

# NH DHHS WIC Local Agency Clinic Evaluation Guide

Agency and Clinic Site: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Scheduled appointment time: \_\_\_\_\_ Start/end time w/ total time: \_\_\_\_\_

Category:  PG  BF  PP  Cert/re-cert  mid-certification  FUN Participant ID: \_\_\_\_\_  
 Category:  Infant  Child  Cert/re-cert  mid-certification  FUN Participant ID: \_\_\_\_\_  
 Category:  Infant  Child  Cert/re-cert  mid-certification  FUN Participant ID: \_\_\_\_\_  
 Category:  Infant  Child  Cert/re-cert  mid-certification  FUN Participant ID: \_\_\_\_\_

INTAKE:			
	Observed	N/A	Notes
<b>Customer Service</b> —introduces self, acknowledges support person, explains their part of the appointment and ~time, puts participant at ease. Affirms the family.			
Explains their part of the WIC appointment and eligibility. (\$ eligibility/ proofs)			
Explains approximate length of the appointment-- (including wait time).			
Proof of <b>residency</b>			
Proof <b>identity</b>			
Proof of <b>category</b>			
Proof of <b>income</b> (sources documented)			
Adjunctive income properly verified			
<b>Race &amp; Ethnicity</b>			
<b>Physical presence</b>			
<b>Rights &amp; Rules</b> are adequately explained, questions answered.			
<b>Rights &amp; Rules</b> copy is offered to read, a copy is offered and/or the participant/applicant is directed to electronic copy at DHHS_WIC website.			
Confirms with the participant/applicant that by signing the R&R on <b>signature pad</b> they understand and agree to abide by the rules.			
Discusses <b>Basic Contacts</b>			
<b>Referrals</b> made.			

MEASUREMENT & BLOODWORK			
	Observed	N/A	Notes
<b>Customer Service</b> — as described above.			
<b>MEASUREMENT (mmt)</b>			
<b>Height/length</b> mmt appropriate technique/equipment			
<b>Weight</b> mmt appropriate technique/equipment			
<b>BLOODWORK</b>			
Bloodwork area is clean and sanitized.			
<b>Bloodwork</b> measurement appropriate technique			
<b>Used cuvettes and lancets</b> disposed of appropriately			
Microcuvettes in container & not exposed prior to use			

<b>NUTRITION &amp; BREASTFEEDING:</b>			
	<b>Observed</b>	<b>N/A</b>	<b>Notes</b>
<b>Customer Service</b> — as described above.			
Explains their part/purpose of the WIC appointment and eligibility-- + health outcomes/risk eligibility.			
<b>Prenatal growth grid or growth charts</b> reviewed accurately and how they are used.			
<b>Bloodwork</b> reviewed accurately.			
<b>Immunizations</b> (0 ≤2 years) screened.			
<b>Health Interview</b>			
<b>ATOD</b>			
<b>Tools/Techniques:</b> <input type="checkbox"/> GTHM tool <input type="checkbox"/> VENA			
Uses an engaging way to elicit health, dietary or other participant concerns.			
Listens and gives attention to participant vs. computer/papers.			
<b>Open ended questions</b> used.			
Probes to clarify as needed.			
<b>Reflective listening</b> used appropriately.			
<b>Affirmations</b> provided.			
Acknowledges concerns; allows participant to ask & respond to questions.			
Reviews and uses pertinent information from the <b>Tell Us About You/Your... health form</b> <u>or</u> the <b>NH assessment tools</b> -One must be used when assigning the Presumed Dietary Risk.			
<b>Goal setting</b> __Helps the participant focus/decide on specific behavior to adopt, based on <b>readiness to change</b> .			
Handouts <b>selected &amp; offered to support the behavior change identified</b> .			
<b>Food Package</b> discussed, tailoring offered & assigned.			
<b>Food Benefits List</b> provided.			
Conveys that WIC Foods are supplemental and meet the nutritional needs of the participant.			
Informs the participant they are certified, the certification time period, & that reapplication is necessary.			
<b>Exit Counseling</b> -when appropriate.			
<b>Summarizes</b> appt.& FUN appt. plan			
<b>Basic Contacts</b> discussed.			
<b>Referrals</b> made.			
<b>FUN-HR</b> —follow-up to goal/issue.			
<b>MAIN TAKE AWAY MESSAGE(S) and SUGGESTIONS FOR IMPROVEMENT:</b>			

<b>eWIC BENEFITS/FUN APPTs:</b>			
	<b>Observed</b>	<b>N/A</b>	<b>Notes</b>
<b>Customer Service</b> as described above.			
<b>FUN-nutrition ed.</b> contact provided.			
Asks participant at FUN if they need to make changes to their food package or see a nutritionist.			
<b>eWIC card issued</b> appropriately.			
Explains (new)/offers - eWIC card use review.			
<b>WICConnect</b> explained (new)/offered how to access.			
<b>eWIC Card Guide</b> provided (new)/offered.			
<b>Signature</b> on signature pad obtained.			
<b>WIC food list</b> reviewed (new)/offered <b>or</b> directed to <b>WIC Shopper App.</b>			
<b>WICShopper App</b> -Reviewed (new)/offered how to access.			
<b>Benefit List</b> provided if not done by nutritionist			
<b>Current store list</b> provided (new)/offered <b>or</b> directed to <b>WIC Shopper App.</b>			
<b>Referrals</b> made.			

<b>BREASTFEEDING PEER COUNSELOR:</b>			
	<b>Observed</b>	<b>N/A</b>	<b>Notes</b>
<b>Customer Service</b> — as described above.			
3 step counseling technique followed:			
<b>Ask</b>			
<b>Affirm</b> ( <i>positive reinforcement</i> )			
<b>Educate</b> ( <i>appropriate intervention</i> )			
Selects and offers education handouts.			
Yields to BF expert appropriately.			
Breastpump issued with instructions.			
<b>Referrals</b> made.			
<b>Summarizes</b> appt. and follow-up plan.			