

STATE CHILD CARE PLAN

Client: DOE , JANE

Client ID#:

1234567890

Admission Date:

05-23-2008

17 Growth and Development

Potential Problem

Individual

Initial Rating	K	B	S
Target Outcome	K	B	S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TP	Finances	Other * 101* child has private insurance
TP	Finances	Other * 102* child has Medical Assistance
TP	Finances	Other * 103 * Child has Minnesota Care
TP	Finances	Other * 104 * Child has Other insurance
TP	Finances	Other * 105 * Child is self pay/ pending /no insurance
CM	Finances	Other * 106 * referral for Insurance Resources (This includes verbally informing about MA, or free clinics)
S	Finances	Other * 107 * f/u on insurance resources referral
S	Medical/Dental Care	Other * 108 * Child has a medical home
CM	Medical/Dental Care	Other * 109 * PHN assists client to establish a medical home for the child.
S	Medical/Dental Care	Other * 110 * F/u on referral for medical home
TP	Screening Procedures	Other * 111* This infant was born within 2 years of a sibling.
S	Screening Procedures	Developmental * 112 * Developmental milestone screening
S	Screening Procedures	Behavioral * 113 * Social Emotional Milestone screening
S	Screening Procedures	Developmental * 114 * Developmental Milestone screening was WNL
S	Screening Procedures	Behavioral * 115 * Social Emotional Milestone screening was WNL
CM	Growth/Development Care	Other * 116 * referral for not meeting milestones (Include any type of referral or phone numbers given .)
S	Growth/Development Care	Other * 117 * f/u on referral for growth and development

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TP	Medical/Dental Care	Other * 118 * infant's birth wt. was greater than or equal to 2500 gms / 5.5 lbs.
TP	Medical/Dental Care	Other * 119 * Infant's birth wt. was less than 2500 gms / 5.5 lbs.
TP	Medical/Dental Care	Other * 120 * infant was born at greater than or equal to 37 weeks gestational age.
TP	Medical/Dental Care	Other * 121 * infant was born at less than 37 weeks gestational age.
TP	Medical/Dental Care	Other * 122* this infant is a twin/multip.
TP	Other	Other * 125 * Mother was open as a prenatal client
S	Wellness	Appropriate Contacts With Providers * 126 * Infant / child is NOT current with immunizations or well child checks.
S	Wellness	Appropriate Contacts With Providers * 127 * infant / child is on schedule for immunizations and well child checks.
S	Safety	Other * 128 * infant / child has experienced substantiated maltreatment
CM	Medical/Dental Care	Other * 123* Referral and/or teaching re: immunizations or well child checks.
S	Medical/Dental Care	Other * 124 * f/u on referral / teaching for immunizations and well child checks.
TP	Other	Other * 129 * MELF consent signed
S	Day Care/Respite	Other * 130 * Child is enrolled in a MELF approved childcare.
S	Growth/Development Care	Appropriate Developmental Tasks For Age / Condition * 131* Child has IFSP / IIP / IEP