

Michigan Department of Health and Human Services WIC Management Evaluation  
Nutrition Education

Agency & Number \_\_\_\_\_ Clinic: \_\_\_\_\_

Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

**Lesson Plans**

**Yes or NA**

**No**

<b>6.4a</b> Does the agency maintain lesson plans for group education, self-directed, and/or take-home Nut ed they develop? (MI-WIC 5.01D)				
<b>Lesson Plan Contents (5.01D 2019)</b> Review two (2) nutrition education lesson plans and verify that they contain: <b>* required elements starred</b>	<b>Lesson Plan 1</b>		<b>Lesson Plan 2</b>	
	<b>Yes or N/A</b>	<b>If no, Action Plan needed</b>	<b>Yes or N/A</b>	<b>If no, Action Plan needed</b>
*Title				
*Learning objectives				
*Target group				
*Learning activities or methods				
*Materials				
*Outline of presentation content				
*Evaluation methods and materials				
*References				
<b>6.4a</b> Does the lesson plan include all of the required components?				
(6.4) Does the Nutrition Ed Coordinator review lesson plans every 2 years to ensure they incorporate client-centered approaches, reflect current science and comply with state & federal requirements?				

Comments:

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<b>WIC Nutrition Education Materials</b>					
Review two (2) nutrition education materials developed by the local agency (MI-WIC 5.01)		Material or Handout 1		Material or Handout 2	
<b>Nutrition Education Materials Review</b>		<b>Yes or N/A</b>	<b>No, Need Action Plan</b>	<b>Yes or N/A</b>	<b>No, Need Action Plan</b>
MPR	Topic				
6.4b	Is the locally developed material written at a 4-8 <sup>th</sup> grade reading level? NOTE: Additional higher or lower reading level materials are acceptable based on client literacy level. (MI-WIC 5.01C 2019) Review copies of 5.01c or 5.01B (2019) checklists				
6.4b	Is the material appropriate for the ethnic-racial diversity of the population served? (MI-WIC 5.01/5.01C)				
6.2a	Are the examples and suggestions used appropriate for the target population (socioeconomic status, food preferences and cultural values)? (MI-WIC Policy 5.01)				
2.1b	Is the current non-discrimination statement (effective 10/15) on the material (if developed by WIC <u>and</u> used for WIC clients, applicants and the general public, <u>and</u> includes mention of WIC)? (MI-WIC Policy 1.09)				
<b>Client Handouts</b>				Yes	If no, Action Plan Needed
6.4b	Are nutrition education materials, that are locally developed or obtained, evaluated for appropriateness using Exhibit 5.01B (new-2019) or equivalent local agency form? Review 5.01B checklists for each item. (State developed or approved publications exempt. See Michigan.gov/wic for listing.)				
6.2e	Are education materials available that address the danger of using drugs or other harmful substances? (MI-WIC Policy 5.03 & 6.02) (i.e., Welcome to WIC brochure, materials that discuss avoiding drugs, alcohol and smoking during pregnancy and while parenting)				

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MPR 6.2	Education Mall/Self Directed Modules Observations	Client 1		Client 2	
		Yes or N/A	Cite if No	Yes or N/A	Cite if No
I, O	Does the agency offer a variety of NE options for clients with no internet or low literacy? Circle options: Individual NE    Group NE Ed Mall    MIHP    BF Peer    Self Directed wichealth.org    Other: _____				
6.2a	Is the client offered a variety of topics based on nutrition status, language, literacy?				
6.2a	Is the client directed to the topics of their interest?				
6.4b	Are the materials provided easy to understand, current, appropriate for client's needs?				
6.2c	Is there evaluation of client learning?				
	<b>Observe benefit issuance: (MI-WIC Policy 2.03)</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Client 3</b>	<b>Client 4</b>
O 4.2f	Does the agency allow personal recognition (PR) by WIC staff or is ID checked (ID) before benefit issuance? (MI-WIC Policy 2.03)				
	<b>Benefit issuance tied to Nutrition Education Participation</b>			<b>No</b>	<b>If YES, Action Plan</b>
8.1c	Does the local agency deny clients benefits if they do not participate in nutrition education activities? (MI-WIC Policy 5.01)				

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<b>Breastfeeding Education and Support (6.5 d, 9.1 a)</b>					
		1		2	
Observe education/support interactions with Breastfeeding clients		Yes or N/A	No, Need Action Plan	Yes or N/A	No, Need Action Plan
MPR	<b>Breast pump Issuance</b> (4.05,4.06, 4.07)	Client ID:		Client ID:	
9.1a	Was the client provided education on:  Manual expression? Pump assembly and cleaning? Handling and storing breastmilk?  Breast pump Release signed?  Was the contact documented? (BF support tab or NE grid)	Provider		Provider	
<b>BF Peers:</b> Observe education/support interactions provided		Client ID:		Client ID:	
6.5d	<b>Pregnant client</b> –Breastfeeding education offered based on mothers’ questions and concerns?  Was the contact documented? (BF support tab or NE grid)	Provider		Provider	
6.5d	<b>Breastfeeding client</b> –Was the client provided support for breastfeeding questions or problems?  Was the contact documented? (BF support tab or NE grid)	Client ID: Provider		Client ID: Provider	
6.5d	Ask peer:  How are referrals made to the IBCLC?				

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<b>Interim Nutrition Education Contact (5.01)</b>					
<b>Observe two (2) separate Interim contacts.</b>					
<b>Obtain lesson plans (group) and nutrition education materials used.</b>					
<b>For each contact, determine whether the following items are present:</b>					
		Contact 1		Contact 2	
Interim Nutrition Education available (circle all that apply):		Yes or N/A	If no, Action Plan needed	Yes or N/A	If no, Action Plan needed
Individual   Group   Education Mall   wichealth.org   Other: _____					
MPR	Topic				
	<b>Indicate Individual (I) or group (G)/ NE facilitator's name</b>	I   G		I   G	
6.4a	Is there a lesson plan/module (group)? (MI-WIC Policy 5.01E)				
6.2a	Is the education appropriate for ethnic-racial diversity?				
6.2a	Does the facilitator relate the topic area to what the client already knows and does?				
3.1b	Is the presenter qualified to provide nutrition education? (MI-WIC Policy 1.07)				
6.2a	Does the NE provided take into consideration/review the client's needs and concerns?				
6.2d	Do the messages provided engage the client in setting simple and attainable goals and provide steps to accomplish those goals?				
6.2a	Are the teaching methods used relevant and easily understood by the client?				
6.2a	Do the activities create opportunities for client interaction and feedback?				
6.2a	Does the client receive reinforcement of the message through materials (posters, handouts, and media)?				
6.2a	Are adult learning principles (respect for client knowledge, and experience) incorporated in the session?				
6.2a	Was there a process to assess for learning and intent of client's behavior change?				
6.2c	Does the education include an evaluation of understanding and outcomes of behavior change to determine the program's effectiveness? (MI-WIC Policy 5.01) How? Circle: <b>post-test   open-ended   contract</b> <b>Other:</b>				
6.2a	Is the education provided appropriate for the client's individual nutritional needs and concerns, socio-economic status, food preferences, language and cultural values? (MI-WIC Policy 5.01)				
Comments:					

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<b>Nutrition Counseling/Care Plan with High Risk Client</b> (MI-WIC Policy 5.06)					
Observe 2 high risk nutrition counseling sessions & review documentation <b>O=Observed D=Discussion</b>		Yes or N/A	If no, Action Plan needed	Yes or N/A	If no, Action Plan needed
<b>MPR</b>	Client Name/ID  Provider name				
6.6b	Was a nutrition <b>assessment</b> completed? (i.e. review and confirm risks, Health history, growth/prenatal weight gain chart, lab, diet, medical info, Problem List notes.)				
6.6b	Did the RD explore and summarize the client's concerns/nutrition issues?				
6.6b	Was the client's input central to the plan development?				
6.2a	Was the counseling tailored to client's cultural values, language/literacy needs, learning readiness, etc.?				
6.6b	Does the <b>Intervention</b> developed include the following? -Identified behavior change/goal(s) determined by client & RD -NE documented: Date, Topic, Method, Behavior Change/Goal -Notes may include desired outcomes, additional goals, handouts provided, etc.				
6.6b	<b>Monitoring/Evaluation-Plan</b> -Next appt type -Indicator to monitor client's progress toward goal -Follow-up info related to care plan to support continuity of care				
6.6b	Were additional referrals offered, if applicable?				
6.6b	Does the RD "freeze" the Care Plan after completed? (Within 48 hours after creation)				
	Comments:				

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant: \_\_\_\_\_ Date: \_\_\_\_\_