

Iowa WIC Services Clinic Assessment Tools

*This assessment tool is a modified version of the Mid-Atlantic WIC Services Toolkit and the Western Region WIC PCE Assessment Tools for Participant-Centered Nutrition Education and Services created by Altarum Institute.

Local Service Assessment Checklist

Customer Service Skills Assessment

Clinic Name _____ Date _____

Instructions: Evaluate each feature of customer service skills—note areas of excellence and opportunities for improvement.

Features	Circle One		Comments
1. Are all participants treated with courtesy and respect?	YES	NO	
2. Are staff members consistently friendly and welcoming?	YES	NO	
3. Do staff members consistently introduce themselves to participants, including their names and job roles?	YES	NO	
4. Do staff members use body language that is warm, open, inclusive, and engaging?	YES	NO	
5. Do staff members avoid WIC, medical jargon or complicated language that could be difficult to understand?	YES	NO	
6. Do staff adjust their speech when talking to individuals for whom English is not their primary language to ensure information is conveyed correctly?	YES	NO	
7. Are all processes, expectations, and steps of the appointment explained to participants?	YES	NO	
8. Do staff members limit phone interruptions and side conversations with coworkers when serving participants?	YES	NO	
9. When staff collect phone numbers, do staff ask for the phone numbers of the additional parent/guardian when applicable?	YES	NO	

10. Do staff members use appropriate phone etiquette?	YES	NO	
11. How do staff members communicate with difficult or angry participants?			
12. Do staff members manage multiple tasks during peak times?	YES	NO	
13. Can staff members explain the process for handling a participant complaint?	YES	NO	
14. Are bilingual staff or interpreter services available and used appropriately?	YES	NO	
15. Do staff members focus on the participant rather than the computer?	YES	NO	
16. When calling a participant back for an appointment, do staff include all family members who are present?	YES	NO	
17. Do staff interact with all members of the family when appropriate?	YES	NO	
18. Is talk time balanced between the participant and staff?	YES	NO	
19. Are appropriate referrals for other programs and organizations offered and properly documented?	YES	NO	
20. Do staff members adequately explain the purpose of the WIC program to every new participant?	YES	NO	
21. Are participants asked if they have any questions or concerns about their food package, use of WIC foods, and shopping experience?	YES	NO	
22. Are staff following up on the use of the food package, the use of WIC foods, and the shopping experience at the second appointment?	YES	NO	

Local Service Assessment Checklist

Clinic Environment Assessment

Clinic Name _____ Date _____

Instructions: Evaluate each feature of the clinic—note areas of excellence and opportunities for improvement.

Features	Circle One		Comments
1. Is the clinic easy to find with clear, visible signage (on all doors) and in appropriate languages (e.g., English, Spanish, etc.)?	YES	NO	
2. Is the physical entrance to the clinic “welcoming” and free of clutter?	YES	NO	
3. Describe what the waiting room looks, smells, and sounds like:			
4. Would you mind waiting in this waiting room?	YES	NO	
5. Are there posters, bulletin boards, or handouts that show fathers, people of color, and/or non-traditional family units?	YES	NO	
6. Overall, how do you think the upfront intake process & waiting area environment may affect the WIC applicants' and participants' perspectives & attitudes on WIC?			
7. Is the clinic clean, safe, comfortable, and attractive?	YES	NO	
8. Is the clinic signage displaying positive messaging?	YES	NO	
9. Is clinic signage only in English?	YES	NO	

10. Does the waiting room have items to occupy children?	YES	NO	
11. Does the waiting room have posters, photos, or bulletin boards that support positive nutrition and breastfeeding messages?	YES	NO	
12. Does the waiting room have posters, photos, or bulletin boards that are inclusive of all types of family units?	YES	NO	
13. Are individual offices or workstations arranged to encourage and promote conversation?	YES	NO	
14. Do individual offices or workstations have items to occupy children?	YES	NO	
15. Is a private area for breastfeeding available upon request?	YES	NO	
16. Do both men's and women's restrooms have a diaper-changing area, or is there a family restroom available?	YES	NO	
17. Does the service delivery environment ensure participant confidentiality at all stations?	YES	NO	

Local Service Assessment Checklist

Service Delivery Assessment

Clinic Name _____ Date _____

Instructions: Evaluate each feature of service delivery—note areas of excellence and opportunities for improvement.

Features	Circle One		Comments
1. How are families greeted and welcomed as they enter the clinic?			
2. Does all staff greet and welcome all family members throughout the appointment?	YES	NO	
3. Does the clinic layout promote efficient service delivery and provide adequate space for participant services? What changes could be made to improve the clinic layout?	YES	NO	
4. Is there a process in place so staff knows a participant is ready to be seen? What is the process? Does this process ensure the participant is taken in order of appointment?	YES	NO	
5. Are participants seen in order of appointments?	YES	NO	
6. Are appropriate times allotted for appointments?	YES	NO	
7. Are there any steps a participant must go through to receive WIC benefits that can create a barrier?	YES	NO	
8. How long, on average, do persons coming in for WIC services have to wait from the time they enter the clinic until they meet with the first staff person?	Use the following to assess the average: Check-in time: Greet time:		

	_____ Minutes	
9. What do you think affects the wait time to meet with the first staff person?		
10. How long, on average, do persons coming in for WIC services have to wait from when they sign in until they meet with the first staff person for the health or nutrition assessment?	Use the following to assess the average: Check-in time: Greet time: _____ Minutes	
11. What do you think affects the wait time to meet for the health or nutrition assessment?		
12. Are the waiting times for participants to receive services reasonable? (If participants wait on more than one occasion, evaluate the total wait time.)	YES	NO
13. Does staff work as a team? (e.g., is there a process for sharing questions with appropriate staff members so the question is answered?)	YES	NO
14. What procedures are in place to remind participants about upcoming appointments?		
15. What processes and mechanisms exist to collect and utilize participant feedback? When was feedback last collected?		
16. Are regular time studies completed to determine the average time a participant spends in the WIC office and the average wait to receive services?	YES	NO
17. Are same-day or walk-in appointments available at this location?	YES	NO
18. Are weekend appointments available at this location?	YES	NO

19. Are lunchtime or extended-hour appointments available at this location?	YES	NO	
20. If no extended hour and/or weekend appointment times are available at this location. What efforts are in place to serve families?			
21. Does the staff review the previous risks, referrals, and/or care plan prior to meeting with the participant?	YES	NO	
22. Does the staff ask permission before completing tasks during the appointment?	YES	NO	
23. Describe what happens to a WIC participant from the time they enter the door until they leave the clinic. Who issues the WIC benefits?			

Local Service Assessment Checklist

Group & Individual Education Assessment

Clinic Name _____ Date _____

Instructions: Evaluate each feature of group education—note areas of excellence and opportunities for improvement.

Features	Circle One		Comments
1. How often is nutrition education offered in a group format?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never (If never, move on to part II: Individual pg. 11) Describe:		
2. Is there adequate and comfortable seating?	YES	NO	
3. Does the layout of the room facilitate conversation (e.g., Face-to-face, noise, group in a circle)?	YES	NO	
4. Are participants provided with education appropriate for their nutrition risk or category?	YES	NO	
5. Are participants given a choice of the education they will receive?	YES	NO	
6. Is the room clean and attractive?	YES	NO	
7. Are there posters, bulletin boards, or handouts that support positive nutrition and breastfeeding messages?	YES	NO	
8. Are there posters, bulletin boards, or handouts that show fathers, people of color, and/or nontraditional family units?	YES	NO	

9. Does the room provide a separate, quiet space away from the noises of clinic operations?	YES	NO	
10. Are there ways to keep children busy and engaged?	YES	NO	
11. Did the facilitator open the session warmly and set the agenda for the group?	YES	NO	
12. Did the facilitator engage attendees with:			
• open-ended questions?	YES	NO	
• reflective listening?	YES	NO	
• probing?	YES	NO	
• other skills and techniques?	YES	NO	
13. Did the facilitator incorporate hands-on or problem-solving activities?	YES	NO	
14. Were visual props used to illustrate and enhance learning?	YES	NO	
15. Do the visual props and materials send a positive message? Describe.	YES	NO	
16. Was the session tailored to participants' questions and needs?	YES	NO	
17. Was the information provided for the group appropriate and accurate?	YES	NO	
18. Did the facilitator recognize and support participants' culture and how it might impact dietary practices?	YES	NO	
19. Did the facilitator summarize the session?	YES	NO	
20. Are there sessions available and/or inclusive of father figures and other race/cultural groups that are present in the community?	YES	NO	
21. How are the participants scheduled for nutrition education appointments?			
22. How long was the nutrition education session?			

Group & Individual Education Assessment Part II

Individual Instructions: Evaluate each feature of group education—note areas of excellence and opportunities for improvement.

Features	Circle One		Comments
1. How often is nutrition education offered in a 1:1 format?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes Describe:		
2. Is there adequate and comfortable seating? How many chairs are available?	YES	NO	
3. Does the room's layout facilitate conversation (e.g., Face-to-face, quiet)?	YES	NO	
4. Are participants provided with education appropriate for their nutrition risk or category?	YES	NO	
5. Is the room clean and attractive?	YES	NO	
6. Are there posters, bulletin boards, or handouts that support positive nutrition and breastfeeding messages?	YES	NO	
7. Are there posters, bulletin boards, or handouts that show fathers, ethnically diverse and/or non-traditional family units?	YES	NO	
8. Does the room provide a separate, quiet space away from the noises of clinic operations?	YES	NO	
9. Are there ways to keep children busy and engaged?	YES	NO	
10. Did the CPA open the session warmly and explain the purpose of the appointment?	YES	NO	

11. Did the CPA engage the client with:			
• open-ended questions?	YES	NO	
• reflective listening?	YES	NO	
• probing?	YES	NO	
• other skills and techniques?	YES	NO	
• engage both parents when appropriate?	YES	NO	
12. Did the CPA incorporate hands-on or problem-solving activities?	YES	NO	
13. Were visual props used to illustrate and enhance learning?	YES	NO	
14. Do the visual props and materials send a positive message? Describe.	YES	NO	
15. Was the session tailored to participants' questions and needs?	YES	NO	
16. Was the information provided for the participant appropriate and accurate?	YES	NO	
17. Did the CPA recognize and support the participants' culture and how it might impact dietary practices?	YES	NO	
18. Did the CPA summarize the session?	YES	NO	
19. How are the participants scheduled for nutrition education appointments?			
20. How long was the nutrition education session?			

Local Service Assessment Checklist

Recommendations for Improving WIC Services

Clinic Name _____ Date _____

Instructions: Evaluate each feature of the clinic—note areas of excellence and opportunities for improvement.

Features	Recommend Changes?		Comments
1. Welcoming participants	YES	NO	
2. Ease of finding the clinic	YES	NO	
3. Clinic entrance and waiting area	YES	NO	
4. Intake procedures	YES	NO	
5. Clinic overall appearance and space (hallways, counseling rooms, etc.)	YES	NO	
6. Participant scheduling	YES	NO	
7. Participant wait times	YES	NO	
8. Education, props, and materials	YES	NO	
9. Staff teamwork	YES	NO	
10. Confidentiality of clinic space	YES	NO	
11. Customer service	YES	NO	
12. Participant feedback	YES	NO	

13. Hours of Operation	YES	NO	
14. Clinic Location	YES	NO	
15. Inclusiveness of father figures and nontraditional family units	YES	NO	
16. Other features identified:	YES	NO	

Local Service Assessment Checklist

Additional Comments