

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

Agency & Number _____ Clinic: _____

Reviewer: _____ Date: _____

Lesson Plans

Yes N/A No

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

Comments:

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WIC Nutrition Education Materials					
Review two (2) NE materials developed by the local agency (MI-WIC 5.01)		Material or Handout 1		Material or Handout 2	
Nutrition Education Materials Review		Yes or N/A	No, Need Action Plan	Yes or N/A	No, Need Action Plan
MPR	Topic				
6.4b	Is the resource written at a 4-8 th grade reading level? Review 5.01B NOTE: Additional higher or lower reading levels are acceptable based on client literacy level. (MI-WIC 5.01).				
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)				
Client Handouts				Yes	If no, Action Plan Needed
6.4b	Are locally developed or obtained NE materials evaluated for appropriateness using Exhibit 5.01B or equivalent LA form? Review 5.01B for each item. (State-developed or approved publications exempt; see www.michigan.gov/wic for list.)				
6.2e	Are education materials available addressing the dangers 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?				
	Observe benefit issuance: (MI-WIC Policy 2.03)	Client 1	Client 2	Client 3	Client 4
O 4.2f	Does the agency allow personal recognition (PR) by WIC staff or is ID checked before benefit issuance? (MI-WIC Policy 2.03)				
	Benefit issuance tied to Nutrition Education Participation			No	If YES, Action Plan
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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Breastfeeding Education and Support (6.5 d, 9.1 a)					
		1		2	
Observe education/support interactions with Breastfeeding clients		Yes	No, Need Action Plan	Yes	No, Need Action Plan
MPR	Breast pump Issuance (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	
BF Peers: Observe education/support interactions provided		Client ID:		Client ID:	
6.5d	Pregnant client –Breastfeeding education offered based on mothers' questions and concerns? Was the contact documented? (BF support tab or NE grid)	Provider		Provider	
6.5d	Breastfeeding client –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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Interim Nutrition Education Contact (5.01)					
Observe two (2) separate Interim contacts.					
Obtain lesson plans (group) and nutrition education materials used.					
For each contact, determine whether the following items are present:					
		Contact 1		Contact 2	
Interim Nutrition Education available (circle all that apply):			If no, Action Plan needed		If no, Action Plan needed
Individual	Group	Self-Directed	Take Home Ed	wichealth.org	
Other: _____		Yes		Yes	
MPR	Topic				
	Indicate Individual (I) or group (G)/ NE facilitator's name	I	G	I	G
6.4a	Is there a lesson plan/module (group, self-directed, or take-home)? (MI-WIC Policy 5.01E)				
6.2a	Is the education culturally appropriate?				
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 education 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: post-test open-ended contract Other:				
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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Nutrition Counseling/Care Plan with High Risk Client (MI-WIC Policy 5.06)					
Observe 2 high risk nutrition counseling sessions & review documentation O=Observed D=Discussion		Yes	If no, Action Plan needed	Yes	If no, Action Plan needed
MPR	Client Name/ID Provider name				
6.6b	Was a nutrition assessment 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 Intervention 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	Monitoring/Evaluation-Plan -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: _____