

Local Agency Monitoring-Entrance Interview Questions

Nutrition Services

Responsibility

1. Training file is complete and contains all required Training or Continuing Education Activities Forms (Attachment #1, 1.19):	
2. An ongoing record of training hours is being maintained for each CPA. This should be recorded on the Competent Professional Authority Continuing Education Hours Form (Attachment #2, 1.19) or on either Training Tracking Report (Attachment #3 or #4, 1.19):	
3. Inservices that are required by the State Nutrition Education Coordinator are provided to all CPAs:	
4. Affidavits are signed/dated and notarized (Attachment #2, 11.02) for each CPA:	
5. Monitor has verified (can be done at State Agency Office) that the Annual Nutrition Education Plan, Annual Nutrition Education Progress Report, Annual Breastfeeding Plan, and Annual Breastfeeding Progress Report have been submitted to the State Agency within specified timeframe and have been approved:	

Loving Support

1. Annual assessment is conducted to determine each of the following: <ol style="list-style-type: none"> 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 c. Where improvements in your program are needed 	
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2. There are opportunities for peer counselors to observe and shadow experienced lactation experts and experienced peer counselors.	
3. The work of peer counselors is monitored through spot checks, chart reviews or contact forms.	
4. Newly trained peer counselors are routinely observed during contacts with mothers to provide guidance and affirmation.	
5. Routine meetings are scheduled to discuss case studies with your peer counselors.	
6. There is adequate supervision of peer counselors by staff with advanced lactation training.	
7. Peer counselors routinely contact mothers, at a minimum, monthly during pregnancy and weekly 2 weeks prior to a woman's expected delivery date.	
8. 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 the first month.	
9. Peer counselors routinely contact mothers after a woman's first month postpartum, at a minimum, monthly, as long as things are going well.	
10. 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.	
11. The clinic environment is supportive of breastfeeding by visibly endorsing breastfeeding as the preferred method of infant feeding.	
12. There are policies that support a clinic environment where participants feel comfortable breastfeeding.	
13. 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.	
14. New clinic staff orientation includes breastfeeding policies and procedures especially related to supporting exclusive breastfeeding.	
15. Ongoing training is provided 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 or Loving Support Through Peer Counseling.	
16. There is ongoing continuing education on breastfeeding for all staff through regularly scheduled staff trainings and other educational opportunities.	
17. There are policies that ensure all participant breastfeeding concerns are addressed according to established time frames.	

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