

U.S. Department of Agriculture, Food and Nutrition Service (FNS),  
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)



## Loving Support Award of Excellence Gold Award Evaluation Worksheet

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 (0584-0591). Do not return the completed form to this address.

<b>FY *</b>	<input checked="" type="radio"/> 2016
<b>State *</b>	UT ▼
<b>Local Agency Name *</b>	<input type="text" value="Bear River Health Department/ WIC"/> Name of the applicant, as is stated in the application
<b>FNSRO *</b>	<input type="radio"/> NERO <input type="radio"/> MARO <input type="radio"/> SERO <input type="radio"/> MWRO <input checked="" type="radio"/> MPRO <input type="radio"/> SWRO <input type="radio"/> WRO This is the region operationally responsible for the State
<b>Prescreen for Gold</b>	- ▼
<b>Prior Gold Awardee</b>	<input type="checkbox"/> Has your Local Agency received a Gold award in the past 4 years? automatically show 30 points.
<b>Prior Award Year</b>	- ▼ If Prior Gold Awardee, choose the year the Local Agency received a Gold Award
<b>Gold-Q1a</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> - Applicant Response for: Do you conduct an annual assessment to determine each of the following: (a) the needs of your target audience; (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 (c) where improvements in your program are needed?
<b>Gold-Q1b</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> - Does the documentation meet the requirements as listed in the instructions?
<b>Gold-Q2a</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> - Applicant Response for: 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?

<b>Gold-Q2b</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> -</p> <p>Does the documentation meet the requirements as listed in the instructions?</p>
<b>Gold-Q3</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Do you have opportunities for peer counselors to observe and shadow experienced lactation experts and more experienced peer counselors?</p>
<b>Gold-Q4</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Do you routinely monitor the work of peer counselors through spot checks, chart reviews or contact forms?</p>
<b>Gold-Q5</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Do you routinely observe newly trained peer counselors during contacts with mothers to provide guidance and affirmation.</p>
<b>Gold-Q6</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Do you schedule routine meetings to discuss case studies with your peer counselors?</p>
<b>Gold-Q7</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: 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>

<b>Gold-Q8a</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: 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>
<b>Gold-Q8b</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Does the documentation meet the requirements as listed in the instructions?</p>
<b>Gold-Q9a</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: 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 Breastfeeding Expert?</p>
<b>Gold-Q9b</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Does the documentation meet the requirements as listed in the instructions?</p>
<b>Gold-Q10a</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: 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>
<b>Gold-Q10b</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Does the documentation meet the requirements as listed in the instructions?</p>
<b>Gold-Q11</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Do peer counselors routinely contact mothers, at a minimum, monthly during pregnancy and weekly 2 weeks prior to a woman's expected delivery date?</p>

Gold-Q12

- Yes
- No
- 

Applicant Response for:  
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 the rest of the first month?

Gold-Q13

- Yes
- No
- 

Applicant Response for:  
Do peer counselors routinely contact mothers after a woman's first month postpartum, at a minimum, monthly, as long as things are going well?

Gold-Q14

- Yes
- No
- 

Applicant Response for:  
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?

Gold-Q15

- Yes
- No
- 

Applicant Response for:  
Was the partnership developed to solve an existing problem or gap in breastfeeding support services?

Gold-Q16

- Yes
- No
- 

Applicant Response for:  
Are the resources each partner brings to the partnership clearly delineated?

Gold-Q17

- Yes
- No
- 

Applicant Response for:  
Does the partnership have goals that have been agreed upon by the members of the partnership?

Gold-Q18

- Yes
- No
- 

Applicant Response for:  
Are the roles and responsibilities clearly identified and understood by all members of the partnership?

<b>Gold-Q19</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Does the partnership have activities that have been agreed upon by the members of the partnership?</p>
<b>Gold-Q20</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Has the partnership produced results that provide an ongoing benefit?</p>
<b>Gold-Q21</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Do you have a supportive clinic environment for breastfeeding that visibly endorses breastfeeding as the preferred method of infant feeding?</p>
<b>Gold-Q22</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Do you have policies that support a clinic environment where participants feel comfortable breastfeeding?</p>
<b>Gold-Q23a</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: Do you have policies and procedures that encourage and support exclusive breastfeeding among prenatal and postpartum WIC participants?</p>
<b>Gold-Q23b</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Does the documentation meet the requirements as listed in the instructions?</p>
<b>Gold-Q24</b>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> -</p> <p>Applicant Response for: 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® to Grow and Glow in WIC, or Loving Support Through Peer Counseling?</p>

<b>Gold-Q25a</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> - q25a description
<b>Gold-Q25b</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> - q 25b description
<b>Gold-Q26</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> - q 26 description
<b>Gold-Q27</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> - Applicant Response for: Do you provide ongoing training to all WIC staff using the FNS-developed competency-based breastfeeding curriculum, Using Loving Support® to Grow and Glow in WIC, WIC Learning Online course, WIC Breastfeeding Basics, or similar State-developed training based on Using Loving Support® to Grow and Glow in WIC?
<b>Gold-Q28</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> - Applicant Response for: Do you have ongoing continuing education on breastfeeding for all staff through regularly scheduled staff trainings and other educational opportunities?
<b>Gold-Q29a</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> - Applicant Response for: 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?
<b>Gold-Q29b</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> - Does the documentation meet the requirements as listed in the instructions?
<b>Gold-Q30</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> - Applicant Response for: Do you have policies that ensure all participant breastfeeding concerns are addressed according to established time frames?
<b>STOP-HERE-Gold</b>	<input type="text" value="End Gold Award Evaluation"/>

<b>State-Status</b>	<input checked="" type="radio"/> Not Started <input type="radio"/> Not Finished <input type="radio"/> Finished
<b>SA-Recommendation for Gold *</b>	<input checked="" type="radio"/> Not Started <input type="radio"/> No Recommendation <input type="radio"/> Recommend Gold
<b>SA-Recommendation-Premiere-Elite *</b>	<input checked="" type="radio"/> Not Started <input type="radio"/> No Recommendation <input type="radio"/> Recommend - Premiere <input type="radio"/> Recommend - Elite
<b>Justification for No Recommendation</b>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Justification for No Recommendation</p>
<b>State Evaluator Name</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>First and Last Name of SA Evaluator that Completed the Evaluation.</p>
<b>Regional Evaluator Name</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>First and Last Name of RO Evaluator that Completed the Evaluation.</p>
<b>RO Status</b>	<input checked="" type="radio"/> Not Started <input type="radio"/> Not Finished <input type="radio"/> Finished
<b>RO Award</b>	<input checked="" type="radio"/> Not Started <input type="radio"/> No Recommendation <input type="radio"/> Awarded Gold <input type="radio"/> Awarded Gold Premiere <input type="radio"/> Recommend Gold Elite
<b>RO-Evaluator</b>	unassigned ▼ This is the region assigned to evaluate this application and make or recommend a specific award.
<b>HQ-Status of Elite Recommendations</b>	<input type="radio"/> Not Applicable <input type="radio"/> Not Recommended <input type="radio"/> In Review <input type="radio"/> Criteria Not Met <input type="radio"/> Awarded Gold Elite