

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
COMMUNITY, FAMILY HEALTH AND PREVENTION SECTION
WIC PROGRAM**

**CONNECTICUT WIC PROGRAM MANAGEMENT EVALUATION REPORT
CERTIFICATION AND NUTRITION EDUCATION**

CONTRACTOR:

SITE:

PROGRAM STAFF:

REVIEWERS:

DATES:

DATE OF EXIT CONFERENCE:

STAFF PRESENT AT EXIT CONFERENCE: (State and Local)

DATE OF FINAL REPORT:

REVIEWED BY SUPERVISOR:

DATE:

CLINIC ENVIRONMENT: The local agency ensures that nutrition services are provided in an environment that promotes the health and well-being of their participants.

The clinic physical environment supports quality nutrition services.	STANDARD MET			Comments:
<p>Indicators:</p> <ol style="list-style-type: none"> 1. Clinic space is clean, attractive, comfortable and safe. The waiting area is child friendly (activities/play area) and conducive to learning (distractions are limited). 2. Protective of participant confidentiality. (e.g., private space to screen for demographics and income, private space for counseling sessions). [CFR 246.26 (d) (1) (i)] 3. Supports consistent messages of nutrition education, breastfeeding promotion and health education for families (e.g., bulletin boards, posters, pamphlets, food models). [CFR 246.11 (c) (7) (i)] 	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	

CUSTOMER SERVICE: The local agency ensures that WIC services are customer-friendly and responds to meet the individual needs of participants.

The nutrition services are provided in a caring environment by customer-friendly staff.	STANDARD MET			Comments:
<p>Indicators:</p> <ol style="list-style-type: none"> 1. Program assistants and nutrition staff use good interpersonal skills. <i>VENA: Rapport Building</i> 2. During a WIC inquiry Program assistants/clerks clarify details necessary for certification e.g., appointment time, pertinent documents. As appropriate Nutrition staff will clarify required documents, e.g. certification form. <i>CT State Plan: Certification</i> 3. There is an established appointment policy for late shows, no shows and walk-ins. Participants are informed of the policy. <i>CT State Plan: 100-Administration, 100-02 Caseload Mgmt</i> 4. There are established follow-up procedures for participants who miss appointments. <i>CT State Plan: 100-Administration, 100-02 Caseload Mgmt</i> 5. Extended hours to facilitate participant access such as early and late hours, lunchtime and weekend. <i>CT State Plan: 100-Administration, 100-09 Local Agency Office Hours and Scheduling</i> 6. The local agency considers participant input on appointment times for certification and nutrition education contacts or class. 	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	

CERTIFICATION PROCESS: The local agency follows Federal and State regulations and policies for participant certification.

The certification process follows State Plan procedures:	STANDARD MET			Comments:
<p>Indicators:</p> <ol style="list-style-type: none"> 1. Proper procedures are followed to determine eligibility. (Category, residency, income and identity) [CFR 246.7 (c)- (e)] <i>CT State Plan, 200-Certification, 200-00 Summary of Eligibility Procedures</i> 2. “No proof of income” protocol is followed (self-declaration) <i>CT State Plan, 200-Certification, 200-00 through 200-08</i> 3. At initial contact (in person or via phone), CT-WIC Precertification screen is completed and the individual is instructed on the application process. <i>CT State Plan: 200-Certification, 200-01 Certification and Processing Standards</i> 4. Staff correctly determines if the applicant requires expedited service. 5. Processing standards are met for all participants and appointments are scheduled within appropriate timeframes. [CFR 246.7 (f)]; <i>CT State Plan, 200-Certification, 200-01 Certification and Processing Standards</i> 6. Participants are informed that nutrition assessment and education is an integral part of the WIC Program [CFR 246.11 (a) (2)]; <i>WPM: 2008-1 WIC Program Explanation</i> 	YES	NO	Partial	

7. Appropriate staff prescribes appropriate food package for participants and adequately reviews food prescription with the participant.	YES	NO	Partial	
8. New participants receive education on the food delivery system and what happens if food instruments are not picked up for 2 consecutive months or for failure to recertify. [CFR 246.7 (j) (3)]	YES	NO	Partial	
9. For returning participants staff inquire on the participants shopping experience and provide clarification and education as needed.	YES	NO	Partial	

NUTRITION ASSESSMENT: Complete nutrition assessment incorporates 6 VENA competencies: principles of life-cycle nutrition, uses positive health outcome WIC nutrition assessment, correct anthropometric and hematological data collection, communication (rapport building and multicultural awareness) and critical thinking.

The nutrition assessment of all income-eligible applicants is conducted using appropriate tools and methods.	STANDARD MET			Comments:
<p>Indicators:</p> <ol style="list-style-type: none"> 1. All necessary equipment to complete WIC assessment and certification is available and maintained. Scales are calibrated regularly. 2. Correct technique is used to obtain anthropometric measurements. <i>CT State Plan, 200-Certification, 200-10 Anthropometric Data</i> 3. Height, length and weight are addressed appropriately during counseling sessions. <i>CT State Plan, 200-Certification, 200-10 Anthropometric Data and 200-11 Plotting of Premature Infants</i> 4. Hematological data is collected in a timely manner and documented accordingly. <i>CT State Plan, 200-Certification, 200-08 Nutrition Assessment and Risk Determination</i> 5. Staff assess if lead screening was performed and if available, results are documented in CT-WIC. When lead screening has not occurred, participants are referred to the health care provider. <i>CT State Plan, 200 Certification, 200-09 Lead Screening Requirement</i> 6. A complete nutrition assessment is performed using State policies. (i.e. utilizes nutrition assessment guidance) [CFR 246.7 (e) (1) (i) (A)]; <i>CT State Plan: 200-Certification, 200-08 WIC Nutrition Assessment and Risk Determination</i> 	YES	NO	Partial	

<p>7. Participant or caregiver concerns related to eating/feeding practices are considered and addressed in assessment and counseling. <i>CT State Plan: 300-Nutr Services, 300-03 Nutr. Ed.</i></p>	<p>YES</p>	<p>NO</p>	<p>Partial</p>	
<p>8. For existing participants, information from prior visits is reviewed to ensure continuity of care. <i>CT State Plan: 200-Certification, 200-12 WIC Nutrition Assessment Form Guidance & 300-Nutrition Services, 300-09 Nutrition Services Documentation</i></p>	<p>YES</p>	<p>NO</p>	<p>Partial</p>	

Value Enhanced Nutrition Assessment (VENA)

Skills of Rapport Building, Critical Thinking and Participant-Centered Positive Health Outcomes are used consistently and effectively.	STANDARD MET/ RATING					Comments:
	Excellent 1	Adequate 2	Needs work 3	4	5	
<p>Nutrition staff:</p> <ol style="list-style-type: none"> 1. Uses good interpersonal skills to build rapport. <i>VENA Guidance: Rapport building</i> <ul style="list-style-type: none"> • Responds promptly and politely • Expresses empathy, active listening, and uses reflective listening techniques • Uses open-ended questions appropriately • Adjusts counseling to participant’s stage of change. 2. Interrelationships among applicable risk factors are identified, documented and discussed with participants. <i>VENA Guidance: Critical Thinking</i> <ul style="list-style-type: none"> • Accurately identified nutrition issues, identifies missing information • Effectively prioritizes nutritional problems and barriers to positive health outcomes. • Identifies participant’s health priorities 3. Partners with the participant to develop a positive health outcome goal. <i>VENA Guidance: Positive Health Outcomes</i> <ul style="list-style-type: none"> • Stresses participant’s healthy practices (i.e. gives praise, encouragement) • Provides useful, constructive feedback (avoids negative terms, is respectful, doesn’t place blame) • Reinforces participant accountability for behavior change (poses what if situations) • Provides realistic suggestions to address nutritional issues. • Appropriately summarizes agreed on goals. 						

NUTRITION EDUCATION: The nutrition information provided is accurate and relevant to cultural, economic, social needs and educational level of the participant.

Nutrition education assists the individual who is at nutritional risk to achieve a positive change in food habits, resulting in improved nutrition status and in the prevention of nutrition-related problems.	STANDARD MET			Comments:
<p>Indicators:</p> <ol style="list-style-type: none"> 1. Nutrition Education contacts (Individual and group sessions) are performed by appropriate staff. 2. For group education: <ul style="list-style-type: none"> • Education is relevant to participant category and presented at appropriate educational level for participants. (See #3 first bullet, below if prenatal group) • Written lesson plans developed and followed by staff providing education. • Nutrition education materials provide simple, positive behavioral tips and are relevant to the category of participant. (Staff should review what materials are provided.) • Time is allowed for questions and answers. • Groups are offered in other languages as local agency demographic indicates. 3. For individual education: <ul style="list-style-type: none"> • Drug and other harmful substance abuse information is provided to all pregnant, postpartum and breastfeeding women and parents and caretakers of infant and child participants. <i>Policy- 300-05</i> • Perinatal mental health information is provided to all pregnant, postpartum and breastfeeding women appropriately based on the EPDS screen. 	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	

<ul style="list-style-type: none"> • Nutrition counseling is participant-centered, applicable to individual nutrition risk, category and/or developmental age. <i>Policy 300-03</i> 	YES	NO	Partial	
<ul style="list-style-type: none"> • Nutrition education materials provided reinforce main focus of counseling and are reviewed with participant. 	YES	NO	Partial	
<ul style="list-style-type: none"> • If more than one family member is scheduled for a second contact, Nutritionist attempts to provide family focused intervention. (i.e. group children together if similar nutrition issues are present) 	YES	NO	Partial	
<p>4. For online nutrition education (WICSmart):</p>				
<ul style="list-style-type: none"> • WICSmart module assignment was adequately explained to the participant. 	YES	NO	Partial	
<ul style="list-style-type: none"> • Module assignment was appropriate based on age and risk factors. <i>Policy 300-15</i> 	YES	NO	Partial	
<ul style="list-style-type: none"> • Completion of the WICSmart module is clearly documented. 	YES	NO	Partial	

NUTRITION EDUCATION MATERIALS:

A variety of appropriate nutrition education materials are used.	STANDARD MET			Comments:
Indicators: 1. Nutrition education materials meet the needs and interests of WIC participants. 2. Written materials/ handouts are scientifically accurate. 3. The content, reading level and graphic design of nutrition education materials are appropriate. 4. Nutrition education materials are available in a variety of languages that reflect the demographics of the local agency.	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	

LOCAL AGENCY BREASTFEEDING PROMOTION: Breastfeeding is promoted as the preferred method of infant feeding.

<p>All pregnant women are encouraged to breastfeed unless contraindicated for health reasons. [CFR 246.11 (c) (7) (i – iv)]; CT State Plan: 300- Nutrition Services, 300-04 CT WIC Program Guidelines for Breastfeeding Promotion and Support and 300-12 Guidelines for Breast Pump Issuance</p>	<p>STANDARD MET</p>			<p>Comments:</p>
<p>Indicators:</p> <ol style="list-style-type: none"> 1. The local agency designates a staff person to coordinate breastfeeding promotion and support activities. (Breastfeeding Coordinator) 2. All local agency staff are trained on and follow the CT WIC Program Guidelines for Breastfeeding Promotion and Support. <ul style="list-style-type: none"> • Breastfeeding linkages • Staff education on breastfeeding • Proper food package prescription 3. Local agency staff are trained on and utilize the Breastfeeding content sheets and planning checklists when counseling prenatal and breastfeeding participants. 4. All pregnant women receive evidenced based information on the benefits of breastfeeding. 5. All pregnant women are provided evidenced based information about the contraindications for breastfeeding. 6. Appropriate breastfeeding education materials are available in appropriate languages. 	<p>YES</p>	<p>NO</p>	<p>Partial</p>	

7. Encourages breastfeeding anywhere in the clinic, including the waiting room. For those wishing to breastfeed and/or express milk in private, a space is provided and is easily located through clear signage. <i>Nutrition Services Standards Standard 2 (B) (3) Clinic Environment and Customer Service</i>	YES	NO	Partial	
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LOCAL AGENCY BREASTFEEDING SUPPORT

All WIC Breastfeeding women are provided with counseling and support. [CFR 246.11 (c) (7) (i – iv)]; CT State Plan: 300- Nutrition Services, 300-04 CT WIC Program Guidelines for Breastfeeding Promotion and Support and 300-12 Guidelines for Breast Pump Issuance; 300-14 Peer Counseling Program Overview	STANDARD MET			Comments:
Indicators: <ol style="list-style-type: none"> 1. Clear and current breastfeeding education materials are available and used/ provided appropriately during counseling or to reinforce counseling. (Information on proper latch, how to build a milk supply, how to tell if infant is getting enough breast milk.) 2. Staff provide individual breastfeeding assessment and education for each breastfeeding participant. Information is documented in CT-WIC in the Breastfeeding or the Nutrition Education screen. 3. Breastfeeding participants are counseled on current recommendations for appropriate vitamin supplements for breastfed infants. Nutrition Risk Criteria 411.11 Inappropriate Nutrition Practices for Infants 	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	

4. Breastfeeding women receive support and assistance in order to establish, maintain or increase milk supply.	YES	NO	Partial	
5. When appropriate staff engage a participant's identified support network (father, grandmothers and friends) to provide evidence based information and support for participant's determined breastfeeding goal.	YES	NO	Partial	
6. The local agency staff are trained and follow procedure for breast pump issuance.	YES	NO	Partial	
7. Staff are aware of and network with appropriate community resources to facilitate referrals, such as WIC peer counseling programs (when available), community lactation consultants (IBCLC), or other peer support groups such as La Leche League (LLL) or Breastfeeding USA.	YES	NO	Partial	
8. When DVDs or other audio/visual aids are utilized during individual counseling or group education sessions, a facilitated discussion occurs.	YES	NO	<u>N/A</u>	

PROGRAM COORDINATION: Local agency management ensures appropriate integration and program coordination efforts with other key programs that serve the WIC population at the local, State and National level.

The Local Agency Coordinator effectively collaborates with private and public health care systems, education systems and community organizations that provide care and support for participants while keeping in compliance with WIC’s confidentiality regulations.	STANDARD MET			Comments:
<p>Indicators:</p> <ol style="list-style-type: none"> 1. Represents WIC at meetings and conferences to promote the program goals and objectives. 2. Solicits input and collaborates with community organizations on outreach efforts. 3. Develops contracts and service agreements (MOU) with health and human service agencies (including but not limited to shelters) to enhance participant care and services. [CFR 246.6 (b) (1), (3) and (5)] 4. In cooperation with the Program Nutritionist and other local staff the Program Coordinator develops, tracks and reports progress on the Local Agency Program Plan. [CFR 246.11 (d) (2)] <i>CT State Plan: 100-Administration, 100-03 Program Plan</i> 5. As needed, provides training and oversight for dietetic students and interns.* 	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	

PARTICIPANT REFERRALS: The local agency ensures that participants are referred to mandatory health and social agencies, appropriate follow-up is performed and required documentation is maintained.

Local agencies provide program applicants and participants with information on health-related and public assistance programs.	STANDARD MET			Comments:
<p>Indicators:</p> <ol style="list-style-type: none"> 1. Written information to mandatory referrals: SNAP (formerly Food Stamps), HUSKY-A/Medicaid, TFA, EFNEP, Child Support Enforcement, and Tobacco, Nicotine, Alcohol and Substance Use are provided, reviewed and documented in CT-WIC Referrals Screen. See State-developed <i>Selected Referrals</i> brochure. [CFR 246.7(b)]; <i>CT State Plan: 100-Administration, 101 Outreach Policies and 200-Certification 200-14 Mandatory Referrals and 200-16 WIC Program Orientation</i> 2. Participants are provided with targeted referrals as appropriate. (i.e. Head Start, Birth to 3, Early Intervention, food pantries etc...) <i>CT State Plan: 200-Certification, 200-28 Coordination of Referrals to Other Programs by WIC Staff.</i> 3. Local agency follows established Referral Guidelines and develop procedures to communicate about participant referrals between the Program Assistants/Clerks and the Nutrition staff to promote continuity of care. 4. Staff adheres to established follow-up procedures for mandatory and targeted referrals outlined in the CT State Plan. <i>CT State Plan: 100- Administration, 101 Outreach Policies, 200- Certification, 200-28 Coordination of Referrals to Other Programs by WIC</i> 	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	
	YES	NO	Partial	

<p><i>Staff, 300- Nutrition Services, 300-01 Nutrition Services Overview, 300-09 Nutrition Services Documentation</i></p> <p>5. A local resource list is available to applicants and participants. <i>CT State Plan: 200-Certification, WIC 200-28 Coordination of Services-Referrals to other programs by WIC staff.</i></p> <p>6. A listing of local resources for substance use, alcohol and smoking cessation/counseling programs is maintained, updated and provided to participants and/or parents or caregivers based on nutrition assessment. [CFR 246.7 (n) (1) and (2) and 246.11(a) (3)]; <i>CT State Plan: 300-Nutrition Services, 300-05 Drug Abuse Information and Referrals</i></p> <p>7. A listing of local resources for perinatal depression is maintained, updated and provided appropriately to prenatal participants and women in the postpartum categories (BE, BP and NP).</p>	<p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p>	<p>Partial</p> <p>Partial</p> <p>Partial</p>	
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NUTRITION SERVICES: The Local Agency provides quality nutrition breastfeeding promotion and support services in order to improve the nutritional and overall health of the WIC families to whom it provides services.

The Local agency Program Nutritionist is responsible for the nutrition component and overall delivery of quality nutrition, and breastfeeding promotion and support services for the entire local agency.	STANDARD MET			Comments:
<p>Indicators:</p> <ol style="list-style-type: none"> 1. The Program Nutritionist develops the nutrition component of the annual local WIC plan in compliance with Federal and State regulations and guidelines. <i>CT State Plan: 300-Nutrition Services</i> 2. The Program Nutritionist spends at least eight (8) hours per month at each permanent site. <i>CT State Plan, Sec 2, Nutrition Services</i> 3. The Program has met the Outcome and Process objectives during the last year. 4. The Program Nutritionist incorporates participant feedback from nutrition services survey into local agency plan. 5. The Local Agency has completed Chart Audits according to State guidelines. 6. The Program Nutritionist and Breastfeeding Coordinator collaborate on staff breastfeeding training and discuss breastfeeding strategies for the LAP. 7. Special formula procedures are being followed. 	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>	<p>Partial</p> <p>Partial</p> <p>Partial</p> <p>Partial</p> <p>Partial</p> <p>Partial</p> <p>Partial</p>	

8. ReNEW 2.0 developed materials (“Tell Me More”, Prenatal Weight Gain and Childhood BMI Guidance) have been implemented.	YES	NO	Partial	
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CHART AUDITS