

Participant State ID Number										
Household ID #/Pair Mom & Baby										
Category	P	B	N	I	C	P	B	N	I	C
Documentation of BF and/or Nutrition Education: <ul style="list-style-type: none"> Number of Contacts Provided Quarterly (approx.) Follow up 	Y	N	Y	N	Y	N	Y	N	Y	N
Anthropometric or Hematological Measures/Follow Up	Y	N	Y	N	Y	N	Y	N	Y	N
Goal: <ul style="list-style-type: none"> Established at Certification Follow Up 	Y	N	Y	N	Y	N	Y	N	Y	N
Nutrition Assessment Questions: <ul style="list-style-type: none"> Completed at Cert Completed at Mid-Cert (as needed) 	Y	N	Y	N	Y	N	Y	N	Y	N
Nutrition Care Plan: <ul style="list-style-type: none"> 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

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: