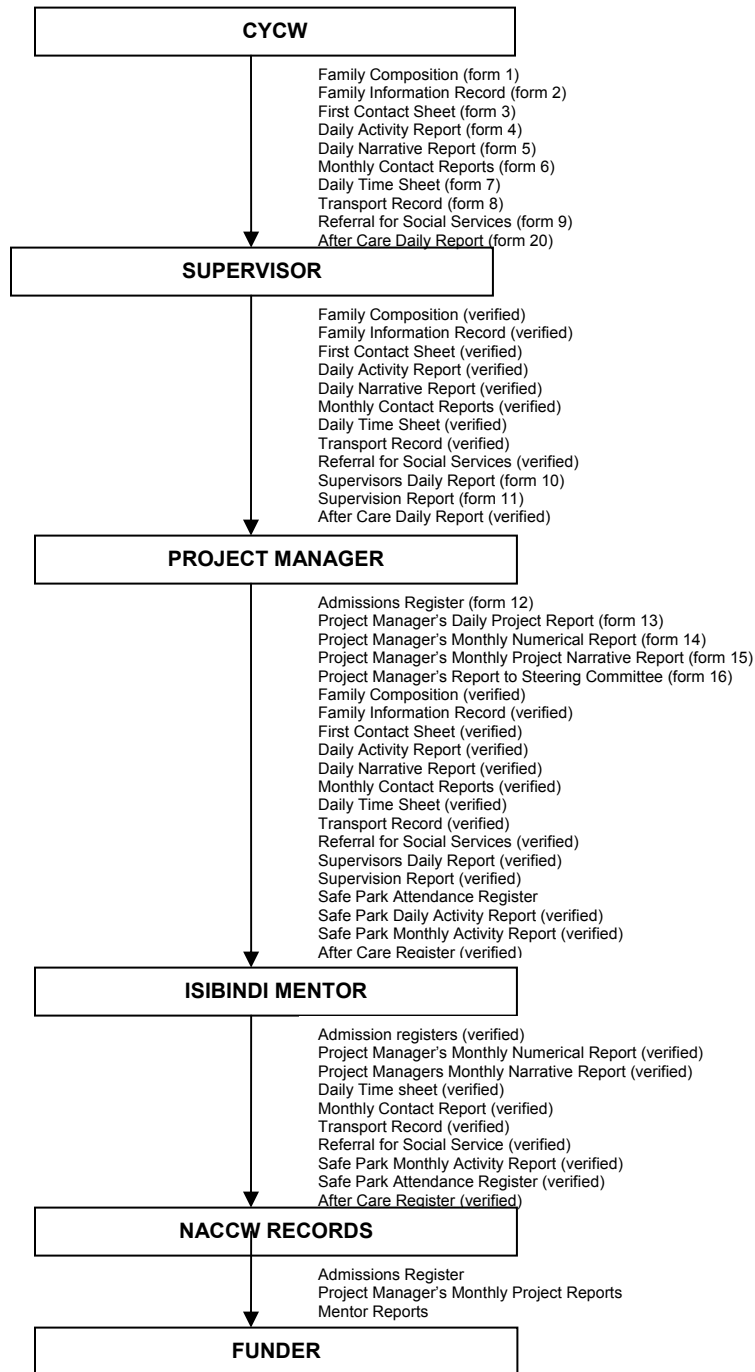


# PROCESS FOR CAPTURING SERVICE PROVISION DATA TO FAMILIES



# Family Composition



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site Name: \_\_\_\_\_

NO	Surname	Name	D.O.B	D.O.I
1				
2				
3				
4				
5				
6				
7				
8				

Parents	Name and Surname	D.O.B	ID No.	Whereabouts
Father				
Mother				
Marital status				

Guardian / Caregiver	Name and Surname	D.O.B	ID No.	Whereabouts

Signed CYCW: \_\_\_\_\_ Signed Supervisor: \_\_\_\_\_ Signed PM: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

# Family Information



Site Name: \_\_\_\_\_

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

## 1. Details and History of family:

Number of children under 18 years \_\_\_\_\_

### Mother

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

ID no.: \_\_\_\_\_

If deceased the cause \_\_\_\_\_ Date of death: \_\_\_\_\_

Is there a death certificate? Yes ☐ No ☐ Income: \_\_\_\_\_

Other important facts: \_\_\_\_\_

### Father

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

ID no.: \_\_\_\_\_

If deceased the cause \_\_\_\_\_ Date of death: \_\_\_\_\_

Is there a death certificate? Yes ☐ No ☐ Income: \_\_\_\_\_

Other important facts: \_\_\_\_\_

## 2. Details of head of household:

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

ID no.: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Income from own \_\_\_\_\_ Total household income \_\_\_\_\_

### 3. Details of other adults

(specify name, age relationship to children &/or head of household, who is the guardian):

#### 3.1. Other relatives in the household:

3.1.1 Surname: \_\_\_\_\_ Name \_\_\_\_\_

Relationship to family \_\_\_\_\_ Age \_\_\_\_\_

3.1.2 Surname: \_\_\_\_\_ Name \_\_\_\_\_

Relationship to family \_\_\_\_\_ Age \_\_\_\_\_

3.1.3 Surname: \_\_\_\_\_ Name \_\_\_\_\_

Relationship to family \_\_\_\_\_ Age \_\_\_\_\_

3.1.4 Surname: \_\_\_\_\_ Name \_\_\_\_\_

Relationship to family \_\_\_\_\_ Age \_\_\_\_\_

### 4. General relevant information

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# First Contact Sheet



Site Name: \_\_\_\_\_

Family name: \_\_\_\_\_

CCYCW: \_\_\_\_\_ Date: \_\_\_\_\_

Person/s contacted (name, surname, age): \_\_\_\_\_

\_\_\_\_\_

Name of child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Name of child 2: \_\_\_\_\_ Age: \_\_\_\_\_

Name of child 3: \_\_\_\_\_ Age: \_\_\_\_\_

Name of child 4: \_\_\_\_\_ Age: \_\_\_\_\_

Name of child 5: \_\_\_\_\_ Age: \_\_\_\_\_

Name of child 6: \_\_\_\_\_ Age: \_\_\_\_\_

Details of parent /guardian: \_\_\_\_\_

Brief history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed CYCW: \_\_\_\_\_ Signed Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signed PM: \_\_\_\_\_ Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

# DAILY ACTIVITY REPORT



**ISIBINDI**  
CREATING CIRCLES OF CARE

**Site** : \_\_\_\_\_

**Month and year** : \_\_\_\_\_

**CYCW** : \_\_\_\_\_

**Surname** : \_\_\_\_\_

**Gender** : \_\_\_\_\_

**First Name** : \_\_\_\_\_

**Age** : \_\_\_\_\_

Activity		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Nutritional Support	Grow food garden																																
	Secure food parcels																																
	Other																																
Psychological support	Home visit																																
	Primary care tasks																																
	Developmental assessment																																
	Life space counseling																																
	Prep- family conferencing																																
	Family conferencing																																
	Teaching life skills																																
	Developmental programs																																
	Play/recreation																																
	Memory boxes																																
Educational Support	School admissions																																
	School visit																																
	Homework supervision																																
Economic Support	Resources accessed																																
	Documents sought																																
	Grant applications																																
	Grants received																																
Health Care	Access ARV																																
	Compliance support (ARV)																																
	Hospital or clinic visit																																
	Health care education																																
Referrals	Social worker																																
	Health worker																																
	Specialized services																																

# MONTHLY SUMMARY

MONTHLY SUMMARY	Y	N
Nutritional support		
<ul style="list-style-type: none"> <li>Providing food gardens</li> </ul>		
<ul style="list-style-type: none"> <li>Food parcel</li> </ul>		
Psychological Support		
<ul style="list-style-type: none"> <li>Memory boxes</li> </ul>		
<ul style="list-style-type: none"> <li>Family conferences</li> </ul>		
Education support		
<ul style="list-style-type: none"> <li>Registered at school</li> </ul>		
Economic support		
<ul style="list-style-type: none"> <li>Grant received</li> </ul>		
Health Care		
<ul style="list-style-type: none"> <li>Secured ARV's</li> </ul>		

# Daily Narrative Report



Site Name: \_\_\_\_\_

File number: \_\_\_\_\_ Family name: \_\_\_\_\_

CCYCW: \_\_\_\_\_ Date: \_\_\_\_\_

Contacted (person(s): \_\_\_\_\_

Where (school, home, etc): \_\_\_\_\_

## Content of Contact:

1. Describe activities undertaken:

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2. Other important observations:

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3. Plan of Action:

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4. Relationships:

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5. Allocation of responsibilities:

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Signed CYCW: \_\_\_\_\_ Signed Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signed PM: \_\_\_\_\_ Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_





# Daily Time Sheet by Community Child and Youth Care Worker



Site name: \_\_\_\_\_

Month: \_\_\_\_\_

Name of Worker: \_\_\_\_\_

Date	Hours			Name of Family	Where	Transport Costs		Travelling Time
	Time On	Time Off	Total			Other	Taxi	

Date	Hours			Name of Family	Where	Transport Costs		Travelling Time
	Time On	Time Off	Total			Other	Taxi	

Date	Hours			Name of Family	Where	Transport Costs		Travelling Time
	Time On	Time Off	Total			Other	Taxi	

Signed CYCW: \_\_\_\_\_

Date: \_\_\_\_\_

Signed PM: \_\_\_\_\_

Date: \_\_\_\_\_

Signed Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

# Transport Record

Site Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date	From	To	Time	Reason For Travel	Cost	Signature

Signed CYCW: \_\_\_\_\_ Signed Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signed PM: \_\_\_\_\_ Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



# Supervisor's Daily Report



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site : \_\_\_\_\_  
Date : \_\_\_\_\_  
Supervisor : \_\_\_\_\_

CYCW	SUPERVISION			ADMINISTRATION						MEETINGS						OTHER	
	On line supervision	Consultative supervision	Group supervision	Verifying reports	Supervision reports	Other reports	Admission registers	Statistics	Letters or correspondence	Team meetings	Team leaders meetings	Meetings with Isibindi Mentor	Consultative meetings	External meetings or discussions	Preparation for meetings	Admin coordination	Contact with NACCW

SIGNED SUPERVISOR: \_\_\_\_\_  
DATE : \_\_\_\_\_

SIGNED PROJECT  
MANAGER: \_\_\_\_\_  
DATE : \_\_\_\_\_

SIGNED MENTOR: \_\_\_\_\_  
DATE: \_\_\_\_\_

# Supervision Report



Site Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the supervisor: \_\_\_\_\_

Name of the supervisee: \_\_\_\_\_

## Agenda

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## Summary of supervision

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Signed Supervisor: \_\_\_\_\_ Signed PM: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_



# ADMISSIONS REGISTER



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site: \_\_\_\_\_

Month: \_\_\_\_\_

No.	SURNAME	NAME OF CHILD/ CHILDREN	M	F	AGE	D.O.B	D.O.I	D.O.T	SCHOOL	GRADE	NAME OF PARENT/CARE GIVER	WORKER	GRANTS	
													Pending	Secured



No.	SURNAME	NAME OF CHILD/ CHILDREN	M	F	AGE	D.O.B	D.O.I	D.O.T	SCHOOL	GRADE	NAME OF PARENT/CARE GIVER	WORKER	GRANTS	
													Pending	Secured

Number Terminated	
Number Carried Over	
Number of New Cases	

Signed PM: \_\_\_\_\_

Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# Project Managers' Daily Report



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site : \_\_\_\_\_  
Date : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

	SUPERVISION			ADMINISTRATION						MEETINGS						PROJECT MANAGER	
CYCW	On line supervision	Consultative supervision	Group supervision	Verifying reports	Supervision reports	Other reports	Admission registers	Statistics	Letters or correspondence	Team meetings	Team leaders meetings	Meetings with Isibindi Mentor	Consultative meetings	External meetings or discussions	Preparation for meetings	Admin coordination	Contact with NACCCW

SIGNED PROJECT MANAGER: \_\_\_\_\_  
DATE : \_\_\_\_\_

SIGNED MENTOR: \_\_\_\_\_  
DATE : \_\_\_\_\_

SIGNED PROJECT COORDINATOR: \_\_\_\_\_  
DATE : \_\_\_\_\_

# Project Manager's Monthly Numerical Report



Site Name: \_\_\_\_\_

Month and Year \_\_\_\_\_

## Under 18 Girls

MONTHLY SUMMARY	NUMBER
Nutritional support	
• Providing food gardens	
• Food parcel	
Psychological Support	
• Memory boxes	
• Family conferences	
Education support	
• Registered at school	
Economic support	
• Grant received	
Health Care	
• Secured ARV's	

## Under 18 Boys

MONTHLY SUMMARY	NUMBER
Nutritional support	
• Providing food gardens	
• Food parcel	
Psychological Support	
• Memory boxes	
• Family conferences	
Education support	
• Registered at school	
Economic support	
• Grant received	
Health Care	
• Secured ARV's	

**Over 18 Girls**

MONTHLY SUMMARY	NUMBER
Nutritional support	
• Providing food gardens	
• Food parcel	
Psychological Support	
• Memory boxes	
• Family conferences	
Education support	
• Registered at school	
Economic support	
• Grant received	
Health Care	
• Secured ARV's	

**Over 18 Boys**

MONTHLY SUMMARY	NUMBER
Nutritional support	
• Providing food gardens	
• Food parcel	
Psychological Support	
• Memory boxes	
• Family conferences	
Education support	
• Registered at school	
Economic support	
• Grant received	
Health Care	
• Secured ARV's	

Signed PM: \_\_\_\_\_

Date: \_\_\_\_\_

Signed PC: \_\_\_\_\_

Date: \_\_\_\_\_

Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

# Monthly Project Manager's Narrative Report



Site Name: \_\_\_\_\_

Narrative Report: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Team Functioning:

Administration

Quality of Service Delivery:

Accessing Resources and Networking:

Advocacy



Other Activities:

Other Concerns:

Other Highlights:

Plan of Action:

## This Month's Case Study

Family Name: \_\_\_\_\_

Ages of Children: \_\_\_\_\_



Family Situation Before Intervention:

Child and Youth Care Services Offered:

Impact of Services:

Future Plans:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Project Co-ordinator

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Mentor

# Project Manager's Monthly Report to Steering Committee



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site Name: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Written By: \_\_\_\_\_

Number of Staff Developed: \_\_\_\_\_

Number of Families Serviced: \_\_\_\_\_

Number of Children Serviced: Over 18yrs ☐ Under 18yrs ☐

Number of After Care Serviced: Over 18yrs ☐ Under 18yrs ☐

Highlights and Achievements

Challenges
Other Issues:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Project Manager

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Project Co-ordinator

# SAFE PARK DAILY ACTIVITY REPORT



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site : \_\_\_\_\_

Month and year : \_\_\_\_\_ CYCW : \_\_\_\_\_

Activity		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Playing games	Hide & seek																																
	Hula hoops																																
	Tug of war																																
	Maskitane																																
	Shumpu																																
	3 tins																																
	Puca																																
	Donkey																																
	Stones																																
	Driving tires																																
	Dolly house																																
	Other																																
Organised sports fixtures	Soccer																																
	Volleyball																																
	Cricket																																
	Basketball																																
	Baseball																																
	Hockey																																
	Netball																																
	Rugby																																
	Other																																
Board games	Chess																																
	Labalaba																																
	Snake & ladder																																
	Ludo																																
	Monopoly																																
	Cards																																
	Ncuva																																
	Scrabble																																
	Puzzles																																
	Other																																
Arts and crafts	Drama																																
	Painting																																
	Beadwork																																
	Drawing																																
	Clay work																																
	Making toys																																
	Other																																

Activity		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Group discussions	Debates on youth issues																																
	HIV/AIDS																																
	Drugs																																
	Teenage pregnancy																																
	Sex & sexuality																																
	Children's rights																																
	Grief work																																
	Hygiene																																
	Other																																
Environmental issues	Clean up of Safe park																																
	Gardening																																
	Other																																
Special events/Days	Human rights																																
	Holiday programs																																
	Women's day																																
	Freedom day																																
	World AIDS day																																
	Youth day																																
	Child protection week																																
	Other																																
Other	Home work supervision																																

Signed Safe Park  
Co-ordinator:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signed Project  
Manager:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signed Mentor:

\_\_\_\_\_

Date:

\_\_\_\_\_



**ISIBINDI**  
CREATING CIRCLES OF CARE

# Daily Safe Park Narrative Report

Site name: \_\_\_\_\_

Date: \_\_\_\_\_

CCYCW: \_\_\_\_\_

Describe activities undertaken:

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Other important observations:

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Plan of Action:

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Signed Safe Park  
Co-ordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Signed Project  
Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

# Monthly Safe Park Narrative Report



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site name: \_\_\_\_\_

Date: \_\_\_\_\_

CCYCW: \_\_\_\_\_

## 1. DESCRIBE ACTIVITIES UNDERTAKEN:

Playing games:

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Organised sports fixtures:

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Board games:

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Arts/Crafts:

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Group discussions:

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Environmental issues:

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Special events/days:

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Home work supervision:

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## 2. OTHER IMPORTANT OBSERVATIONS

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## 3. PLAN OF ACTION

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Signed Safe Park  
Co-ordinator:

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Signed Project  
Manager:

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Date:

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Date:

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Signed Mentor:

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Date:

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# AFTER CARE DAILY REPORT



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site : \_\_\_\_\_ Month & year: \_\_\_\_\_ CYCW: \_\_\_\_\_

Surname : \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Activity		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
NNutritional Support	Grow food garden																																
	Secure food parcels																																
	Other																																
Psychological support	Home visit																																
	Primary care tasks																																
	Developmental assessment																																
	Life space counseling																																
	Prep- family conferencing																																
	Family conferencing																																
	Teaching life skills																																
	Developmental programs																																
	Play/recreation																																
	Memory boxes																																
Educational Support	School admissions																																
	School visit																																
	Homework supervision																																
Economic Support	Resources accessed																																
	Documents sought																																
	Grant applications																																
	Grants received																																
Health Care	Access ARV																																
	Compliance support (ARV)																																
	Hospital or clinic visit																																
	Health care education																																
Referrals	Social worker																																
	Health worker																																
	Specialized services																																

## NB:

1. This report refers to children in aftercare i.e. services that have been terminated
2. For the PEPFAR sites, only record children serviced before October 2005 that have not been carried over into the new reporting period (Oct 05 – Sept 06)
3. Please note that at least three different services need to be provided (ticked)
4. Please complete a daily narrative report for all children under 18yrs who have received aftercare services

## AFTER CARE REGISTER



**ISIBINDI**  
CREATING CIRCLES OF CARE

Site: \_\_\_\_\_

Month: \_\_\_\_\_

[illegible]



No.	SURNAME	NAME OF CHILD/ CHILDREN	M	F	AGE	D.O.B	SCHOOL	GRADE	NAME OF PARENT/CARE GIVER	WORKER

Number of children under 18yrs	
Number of children over 18yrs	

Signed PM: \_\_\_\_\_

Signed Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

