



Management Evaluation Results

Nutrition and Breastfeeding

FY16

The FY 2016 Management Evaluation of the Enter Agency Name WIC Program was conducted by Enter State RD(s) name(s). Nutrition and breastfeeding procedures were reviewed in the Enter Clinic Name Clinic.

Date of ME Technical Support visit: [Click here to enter a date.](#)

Report completed on: [Click here to enter a date.](#)

Please complete a **Plan of Action** at the end of each section if any of the areas have a “No” marked. These are areas with less than 80% compliance.

Staffing and Training

Yes

No

The clinic is staffed with the following positions, including:

Administrator/Director: Enter name

Registered Dietitian(s): Enter name(s)

Breastfeeding Coordinator: Enter name

Module Preceptor: Enter name

Local Agency Nutrition Preceptor: Enter name

Outreach Coordinator: Enter name

Vendor Coordinator: Enter name

Peer Counselor(s): Enter name(s).

IBCLC(s): Enter name(s)

Comments: [Click here to enter text.](#)

All staff members meet eligibility requirements, have a current license, if applicable, and have completed all required nutrition and breastfeeding modules.

The following staff members are missing the requirements listed:

Staff member: Enter name

Needs to complete: Enter requirement missing

Date to be completed by: [Click here to enter a date.](#)

- Each CPA and CA obtained at least 12 hours of nutrition education during the last year.
Staff with less than 12 hours: [Enter name\(s\)](#)
- Inservices were evaluated using the “Nutrition Inservice Evaluation Form” or a Local Agency Nutrition Inservice Evaluation Form.

Plan of Action

Action Steps: [Click here to enter text.](#)

Responsible Person(s): [Click here to enter text.](#)

Anticipated Date of Completion: [Click here to enter a date.](#)

Actual Date of Completion: [Click here to enter a date.](#)

*You must also provide documentation of completion to the State office for finding to be closed.

Documentation of Completion: [Click here to enter text.](#)

Certification

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The WIC Clinic Supervisor or WIC Director observed at least one certification to ensure that the process was thorough and participant centered (VENA). Please refer to Certification Checklist. |

Comments: [Click here to enter text.](#)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | One year child certifications included the required mid-certification health assessment (VOC and regular certifications). |
|--------------------------|--------------------------|---|

Comments: [Click here to enter text.](#)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Anthropometric data were collected using appropriate techniques. |
|--------------------------|--------------------------|--|

Comments: [Click here to enter text.](#)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Laboratory data were collected using appropriate techniques. |
|--------------------------|--------------------------|--|

Comments: [Click here to enter text.](#)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Scales and measuring boards were cleaned each day they were in use. Measuring boards were checked for accuracy. Hemocues were cleaned according to manufacturer specifications. |
|--------------------------|--------------------------|---|

Date scales last inspected: [Click here to enter a date.](#)

Date measuring boards last inspected: [Click here to enter a date.](#)

Plan of Action

Action Steps: [Click here to enter text.](#)

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Nutrition Risk Factors and Nutrition Risk Manual

Yes No

New risks identified at any point during a certification period requires the creation of a new nutrition interview record with nutrition, education, counseling, materials, and pamphlets documented in the participant's education and care record or care plan.

Comments: [Click here to enter text.](#)

Plan of Action

Action Steps: [Click here to enter text.](#)

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Supplemental Foods

Yes No

The nutritional/medical reasons for food package tailoring and/or substitutions were documented in the comment section below the food package.

Comments: [Click here to enter text.](#)

For all premature infants up to one year of age, the default formula issued shall be a sterile liquid if produced by the manufacturer. If the supervising health care provider specifically prescribes powder, the WI Clinic may provide powder. If the supervising health care provider has not prescribed a sterile liquid and the parent/endorser request powder, then powder may be provided after obtaining signed parental agreement.

Comments: [Click here to enter text.](#)

- All non-contract formulas, exempt formulas and medial formulas/foods issued had a complete prescription –Formula and Food Authorization Form (FAFAF) scanned in the participant’s computer file according to current policy. FAFAFs must have all of the following requirements listed:

- Signed by an authorized prescriptive authority
- Contain a valid diagnosis
- Written specific amount
- Date
- Length of time
- Name of formula
- Supplementary foods prescribed
- On required formula authorization form

Comments: [Click here to enter text.](#)

- All formulas ordered from the state office were processed, documented, and issued according to policy.

Comments: [Click here to enter text.](#)

- All food packages were prescribed correctly according to category and participant needs.

Comments: [Click here to enter text.](#)

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VENA and Nutrition Education

- Yes No
- Nutrition education was offered according to the Federal Regulations; intervention was based on the VENA process.

Comments: [Click here to enter text.](#)

- A care plan was written for all high risk participants at the certification visit by a CPA or RD. In addition, the RD documented the overall management and coordination of care plans for high risk clients.

Comments: [Click here to enter text.](#)

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Breastfeeding and Support

Yes No

- The clinic site has a positive clinic environment which clearly endorses breastfeeding.

Comments: [Click here to enter text.](#)

- Women will be welcome to breastfeed in any area of the clinic. In addition, the local WIC clinic needs to provide a private room with a comfortable chair for mothers to breastfeed, pump, receive counseling and personal assistance with latch or other breastfeeding issues. This private room needs to have a functional lock to ensure privacy.

Comments: [Click here to enter text.](#)

- All breastfeeding participants had a nutrition interview record completed at certification or date of entry into Utah WIC Program (VOC).

Comments: [Click here to enter text.](#)

- All pregnant women and breastfeeding women were provided with lactation education which was documented in the computer.

Comments: [Click here to enter text.](#)

- Each local agency needs to have at least one Peer Counselor as part of the agency staffing pattern.

Comments: [Click here to enter text.](#)

- Breastfeeding aids are issued appropriately and documentation is found to support the reason of issuance.

Comments: [Click here to enter text.](#)

- All breastfeeding equipment forms and logs are documented appropriately.

Comments: [Click here to enter text.](#)

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Audits and Monitoring

Yes No

- Local Management Evaluation Review of Nutrition and Breastfeeding areas were conducted by local agency staff to ensure that the services provided are safe, effective and in compliance with WIC federal regulations. Results of this review were submitted with the Nutrition Education and Evaluation Plan (NEP).

Comments: [Click here to enter text.](#)

- The Annual Peer Counselor evaluation and budget was submitted to the State office with the Nutrition Education and Evaluation Plan.

Comments: [Click here to enter text.](#)

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Revised 8/2015