



loving support®  
MAKES BREASTFEEDING WORK

U.S. Department of Agriculture, Food and Nutrition Service

(FNS),

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

OMB Control Number: 0584-0591 Expiration date: xx/xx/xxxx



# Loving Support Award of Excellence Gold Award Application

## Cover Sheet

Local Agency Name

Street Address

City, State, Zip code

Applicant's Name and Title

Telephone Number

Email address

Date

Public reporting burden for this collection of information is estimated to average 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- 0591). Do not return the completed form to this address.

## Loving Support Award of Excellence

**DOWNLOAD AND SAVE INSTRUCTIONS FROM FNS PUBLIC WEBSITE BEFORE BEGINNING APPLICATION.** In order to be eligible to apply for an award, your local agency must first be able to verify the following two questions.

### Prescreening

1. Has your local agency peer counseling program been in place for at least one year? Yes
2. Does your local agency peer counseling program meet all components of the FNS Loving Support® peer counseling model? Yes

The Loving Support® Model and the required core components can be found in the Application Instructions.

**If your local agency received a Gold award in the past 4 years proceed to the page 6 Gold Award Application Checklist.**

### Application

#### PEER COUNSELING

<p>1. Do you conduct an annual assessment to determine each of the following:          (a) the needs of your target audience;          (b) where gaps exist in breastfeeding services and resources within your local agency and the community that can be addressed through peer counseling; and          (c) where improvements in your program are needed?           Attach narrative.          Fill in narrative title.</p>	Yes <input type="checkbox"/> Narrative Title <input style="width: 100%;" type="text"/>	No <input type="checkbox"/>
<p>2. 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?           Attach supportive documentation.          Fill in the document title and indicate the page number(s) where the information that answers this question can be found.</p>	Yes <input type="checkbox"/> Document Title <input style="width: 100%;" type="text"/>  Page Number(s) <input style="width: 100%;" type="text"/>	No <input type="checkbox"/>
<p>3. Do you have opportunities for peer counselors to observe and shadow experienced lactation experts and experienced peer counselors?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>4. Do you routinely monitor the work of peer counselors through spot checks, chart reviews or contact forms?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>5. Do you routinely observe newly trained peer counselors during contacts with mothers to provide guidance and affirmation?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>6. Do you schedule routine meetings to discuss case studies with your peer counselors?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>7. Do you have adequate supervision of peer counselors by staff with advanced lactation training?</p> <p>Adequate supervision is defined as having at least a .25 full time employee (FTE) supervisor for every 5 peer counselors.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>8. Do you have a written defined scope of practice for peer counselors, limited to supporting normal breastfeeding, that describes the peer counselor's role to provide basic breastfeeding education and support to WIC mothers?</p> <p>Attach supportive documentation. Fill in the document title and indicate the page number(s) where the information that answers this question can be found.</p>	<p>Yes <input type="checkbox"/></p> <p><input type="checkbox"/> Document Title</p> <input type="text"/> <p>Page Number(s)</p> <input type="text"/>	<p>No <input type="checkbox"/></p>
<p>9. Do you have a process/protocol in place that lists when the peer counselors should "yield" breastfeeding concerns and conditions that are outside the scope of practice of the peer counselor to a Designated Breast-feeding Expert?</p> <p>Attach supportive documentation. Fill in the document title and indicate the page number(s) where the information that answers this question can be found.</p>	<p>Yes <input type="checkbox"/></p> <p>Document</p> <input type="text"/> <input type="text"/>	<p>No <input type="checkbox"/></p>
<p>10. 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?</p> <p>Attach narrative OR supportive documentation. Fill in the document title and indicate the page number(s) where the information that answers this question can be found.</p>	<p>Yes <input type="checkbox"/></p> <p>Document</p> <input type="text"/> <p>Page</p> <input type="text"/>	<p>No <input type="checkbox"/></p>
<p>11. Do peer counselors routinely contact mothers, at a minimum, <b>monthly</b> during pregnancy and <b>weekly</b> 2 weeks prior to a woman's expected delivery date?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>12. 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?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>13. Do peer counselors routinely contact mothers after a woman's first month postpartum, at a minimum, monthly, as long as things are going well?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

14. 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>PARTNERSHIP</b>		
<p>A partnership is defined as a sustainable ongoing voluntary collaborative agreement between two or more parties based on mutually agreed objectives and a shared vision, generally within a formal structure. The partners agree to work together to achieve a common goal, undertake specific tasks, and share risks, responsibilities, resources, competencies and benefits in order to provide breastfeeding support throughout the rest of the first month.</p>		
15. Was the partnership developed to solve an existing problem or gap in breastfeeding support services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are the resources each partner brings to the partnership clearly delineated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Does the partnership have goals that have been agreed upon by the members of the partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Are the roles and responsibilities clearly identified and understood by all members of the partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Does the partnership have activities that have been agreed upon by the members of the partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Has the partnership produced results that provide an ongoing benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>OTHER CRITERIA</b>		
21. Do you have a supportive clinic environment for breastfeeding that visibly endorses breastfeeding as the preferred method of infant feeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Do you have policies that support a clinic environment where participants feel comfortable breastfeeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>23. Do you have policies and procedures that encourage and support exclusive breastfeeding among prenatal and postpartum WIC participants?</p> <p>Attach supportive documentation. Fill in the document title and indicate the page number(s) where the information that answers this question can be found.</p>	<p>Yes <input type="checkbox"/></p> <p><input type="checkbox"/> Document</p> <p>Title</p> <input type="text"/> <p>Page Number(s)</p> <input type="text"/>	<p>No <input type="checkbox"/></p>
<p>24. 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, or Loving Support<sup>®</sup> Through Peer Counseling.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>25. 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?</p> <p>Attach supportive documentation. Fill in the document title and indicate the page number(s) where the information that answers this question can be found.</p>	<p>Yes <input type="checkbox"/></p> <p><input type="checkbox"/> Document</p> <p>Title</p> <input type="text"/> <p>Page Number(s)</p> <input type="text"/>	<p>No <input type="checkbox"/></p>
<p>26. Does new clinic staff orientation include breastfeeding policies and procedures especially related to supporting exclusive breastfeeding?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>27. 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 or Loving Support<sup>®</sup> Through Peer Counseling.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>28. Do you have ongoing continuing education on breastfeeding for all staff through regularly scheduled staff trainings and other educational opportunities?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>29. 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?</p> <p>Attach supportive documentation. Fill in the document titles and indicate the page number(s) where the information that answers this question can be found.</p>	<p>Yes <input type="checkbox"/></p> <p>Document</p> <input type="text"/> <p>Page Number</p> <input type="text"/>	<p>No <input type="checkbox"/></p>
<p>30. Do you have policies that ensure all participant breastfeeding concerns are addressed according to established time frames?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

# Loving Support of Excellence Gold Award Application Checklist

**Please review the checklist prior to submitting application and supportive documentation.**

<b>Previous Gold Awardees</b>		
If your local agency has a valid Gold award, please fill out the year your local agency received the award.	Year Received <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
Please enter the full name of your Local Agency without abbreviations or acronyms and complete the Application Verification Form on page 7 of the Application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Continue on to the application for the Gold Premiere and Gold Elite Awards to apply for a higher level award.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>New Applicants</b>		
All 30 questions need to be answered "Yes" to be eligible for the Gold Award. Verify that all questions have been answered.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Narratives and/or supportive documentation must be attached to the application to be eligible for an Award.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If attaching supportive documents make sure you indicate the page number(s) where the information that answers the question can be found.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please enter the full name of your Local Agency without abbreviations or acronyms and complete the Application Verification Form on page 7 of the Application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you would like to apply for a higher level award, continue on to the application for the Gold Premiere and Gold Elite Awards.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Congratulations!**  
**You have completed the application for the Loving Support Award of Excellence at the Gold Award level.**

**If you would like to apply for a higher level award, continue on to the application for the Gold Premiere and Gold Elite Awards.**

**The State agency and FNS reserve the right to verify all information on the application and reject applications that are incomplete or otherwise fail to provide accurate information.**

**Loving Support Award of Excellence Applicant Verification Form**

**Please read the following statement and sign below if you agree:**

**I have reviewed this application, and I attest to the accuracy of the information provided. I agree to maintain the standards and procedures indicated in this application for the duration of our award period. Furthermore, I agree to cooperate with USDA and other organizations, upon request, to publicize our efforts.**

**Local Agency Applicant's Name**

**Date**

**Please upload your completed application and supporting documentation**

**Thank you for applying for the Loving Support Award of Excellence.**

**For more information, visit the SFPD/WIC Website:  
<http://www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic>.**