

**Nevada WIC Program - Stage 4 Observations**

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

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| Staff Name and Job Position Training For |  |  | |
| **H** or **H\*** Risk Codes Assigned and/or discussed |  |  | |
| Participant Name and Family ID |  |  | |
| **Category**: (circle) I C WP WBF WPP | **Appointment Type** (check one): New Certification  Re-Certification NE Contact CHA IHA | | |
| **Invest in the Interaction** | **Score** | **Notes** | |
| Reviewed notes/goals from previous appointment (if applicable) |  |  | |
| Greeted applicant/participant by name / introduced self |  |  | |
| Reviewed purpose of appointment and expected timeframe for completion with applicant/ participant |  |  | |
| **Client(s) Information – Enrollment Screen** | **Score** | **Notes** |
| Participant/applicant/proxy/HOH data was collected and documented correctly |  |  |
| Verified accuracy of name, date of birth, due dates, gender identity, etc. |  |  |
| Child linked to mother’s ID (if applicable) |  |  |
| Foster status documented (if applicable) |  |  |
| Race and ethnicity data collected accurately  (initial certification; recheck on recert) |  |  |
| Informed participant of requirement to record race and ethnicity data if self-declared information is not provided |  |  |
| Preferred spoken language documented |  |  |
| **Family Eligibility / Intake Information** | **Score** | **Notes** |
| **Explain purpose of WIC and certification process** |  |  |
| * Asked permission to review and verify documents |  |  |
| * Applicant/participant confidentiality maintained throughout intake process |  |  |
| * Informed participant before their appointment of access to free language assistance and other aids (if applicable) |  |  |
| * “I Speak” Statements made available (if applicable) |  |  |
| * Informed person if their wait is longer than 15 minutes (if applicable) |  |  |
| Proof of ID / proxy ID was provided and recorded  correctly |  |  |
| Proof of address (for residency) was provided and recorded correctly |  |  |
| Staff verified contact preference of participant for address, email, and phone number(s) |  |  |
| **Proof of income was provided and recorded correctly for complete household** |  |  |
| * Adjunctive Eligibility/Self-Declared Income documented correctly |  |  |
| * Affidavit (if no income) and reason documented |  |  |
| * Comment placed in Comments/Alerts for follow up if Affidavit was completed |  |  |
| * If Income Ineligible - provided printed letter to applicant/participant/proxy/HOH (if applicable) |  |  |
| **Household size determined correctly:** |  |  |
| * “Unborn” counted (if applicable) |  |  |
| * Spouse, boyfriend, live-in partner counted (if applicable) |  |  |
| * Other household members (if applicable) |  |  |
| Provisional certification done if any certification documentation is not provided |  |  |
| Voter Status updated; Offer of registration Completed |  |  |
| Client being certified physically present; physical presence policy being followed |  |  |
| Documents that are required to be retained are scanned and uploaded into family record in NV WISH |  |  |
| Completed Milestones Checklists are reviewed, and referrals provided if needed/accepted. |  |  |
| **Immunizations** | **Score** | **Notes** |
| Immunization records reviewed and documented correctly (if applicable) |  |  |
| Staff accessed WebIZ to verify immunization (if no paper records were provided) |  |  |
| **Assessment** | **Score** | **Notes** | |
| **Appropriate anthropometry and/or bloodwork** |  |  | |
| * Correct procedure was followed in obtaining weight/length/height measurements |  |  | |
| * Adding ‘Diagnosed Weeks Gestation’ in WISH when recording premature birth measurements (if applicable) |  |  | |
| * Correct procedure was followed in performing hemoglobin (iron) testing |  |  | |
| * Referral provided if necessary for iron or lead testing or health care |  |  | |
| **Nutrition Interview and Risk Assessment** |  |  | |
| Used OARS |  |  | |
| * Asked open-ended questions and explored - collecting complete/ accurate information |  |  | |
| * Affirmed participant's knowledge / experiences |  |  | |
| * Reflected to convey understanding |  |  | |
| * Detailed information is documented in Nutrition interview panels |  |  | |
| * Identified and documented appropriate WIC risk codes |  |  | |
| **Nutrition Counseling and Education** | **Score** | **Notes** | |
| Counseling and education occurred after assessment (VENA) |  |  | |
| Explored and identified readiness for change |  |  | |
| Tailored discussion to align with participant’s needs, risks, and interests to follow PCS |  |  | |
| Used OARS; asked permission re: topics |  |  | |
| * Explored feelings and offered ideas |  |  | |
| Breastfeeding education provided and documented (if applicable) |  |  | |
| Provided information on harmful substance to applicant/participant/proxy/HOH at cert & recert |  |  | |
| **Support Health Outcomes** | **Score** | **Notes** | |
| Asked about and discussed next steps with participant using PCS |  |  | |
| Facilitated participant in setting goal(s)  \*Nutrition or breastfeeding related for first goal |  |  | |
| Provided affirmations to participant |  |  | |
| Discuss type/purpose for next WIC appointment |  |  | |
| 2nd or 4th nutrition education contact is offered/discussed with participant (if applicable) |  |  | |
| Exit counseling provided to pregnant, breastfeeding, postpartum participants (as necessary) |  |  | |
| Appropriate referrals provided (Medicaid/SNAP/TANF, Immunization, Lead Screening, other referrals that would be of interest) (if applicable) |  |  | |
| Appropriate Handout(s) provided as tools for topics discussed and or goals |  |  | |
| **Care Plan Completed in Full (see NE: 2)** | **Score** | **Notes** | |
| **Subjective:** Information participant provides, their feelings and concerns   * Follow up on previous goals documented * More detailed information not captured by Nutrition Interview assessment panels |  |  | |
| **Objective:** data captured from Nutrition Interview   * Additional info as needed |  |  | |
| **Assessment:** Risk codes auto and manually assigned from Nutrition Interview & Risk Panel   * Can provide additional information regarding specific risk codes |  |  | |
| **Counseling/Plan:** Topics, pamphlets, and Referrals auto populate.   * **- Goals:** Participant-identified next steps, goal(s) * \*1st must be nutrition/breastfeeding related |  |  | |
| **Counseling/Education:** Detailed summary of information/discussion from S/O/A sections   * Summary of recommendations/counseling provided |  |  | |
| **Plan:** Next steps, scheduling for next contact |  |  | |
| **EBT Card Services** | **Score** | **Notes** | |
| Staff correctly issued or reissued EBT card(s) (when applicable) |  |  | |
| Educated participant on how to use WIC EBT card |  |  | |
| * Verified that participant knows how to set up PIN and what to do if PIN gets locked |  |  | |
| * Verified participant knows how to report EBT card lost or stolen |  |  | |
| **Food Package and Issuance** | **Score** | **Notes** | |
| Staff correctly prescribed food package benefits (when applicable) |  |  | |
| Provided choices to tailor food package to participant’s needs up to level authorized |  |  | |
| If food package was tailored, staff documented in the Food Package notes |  |  | |
| Staff instructed the authorized representative(s) on how to use the WIC Shopper App and key app features |  |  | |
| Rights and Responsibilities fully explained to the participant at time of certification and recertification |  |  | |
| **Customer Service** | **Score** | **Notes** | |
| Accommodations were made to provide services/forms in participant’s preferred language (if applicable) |  |  | |
| Focused on applicant/participant when interpreter was used (if applicable) |  |  | |
| Nutrition education appropriate to cultural preferences, household situation, understanding |  |  | |
| Staff focused on the participant/applicant while capturing/documenting necessary information |  |  | |
| Staff logged out of NV WISH or locked computer  when leaving the workstation |  |  | |

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