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Nazhoen Lamtoen

Empowering Every Child, Restoring Every Future

CHILDREN'S SHELTER HOME

CONSOLIDATED STANDARD OPERATING PROCEDURE

For the Care, Protection, Case Management, Health, Education, Safeguarding and Reintegration of Children

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DOCUMENT INTEGRATION NOTE

This document consolidates the previously separate Nazhoen Lamtoen Children's Shelter Home Operational Guidelines, the Protocol for Management of Data and Information Systems on Cases Received, the SOP for Provision of Medical Care and Education Services, and the Discipline Procedure and Conflict Resolution Protocol into one institutional SOP. The original materials are retained as substantive components and reorganized into chapters and annexes so that staff can use one document rather than multiple stand-alone procedures.

The consolidated SOP is intended to provide one coherent operational framework for the shelter and to support formal accreditation of shelter services under the National Commission for Women and Children (NCWC). Where a source document contains a provision that requires confirmation, the applicable law, NCWC direction, accreditation requirement or written approval shall prevail.

APPROVAL

Role	Name	Signature	Date
Prepared by			
Reviewed by			
Approved by			
NCWC/Competent Authority endorsement			

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Note: Page numbers may be updated automatically in Microsoft Word after final formatting. The chapter and annex sequence is fixed in this master document.

PRELIMINARY

Purpose, Authority and Use of the Consolidated SOP

The purpose of this consolidated SOP is to establish a single operational reference for the Nazhoen Lamtoen Children's Shelter Home. It brings together the shelter's operational arrangements, child protection and safeguarding expectations, admission and case management processes, health and education services, positive discipline and conflict resolution, and information management requirements.

Legal and Policy Framework

- The Child Care and Protection Act of Bhutan, 2011.
- Shelter Home Accreditation Guidelines of Bhutan.
- National Commission for Women and Children (NCWC) requirements, directions and relevant case management procedures.
- Nazhoen Lamtoen Child Safeguarding Policy.
- Prevention of Sexual Exploitation and Abuse (PSEA) Policy.
- Relevant national child protection and human rights standards.

Core Operating Principles

- Best interests of the child.
- Respect for dignity and rights.
- Non-discrimination.
- Child participation and meaningful involvement in decisions affecting the child.
- Protection from violence, abuse, neglect, exploitation and revictimisation.
- Confidentiality, privacy and need-to-know information sharing.
- Early identification and intervention.
- Continuity of care and support.
- Positive, educational and restorative approaches to behaviour.
- Family and community reintegration as a preferred objective where this is in the child's best interests.

Use of this SOP

This SOP applies to all shelter staff, managers, case workers/case managers, counsellors, caregivers, social workers, administrative staff, volunteers, interns, consultants, service providers and approved visitors to the extent relevant to their responsibilities. Staff shall use the relevant chapter and annex together; records generated through the annexes form part of the child's case and service documentation.

CHAPTER 1

Shelter Mandate, Scope and Child Rights Framework

Consolidated from the 2018 Operational Guidelines and the later shelter SOPs.

1.1 Vision

All children in Bhutan will receive appropriate care and protection and be nurtured in a caring and protective environment enabling their wholesome development.

1.2 Mission

Create an environment where children in difficult circumstances can aspire for and receive adequate support and protection to live their childhood and grow up to become productive citizens of Bhutan.

1.3 Objectives

- Provide immediate shelter and services for abused, neglected, runaway, homeless or emotionally disturbed children.
- Provide a safe haven for children who face difficult or dangerous situations.
- Provide services to meet basic needs of nourishment, housing and safety.
- Provide counselling, group therapy, family counselling and support to facilitate reunification with families and community.

1.4 Children Covered

The Operational Guidelines identify boys and girls from 0 to 18 years and focus on children who are abandoned or neglected, homeless, without families, engaged in child work, living or begging on the street, survivors of physical, emotional or sexual abuse or commercial exploitation, missing/found or runaway, and children of parents in conflict with the law.

1.5 Child Rights and Participation

- Knowledge of and respect for fundamental rights of children among all concerned at the centre.
- Taking the best interests of children into account.
- Attention to basic education, health, creative development and healthy entertainment.
- Safety and security and protection from revictimisation.
- Confidentiality and access to legal protection and justice.
- Right to family contacts and social/family reintegration.
- Children's meaningful participation in activities and decisions.
- Children's right to be informed about the centre, their status and future plans.
- Establishment of a children's forum/group to reflect children's views and voices.
- Engagement of peer support and empowerment.

1.6 Duration of Stay – Source Provision Requiring Confirmation

The 2018 Operational Guidelines contain two duration provisions: the opening section describes support for up to three months for reunification, while the later admissibility section describes up to 30 days and states that longer stays require permission from the Advisory Board or Executive Director/NCWC. Because these provisions are not identical, the applicable duration for accreditation and current operations should be confirmed with NCWC and reflected in the approved case-management process.

1.7 Minimum Shelter Services

- Physical facilities: rooms, common room, kitchen/dining/cleaning facilities, emergency transport, water and electricity, and night guards.
- Health, nutrition and hygiene: nutritious and balanced diet, drinking water, first aid/health facilities, bathing/toilet/washing facilities, health education and access to medical staff.
- Creative activities: playground, indoor games, music, library, video and celebration of festivals.
- Psycho-social counselling: individual, group, play and other creative therapies.
- Safety and security: appropriate fencing/railings/window grills, visitor screening and records, guards and restrictions on outsiders to prevent intruders.

CHAPTER 2

Governance, Management, Staffing and Shelter Operations

2.1 Governing Structure

- NCWC Advisory Board / relevant NCWC oversight mechanism.
- Working Group or multidisciplinary coordinating body involving relevant agencies and stakeholders.
- Board of Directors, Nazhoen Lamtoen.
- Executive Director, Nazhoen Lamtoen.
- Program/Shelter management and operational team.

2.2 Roles of Governing and Management Bodies

Advisory Committee / NCWC oversight

- Inspect the shelter.
- Provide an advisory role and be consulted for policy decisions.
- Receive updates on project activities as required.

Executive Director

- Monitor and supervise the project regularly.
- Provide guidance to the Project Manager and team.

- Receive regular progress reports.

Working Group / Coordinating Committee

- Provide discussion and support on relevant issues.
- Receive progress reports from shelter management.
- Meet whenever required.

Project/Shelter Management Team

- Carry out and implement project activities.
- Handle day-to-day affairs.
- Work in consultation with NCWC and relevant advisory/coordinating structures.
- Provide regular progress reporting.

2.3 Staffing and Human Resources

The 2018 Operational Guidelines identify a staffing model for a transit centre serving approximately 20–30 children at a time. The following table is retained as the source staffing framework and should be adjusted only through approved organizational or accreditation arrangements.

Position	Number	Task
Shelter Manager	1	Carry out/implement and supervise project activities | Coordination and networking with relevant stakeholders such as law enforcing agencies, medical services, government authorities, NGOs, etc. for expanding support, referral and social reintegration of children | Orient staff about rules and regulations, policies of the centre. | Periodic Reporting to the Executive Director of NCWC
Counsellor	1	Maintain registration and case profiles of children | Provide emotional support and psycho-social counseling to children | Provide counseling to family for family reunions | Periodic reporting to the Project Manager | Update and report the cases to PM regularly | Liaise and coordinate and help PM on the management of the shelter home | Attend to emergency calls | Prepare activity plan in coordination with M

Social Worker	1	Carry out field work for family tracing, emergency support, social reintegration and family reunion | Work with the counselor for registration and case profiles of children | Follow-up of referred cases and social reintegration | Report and brief PM regularly on the cases | Attend emergency calls
Care Taker (Residential- Woman)	1	Take care of overall wellbeing of children | Provide emotional support | Ensure proper meals, hygiene, healthcare of children
Cook/Cleaner	1/1	Prepare nutritious meals | Maintain cleanliness and hygiene
Driver	1	Transport staff and children to necessary destinations | Accompany social worker for field works
Security	1	Maintain books for all assets | Store keeping | Assist in procurement of necessities

2.4 Staff Capacity, Wellbeing and Performance

- Recruitment should use appropriate advertisements, employment procedures and clear job descriptions/TORs.
- Staff induction and orientation shall clarify the objectives, rules, policies and safeguarding expectations of the centre.
- Caregivers should receive regular capacity-building and refresher training.
- Debriefing should be provided regularly and after challenging cases or specific tasks where needed.
- Exposure and exchange opportunities may be organized for staff.
- Periodic performance evaluations and personal development plans should be undertaken.
- Attention should be given to stress management, sensitive dealings and a healthy working environment.

2.5 Child Protection, Codes of Conduct and Visitors

- All concerned staff, volunteers, donors and visitors shall sign and follow the Child Protection Policy and applicable Codes of Conduct.
- Children's feelings, views and opinions shall be respected.
- Discrimination is prohibited.
- Children shall be empowered and supported to participate in decisions about their lives.
- Non-project visitors require permission to enter the shelter; staff personal visitors are not permitted under the source operational guideline.

- Children's personal information and confidentiality shall be protected.
- A female staff member shall accompany girls where required by the operational guideline.
- Complaints alleging sexual abuse, violence, inappropriate touching, physical, verbal or emotional abuse, exploitation or purposeful neglect shall receive immediate and appropriate action.

2.6 Staff Code of Conduct

- Respect children as citizens and treat them with dignity.
- Do not carry out verbal, physical, sexual or any other abuse.
- Avoid discrimination between children.
- Take responsibility for children's wellbeing and address needs promptly.
- Maintain confidentiality of sensitive cases.
- Maintain financial transparency.
- Do not spend time alone with a child without legitimate reason and do not take children to staff homes where they would be alone with the staff member.
- Do not use alcohol, tobacco or drugs on shelter premises or in front of children.
- Do not employ underage children in personal homes or businesses.
- Do not misuse shelter assets.

2.7 Media and Public Communication

- The Project/Shelter Manager is the focal person for media.
- Media coverage should be restricted unless it is in the best interests of children and appropriately authorized.
- Staff shall not provide children's personal information to the media.

2.8 Daily Routine and Child-Friendly Environment

Daily routines should be oriented to children and reflect their inputs. The source guideline identifies wake-up, cleaning/bathing, exercise or meditation where applicable, meals, creative activities and indoor/outdoor games, counselling and bedtime. Outings or picnics may be arranged with appropriate safety measures.

CHAPTER 3

Admission, Case Management, Assessment and Reintegration

3.1 Admission and Initial Information

- At admission, collect only information necessary to establish identity, understand the reason for admission, identify immediate protection concerns, identify immediate health and education needs, establish family/guardian information and develop an appropriate care and case plan.
- If information is not immediately available, the case should not be unnecessarily delayed where immediate safety and protection requires action.
- Information may be collected over several sessions where a child is very young, distressed or unable to provide all information at once.

3.2 Case Identification Number

Each child shall be assigned a unique Case Identification Number used for case files, registers, referrals, case notes, electronic records, monitoring reports and statistical reporting. Where possible, the child's full name should not appear on the outside/front of the case file.

Suggested format: NL/CH/2026/001

3.3 Case File Structure

Section A – Registration and Admission

- Referral form
- Admission information
- Consent/assent
- Identification information

Section B – Assessment

- Initial assessment
- Risk/protection assessment
- Family information
- Child's views
- Needs and strengths

Section C – Case Planning

- Case plan
- Goals
- Responsibilities
- Review dates

Section D – Services and Referrals

- Referral forms

- Service records
- Medical referrals
- Education records
- Counselling records where appropriate

Section E – Case Notes

- Meetings
- Home visits
- Telephone contacts
- Child interactions
- Family contacts
- Important observations
- Significant developments

Section F – Reviews and Case Conferences

- Review records
- Case conference records
- Updated case plans
- Follow-up records

Section G – Closure/Reintegration

- Reintegration plan
- Discharge/closure record
- Final assessment
- Follow-up after discharge
- Case closure approval

3.4 Case Note Standards

- Make case notes as soon as reasonably possible after an important interaction, event or action.
- Record date and time, people involved, what happened, what the child said, what the staff member observed, action taken, referrals and follow-up required.
- Use clear, factual and non-judgmental language.
- Record the child's own words where important.
- Identify the source of information and distinguish reported information from confirmed/ observed information.
- Date and sign/initial each entry.

3.5 Assessment, Verification and Avoiding Re-traumatisation

Information should be verified where necessary and reasonably possible through the child, parent/guardian, referral documents, referring agency, medical/school records, relevant professionals or a home visit where appropriate. Staff shall avoid repeated questioning that may cause distress or unnecessary repetition of sensitive experiences.

3.6 Family Contact and Reintegration

- Social reintegration or family reunion should be the goal where this is in the child's best interests; unnecessary institutionalisation should be discouraged.
- Where family reintegration is not possible in the child's best interests, other options such as community-based foster care may be considered.
- Family contact may involve field work and tracing, communication with police/WCPU or volunteers, family counselling/dialogue, family visits, community dialogue, contact with law-enforcement agencies and follow-up.
- Reintegration support may include psychosocial support, education continuation/enrolment, emergency medical attention, life skills, livelihood/vocational training, micro-enterprise or job placement support and networking for family income support.
- Reintegration should be assessed with multidisciplinary advice, documented in writing, gradual and supervised, and accompanied by follow-up.
- Where a child has family/relatives/guardian, the source operational guideline states that reintegration should be led by WCPU, with the shelter providing emergency transit support until the process is completed.

3.7 Follow-up and Networking

- Follow-up shall be organized for each case to support proper social reintegration.
- Field visits and communication with the child, family or community may be used as required.
- Relevant district networks should be mobilized for follow-up.
- Networking should support family tracing, referrals, counselling, medical services, education, vocational training, income generation, legal proceedings, reintegration and follow-up.

CHAPTER 4

Health, Medical Care, Nutrition and Education

4.1 Purpose

This Chapter consolidates Nazhoen Lamtoen's existing medical and education procedures with the relevant NCWC shelter-home requirements on health, hygiene, nutrition and education. It establishes a clear, child-centred process for ensuring that every child residing in the Shelter receives appropriate healthcare, medical attention, nutrition, hygiene, education and educational support throughout their stay.

4.2 Scope

This Chapter applies to the Shelter Manager, Case Workers/Case Managers, Counsellor, caregivers, other shelter staff, and volunteers or service providers working directly with children, where applicable. It applies to all children residing in the Shelter.

4.3 Guiding Principles

Best interests of the child – decisions concerning health and education shall prioritise the child's wellbeing and development.

Non-discrimination – every child shall receive appropriate support regardless of background, gender, ability, family circumstances or other status.

Child participation – children should be encouraged to express their health and education needs and participate in decisions affecting them according to age and maturity.

Confidentiality and privacy – medical, educational and personal information shall be kept confidential and shared only with persons who have a legitimate responsibility for the child's care and protection.

Early identification and intervention – health, developmental and educational concerns should be identified as early as possible.

Continuity of care – appropriate follow-up shall be provided after medical treatment, school changes or when additional educational support is required.

PART A – HEALTH AND MEDICAL CARE

4.4 Health and Medical Care Programme

The Shelter Manager shall maintain written guidelines for implementing medical programmes. The programme shall provide for preventive and routine medical care, remedial medical and dental services, and psychological and psychiatric services as needed. Medical procedures shall be reviewed by an appropriately qualified medical practitioner.

4.5 Health Information at Admission

Upon admission, the responsible staff member shall collect available health information and record it in the child's confidential health record.

Previous medical conditions

Known allergies

Current medications

History of significant illness or injury

Immunisation information, where available

Existing disabilities or special health needs

Mental and emotional health concerns

Dietary or other health-related requirements

Emergency contact information

Where information is unavailable at admission, the Case Worker shall make reasonable efforts to obtain it from the parent/guardian, referring agency or relevant authority.

4.6 Initial Health Assessment and Routine Health Monitoring

Where appropriate and based on the child's condition and available referral arrangements, the child shall be referred to a health facility for assessment. Medical assessment should be considered where the child appears unwell or injured, reports pain or illness, has a known medical condition, requires medication, has a physical or mental health concern, has special health needs, or where the referring authority recommends assessment.

Caregivers shall observe the general health and wellbeing of children during daily care. They shall report concerns promptly and shall not diagnose medical conditions. Appropriate medical advice shall be sought when required.

4.7 NCWC Guideline 75 – Required Written Medical Procedures

The Shelter's written medical guidelines shall expressly contain the five components required by NCWC Guideline 75(a)–(e).

4.7.1 Guideline 75(a) – First Aid, Minor Illnesses, Injuries and Medicines

Nazhoen Lamtoen shall maintain procedures reviewed by a medical practitioner for the administration of first aid, care of minor illnesses and injuries, and the use of medicines for children.

Provide immediate first aid within staff training.

Assess urgency and determine whether medical referral is required.

Seek medical advice when the condition is beyond shelter capacity.

Record first aid, illness, injury, treatment and referral.

Follow up medical recommendations.

4.7.2 Guideline 75(b) – Safe Disposal of Expired Medicines

Prescription and non-prescription medicines shall be securely stored. Expired, damaged or unused medicines shall not be administered and shall be safely disposed of through an appropriate method. Disposal shall be recorded.

4.7.3 Guideline 75(c) – Routine Medical Check-ups

The Shelter shall maintain a routine medical check-up programme for children. The minimum frequency shall be specified in the approved medical programme in consultation with an appropriately qualified medical practitioner/health service and shall take account of each child's age, health needs and circumstances. Additional check-ups shall be arranged when clinically indicated.

4.7.4 Guideline 75(d) – Individual Health Records

An individual confidential health record shall be maintained for every child receiving health services. Records shall include, where applicable, health information at admission, consultations, referrals, prescriptions, medication administration, health-facility visits, follow-up appointments, significant illness or injury and relevant medical reports.

4.7.5 Guideline 75(e) – Written Training Plan for Medical/Health Staff

The Shelter shall maintain a written plan for training staff responsible for medical and health-related duties. Training shall cover, as appropriate, first aid, emergency response, safe medication handling, infection prevention, hygiene, child safeguarding, recognition of health concerns, referral procedures, confidentiality and documentation.

4.8 Access to Medical Services and Medical Personnel

When a child requires medical attention, the caregiver shall inform the Shelter Manager or responsible staff member, the condition shall be assessed for urgency, and the child shall be taken or referred to an appropriate health facility where required. Emergency cases shall be referred immediately. Relevant parent/guardian or authority shall be informed as appropriate, treatment instructions recorded, follow-up monitored and the child's medical record updated.

The NCWC Guidelines require a medical staff member certified by the BMHC to provide immediate access to basic health services at the Shelter Home. Where direct

employment is not practicable, appropriate referral arrangements with recognised health services shall be maintained, subject to NCWC/health-authority requirements.

4.9 Emergency Medical Care

In an emergency, the immediate priority shall be to protect the child's life and safety. Examples include serious injury, severe bleeding, difficulty breathing, loss of consciousness, suspected poisoning, severe allergic reaction, serious burns, serious head injury, severe abdominal/chest pain, suspected self-harm or serious mental health crisis, or any situation where the child's life or safety may be at immediate risk.

Ensure immediate safety.

Provide basic first aid within the caregiver's level of training.

Contact emergency medical services/health facility or arrange immediate transportation.

Ensure the child is accompanied by a responsible adult.

Inform the Shelter Manager/Case Worker.

Inform the parent/guardian or relevant authority where appropriate.

Record the incident and medical response.

Follow up after treatment and update the child's records.

4.10 Medication Management and Disposal

Medication shall only be given in accordance with appropriate medical instructions or prescription.

Prescription and non-prescription medication shall be stored securely and under lock and key.

The child's name, medication, dose, timing and administration shall be recorded.

Prescribed dosage and timing shall be followed.

Medication shall not be shared between children.

Staff shall monitor for adverse reactions and seek medical advice where uncertain.

Expired or unused medicines shall be safely disposed of and disposal recorded.

Prescription medication shall be administered only upon the written order of a medical practitioner recognised by the BMHC who has examined the child.

4.11 Medical Records and Confidentiality

Medical records shall be stored securely and access shall be restricted to authorised persons. Information shall be shared on a need-to-know basis and in accordance with applicable child protection and confidentiality requirements.

4.12 Personal Hygiene and Infection Prevention

Caregivers shall ensure that children receive age- and sex-appropriate training on personal care and hygiene. Appropriate personal hygiene articles shall be provided. Toilet and bathing facilities shall be age appropriate, allow individual privacy, and be maintained in a clean and sanitary manner. Waste management and infection-prevention practices shall be maintained.

4.13 Nutrition and Food Safety

The Shelter shall provide sufficient, nutritious meals consistent with applicable Food and Dietary Guidelines for School Children in Boarding Schools of Bhutan. A child shall not be forced to consume food except where advised by a medical practitioner or where non-consumption poses a risk to the child's life. Special dietary needs prescribed by a medical practitioner shall be met.

Food shall be handled to prevent food-borne disease. The kitchen shall be clean, well lit and ventilated, with appropriate equipment for storage, preparation and serving. Perishable items shall be stored appropriately, expired food shall not be served, and utensils and dishes shall be maintained and cleaned properly.

PART B – EDUCATION SERVICES

4.14 Educational Assessment at Admission

Upon admission, the child's educational situation shall be assessed, including current and previous school, grade/class, attendance, academic progress, educational strengths and difficulties, special educational needs, school-related concerns, reason for interruption of education, and educational goals and aspirations. Available school records should be obtained where possible.

4.15 School Enrolment and Alternative Education

Where a child is not attending school, the Shelter shall work with the relevant school, parent/guardian and appropriate authority to facilitate suitable educational placement. For school-aged children in Shelter care for a month or longer, the Shelter shall seek support from the Ministry of Education to facilitate enrolment in formal education appropriate to the child's age, maturity and capacity.

If a child is unable to attend school, the Shelter shall provide or facilitate an alternative educational programme in line with applicable education policies. Where the Shelter provides an educational programme, relevant Ministry of Education certification requirements shall be followed.

4.16 Support for School Attendance

Support morning routines.

Ensure necessary school materials.

Support appropriate school uniform and personal preparation.

Monitor attendance and encourage punctuality.

Communicate with school where concerns arise.

Support return to school following absence.

Repeated or unexplained absence shall be brought to the attention of the Shelter Manager/Case Worker.

4.17 Homework, Study and Educational Materials

The Shelter shall provide reasonable opportunities to study and complete schoolwork, including a suitable study space, basic stationery, required learning materials, reasonable study time and assistance with homework where staff can provide it. Additional support shall be arranged where necessary.

Reasonable efforts shall be made to ensure children have essential educational materials, including uniforms, shoes, bags, books and stationery.

4.18 Communication with School and Monitoring Progress

The Shelter shall maintain appropriate communication with the child's school regarding attendance, academic progress, behavioural concerns, learning difficulties, school activities, child protection concerns and support required. The Case Worker/Manager shall periodically review educational progress and address identified barriers.

4.19 Special Educational Needs and Children Out of School

Where a child has a disability, learning difficulty or other special educational need, the Shelter shall work with relevant professionals and educational institutions to identify appropriate support. For children out of school, interventions may include re-enrolment, catch-up support, alternative education, vocational education, skills development, counselling, family support and referral to appropriate educational services.

4.20 Education During Transition and Reintegration

Education shall form part of the child's reintegration planning. Before discharge or reintegration, the Case Worker shall consider school placement, transfer of relevant educational information, continuity of learning, required school materials, family capacity to support education, and vocational or skills training where appropriate. Follow-up shall be conducted where necessary.

4.21 Vocational and Life Skills Development

Where appropriate, children shall be supported to access vocational training and life-skills development programmes. The Shelter may seek assistance from relevant government agencies and CSOs. Applicable certification requirements shall be followed.

4.22 Roles and Responsibilities

Shelter Manager: Ensure implementation of this Chapter; ensure access to medical, nutrition and education services; monitor records; ensure emergency procedures are understood; coordinate with agencies/service providers; and review significant concerns.

Case Worker/Case Manager: Assess health and educational needs; maintain records; coordinate referrals; follow up appointments; monitor education and attendance; communicate with schools/families where appropriate; include health and education needs in individual care/reintegration plans; and coordinate case conferences.

Caregivers: Observe health and wellbeing; report concerns; provide basic first aid within training; support school attendance and study; record relevant information; and immediately report emergencies. Caregivers shall not diagnose medical conditions or independently change prescribed medication.

Counsellor: Where available, support emotional or psychological difficulties, provide counselling as appropriate, refer serious concerns, contribute to case planning/case conferences and maintain confidential records.

4.23 Required Records and Forms

Child Health & Medical Record

Medication Administration Record

Medical Referral & Follow-up Record

First Aid / Minor Illness and Injury Record

Medicine Stock and Disposal Register

Routine Medical Check-up Register

Medical/Health Staff Training Plan and Register

Child Education Record

School Attendance Monitoring Sheet

Education Progress & School Communication Record

Relevant medical reports and prescriptions

Relevant school records and reports

CHAPTER 5

Safeguarding, Positive Discipline and Conflict Resolution

Consolidated from the Discipline Procedure and Conflict Resolution Protocol (August 2026) and the Operational Guidelines.

5.1 Safeguarding Commitment

Nazhoen Lamtoen is committed to maintaining a safe, nurturing, inclusive and child-friendly shelter environment in which children are protected from violence, abuse, neglect, exploitation, humiliation and harmful disciplinary practices. Discipline shall be positive, educational, restorative and supportive, with the aim of developing responsibility, self-control, respect and constructive life skills while safeguarding rights and dignity.

5.2 Expected Behaviour

- Respect other children, staff and visitors.
- Use appropriate language.
- Follow shelter schedules and safety instructions.
- Care for personal and shared property.
- Avoid violence, bullying, stealing, substance use and absconding.

5.3 Classification of Misconduct

Minor

- Not completing assigned chores
- Being late for activities
- Using inappropriate language
- Refusing an instruction once

Moderate

- Repeated minor misconduct
- Unintentional property damage
- Persistent disruption of activities
- Verbal conflict with peers

Serious

- Physical fighting
- Bullying or intimidation
- Theft
- Possession or use of alcohol, tobacco or drugs

- Running away from the shelter
- Threatening staff or other children

5.4 Step-by-Step Discipline Response

29. Verbal Reminder – explain the rule calmly and allow the child to correct the behaviour.
30. Guidance Discussion – meet privately to understand reasons and identify support needs.
31. Written Incident Record – record the incident in the Behaviour and Incident Register.
32. Behaviour Support Plan – for repeated behaviour, develop a simple plan with the child, Manager and caregiver with clear goals and review dates.
33. Case Conference – for serious or repeated incidents, convene a case conference involving relevant staff, counsellor/social worker where available and the child.

5.5 Prohibited Disciplinary Measures

- Corporal punishment
- Slapping, hitting or pinching
- Forced exercise
- Food deprivation
- Isolation in locked rooms
- Humiliation or public shaming
- Verbal abuse, insults or threats
- Group punishment
- Withholding education, medical care or family contact

5.6 Conflict Resolution

- Situations include arguments between children, bullying complaints, physical fights, conflicts between a child and staff member, and disputes involving visitors or family members.
- Immediate response: separate individuals calmly, ensure no one is injured, provide first aid if needed and inform the Shelter Manager immediately for serious incidents.
- Stage 1 – Listening: meet each child separately and allow them to explain without interruption.
- Stage 2 – Mediation: facilitate a respectful joint discussion focused on behaviour rather than the person and identify feelings, needs and possible solutions.
- Stage 3 – Agreement: develop an agreement that may include apology, restitution for damaged property, commitment to respectful behaviour and participation in counselling or life-skills sessions.

5.7 Serious Incidents and Escalation

- Serious physical assault.
- Sexual harassment or abuse.
- Use of weapons.

- Threats of self-harm or harm to others.
- Criminal offences.

For serious incidents, the Shelter Manager shall ensure safety, inform the Executive Director, contact NCWC, police or relevant authorities as required, and arrange medical and psychosocial support.

5.8 Incident Documentation

Moderate and serious incidents shall include date and time, persons involved, description of the incident, immediate action taken, follow-up support and signatures of staff and the Shelter Manager. The incident record is confidential and shall be stored securely.

CHAPTER 6

Information, Data, Records and Confidentiality Management

6.1 Purpose and Scope

The shelter shall maintain a systematic, confidential and secure system for collection, recording, storage, use, sharing, reporting, retention and disposal of information relating to children. The protocol applies to children referred, admitted, residing in the shelter, receiving case management, medical, education or counselling services, referred elsewhere, reintegrated, transferred or whose cases are closed.

6.2 Information Management Principles

- Best interests of the child.
- Confidentiality.
- Need-to-know information sharing and minimum necessary disclosure.
- Informed consent/assent where required and appropriate, subject to lawful or necessary disclosure to prevent serious and foreseeable harm.
- Accuracy and objective recording.
- Data minimization.
- Child participation.

6.3 Information to be Maintained

Identification information

- Name, date of birth/age, gender, citizenship, authorized photograph where necessary, identification documents, contact details, parent/guardian information and emergency contact.

Referral and admission

- Date/source of referral, reason for referral, referral documents, admission decision, initial needs and safety concerns, immediate actions.

Case management

- Screening, assessment, risks/protection concerns, strengths/needs, case plan, services, referrals, follow-up, reviews, case conferences, closure and reopening where applicable.

Health and medical

- Health assessment, conditions, allergies, referrals, prescriptions, medication records, medical reports, facility visits and follow-up.

Education

- School, grade/class, history, attendance, academic progress, school communication, learning needs and support.

Incident and safeguarding

- Behaviour incidents, injuries, missing/absconding, allegations, safeguarding concerns, complaints, staff-related concerns, actions and follow-up.

Family and reintegration

- Family assessment, contact, home visits, strengths/concerns, reintegration plan and follow-up.

6.4 Electronic and Paper File Security

- Electronic records shall be password protected, accessible only to authorized staff, use individual accounts where possible, not be shared through personal social media, not be stored on publicly accessible devices, be securely backed up, protected against unauthorized access and updated regularly.
- Paper case files shall be stored in locked cabinets, accessible only to authorized staff, not left unattended in public areas, not taken home unless specifically authorized, and returned to secure storage after use.

6.5 Access Levels

Level 1 – Caregivers

- Access information necessary for daily care, safety, medication, education, routines and immediate wellbeing. They should not routinely access sensitive case assessments, family history, allegations or counselling notes not required for daily care.

Level 2 – Case Manager/Case Worker

- Access the complete case file for case management.

Level 3 – Counsellor

- Access information necessary for counselling and case coordination, while protecting highly sensitive counselling information.

Level 4 – Shelter Manager

- Access information necessary for supervision, child protection, operational decisions, case review, quality assurance, accreditation and reporting.

Level 5 – Executive Director/Authorized Management

- Access limited to information required for oversight, compliance, safeguarding, reporting and management.

6.6 External Information Sharing

Information may be shared with relevant agencies where necessary for the child's protection, care or service provision. The source protocol identifies NCWC, Dzongkhag/Thromde Women and Child Welfare Committee, Royal Bhutan Police, health facilities, schools, courts, relevant government agencies, parents/guardians where appropriate and authorized service providers as potential recipients. Before sharing, staff should consider why the information is needed, who needs it and the minimum information required.

6.7 Photographs, Audio-Visual Material and Digital Communication

The shelter shall protect children from unwanted media attention and unauthorized disclosure. Photographs and audio-visual information shall be handled in accordance with authorization, safeguarding, confidentiality and best-interest requirements. Personal social media accounts shall not be used to share case information.

6.8 Data Breach, Retention and Disposal

Any loss, unauthorized disclosure or data breach shall be reported immediately through the shelter's management and safeguarding arrangements. Records shall be retained and securely disposed of in accordance with approved requirements, applicable law, NCWC standards and organizational procedures.

6.9 Information Management Flow

1. Case received

2. Assign Case ID

3. Consent/Assent and Initial Information

4. Registration

5. Assessment

6. Case Plan

7. Services / Referrals

8. Case Notes & Follow-up

9. Case Review / Case Conference where required

10. Reintegration / Transfer / Closure

11. Secure Storage

12. Follow-up after closure where applicable

13. Retention / Secure Disposal according to approved requirements

6.10 Minimum Information Management Standard

34. Who is the child?
35. Why was the child referred/admitted?
36. What are the child's immediate safety and protection concerns?
37. What are the child's needs and strengths?
38. What does the child want or think about the situation?
39. What is the agreed case plan?
40. What services have been provided?
41. What referrals have been made?
42. What follow-up has taken place?
43. Has the child's situation improved?
44. What is the next step?
45. Why and how was the case closed/reintegrated/transferred?

6.7 Detailed Information Sharing, Data Governance and Staff Responsibilities

15. INFORMATION SHARING WITHOUT CONSENT

Information may be shared without consent where required by applicable law or where necessary to prevent serious, foreseeable and imminent harm to the child or another person.

Examples may include serious:

Abuse;

Exploitation;

Neglect;

Violence;

Threat to life;

Self-harm;

Risk of serious harm to another person.

Where safe and appropriate, the child and/or parent/guardian should be informed about the disclosure and the reason for it.

16. SHARING INFORMATION BY PHONE

When discussing a case by telephone:

Confirm the identity of the person receiving the information;

Ensure that the conversation cannot reasonably be overheard;

Share only necessary information;

Record the date, time, person contacted and purpose;

Record important information received.

Sensitive case information should not be discussed in public places.

17. SHARING INFORMATION THROUGH EMAIL OR DIGITAL PLATFORMS

Staff shall exercise particular caution when sending case information electronically.

Where possible:

Use official organizational email accounts;

Send information only to authorized recipients;

Check the recipient's address before sending;

Share only necessary information;

Avoid unnecessary identifying information;

Use password protection/encryption where available for highly sensitive documents;

Do not send case files through personal social media accounts.

18. PHOTOGRAPHS AND AUDIO-VISUAL INFORMATION

Photographs, videos and recordings involving children shall be treated as confidential personal information.

Staff shall not:

Take photographs of sensitive incidents for personal use;

Post children's case-related photographs on personal social media;

Share identifiable images with unauthorized persons;

Use images for publicity without appropriate authorization and consent.

Where photographs are required for legitimate organizational purposes, the shelter shall follow its child safeguarding, consent and media procedures.

19. CASE CONFERENCE INFORMATION

For complex cases requiring multi-sectoral coordination, a case conference may be conducted.

Only persons with a legitimate role in the child's case should participate.

The Case Manager shall:

Determine who needs to participate;

Share only relevant information;

Consider informed consent/assent;

Record decisions and actions;

Maintain the case conference record in the child's case file.

NCWC's case management SOP identifies case conferences as a mechanism for complex cases requiring multi-sector/inter-agency planning and requires the meeting to be documented.

20. DATA QUALITY CONTROL

The Case Manager shall periodically check that case files are:

Complete;

Accurate;

Legible;

Up to date;

Properly signed/dated;

Properly organized;

Consistent with the child's current situation.

The Shelter Manager shall conduct periodic case file reviews.

Minimum review

A case file should be reviewed when:

A child is admitted;

A case plan is developed;

A significant incident occurs;

A case is reviewed;

A case is transferred;

A child is reintegrated;

A case is closed.

21. CASE FILE AUDIT

The Shelter Manager or designated supervisor shall conduct a periodic file audit.

The audit should check:

□ Case ID assigned □ Referral/admission information available □ Consent/assent documented where applicable □ Assessment completed □ Case plan available □ Services/referrals recorded □ Case notes updated □ Follow-up recorded □ Case reviews documented □ Important medical/ education records filed □ Case closure/reintegration documentation completed □ File securely stored

The purpose of the audit is quality improvement and child protection, not punishment of staff.

22. DATA REPORTING

The shelter shall use case information to produce:

Monthly internal statistics;

Quarterly program monitoring;

Annual reports;

Donor/program reports;

NCWC reports where required;

Service utilization statistics;

Child protection trend analysis.

Reports should, wherever possible, use aggregate and non-identifiable information.

Examples:

Number of children admitted;

Age groups;

Gender;

Referral source;

Reason for admission;

Number receiving medical services;

Number attending school;

Number receiving counselling;

Number reintegrated;

Number of cases closed.

Individual names, addresses, photographs or other identifying information should not be included in routine statistical reports unless specifically required and appropriately authorized.

NCWC's case management SOP specifically notes that reporting to the National Case Management Agency after closure should use non-identifiable information.

23. DATA ANALYSIS AND USE

Data shall not be collected only for reporting purposes.

The shelter should periodically analyse information to identify:

Common reasons children require shelter;

Repeated protection concerns;

Common health needs;

Education gaps;

Behavioural trends;

Family/reintegration challenges;

Referral gaps;

Service gaps;

Emerging child protection risks.

Findings may be used to improve:

Shelter programming;

Staff training;

Case management;

Child safeguarding;

Resource allocation;

Advocacy;

Partnerships and referrals.

NCWC notes that standardized documentation supports trend analysis and evidence-informed programming, advocacy and policy development.

24. DATA BREACH OR LOSS OF INFORMATION

A data breach includes:

Lost case file;

Stolen document;

Unauthorized access;

Accidental email to the wrong person;

Unauthorized photograph;

Disclosure of confidential information;

Lost phone/laptop containing case information;

Unauthorized copying of case records.

Response procedure

The staff member who becomes aware of the breach shall immediately:

Inform the Shelter Manager;

Secure or recover the information where possible;

Identify what information was affected;

Identify who may have received/accessed the information;

Assess possible risk to the child;

Take immediate steps to protect the child;

Inform the Executive Director/authorized management;

Notify the relevant authority where required;

Document the incident;

Take corrective measures to prevent recurrence.

25. DATA RETENTION

Case information shall not be kept indefinitely without a legitimate reason.

Records shall be retained for the period required by applicable law, NCWC requirements, organizational policy and the legitimate interests of the child.

Closed case files shall be:

Clearly marked as closed;

Stored securely;

Accessible only to authorized persons;

Reviewed for retention requirements;

Destroyed or anonymized when the approved retention period ends.

NCWC's case management SOP states that information should not be kept longer than necessary for the purpose for which it was collected, while allowing additional retention where necessary for the benefit of the child.

Important: Nazhoen Lamtoen should establish a specific retention period in consultation with NCWC/its applicable records requirements rather than inventing a period in this SOP.

26. DISPOSAL OF RECORDS

When records are approved for disposal, they shall be destroyed securely.

Paper records

Use:

Shredding; or

Another secure destruction method that prevents reconstruction.

Electronic records

Delete information securely from:

Computers;

Shared drives;

Portable devices;

Relevant electronic storage systems.

Where appropriate, records may instead be anonymized for legitimate statistical or historical purposes.

27. CHILD'S ACCESS TO INFORMATION

Where appropriate and in accordance with applicable law and child protection considerations, children may be supported to understand information held about them and to correct inaccurate information.

Access shall be managed carefully where disclosure could:

Place the child at risk;

Reveal confidential information about another person;

Interfere with a child protection process;

Cause serious harm.

28. STAFF CONFIDENTIALITY REQUIREMENT

All staff with access to children's information shall maintain confidentiality as part of their professional responsibility.

Staff shall not:

Discuss cases casually;

Share case information with friends or relatives;

Take case documents home without authorization;

Photograph case files for personal use;

Use case information for personal purposes;

Share information on social media;

Disclose information after leaving employment.

Where appropriate, confidentiality shall be included in staff employment agreements, codes of conduct or confidentiality declarations.

29. STAFF ORIENTATION AND TRAINING

All staff shall receive orientation on:

Confidentiality;

Case records;

Data protection;

Information sharing;

Child safeguarding;

Incident reporting;

Case documentation;

Secure storage;

Use of electronic records.

New staff shall receive this orientation before being given access to confidential case information.

Refresher training shall be provided periodically.

30. RESPONSIBILITIES

30.1 Executive Director/Authorized Management

Responsible for:

Overall organizational compliance;

Approval of data protection procedures;

Ensuring adequate resources for secure information management;

Addressing serious data breaches;

Oversight of external reporting.

30.2 Shelter Manager

Responsible for:

Secure storage of case files;

Controlling staff access;

Monitoring case documentation;

Conducting periodic file audits;

Ensuring staff follow this Protocol;

Reporting serious breaches.

30.3 Case Manager/Case Worker

Responsible for:

Maintaining individual case files;

Recording case information accurately;

Obtaining consent/assent where appropriate;

Managing referrals;

Updating case plans;

Recording follow-up;

Maintaining case notes;

Ensuring case closure documentation;

Providing appropriate reports.

30.4 Counsellor

Responsible for:

Maintaining appropriate counselling records;

Protecting confidentiality;

Sharing only necessary information for case coordination and child protection;

Reporting serious safety concerns through appropriate channels.

30.5 Caregivers

Caregivers shall:

Record daily information relevant to children's care;

Report incidents promptly;

Maintain confidentiality;

Access only information required for their duties;

Safeguard any records in their possession;

Immediately report any loss or unauthorized disclosure.

Caregivers are not responsible for maintaining the child's full case file unless specifically assigned.

31. INFORMATION MANAGEMENT FLOW

The shelter shall follow the following basic information flow:

30. RESPONSIBILITIES

30.1 Executive Director/Authorized Management

Responsible for:

Overall organizational compliance;

Approval of data protection procedures;

Ensuring adequate resources for secure information management;

Addressing serious data breaches;

Oversight of external reporting.

30.2 Shelter Manager

Responsible for:

Secure storage of case files;

Controlling staff access;

Monitoring case documentation;

Conducting periodic file audits;

Ensuring staff follow this Protocol;

Reporting serious breaches.

30.3 Case Manager/Case Worker

Responsible for:

Maintaining individual case files;

Recording case information accurately;

Obtaining consent/assent where appropriate;

Managing referrals;

Updating case plans;

Recording follow-up;

Maintaining case notes;

Ensuring case closure documentation;

Providing appropriate reports.

30.4 Counsellor

Responsible for:

Maintaining appropriate counselling records;

Protecting confidentiality;

Sharing only necessary information for case coordination and child protection;

Reporting serious safety concerns through appropriate channels.

30.5 Caregivers

Caregivers shall:
Record daily information relevant to children's care;
Report incidents promptly;
Maintain confidentiality;
Access only information required for their duties;
Safeguard any records in their possession;
Immediately report any loss or unauthorized disclosure.
Caregivers are not responsible for maintaining the child's full case file unless specifically assigned.

31. INFORMATION MANAGEMENT FLOW

The shelter shall follow the following basic information flow:
CASE RECEIVED
↓
Assign Case ID
↓
Consent/Assent and Initial Information
↓
Registration
↓
Assessment
↓
Case Plan
↓
Services / Referrals
↓
Case Notes & Follow-up
↓
Case Review / Case Conference where required
↓
Reintegration / Transfer / Closure
↓
Secure Storage
↓
Follow-up after closure where applicable
↓
Retention / Secure Disposal according to approved requirements

32. REQUIRED CASE MANAGEMENT AND INFORMATION TOOLS

Nazhoen Lamtoen shall maintain, as applicable:
Core case management records

Case Referral Form

Consent/Assent Form

Initial Registration Form

Assessment Form

Case Plan

Case Notes

Services Provided Record

Referral Record

Follow-up Record

Case Review Record

Case Conference Record

Case Closure Record

Case Reopening Record where required

Child Feedback Form

Caregiver Feedback Form

These correspond closely with the standardized case-management documentation identified in NCWC's national case-management SOP.

Shelter operational records

Admission Register

Discharge/Reintegration Register

Incident Register

Medical Record

Medication Record

Education Record

School Attendance Record

Visitor Register

Staff/Authorized Access Record where appropriate.

33. MINIMUM INFORMATION MANAGEMENT STANDARD

For every child receiving case management, the shelter should be able to answer:

1. Who is the child?
2. Why was the child referred/admitted?
3. What are the child's immediate safety and protection concerns?
4. What are the child's needs and strengths?
5. What does the child want or think about the situation?
6. What is the agreed case plan?
7. What services have been provided?
8. What referrals have been made?
9. What follow-up has taken place?
10. Has the child's situation improved?
11. What is the next step?

12. Why and how was the case closed/reintegrated/transferred?

If the case file cannot answer these questions, it should be reviewed by the Case Manager/ Shelter Manager.

34. SUPERVISION AND REVIEW

The Shelter Manager shall periodically review the implementation of this Protocol.

The review shall consider:

Completeness of case files;

Quality of case notes;

Confidentiality;

Data security;

Staff compliance;

Referral documentation;

Follow-up;

Case closure;

Data quality;

Reporting requirements.

Findings should be used to improve the shelter's case management and information management system.

35. POLICY REVIEW

This Protocol shall be reviewed:

At least every two years;

When NCWC issues revised guidance;

When relevant legislation changes;

Following a significant data breach;

When the shelter introduces a new electronic information system; or

When operational experience identifies a need for revision.

The Protocol shall be updated to remain consistent with applicable laws, NCWC standards, case management procedures and child safeguarding requirements.

36. APPROVAL

Prepared by: Name: _____ Designation: _____ Signature: _____ Date: _____

Reviewed by: Name: _____ Designation: _____ Signature: _____ Date: _____

Approved by: Name: _____ Designation: _____ Signature: _____ Date: _____

CHAPTER 7

Monitoring, Reporting, Quality Assurance and Review

7.1 Monitoring and Evaluation

The Operational Guidelines provide for internal or external evaluation to assess and review the activities and progress of the centre, with participation of primary stakeholders and children's representatives where appropriate. External evaluation may be commissioned by NCWC or other authorized bodies.

7.2 Case File and Data Quality Review

- Completeness of case files.
- Quality and objectivity of case notes.
- Confidentiality and data security.
- Staff compliance.
- Referral documentation.
- Follow-up and case closure.
- Data quality and reporting requirements.

7.3 Resource Mobilization and Sustainability

The shelter should identify and manage financial and other resources to support smooth operation and children's needs. Funds and assets should be properly allocated, transparent and appropriately used. Sustainability planning should avoid jeopardizing children's future and should consider approved government and NGO/INGO support options.

7.4 Review of this Consolidated SOP

This SOP shall be reviewed periodically and whenever there are significant changes in legislation, NCWC guidance, child protection standards, shelter operations, service arrangements or information systems. The case information protocol additionally provides for review at least every two years, when NCWC issues revised guidance, when legislation changes, after a significant

data breach, when a new electronic information system is introduced, or when operational experience identifies a need for revision.

7.5 Approval and Supersession

Once approved, this consolidated SOP should serve as the master operational document for the Children's Shelter Home. The previously separate source documents remain source materials and should not be treated as independent operational SOPs where their content has been incorporated into this master document, unless a later approved NCWC or organizational instrument expressly supersedes a provision.

ANNEX REGISTER

The annexes below bring the operational forms and records from the separate source documents into one controlled annex section. Each completed form becomes part of the child's confidential record where applicable.

Annex A1 – Operational Guidelines – Registration Form

Annex A2 – Operational Guidelines – Referral / Reintegration / Handover Form

Annex A3 – Operational Guidelines – Follow-up Form

Annex A4 – Operational Guidelines – Field Report Format

Annex A5 – Operational Guidelines – Service Provided Record

Annex B1 – Child Health & Medical Record

Annex B2 – Medication Administration Record

Annex B3 – Medical Referral & Follow-up Record

Annex B4 – Child Education Record

Annex B5 – School Attendance Monitoring Sheet

Annex B6 – Education Progress & School Communication Record

Annex C1 – Children's Shelter Incident Record Form

Annex C2 – Conflict Resolution & Restorative Intervention Record

Annex D1 – Case Management and Information Management Tools Register

ANNEX A1 | Operational Guidelines – Registration Form

Annex 1: Registration Form

Date of Registration: _____ Registration No: _____

Personal Information

Name of Child:

Age: Gender:

Nick Name: Special Identification:

Permanent Address:

Temporary Address:

Educational Background:

Grade Attended:

Name of School:

Address of School:

Reason for leaving school:

Left school since:

Health of Child

Physical Appearance

Illness:

Physical Disability:

Immunization:

Psycho-social Status of Child

Emotional Status:

Behavioral Issues:

Mental Illness:

Source / who brought-referred the child to the centre:

Police:

NGO:

Field Worker:

Volunteers:

Community People:

Government Bodies:

On his/her own:

Family Members:

Contact Details:

Name: Relation:

Address:

Tel/Mobile:

Family Background:

Mother's Name: Age: Status:

Education: Occupation:

Father's Name: Age: Status:
Education: Occupation:
Economic Situation of Family: (Land/Income)
Information about step parents (if applicable)
Step parent's Name: Age: Status:
Education: Occupation:
Other Family Members:
Siblings/Age:
Uncle/Aunts:
Grand Parents:
Relation with family/parents:
Reason/s for separation:
Duration of separation from parents:

Risk Background:

Work Background:

If the child was engaged in any labour before coming to the centre
If yes,
Child's work experience:

Experience of violence/abuse/exploitation

Impact of violence/abuse on child:
Possibility of Family Reintegration:
Other options for Social Reintegration:
Future Aspiration of Child:
Child's Expectation from the Centre:
Social worker/counsellor's Recommendations:

Family Reintegration

Education
Health
Counselling
Additional Notes:
Case profile completed by:
Name Signature: Date:

Risk Background – Source Table

Type of Risk	Place	Duration	Reasons
Abandoned/Neglected			
Missing/lost			
Sick/illness			
Homeless			
Parent/s in jail			
Disability			

Work Background – Source Table

Type of work	Place	Duration	Wage/ Earning	Reason to leave
Doma Seller				
Mechanic				
Baby Sitter				
Etc.				

Violence/Abuse/Exploitation – Source Table

Type of violence abuse	Where	When	Perpetrator
Physical Abuse			
Emotional Abuse			
Labour Exploitation			
Sexual Abuse			
Domestic violence			
Child Marriage			
Trafficking			
Etc.			

ANNEX A2 | Operational Guidelines – Referral / Reintegration / Handover Form

Annex 2: Referral Form/ Reintegration Form

Annex 1: Referral Form/ Reintegration Form

Date of Registration: _____ Registration No: _____

Personal Information

Name of Child:

Age: Gender:

Nick Name: Special Identification:

Permanent Address:

Temporary Address:

Duration of stay in the Centre: _____

Source/who brought the child to the centre:

Child's Background:

Family Background:

Mother's Name: Age: Status:

Education: Occupation:

Father's Name: Age: Status:

Education: Occupation:

Economic Situation of Family: (Land/Income)

Information about step parents (if applicable)

Step parent's Name: Age: Status:

Education: Occupation:

Other Family Members:

Siblings/Age:

Uncle/Aunts:

Grand Parents:

Reason/s for separation with family:

Duration of separation from parents:

Educational Background:

Health:

Behavioral/Emotional/:psycho social status:

Risk Background:

Impact of violence/abuse on child:

Contact for follow-up of the child:

Police:

NGO:

Field Worker:

Volunteers:

Community People:

Government Bodies:

On his/her own:

Family Members:

Contact Details:

Name: Relation:

Address:

Tel/Mobile:

Future Aspiration of Child:

Social worker/counsellor's Recommendations:

Referral/ Handover of child

Date of referral/handover:

Referred by/ handed over by:

Referred to/ handed over to:

Name:

Relation:

Contact Details:

Receipt of child:

I ……(name/relation)……..of the child (name…../ age)…. from (address) …….. take responsibility of the child for further care.

(date)…….

Thumb print

Signature:

ANNEX A3 | Operational Guidelines – Follow-up Form

Annex 4: Follow-up Form

Annex 4: Follow-up Form

Date of Registration: _____ Registration No: _____

Personal Information

Name of Child:

Age: Gender:

Nick Name: Special Identification:

Permanent Address:

Temporary Address:

Duration of stay in the Centre: _____

Source/who brought the child to the centre:

Child's Background:

Family Background:

Mother's Name: Age: Status:

Education: Occupation:

Father's Name: Age: Status:

Education: Occupation:

Economic Situation of Family: (Land/Income)

Information about step parents (if applicable)

Step parent's Name: Age: Status:

Education: Occupation:

Other Family Members:

Siblings/Age:

Uncle/Aunts:

Grand Parents:

Reason/s for separation with family:

Duration of separation from parents:

Educational Background:

Health:

Behavioral/Emotional/:psycho social status:

Risk Background:

Impact of violence/abuse on child:

Contact for follow-up of the child:

Name: Relation:

Address:

Tel/Mobile:

Date of referral/handover:

Referred to/ handed over to:

Name:

Relation:

Contact Details:

Present Status of Child

Health:

Education:

Psyhco-social health:

Others

Aspiration of Child:

Social worker/counsellor's Recommendations:

ANNEX A4 | Operational Guidelines – Field Report Format

Annex 5: Field Report Format
Field Visit Destination:
VDC/Ward No.
District:
Date/Period of visit:
Objective of the field visit/Programme
Target Group/s:
No. of target population met:
Activities conducted:
Information on cases of Children in Conflict encountered:
Impressions/Reflection:
Report submitted by Date

Activities Conducted

S.N.	Activities	Participants	Outcomes	Remarks

Children in Conflict / Cases Encountered

S.N.	Name	Age/Gender	Address	Background	Remarks

ANNEX A5 | Operational Guidelines – Service Provided Record

Annex 6: Service Provided

Services Provided to Child

Name of Child: Age:

Registration No:

Duration of stay in the centre:

Remarks:

Form completed by:

Date:

Services Provided to Child

S.N.	Type of service	Quantity	No. of times	Date
1.	Food			
2.	Clothes			
	a.			
	b.			
	c.			
3.	Medical services			
	a.			
	b.			
	c.			
4.	Creative Activities/ Materials			
	a.			
	b.			
	c.			
5.	Counselling Services			
	a.			
	b.			
	c.			
6.	Awareness/ Education			
	a.			

	b.			
	c.			
7.	Excursion/ Outing			
	a.			
	b.			
	c.			
8.	Educational Materials			
	a.			
	b.			
	c.			
9.	Others			
	a.			
	b.			
	c.			

ANNEX B1 | Child Health & Medical Record

ANNEX 1

CHILD HEALTH & MEDICAL RECORD

Child's Name: _____ Date of Birth: _____
Date of Admission: _____ Case/Record No.:
_____

1. HEALTH INFORMATION

Known medical condition:

Known allergies:

Current medication:

Special health needs:

Dietary requirements:

2. HEALTH ASSESSMENT AT ADMISSION

Date: _____

Health facility/health professional:

General health condition: ☐ Good ☐ Requires monitoring ☐ Medical attention required

Important findings/recommendations:

3. MEDICAL HISTORY DURING SHELTER STAY

Record maintained by: _____

Signature: _____ Date: _____

Date	Health concern/illness/injury	Action taken	Follow-up required

ANNEX B2 | Medication Administration Record

ANNEX 2

MEDICATION ADMINISTRATION RECORD

Child's Name: _____ Medication: _____ Reason for medication: _____

Prescribed by: _____ Start Date: _____ End Date: _____

Dosage: _____ Frequency: _____

Any reaction or concern:

Action taken:

Reviewed by: _____ Signature: _____

Date	Time	Dose given	Given by	Remarks

ANNEX B3 | Medical Referral & Follow-up Record

ANNEX 3

MEDICAL REFERRAL & FOLLOW-UP RECORD

Child's Name: _____ Date: _____

Reason for referral:

Referred to:

Date/time of appointment: _____

Person accompanying child:

Medical advice/treatment received

Medication prescribed:

Follow-up appointment required? ☐ No ☐ Yes

Follow-up date: _____

Follow-up completed

Date: _____

Child's condition:

Further action required: ☐ No ☐ Yes

If yes: _____

Recorded by: _____

Signature: _____

Annex 4B – First Aid / Minor Illness and Injury Record

Date	Child	Condition/ Injury	First Aid Provided	Staff	Medical Referral	Follow-up

Annex 4C – Medication Administration Register

Date	Child	Medicine	Dose	Time	Prescribed By	Administered By	Remarks

Annex 4D – Medicine Stock and Disposal Register

Date	Medicine	Quantity	Expiry Date	Quantity Used	Quantity Expired	Disposal Method	Authorised By

Annex 4E – Routine Medical Check-up Register

Child	Date	Health Facility	Purpose	Findings	Treatment	Follow-up Date

Annex 4F – Individual Child Health Record

Confidential file maintained separately within the child's case file.

Annex 4G – Emergency Medical Referral Form

Annex 4H – Medical Staff/Health Training Plan and Register

Training Topic	Staff	Provider	Date	Duration	Certificate	Next Refresher

B4 | Child Education Record

ANNEX 4

CHILD EDUCATION RECORD

Child's Name: _____ Date of Birth: _____

Date of Admission: _____

Current School: _____ Grade/Class: _____ Previous School: _____

Education Status at Admission

□ Currently attending school □ Not attending school □ School placement required □ Alternative education required □ Vocational/skills training □ Other: _____

Educational strengths:

Educational difficulties/needs:

Child's educational goal:

Education Support Provided

□ School enrolment □ School uniform □ Books/stationery □ School fees/related support □ Homework support □ Study space □ Counselling □ Special learning support □ Vocational training □ Other: _____

Remarks:

Reviewed by: _____ Date: _____

ANNEX B5 | School Attendance Monitoring Sheet

ANNEX 5

SCHOOL ATTENDANCE MONITORING SHEET

Child's Name: _____ School: _____ Class: _____ Month: _____

Total days attended: _____

Total days absent: _____

Repeated absence requiring follow-up? ☐ No ☐ Yes

Action taken:

Reviewed by: _____

Date: _____

Date	Attended	Absent	Reason for absence	Caregiver initials
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

ANNEX B6 | Education Progress & School Communication Record

ANNEX 6

EDUCATION PROGRESS & SCHOOL COMMUNICATION RECORD

Child's Name: _____ School: _____ Class: _____

SCHOOL/TEACHER CONTACT

Date: _____

Person contacted: _____

Purpose of communication:

☐ Attendance ☐ Academic progress ☐ Behaviour ☐ Learning difficulty ☐ Child wellbeing ☐ School activity ☐ Other: _____

FEEDBACK RECEIVED

ACTION AGREED

Person responsible: _____

Follow-up date: _____

EDUCATIONAL PROGRESS REVIEW

Review date: _____

Attendance: ☐ Good ☐ Improving ☐ Concern

Academic progress: ☐ Good ☐ Improving ☐ Concern

Participation: ☐ Good ☐ Improving ☐ Concern

Behaviour/school adjustment: ☐ Good ☐ Improving ☐ Concern

Additional support required: ☐ No ☐ Yes

If yes, describe:

Next steps:

Reviewed by: _____

Signature: _____

Date: _____

ANNEX C1 | Children's Shelter Incident Record Form

Purpose

This form is used by caregivers and shelter staff to record any unusual, concerning or serious incident involving a child. Complete it as soon as possible after the incident. Record only what was seen, heard or reported, using simple and factual language.

Confidentiality

This record is confidential and must be kept securely. Information should only be shared with persons responsible for the child's care and protection.

A. BASIC INFORMATION

Date of incident: _____

Time of incident: _____

Place: ☐ Bedroom ☐ Common room ☐ Dining area ☐ Kitchen ☐ Bathroom ☐ Outdoor/play area ☐ School ☐ Outside shelter ☐ Other: _____

Name of child/children involved: _____

Age: _____

Caregiver/staff recording the incident: _____

Other children/staff present: _____

B. TYPE OF INCIDENT

☐ Argument/disagreement ☐ Verbal abuse/name calling ☐ Bullying/intimidation

☐ Physical fight/hitting/kicking ☐ Threatening behaviour ☐ Crying/distress

☐ Damage to property ☐ Refusal to follow shelter rules ☐ Leaving/attempting to leave without permission

☐ Missing/absconding ☐ Self-harm concern ☐ Sexual/inappropriate behaviour

☐ Possession of prohibited item ☐ Injury/accident ☐ Suspected abuse or neglect

☐ Conflict between child and caregiver/staff ☐ Conflict between children ☐ Other: _____

C. WHAT HAPPENED?

Before the incident: _____

During the incident: _____

What did the child/children say or do? _____

What did you see or hear? _____

If another person reported it, who reported and what was reported? _____

D. IMMEDIATE SAFETY CHECK

Was anyone injured? ☐ No ☐ Yes If yes, who? _____

Type of injury/condition: ☐ Bruise ☐ Cut ☐ Bleeding ☐ Pain ☐ Emotional distress ☐ Difficulty breathing ☐ Other: _____

First aid provided? ☐ No ☐ Yes Medical attention required? ☐ No ☐ Yes

If yes, where was the child taken? _____

Was the child still upset or at risk? ☐ No ☐ Yes Explain: _____

E. WHAT DID THE CAREGIVER DO?

☐ Separated children ☐ Moved child to safe place ☐ Stayed with child ☐ Helped child calm down

☐ Provided first aid ☐ Called Manager ☐ Informed Case Worker ☐ Informed Counsellor

☐ Contacted parent/guardian ☐ Contacted relevant authority ☐ Sought medical assistance

☐ Removed immediate safety risk ☐ Other: _____

Briefly describe what you did: _____

F. CHILD'S CONDITION AFTER THE INCIDENT

☐ Calm ☐ Sad/crying ☐ Angry ☐ Frightened ☐ Withdrawn ☐ Confused ☐ Injured ☐ Returned to normal activity ☐ Needed continued supervision ☐ Other: _____

What happened afterwards? _____

G. NOTIFICATION

Person informed / Date & Time / By whom:

Executive Director: _____ Manager: _____ Counsellor: _____

Parent/Guardian: _____ Relevant Authority: _____ Other: _____

Was the incident referred for further action? ☐ No ☐ Yes If yes, referred to: _____

H. FOLLOW-UP REQUIRED

Does the child need further support? ☐ No ☐ Yes

☐ Counselling ☐ Medical support ☐ Closer supervision ☐ Discussion with caregiver

☐ Discussion with other child/children ☐ Family contact ☐ Case review ☐ Behaviour Support Plan

☐ Case Conference ☐ Referral to another service ☐ Other: _____

Person responsible for follow-up: _____

Follow-up date: _____

I. CAREGIVER'S NOTE

Is there anything else important that the Manager/Case Worker should know? _____

_____

J. SIGN-OFF

Recorded by – Name: _____ Signature: _____ Date: _____

Reviewed by Shelter Manager/Case Worker – Name: _____ Signature: _____ Date: _____

Follow-up completed: ☐ Yes ☐ No ☐ Ongoing Date closed: _____

Confidential record – for official shelter use onlyANNEX C2 | Conflict Resolution & Restorative Intervention Record

This record is for situations where children have conflict with one another or with caregivers/staff. It should emphasize understanding the child's perspective, de-escalation, emotional support, restorative conversation, agreed resolution, preventive measures and follow-up.

Date/time: _____

Persons involved: _____

Nature of conflict: _____

Immediate safety action: _____

Child's perspective / account: _____

Other person's perspective / account: _____

Emotional/support needs identified: _____

Restorative discussion / mediation undertaken: _____

Agreed resolution: _____

Apology / restitution / commitments: _____

Counselling or life-skills support required: _____

Preventive measures: _____

Follow-up date: _____

Outcome achieved: _____

Responsible staff: _____

Signature: _____

ANNEX D1 | Case Management and Information Management Tools Register

The case information protocol identifies the following tools. Where an individual form is not reproduced in this consolidated document, the shelter shall use the current NCWC-approved or organizationally approved form.

Core case management records

- Case Referral Form
- Consent/Assent Form
- Initial Registration Form
- Assessment Form
- Case Plan
- Case Notes
- Services Provided Record
- Referral Record
- Follow-up Record
- Case Review Record
- Case Conference Record
- Case Closure Record
- Case Reopening Record where required
- Child Feedback Form
- Caregiver Feedback Form

Shelter operational records

- Admission Register
- Discharge/Reintegration Register
- Incident Register
- Medical Record
- Medication Record
- Education Record
- School Attendance Record
- Visitor Register
- Staff/Authorized Access Record where appropriate

Information Management Minimum Standard

46. Who is the child?
47. Why was the child referred/admitted?
48. What are the child's immediate safety and protection concerns?

49. What are the child's needs and strengths?
50. What does the child want or think about the situation?
51. What is the agreed case plan?
52. What services have been provided?
53. What referrals have been made?
54. What follow-up has taken place?
55. Has the child's situation improved?
56. What is the next step?
57. Why and how was the case closed/reintegrated/transferred?

ANNEX E | Source Document Integration Matrix

Source document	Integrated location	Main content carried into consolidated SOP
2018 Operational Guidelines	Chapters 1–3 and 7; Annexes A1–A5	Shelter mandate, governance, staffing, admissibility, minimum standards, routine, reintegration, networking, sustainability, monitoring and original operational forms.
Protocol for Management of Data and Information Systems on Cases Received	Chapters 3, 6 and 7; Annex D1	Case identification, case file structure, case notes, verification, information security, access, sharing, retention, disposal, reporting and information-management tools.
SOP – Provision of Medical Care and Education Services	Chapter 4; Annexes B1–B6	Medical care, emergency response, medication, medical records, education, school attendance, educational progress and related forms.
Discipline Procedure and Conflict Resolution Protocol (August 2026)	Chapter 5; Annexes C1–C2	Positive discipline, prohibited practices, conflict resolution, escalation, incident documentation and restorative intervention.

FINAL APPROVAL AND REVIEW RECORD

This consolidated SOP should be reviewed and approved through Nazhoen Lamtoen's governance process and, where required, submitted to NCWC for accreditation/endorsement. Any amendment to a legal, safeguarding, case management or accreditation requirement shall trigger review of the affected chapter and annex.

Review / Approval Stage	Name / Designation	Signature	Date
Prepared	Thinley Tobgyel		
Internal Review			
Board / Management Approval			
NCWC Review / Accreditation			
Next Scheduled Review			

Confidential – Official Shelter Use Only. Child case information must not be reproduced, shared or disclosed except for legitimate child protection, care, case management, service provision, reporting or other authorized purposes.