#### TOP **PRIORITY**

From

Director General-cum-Member Secretary (HSCPS)

Women & Child Development Department

Haryana, Panchkula

To

All Deputy Commissioners (By name)

State of Haryana

No.

/ICPS

Dated:

Subject:

Registration of Child Care Institution

Kindly refer to subject cited above.

It has come to notice of Government that some organisations are running Child Care Institutions in State of Haryana, without first getting themselves registered as required under section 34(3) of J.J Act,2000, and Orphanages and Other Charitable Homes (Supervision And Control) Act, 1960, in gross violation of the law. It has also come to the notice of Government that, children are not kept well in these Institutions and there are also reports that some of these children are sexually exploited/torched and forced to work like bonded labours.

Therefore, directions are issued in the state of Haryana to all Deputy Commissioners to carry out survey in all such 'Homes' whether State Government run or those run by voluntary Organisation that give residential support for children in need of care and protection in their respective districts and have them registered and abide by the **Section 34 (3) of the J.J Act, 2000** which states:

"Without prejudice to anything contained in any other law for the time being in force, all institution, whether State Government run or those run by voluntary organizations for children in need of care and protection shall, within a period of six months from the date of commencement of the Juvenile Justice (Care and Protection of Children) Amendment Act, 2006, be registered under this Act in such manner as may be prescribed".

and under the Section 13 of Orphanages and Other Charitable Homes (Supervision And Control) Act, 1960, which states:

"Homes not be run without certificate. After the commencement of this Act, no person shall maintain or conduct any homes except under, and in accordance with, the conditions of a certificate of recognition granted under this Act"

Further, Orphanages and Other Charitable Homes (Supervision And Control) Act, 1960, provides penalties under Section 24, which states:

"Any person who fails to comply with any of the provisions of this Act or of any rule, regulation, direction or order there under or any of the conditions of a certificate shall be punishable in the case of a first offence with imprisonment which may extend to three months or with fine which may extend to two hundred and fifty rupees or with both, and in the case, of a second or subsequent offence, with imprisonment which may extend to six months or with fine which may extend to one thousand rupees or with both."

#### It is therefore directed that:-

- 1. The specified application proforma for registration can be got from the office of PO (ICDS) of the district or can be downloaded from the official website of the Department i.e. www.wcdhry.gov.in (copy of application is attached). The last date of submission of application forms along with the requisite documents and verification to the Directorate is June 30<sup>th</sup>, 2012. DC's must ensure that all the applications of all the institutions in the districts duly complete in all respect with their reports must be submitted to the department by June 30<sup>th</sup>, 2012.
- 2. The inspections in all the Child Care Institutions are to be carried out by the Inspection Committee as notified on 05/08/2011 (copy of notification attached along with general instructions for the inspection committee). Deputy Commissioner of every district in state of Haryana are further directed to complete the inspection in their respective district of all the children Home and the report in the enclosed formats
- 3. The Superintendent of Police of the district should ensure that **one police official** (preferably the Child Welfare Officer designated by Police Department) is also part of the Inspection team.
- 4. The list of Homes whether registered or not should be supplied to district SP for separate verification and background checks of owners/mangers/trustees and staff. These reports should also be sent alongwith the Inspection Reports by 30<sup>th</sup> June 2012.
- 5. The team should also report on the **educational facilities** being provided to the children 0-6 years informal /preschool and 6 years onwards in nearby schools. Transport arrangements for this should be checked and reported upon.
- 6. A **comprehensive health check up** of every child must be carried out by a team of two doctors constituted for this purpose. This may be either on the day of inspection or separately. The health check up should be on the enclosed format. In case of any disease/ disability that needs regular treatment, follow up must be ensured.
- 7. The inspection committee shall visit and oversee the **conditions of the institutions** and appropriateness for safety, well being and permanence, review the standards of care and protection being followed by the institutions, look out for any incidence of violation of child rights, look into the function of Management Committee set up under Juvenile Justice Rules 2009 and give appropriate directions.
- 8. The team shall also make suggestions for improvement and development of the institution.
- 9. The inspection visit shall be carried out by not less than **three members**.

- 10. The team may visit the institution either by prior intimation or make a surprise visit.
- 11. The team shall interact with the children alone and separately during the visit to the institution, to determine their well-being and uninhibited feedback.

  Some of the general instructions for the committee going for Inspection in the Child Care Institution are also annexed. A Press Note on these lines should also be issued.

Director General-cum-Member Secretary (HSCPS) Women & Child Development Department Haryana, Panchkula

Endst. No. Dated:

A copy of the above is forwarded to PS to Financial Commissioner & Principal Secretary, Women and Child Development Department, Haryana for the information.

Director General-cum-Member Secretary (HSCPS) Women & Child Development Department Haryana, Panchkula

Endst. No. Dated:

A copy of the above is forwarded to the following for the information and necessary action:

- 1. Financial Commissioner & Principal Secretary, Health Department, Haryana
- 2. All Superintendents of Police, Haryana State.
- 3. PO (ICDS) of all districts.

Director General-cum-Member Secretary (HSCPS) Women & Child Development Department Haryana,Panchkula

# <u>Instruction for the Committee going for Inspection on Child Care</u> <u>Institution</u>

- The Police official included in the inspection team should not be in the uniform when going for inspection.
- The children in the Child Care Institution should be interacted with, separately without the official of the institution. They should not be asked any direct question and should be facilitated to open up.
- A detailed study should be carried on:
  - 1. Sanitation and hygiene
  - 2. The staffing pattern
  - 3. Recruitment, Selection and training of personal
  - 4. Minimum standards of service viz a viz, medical facility diet scale, clothing and bedding daily routine, education and vocational training.
- Committee should also examine whether efforts are being made for rehabilitation and social integration of the children.
- The inspection shall be carried out at least once in every three months.
- The follow up action on the finding and suggestions of the children shall be taken by all
  concerned authorities.
- The action taken report, finding and suggestions from the inspection Committee shall be sent to the District Child Protection Unit and the State Government.

# <u>APPLICATION FORM FOR REGISTRATION OF CHILDREN'S</u> <u>HOMES</u> (LAST DATE: 30/6/12)

### Part-I

- 1(a). Name of the Institution/ Home/ Child Care Institutions (CCI)
- (b). Postal Address

| House No./ Street | Ward/ Colony | Town/Villages | Distt. |
|-------------------|--------------|---------------|--------|
| No.               |              |               |        |
|                   |              |               |        |
|                   |              |               |        |
|                   |              |               |        |
|                   |              |               |        |
| State             | Pin No.      | Telephone No. |        |
| Email ID:-        |              |               |        |
|                   |              |               |        |

- 2.(a) Name of the **Promoter Organisation** (NGO, Trust, Society, Company etc.)
  - (b) Address of Registered Office of the Organisation.

| House No./ Street No. | Ward/ Colony | Town/Villages | Distt. |  |  |
|-----------------------|--------------|---------------|--------|--|--|
|                       |              |               |        |  |  |
|                       |              |               |        |  |  |
| State                 | Pin No.      | Telephone No. |        |  |  |
| Email ID:-            |              |               |        |  |  |

- (c) Date & Authority of Registration (along with copy of certificate)
- 3. Name and address of the Incharge of Institution.
- 4. Date of establishment of CCI at the Present Address
- 5. Details of Governing body (Managing Committee/ Executive Committee)

| Sr. No. | Name &  | Designation   | Principal  | Education     | PAN | Phone & |
|---------|---------|---------------|------------|---------------|-----|---------|
|         | Address | in the        | Occupation | Qualification | No. | E-Mail  |
|         |         | Organisation. | _          |               |     |         |
| 1       | 2       | 3             | 4          | 5             | 6   | 7       |
|         |         |               |            |               |     |         |

6. Major Activities of the Promoter organization

7. (i) Details of funding Agencies for last 3 years

| Sr | . No. | Source of | Amount | Year | Project details          |
|----|-------|-----------|--------|------|--------------------------|
|    |       | Funds     |        |      | for which funds received |
| 1  |       | 2         | 3      | 4    | 5                        |

- (ii) Audited statements of the last three years
- 8. Foreign Contribution

- 9. a) Any other Registration/Recognition with Central/State Govt.b) Whether the institution certified as Fit Institution by Juvenile Justice Board (JJB)/Child Welfare Committee (CWC). If yes details...
- 10. Details of staff of the organization in their existing programme

| Sr.No. | Name<br>&<br>Age | Residential Address |           | Education<br>Qualification | Designation | Date of appointment | Responsibility |
|--------|------------------|---------------------|-----------|----------------------------|-------------|---------------------|----------------|
|        |                  | Local               | Permanent |                            |             |                     |                |
| 1      | 2                |                     | 3         | 4                          | 5           | 6                   | 8              |

11. Infrastructure available Year of Construction

| 1   | Owned  |  |
|-----|--------|--|
| II  | Rental |  |
| III | Lease  |  |

- a. Total area of the campus/Plot
- b. Total livable area of the buildings and No. of floors
- c. Play ground
- d. Details of available area for academic programmes
- e. Medical Facilities available in the Institution.
- f. Nearest hospital (government) Address & distance.
- g. Details of kitchen, dormitories, Activity room, TeachingRoom / Arrangement of education/ training in or outside the Institution Campus, Toilets, Store, recreational room, staff room, Chaukidar room etc.
- 12. Available water facility with capacity....
- 13. Name & Address of the Bank/ Account No/ Authorised signatories operating the Bank Account for the Institution
- 14. No. of children residing with the organization
  - a. Capacity of the Institution
  - b. Present Strength; male/female Total
  - c. Age group (sex wise) 0-6 years/7-12 years/13-18 years.
  - d. Normal/Mentally Retarded/Physically Challenged etc.
  - e. Parents alive or not.
- 15. Arrangements of Safety/ Security/ Transportation.
- 16. Resolution of the governing body/Board to run this Institute.
- 17. Classification of the Institutions (Children's Home/Shelter Home/Orphanage/ Charitable Home etc.)
- 18. Whether availing Income Tax Exemptions.

Signature Name in Capital Letter

Designation (with Seal of the Umbrella Organisation.)

# Part-II

| Report of Programme Officer ICDS along with | reasons of recommendation           |
|---|-------------------------------------|
| or rejection.                               |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   | Signature                           |
|   | Name in Capital Letter              |
| Date:-                                      |                                     |
|   | Designation(with Seal.)             |
|   |                                     |
|   |                                     |
| Oberservation of the Deputy Commissioner.   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
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|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   | Signature<br>Name in Capital Letter |
|   | rume in Capital Dettel              |
| Date:-                                      |                                     |
|   |                                     |
|   |                                     |
|   | Designation(with Seal.)             |

Form B

## **Details of the Child Care Institutions**

| Name of the Institution | Postal Address with phone No. | Date of Registration with<br>WCD & Registration No under<br>J.J.Act ,2000, Orphanage &<br>Other Charitable Homes Act,<br>1960 | Expiry Date/ Valid upto | Originally Establish in<br>Haryana State or Relocated. |
|-------------------------|-------------------------------|---|-------------------------|--|
|                         |                               |   |                         |  |

| Sr.<br>No. | Plot<br>Area | Covered<br>Area | Facility of La<br>open Space          |       | ilding | Institution for |      |      |       | Institution for |       | Institution for |  |  |  |  |  |  |  | Institution for |  | npacity<br>es<br>esent St | of<br>trength | No. of<br>Rooms | No. of<br>Toilets | Activity room | Specify<br>other<br>details if<br>any | Photo Graph of<br>the Institution |
|------------|--------------|-----------------|---------------------------------------|-------|--------|-----------------|------|------|-------|-----------------|-------|-----------------|--|--|--|--|--|--|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|---------------------------|---------------|-----------------|-------------------|---------------|---------------------------------------|-----------------------------------|
|            |              |                 | Front of Beh the of the building buil | Owned | Rented | Girls           | Boys | Both | Girls | Boys            | Total |                 |  |  | , and the second |  |  |  |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                           |               |                 |                   |               |                                       |                                   |
|            |              |                 |                                       |       |        |                 |      |      |       |                 |       |                 |  |  |  |  |  |  |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                           |               |                 |                   |               |                                       |                                   |
|            |              |                 |                                       |       |        |                 |      |      |       |                 |       |                 |  |  |  |  |  |  |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                           |               |                 |                   |               |                                       |                                   |
|            |              |                 |                                       |       |        |                 |      |      |       |                 |       |                 |  |  |  |  |  |  |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                 |  |                           |               |                 |                   |               |                                       |                                   |

Note: - The above information is to be given by the authorized signatory of NGO or the Institutions.

Name & Signature

of the authorized signatory/Incharge

of the Institution/Home with seal

PAN No.

Phone No.

Form C

Details of the Staff in the CCIs

| Sr.<br>No | Name &<br>Parents Name | Age | Current Residential<br>Address with landline -<br>phone No. | Permanent<br>Residential Address<br>with landline -<br>phone No. | Designation &<br>Work<br>Responsibility | (A) Date of<br>Appointment<br>(B) Contract<br>valid upto | Qualification | Board/<br>University | Recent Colored<br>Photograph |
|-----------|------------------------|-----|---|--|---|--|---------------|----------------------|------------------------------|
|           |                        |     |   |  |   |  |               |                      |                              |
|           |                        |     |   |  |   |  |               |                      |                              |

Police verification is to be done for all staff, format of which is attached

Name & Signature

of the authorized signatory/Incharge

of the Institution/Home with seal

PAN No.

Phone No.

(Specimen)

### **Proforma for Police Verification of Staff of CCI**

Recent Photograph 1. Name of post \_\_ 2. Name in full (in block Surname Name capitals) with aliases if any. 3. Present Address in full (i.e. Village, Tehsil Thana and Distt. or House No./Lane/Street and Road. 4. a) Home/Permanent address in full ((i.e. Village, Tehsil Thana and Distt. or House No./Lane/Street and Road. b) Place of birth, Distt. and State in (b) which it is situated. c) District and State of which you belong. (c) d) District and State in which property is held. (d) 5. Particular of place where you have resided for more than one year, during proceeding five years. \_\_\_\_\_Residential address in full i.e. Village, \_\_\_\_\_ To \_\_\_ From Tehsil Thana and District/H.No./Street and Road. 6. a) Father's Name in Full(with alias if any) b) Present postal address (if dead, give last address). c) Permanent Home Address d) Profession e) If any service, give designation and official address. 7. a) Exact date of birth as given in a) the Matriculation Certificate. b) Present Age. b) c) Height c) d) Marks of identification. d) e) Religion e) Are you a member of Schedules Caste or Schedules Tribes/Backward Classes of Haryana If so, State the name there of. 9. Educational qualifications showing place of education with years in school and college since 15<sup>th</sup> years of age. Name of the School /College Date of entering Date of examination

With full address

on leaving passed

| <ol> <li>Details of previous employment :-         <ul> <li>Designation of post Period</li> <li>Held or description.</li> </ul> </li> </ol>  | Full address of office/ firm and Institution. | Detailed reasons for previous service |
|--|---|---------------------------------------|
|  |   |                                       |
| <ul><li>11. Are you an Ex- Eco, ESSC or Ex-Serrofficer (iii) Jr. Commissioner/ officer</li><li>12. Have you ever been convicted by cour of any offence? If so, full particulars of the convications and the sentences should be given.</li></ul> | and;  | sed? if so, state the (i) rank (ii)   |
| <ul><li>13. Name of the two responsible persons their full address.</li><li>i)</li></ul>   | of your locality or two refer                 | ence to whom you are known with       |
| ii)  |   |                                       |
| 14. Are you married? If yes, name and ac   | ldress of spouse.                             |                                       |
| 15. I certify that the foregoing information   | n is correct and complete.                    |                                       |
|  | Signatu                                       | re of the Candidate                   |
|  | _   |                                       |
|  | Place_  |                                       |
| Certification by CO  | CI Incharge or NGO.                           |                                       |
| Certified that Sh. /Smt./Km.   |   |                                       |
| Son/daughter/wife of Sh  |   |                                       |
| w.e.f. and the particulars furnished   | ed by him/ her are correct.                   |                                       |
|  |   | Name & Signature of Incharge CCI/NGO  |
| Remarks of the verifying Police Officer  |   |                                       |
|  |   |                                       |