**ITCA WIC Program**

**Staff Observation Form**

|  |  |  |  |  |  |  |  |
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| Reviewer: |  | Date:  |  | Agency/Clinic:  |  |  WIC Staff: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Appointment:** | **Client Category:** | **Client ID:**  |  |

| **ITEM** | **√ / i / -** | **COMMENTS** |
| --- | --- | --- |
| **Opening the Conversation** |
| * Greets client and establishes rapport.
 |  |  |
| * Sets the agenda (what will happen during appt. and time it will take)
 |  |  |
| * Asks permission
 |  |  |
| * If new certification, staff asked if client was on WIC before
 |  |  |
| **Hemoglobin** |
| **Masimo** |
| * Pediatric tester used or finger sized measured
 |  |  |
| * Non-dominant hand and either ring or middle finger (thumb can be used for small children) is used
 |  |  |
| * Gauge is right side up
 |  |  |
| * Arm is at or near heart level and cable runs on top of hand
 |  |  |
| * Client is instructed to remain still
 |  |  |
| **HemoCue** |
| * Hands gloved prior to test and removing cuvette from container
 |  |  |
| * Fingertip wiped with alcohol and allowed to dry
 |  |  |
| * Tester chose either middle or ring finger (with no ring)
 |  |  |
| * Tester punctured on the side of tip of finger
 |  |  |
| * Blood sample was collected without roughly squeezing /milking finger
 |  |  |
| * Tester wiped away the first 2-3 drops of blood
 |  |  |
| * Tester allowed the drop of blood to become big enough to fill the cuvette, which was inserted into the drop of blood and filled in one continuous process
 |  |  |
| * Tester wiped off excess blood from cuvette and checked for air bubble
 |  |  |
| * Cuvette and lancet were discarded in a bio-hazard container
 |  |  |
| * Hands were washed or sanitizing gel used after testing
 |  |  |
| * Area is cleaned after client or paper towel was placed under supplies
 |  |  |
| * Hemoglobin results were correctly recorded in computer.
 |  |  |
| * Hemoglobin was taken at the appropriate time
 |  |  |
| **Weight** |
| * Zero Scale (with or without paper)
 |  |  |
| * Removed clothing, outer clothing, shoes, in dry diaper etc.
 |  |  |
| * Center of scale
 |  |  |
| * Measurement recorded on paper and in computer correctly and to the nearest ounce
 |  |  |
| * Used paper and changed between clients (infants only)
 |  |  |
| **Height/Length** |
| **Height** |
| * Positioned properly (shoes or hair clips/braids removed, knees straight, 2 people measured for children)
 |  |  |
| * Measurement taken to closest 1/8”
 |  |  |
| * Measurement recorded correctly on paper & in computer
 |  |  |
| **Length** |
| * Positioned properly (shoes or hair clips/braids removed, both legs grasped and straightened, head against head piece, 2 people measured)
 |  |  |
| * Measurement taken to closest 1/8”
 |  |  |
| * Measurement recorded correctly on paper & in computer
 |  |  |
| * Paper used on recumbent board and changed between clients
 |  |  |
| **Qualifications** |
| **Data Verification** |
| * Client name and date of birth is verified
 |  |  |
| **Ethnicity/Race** |
| 1. Tribal Affiliation/Ethnic origin Documented

 (Client self declares, staff asks, or assess visually) |  |  |
| **Income** |
| * Determined income correctly
 |  |  |
| * Documented correctly (source, amount and proof or self-declare form)
 |  |  |
| **Residency** |
| * Updated phone number, address, etc.
 |  |  |
| * Matched addresses on demographics with proof
 |  |  |
| * Documented correctly
 |  |  |
| I**dentification** |
| * Verified For Client
 |  |  |
| * Verified for Caregiver
 |  |  |
| * Documented Correctly
 |  |  |
| **Information about mom** |
| * Information about mom is correctly documented
 |  |  |
| **Growth Grids** |
| * Showed appropriate growth grids to the caregiver
 |  |  |
| * Explained growth grids or pregnancy weight grid correctly
 |  |  |
| **Health Interview** |
| **Infant / Child**  |
| * Infant feeding/Breastfeeding questions were asked and information recorded correctly
 |  |  |
| * Household Smoking and TV/Video Viewing questions were asked and information recorded correctly
 |  |  |
| **PG / BF / PP** |
| * Education and vitamin questions were asked and information recorded correctly
 |  |  |
| * Diabetes and hypertension questions asked and answers recorded
 |  |  |
| * Pregnancy and/or Delivery information was asked and information recorded correctly
 |  |  |
| * ATOD questions were asked and information recorded correctly
 |  |  |
| **Risks** |
| * All risks were identified
 |  |  |
| * Documented notes for risks with multiple definitions
 |  |  |
| * Nutrition Assessment Questionnaire used to individualize the nutrition assessment and identify risks
 |  |  |
| * Referred to Nutrition Risk Factors Manual when unsure of risk
 |  |  |
| * Documented in Notes non-risk related pertinent information
 |  |  |
| * Used critical thinking skills to ask follow-up questions and assess information provided
 |  |  |
| * Questions were non-leading and an effective balance of open-ended and closed-ended questions was used.
 |  |  |
| **Referrals** |
| * All mandatory referrals were made, if appropriate
 |  |  |
| * Service documented correctly as Has, Referred, Applied or Not Applicable
 |  |  |
| * Any additional referrals needed by client were made and documented.
 |  |  |
| * Previous referrals to programs and services made at a previous visits were followed up on
 |  |  |
| **Basic Contact** |
| * Caregiver read the Rules & Regulations or CNW reviewed/discussed them with the caregiver and signed by caregiver
 |  |  |
| * Staff informed client of the programs that WIC shares information with
 |  |  |
| * Voter registration was offered/discussed
 |  |  |
| * Substance Abuse education provided (new certifications only)
 |  |  |
| **Food Package Assignment** |
| * Assigned appropriate food package
 |  |  |
| * Tailored food package appropriately (including formula amt’s)
 |  |  |
| **Flowsheet** |
| * Flow sheet correctly completed
 |  |  |
| **Appointment** |
| * Appropriate appointment given to client
 |  |  |
| * Documented or printed what client needed to bring at next appointment
 |  |  |
| * Appointment was written in ID folder or appointment notice was given to client
 |  |  |
| High risk clients were referred to RD |  |  |
| * Client’s eligibility for tri-monthly or bi-monthly issuance verified before printing checks
 |  |  |
| ID folder given to client and explained (as applicable) |  |  |

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| **Check Education** |
| **Check Education (New Certifications)** |
| * WIC foods
 |  |  |
| * WIC vendors
 |  |  |
| * How to use the CVV
 |  |  |
| * Paying over including using SNAP benefits if appropriate
 |  |  |
| * Separate WIC foods by check from other foods at grocery store
 |  |  |
| * Inform cashier you are using WIC checks. Present checks and ID folder to cashier
 |  |  |
| * Verify amount and date of use recorded on check and countersign the check after the amount and date are correctly filled out
 |  |  |
| * Use check after first date to use and before late date to use
 |  |  |
| * Inform clinic if there are any problems with store
 |  |  |
| * No exchanges for cash, non-authorized food item, or credit
 |  |  |
| * Client was given the opportunity to ask questions
 |  |  |
| **Check Education (Recertifications)** |
| * Asked if client has a WIC food list
 |  |  |
| * Asked if client has a WIC vendor list
 |  |  |
| * Asked if client has any questions/problems using WIC checks
 |  |  |
| **Check Printing or Separation of Duties** |
| * Recorded any reported problems or complaints and obtained adequate information
 |  |  |
| * Other staff person issued checks (if available)
 |  |  |
| * Client signed for checks
 |  |  |
| * ID Folder dividers or envelopes used and explained
 |  |  |
| * Extra check stock paper was shredded or marked void
 |  |  |
| **Civil Rights** |
| * Staff provided services in a non-discriminatory manner
 |  |  |
| **General** |
| * Uses appropriate techniques to establish a relationship and begin a conversation
 |  |  |
| * Practices active listening and responds to non-verbal cues
 |  |  |
| * Collects information without interrupting or correcting the client.
 |  |  |
| * Ensures understanding by clarifying or asking questions as nec.
 |  |  |
| * Uses an effective balance of open-ended and closed-ended questions
 |  |  |
| * Asks questions in a non-judgmental and non-leading manner
 |  |  |
| * Provides positive reinforcement for healthy behaviors
 |  |  |

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| **Questions for Staff** |
| * What would you do if you took a measurement on a client that is 2 inches shorter than the previous measurement?
 |  |  |
| * If a caregiver told you that her refrigerator was broken, where would that be documented?
 |  |  |
| * Imagine I am a new client. Explain how I would use my WIC benefits. (Check education, vendor list, food list)
 |  |  |
| * What education is mandatory at all new certifications? (Substance abuse education) Explain it to me.
 |  |  |
| * What is the procedure for issuing soy milk?
 |  |  |
| * A client tells you a store was out of WIC cereals, what would you do or say?
 |  |  |
| * What would you do if one of your relatives were on WIC?
 |  |  |
| * What is needed before you void and replace food instruments?
* In what situation can you void and replace a check and some checks for the month have already been used?
 |  |  |

**Nutrition/Breastfeeding Education Observation**

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| **Item** | **√ / I / -** | **Comments** |
| **Individual:** |
| * Nutrition assessment completed prior to providing education (risks assigned, assessed information concerns/comments by client)
 |  |  |
| * Previously provided nutrition education reviewed
 |  |  |
| * Nutrition education addressed the highest risk(s) and/or considered client interest or concerns (Mandatory Topics: Exit Counseling, Finger Foods, Breastfeeding)
 |  |  |
| * Used tools such as cups and BF tools
 |  |  |
| * Used tools to generate topic (wands, circle charts, sort cards, facial expression cards, etc.)
 |  |  |
| * Topic entered:
 |  |  |
| * Topic discussed:
 |  |  |
| * Handout was used appropriately (reinforced or guided education)
 |  |  |
| * Handout related to education provided
 |  |  |
| * Handout entered:
 |  |  |
| * Topic(s) and handout(s) were accurately documented
 |  |  |
| * Goal related to education provided
 |  |  |
| * Goal is clear and appropriate
 |  |  |
| * Goal reflects desired health outcome
 |  |  |
| * Client involved in making nutrition goal
 |  |  |
| * Goal entered:
 |  |  |
| * Ways to Meet Goal:
 |  |  |
| * Ways to meet goal reflect goal and education provided
 |  |  |
| * Ways to meet goal are measurable
 |  |  |
| * Goal and ways to meet goal were accurately documented
 |  |  |
| * Education provided was interactive and staff elicited current diet/behavior practices from client
 |  |  |
| * Information provided to client was accurate
 |  |  |
| * Client received an adequate amount of information, guidance or suggestions to make a behavior change
 |  |  |
| * Education provided was appropriate for client based on socioeconomic status, current living situation, education and ability to make changes
 |  |  |
| * Staff provided positive reinforcement for positive health behaviors currently used by client
 |  |  |
| * Staff provided support and encouragement for client to change behavior/breastfeed
 |  |  |
| * Staff assisted a breastfeeding mother, addressing questions or concerns appropriately
 |  |  |
| * Number of education topics was appropriate and learner was not overwhelmed with information.
 |  | # topics: |
| * Length of session (no score)
 |  | # minutes: |
| * Client offered a breastpump, if applicable
 |  |  |