

**Nevada WIC Program-Stage 3 Observations**

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| REVIEWER: | DATE: |
| AGENCY: | CLINIC: |

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| Staff Name and Job Position Training For |  |  |
| Participant Name and Family ID |  |  |
| **Category** (circle): I C WP WBF WPP | **Appointment Type** (check one): New Certification  Re-Certification NE Contact CHA IHA HR | |
| **Nutrition Assessment (Use of VENA/PCS)** | **Notes** | **Notes** |
| **Completed Nutrition Interview in NV WISH** |  |  |
| * Used critical thinking skills to gather, analyze, and evaluate information received |  |  |
| * Entered detailed notes in NV WISH, not short or incomplete statements or sentences; entered data provided by participant, not staff members personal opinions. |  |  |
| Provide nutrition education and referrals based on participant’s identified interest, request, and/or readiness as well as needs. |  |  |
| Were PCS practices maintained as part of the assessment? Support tools used like circles chart (if applicable) |  |  |
| All appropriate risk codes assigned; manual codes in addition to auto generated codes |  |  |
| Additional notes on Nutrition Assessment, if needed: | | |
| **Food Benefits** | **Score** | **Notes** |
| Food Package tailored appropriately |  |  |
| Used appropriate food package interval (Number of months issued) |  |  |
| Provided authorized food list |  |  |
| Staff instructed the authorized representative(s) on how to shop for WIC  approved foods |  |  |
| Staff instructed the authorized representative(s) on how to use the WIC Shopper App and key app features |  |  |
| Staff instructed the authorized representative(s) on how to determine family  benefit balance |  |  |
| Discussed authorized vendors and how to locate and/or identify |  |  |
| **EBT Card Issuance (if applicable)** | **Score** | **Notes** |
| Staff instructed the authorized  representative(s) how to set the four-digit PIN. |  |  |
| Staff instructed the authorized representative(s) on PIN security. (ie) not to write the PIN on the EBT card |  |  |
| Staff instructed the authorized representative(s) on how an account can become locked and how to reset the PIN |  |  |
| Staff instructed the authorized  representative(s) on the correct use of card |  |  |
| Staff instructed the authorized representative(s) on how to report the EBT  card lost or stolen |  |  |
| Authorized representative signed on signature pad when the EBT card was issued in WISH |  |  |
| **Documentation** | **Score** | **Notes** |
| Completed Nutrition Interview, Care Plan, and Comments/Alerts appropriately for appointment type and information discussed |  |  |
| * Documented when required and with correct level of detail |  |  |
| **Immunizations/Breastfeeding Information** | **Score** | **Notes** |
| Immunization reviewed and documented correctly (if applicable) |  |  |
| Staff accessed WebIZ to verify immunization (if no paper records were provided) |  |  |
| Breastfeeding information documented  correctly (if applicable) |  |  |
| **Customer Service** | **Score** | **Notes** |
| Staff logged out of WISH or locked computer  when leaving the workstation |  |  |
| Clinic environment ensures confidentiality and  privacy is maintained |  |  |
| Accommodations were made to provide services/forms in participant’s preferred  language/ Focused on client when a translator  was used |  |  |
| Staff focused on the client and not the  computer |  |  |
| Staff informed client of the right to complain/  Online complaint/feedback forms |  |  |

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| --- | --- |
| **NOTES** | |
| **Trainee’s Name** | **Staff position/title training for:** |
| How do you both feel the appointment went?  What area’s do you both feel was done well?  What might trainee do different the next time? | |