

Naomi Project Goals Checklist

Client's name _____

Infant/Child's name _____

NP Mentor _____

Area coordinator _____

Date of initial home visit _____

Date of match termination _____

Instructions for completing Checklist

For each goal statement, if the client has already achieved the goal, record the date (month/year) the volunteer discusses the specific goal with the client in the appropriate "Yes" column.

Example, for a client who already has an infant car seat:

Yes Date	Not Yet Date	Completed Date	Code	
1/07			P15	Client has, or has made arrangements for, an infant car seat

If the goal is not already achieved by the client, record the date (month/year) the volunteer discusses the specific goal with the client in the appropriate "Not Yet" column.

If the goal is later achieved with instruction from the volunteer, indicate that date in the appropriate "Completed" column.

Example, for a client who is not initially attending childbirth classes, but, with encouragement from the volunteer, registers and begins attending classes:

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Yes Date	Not Yet Date	Completed Date	Code	
	1/07	11/07	P4	Client is attending childbirth classes (Lamaze, or other)

Codes are for reporting purposes. Please refer to mentor report. All information is based on reports from the client and/or the volunteer's observations.

I. Prenatal Goals

Yes Date	Not Yet Date	Completed Date	Code	
			P1	Client is aware of the need for good nutrition during pregnancy and is taking appropriate vitamin supplements, including folic acid
			P2	Client knows the adverse influence of drugs, alcohol, nicotine, and caffeine
			P3	Client knows the benefits of appropriate exercise during pregnancy
			P4	Client is encouraged to attend childbirth classes (Lamaze, or other)
			P5	Client is going for scheduled prenatal check-ups
			P6	Client understands the emotional, sexual, and psychological changes that accompany pregnancy
			P7	

				Client knows the importance of establishing paternity
			P8	Client has prepared her other children for baby's arrival
			P9	Client is aware of the benefits of breastfeeding (consult training manual)
			P10	Volunteer and client discussed adoption as an option, if appropriate
			P11	Client has a plan of action for the onset of labor (she has discussed signs of labor with medical personnel, arranged for transportation)
			P12	Client has chosen a pediatrician for baby's medical needs and routine scheduled checkups
			P13	Client has thermometer available (digital thermometer preferred) and knows how to use it rectally
			P14	Client has, or has made arrangements for, a crib, bassinet or "pack 'n play"
			P15	Client has an infant car seat and knows how to install it.
			P16	Client has begun making plans for childcare if she is returning to work or school soon after the birth. Mentor has discussed childcare resources with client. (See resources at https://www.odbfairfax.org/NaomiProject)

Volunteer comments/goals:

II. Baby Needs Goals

Yes Date	Not Yet Date	Completed Date	Code	
			B1	Client knows how to assess illness
			B2	Client knows that she should contact a physician immediately for any fever 100.4 or higher in an infant less than 2 months of age. Client has appropriate fever control medication (ex. Infant Tylenol) available for children over 2 months of age.
			B3	Client is aware that cold medicine (i.e. Benedryl, etc) should not be given to children under two years of age without a doctor's order
			B4	If client is breastfeeding she is aware of the supports available through the Naomi Project, the La Leche League, and the Health Department Lactation Consultant
			B5	Client is aware of her own nutritional needs
			B6	If client is using formula, she is using all recommendations for formula and bottle preparation (if client changes formula, closely follow manufacturer's suggestions for the transition)
			B7	Client is comfortable bathing, changing, and feeding baby
			B8	Client knows that newborns should sleep on their back, no pillows, preferably no bumper pads or quilts

			B9	Client is aware of the importance of delaying solid foods
			B10	Client has appropriate expectations regarding infant behavior
			B11	Client has coping mechanisms for responding to a crying baby
			B12	Client responds appropriately to baby's needs
			B13	Client understands that she is primary teacher and role model for baby
			B14	Client understands the importance of reading to her baby and knows how to get appropriate books
			B15	Client has basic understanding of normal child development

Mentor comments/goals:

III. Baby/Child Well Visit Check-Ups and Immunizations: Client is taking baby/child for scheduled well visit check-ups and immunizations are up to date. (check each that applies)

Yes Date	Not Yet Date	Completed Date	Code	
			C C1	2-month
			C2	

				4-month
			C3	6-month
			C4	8-9 month
			C5	12-month
			C6	18-month
			C7	2-yr
			C8	3-year

Mentor comments/goals:

IV. Support System and Client's Personal Needs Goals

Yes Date	Not Yet Date	Completed Date	Code	
			M1	Client has needed emergency phone numbers readily available (check all that apply) _____ family/friend _____ 911 _____ doctor _____ poison control (1-800-222-1222)
			M2	Client has reliable transportation, including a back up if needed
			M3	Client uses her Naomi Project calendar appropriately
			M4	Client communicates with a close friend or a member of her own family regularly
			M5	Client receives some financial support from baby's father
			M6	Client knows the options and resources available to her if a relationship with her partner is, or becomes, abusive
			M7	Client knows the importance of establishing good credit (check all that apply) _____ has bank account _____ pays bills _____ budgets for essentials _____ gave hospital the Medicaid # _____

			M8	If applicable, client is receiving appropriate public/private assistance: WIC Medicaid Child care assistance Food stamps SNAP ODB/other non-profit assistance
			M9	Client knows the importance of maintaining her physical health (Check all that apply) <input type="checkbox"/> Knows family planning options <input type="checkbox"/> Postpartum check-up <input type="checkbox"/> Annual gyn check-ups <input type="checkbox"/> Annual dental check-ups <input type="checkbox"/> Does breast self-exams <input type="checkbox"/> Regularly exercises <input type="checkbox"/> Eyes examined in past 5 years <input type="checkbox"/> Client's attire raises no red flags concerning health (mental or physical), or lack of financial resources
			M10	Client seems to be having a normal adjustment to motherhood
			M11	Client can arrange some time for herself [does she need to find baby-sitting? Check churches, neighbors, and community groups...]

Yes Date	Not Yet Date	Completed Date	Code	Client is:
			S1	Using a properly positioned infant car seat (1-866-SEAT-CHECK for information)
			S2	Aware that infants and children must not be left in a car without an adult
			S3	Aware that all medications, cleaning products, matches, vitamins must be locked away from young children

			S4	Aware of dangers of electrical cords and outlets
			S5	Aware that smoking around the baby is unhealthy. If there is a smoker in the house, he/she should smoke outside only.
			S6	Aware that guns must be locked away from young children
			S7	Client can perform first aid for burns, cuts, choking
			S8	Aware of the dangers posed by radiators, stoves, electric blankets, space heaters, appliances that heat up, i.e. curling irons, and fireplaces
			S9	Baby/Child's bed is away from windows; client is aware of potential dangers of screened windows and cords from curtains and blinds
			S10	Client is aware that houseplants must be out of baby/childs's reach
			S11	Client's home has working smoke detectors; client knows to change batteries on a regular schedule
			S12	Client is aware of choking hazards from small objects, including toys
			S13	Client is aware that baby/child must never be left unattended in bath or near other water/liquids, i.e. cleaning buckets with liquid, toilet
			S14	Client has child-resistant locks installed where needed
			S15	

				Client knows to call the Poison Control Center at 1-800-222-1222 when concerned that child has ingested questionable substance
			S16	Safety gates are installed securely where needed (stairs, etc.)
			S17	Client is aware of the safety and developmental concerns involved in the use of baby walkers

V. Baby/Child Safety Goals

Mentor comments/goals:

VI. Safe Sleep Practices and Environment Goals

Yes Date	Not Yet Date	Completed Date	Code	
			SL 1	Do not place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.
			SL 2	Always place babies to sleep on their backs during naps and at nighttime.
			SL 3	The safest place for baby to sleep is in the room where mother sleeps, but not in her bed. Place the baby's crib or bassinet near her bed (within arm's reach).
			SL 4	Place babies on a firm mattress, covered by a tight fitting fitted-sheet.
			SL 5	Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives to blankets.
			SL 6	Toys and/or soft bedding should not be placed in the crib with the baby. This includes: fluffy blankets, comforters, loose sheets, pillows, stuffed animals, bumper pads, and wedges..

			SL 7	Avoid letting the baby get too hot. (could be too hot if: sweating, damp hair, flushed cheeks)
			SL 8	Consider using a pacifier at nap time and bed time. (The pacifier should not have cords or clips that might be a strangulation risk.)

Mentor comments/goals: