

KEY: ✓ information is provided & correct
 NA information is not applicable
 M information is missing/blank
 X information is incorrect

New Hampshire Department of Health and Human Services
 Local Agency Management Evaluation Guide

Completed by:

Record Review	1	2	3	4	5	6	7	8	9	10
A. Participant Information										
List participant's ID # & initials										
Client category, priority and if high risk										
Participant Date of Birth or age										
Date of certification										
B. Eligibility Information										
Proofs—yes or pending										
Adjunctive Eligible (Y or N)										
C. Measurements										
Birth measurements (0-2 years)										
Gestational age (0-2 years)										
Prenatal weight/ (BMI)										
Height/Length/Weight										
Height/Length/Weight										
Hemoglobin /Lead										
Immunization status screened (0-2 years)										
D. Health Interview										
Health Care Provider										
DM/HTN screening										
Pregnancy history —current/former										
BF status (0-2years)										
On WIC prenatally/WIC infant										
Lead-household										
Lead in last 12 months										
Vitamin/minerals/Iron										
ATOD screening--women										
Smoking—household/enclosed space										
Vaping—household/enclosed space										

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	1	2	3	4	5	6	7	8	9	10
List participant's initials										
E. Certification:										
Nutrition/Assessment/Education										
Certification Risk Factors identified (List all RC)										
Missing Risk Factors										
Incorrect Risk Factors										
Nutrition education topics identified										
Nutrition education materials documented										
Goal/ Plan established										
Summary of nutrition counseling										
G. Food Issuance Information										
Food Package –standard/tailored										
FP tailored-- reason identified										
FP tailored appropriately per RC/nutrition needs identified										
Special formula documentation										
Months issued										
FP Issuance—not present										
H. Other										
Referrals (other than standard)										
BASIC CONTACTS completed										
At least 2 staff per certification process										
Rights & Responsibilities										
Card signature										
Physical present for certification										

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	1	2	3	4	5	6	7	8	9	10
List participant's initials										
F. Follow-up Nutrition Contacts										
Mid-cert appt. <u>Date</u>										
Follow-up mmts.--growth										
Follow-up mmts.--bloodwork										
Health interview										
Risk Criteria										
Nutrition education topics										
Nutrition education Materials										
Summary note w/ nutritionist										
FP Issuance—not present										
FUN* / FUN-HP--PDHR appt. ** <u>Date</u>										
Nutrition education topics *										
Nutrition education materials*										
Follow-up mmts—growth**										
Summary note FUN-HP w/ nutritionist **										
FP Issuance—not present										
FUN* / FUN-HP--PDHR appt.** <u>Date</u>										
Nutrition education topics*										
Nutrition education materials*										
Follow-up mmts—growth**										
Summary note FUN-HP w/ nutritionist**										
FP Issuance—not present										
FUN* / FUN-HP--PDHR appt.** <u>Date</u>										
Nutrition education topics*										
Nutrition education materials*										
Follow-up mmts—growth**										
Summary note FUN-HP w/ nutritionist **										
FP Issuance—not present										
BFPC Contacts										

Notes

1	Initials:
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