

Score Card for Parenting Map













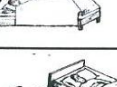



















Date:									
Caregiver Name	Hasina Grace Mtumbe								(First, Middle, Last)
Caregiver ID	01035								
Child No.	1	2	3	4	5	6	7	8	9
Name of Child (First, Mid, Last)	John Immanuel Kyangwa								
Child Code Number	01035-1								
Sex (M / F)	M								
DOB (DD-MMM-YYYY)	13-Jan-2003								
Mother Alive? (Y / N)	N								
Father Alive? (Y / N)	Y								
Relationship to Caregiver	Grandson								
1. Went to health facility last 3 times needed?	1								
2. Has had diarrhea in last 2 weeks?	1								
3. Has had fever in last 2 weeks?	3								
4. Is fully immunized?	2								
5. Received HIV education (over 8 years old)?	4 (N/A)								
6. Received 4 meals last 2 days?	3								
7. Eaten foods from all 3 food groups in the last 2 days?	1								
8. Appears to be same height & weight as others same age?	3								
9. Does what other children same age do?	3								
10. Drinks clean water?	3								
11. Lives in safe conditions (strong walls and roof)?	3								
12. Sleeps under a mosquito net?	1								
13. Sleeps in same type bed as others?	3								
14. Has 2 sets of clothes?	1								
15. Has 1 pair of shoes?	3								
16. Is enrolled in school?	3								
17. Was in school every day last week?	1								
18. Has school uniform/waiver & supplies?	3								
19. Able to read & write (over 7 years old)?	4 (N/A)								
20. Does well on exams?	3								
21. Has birth certificate or applied for one?	1								
22. Has succession plan (will or death certificate)?	2								
23. Is treated same as other children ?	3								
24. Has unexplained bruises or injuries?	3								
25. Does same work in the house as other children?	3								
26. Cries for no reason or explanation?	1								
27. Obeys adults similar to other children?	3								
28. Has a memory book?	1								
29. Attends religious services (church)?	3								
30. Has one good friend or talks to you about problems?	3								

Score Card for Parenting Map



Date:									
Caregiver Name	Juliet Anne Shikonkolo								
Caregiver ID	04985								
Child No.	1	2	3	4	5	6	7	8	9
Name of Child (First, Mid, Last)	Benjamin James Chusane	Sarah Grace Kibalya	Joseph Timothy Skikonkolo						
Child Code Number	04985-1	04985-2	04985-3						
Sex (M / F)	M	F	M						
DOB (DD-MMM-YYYY)	Jun-2006	10-Dec-2002	23-Mar-1997						
Mother Alive? (Y / N)	N	Y	Y						
Father Alive? (Y / N)	N	NS	Y						
Relationship to Caregiver	nephew	daughter	son						
1. Went to health facility last 3 times needed?	3	3	3						
2. Has had diarrhea in last 2 weeks?	1	3	3						
3. Has had fever in last 2 weeks?	1	1	3						
4. Is fully immunized?	2	3	3						
5. Received HIV education (over 8 years old)?	4	4	3						
6. Received 4 meals last 2 days?	1	3	3						
7. Eaten foods from all 3 food groups in the last 2 days?	1	1	3						
8. Appears to be same height & weight as others same age?	1	3	3						
9. Does what other children same age do?	3	3	3						
10. Drinks clean water?	3	3	3						
11. Lives in safe conditions (strong walls and roof)?	3	3	1						
12. Sleeps under mosquito net?	3	3	1						
13. Sleeps in same type bed as others?	3	3	3						
14. Has 2 sets of clothes?	3	3	3						
15. Has 1 pair of shoes?	1	3	3						
16. Is enrolled in school?	4	3	3						
17. Was in school every day last week?	4	1	3						
18. Has school uniform/waiver & supplies?	4	3	3						
19. Able to read & write (over 7 years old)?	4	3	3						
20. Does well on exams?	4	3	3						
21. Has birth certificate or applied for one?	2	3	3						
22. Has succession plan (will or death certificate)?	1	1	1						
23. Is treated same as other children ?	3	3	3						
24. Has unexplained bruises or injuries?	3	3	1						
25. Does same work in the house as other children?	3	3	3						
26. Cry for no reason or explanation?	1	3	3						
27. Obeys adults similar to other children?	3	3	1						
28. Has a memory book?	1	1	1						
29. Attends religious services (church)?	3	3	1						
30. Has one good friend or talks to you about problems?	3	3	3						

Child No.	1	2	3	4	5	6
Name of Child	Benjamin James Chusane	Sarah Grace Kibalya	Joseph Timothy Shikonkolo			
 1. Went to health facility last 3 times needed	✓	✓	✓			
 2. Diarrhea in last 2 weeks	X	✓	✓			
 3. Fever in last 2 weeks	X	X	✓			
 4. Fully immunized (DTP1, DTP3, Measles, BCG, Vit A)	X	✓	✓			
 5. Received HIV education (> 8 years old)	---	---	✓			
 6. Received 4 meals last 2 days	X	✓	✓			
 7. Eaten foods from all 3 food groups in the last 2 days	X	X	✓			
 8. Appears to be same height & weight as others his/her age	X	✓	✓			
 9. Does what other children same age do	✓	✓	✓			
 10. Drinks clean water	✓	✓	✓			
 11. Safe living conditions (strong walls and roof)	✓	✓	X			
 12. Sleeps under mosquito net	✓	✓	X			
 13. Sleeps in same type bed as others	✓	✓	✓			
 14. Has 2 sets of clothes	✓	✓	✓			
 15. Has 1 pair of shoes	X	✓	✓			

Child No.	1	2	3	4	5	6
 16. Enrolled in school	---	✓	✓			
 17. Was in school every day last week	---	X	✓			
 18. Has school uniform/waiver & supplies (i.e. pencil or notebook)	---	✓	✓			
 19. Able to read & write (over 7 years)	---	✓	✓			
 20. Does well on exams	---	✓	✓			
 21. Has birth certificate or applied for one	X	✓	✓			
 22. Has succession plan (will or death certificate)	X	X	X			
 23. Treated same as other children	✓	✓	✓			
 24. Unexplained bruises or injuries	✓	✓	X			
 25. Does same work in the house as other children	✓	✓	✓			
 26. Crying for no reason or explanation	X	✓	✓			
 27. Obeys adults similar to other children (not defy or rebel)	✓	✓	X			
 28. Has a memory book	X	X	X			
 29. Attends religious services (church or mosque)	✓	✓	X			
 30. Has one good friend or talks to you about problems	✓	✓	✓			