



**St. Jude India ChildCare Centres**

# Operating Manual

**Guidelines for successfully running a St Jude Centre**

**JANUARY 2026**

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## OUR VISION

To facilitate the recovery treatment for serious chronic diseases like cancer by providing clean, safe and cost-free accommodation.

## OUR MISSION

To nurture and develop our sustainable model that places children undergoing treatment for various diseases on the path to a happy and healthy life. In doing so, we hope that every child will realize their potential and transform their lives.

## OUR VALUES

1. **Commitment** - We are committed to serving patients and their families with deep compassion and an unwavering passion to deliver results.
2. **Excellence** - We strive to exceed expectations, making no compromise on quality and rigorous discipline. Continuous innovation helps us stay ahead
3. **Team Work** – The team is aware of their responsibilities based on specific tasks with active collaboration among the sub-teams and a winning spirit derived from openness.
4. **Integrity** - We are principled, consistent, transparent in our actions, and reliable in all our relationships and stand firmly by our beliefs, even under adverse circumstances
5. **Action** - Our 'small company soul' gives us the agility to make quick decisions and the imagination to succeed. We think big, start small, and move fast
6. **Care** - Everything that we do is done with attention to detail, diligence and interest so as to do it correctly. All our efforts are made with due consideration to the value that it adds to our beneficiaries. Care would also mean that we are genuinely concerned about the well- being of not only our families but also our colleagues and the external agencies we deal with
7. **Giving Back – Kar Seva** -

We foster a feeling of ownership – 'mine' – that creates a sense of a 'home away from home'. It encourages team spirit and creates bonds among the staff and between families while taking responsibility and creating a shift from 'they' to 'us. Children observe this value and learn that cooperation and collaboration of those around them lead to a happy, healthy environment.

## OUR SERVICES

Holistic Approach is the Cornerstone of Life at St. Judes'.

### **Following are the services provided:**

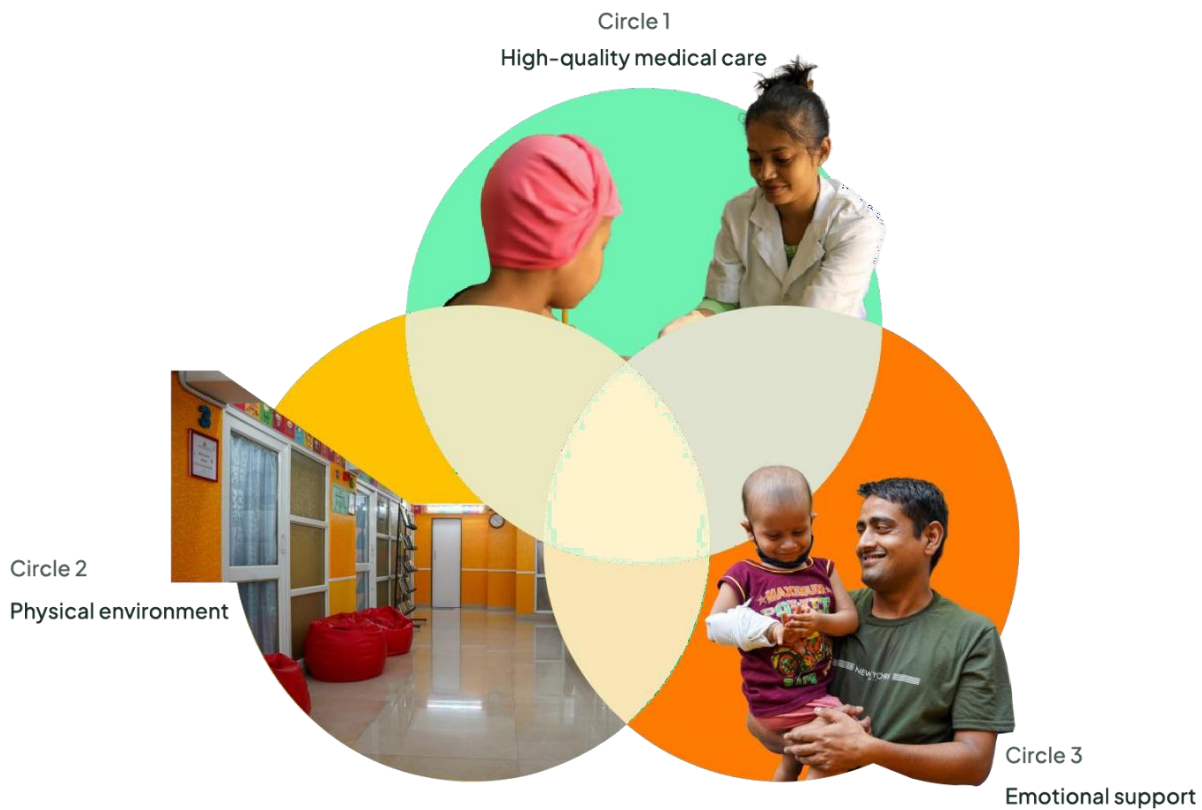
- **Nutritional support-** Milk, Ration, supplements, Eggs, Fruits and vegetables -good nutrition is vital to the care of a cancer patient. In order to help parents meet this need, St. Jude India ChildCare Centres provide the most suitable supplements and food items. St. Judes' currently

provides Weekly Ration, daily Milk, 5 days a week eggs and fruits and vegetables twice a week. Whenever a new family is admitted at St. Judes' a Starter pack is provided

- **Inventory for families-** Unit (Rooms) and Kitchen Inventory. Rooms with Bed, Mattresses, Cupboards for personal belongings, racks. Kitchen Cabinets with utensil sets, Gas stoves/Inductions, Drinking water facilities and a designated dining area. On Arrival of the family the inventories are provided and signature is taken of a parent. On discharge items are returned except for Towels, Water bottles and Hand napkins, this has to be facilitated by staff.
- **Recreational and Educational activities for children** – Educational Activities includes Tutors for older children, theme-based studies, Montessori kits for very young children, Chess, Yoga, Art based Therapy (Detailed information available in 3<sup>rd</sup> Circle Manual)
- **Recreational and skill building activities for parents** – Skill building for mothers and fathers, Basket making, cooking activity, Chai pe Charcha, Art and Craft, Dance, Yoga. (Detailed information available in 3<sup>rd</sup> Circle Manual)
- **Counselling facility for families and staff** (Individual, Group, CPP, POSH, Good touch Bad touch) (Detailed information available in 3<sup>rd</sup> Circle Manual)
- **Volunteer Engagement** – Outreach, Kindness Crew, CSR management, Internship Programme (Detailed information available in Volunteer Engagement Manual)
- **Free Transportation** to and from the hospitals
- **Support to families returning home** – Educational Kit and Palliative kit (Palliative children), Travel expenses to needy families.

**ALL ABOVE SERVICES ARE PROVIDED FREE OF COST TO THE FAMILIES**

The responsibilities of the different elements of service we provide can be clearly explained by the following diagram:



**First Circle:** Medical Support, while we are not actively involved in the treatment we help by guiding the patient whenever necessary.  
Liaison with treating Hospitals

**Second Circle:** Physical condition of the Centres. Cleanliness, Hygiene, Maintenance and Support Staff  
Ensuring efficient day to day Management  
Hiring and supervision of Staff

**Third Circle:** Responsible for the psycho social well being of families  
Counselling Guidance  
Education and Recreational activities

## **OUR POLICIES**

### **Eligibility Criteria**

1. Outstation families
2. Unable to afford housing
3. Preference to girl children
4. A good prognosis
5. General category files
6. Age (0 to 15 years)- May vary across locations
7. Both parents need to stay during the treatment- In case of special cases 2<sup>nd</sup> Guardian is allowed
8. No Tobacco/ Paan or Alcohol
9. Ready to follow a vegetarian diet (egg an exception)
10. Ready to follow the rules and regulations
11. Under special case - Single parent families or relative can stay

### **Referrals Through doctors/Nurses/para-medical staff from hospitals.**

### **Screening for New Admission**

#### **1<sup>st</sup> Screening**

1. Introducing the organization.
2. Understand the needs of the family
3. Share the flyer (St Judes Services) and occupancy helpline contact number
4. Know if the diagnosis confirmed or not? Treatment has started or not?
5. Understanding the family details –
  - I. Permanent Address
  - II. Number of family members
  - III. parent's education and occupation -
  - IV. Who are accompanying the child during the treatment
  - V. Availability of necessary documents
6. Share some rules and regulations -
  - I. Both the parents are needed with the child during the treatment. (Except for special cases)
  - II. No Alcohol/Tabacco allowed in the centre premises.
  - III. Family needs to maintain cleaning and Hygiene
  - IV. Non-Vegetarian food is not allowed at the centre except for egg
  - V. should maintain good behavior

#### **2<sup>nd</sup> Screening**

1. Revise rules and regulations.
2. Recheck on the treatment plan - diagnosis confirmed or not? Treatment has been started? –

Recheck on diagnosis

3. Recheck and update the family information and identity proof-related documents.
4. Note the family concerns/challenges in view of following our rules and regulations.

### **3<sup>rd</sup> Screening**

1. Check if the diagnosis is confirmed
2. If Treatment Protocol is attached in the hospital file
3. Understand the duration of the treatment.
4. If all above points are fulfilled and family eligible for admission, then Provide the Doctor Approval form. (Below is the format of the Doctors Approval form)

#### **ST JUDE INDIA CHILD CARE CENTRES**

Name of the Hospital - \_\_\_\_\_ Date of registration-

\_\_\_\_\_ Name of Patient: - \_\_\_\_\_ Age &

Gender: \_\_\_\_\_ File No: \_\_\_\_\_ Type of cancer &

stage: \_\_\_\_\_ Prognosis (%) \_\_\_\_\_ Intent

(curative): YES/NO \_\_\_\_\_

Doctor's comments - \_\_\_\_\_

\_\_\_\_\_  
Signature of the Doctor

\_\_\_\_\_  
Name of the Doctor

Date: -

### **Screening for Final Admission**

1. Expected number of admissions is updated to Operations team in advance for better planning
2. Once we receive the Doctor's Approval form, we get to know about the confirmed diagnosis and prognosis. (Wherever applicable)
3. Rules and Regulations are explained to families by Occupancy in charge/staff.
4. The staff has to resolve rules and regulations-related queries raised by the family and make sure that the family has understood them well.
5. During Interview it is explained about 'Once a St Jude child, always a St Jude child' and 'St Judes' for Life
6. Re-verify before confirming the admission that both parents/ Guardians will stay till the child's treatment is completed. In certain cases where children are 8 and above single parents are allowed to accompany.
7. Serious medical issues/communicable disease need to be checked with Guardians.

8. The final assessment/ approval has to be done by the senior occupancy manager/ CL except for special cases which has to be approved by CPO.
9. Grievance contact number shared and explained.

### **Special Case Admission:**

#### **Special Case can be -**

- Reasons for Single parent admission (Divorced, widow/Widower, Pregnant Mother, Infant child at home, Parent major medical issue).
- Unmarried Guardians
- Children above 15 years of age
- International families (locations need to be registered under the FRRO, C form completion on admission and discharge of families) –
  - a) Families need to be registered under C form (within 24 hours of their arrival at the centre and same for departure which needs to be released)
  - b) Medical 2 Visa is for parents and Medical 1 is for patient
  - c) Visa expiry has to be checked by staff and make sure family apply for renewal of visa on time same applies for passport
  - d) If a child is admitted the family member accompanying the child needs to be released from C form and added again on returning to centre. In case the other guardian or parent is staying at the centre, they will not be released from C form. The following information needs to be updated on the online FRRO sheet.

**The special case admission needs to be documented in an email and sent to CPO for approval.**

#### **Screening of special cases:**

- a) Maternal/paternal grandmothers/maternal grandfather/elderly female relatives can accompany the child's mother
- b) Maternal/paternal grandfather, paternal grandmothers can accompany the child's father.
- c) Aadhar cards must be checked.
- d) Ensure grandparents can physically help single parent and manage hospital/center tasks.
- e) For BMT cases we accommodate one sibling along with the family

#### **Guidelines for Admission**

- All Families are given provisional admission for one month during which they are evaluated on their adjustment to St. Judes rules and regulations.
- The family stays as long as recommended by treating doctor and can stay at our centres on subsequent visits as well, subject to obeying our rules.
- If the centre is full, we maintain a waiting list and the child is given admission when a unit becomes available.
- We are committed to providing accommodation to all returnees when they come for maintenance or checkups. However, due to the growing need of units for new families the returnees are asked to share units with others. New patients are not made to share rooms.
- Once Discharge is confirmed from the Centre, Waitlist patients are contacted.

To ensure full occupancy the designated Occupancy Team/ Centre staff visit the hospital OPD and wards Often meeting with doctors/social workers or the registration desk who will provide information about new patients who have just begun treatment.

### **On Admission:**

1. When a new Family is given admission, information about the child, parents, disease, hospital and treating doctor must be entered on MIS.
2. Upon completion there will be a Unique ID and an ID card generated by the system. A unit is allotted to the patient in MIS.
3. The family then must submit the hard copies required for the admission forms and provide identity and income proofs – Hospital file, income certificate or affidavit from Tahsil office, ration card, Aadhar card. (Some locations do not receive hospital file, blood documents and income certificates).
4. The centre staff provides the family with inventory items and a new admission kit. They also guide the family regarding the rules, importance of discipline and observing timings and schedule at the centre. A starter Pack is provided to families one week after their admission.
5. The staff then begins the induction of the family as per the guide lines provided.
6. Each location should provide rules and regulations translated into the regional language familiar to the family. If the parents are unable to read then it should be explained to them prior to taking their signature.

### **POINTS TO EMPHASIZE WHEN EXPLAINING RULES**

- Rules are necessary for collective well-being—without them, there would be disorder.
- Adequate rest is very important for the child.
- A disciplined lifestyle- daily routine helps in being organized and manage time better.
- When a family goes back home a disciplined routine will help the Guardians to manage their time well and take care of all their responsibilities

### **Parent Monitors and their responsibilities**

As we do not have our personnel 24x7 on the premises, we have to entrust certain tasks to parents of two Units. The parents in charge or Monitors will be appointed on a Monthly basis with a standby parent in case of an emergency.

### **Responsibilities of parent monitors**

- Guiding New families in the centre.
- Ensure that the water filter is filled. Taps not running, lights switched off
- Ensure that no one enters the Centre after 10pm Ensure that the Centre is locked at night.
- Ensure that the bathroom, ward and kitchen are clean at all times
- Alert the CL/Cos regarding any emergencies at the centre.
- In case of fire to make sure everyone are evacuated and assembled in the assembly point.

## **Discharges and room allotment**

Rooms are not kept vacant for a returnee who is coming for a routine check-up. While we will provide returnees accommodation they may have to share a unit with another returnee family. New admissions do not share a room.

If a family needs to go home prior to the end of treatment, they need the doctor's permission for the child and inform the CL in writing of the reason and duration of absence from the Centre. If the duration is more than 3 days it will be considered a regular discharge and indicated as such on MIS. They will have to take their belongings and handover inventory. Their room may be assigned to another patient and they may have to share a unit when they return.

### **Regular Discharge**

When a child leaves at the end of treatment with a discharge by the Doctor, it is to be considered a regular discharge. Prior to discharge exit counselling needs to be completed.

### **Discharge for non-compliance**

Every new family is observed for a period of four weeks to ensure that they are coping with the new systems and rules.

In case of any issues related to coping with the new system and rules, multiple counselling is done. Even after Counselling if issues are persisting family is given a red card. After 3 red cards family is asked to vacate the centre. A family is given 2 days' time to arrange for accommodation outside.

In Case of serious rule break like stealing and misbehavior, drinking, CPP, POSH, physical and verbal abuse family are asked to vacate immediately.

### **Self-Discharges**

In instances when a family is unable to comply with our rules and wish to leave the Centre, the staff and counselor will speak to them to understand their difficulty and try to help resolve the problem. If the situation cannot be resolved then the family is allowed to leave. If possible, we should get a letter from them stating the reason for leaving.

### **Cases of Palliation**

A child who may not respond to treatment or relapses may not continue on curative protocol and may be referred to Palliative Care. Once the doctors recommend that the child may go home, they are encouraged to leave the centre at the earliest. Counsellor's support is extended to the family. While updating in the MIS, palliation status should be mentioned. They can however come back to the centre and the hospital if they have been given a return date by the doctor. The centre staff should keep in touch with the family and check on the child's health.

St Jude provides enhanced support services to our children who are declared palliative. Additional support in the form of ration, 3rd circle and hygiene kits are provided to our children when they are first declared palliative and go home.

<b>Palliative kit</b>		
<b>Sr No</b>	<b>Items</b>	<b>Quantity</b>
1	Ghee	1kg
2	Almonds	500 gm
3	Ragi Flour	250 gm
4	Oil	2 ltr
5	Moong Dal	1kg
6	Toor Dal	1kg
7	Green Moong	1 kg
8	Red channa	1 kg
9	Peanuts	250 gm
10	Poha	1 kg
11	Suji	500 gm
12	Jaggery	500 gm
13	Sugar	1 kg
14	Tea powder	250 gm

<b>Hygiene kit</b>		
<b>Sr. No</b>	<b>Items</b>	<b>Quantity</b>
1	Colgate tooth paste	100 gm
2	Toothbrush	1
3	Dettol Bath Soap	1
4	Surf Excel	200 gm
5	Coconut oil	200 ml
6	Vaseline Moisturizer	1
7	Dettol Sanitizer	60 ml
8	Dettol Liquid	1 ltr
9	Gloves pair	1
10	Mask	12
11	Hand Towel (Child Napkin)	2

For a child undergoing cancer treatment, long hospital stays and intensive care often mean long absences from school, disrupted routines, and a growing distance from the classroom. Beyond the physical challenge, this break in learning can affect a child's confidence and readiness to return to school.

**The Educational Exit Kit** is designed to fill this gap by equipping every child with a thoughtfully curated age specific set of learning materials. The kits will be centrally procured on a quarterly basis, based on projected requirements, and distributed to St. Judes centres across India. Each child will receive an Exit Kit after completing the first phase of treatment.

#### **Kit Structure & Age-wise Categorisation**

<b>Montessori Kit (0-5 years) Rs. 305/-</b>	<b>Junior / Senior (6-10 years) Rs. 400/-</b>	<b>Older Children (11-16 years) Rs. 500/-</b>
Number Pattern Writing Book	2 Notebooks	Ball Pens

Fun with Phonic Alphabet Book	Pencil Kit	Geometry Box
Alphabet / Number Practice Writing Book	Sketch Pens and colouring books	Colour Pens and pencil kit
Colouring Book	Pencil Box	Table Book
Crayons	Handwriting Practice Book	A4 Long Notebooks – 2 (150 pages each)
Pencil Kit	Story Book	Drawing Book and paint kit

### B. 3<sup>rd</sup> Circle Palliative Care Kit:

Games - Age and gender appropriate												
Sr No	Montessori	Price	Sr No	Junior	Price	Sr No	Senior	Price	Sr No	Older children	Price	
<b>Kit 1</b>	<b>Below 5 years</b>		<b>Kit 2</b>	<b>5 to 9 years</b>		<b>Kit 4</b>	<b>10 to 12 years</b>		<b>Kit 6</b>	<b>Above 12 years</b>		
1	Drawing kit	170	2	<b>Boy</b>		4	<b>Boy</b>		6	<b>Girl/Boy</b>		
1	Alphabets puzzle	300	1	Drawing kit	250	1	Drawing kit	150	1	Drawing kit	250	
2	Xylophone	280	2	Magnet puzzle	500	2	DIY Telescope	600	2	Art kit	220	
	<b>Total</b>	<b>750</b>		<b>Total</b>	<b>750</b>		<b>Total</b>	<b>750</b>	3	Business board game	190	
									4	UNO	90	
			<b>Sr No</b>	<b>Girl</b>		<b>Sr No</b>	<b>Girl</b>			<b>Total</b>	<b>750</b>	
			<b>Kit 3</b>			<b>Kit 5</b>						
			1	Drawing kit	90	1	Drawing kit	150				
			2	Doll-making craft kit	660	2	Jewelry kit (Golden)	600				
				<b>Total</b>	<b>750</b>		<b>Total</b>	<b>750</b>				

### ***What to do in case a child passes away in the hospital***

If a child passes away at the hospital, a staff should visit the hospital and provide emotional support to Parents/Guardians. Staff can also provide support in case of any other processes (coordinating with social worker/ death certificate/arranging ambulance/final rituals if to be performed in the same city). Sometimes a family may need financial help and St. Jude's will support them up to Rs. 4000/- for funeral and travel expenses.

Family's' luggage is packed in the presence of 2 Centre staff. Family does not return to the centre and the luggage is handed over to the family by other fathers or staff.

### **After the arrangements and formalities are completed:**

- A. MIS must be updated and the unit released
- B. A notice of the expiry is to be provided to the Occupancy team in Mumbai and the local TMs by the Centre Lead. The required information for their records is:

1. Name	7. Type of Cancer
2. Location	8. Admission given by
3. Unit no	9. Admission Confirmed by
4. Date of birth	10. Prognosis at the time of Admission
5. Date of admission	11. Reason
6. Date of Passing away	

If a child passes away at the hospital, staff/counsellors need to conduct a closure meet with all Parents/Guardians.

In the event the child passes away at home, and the family informs us. inform the Occupancy team and Centre Lead and if family permits virtual/telephonic counselling can be arranged. Ensure that there is a follow up after a few days to check how the family is doing and try to get the details

All details need to be updated on MIS in real time.

## **Policy for Returnees:**

When the child has completed the treatment at the hospital and is discharged from the centre, the Centre staff will add the child's future treatment date on MIS. This helps the Call Centre team to coordinate with the parents before their future visit. All returnees must be encouraged to contact the centre staff and Occupancy team (wherever applicable) on the centre mobile no.

The Call Centre team follow up with the parents 5 days prior to the future date to understand whether the child will be there at the centre on time or will they be delayed. A monthly returnee projection is shared with locations to manage the visits of returnees. This helps them plan for the occupancy for the day. The staff should ensure that all the children who are coming back for follow-ups and who are on maintenance are accommodated. As a rule, returnee families should report to the last centre they stayed in when they were discharged.

In cases where a returnee child stays with relatives instead of at the centre, the occupancy team/centre staff must stay in touch with the parents to confirm the child's treatment and next follow-up date, which has to be recorded on MIS.

Returnee Management calls are done every month by the Call Centre staff to check if they are settling well at home. In case, there are any issues or guidance required.

Re-admission will not be granted to parents found violating our Code of Conduct.

Even though we do not provide accommodation for children above 15, a former patient would be allowed to stay for subsequent follow up / treatment until he/she has completed treatment.

Patients to give approximate date of return and to leave a correct contact address and telephone number whenever possible and should be updated on MIS.

## **Policy on Pregnant Mothers at the Centre:**

Patients whose mothers are pregnant will not be given admission. We need to explain to the family why we do not allow pregnant mothers to stay at the centre- giving the reasons as well as pointing out the possibility of additional stress to the family and physical discomfort to the mother the unborn child as well as the detriment to the patient's care.

If a mother becomes pregnant after admission to the centre or is detected to be pregnant during the CP diagnostics, an email needs to be sent out to the CPO, copying the reporting manager as required. The family will be given 15 days to decide about a 2nd caregiver who can come in to help when the mother goes back home. Every case will be different and will be discussed on a case-to-case basis. the family has the option of;

- Informing a relative to escort the mother back home where she can stay till delivery. This is acceptable if the father is able to take care of the patient's needs independently, especially if the child is over the age of 8 years they can stay (under rules of single parent families)
- If the child is below the age of 3 years the family can have a relative come (within ten days) and stay nearby while the child and father stay at the Centre.
- If the doctor advises that the patient is at the stage of treatment that they can all go home and continue treatment at home they can leave and return for follow-ups, accompanied by just the father if necessary and again if he is able to manage the care of the patient. The centre will accommodate the family as a single parent and extend support for the duration of the short stay.

- If child is below 5 years and no relatives available to accompany child with father, whole family is requested to stay out, but will be allowed to come to St. Judes once the child needs to return for follow ups or after Mother has delivered.

### **Patient's Visitor's Rules:**

Patients' relatives who are visiting are not allowed within the Centre but can meet in designated visiting areas.

- Visitors are not allowed to use the Centre's toilets.
- Visitors are not allowed to eat in the kitchens used by families.
- Visiting hours are from 4:30-6:00 pm daily.
- Visitors are not permitted to stay in the centre and must make their own arrangements at local facilities.
- During the visit they have to abide by our Rules for Visitors and will not be allowed to use our Centre's facilities.
- BMT patients are NOT ALLOWED ANY VISITORS. Parents may take turns to go out and meet relatives who visit, so as to ensure that the child is not left alone.

### **Centre Visitors' Rules:**

#### **RECEIVING VISITORS:**

All Visitors are allowed to visit Centre only between 11 am to 1 pm and 4:30 pm to 6:00 pm. All visitors must be accompanied by a staff person or Team Member. Visitors wishing to take photographs must fill an online Undertaking as per the prescribed format (Annex Form--) Staff should observe guidelines laid down in the manual while dealing with visitors to the Centre. Visitors are very important to our organization and many of them are existing or potential donors or well-wishers. In order, to ensure that their visit goes smoothly, it is important to plan ahead and be prepared.

	<b>TASK</b>	<b>PERSON RESPONSIBLE</b>
1	Welcoming visitor outside	Centre Lead
2	Introducing visitor to Staff	PL
3	Introducing and showing Centre	PL/CL
4	Arranging parents and children engaged in activity	COs
5	Arranging & showing video clip	CL/CO
7	Taking visitor's photo	CL/CO
8	Getting comments in visitor's book	CL/CO
9	Showing Operating Manual and Brochures	Centre Lead
10	Arranging tea/coffee	Housekeeping staff
11	Making sure the kitchen is properly arranged with display items	CL/CO
12	Presenting Flowers & greeting cards for visitor	CL/CO

## **Centre Rules**

The main door/Gate to the Centre must be securely locked at all times and only opened when required.

## **Unit**

Children under 8 particularly, infants **MUST** always sleep on the mattress provided on the floor during the day. Medicines should be kept in the plastic box provided and placed out of reach of children.

Water bottles should be kept within the child's reach to avoid them climbing the shelves to take the bottle. Items on the rack must be arranged as per the instructions in the Infection control Manual.

## **Corridor & Garden**

At NO time should children be left to play unattended in the corridor/ garden. There should always be one adult supervising children in the corridor/ garden.

## **Bathrooms & Toilets**

Children must not be left unsupervised in the bathroom. Parents are to ensure that toilets are kept clean and dry at all times.

Taps should be shut tightly and any leaky taps should be reported immediately. Mothers should be educated about the use and disposal of sanitary napkins.

Pictorial displays are provided for the families outside the washrooms, dry area, entrance and kitchen.

## **Kitchen**

- Children are NOT allowed in the kitchen while the mother is cooking.
- Aprons are always to be used while cooking.
- Children should not be seated on the platform near the stove.
- Children should not sit on the tables in the dining area

## **Fire Drill**

Fire & Evacuation drill should be carried out by the Centre Lead quarterly. All areas should clearly display EXIT signs and Centre should have a fire evacuation map.

Keys for the emergency exit must be near the door in a glass box with a hammer beside it.

All Families should be made aware of location of Fire Extinguisher and its use. All families should be aware of the Assembly point in case of an emergency

## **Policy on Medical Assistance**

We must NOT get directly involved in the medical aspects of the patients in our care. This is left to the doctors at the hospitals treating the children, and not do anything outside of what they prescribe. In the case of the parents falling ill, the Centre Lead should request them to go to a

The local hospital that has been selected to provide care to our parents. A list of these is provided for the specific locations in Our Centres section. If further intervention is required, then the Centre Lead should inform the PL, who could take a call on the line of action to be followed.

### **Policy on Infectious Diseases**

A patient suffering from an infectious disease is to be isolated and can NOT be kept at the Centre.

A child diagnosed with any infectious disease are isolated and provided with alternate accommodation, usually a Guest house or any place outside the center. The expenses of their accommodation during the isolation period will be taken care by St Judes'.

Types of infectious diseases: chicken pox, herpes, measles, dengue, malaria and swine flu, covid.

Infection Control sessions are to be held alternate week for parents and staff.

A parent suffering from an infectious disease will be asked to leave the Centre and directed to the local hospital, under no circumstances do we take responsibility for patients/parents with infectious disease.

In case of MDRO patients, child should be isolated and arrangements should be made for use of a separate toilet by the child. It is advisable to place MDRO patients in a unit closest to the toilet so as not to needlessly inconvenience the child or all the other inhabitants of the Centre. Once the Doctor has given a clearance certificate to the patient, he may be allowed to move about freely. It is essential that during the period of isolation the family is instructed to maintain high level of hygiene so as to safeguard all the other children staying at the Centre. Centre Leads and Centre Officers must closely watch and assist these families and make sure that the procedures laid down in the Infection Control Manual are being strictly observed.

To control spread of infections, fogging is recommended.

***More detailed information regarding Infection Control is provided in the Infection Control manual.***

#### **For staff:**

- If the staff has been diagnosed with any communicable disease it has to be informed to the reporting manager immediately and avoid coming to the centre.
- If staff are suffering from cold or cough, mask has to be worn
- If any family member (staying together), is diagnosed with an infectious/communicable disease, staff has to inform reporting manager and PL-Infection control. Avoid coming to centre as per advice of PL-Infection control.
- If any staff's children are visiting and have recently been vaccinated (min 20 days) should be avoided.

#### **Procedures for Cleanliness & Maintenance:**

Daily cleaning involves sweeping, mopping the centre thrice daily by the housekeeping staff. Maintenance and Cleaning staff are outsourced to local service providers

Weekly cleaning involves cleaning of fans, stairs, windows, cupboards, lights, water filter, kitchen according to weekly schedule.

## **Maintenance:**

Maintenance issues should be reported in the Cryotos app as well as update in the MIS while generating the Daily Report. Action on these should be taken as soon as possible.

Pest Control is carried out on a monthly basis by a licensed pest control provider.

Electrical circuitry should be checked every three months. Fortnightly electrical checks must be carried out by a licensed electrician/MST. A proper record has to be maintained.

The Centre Leads/ facility in-charge shall check the Cryotos app for each centre every morning.

The issues are then reported to the facility in-charge

The Facility In charge calls the relevant vendor to do the needful jobs

Estimate of the job is noted and the approval from the assigned approver as per the limit is taken.

Bills are procured from the vendor and verified by Centre lead/Facility In-charge

The bills are then uploaded on ERP for payment.

## **Purchasing Requests**

In order to obtain items that are needed at each centre, the Centre Lead/CO will fill an online requisition form for centre inventories. The list will be then forwarded to the approving authority (PL/ CPO), and after approval it will be forwarded to the procurement team. The procurement team will then procure items either from the head office, or through local vendors.

***Inventory items that go bad or needs replacement will be discarded or replaced.***

## **Receiving stock items**

- When items are received at the Centre they are compared with the purchase request and checked against the invoice, and logged in the inward/outward register.
- Items are then distributed to the Centre Leads to be entered in the stock register and distributed to families or kept in cabin.

***A detailed policy on receipt and accounting of goods in the ERP system is recorded in the Finance and Accounts Manual.***

## **Processing Invoices and Payments**

- The invoice should be stamped with the Inward stamp and signed with date of receipt, received by and approver's signature.
- The date, amount and category of expense should be indicated in the ERP
- Minor payments for utilities will be made by the locations through their money plus card and separate excel maintained which is shared with the accounts department on a fortnightly basis
- For fuels, the payments should be made through the issued Petro cards and entered into a sheet and shared with accounts department along with bills.

## Requesting and Maintaining Petty Cash

- Money card is replenished fortnightly after the excel sheet is submitted with details of expenditure.
- Vouchers and supporting bill sent to accounts department.
- Cash Payments are done only below Rs.2000
- Each payment must be supported by a separate voucher with all required details duly filled in
- Supporting bills to be attached if received.
- Mandatory to have a prepared by and approvers signature (which should not be the same person)
- If receiver is unable to sign the field should be kept blank.

***For detailed processes refer to the Finance Manual.***

## Donations

We accept only online transfers and cheque payments.

All cheques donations, are deposited into the St Jude bank account and a receipt and 80G certificate is issued to the donor by Accounts team.

For each donation the donor has to share details mentioned in the annexure below.

Particulars	Expected details	Example
Name of donor		
Postal Address for receipt	Flat/ Plot No. Building name Road Landmark City Pin code State	
Contact Number		
PAN		
Email ID of donor		
Purpose of Donation		
Date of Transfer/ received		
Mode of payment	Cheque payment *Cash donations are not acceptable	
Amount of Donations	Total Amount	
Reference from St Jude	Name & Email id	

All donations pertaining to sponsorship of family units, corporate sponsorship, Institutional sponsorships, donations to Corpus, will be deposited in Central Account. Receipts will be issued Finance department. In case a cheque / demand draft is received at the pan India locations they are to be forwarded to the finance department/ deposited in the account and information forwarded to the Finance department and other stakeholders. The photograph

the cheque/ DD should be attached to the forwarded information mail.

Local centres will deposit donations received for meals, birthday parties, outings pertaining to the local centre only. Any donation that pertains to the organization will be deposited in Central account. Details for these donations should be included in the weekly/ immediately financial report to ensure that the receipts are issued to the donors in time. All Donation receipts will be issued by the Finance Department

## **IN KIND DONATIONS**

When donations of items are received in the Centre it is important to log this in the Inward Register and the Donation Register before distribution. Once the items are distributed to the families, a signature is received against the donation received on the donation register. This is mentioned on the MIS as well.

**Donor Reports:** At regular intervals we provide our major donors with a brief report with the details of the occupancy, activities and events at the centre they have sponsored.

We do not encourage individual gifts for the children hence request for items which will be useful in the centre. No donations of Crackers, soft toys, old clothes to be accepted.

## **Policy on Discarding of Old Inventory Items**

Keep all the discarded items in one place for review every month (possibly 1st day of every month) Have them shown to the Concerned CL.

If the CL/PL approves then we can have them discarded

A register to be maintained of all items that are to be disposed of. It should indicate date of disposal / quantity / cash, if any, received / to whom it was disposed of.

The same date of discarding should be mentioned in the respective centre inventory register/Asset register. Accounts Team must be informed every time an item is marked for disposal.

A disposal form needs to be filled in and email needs to be sent to Accounts/Procurement/Facility and IT for e-waste.

Amount received on Disposal to be sent to St. Judes Account.



St. Jude India ChildCare Centres

**LISTED BELOW ARE A FEW ITEMS THAT YOU COULD CONSIDER DONATING TO OUR CENTRES**

**RATION ITEMS**

- ✓ Sugar
- ✓ Tea Powder
- ✓ Kabuli Chana (Chole Chana)
- ✓ Poha
- ✓ Rava (Suji)
- ✓ Jaggery
- ✓ Peanuts
- ✓ Besan
- ✓ Pure Ghee (Cow)
- ✓ Refined cooking oil (Sunflower/Groundnut)
- ✓ Spices - Jeera / Rai
- ✓ Jeera powder, Turmeric, Red chilli powder, Coriander powder packets
- ✓ READY TO COOK MIXES: Brands-MTR / TATA sampan /GITS of - Dosa, idli, upma, etc.

**FOOD ITEMS**

- ✓ Idli Chutney
- ✓ Aloo/Methi Paratha
- ✓ Thepla and Potato Veg
- ✓ Rava Cake (fresh without icing or cream)
- ✓ Dhokla, Dosa with chutney

**EATABLES FOR OUR CHILDREN**

- ✓ Packed dry fruits-almonds, cashews, pistas, walnuts, sunflower seeds, either combined or individually as desired.
- ✓ Tetra packs of Amul Milk
- ✓ Fresh fruit-thick skinned fruits-apples, sweet-limes, oranges, mango, banana, dragon fruit, kiwi, papaya and pomegranates.
- ✓ Jaggery Chikki (Peanuts /Rajgira)
- ✓ Makhana
- ✓ Puffed rice (Murmura)

**HYGIENE & SANITARY ITEMS**

- ✓ Diapers (S, M, L and XL)
- ✓ Dettol Liquid
- ✓ Hygiene Kit (toothpaste, toothbrush, mouth wash and shaving kit)
- ✓ Sanitary Napkins for mothers
- ✓ Dishwash soap/liquid
- ✓ Surf Excel detergent
- ✓ Dove soap for children
- ✓ Handwash (preferably Lifebuoy, Dettol)

**EDUCATION ITEMS**

- ✓ A-4 size papers
- ✓ Whiteboards / Study Tables
- ✓ Chart papers in different colours
- ✓ Puzzles – Wooden, Grammer, Educative
- ✓ Origami Papers
- ✓ Colour plate, Brushes and Colours, (Crayons, Pencil colours, water colours)
- ✓ Drawing books/ Mandella painting books
- ✓ White board markers /Highlighters
- ✓ Stationary kits for ages (2-5) (6-8) (9-12)

**PLEASE NOTE:**

- If any food grains or oil is to be provided then it should be in pre packed individual bags for easy distribution (1kg or 1 litre).
- Eatables should fresh and well cooked. We prefer homemade foods or foods procured from hygienic/reliable eateries.
- We do not encourage individual gifts for the children hence request you to give the items which will be used by them in the centre itself.

## Rations – Effective April 2026

### Starter Pack

Sr.No.	Item name	Qty Kg
1	Atta	2
2	Rice	2
3	Toor dal	1
4	Moong dal	1
5	Ghee	0.5
6	Oil	1
7	Jeera	0.1
8	Mustard/Rai/Sarso	0.1
9	Turmeric powder	0.1
10	Chilly powder	0.1
11	Coriander powder	0.1
12	Sugar	1
13	Tea powder	0.25
14	Rin soap	1
15	Vim bar	1
16	Salt	1
17	Scotch bright	1

### 1st week Ration

Sr.No.	Item name	Qty Kg
1	Atta/Rice	5
2	Oil	1
3	Ghee	0.5
4	Dal	0.5
5	Supplement	0.25
6	Supplement	0.25
7	Onion	1
8	Potato	1
9	Mustard/Rai/Sarso	0.1
10	Jeera	0.1
11	Turmeric powder	0.1
12	Coriander powder	0.1

### 2nd week Ration

Sr.No.	Item name	Qty
1	Atta/Rice	5
2	Dal	0.5
3	Supplement	0.25
4	Supplement	0.25
5	Potato	1
6	Onion	1

### 3rd Week Ration

Sr.No.	Item name	Qty
1	Atta/Rice	5
2	Oil	1
3	Dal	0.5
4	Supplement	0.25
5	Supplement	0.25
6	Potato	1
7	Onion	1
8	Turmeric powder	0.1
9	Coriander powder	0.1

### 4th Week Ration

Sr.No.	Item name	Qty
1	Atta/Rice	5
2	Dal	0.5
3	Supplement	0.25
4	Supplement	0.25
5	Potato	1
6	Onion	1

<b>5th Week Ration</b>		
<b>Sr.No.</b>	<b>Item name</b>	<b>Qty</b>
1	Atta/Rice	5
2	Dal	0.5
3	Supplement	0.25
4	Supplement	0.25
5	Oil	0.5
6	Onion	1
7	Potato	1

<b>Short Stay Returnee (1 – 5 days)</b>		
<b>Sr.No.</b>	<b>Item name</b>	<b>Qty</b>
1	Atta	1
2	Rice	1
3	Dal	0.5
4	Supplement	0.25

**Supplement list – Locations can choose 2 supplements per week from the list below**

<b>Sr. No.</b>	<b>Supplement name</b>	<b>Qty</b>
1	Chana	250
2	Green moong	250
3	Red Matakhi/ Moth	250
4	Poha	250
5	Suji/Rawa	250
6	Daliya	250
7	Soyabean	250
8	Soya chunk	250
9	Peanuts	250
10	Semaiya/ Vermicelli	250
11	Besan	250
12	White peas	250
13	White chana	250

## **Policy on Anti-Bribery & Corruption**

The anti- bribery and corruption policy has been adopted by the Board of Directors and shall be reviewed as and when necessary.

The ABC Policy states the involvement of various stakeholders of the Centres to remain free of corruption and not indulge in any bribery related activities. We recognize the illegality of paying and receiving bribes in any manner whatsoever and in all facets of running the Centres. In particular any Directors, Team Member, Employee and Associate shall not:

Pay bribes i.e., offering, promising or giving a financial or other advantage with the intention of inducing a person to perform a 'relevant function or activity' 'improperly' or to reward that person for doing so.

Receive bribes i.e., receive a financial or other advantage intending that a 'relevant function or activity' should be performed 'improperly' as a result.

Bribe any public official – Indian or foreign i.e., a person offering or giving a financial or other advantage to a foreign public official with the intention of influencing the foreign public official and obtaining or retaining business.

The Centres agree to abide by all legislations of anti-bribery and corruption in India as well as in the countries where its activity is required.

The ABC Policy shall be implemented through communication from the Board of Directors and Team Members to employees, associates as well as the occupants of the Centres. All these people are committed towards the Centres to perform any of its activities in good faith and impartially without any bias. In particular this includes conduct of all financial transactions with the highest form of diligence.

In case any person is witness to any act that constitutes an act of bribery or corruption, he / she should report the matter to any Team Member or Directors. The future course of action including reprimand, dismissal or filing of a complaint with a statutory authority will be decided by them.

## **Policy on use of mobiles in the Centre**

Kitchen area is a “No Mobile Zone “and families must be restricted on use of mobiles during meal times. Follow SOP on use of mobiles in the Centres.

A spike guard is provided to allow Parents to charge their mobiles.

## **Leave Procedures & Staff Redressal**

- Every week off and Joint week off/Leave/Holidays needs to be discussed well in advance so there is adequate staff at all days at the centre.
- In case staff are unable to go to the centre due to unavoidable circumstances it needs to be informed to PL/CPO and needs approval of CPO.

More detailed information available in the HR Manual

## **Policy on Probation**

The probation period for All employees is 3 months which can be extended.

During the probation period training and guidance is provided to the new employee, the performance of the employee will be closely evaluated by the concerned supervisor based on which the individual's services would be confirmed. There will be a performance evaluation and feedback at the end of the probation period.

It will be the duty of the department/Location where the new employee is located to monitor his/her performance and progress.

More detailed information available in the HR Manual.

## **Weekly Offs**

Employees are entitled to a weekly day off either on a Saturday/Sunday and in addition, joint weekly offs which must be clubbed with the weekly off either on a Friday/Monday.

None of these weekly offs can be carried forward and must be consumed in that month only.

Weekly offs cannot be adjusted with leave entitlement.

## **Staff at Centres on Holidays / Sundays**

On any given holiday, there has to be one staff member present at each centre between 9 am to 5 pm on holidays.

The staff at the centre can either do a half day each or adjust on who takes the day off with the approval of the PL/CL.

Complete details of rules and guidelines for staff are provided in our HR Manual. Please refer to the HR Manual

## Celebrations and Outings Celebrations

Celebrations are focused on birthdays and special festivals specific to the location in which the Centre is situated: Celebrations should be conducted in a peaceful manner in accordance with normal safety rules. i.e., there should be no crackers / fireworks / dyes and colors for Holi. Prior to any celebration, event or activity permission of the landlord should be obtained in writing.

Budget for any activities will vary every year.

## Festivals

At St Jude India ChildCare Centres, we celebrate all the festivals thereby imparting knowledge to the children on why the festivals is celebrated. The festivals and events celebrated shall always have the child to be the focus of the activity, i.e., child centric.

Exception in cases such as Mothers' Day, Fathers' Day, and St Jude's Day, where in the parents too shall be a part of the celebrations.

## Who is responsible for these celebrations?

The Centre Staff will plan and execute for the celebration. The concerned PL will be the single point of contact to make any decisions regarding the celebration of any of the above-mentioned festivals.

The execution of these festivals shall be taken care of by the Centre Staff.

An SOP on celebrations should be referred to for further details.

	Activity	Unit	Cost for FY 24 25	Cost for FY 25-26	Cost for FY 26- 27
<b>Mothers Activities</b>	<b>Cooking</b>	<b>Monthly</b>	<b>150</b>	<b>175</b>	<b>200PP</b>
	<b>Art and craft</b>	<b>Monthly</b>	<b>50</b>	<b>150</b>	<b>200PP</b>
	<b>Chai pe churha</b>	<b>Monthly</b>	<b>50</b>	<b>60</b>	<b>80PP</b>
	<b>Tailoring Material Cost - Per Month</b>	<b>Monthly</b>	<b>100</b>	<b>125</b>	<b>200PP</b>
	<b>Beautician</b>	<b>Per Batch</b>	<b>2500</b>	<b>2750</b>	<b>3000 to 3500 Per Student</b>
	<b>Basket Making Material cost - per mother</b>	<b>Monthly</b>	<b>300</b>	<b>325</b>	<b>400 PP</b>

	<b>New Initiative- (Embroidery/Quilling /Crochet /Jewelry making (New skilling alternative)</b>	<b>Monthly</b>	<b>150</b>	<b>175</b>	<b>200 PP</b>
<b>New Initiative</b>	<b>(Agriculture or Block painting etc. as per location's needs)</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>50K to 70K per batch</b>
	<b>Computer Skills - KG2 only</b>	<b>Monthly</b>	<b>NA</b>	<b>NA</b>	<b>16000</b>
<b>Fathers Activities</b>	<b>Cooking</b>	<b>Monthly</b>	<b>150 PP</b>	<b>175</b>	<b>175</b>
	<b>Art and craft</b>	<b>Monthly</b>	<b>50 PP</b>	<b>60</b>	<b>150</b>
	<b>Chai pe churcha</b>	<b>Monthly</b>	<b>25 PP</b>	<b>60</b>	<b>60</b>
<b>Children activity</b>	<b>Mobile Repair</b>	<b>Per Batch</b>	<b>5000-6000</b>	<b>6500</b>	<b>8000pp</b>
	<b>Children Learning Activity</b>	<b>Monthly</b>	<b>150 PP</b>	<b>175PP</b>	<b>350PP</b>
	<b>Birthday celebrations</b>	<b>Monthly</b>	<b>100 PP</b>	<b>125PP</b>	<b>150PP</b>
	<b>Chess league</b>	<b>Annually</b>	<b>NA</b>	<b>NA</b>	<b>250PP</b>
<b>New Initiative</b>	<b>Career counseling program</b>	<b>Quarterly</b>	<b>NA</b>	<b>NA</b>	<b>30k Per Batch</b>
	<b>Computer Skills - KG2 only</b>	<b>Monthly</b>	<b>NA</b>	<b>NA</b>	<b>16000</b>
<b>Families' celebration</b>	<b>Chess league - June</b>	<b>Annually</b>	<b>0</b>	<b>NA</b>	<b>250 PU</b>
	<b>Festival Celebration</b>	<b>Per celebration</b>	<b>150 PU</b>	<b>175 PU</b>	<b>200PU</b>
	<b>Annual event-</b>	<b>Annually</b>	<b>500 PU</b>	<b>550PU</b>	<b>600 PU</b>
	<b>Master chef</b>	<b>Annually</b>	<b>250 PU</b>	<b>275PU</b>	<b>350PU</b>
	<b>St Jude Idol</b>	<b>Annually</b>	<b>0</b>	<b>NA</b>	<b>NA</b>
	<b>SJPL</b>	<b>Annually</b>	<b>0</b>	<b>NA</b>	<b>NA</b>
<b>Kindness Crew</b>	<b>Outreach</b>	<b>Annually</b>	<b>6000</b>	<b>6000</b>	<b>NA</b>
	<b>Meet and greet</b>	<b>Annually</b>	<b>5000 - 20000</b>	<b>22000</b>	<b>NA</b>
<b>New Initiative</b>	<b>Need-based</b>	<b>Quarterly</b>	<b>NA</b>	<b>500 PU</b>	<b>500PP</b>
	<b>Chess can be initiated Under the New Initiative</b>	<b>Monthly</b>	<b>NA</b>	<b>250 PP</b>	<b>500 PU</b>
<b>Artscape</b>	<b>Session</b>	<b>Quarterly</b>	<b>2000</b>	<b>2500</b>	<b>250PP</b>

**For the 3rd circle contractual staff- please contact HR before you add it to your budgets**

## **OUR CENTRES**

While replicating our model in the different locations we have succeeded in maintaining the same quality of care and level of professionalism. The guideline set out in this manual are to be strictly implemented and followed. In all the centres we have the same policies, procedures and programs with only a few variations depending upon the needs of the patients or

requirements of the hospitals.

### **Our Daily Programme:**

We try to give our patients some kind of a routine in their disrupted lives with a generalized schedule as follows:

**Morning:** Once the families have taken a shower and are ready for the day, those patients that have treatment are taken to the Hospital. Those patients who do not have to go to hospital start the morning with a prayer and then learning / bonding and playing games, parents in the Learning Area, supervised by our Co's.

**Afternoon:** Between 2:00 and 4:00 pm children and parents finish their lunch and are advised to rest in their units.

**Evening:** Between 4:30 - 6:00 pm the patients participate in Theme Based activities The children are allowed watch movies only once a week on Sundays There are several activities organized for children and parents such as sports, indoor games, cooking competitions, craft, music and drama.

Professional Consultants for counselling / yoga / music / parents' activities / ABT are recruited for providing holistic care to the families.

This timetable may vary according to the individual treatment schedules of our patients. Post 6:00 pm, the mothers are expected to prepare the evening meal and wash clothes if any. All families are expected to finish dinner by 9.30 and the kitchen is cleaned at the end of the day.

Lights out at 10.30 pm

### **St. Judes for Life:**

#### **Once a St. Judes Child, always a St. Judes Child:**

St. Judes for Life (SJFL) is a vertical of St.Judes' and was established in memory of Mrs. Rani Vicaji to support children five years cancer-free, helping them thrive beyond survival. These survivors—our

**Judians**—often face new challenges as they build independent lives. SJFL walks with them every step of the way.

### **Our Vision**

We believe that the children, who have been nurtured at our centres to recover from cancer, are exceptionally brave and special and have a lifelong bond with St. Judes. As their go-to-organization in times of need, St. Judes for Life will always be available to provide support and guidance throughout their lives, to help them reach their potential and fulfill their aspirations.

### **Our Mission**

All Judians complete their education, maintain good health, become employable, and earn a livelihood.

### **SJFL at a Glance (2025–26)**

More than 2,000 Judians enrolled

### **SJFL’s work is centered around key focus areas:**

Education, Employment, Health, Insurance, Counselling, Career Guidance, and Support for Judians with Special Needs.

1. **Education:** Support in the form of school or college fee assistance to ensure uninterrupted learning.
2. **Employment:** Skilling initiatives and job linkages to help Judians begin their professional journey.
3. **Health:** Access to medical consultations and follow-up support for long-term well-being.
4. **Insurance:** Group health insurance coverage to provide financial protection during medical emergencies.
5. **Counselling:** Emotional and psychological support to help Judians navigate challenges with resilience.
6. **Career Guidance:** Personalized career sessions with counselors to identify interests, explore opportunities, and plan career paths.
7. **Support for Special Needs:** Assistance tailored for Judians requiring additional medical or developmental care.

Staff should ensure that counsellors discuss the *St. Jude’s for Life* program during exit counselling, so families are fully informed when enrolment takes place.

Staff must ensure that SJFL is discussed in regular meetings and at defined intervals.

### **CHECK LIST FOR SAFETY MANAGEMENT AUDIT**

Auditor(s):		
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	Condition	Comments
<b>SAFETY MANAGEMENT</b>		

Have safety risks due to activities of other agencies /residents in building identified and addressed?		
<b>FIRE AND OTHER EMERGENCY PROCEDURES</b>		
Have possible emergency situations been identified? E.g., fire, gas leak, flood, earthquake, medical etc. Consider only the relevant situations.		
Is there a clear emergency response plan prepared & posted in English & local language for each work area?		
Is there adequate provision of emergency communication e.g., telephone?		
Do all employees & residents know the plan?		
Are evacuation drills held?		
Are fire extinguishers chosen for the type of fire most likely in that area? (For electrical/oil fire – DCP and for paper/wood fire – water or ABC)		
Are extinguishers properly mounted and easily accessible? It is better to keep in central location(s) just outside the door of halls.		
Are all extinguishers fully charged and operable and there is a system for regular servicing of extinguishers?		
Is there a fire alarm or other means of communicating emergency to residents?		
Is there a smoke detector system?		
Are locations of gas and electricity shutoffs known in case of emergency shutoff requirement?		
Are the safety hardware tested and records maintained?		

Are trained personnel available round the clock who can use emergency equipment?		
<b>MEANS OF EXIT</b>		
Are there safe exits to allow prompt escape?		
Do residents have easy access to exits and they are not blocked?		
Are exits unlocked to allow quick egress?		
Are exits clearly marked?		
Are exits and exit routes equipped with emergency lighting?		
<b>BUILDING &amp; STRUCTURES</b>		
Are the building and other structures in use in good conditions?		
Has structural audit been carried out for high rise building as per municipal rules? This is applicable only for high rise buildings.		
Is there access available for emergency services like fire brigade?		
Are some of the windows without grills for fire brigade access? In Mumbai it is a general practice to secure all windows with grills for security. However, these are also access points for fire brigade.		
<b>KITCHEN</b>		
Are flammable materials like kerosene / LPG stored securely?		
Is there a gas detector in kitchen? LPG is heavier than air and Mahanagar Gas is lighter than air. The detector should be placed accordingly.		
Is there adequate ventilation?		
Are gas detectors properly installed and tested regularly? Test at least once in 3 months.		
Once cooking is over, is the gas supply cut off by closing cylinder valve or gas pipe valve near gas stove?		
For piped gas, is there a main isolation valve?		
Is the main isolation valve closed when kitchen is shut?		
Are gas cylinders used for kitchen installed in a secure bank outside the building and away from ignition source?		
Is kitchen neat & clean and there are no spills?		
Are kitchen racks placed so that person cooking does not lean over a burner?		

Are people aware that in case of gas leak & gas fire, correct thing is to close gas valve to shut off gas supply and do not operate electrical switches? A gas fire should not be put out by fire extinguishers.		
Is there a system of annual checking of gas pipeline and gas tubes connected to stoves?		
Is kitchen out of reach of children?		
<b>ELECTRICAL</b>		
Is the relevant electrical standard adhered to in operation, use, repair and maintenance? This can be achieved by engaging a competent contractor.		
Are all electrical appliance properly earthed by using 3pin plugs?		
Are electrical junction boxes closed?		
Are MCB as well as 30 mA rating ELCB provided to prevent electrical fire and electrocution risk?		
Are extension cords prohibited in place of permanent wiring?		
Are plug points out of reach of children and unused points are protected with temporary covers?		
Are electrical cables in good conditions with no joints or frayed cables and not hanging loose?		
Are multiple plug adaptors prohibited in living area?		
If the MCB or ELCB trips due to overload or short-circuit, is it attended to be competent electricians?		
Is phone number of electricians being available in case of emergency requirement?		
Are residents aware of how to avoid electrocution and what to do in case it does happen?		
Are electrical safety audits carried out by competent person every year and report available?		
<b>BATHROOM</b>		
Are hot water taps clearly marked to avoid burns during use and is hot water geyser use regulated?		
Are new residents explained hot water supply system?		
Does the bathrooms have non-skid floors and kept clean?		
Are the electrical fitting so installed that there is no water splash on them?		
Are children allowed in bathroom only with their parents?		

<b>LIVING AREA</b>		
Is furniture located safely away from electrical plug points or windows (which can be opened) to protect children?		
Are sharp edges of furniture smoothing?		
Are medicines kept out of reach of children?		
Are large objects like TV or wall hangings secured so that they don't fall on children?		
Are toys used suitable for age groups to avoid injuries?		
<b>HOUSEKEEPING</b>		
Is the work area clean and orderly?		
Are floors free from protruding nails, splinters, holes and loose boards or tiles?		
Are aisles and passageways kept clear of obstructions?		
Are permanent aisles and passageways clearly marked?		
Are covers or guard-railings in place around open pits, tanks and ditches?		
<b>MEDICAL AND FIRST AID</b>		
Are residents aware what to do in case of a medical emergency?		
Are trained first-aid practitioners available round the clock and known to all the residents?		
Are approved first-aid supplies available?		
Is there a system to replenish first-aid supplies as they are used?		
<b>WASTE DISPOSAL</b>		
Adequate facilities exist to disposed domestic another effluent?		
Is Wet and Dry waste segregated		
Rainwater drains are adequate and clean and there is no water accumulation?		
Garbage is regularly disposed?		
<b>LEGAL COMPLIANCE</b>		

Is the site aware of legislative requirement (municipal and other)?		
Has the building been inspected by fire brigade?		
Are the building plans approved?		