

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

**CONNECTICUT WIC PROGRAM MANAGEMENT EVALUATION REPORT
BREASTFEEDING PEER COUNSELING**

CONTRACTOR:

SITE:

PROGRAM STAFF:

REVIEWERS:

DATES: (Specific dates for each location)

DATE OF EXIT CONFERENCE:

STAFF PRESENT AT EXIT CONFERENCE: (State and Local)

DATE OF FINAL REPORT:

REVIEWED BY SUPERVISOR:

DATE:

LOCAL AGENCY BREASTFEEDING PEER COUNSELING

<p>All local agencies that operate breastfeeding peer counseling programs must follow established Connecticut WIC Program Peer Counseling protocols which are based on the USDA/FNS Loving Support® Model for a successful Peer Counseling Program and the USDA/FNS Loving Support® through Peer Counseling: A Journey Together curriculum</p>	<p>STANDARD MET</p>			<p>Comments:</p>
<p>Indicators:</p> <ol style="list-style-type: none"> 1. Breastfeeding Peer Counselors (BF PC) meet the criteria/definition outlined in the Loving Support® Model which includes: <ul style="list-style-type: none"> • Paraprofessional • Recruited and hired from WIC’s target population and to the extent possible representing the same racial/ethnic back group as the mothers they support • Previous experience with breastfeeding, having breastfed at least on baby • Participate fully as a WIC staff member. 2. Has the BF PC been trained using Loving Support curriculum? 3. Does the BF PC work within the scope of practice and “yield” to the International Board Certified Lactation Consultant (IBCLC) or Designated Breastfeeding Educator (DBE) appropriately? Provide examples. 4. Does the IBCLC and/or DBE and/or identified WIC staff member provide timely access to mentorship to the BF PC? Please outline local procedures and provide documentation of meetings, emails, notes and/or other materials associated with mentorship. 	<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>Partial</p> <p>Partial</p> <p>Partial</p> <p>Partial</p>	

<p>5. Does the BF PC attend WIC staff meetings, are they provided with staff notifications and/or emails? Provide examples of how the local agency ensures BF PC is an integral part of the WIC staff.</p>	<p>YES</p>	<p>NO</p>	<p>Partial</p>	
<p>6. Does the BF PC, IBCLC and/or DBE (if applicable) have opportunities for continuing education? If yes, please list recent (past 1 year) opportunities for all staff listed.</p>	<p>YES</p>	<p>NO</p>	<p>Partial</p>	
<p>7. Has the peer counseling program established community partnerships to enhance its effectiveness? Give examples of past and present outreach efforts including hospital and non-hospital partnerships.</p>	<p>YES</p>	<p>NO</p>	<p>Partial</p>	
<p>8. Have all WIC staff been trained on the peer counseling program protocols, the peer role in the WIC Program, understand BF PC referral process and know where to find BF PC Tracking Log and notes in CT-WIC? Provide details/dates of training.</p>	<p>YES</p>	<p>NO</p>	<p>Partial</p>	
<p>9. Program Management conducts 5 BF PC chart audits per quarter and reviews findings with IBCLC and/or DBE and BF PC</p>	<p>YES</p>	<p>NO</p>	<p>Partial</p>	
<p>10. IBCLC or DBE observes 3 peer counseling visits and provides feedback as part ongoing quality assurance and Off-Year Self-Assessment. Results are shared with Management.</p>	<p>YES</p>	<p>NO</p>	<p>Partial</p>	