U.S. Department of Agriculture, Food and Nutrition Service (FNS),

OMB Control Number: 0584-NEW Expiration Date: xx/xx/xxxx

## Loving Support Award of Excellence Gold Award Evaluation Worksheet

### **State Verification and Approval**

State WIC Breastfeeding Coordinator/Reviewer:

I have reviewed the Gold Award application, and I attest to the accuracy of the information provided.

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#### State agency Recommendation

Recommended Award None Gold Gold Premiere Gold Elite

#### Justification for no award

State Reviewer's Phone

Name

Title

State

Public reporting burden for this collection of information is estimated to average 1.2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.



Date

Email

**FNS** Region

U.S. Department of Agriculture, Food and Nutrition Service (FNS),

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# Loving Support Award of Excellence Evaluation Worksheet



	FNS Regional Office Approval			
FNS Region Office				
Reviewer's Name	Date			
Reviewer's Phone	Email			
Award Gold	Gold Premiere			
Recommended Award	Gold Elite			
No Award Recommended				
Justification				
FNS Headquarters Approval				
Reviewer's Name				
Date	Gold Elite Award			
SFPD Director	Date			

### Please download the Gold Award Evaluation Worksheet Instructions.

Prescreening			
Applicant has met the prescreening requirements		8	
No partial credit. All criteria must be present to obtain credible points for each question.		ponse rified	Gold
<ul> <li>Question 1. (1 point)</li> <li>Do you conduct an assessment to determine each of the following: <ul> <li>(a) the needs of your target audience;</li> <li>(b) where gaps exist in the breastfeeding services and resources within your local agency and the community that can be addressed through peer counseling; and</li> <li>(c) where improvements in your program are needed.</li> </ul> </li> </ul>			
Applicant Response	Yes	No	
Does the documentation meet the requirements as listed in the instructions?	Yes	No	
<b>Question 2. (1 point)</b> Do you have a protocol that describes how peer counselors address a mother's concerns and needs outside of usual clinic hours, including how peer counselors make after-hour referrals?			
Applicant Response	Yes	No	
Does the documentation meet the requirements as listed in the instructions?	Yes	No	
<b>Question 3. (1 point)</b> Do you have opportunities for peer counselors to observe and shadow experienced lactation experts and more experienced peer counselors?			
Applicant Response	Yes	No	
<b>Question 4. (1 point)</b> Do you routinely monitor the work of peer counselors through spot checks, chart reviews, contact forms? Applicant Response	Yes	No	

<b>Question 5. (1 point)</b> Do you routinely observe newly trained peer counselors during contacts with mothers to provide guidance and affirmation. Applicant Response	Yes	No	
<b>Question 6. (1 point)</b> Do you schedule routine meetings to discuss case studies with your peer			
counselors? Applicant Response	Yes	No	
<b>Question 7. (1 point)</b> Do you have adequate supervision of peer counselors by staff with advanced lactation training? Adequate supervision is defined: if less than 5 peer counselors you have at least a .25 FTE supervisor, if more than 5 peer counselors, you have at least 1 FTE supervisor; supervisory responsibilities include mentoring, monitoring, follow-up, and spot checks.	Yes	No	
Applicant Response			
<b>Question 8. (1 point)</b> Do you have a written defined scope of practice for peer counselors that describe the peer counselor's role to provide basic breastfeeding education and support to WIC mothers, and lists breastfeeding concerns and conditions that are outside the scope of practice of the peer counselor where the peer counselor should "yield" to the WIC designated breastfeeding expert?			
Applicant Response	Yes	No	
Does the documentation meet the requirements as listed in the instructions?	Yes	No	
<b>Question 9. (1 point)</b> Do you have a process/protocol in place for WIC staff to refer WIC participants to peer counselors as part of your usual WIC certification, assessment and nutrition education process?			
Applicant Response	Yes	No	
Does the documentation meet the requirements as listed in the instructions?	Yes	No	

<b>Question 10. (1 point)</b> Do peer counselors routinely contact mothers, at a minimum, monthly during pregnancy and weekly 2 weeks prior to a woman's expected delivery date?			
Applicant Response	Yes	No	
<b>Question 11. (1 point)</b> Do peer counselors routinely contact mothers, at a minimum, every 2-3 days in the first week after delivery and within 24 hours if the mother reports problems with breastfeeding and weekly throughout rest of first month? Applicant Response	Yes	No	
<b>Question 12. (1 point)</b> Do peer counselors routinely contact mothers after a woman's first month postpartum, at a minimum, monthly, as long as things are going well?			
Applicant Response	Yes	No	
<b>Question 13. (1 point)</b> Do peer counselors routinely contact mothers after a woman's first month postpartum, at a minimum, 1-2 weeks before the mother plans to return to work or school and 1-2 days after she returns to work or school?			
Applicant Response	Yes	No	
<b>Question 14. (1 point)</b> Was the partnership developed to solve an existing problem or gap in breastfeeding support services?			
Applicant Response	Yes	No	
<b>Question 15. (1 point)</b> Are the resources each partner brings to the partnership clearly delineated?			
Applicant Response	Yes	No	

<b>Question 16. (1 point)</b> Does the partnership have goals that have been agreed upon by the members of the partnership?			
Applicant Response	Yes	No	
<b>Question 17. (1 point)</b> Are the roles and responsibilities clearly identified and understood by all members of the partnership?			
Applicant Response	Yes	No	
<b>Question 18. (1 point)</b> Does the partnership have activities that have been agreed upon by the members of the partnership?			
Applicant Response	Yes	No	
<b>Question 19. (1 point)</b> Has the partnership produced results that provide an ongoing benefit?			
Applicant Response	Yes	No	
<b>Question 20. (1 point)</b> Do you have a supportive clinic environment for breastfeeding that visibly endorses breastfeeding as the preferred method of infant feeding?			
Applicant Response	Yes	No	
<b>Question 21. (1 point)</b> Do you have policies that support a clinic environment where participants feel comfortable breastfeeding?			
Applicant Response	Yes	No	

<b>Question 22. (1 point)</b> Do you have policies and procedures that encourage and support exclusive breastfeeding among prenatal and postpartum WIC			
participants?			
Applicant Response	Yes	No	
Does the documentation meet the requirements as listed in the instructions?	Yes	No	
<b>Question 23. (1 point)</b> Do you ensure that all staff are trained to support the goal of exclusive breastfeeding with WIC participants using the FNS-developed competency- based breastfeeding curriculum, Using Loving Support <sup>®</sup> to Grow and Glow in WIC?			
Applicant Response	Yes	No	
Question 24. (1 point)			
Do you have policies and procedures that require staff to assess, and individually tailor food packages to all breastfeeding dyads when infant formula is requested?			
Applicant Response	Yes	No	
Does the documentation meet the requirements as listed in the instructions?	Yes	No	
<b>Question 25. (1 point)</b> Does new clinic staff orientation include breastfeeding policies and procedures especially related to support for exclusive breastfeeding?			
Applicant Response	Yes	No	
<b>Question 26. (1 point)</b> Do you provide ongoing training to all WIC staff using the FNS-developed competency-based breastfeeding curriculum, Using Loving Support <sup>®</sup> to Grow and Glow in WIC, WIC Learning Online course WIC Breastfeeding Basics, or similar State-developed training based on Using Loving Support <sup>®</sup> to Grow and Glow in WIC?			
Applicant Response	Yes	No	
<b>Question 27. (1 point)</b> Do you have ongoing continuing education on breastfeeding for all staff through regularly scheduled staff trainings and other educational opportunites?			
Applicant Response	Yes	No	
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<b>Question 28. (1 point)</b> Do you have policies and procedures that require support for breastfeeding mothers, especially during the early postpartum period, that assist mothers in continuing exclusive breastfeeding for as long as possible?			
Applicant Response	Yes	No	
Does the documentation meet the requirements as listed in the instructions?	Yes	No	
<b>Question 29. (1 point)</b> Do you have policies that ensure all participant breastfeeding concerns are ad- dressed according to established time frames?			
Applicant Response	Yes	No	

If the applicant has applied for a higher level award continue onto the <u>Premiere and Elite Evaluation Worksheet</u>.

**Recommended Award:** Gold

No Award