

## OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH **RIGHT FROM THE START PROGRAM** SERVICE CARE PLAN



CLIENT NAME	SSN		CLOSURE	UNABLE TO COMPLETE CARE PLAN	
			DATE	(Use code from Client Tracking Sheet)	
Last First MI		T			
		NEE	DS		
Prenatal					
Childbirth education					
		Parenting education     Pediatric care			
Parenting education					
		Safety			
Oral health		Safe sleep environment			
Safety		DCC/Client trusting relationship			
DCC/Client trusting relationship		Coordination of services			
Coordination of services		Transportation needs			
Transportation needs Chappen method of infant faceding		Infant care items Oral health			
Choose method of infant feeding		Please list others:			
Please list others:					
GOALS TO	BE COMPLETED TO I	ME	ET IDENTIFIED N	EDS	
Prenatal				Infant	
To have a full term, healthy pregnancy			To promote optima	al infant health to age one year	
To choose a family planning method			To ensure safety		
To provide parenting education		To educate on coping skills			
To obtain postpartum care		To educate about signs/symptoms of maternal depression			
To assist with locating resources		To provide parenting education			
To provide benefits of breast vs. bottle feeding		To assist with locating resources			
To educate about signs/symptoms of maternal depres		To educate about family planning/spacing of pregnancies To establish trusting DCC/guardian relationship			
Please list others:		Please list others:			
ACTIV	TIES TO BE COMPLET	TE	D TO MEET GOAL	S	
Prenatal		Infant			
Client will:		Cli	ient will:		
Keep all doctor appointments			Choose a doctor a	nd keep appointments	
Keep all WIC appointments		Keep all WIC appointments			
Eat a nutritious diet recommended for pregnancy		Keep Medicaid/MCO card current			
Remain tobacco, alcohol and drug free		Get all immunizations according to schedule			
Maintain a smoke and substance free environment		Maintain diet recommended for age			
Recognize signs/symptoms of pre-term labor		Provide a smoke and substance free environment			
Maintain a safe environment     Report any health concerns to physician and then to DCC		Practice safe sleep     Provide safe care during feeding, changing and			
		transportation			
Keep Medicaid/MCO card current		Bond with infant and provide adequate stimulation for     growth and development			
Be up-to-date with immunizations		Recognize signs/symptoms of illness and seek medical care			
DCC will:		Report any health concerns to physician and then to DCC			
Screen for depression and help client recognize signs/symptoms		Complete developmental and social screenings for infant			
Promote oral health		DCC will:			
Teach about components of adequate prenatal care		Promote oral health     Promote wather for the advancement			
Provide education on labor and delivery     Provide education on family planning choices		Promote mother/infant bonding			
Provide education on family planning choices     Provide safe sleep education		Provide safe sleep education     Complete domestic violence screening			
Complete domestic violence screening		Make referrals as needed			
☐ Make referrals as needed		Establish trusting DCC/client relationship			
Establish trusting DCC/client relationship		Please list others:			
Educate about immunizations during pregnancy					
Please list others:					
	ven to client on the date clie				

opy of completed, signed and dated Service Care Plan to be given to client on the date client signs the plan.

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Client Signature	Date	DCC Signature	Date
	/ /		/ /
Client Signature Service Care Plan Revision Line	Date	DCC Signature	Date