Nutrition and WIC Services Management Evaluation Tool – BFPC Program

Agency / Clinic: ____________________________________  Date of ME: __________________

Evaluator(s): ________________________________

Name of BFPC ________________________________

Use this spreadsheet to see if the clinic you are visiting has a BFPC – complete form below if clinic has the BFPC Program.

Check the box if true for clinic.

1. ☐ CPA staff are making referrals to BFPC (run BFPC referral report in KWIC for local clinic for the last 2 months – run with referral date)

2. ☐ BFPC has future contacts planned. (run BFPC referral report in KWIC for local clinic for the last 2 months – run with contact dates for the next two weeks)
   a. If not, ask the BFPC to explain how she remembers to follow up with clients. For example, if she talks with a mom in April and agrees with the mom that she’ll follow up in May, how does she track it so that she remembers to reach out to the mom in May?

3. ☐ BFPC Contact Report shows BFPC activity (run BFPC Contact Report in KWIC for local clinic for last 2 months)

4. ☐ BFPC is included in development of Nutrition Services Plan Breastfeeding Promotion Needs Assessment and development of the breastfeeding objective. (ask BFPC or BFPC Supervisor)

5. ☐ BFPC is documenting notes in KWIC appropriately. (Pull a few names from the BFPC contact report and look at the BFPC Summary History screen in their record – are the notes helpful for future encounters and to know what happened?)

Meet with BFPC (if possible) and BFPC Supervisor. Include information about how the program is going, positives and negatives etc. below. Once you return to the office, submit a copy of this form to the SA BFPC Program Coordinator for review.