Agency/Clinic:_____ **Audit Date:**_____ **Auditor:** _____**Tier Size:** _____

Participant State ID Number								
Household ID #/Pair Mom & Baby								
Category	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**
Last Name, First Initial								
Certification: Start/End								
Date of Birth								
CS # of Staff								
Risk Code Assignment: • At least one code assigned • All appropriate codes assigned • No codes are mis-assigned	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Participant Referral: • High risk (per table) • Low risk • Follow-up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Core Education Topics: • All topics covered at certification (per SP)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Food Package: • Assignment • Issuance (over/under) • Tailoring	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Documentation of BF and/or Nutrition Education: • Number of Contacts • Provided Quarterly (approx.) • Follow up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Participant State ID Number								
Household ID #/Pair Mom & Baby								
Category	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**
Anthropometric or Hematological Measures/Follow Up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Goal: • Established at Certification • Follow Up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nutrition Assessment Questions: • Completed at Cert • Completed at Mid-Cert (as needed)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nutrition Care Plan: • Completed at Cert and Mid-cert • Type (format) and timing of follow-up visit • What to follow-up on (referral, ed, goal) • Education to be provided	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Discussion Topics:

OBSERVATION	
Customer Service	Y N Notes:
Anthro/Biochemical Technique	Y N Notes:
Required Posters Displayed	Y N Notes:
Confidentiality	Y N Notes:
Outreach Plan on File	Y N Notes:
Nutrition & Breastfeeding Plans on file	Y N Notes:
Breast Pump Log	Y N Notes:
Breastfeeding orientation for new employees	Y N Notes: