

Form 7

{Rule 11(3), 13(7)(vi), 13(8)(ii), 19(4), 19(17), 62(6)(vii), 62(6)(x), 69 1(3)}

INDIVIDUAL CARE PLAN*

Child in Conflict with Law/child in Need of Care and Protection (Circle which is applicable)

*Modifications made by Miracle Foundation appear in red ink

- Part A to be completed when the child enters the CCI
- Part B to be completed every 2 weeks for 3 months, then once a month for the duration of the child's placement.
- Part C to be completed 15 days prior to release.
- Part D to be completed at follow up after release for 1.5 - 2 years or thereafter as per CWC orders.

Name of Case Worker/ Child Welfare Officer/Probation Officer.....

Date of Preparing the ICP.....

Case Profile Noof 20.....

FIR No.....

U/Section (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 an institution)

Stay of the child (circle 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 (Circle)
4. Father's Name
5. Mother's Name.....
6. Nationality.....
7. Religion.....
8. Caste.....
9. Language Spoken.....
10. Child's 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, based on** case history, social investigation report and interaction **(e.g., sports, studies, etc.)**
14. Based on the results of Case History, Social Investigation report and interaction with the child, give details on the following areas of concern and interventions required, if any

S. No	Category	Areas of Concern	Proposed Intervention (Please be specific)
1.	Child's expectation from care and protection <i>(Child's thoughts, wishes, desires)</i>	<ul style="list-style-type: none"> ● Caring adults ● Safety ● Personal needs addressed (health, education, emotional, etc.) ● Contact with family ● Desire to return to family ● Desire to consider other care options ● Other: _____ 	<ul style="list-style-type: none"> ● Meet personal needs (health, education, emotional, etc.) ● Maintaining contact/visitation with families ● Work toward return to family ● Work toward other care options ● Other: _____

S. No	Category	Areas of Concern	Proposed Intervention (Please be specific)
2.	Health and Nutrition Needs	<ul style="list-style-type: none"> ● Immunizations ● Malnutrition/low weight/anemia ● Physical impairment ● Visual impairment ● Hearing impairment ● Speech impairment ● Dental Care ● Hygiene issues ● Disease (HIV/AIDS, Epilepsy, etc) Specify _____ ● Other: _____ 	<ul style="list-style-type: none"> ● Regular medical attention ● Special Diet ● Medications ● Support for impairments ● Other: _____
3.	Emotional and Psychological support needs	<ul style="list-style-type: none"> ● Anger Management ● Adjustment issues ● Abused/neglected ● Aggression/violence ● Bedwetting ● Bullying ● Disobedience ● Depression ● Stealing ● Trauma ● Hyperactivity ● Self-harm/suicidal thoughts ● Lying ● Sexualized behavior ● Alcohol/drug abuse ● Lack of trust in adults ● Other: _____ 	<ul style="list-style-type: none"> ● Additional support and attention from staff/community members/role models ● Individual counseling by social worker ● Individual counseling by psychologist ● Group counseling ● Life Skills Education - Expressing Emotions ● Life Skills Education - Stress Management ● Life Skills Education - Responsible Sexual Behavior ● Other: _____

S. No	Category	Areas of Concern	Proposed Intervention (Please be specific)
4.	Educational and Training needs	<ul style="list-style-type: none"> ● Learning Issues ● Delayed learning (for late starters) ● Concentration issues ● Behavior issues at school ● Study Skills ● School supplies ● Computer Training ● Career counseling ● Relationship with teachers ● Other: _____ 	<ul style="list-style-type: none"> ● LD Testing ● ADHD Testing ● IQ Testing ● Additional educational support ● Career Counseling ● Life Skills Education - Thinking Skills ● Life Skills Education - Study Skills ● Other: _____
5.	Leisure, Creativity and play	<ul style="list-style-type: none"> ● Lack of interest in leisure activities ● Lack of participation in leisure activities ● Lack of time for leisure activities ● Other: _____ 	<ul style="list-style-type: none"> ● Encourage finding time for leisure ● Help identify interests ● Enroll in lessons/join team ● Other: _____
6.	Attachments and inter- personal Relationship	<ul style="list-style-type: none"> ● Bonding with adult figure ● Interactions with staff ● Interactions with peers/friendships ● Other: _____ 	<ul style="list-style-type: none"> ● Guidance from staff (HPs, In-charge, etc.) ● Counseling with SW ● Counseling with Psychologist ● Group Counseling ● Life Skills Education - Interpersonal Skills ● Other: _____

S. No	Category	Areas of Concern	Proposed Intervention (Please be specific)
7.	Religious Beliefs	<ul style="list-style-type: none"> ● Lacks knowledge of personal religious beliefs and practices ● Child does not display moral character (e.g., integrity, honesty, empathy, etc.) ● Other: _____ 	<ul style="list-style-type: none"> ● Religion of choice identified and supported ● Participate in daily prayer ● Opportunity to visit religious establishments ● Religious/spiritual teachings for moral/character development ● Participate in religious holidays ● Other: _____
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment	<ul style="list-style-type: none"> ● Communication Skills ● Self-confidence/self-awareness ● Problem Solving/Decision Making ● Conflict Resolution ● Expressing Emotions ● Stress Management ● Responsible Sexual Behavior ● Information about personal history/cultural identity ● Other: _____ 	<ul style="list-style-type: none"> ● Life Skills Education - Self-Awareness ● Life Skills Education - Goal Setting ● Life Skills Education - Effective Communication ● Life Skills Education - Problem Solving/Decision Making ● Life Skills Education - Sexual Abuse Prevention ● Individual guidance ● Other: _____

S. No	Category	Areas of Concern	Proposed Intervention (Please be specific)
9.	Independent living skills	<ul style="list-style-type: none"> ● Vocational training ● Financial training ● Nutrition/cooking ● Health/hygiene ● Household chores ● Social and community network ● Using public transportation ● Other: _____ 	<ul style="list-style-type: none"> ● Life Skills Education - Financial Training ● Enroll in vocational course ● Group activities/field trips ● Support to develop and sustain relationships ● Individual guidance ● Other: _____
10.	Any other such as significant experiences which any have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school etc. (please specify)	<ul style="list-style-type: none"> ● Bullying ● Neglect ● Physical Abuse ● Sexual Abuse ● Trafficking ● Drug/Alcohol Abuse ● Other: _____ 	<ul style="list-style-type: none"> ● Additional support and attention from staff ● Individual counseling by social worker ● Individual counseling by psychologist ● Group counseling ● Other: _____

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 a different sheet for each progress Report)

1. Name of Case Worker/ Child Welfare Officer/Probation 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 (Circle as Applicable)

(i) Short term (up to six months)

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

(iii) Long term (more than 1 year)

8. Place of interviewdate

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

S. No	Category	Proposed Interventions (Interventions needed/provided as indicated in Section A chart. Please be specific. Include any new concerns that develop during the child's stay.)	Progress of the Child Please rate and give rationale for ratings. 4= No further intervention needed 3= Good progress 2= Some progress 1= No progress
1.	Child's expectation from care and protection (Child's thoughts, wishes, desires)		
2.	Health and nutrition needs		
3.	Emotional and psychological support needed		
4.	Educational and training needs		
5.	Leisure, creativity and play		
6.	Attachments and interpersonal 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)		

10. Progress made with regard to proposed intervention as mentioned in point 14 of part A of this form. **(Noted in chart above.)**

11. Any proceeding 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. **(Related to children in conflict with the law)**

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: (Name of family/home, address, date of placement)
 - Reunified with family:
 - Kinship Care:
 - Adoption:
 - Foster Care:
 - Small Group Home:
 - Independent Living (Age 18+):
 - After Care Home (Age 18+)
 - In different institution:
 - Any placement availing Sponsorship:
3. Training undergone and skills acquired (Child and Family)
 - LSE Units: (Specify topics)
 - Computer Training: (Specify)
 - Aptitude Testing: (Specify)
 - Vocational Courses (if any):
 - LifeBook Work for Children
 - Child Preparation for Placement
 - Family Preparation
 - Attachment Behaviors
 - Positive Parenting Techniques (e.g., positive discipline techniques, guidance, listening, health and nutrition, parental control)
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 Indicate support required to meet child's needs based upon prior interventions and child's progress. (Refer to Parts A & B)
1.	Child's expectation from care and protection (Child's thoughts, wishes, desires)	
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 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	

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 **(See Section C, Question #2)**

10. Details of probation officer/ non-governmental organization for post-release follow-up

- Date of first follow-up:
 - Home Visit
 - Phone Call
- Future visits indicated on calendar.

(Per JJA: Minimum once/month call or visit for first 6 months, then once every 3 months for next year minimum)

Miracle Foundation Recommendation:

Calls:

- 1st month – weekly calls
- 2-5 months – monthly calls
- 6 months – 1.5 years – quarterly calls

Visits:

- 1st month – one visit
- 3rd month – one visit
- 6th month – one visit
- 1 year – one visit
- 1.5 years – one visit

(More frequent calls/visits may be required if issues arise)

- Information provided to caseworker when child moves to another state/district

11. Memorandum of understanding between the sponsoring agency and individual sponsor (Attach a copy)

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

13. Attach Medical Examination report before release.

14. Any other information.....

D. POST-RELEASE / RESTORATION REPORT OF THE CHILD

(To be used for reunification/kinship care only – not for post adoption/foster care placement)

1. Status Bank Account: Closed / Transferred

2. Earnings and belongings of the child - handed over to the child or their parents/guardians? Yes/ No
(Provide summary in Questions 3-10; attach Home Thrive Scale.)

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 compensations

[Instruction: Please verify with the physical documents]

IDENTITY CARDS	Present status (Please tick whichever is applicable)		Action taken
	Yes	No	
Birth Certificate			
School Certificate			
Caste Certificate			
BPL card			
Disability Certificate			
Immunization card			
Ration card			
Aadhar card			
Received compensation from government			

Signature of the probation officer/ Child Welfare Officer
Stamp and Seal where available