

NC WIC PROGRAM MONITORING TOOL

Appendix 4: Breastfeeding Supplies

Agency and Site Reviewed: _____

Date: _____ **Reviewers:** _____

Multi-User Electric Breast Pumps <i>(if pump is in the agency, previous issuance must be reviewed)</i>	1	2	3	4	5
Pump Inventory Number					
Participant ID Number					
Date of pump issuance being reviewed					
Completed loan agreement/release of liability					
Documentation of issuance in health record <i>(date of issuance, item(s) issued and reason (s) for issuance)</i>					
Participant eligible for breast pump (yes/no)					
Documentation of initial 72 hour follow-up					
Pump cleaned within one business day of last return					

Single-User Breastfeeding Supply Items	Single User Electric Pump		Single User Manual Pump	Nipple Shield	Supplemental Feeding Device
Participant ID Number					
Completed release of liability					
Documentation of issuance in health record <i>(date of issuance, item(s) issued and reason(s) for issuance)</i>					
Participant eligible for supply item (yes/no)					
Primary health care provider notified of issuance of nipple shield/supplemental feeding device (SFD)					
Follow-up w/in 72 hours with participant					