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | n) Budget statement register   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | o) Individual case file with individual care plan                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | p) Visitor's book  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | q) Staff movement register   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | r) Personal belonging register   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | s) Children's movement register  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | t) Any other, specify  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Section Rating</b>   |  |  |  |
| In this section Rating shall be –<br><b>A</b> If – 90-100% of answers to questions is yes % required information has been provided<br><b>B</b> if – 60-80% of answers are yes & the information solicited is provided<br><b>C</b> (needs attention) if – anything less than B but more than 50% of the answers are yes & information is provided<br><b>D</b> (Unfit) if – anything less | <b>Remarks</b>   | <input type="checkbox"/> <b>A</b><br><input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b><br><input type="checkbox"/> <b>D</b> |  |

|                |  |  |  |
|----------------|--|--|--|
| than the above |  |  |  |
|----------------|--|--|--|

## 8. Financial Transparency

| Accounting norms & procedures  |  |  | Remarks if any |
|--|--|--|----------------|
| i)   | Whether the home provided details of information about the sources of funding & that of the organization as a whole/separately   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| ii)  | Whether the home (& its parent organization) provides details of project wise Bank Account(s) maintained by it with A/c No, purpose, amount received including FCRA Account (Copy of pass book/Bank statement) | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| iii)   | Whether the home submits a copy of audited accounts of the organisation with its audit report and Annual Report within six months from the date of closing of the financial year, to the State Government      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| iv)  | Whether the accounts are audited annually by an authorised Chartered Accountant  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| v)   | Whether the home has provided copies of Audited Statement of Accounts & FC Returns for last 2 years to the competent authority   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| vi)  | Whether grants are released as per norm & time taken for the same? (details of last three years of, duration & difference in amount if any, between application & receipt of grant to be submitted)            | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| <b>Section Rating</b>  |  |  |                |
| In this section Rating shall be –<br><b>A</b> If – 90-100% of answers to questions is yes % required information has been provided<br><b>B</b> if – 60-80% of answers are yes & the information solicited is provided<br><b>C</b> (needs attention) if – anything less than B but more than 50% of the answers are yes & information is provided<br><b>D</b> (Unfit) if – anything less than the above |  | <b>Remarks</b><br><br><input type="checkbox"/> <b>A</b><br><input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b><br><input type="checkbox"/> <b>D</b> |                |

## 9. Inspection & Audit

| Inspection |  |  | Remarks if any |
|------------|--|--|----------------|
| i)         | Whether the home has been inspected by the Inspection Committee & report is positive | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| ii)        | Whether the home has been inspected by the Child Welfare                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |

|  |   |  |  |
|--|---|--|--|
|  | Committee & report is positive  |  |  |
| iii)   | Whether the home has been inspected by the JJ Committee of the High Court & report is positive                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| iv)  | Whether the home has been inspected by the appropriate authority of Department of WCD & report is positive                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| v)   | Whether the home has been inspected by the Commissions for Protection of Child rights (National/State) & report is positive | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| vi)  | Whether any social audit has been conducted of the home & report is positive  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| vii)   | Whether the home has a copy of the inspection recommendations and record of action thereof (attach)                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Section Rating</b>  |   |  |  |
| In this section Rating shall be –<br><b>A</b> If all reports are positive<br><b>B</b> if – 60-80% of reports are positive<br><b>C</b> (needs attention) if – anything less than B but more than 50% reports are positive<br><b>D</b> (Unfit) if – anything less than the above |   | <b>Remarks</b>   | <input type="checkbox"/> <b>A</b><br><input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b><br><input type="checkbox"/> <b>D</b> |

## 10. Linkages and Coordination

| Programmatic linkages |   |   | Remarks if any |
|-----------------------|---|---|----------------|
| i)                    | Whether the home/agency has its own or relies on linkages with external professionals/institutions for (reports to be submitted)-<br>a) Mental health services for children, parents & staff (including one to one & group counseling, need based therapy, regular consultation & supervision by a psychiatrist & staff personal growth & supervision sessions<br>b) Education (including supplementary & special education)<br>c) Vocational training<br>d) Life Skills, Art & Dance & Drama therapy & Occupational therapy & other issue based workshops<br>e) Recreational activities including sports | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                |

|  |   |   |  |
|--|---|---|--|
|  | f) Hobby classes<br>g) Health including speech/physiotherapy<br>h) Legal aid services<br>i) De-addiction center<br>j) With appropriate authorities for birth registration, identity proof & reserved/special category certificate |   |  |
| ii)  | Whether the home has established linkages with other CCI for rehabilitation of children with special needs  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| iii)   | Whether the home has established coordination & linkages with CWC, JJB CHILDLINE, DCPU, DSFAC, for restoration & rehabilitation of children   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| <b>Section rating</b>  |   |   |  |
| In this section Rating shall be –<br><b>A</b> If – 90-100% of answers to questions is yes % required information has been provided<br><b>B</b> if – 60-80% of answers are yes & the information solicited is provided<br><b>C</b> (needs attention) if – anything less than B but more than 50% of the answers are yes & information is provided<br><b>D</b> (Unfit) if – anything less than the above |   | <b>Remarks</b><br><br><br><br><br>                          | <input type="checkbox"/> <b>A</b><br><input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b><br><input type="checkbox"/> <b>D</b> |

## Observations and findings of the Social Audit team

Note: The format below should be filled on the basis of *data above, feedback of children, feedback of all stakeholders in district where home is located, documentary information collated & observation* of the team. Guidelines are to be filled for filling every section.

### OVERALL RATING

☐ **A** stands for Good ☐ **B** stands for Average ☐ **C** stands for Needs Improvement ☐ **D** Unfit

| S.N.  | Section   | 4 point Scale  |
|-------|---|--|
| i)    | GENERAL DETAILS OF THE HOME                           | <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> |
| ii)   | PHYSICAL INFRASTRUCTURE                               | <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> |
| iii)  | STAFF   | <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> |
| iv)   | STANDARDS OF CARE                                     | <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> |
| v)    | ADHERENCE TO JUVENILE JUSTICE (ACT & RULES) PROCEDURE | <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> |
| vi)   | FINANCIAL TRANSPARENCY                                | <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> |
| vii)  | INSPECTION & AUDIT                                    | <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> |
| viii) | LINKAGES & COORDINATION                               | <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b><br><input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> |

**Name & Designation:**

**Signature:**

## Annexure I

### Staff Assessment (attach to point no. 4)

| S. N. | Designation                                     | Name & no. | Qualification | Experience working with children | On job training (list topics) | Date of Joining | Present at the time of visit ( if not why) |
|-------|---|------------|---------------|----------------------------------|-------------------------------|-----------------|--|
| i)    | <b>Office in Charge</b>                         |            |               |                                  |                               |                 |  |
| ii)   | <b>Counselor</b>                                |            |               |                                  |                               |                 |  |
| iii)  | <b>child Welfare Officer/ probation officer</b> |            |               |                                  |                               |                 |  |
| iv)   | <b>Case worker</b>                              |            |               |                                  |                               |                 |  |
| v)    | <b>House Mother/ House Father</b>               |            |               |                                  |                               |                 |  |
| vi)   | <b>Doctor</b>                                   |            |               |                                  |                               |                 |  |
| vii)  | <b>Para medical staff</b>                       |            |               |                                  |                               |                 |  |
| viii) | <b>Store keeper cum accountant</b>              |            |               |                                  |                               |                 |  |
| ix)   | <b>Art &amp; Craft cum music teachers</b>       |            |               |                                  |                               |                 |  |
| x)    | <b>PTI instructor cum Yoga Trainer</b>          |            |               |                                  |                               |                 |  |
| xi)   | <b>Driver</b>                                   |            |               |                                  |                               |                 |  |
| xii)  | <b>Cook</b>                                     |            |               |                                  |                               |                 |  |
| xiii) | <b>Helper</b>                                   |            |               |                                  |                               |                 |  |
| xiv)  | <b>House Keeping</b>                            |            |               |                                  |                               |                 |  |
| xv)   | <b>Gardener</b>                                 |            |               |                                  |                               |                 |  |
| xvi)  | <b>Any other</b>                                |            |               |                                  |                               |                 |  |