**FORM 7**

**[Rules 11(3), 13(7)(vi), 13(8)(ii), 19(4), 19(17), 62(6)(vii), 62(6)(x), 69 I (3)]**

INDIVIDUAL CARE PLAN

**Child in Conflict with Law/ Child in Need of Care and Protection**

**(tick whichever is applicable)**

**Name of Case Worker/Child Welfare Officer/Probation officer…………………….....**

**Date of preparing the ICP** …………………………………………………………………....

Case/Profile No……………............of 20…………………........

FIR No………………………………………………………........

U/Sections (Type of offence), applicable in case of Children in Conflict with Law……

Police Station………………………………………………………………………………….

Address of the Board or the Committee……………………………………………………

Admission No.(if child is in an institution) ………………………………………………….

Date of Admission (if child is in an institution)……………………………………………

Stay of the child (Fill as applicable)

(i) Short term (up to six months)

(ii) Medium Term (six months to one year)

(iii) Long term (more than 1 year)

**A. PERSONAL DETAILS** (to be provided by child/parent/both on admission of the child in the institution)

1. Name of the Child……………………………….

2. Age/Date of Birth…………………………...........

3. Sex: Male/Female……………………................

4. Father’s name:…………………………….

5. Mother’s name………………………………….

6. Nationality…………………………………….....

7. Religion………………………………………....

8. Caste…………………………………………

9. Language spoken…………………………..................

10. Level of Education…………………………………………………………………..

11. Details of Savings Account of the child, if any…………………………………..

12. Details of child’s earnings and belongings, if any………………………………

13. Details of awards/rewards received by the child, if any…………………………

14. Based on the results of Case History, Social Investigation report and interaction

with the child, give details on following areas of concern and interventions

required, if any

|  |  |  |  |
| --- | --- | --- | --- |
| S.NO. | CATEGORY | AREA OF CONCERN | PROPOSED INTERVENTIONS |
| 1 | Child’s expectation from care and protection |  |  |
| 2 | Health and nutrition needs |  |  |
| 3 | Emotional and psychological support needs |  |  |
| 4 | Educational and Training needs |  |  |
| 5 | Leisure, creativity and play |  |  |
| 6 | Attachments and Inter-personal  Relationships |  |  |
| 7 | Religious beliefs |  |  |
| 8 | Self care and life skill training for Protection  from all kinds of abuse, neglect and  maltreatment |  |  |
| 9 | Independent living skills |  |  |
| 10 | Any other such as significant experiences  which may have impacted the development  of the child like trafficking, domestic  violence, parental neglect, bullying in school,  etc. (Please specify) |  |  |

**B. PROGRESS REPORT OF THE CHILD ( to be prepared every fortnight for first three months and**

**thereafter to be prepared once a month)**

[Note: Use different sheet for Progress Report]

1. Name of the Probation Officer/Case Worker/Child Welfare Officer………………….

2. Period of the report………………………………………………………………………

3. Admission No……………………………………………………………………………..

4. Board or Committee…………………………………………………………………….

5. Profile No…………………………………………….

6. Name of the Child…………………………………..

7. Stay of the child (Fill as applicable)

(iv) Short term (up to six months)

(v) Medium Term (six months to one year)

(vi) Long term (more than 1 year)

8. Place of interview …………………….. Dates…………………….

9. General conduct and progress of the child during the period of the report

…………………………………………………………………………………………………

10. Progress made with regard to proposed interventions as mentioned in point 14 of Part A of this Form

|  |  |  |  |
| --- | --- | --- | --- |
| SN | CATEGORY | PROPOSED INTERVENTION S | PROGRESS OF CHILD |
| 1 | Child’s expectation from care and protection |  |  |
| 2 | Health and nutrition needs |  |  |
| 3 | Emotional and psychological support needed |  |  |
| 4 | Educational and Training needs |  |  |
| 5 | Leisure, creativity and play |  |  |
| 6 | Attachments and Inter-personal Relationships |  |  |
| 7 | Religious beliefs |  |  |
| 8 | Self care and life skill training for Protection from  all kinds of abuse, neglect and maltreatment |  |  |
| 9 | independent living skills |  |  |
| 10 | Any other such as significant experiences which  may have impacted the development of the child  like trafficking, domestic violence, parental  neglect, bullying in school, etc. (Please specify) |  |  |

11. Any proceedings before the Committee or Board or Children’s Court

(i) Variation of conditions of bond

(ii) Change of residence of the child

(iii) Other matters, if any

12. Period of supervision completed on………………………………………

Result of supervision with remarks (if any)………………………………….

Name and Addresses of the parent or guardian or fit person under whose care the child is to live after the

supervision is over……………………………………………

Date of report…………………...Signature of the Probation Officer…………………..

**C. PRE-RELEASE REPORT (to be prepared 15 days prior to release)**

1. Details of place of transfer and authority concerned responsible in the place of

transfer/release

2. Details of placement of the child in different institutions/family

3. Training undergone and skills acquired

4. Last progress report of the child (to be attached, refer Part B)

5. Rehabilitation and restoration plan of the child (to be prepared with reference to progress reports of the

child)

|  |  |  |
| --- | --- | --- |
| S.NO | CATEGORY | **Rehabilitation and restoration plan of the**  **child** |
| 1 | Child’s expectation from care and protection |  |
| 2 | Health and nutrition |  |
| 3 | Emotional and psychological |  |
| 4 | Educational and Training |  |
| 5 | Leisure, creativity and play |  |
| 6 | Attachments and Inter-personal Relationships |  |
| 7 | Religious belief |  |
| 8 | Self care and life skill training for Protection from  all kinds of abuse, neglect and maltreatment |  |
| 9 | independent living skills |  |
| 10 | Any other |  |

6. Date of release/transfer/repatriation……………………………………………………

7. Requisition for escort if required……………………………………………………….

8. Identification Proof of escort such as driving license, Aadhar Card, etc. …………

9. Recommended rehabilitation plan including possible placements/sponsorships….

10. Details of Probation Officer/non-governmental organization for post-release follow up………………………………………………………………………………..

11. Memorandum of Understanding with non-governmental organization identified for post-release follow-up

(Attach a copy)………………………………………………..

12. Details of sponsorship agency/individual sponsor, if any…………………………..

13. Memorandum of Understanding between the sponsoring agency and individual sponsor (Attach a

copy)………………………………………………………………….

14. Medical examination report before release……………………………………………

15. Any other information…………………………………………………………………

**D. POST-RELEASE/RESTORASTION REPORT OF THE CHILD**

1. Status of Bank Account: Closed / Transferred

2. Earnings and belongings of the child: handed over to the child or his

parents/guardians – Yes/No

3. First interaction report of the Probation Officer/Child Welfare Officer/Case

Worker /social worker/non-governmental organization identified for follow-up with

the child post-release……………………………………………………………………

4. Progress made with reference to Rehabilitation and Restoration Plan……………..

5. Family’s behavior/attitude towards the child…………………………………………….

6. Social milieu of the child, particularly attitude of neighbors/community…………….

7. How is the child using the skills acquired………………………………………………..

8. Whether the child has been admitted to a School or vocation? Give date and

name of the school/institute/any other agency **Yes/No**

………………………………………………………………………………………………

9. Report of second and third follow-up interaction with the child after two months

and six months respectively…………………………………………………………..

10 Efforts towards social mainstreaming and child’s opinion/views about it…………

11. Identity Cards and Compensation

|  |  |  |  |
| --- | --- | --- | --- |
| IDENTITY CARD | PRESENT STATUS (PLEASE TICK WHICHEVER IS APPLICABL)  YES | NO | ACTION TAKEN |
| BIRTH CERTIFICATE |  |  |  |
| SCHOOL CERTIFICATE |  |  |  |
| CASTE CERTIFICTE  BPL CARD |  |  |  |
| DISABILITY CERTIFICATES  IMMUNIZATION CARD |  |  |  |
| RATION CARD |  |  |  |
| ADHAARCARD |  |  |  |
| RECIEVEDCOMPENSATION FROM GOVERNMENT |  |  |  |

[Instruction: Please verify with the physical documents

**Signature of the Probation officer or child welfare officer**

**Stamp and Seal where available**