

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 No .....of 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 <b>(Please be specific)</b>
1.	Child's expectation from care and protection <b>(Child's thoughts, wishes, desires)</b>	<input type="checkbox"/> <b>Caring adults</b> <input type="checkbox"/> <b>Safety</b> <input type="checkbox"/> <b>Personal needs addressed (health, education, emotional, etc.)</b> <input type="checkbox"/> <b>Contact with family</b> <input type="checkbox"/> <b>Desire to return to family</b> <input type="checkbox"/> <b>Desire to consider other care options</b> <input type="checkbox"/> <b>Other: _____</b>	<input type="checkbox"/> <b>Meet personal needs (health, education, emotional, etc.)</b> <input type="checkbox"/> <b>Maintaining contact/visitation with families</b> <input type="checkbox"/> <b>Work toward return to family</b> <input type="checkbox"/> <b>Work toward other care options</b> <input type="checkbox"/> <b>Other: _____</b>
2.	Health and Nutrition Needs	<input type="checkbox"/> <b>Immunizations</b> <input type="checkbox"/> <b>Malnutrition/low weight/anemia</b> <input type="checkbox"/> <b>Physical impairment</b> <input type="checkbox"/> <b>Visual impairment</b> <input type="checkbox"/> <b>Hearing impairment</b> <input type="checkbox"/> <b>Speech impairment</b> <input type="checkbox"/> <b>Dental Care</b> <input type="checkbox"/> <b>Hygiene issues</b> <input type="checkbox"/> <b>Disease (HIV/AIDS, Epilepsy, etc) Specify _____</b> <input type="checkbox"/> <b>Other: _____</b>	<input type="checkbox"/> <b>Regular medical attention</b> <input type="checkbox"/> <b>Special Diet</b> <input type="checkbox"/> <b>Medications</b> <input type="checkbox"/> <b>Support for impairments</b> <input type="checkbox"/> <b>Other: _____</b>
3.	Emotional and Psychological support needs	<input type="checkbox"/> <b>Anger Management</b> <input type="checkbox"/> <b>Adjustment issues</b> <input type="checkbox"/> <b>Abused/neglected</b> <input type="checkbox"/> <b>Aggression/violence</b>	<input type="checkbox"/> <b>Additional support and attention from staff/community members/role models</b>

		<input type="checkbox"/> Bedwetting <input type="checkbox"/> Bullying <input type="checkbox"/> Disobedience <input type="checkbox"/> Depression <input type="checkbox"/> Stealing <input type="checkbox"/> Trauma <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Self-harm/suicidal thoughts <input type="checkbox"/> Lying <input type="checkbox"/> Sexualized behavior <input type="checkbox"/> Alcohol/drug abuse <input type="checkbox"/> Lack of trust in adults <input type="checkbox"/> Other: _____	<input type="checkbox"/> Individual counseling by social worker <input type="checkbox"/> Individual counseling by psychologist <input type="checkbox"/> Group counseling <input type="checkbox"/> Life Skills Education - Expressing Emotions <input type="checkbox"/> Life Skills Education - Stress Management <input type="checkbox"/> Life Skills Education - Responsible Sexual Behavior <input type="checkbox"/> Other: _____
4.	Educational and Training needs	<input type="checkbox"/> Learning Issues <input type="checkbox"/> Delayed learning (for late starters) <input type="checkbox"/> Concentration issues <input type="checkbox"/> Behavior issues at school <input type="checkbox"/> Study Skills <input type="checkbox"/> School supplies <input type="checkbox"/> Computer Training <input type="checkbox"/> Career counseling <input type="checkbox"/> Relationship with teachers <input type="checkbox"/> Other: _____	<input type="checkbox"/> LD Testing <input type="checkbox"/> ADHD Testing <input type="checkbox"/> IQ Testing <input type="checkbox"/> Additional educational support <input type="checkbox"/> Career Counseling <input type="checkbox"/> Life Skills Education - Thinking Skills <input type="checkbox"/> Life Skills Education - Study Skills <input type="checkbox"/> Other: _____
5.	Leisure, Creativity and play	<input type="checkbox"/> Lack of interest in leisure activities <input type="checkbox"/> Lack of participation in leisure activities <input type="checkbox"/> Lack of time for leisure activities <input type="checkbox"/> Other: _____	<input type="checkbox"/> Encourage finding time for leisure <input type="checkbox"/> Help identify interests <input type="checkbox"/> Enroll in lessons/join team <input type="checkbox"/> Other: _____
6.	Attachments and inter- personal Relationship	<input type="checkbox"/> Bonding with adult figure <input type="checkbox"/> Interactions with staff <input type="checkbox"/> Interactions with peers/friendships <input type="checkbox"/> Other: _____	<input type="checkbox"/> Guidance from staff (HPs, In-charge, etc.) <input type="checkbox"/> Counseling with SW <input type="checkbox"/> Counseling with Psychologist <input type="checkbox"/> Group Counseling <input type="checkbox"/> Life Skills Education - Interpersonal Skills <input type="checkbox"/> Other: _____

7.	Religious Beliefs	<input type="checkbox"/> Lacks knowledge of personal religious beliefs and practices <input type="checkbox"/> Child does not display moral character (e.g., integrity, honesty, empathy, etc.) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Religion of choice identified and supported <input type="checkbox"/> Participate in daily prayer <input type="checkbox"/> Opportunity to visit religious establishments <input type="checkbox"/> Religious/spiritual teachings for moral/character development <input type="checkbox"/> Participate in religious holidays <input type="checkbox"/> Other: _____
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment	<input type="checkbox"/> Communication Skills <input type="checkbox"/> Self-confidence/self-awareness <input type="checkbox"/> Problem Solving/Decision Making <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Expressing Emotions <input type="checkbox"/> Stress Management <input type="checkbox"/> Responsible Sexual Behavior <input type="checkbox"/> Information about personal history/cultural identity <input type="checkbox"/> Other: _____	<input type="checkbox"/> Life Skills Education - Self-Awareness <input type="checkbox"/> Life Skills Education - Goal Setting <input type="checkbox"/> Life Skills Education - Effective Communication <input type="checkbox"/> Life Skills Education - Problem Solving/Decision Making <input type="checkbox"/> Life Skills Education - Sexual Abuse Prevention <input type="checkbox"/> Individual guidance <input type="checkbox"/> Other: _____
9.	Independent living skills	<input type="checkbox"/> Vocational training <input type="checkbox"/> Financial training <input type="checkbox"/> Nutrition/cooking <input type="checkbox"/> Health/hygiene <input type="checkbox"/> Household chores <input type="checkbox"/> Social and community network <input type="checkbox"/> Using public transportation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Life Skills Education - Financial Training <input type="checkbox"/> Enroll in vocational course <input type="checkbox"/> Group activities/field trips <input type="checkbox"/> Support to develop and sustain relationships <input type="checkbox"/> Individual guidance <input type="checkbox"/> 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)	<input type="checkbox"/> Bullying <input type="checkbox"/> Neglect <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Trafficking <input type="checkbox"/> Drug/Alcohol Abuse <input type="checkbox"/> Other: _____	<input type="checkbox"/> Additional support and attention from staff <input type="checkbox"/> Individual counseling by social worker <input type="checkbox"/> Individual counseling by psychologist <input type="checkbox"/> Group counseling <input type="checkbox"/> 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 interview .....date .....
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 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)		

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	<b>Rehabilitation and restoration plan of the child</b> <b>Indicate support required to meet child's needs based upon prior interventions and child's progress. (Refer to Parts A &amp; B)</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:

1<sup>st</sup> month – weekly calls

2-5 months – monthly calls

6 months – 1.5 years – quarterly calls

Visits:

1<sup>st</sup> month – one visit

3<sup>rd</sup> month – one visit

6<sup>th</sup> 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**