



Nevada WIC Program-Stage 3 Observations



REVIEWER: _____

DATE: _____

AGENCY: _____

CLINIC: _____

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 <input type="checkbox"/> Re-Certification <input type="checkbox"/> NE Contact <input type="checkbox"/> CHA <input type="checkbox"/> IHA <input type="checkbox"/> HR <input type="checkbox"/>
Nutrition Assessment (Use of VENA/PCS)		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		

√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrect/partially done or not done

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

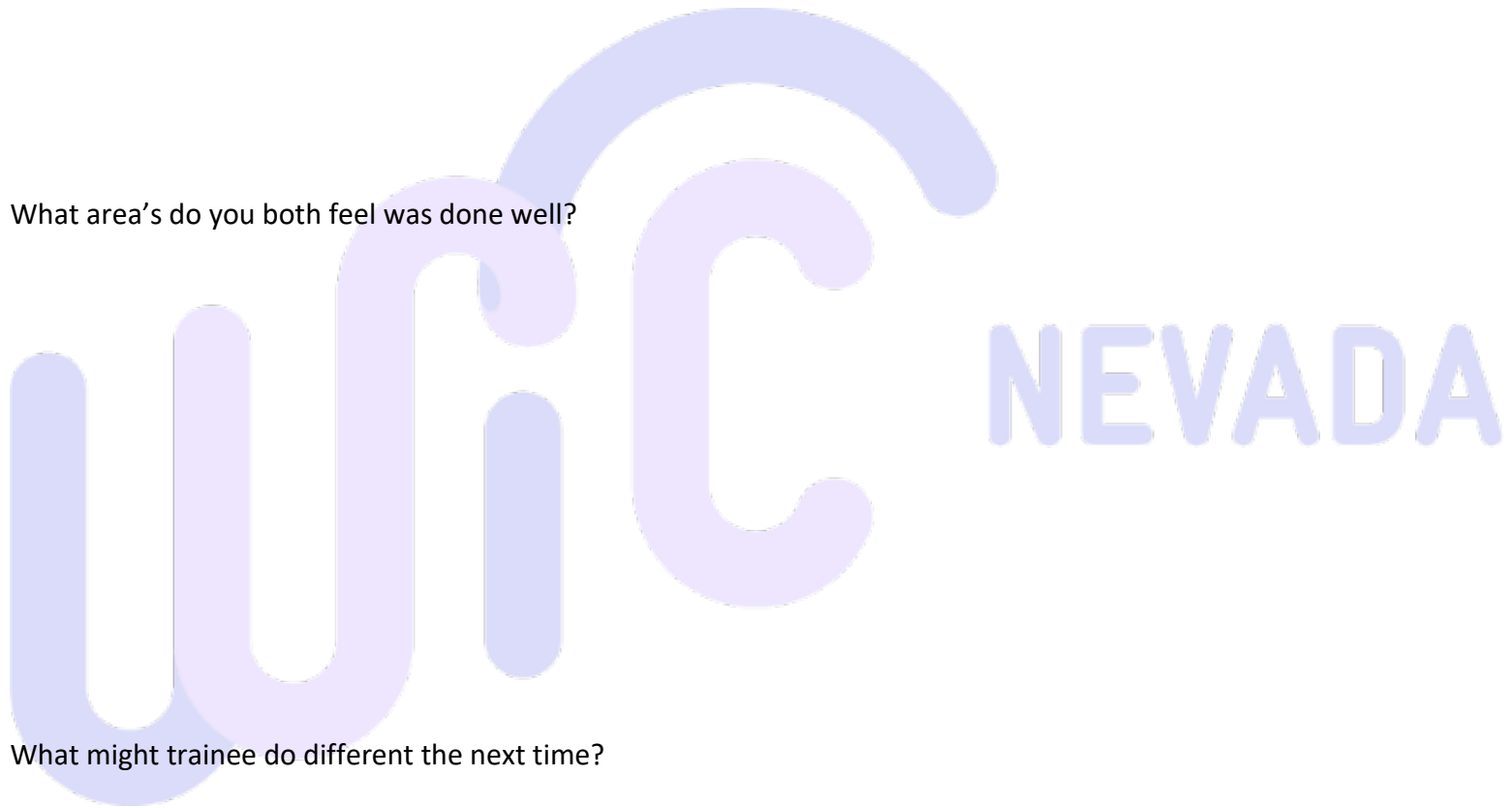
Trainee's Name

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?



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