

## WIC Clinic Visit

**Date:**

**Agency:**

**Clinic (#):**

**State Staff:**

**Clinic Hours:**

### Clinic Services Information

	Yes	No	Comments
<b>WIC Services Available</b>			
Certification/Recertification			
Infant/Child/Breastfeeding Health Updates			
Nutrition Education – Individual			
Nutrition Education – Class			
Breastfeeding Peer Counseling			
Describe service delivery model:			
<b>Other Services Available</b>			
Child Adolescent Health			
Maternal Health			
I-Smile			
Family Planning			
Immunization			
Local Public Health Services			
Other			

**Clinic Staffing**

<b>Clinic Staff Names</b>	<b>Staff role</b> <ul style="list-style-type: none"> <li>• WIC Coordinator</li> <li>• Support Staff</li> <li>• CPA – indicate Licensed Dietitian, Registered Nurse, Nutrition Educator, Nutrition Educator - WIC Nutrition Assistant</li> <li>• Designated Breastfeeding Expert (DBE)</li> <li>• Breastfeeding Peer Counselor</li> </ul>	<b>FIDs Observed with each Staff Member</b>	<b>Comments</b>

**Appointments and Participants Observed**

<b>Participant Type</b>	<b>Appointment Type</b>	<b>Full or Partial Appointment Observed</b>	<b>Comments</b>

**Reports**

The following reports will be run by the nutrition consultant prior to the clinic visit.

<b>Report</b>	<b>Time Period</b>	<b>Comments</b>
Participation with Benefits Report	<i>Previous three months</i>	
Daily Calendar	<i>For the day of the clinic visit</i>	
Appointment Summary Report	<i>Previous three months</i>	
Clinic Activity Summary Report	<i>Previous three months</i>	
Breastfeeding Prevalence	<i>Previous month as the ending month</i>	
Interpreter Needs Report	<i>For the day of the clinic visit</i>	

**Facility**

	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Accessible location			
Adequate parking			
Accessible by public transportation			
Adequate size			
Equipment such as computers/printers are set up correctly and on time			
Adequate seating/waiting area			
Check-in location easily recognizable or signs posted			
Resources/activities available to occupy children			
Reasonable clinic flow How do staff know when a participant is ready to be seen?			
Noon-hour coverage available			
Extended clinic hours available			

**Clinic Environment**

	Yes	No	NA/Not Observed	Comments
Clean environment				
Safe Environment - Examples include but are not limited to the following: <ul style="list-style-type: none"> <li>● Clinic area childproof</li> <li>● Stairs enclosed</li> <li>● Equipment, medical supplies, and waste is kept out of reach of participants</li> <li>● Free of clutter/electric cords/cables</li> </ul>				
Ensures confidentiality				
Authorization for Release of Information is used appropriately				
Breastfeeding promoted throughout the clinic, including the waiting rooms				
Breastfeeding supported through dialogue and nonverbal language				
Participants understand that participation in other non-WIC services at clinic are encouraged, but are voluntary				
Disaster kit on-site and contains required components				
Food instrument (FI) stock is out-of-sight and out-of-reach of participants.				
FIs are secured if a clinic is left unattended and staff is not present				

**Policy/Procedure/Form References**

- III. MIS: Local WIC Agency Data Processing
- IV. Organization and Management: Clinic Environment, WIC Disaster Plan (WIC Operational Plans during an Emergency)
- VIII. Certification, Eligibility and Coordination of Services Policies: Confidentiality of Participant Information
- VIII. Certification, Eligibility and Coordination of Services Forms: Authorization for Release of Information

**Signage**

	Yes	No	Comments
Required signs are visible and are clearly posted			
WIC and clinic hours are identified at clinic entrances			

“And Justice for All” poster displayed prominently at entrances WIC participants may enter and in waiting rooms			
No smoking sign posted			
Walk-in policy/late appointment policy posted			
Missed appointment and FI policy sign posted or written notice given at certification			
Uses positive over negative signage			

## Policy/Procedure/Form References:

- IV. Organization and Management: Clinic Environment
- IX. Food Delivery and FI Accountability and Control Policies: Missed Appointments and Food Instruments

**Customer Service**

	Yes	No	NA/Not Observed	Comments
Follow-up appropriately on alerts				
Take participants in order of appointment				
Greet participants by name, introduce self, and explain what the participant will be doing with that staff member				
Support person(s) accompanying the family at the appointment and/or are involved with the care of the children are included				
Participants are directed where to go next in clinic				
Participant centered techniques used with participant interactions				
Establishes rapport with the participant/family. Invites questions, provides time for open communication, and adapts to participant needs				
Staff members ask permission before sharing information and materials				
Acknowledge participant concerns and maintain eye contact				
Provide positive feedback and support				
Answer participant questions accurately or refer to appropriate clinic staff				
Staff work as a team				

**Management Information System**

	Yes	No	NA/Not Observed	Comments
Staff logged in under assigned username				
WIC data system equipment is not used for personal use. Personal files are not opened or downloaded				
Only work-related websites are visited				
Participant records/schedules are not displayed while the computer is unattended				
Only WIC staff are accessing data from the data system and data is only shared per policy				

## Policy/Procedure/Form References:

- III. Management Information Systems (MIS): Local WIC Agency Data Processing
- VIII. Certification, Eligibility and Coordination of Services Policies: Confidentiality of Participant Information

**Scheduling Appointments**

	Yes	No	NA/Not Observed	Comments
Appointments scheduled with input from the participant				
Remind participant what to bring to next appointment				
Appointment reminder offered				
The length of the appointment is tailored to the participants' needs				
Follow-up visits scheduled if appropriate				

**Intake: Demographics and Eligibility**

	Yes	No	NA/Not Observed	Comments
New participants are asked to self-identify race and ethnicity				
Visual observation used if an applicant does not self-identify				
Proof of identity required				
Affidavit is documented if needed for identification and an appropriate "ID Affidavit Reason" is documented				

Signed statement is completed in full, supports the ID Affidavit Reason, and is electronically filed, if applicable				
Physical presence documented appropriately				
Participant address and phone number verified by participant				
Proof of address required				
Affidavit is documented if needed for residency and an appropriate “Affidavit Reason” is documented				
Signed statement is completed in full if needed for residency, supports the Affidavit Reason for residency, and is electronically filed, if applicable				
Pregnant women are given the option of whether or not to count their unborn baby in the household size				
If participant is found to be adjunctively eligible, no further income documentation is requested of the applicant				
Proof of income required				
Income used for the household is within 30 days prior to the application for WIC benefits				
Prospective income determination completed appropriately				
Irregular income determined appropriately				
Income is determined appropriately for unemployed adult family members				
Affidavit is documented as proof if the income source is documented as “No Income”.				
Signed statement is completed in full, supports the Affidavit Reason and is electronically filed (if needed for income – e.g. for applicants declaring zero income)				
Income eligibility is determined				
Provisional certification completed correctly if missing proof of income/adjunctive income, or residency				

Certification not completed if there are two out of the three proofs (income, residency, identity) missing and does not meet requirements to use affidavit as a proof				
Notice of Ineligibility used appropriately				
Notice of Termination used appropriately				

## Policy/Procedure/Form References

- IV. Organization and Management Policies: Document Retention
- VIII. Certification, Eligibility and Coordination of Services Policies: Identification Requirements, Physical Presence Requirements, Residency Requirements, Household Size, Income Determination, Adjunctive Eligibility, Terminations, Notice of Ineligibility Form
- XI. Civil Rights Policies: Collecting Race and Ethnicity

**Intake: Voter Registration**

	Yes	No	NA/Not Observed	Comments
Participants offered to register to vote				
Completed voter registration applications mailed weekly - explain process				
Signed declination forms are completed and scanned into the computer system or filed				

## Policy/Procedure/Form References:

- VIII. Certification, Eligibility and Coordination of Services Policies: Voter Registration

**New WIC Participants**

	Yes	No	NA/Not Observed	Comments
Written clinic cancellation policy given to all new participants				
Required topics for new participants discussed appropriately				
State developed materials are used to supplement the brochures and education topics required				
Explain FI pick-up procedure				
Explain use of proxy				
Provide current WIC vendor list				
Provide written information about missed appointment and FI policy				



All new participants, including those with an absence of six months or more, are provided print information about the Medicaid Program, including their income guidelines				
All new participants, including those with an absence in service for six months or more, are provided the following information:				
The purpose of the WIC program is to provide nutritional support (i.e., education and strategies for a healthy diet, supplemental foods, referrals, and breastfeeding promotion and support, during critical times of growth and development, to improve health and achieve positive outcomes				
The nutrition assessment process is necessary to identify nutrition needs and interests so that WIC can provide benefits that are responsive to the participants wants and needs				
The relationship between WIC staff and the participant is a partnership – with open dialogue and two-way communication – working to achieve positive health outcomes				
WIC food benefits are prescribed for the individual, to promote and support the nutritional well-being of the participant and to help meet the recommended intake of important nutrients or foods				
Food provided is supplemental				
Each participant must reapply at the end of the certification period				
The nature of the WIC priority system and priority designation for the individual, if the local agency is not serving all priorities				

## Policy/Procedure/Form References:

- II. Nutrition Services: New Participant Education, Proxies
- VIII. Certification, Eligibility and Coordination of Services Policies: Certification Forms and Program Explanation, Referrals to Medicaid and hawk-i
- IX. Food Delivery and FI Accountability and Control Policies: Issuing Food Instruments, Missed Appointments and Food Instruments
- XI. Civil Rights Policies: Notification of Program Changes

**All WIC Participants**

	Yes	No	NA/Not Observed	Comments
Staff reviewed family's proxies at each certification to determine if any proxies should be inactivated or added				
Proxy cards are scanned into the computer system				
The second parent in a household is listed as an additional parent/guardian and not a proxy				

Policy/Procedure/Form References:

- IV. Organization and Management Policies: Document Retention
- V. Nutrition Services Policies: Proxies

**Anthropometrics Equipment and Measurements**

	Yes	No	NA/Not Observed	Comments
An adult/child measuring board is available				
An infant measuring board is available				
An adult scale is available				
An infant scale is available				
The adult scale has been calibrated within the last year <ul style="list-style-type: none"> <li>• Date of calibration:</li> </ul>				
The infant scale has been calibrated within the last year <ul style="list-style-type: none"> <li>• Date of calibration:</li> </ul>				
Manufacturer's instructions on cleaning, disinfecting, and maintenance of anthropometric equipment are followed				
Shoes and excess clothing removed				
Use accurate technique in obtaining standing height				
Use recumbent length for infants and children < 2 years and children 2 years or older who are < 31 ½ inches tall				
Use accurate techniques when measuring recumbent length				
Document reason(s) for inaccurate measurements				

Policy/Procedure/Form References:

- II. Nutrition Services: Selecting Medical Supplies and Equipment

- IV. Organization and Management Policies: Infection Control Guidelines
- VIII. Certification, Eligibility, and Coordination of Services Policies: Anthropometric Measurements

**Blood Tests**

	Yes	No	NA/Not Observed	Comments
Previously collected blood work is used appropriately				
If bloodwork was not taken, the appropriate reason is documented. Appropriate follow-up steps are taken, if applicable				
Follows blood work testing frequency. If bloodwork deferred, was follow-up arranged?				
Explain results of hemoglobin test				
Participant referred to their health care provider when appropriate for high or low hemoglobin levels				
Results recorded in the data system and results explained				
Manufacturer's instructions on cleaning, disinfecting, and maintenance of equipment are followed				

## Policy/Procedure/Form References:

- II. Nutrition Services Policies: Selecting Medical Supplies and Equipment
- IV. Organization and Management Policies: Infection Control Guidelines
- VIII. Certification, Eligibility, and Coordination of Services Policies: Blood Tests
- VIII. Certification, Eligibility, and Coordination of Services Procedures: Measuring Hemoglobin with HemoCue

**Blood Tests (HemoCue)**

	Yes	No	NA/Not Observed	Comments
Equipment assembled: Gather lancet, gauze, alcohol swab, bandage and remove a cuvette from the vial; immediately replace cap tightly on vial				
Put on disposable gloves				
Disposable gloves are used appropriately <ul style="list-style-type: none"> <li>• New gloves are worn for each participant</li> </ul>				

Clean the <b>puncture site</b> by rubbing with 70% isopropanol. Allow to dry.				
Recommended puncture sites used (infants: lateral and medial portion of the plantar surface of the heel; children & women: ring or middle finger)				
Hold applicant's hand <b>or heel</b> and use a sterile lancet to puncture skin quickly and firmly, deep enough for blood to flow freely				
Wipe away the first 3 good-sized drops of blood with dry gauze				
Do not "milk" the <b>puncture site</b>				
Introduce the cuvette tip into the middle of the fourth drop of blood. Fill the entire yellow area. Cuvette not topped off after filling.				
Cover skin prick with a <b>clean</b> dry gauze and apply pressure				
Wipe off excess blood from both sides and back of the cuvette using the "butter knife" wipe technique, but avoid touching the opened end (curved edge) of the cuvette to prevent drawing blood back out of the cuvette				
Cuvette is examined for air bubbles and appropriate steps completed if air bubbles found in the cuvette				
Insert filled cuvette in the HemoCue holder and push in completely				
Discard the lancet and cuvette in a puncture-resistant container while still wearing gloves				
After discarding lancets and cuvettes in a puncture resistant container, lid is closed after each use				
Apply bandage (Due to the risk of choking, it is not recommended to apply a bandage to a child less than 2 years old)				
Remove and discard gloves				
Hands washed or non-water germicidal solution with at least 60% ethanol or isopropanol used after seeing each participant				

Universal precautions used for blood samples				
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## Policy/Procedure/Form References:

- VIII. Certification, Eligibility, and Coordination of Services Procedures: Measuring Hemoglobin with HemoCue
- IV. Organization and Management Policies: Infection Control Guidelines

**Blood Tests (Pronto)**

	Yes	No	NA/Not Observed	Comments
Ensures the participant is seated comfortably in a chair with their arm resting on a table. If testing a child, the parent/guardian holds the child on their lap and gently holds the child's hand and sensor to keep it still. Participant sits quietly during the reading and holds their finger or thumb still				
Appropriate sensor is selected (pediatric or adult)				
Sensor placed on the appropriate finger <ul style="list-style-type: none"> <li>• Adult: Finger is large enough to cover all lights within the sensor</li> <li>• Child: Sensor placed on thumb</li> </ul>				
If results displayed are inconsistent with participant observed clinic status, repeat the test or test with HemoCue				
Wipe down the sensor site with a 70% isopropyl alcohol pad				

## Policy/Procedure/Form References:

- VIII. Certification, Eligibility, and Coordination of Services Procedures: Measuring Hemoglobin with Pronto

**Nutrition, Breastfeeding, and Health Assessment**

	Yes	No	NA/Not Observed	Comments
Explain the purpose of the nutrition assessment to the participant				
Use open-ended questions to obtain information				
Collect relevant information				
Clarify and synthesize the information that has been collected				

Follow-up on previous assessments (including risk assignments and goals)				
Document assessment appropriately				
Immunization records reviewed for children under two				
Immunization status documented appropriately				
Referral made for immunizations for children when appropriate				
Breastfeeding status updated in the data system if contact with a breastfeeding infant/child/ or infant's/child's mother				
Breastfeeding assessment is completed and documented				
Staff assessed parent request for formula for a breastfed infant				
Care plan documented when breastfed infants receive formula for the first time or receive more formula and the reason for issuing more formula is documented				
Tailoring the food package is based on an individual assessment by the CPA, conversation with the participant, and consultation with the participant's health care provider if necessary				
1% low fat or fat-free skim milk and nonfat yogurt for one-year old children is only issued only after an assessment and when the child has been assigned risk code 115. The CPA discusses the assigned risk with the parent/guardian and consults the child's health care provider as necessary				
Documentation of the issuance of low-fat milk and/or nonfat yogurt to a one-year old is included in the participant's care plan and identifies the overweight or obesity concerns, assigned risk 115, input from the parent/guardian, and education provided to the parent/guardian				
All applicable risks are assigned according to documented information and data				

Risks are assigned for Health Update appointments				
Document care plan on high-risk participants				

## Policy/Procedure/Form References:

- II. Nutrition Services Policies: Breastfeeding Promotion and Support, Breastfeeding Data Collection, Children 1-4 Years Food Package, Fully Breastfeeding Women Food Package, Nutrition Care Plans, Postpartum or Mostly Formula Feeding Women Food Package, Pregnant or Partially (Mostly) Breastfeeding Food Package,
- VIII. Certification, Eligibility, and Coordination of Services Policies: Health Updates, Nutrition Risk Requirements
- USDA Value Enhanced Nutrition Assessment (VENA) guidance
- USDA Nutrition Services Standards

**Nutrition Education**

	Yes	No	NA/Not Observed	Comments
Addresses individual needs such as: <ul style="list-style-type: none"> <li>● Nutritional needs and interests</li> <li>● Nutritional risk</li> <li>● Health history</li> <li>● Participant category</li> <li>● Household situation</li> <li>● Anticipatory guidance for nutrition and physical activity through the lifecycle</li> <li>● Cultural preferences</li> <li>● Language spoken and literacy level</li> <li>● CPA's evaluation of appropriate teaching strategy and setting</li> </ul>				

Complete with the participant centered approach <ul style="list-style-type: none"> <li>• Dialogue and interactive discussion using open-ended questions</li> <li>• Prioritize nutrition and breastfeeding education topics based on the participant's interests and the nutrition risks identified</li> <li>• Topics focused on issues relevant to the participant</li> <li>• Problem-solving</li> <li>• Skill-building and other application activities</li> <li>• Goal setting</li> </ul>				
Participant input and understanding <ul style="list-style-type: none"> <li>• Participant verbalizes understanding</li> <li>• Ask for input for identifying areas of improvement</li> <li>• Have participant verbalize plan related to any problem solving completed during the visit</li> </ul>				
Limit to 1 to 3 points per participant's current knowledge and motivation level				
Participants are engaged in the goal making process				
Goals are documented				
Promotes and supports breastfeeding				
Print, audiovisual, and other materials did not take place of the discussion between WIC staff and the participant				
Discuss use of the supplemental foods and other nutritious foods				
High-risk participants have at least one individual contact with a LD				
Document completed nutrition education in the data system				
Describe how second nutrition education contacts are completed (group settings, face-to-face, wichealth.org, scheduled phone contacts):				

## Policy/Procedure/Form References:

- II. Nutrition Services Policies: Nutrition Education, Nutrition Education Contacts



- USDA Value Enhanced Nutrition Assessment (VENA) guidance

**Substance Abuse**

	Yes	No	NA/Not Observed	Comments
Provide written substance abuse information to pregnant and breastfeeding women				
Has available list of substance abuse treatment centers				
Provide tobacco cessation materials and services (i.e. Quitline Iowa) when a participant expresses a tobacco-related health concern for them, their pregnancy, or family member				

## Policy/Procedure/Form References:

- VIII. Certification, Eligibility, and Coordination of Services Policies: Substance Abuse and Screening and Referral

**Rights and Responsibilities**

	Yes	No	NA/Not Observed	Comments
Participant reads the Rights and Responsibilities or they are reviewed with the participant <b>at certification</b>				
Participant signs that they have reviewed the Rights and Responsibilities using the signature pad <b>after eligibility has been determined</b>				
Signature is not collected until all participants that are being certified that day are successfully certified. If for some reason, a signature is collected prior to everyone being certified, a 2 <sup>nd</sup> signature is manually collected				
Participant manually signs the Rights and Responsibilities document and it is scanned into the computer system if the participant is unable to electronically sign due to equipment malfunction, for example				
Rights and Responsibilities document completed appropriately if physical presence was exempt				

Appropriate reason is chosen if the participant is unable to sign the Rights and Responsibilities document				
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## Policy/Procedure/Form References:

- VIII. Certification, Eligibility, and Coordination of Services Policies: Physical Presence Requirements, Rights and Responsibilities

**Food Package**

	Yes	No	NA/Not Observed	Comments
Food package issued is consistent with and is tailored appropriately to meet <ul style="list-style-type: none"> <li>● Participant category</li> <li>● Nutrition risks</li> <li>● Breastfeeding status</li> <li>● Nutrition, dietary, and medical needs</li> <li>● Feeding practices related to developmental stage/needs</li> <li>● Personal/cultural/religious food preferences</li> <li>● Living situation</li> </ul>				
Formula not offered routinely to breastfed infants and is provided on a case-by-case basis following an assessment and conversation with the parent				
An appropriate amount and physical form of formula is issued based on the nutrition and breastfeeding assessment. A food package is issued that provides the minimum amount of formula needed by the infant				
Appropriately uses the Authorization for Release of Information form and/or the Special Formula and Food Documentation Form when issuing the following <ul style="list-style-type: none"> <li>● Non-contract formulas or WIC-eligible medical foods</li> <li>● 6-11 months – no solid food</li> <li>● Supplemental foods</li> </ul>				
Medical documentation is complete and is electronically filed				

Safety measures outlined in policy are followed when accepting formula from participants				
Returned formula is not redistributed to WIC participants				
Returned formula is stored securely out of sight				
Comment is documented if the food package is tailored or any food is issued below the maximum nutritional benefit				

## Policy/Procedure/Form References:

- II. Nutrition Services Policies: Breastfeeding Promotion and Support, Food Package Nutrition Tailoring, Infant Food Packages, Infant Formula Returns, Medical Documentation

**Breast pumps**

	Yes	No	NA/Not Observed	Comments
Breast pump information is collected in the data system				
Education is provided if a breast pump is issued				
Are other support items issued (i.e. breast pad, breast shells, etc.) to participants? If so, describe:				
Breast pumps and collection kits are stored in an area or cabinet that is locked when local agency personnel are not present				

## Policy/Procedure/Form References:

- II. Nutrition Services Policies: Issuing Breastfeeding Equipment

**Referrals**

	Yes	No	NA/Not Observed	Comments
Provide and document written and verbal referrals (i.e. Oral health, Family Planning, MCAH, public health services, hawk-I, water testing, food pantries, breastfeeding support)				
Refer family to Medicaid if applicable				
Make a referral for lead testing if > 1 year and not tested				

Appropriately use the Referral from WIC form				
Referral from WIC form is electronically filed in the computer system				

Policy/Procedure/Form References:

- IV. Organization and Management: Document Retention
- VIII. Certification, Eligibility and Coordination of Services: Referrals to Medicaid and Hawki, Referrals to Programs and Agencies

**Food Instrument (FI) Issuance**

	Yes	No	NA/Not Observed	Comments
Verify benefits on food package prior to issuing				
Participant signs when benefits are issued				
Separation of duties occur - the staff person who determines income eligibility cannot be the same person who determines the medical or nutrition risk				
Foster children receive their own card				

Policy/Procedure/Form References:

- VIII. Certification, Eligibility, and Coordination of Services Procedures: Foster Care
- IX. Food Delivery and FI Accountability and Control Policies: Issuing Food Instruments

**Civil Rights**

	Yes	No	NA	Comments
Interpreters available, offered, and used when appropriate				
USDA Nondiscrimination statement documented on appropriate materials				
WIC services are accessible to disabled participants				
A Civil Rights Complaint folder is available and included all required components				
No information about complaints or copies of complaints are filed in the Civil Rights Complaint folder				
Staff appropriately handle complaints of discrimination				

Policy/Procedure/Form References:

- XI. Civil Rights Policies: Limited English Proficiency Participants, Participants with Disabilities, Complaints

**Breastfeeding Peer Counseling Program (BFPC)**

	Yes	No	NA/Not Observed	Comments
Signage representing the BFPC Program present in clinic (i.e. bulletin board, table tent)				
CPAs explain the BFPC Program to eligible participants during the Nutrition Interview.				
For Peer Counselors that are present in clinic <ul style="list-style-type: none"> <li>• Peer Counselors are interacting with participants</li> <li>• CPAs refer participants to Peer Counselors in-person</li> </ul>				
Referrals made to the Peer Counselor is documented in Focus and any red flags requiring timely contact with the participant is communicated to the BFPC Coordinator				

**Summary:****Strengths:****Recommendations:****Requirements (include reference to policy)****Additional Comments:**

**Attachment:** The Clinic Services Audit is attached.

**Signature/Date**

**Iowa Department of Health and Human Services**