

Attachment G WIC Breastfeeding Award of Excellence Gold Award Application



U.S. DEPARTMENT OF AGRICULTURE

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/20xx



## WIC Breastfeeding Award of Excellence Gold Award Application

### Cover Sheet

Local Agency Name

Street Address

City, State, Zip code

Email

Date

In accordance to Section 231 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA) (Public Law 111-296), this information is being collected to assist the Food and Nutrition Service in implementing a program to recognize exemplary breastfeeding support practices at WIC local agencies and clinics. This is a voluntary collection, but failure to provide the requested information in full will prevent applicants from being considered for recognition. FNS will use the information to improve the delivery and tailoring of WIC services and increase satisfaction of both staff and participants. This collection requests only minimal personally identifiable information (email address) which will not be used routinely to retrieve records 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0591. The time required to complete this information collection 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. 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 Service, Office of Policy Support, 1320 Braddock Place, 5th floor, Alexandria, VA 22314 ATTN: PRA (0584-0591). Do not return the completed form to this address.

Gold Application 1



<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      No</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><b>Document Title</b></p> <p><b>Page Number(s)</b></p>	<p>Yes      No</p>   <p>If "No", enter "n/a"</p>
<p>9. Do you have a process/protocol in place that describes when the peer counselors should “yield” and refer breastfeeding concerns and conditions that are outside the scope of practice of the peer counselor to a Designated Breastfeeding Expert (DBE) AND how the DBE refers the participant back to the peer counselor?</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><b>Document Title</b></p> <p><b>Page Number(s)</b></p>	<p>Yes      No</p>   <p>If "No", enter "n/a"</p>
<p>10. Do you have procedures in place for WIC staff to refer 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><b>Narrative OR Document Title</b></p> <p><b>Page Number(s)</b></p>	<p>Yes      No</p>   <p>If "No", enter "n/a"</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      No</p>
<p>12. Do peer counselors routinely contact mothers, at a minimum, every 2-3 days in the first week after delivery <b>AND</b> within 24 hours if the mother reports problems with breastfeeding <b>AND</b> weekly throughout rest of first month?</p>	<p>Yes      No</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      No</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	No
<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	No
16. Are the resources each partner brings to the partnership clearly delineated?	Yes	No
17. Does the partnership have goals that have been agreed upon by the members of the partnership?	Yes	No
18. Are the roles and responsibilities clearly identified and understood by all members of the partnership?	Yes	No
19. Does the partnership have activities that have been agreed upon by the members of the partnership?	Yes	No
20. Has the partnership produced results that provide an ongoing benefit?	Yes	No
<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	No
22. Do you have policies that support a clinic environment where participants feel comfortable breastfeeding?	Yes	No
<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><b>Document Title</b></p> <p><b>Page Number(s)</b></p>	Yes	No
		If "No", enter "n/a"

<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?</p>	<p>Yes</p>	<p>No</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><b>Document Title</b></p> <p><b>Page Number(s)</b></p>	<p>Yes</p>	<p>No</p> <p>If "No", enter "n/a"</p>
<p>26. Does new clinic staff orientation include breastfeeding policies and procedures especially related to supporting exclusive breastfeeding?</p>	<p>Yes</p>	<p>No</p>
<p>27. Do you provide ongoing training to all WIC staff using the FNS-developed competency-based breastfeeding curriculum, or similar State-developed training based on FNS-developed breastfeeding curriculum?</p>	<p>Yes</p>	<p>No</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</p>	<p>No</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><b>Document Title</b></p> <p><b>Page Number(s)</b></p>	<p>Yes</p>	<p>No</p> <p>If "No", enter "n/a"</p>
<p>30. Do you have policies that ensure all participant breastfeeding concerns are addressed according to established time frames?</p>	<p>Yes</p>	<p>No</p>

## WIC Breastfeeding Award of Excellence Gold Award Application Checklist

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

<b>Previous Gold Awardees</b>		
Please fill out the year your local agency received the Gold award.	Year Received	
Verify the following has been completed: - Cover sheet, p1 - Prescreening, p2 - Checklist, p6	Yes	No
<b>Continue on to the application for the Premiere and Elite Awards to apply for a higher level award.</b>		
<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	No
Narratives and supportive documentation are attached to the application packet.	Yes	No
When attaching supportive documents make sure you indicate the page number(s) where the information that answers the question can be found.	Yes	No
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	No
<b>If you would like to apply for a higher level award, continue on to the application for the Premiere and Elite Awards.</b>		

**Congratulations!**  
You have completed the application for the WIC Breastfeeding 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 Premiere and 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.

### WIC Breastfeeding Award of Excellence Applicant Verification Form

Please read the following statement and type your name for signature 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, upon request, to publicize our efforts.

Local Agency Name

Date

Please upload your completed application and supporting documentation to  
<https://spaces.hightail.com/uplink/WWRS>

Thank you for applying for the WIC Breastfeeding Award of Excellence.  
For more information, visit the FNS/WIC Website:  
<https://www.fns.usda.gov/wic/breastfeeding-priority-wic-program>