**ITCA WIC Program**

**Staff Observation Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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) |  |  |

|  |  |  |
| --- | --- | --- |
| **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 |  |  |

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| **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 |  |  |