

Active Chart Review

- attach printout of all 4 pages of certification form
- look up nutrition education contacts

ID# _____
 status _____
 date of cert _____

local agency _____
 clinic name _____
 reviewer _____
 date _____

	Yes Item is present & complete	No Item is in- complete or not present	NA	Comments
1. Dual participation area initialed and dated				
2. Voter registration area initialed and dated				
3. Rights and Responsibilities signed by client or responsible party				
4. Second authorized representative listed on form matches 2 nd RP listed in WIC computer system				
5. Applicant presence in clinic documented				
6. Adult identification documented (responsible party)				
7. Minor identification documented				
8. Residency documentation seen				
9. Income documented and signed by staff <ul style="list-style-type: none"> • No proof box • Adjunct eligibility 				
10. Signature of CPA				
11. 6 month breastfeeding notice given as appropriate				
12. Notification form given (benefits are about to expire)				Date given: _____
13. Alternate shopper card completed				Name: _____
14. WIC Certification Data form in chart				
15. Client recertified within appropriate timeframes				Previous Cert Date: _____
16. A separation of duties exists which ensures that at least two staff are evaluating eligibility criteria (income, nutrition risk, benefit package)				List Staff: INCOME DETERMINATION _____ RISK ASSIGNMENT _____ FOOD PKG BENEFIT ISSUANCE _____
17. Mid-certification completed for infants				
18. Growth chart appropriate for age; complete & accurate				
19. Prenatal weight gain complete & accurate				

	Yes	No	NA	Comments
20. Assessment/Care plan form complete				
21. Goals written on assessment/care plan				
22. Diet Survey /assessment, complete and accurate				
23. Risk codes – correctly assigned based on assessment/care plan, growth grid, &/or diet survey - explain				
24. If Risk Codes 9X, 9Z, and ___ are used, they are the only risk assigned.				
25. Documentation for special formula - PAF				
26. Food package appropriate for client status				
27. Bimonthly issuance appropriate for client status				
28. Appropriate # of ed contacts provided for current certification period <ul style="list-style-type: none"> Record the number of contacts given to the participant compared to the number required as a fraction. For example "2/2", "1/2", or "2/4". 				
29. Appropriate # of ed contacts for prior certification period				
30. Nutrition education contacts documented in WIC computer system				
31. Referrals made and documented				
32. Immunizations documented in WIC computer system				
33. Mother baby pairs are consistent on infant and mother's chart such as... <ul style="list-style-type: none"> - Mom BF1, Baby IBF - Mom BF2, Baby IPB - Mom PPW, Baby IFF 				
Other:				
Comments:				

Inactive Chart Review

Agency/Clinic:

Date:

Reviewer:

ID #						
15 Day Notice Benefits about to expire	Yellow notification form Documented on signature form as given 					
	6 month – Some BF notice half sheet Documented on signature form as given 					
Ineligibility Letter Documented on signature form as given 						
*Term Code – listed for those ineligible						

***Term Codes:**

- A = Moved, no transfer anticipated
- B = No nutritional/medical risk
- C = Over income
- D = Dual participation
- E = Child over 5 years
- F = No show
- G = Woman is no longer pregnant
- H = Woman is six months postpartum
- I = Woman is no longer breastfeeding
- J = BF woman whose infant is one year of age
- K = Suspend due to program abuse
- L = Deceased
- M = Voluntary withdrawal from the program
- N = Placed on waiting list
- O = Cert. Expired/missed cert. Appoint
- Y = Other
- Z = Administrative use

**Vendor Management Evaluation
Active Vendor File Review**

Agency _____

Store: # _____ Name _____

Review 5 charts

Item	Yes	No	*NA	Comments, if applicable
1. A current Nebraska WIC Program Retail Vendor Agreement is in effect and in the file.				
2. The vendor's WIC application and application price list are in the file.				
3. The store's approval letter is in the file.				
4. The Record of Attendance form for contract training has been signed by attendees and is in the file.				
5. WIC price list(s) for the current contract period or documentation that follow-up (phone call &/or letter) was completed with the retailer for late/missing price lists is/are in the file.				
6. There is a copy of the problem check reissued or stamped for approval in the chart for 100% of the checks approved. (Review at least 5 checks, if applicable.)				
7. Justification of the approved amount includes the amount of each item, size of each item, unit price, total price, signature, and date for 100% of the problem checks reviewed. (Review at least 5 checks, if applicable.)				
8. The PROBLEM CHECK LOG SHEET is correctly completed for all of the 5 problem checks reviewed.				
9. The VENDOR REPLACEMENT CHECK REGISTER is completed with the correct date, vendor number & amount of check and corresponds to a copy of a replacement check in the vendor's file for all of the applicable checks reviewed. (Located in a separate file.)				

* NA = Not Applicable

Reviewer _____

Date _____

Food Operations Component Food Instrument Review

Agency: _____
 Reviewed by: _____
 Date: _____

Client I.D. Number (individual/family) _____ Client Status _____

Responsible Party Name: _____ 2nd Responsible Party _____

Proxy Names Listed on Alternate Shopper Card _____

Proxy Names Listed in WIC Computer System (use browse function) _____

- Use participant food instrument look up to track back 3 months of check issuance.
- Pick a food instrument number to track in each of those 3 months and write those food instrument numbers and their information on this sheet.
- *Note:* Issuance dates and signatures must be found on the corresponding check register.

Food Instrument Number	First date to use	Issuance date	Name of Person who Signed for Checks	RP	Proxy
1.					
2.					
3.					

	Yes	No	NA	Comments
Proxy(ies) listed on Alternate Shopper Card match proxy(ies) listed in the WIC Computer System.				
If a proxy was denied the Alternate Shopper Card is signed and dated with denial of proxies marked.				
Client food benefits are appropriate per month i.e. benefits have not overlapped.				
Signature for the food instruments is by the responsible party, 2 nd resp. party, or authorized proxy.				
ANSWER THE FOLLOWING QUESTIONS ABOUT THE 3 SELECTED F.I. NUMBERS IF APPROPRIATE				
If food instruments have been mailed, this is indicated on the check register.				
If food instruments have been mailed, the reason for mailing is indicated in the participant's chart.				

Voided Food Instrument Review

Agency: _____
 Reviewed By: _____
 Date: _____

- Select 5 voided checks from the voided check box.
- Write the 5 check numbers in the first column in the table below.
- Answer the question in the second column by looking up the check number in the WIC computer system under food instrument look up.

Voided Check Box: Check Numbers	Is the check voided in the WIC computer system? (if the voided check selected is 150 days past the date it was processed as voided, you will no longer be able to see the check information in the computer system.)		
	Yes	No	Void Code
1.			
2.			
3.			
4.			
5.			

Are voided checks filed in numerical order by check number? Y N

Void Codes	Description
9	Stop payment
A	Additional benefits
D	Damaged food instrument
E	Expired food instrument
I	Incorrect food instrument
L	Lost food instrument
N	Not issued food instrument
O	Lost or destroyed in a disaster
P	Change food prescription
R	Returned not redeemed food instrument
S	Stolen food instrument
T	Transfer within state
U	Problem food instrument – not paid
V	Changed store
W	PFI – Vendor replacement draft created
X	Test print

Comments:

Agency _____

VENDOR MANAGEMENT EVALUATION

***Terminated Vendor File Review**

Store #

Name of Store

Review at least 3 of the terminated vendor files for the current contract period, if applicable.

Item	Yes	No	*NA	Comments, if applicable
1. For a store closing, there is the termination letter in the file.				
2. For a store closing, there is the completed termination form in the file.				
3. For an ownership change, there is the termination letter in the file.				
4. For an ownership change, there is the completed termination form in the file.				
5. For a store that has voluntarily withdrawn from the Program, there is the termination letter in the file.				
6. For a store that has voluntarily withdrawn from the Program, there is the completed termination form in the file.				
7. For a store that was not approved, the non-approval letter is in the file.				
8. The terminated vendor file has been pulled and is separated from the active vendor files.				

*NA = Not Applicable

Reviewer _____

Date _____

*** Terminated Vendor = A vendor not authorized in the Nebraska WIC Program due to a store closing, a change in ownership, the store has voluntarily withdrawn from the Program, or the store was not approved.**

Clinic Services Staff Observation

Client Name: _____ ID#: _____ Fam. ID: _____

Responsible Party: _____ Agency/Clinic _____

Time Visit Began: _____ Time Visit Ended: _____ Date _____

Type of visit:

- New cert
- Recert
- Re-enroll
- Transfer
- Presumptive

Participant

- Category:**
- Pregnant
 - Breastfeeding
 - Postpartum
 - Infant
 - Child

Language Spoken: _____

- Does not speak English
- Translator available
- Translator used
- Bilingual Staff member used

	YES	NO	NA	COMMENTS
1. Participant is taken in order of appointment or arrival.				
2. Staff acknowledges clients arrival.				
3. Staff explains certification process.				
4. Staff explains purpose of WIC program using the laminated sheet.				
5. Participant is given WIC Signature Form to read and sign.				
6. Participant is asked if they understand what they have read.				
7. For minors the responsible party is allowed to designate a 2 nd responsible party.				
8. Staff checks that address and phone number are current.				
9. Voter registration card is provided when applicable.				
10. Participant identification is seen.				
11. Responsible party identification is seen.				
12. Staff documents proof of identity on the Signature Form.				
13. Proof of residency is seen.				
14. Residency is documented on the Signature Form.				
15. Family size is determined.				
16. A separation of duties exists which ensures that at least two staff are evaluating eligibility criteria (income, nutrition risk, benefit package)				List staff names: INCOME ASSESSMENT _____ RISK CODE ASSESSMENT _____ BENEFIT ISSUANCE _____
	YES	NO	NA	COMMENTS

17. Adjunctive eligibility is assessed.				
18. Participant is adjunctively income eligible.				
19. Participant is a foster child.				
20. Income is assessed by asking the income questions on the laminated sheet				
21. Income is calculated and entered into the computer.				
22. Proof of income is seen and documented on the Signature Form.				
23. Language field is completed.				
24. Race field is completed by staff asking ppt. for racial affiliation.				
25. Asks how the participant heard about the WIC program and documents.				
26. Enrollment Proxy: determine if needed, offered, explained.				
27. Alternate shopper offered / explained and documented on Alternate Shopper Card in chart				
28. Explanation of WIC foods: <ul style="list-style-type: none"> • Supplemental foods • Foods only for client • Foods were chosen for nutritional content 				
29. ID folder given and use explained.				
30. Schedule next appointment				
31. Direct participant where to go next in clinic.				
32. Notification forms given when appropriate				
33. 6 month breastfeeding notice given when appropriate.				
34. Ineligibility Letter given when determined ineligible.				
35. Client was asked to review their checks for accuracy				
36. Check register explained to client when signing for checks				
37. Review food brochure <ul style="list-style-type: none"> • How to use WIC checks • WIC approved foods • Rights & Responsibilities 				
38. Was participant video shown to client if new, re-enroll or transfer				

Reviewer _____

DATE _____

UPDATED 9.13.12

**Nutrition Services
CPA Certification Visit Observation**

ID# _____
 status _____
 new cert _____ recertification _____
 language barrier yes ___ no ___
 interpreter used yes ___ no ___

local agency _____
 clinic name _____
 reviewer _____
 date _____
 time started _____ time stopped _____
 total time of contact _____ minutes

	YES	NO	N/A	COMMENTS
1. Greets participant, introduces self by name and explains what will happen at this station				
2. Space is private enough so that others cannot easily overhear conversation				
3. Noise level is low enough that CPA and participant can converse easily without strain or distraction				
4. Uses accurate techniques in weighing and measuring				
5. Explains growth chart or prenatal weight gain grid to participant				
6. Uses accurate techniques for hemoglobin/hematocrit				
7. Explains results of hemoglobin/hematocrit				
8. Interviewing techniques appropriate <ul style="list-style-type: none"> • Ask open ended questions • Actively listen to client concerns • Affirm clients feelings/responses • Address potential problems • Probe for additional information as needed 				
9. Asks health questions appropriate for participant status				
10. Uses appropriate questions/forms for obtaining substance abuse information				
11. Diet survey obtained and discussed				
12. Correctly identify all relevant medical/nutritional risks and record correctly on assessment/care plan form and in WIC computer system				
13. Explain medical/nutritional risks found				
14. Offers specific and appropriate ideas on how to implement recommended behaviors				
15. Assess immunization status				
16. Record immunizations in WIC computer system				
17. Health and Nutrition education accurate and appropriate <ul style="list-style-type: none"> • Relates to identified problems and concerns 				
18. Educational materials provided are relevant to participants nutritional risk, status, cultural, educational and economic needs				

	YES	NO	N/A	COMMENTS
19. Uses appropriate number of educational materials and personalizes when possible				
20. Makes formal and/or informal referrals and documents in WIC computer system				
21. Dialogue that encourages and supports breastfeeding				
22. Provides opportunity for 2-way communication between client and CPA				
23. Addresses questions or concerns in a supportive manner				
24. Schedules second education contact with input from participant				
25. Assign appropriate food package.				
26. General counseling points covered <ul style="list-style-type: none"> • According to participant status • Supplemental food program • Foods only for participant • Nutritional contribution of WIC foods 				
27. Works cooperatively with participant in setting achievable goals based on participants risk factors, current knowledge and personal motivation				
28. Direct participant where to go next in clinic				
29. Services given in a culturally and linguistically appropriate manner				
30. Maintained non-judgmental attitude at all times				
31. A separation of duties exists which ensures that at least two staff are evaluating eligibility criteria (income, nutrition risk, benefit package)				LIST STAFF NAMES: _____Income assessment _____Residency assessment _____Risk assessment _____Food pkg assignment _____Check printing
Other:				
Comments:				

2nd Nutrition Education Contact Observation

ID# _____

status _____

language barrier yes ___ no ___

interpreter used yes ___ no ___

clinic name _____

reviewer _____

date _____

time started _____ time stopped _____

total time of contact _____ minutes

	YES	NO	N/A	COMMENTS
1. Greets participant and introduces self by name				
2. Space is private enough so that others cannot easily overhear conversation				
3. Noise level is low enough that counselor and participant can converse easily without strain or distraction				
4. Interviewing techniques appropriate <ul style="list-style-type: none"> • Asks open ended questions • Actively listen to client concerns • Affirm clients feelings/responses • Address potential problems • Probe for additional information as needed 				
5. Nutrition education accurate and appropriate <ul style="list-style-type: none"> • Relates to identified problems and concerns • Limited to two or three main points 				
6. Nutrition education follow-up <ul style="list-style-type: none"> • What changes did client make since last visit • Did CPA connect previous visits to current education 				
7. Educational materials provided are relevant to participants nutritional risk, status, cultural, educational and economic needs				
8. Uses appropriate number of educational materials and personalizes when possible				
9. Provides opportunity for 2-way communication between client and nutritionist				
10. Addresses questions or concerns in a supportive manner				
11. Records education contact in WIC computer system				
12. Records notes in WIC computer system				
13. Services given in a culturally and linguistically appropriate manner				
Comments:				

Food Operations
Staff Interview & Observation

Agency: _____

Reviewed by: _____, __/__/__

	Yes	No	NA	Comments
Inventory and Storage				
1. Food instruments are received according to procedure <ul style="list-style-type: none"> A staff person is designated to receive food instruments The bill of lading (packing label) is retained for 3 years plus close out Food instruments received are compared to boxes listed on bill of lading The Food Instrument Arrival Form is completed and returned to the Help Desk Administrator 				
2. Food instruments inventory procedures are being followed <ul style="list-style-type: none"> A staff person is designated to keep an inventory of food instruments The Food Instrument Inventory Form is being filled out appropriately and completely All food instruments are accounted for in the perpetual inventory An inventory of at least one month of food instruments is being kept at all centralized storage locations A physical inventory of food instruments is being conducted 1 time per month and being compared to the perpetual inventory 				
3. Food instruments are being stored according to procedure <ul style="list-style-type: none"> All food instruments are being stored in a locked/secure location Food instruments taken to satellite locations are stored in a locked box for travel Voided food instruments are stored in numerical order with void stamped or written on the face of the food instrument Voided food instruments are stored for three years plus close out 				
4. Preprinted and bulk printed food instruments are being stored securely (not in participant charts)				
5. If a client's checks are preprinted or bulk printed and the client "no shows" to the appointment, what is done with the checks?				
6. What is done with small clumps of leftover check stock?				
7. Food instrument registers are being stored in an organized manner.				
8. Food instrument registers are being retained for three years plus close out.				

Bimonthly Check Issuance				
9. The agency has a policy regarding bimonthly check that is in line with the state bimonthly FI issuance procedure.				
Mailed Food Instrument Policy				
10. The local agency has a policy for mailing food instruments. (please briefly describe in the comment section or attach description)				
11. Mailed food instruments are sent with a postage paid, self addressed signature card stating the mailed check numbers for the participant to sign and mail back to the agency. This card is then kept in the participant record or connected to the check register. LA staff are tracking whether cards are returned from participants.				
12. Food instruments are mailed first class with a "do not forward, address correction requested" stamped or written on envelope (they may also be sent by certified mail)				
13. When food instruments are mailed it is stated on the food instrument register				
14. When food instruments are mailed the reason for mailing is indicated in the participant chart				
15. If food instruments are mailed to half or more of a clinic's participants due to weather or equipment problems, for example, an approval letter from the State WIC office is requested and retained in agency files for 3 years plus closeout				
WIC Staff as a WIC Participant				
16. Check issuance to WIC staff participating in the program is handled by staff members other than the participating staff member.				
Formula Returned by WIC Participants				
17. The local agency maintains an inventory of formula returned to clinics by WIC participants. (an inventory sheet is found in Vol. III, Sec. F, page 5c)				
18. Stock formula is used appropriately. <ul style="list-style-type: none"> • Stock formula should not be used for the following reasons: running out of formula, supplemental formula for breastfed infants. • If stock formula is provided to WIC clients, the LA is aware that the client must also receive a WIC check to be counted as participating. 				

VENDOR MANAGEMENT EVALUATION

Agency: _____

On-site Visit Interview Of Local Agency WIC Staff and/or Observation

Date: _____

Completed by: _____

Item	Yes	No	*NA	Comments, if applicable
Vendor Check Security				
1. Review the VENDOR REPLACEMENT CHECK PACKING LIST. • Has the list been signed and dated by the vendor manager and filed?				
2. Look at the replacement check inventory. • Are the replacement checks being stored in a secure/locked location?				
3. Is the vendor approval stamp being stored in a secure/locked location?				

Interview Questions

Vendor Management Staff

4. Who is your Local Agency WIC Vendor Manager? _____

5. Which staff person(s) has/have access to and uses the vendor approval stamp? _____

Vendor Complaints

6. (Interview a staff person who is not the vendor manager) If a client tells you at their WIC check pick up appointment that the cashier did not let them get the extra can of orange juice with a "Buy One, Get One Free Special" the last time they were using their WIC checks at "Main Street Market", what would you do?

7. (Interview a staff person who is not the vendor manager) What would you do if the following occurred? One of your clients calls your agency at 8:30 am to tell WIC staff that when they were at the grocery store, "Red & White" last night the store did not have four cans of Enfamil Premium Infant 12.5 oz. powder. There were 2 cans of powder on the shelf. The cashier told the shopper that she could have the 2 cans of powder and substitute 2 cans of 13 oz. concentrate for the other 2 cans of powder, since they were out. When the shopper questioned substituting, the cashier said that it was okay, as WIC did **not** allow any rain checks so this was the next best thing.

8. (To be completed by the Local Agency WIC Vendor Manager) Please relate a recent complaint that your agency received regarding one of your WIC vendors. Describe the complaint and the follow-up that was conducted with the retailer.

Monitoring – (to be completed by Local Agency WIC Vendor Manager)

9. What are the most common types of problem checks that you see?

10. What do you think Local and State WIC Vendor Management staff should do to help alleviate these types of problem checks?

11. Do you contact the State WIC Vendor Management Coordinator when you have a question about a problem WIC check and/or transaction?
 Yes No Sometimes

12. Why is it important to contact the State WIC Vendor Management Coordinator when follow-up on a problem check is uncertain?

Changes in Store Status – (to be completed by Local Agency WIC Vendor Manager)

13. How do you handle a store name and/or address change? _____

14. How do you handle a store ownership change? _____

15. What do you do if a retailer wishes to apply for WIC? _____

16. What are some of the continuing problems your agency is having with vendors?

17. Any other comments regarding WIC Vendor Management from your valuable perspective as the Local Agency WIC Vendor Manager are welcome.

18. Agency Staff Person(s) Interviewed

LA Name:	
Clinic Name:	
Observation Date:	
Reviewer:	

Environment: Clinic Site Observation

Rating: Y (Yes); N (No); S (Sometimes); NA (not applicable)

DRAFT – to pilot

Clinic Location	Rating	Comments
Clinic space and location meets their needs		
Parking is sufficient		
Accessible to public transportation		
Clients and staff feel safe at this clinic		
Clinic is physically accessible to persons with disabilities		
If clinic is not physically accessible for people with disabilities, special accommodations are made in clinic services to ensure WIC services can still be provided.		For example, describe how people in wheel chairs or walkers access WIC services if the WIC clinic is in the basement and there are no elevators.
Entering the WIC Clinic	Rating	
Signage visible to identify WIC clinic		
Clinic easy to find		
Physical entrance to WIC is welcoming		
Clinic days and hours posted		
Registration/sign in area is identifiable		
Welcome & Greeting	Rating	
Every person is acknowledged & greeted upon arrival		
Affirmations are used in conversation by staff		
Directions or expectations explained ie. where to wait; what to do next etc.		
Communication with LEP Clients		
Clinic has bilingual staff		What languages:
Clinic uses interpreters or language line		Describe:
The use of interpreters is appropriate and facilitates participant centered interaction.		
Wait time – entering WIC until meet with first staff person	Rating	
Client 1: Time enter _____, Time meet with 1 st staff _____		
Client 2: Time enter _____, Time meet with 1 st staff _____		

Comments:

Clinic Look & Feel (all waiting & service areas)	Rating	Comments
Clean and inviting		
Adequate seating		
Chairs, tables, computers arranged to facilitate conversation		
Child friendly toys or activities		
Expectant-mother-friendly with comfortable chairs		
Clinic temperature comfortable		
Safe, uncluttered		
Potentially hazardous areas blocked off from participants		
Space and clinic arrangement is protective of privacy and confidentiality		
Breastfeeding Friendly Environment	Rating	
Positive affirmations about BF are frequently heard by staff.		
Breastfeeding room available and advertised for clients and staff who wish to BF in private while in the clinic		
WIC staff let moms know it is OK to BF during the WIC visit – anywhere in the clinic		
BF posters, pictures, and displays throughout the clinic show that your clinic supports BF		
BF educational materials are displayed and readily available for clients to take; (not hidden in drawers or cabinets)		
Formula information, cans, and logos are only brought out as needed for educational purposes and are not left on display		
Media, Materials, Communications	Rating	
Items posted or displayed are PCS appropriate and do not display negative messages with lists of do's and don'ts		
Participant video is used appropriately, as a supplement to education provided by staff; with opportunity to ask questions		
Bulletin board or items on display are neat and organized; current; and relevant		
A mechanism for client feedback is visible ie suggestion box		
Variety of cultures or ethnic backgrounds are represented in pictures, posters etc		
Materials available in languages common at this clinic		

Items posted/displayed are in languages common at this clinic		
"And Justice for All" poster displayed where clients can see it.		

	Rating	
Health Assessment Equipment & Supplies		
Measuring boards accurate and in good working condition		
Scales (adult & infant) in good working condition		
Hemocue machines in good working condition		
Microcuvettes supplies are within appropriate usage dates		
Any assessment equipment in need of repair or replacement?		
Computer Equipment	Rating	
Computers working		
Printers working		
Adequate equipment for number of staff		
Equipment and supplies are out of reach of children		
Procedure manuals I, II, III <ul style="list-style-type: none"> - Website access can be demonstrated by staff or - Hard copies available 		
Clinic Storage & Security	Rating	
Equipment stored securely; only authorized staff can access		
Client files stored securely; only authorized staff can access		
VOC stamp available on site; stored securely with access only to authorized staff		
Scheduling & Clinic Flow	Rating	
Phone calls to WIC are being answered		
Staff are aware of processing standards		
Clinic is meeting processing standards <p>Next available appointment: new baby? _____ pregnant woman? _____ family of three? _____</p>		
Phone messages can be left on answering machine if the call is not answered		
When phone messages are left, there is a system in place to insure messages are returned in a timely manner		
Appropriate time for appointments allotted		

Clinic flow is smooth, client centered, and minimizes starting, stopping and wait time by both clients and staff.		
Staffing is appropriate for clients scheduled at this clinic		
Staff are trained to help in other areas when clinic is backed up		
The number of clients in the clinic at one time is manageable		
Clients are notified when clinic changes or cancellations are necessary		Describe:
No Shows	Rating	
LA has a procedure for identifying no-shows at clinic; and contacting them to reschedule		Explain method:
Staff are following the procedure for identifying no-shows and contacting them		
Program Integrity Conflict of Interest & Separation of Duties	Rating	
Agency maintains a list of WIC staff who are also participants and ensures that all assessments and benefits issuance is completed by other staff members		Client numbers of staff that are also WIC clients: (review record to ensure they are not completing any part of their own certification) Client # _____ WIC position & ate of hire _____
To ensure program integrity, WIC staff are not performing duties that would be a conflict of interest. This means that: <ul style="list-style-type: none"> - Staff are not certifying close friends or relatives - Staff are not acting as alternate shoppers or proxies for WIC clients 		
A separation of duties exists: At least two staff are determining eligibility or one staff determines eligibility and another staff member issues checks		Income/Residency/ID - _____ Risk Assessment - _____ Check issuance - _____

**Client Wait-time Summary Sheet
Local Agency Management Evaluation**

Local Agency Name: _____

Clinic Name: _____ date observed _____

Clinic Name: _____ date observed _____

Summary of Observations:

* Plan of correction required.

<p align="center">Client Wait-time Tracking sheet:</p> <p>Clinic Name: _____ Clinic Date: _____</p>	<p>Observation 1:</p> <p>Apt type: _____ # of People to see: _____</p> <p>Scheduled appt time: _____</p> <p>Arrival time: _____</p> <p>Leave time: _____</p> <p>Total Length of visit: _____</p>	<p>Observation 2:</p> <p>Apt type: _____ # of People to see: _____</p> <p>Scheduled appt time: _____</p> <p>Arrival time: _____</p> <p>Leave time: _____</p> <p>Total Length of visit: _____</p>	<p>Observation 3:</p> <p>Apt type: _____ # of People to see: _____</p> <p>Scheduled appt time: _____</p> <p>Arrival time: _____</p> <p>Leave time: _____</p> <p>Total Length of visit: _____</p>
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Stations: (clerk, nurse, nutritionist, etc.)	Waiting time to see staff:	Face to face time with staff:	Waiting time to see staff:	Face to face time with staff:	Waiting time to see staff:	Face to face time with staff:
1.						
2.						
3.						
4.						
5.						
	Total waiting time:	Total time with staff:	Total waiting time:	Total time with staff:	Total waiting time:	Total time with staff:
% of total visit (see formula)						

$\frac{\text{Total time waiting}}{\text{Total length of visit time}} \times 100 = \% \text{ of time spent waiting}$

$\frac{\text{Total time with staff}}{\text{Total length of visit time}} \times 100 = \% \text{ of time spent with staff}$

Evaluation: Please describe what you learned about your clinic through this review. Include any changes you think could be made to make your clinic more efficient and more customer friendly. Things to consider:

How much time is your staff actually spending in face to face contact with clients?

Participants surveyed in public health facilities indicate that good customer service is perceived when at least 50% of their time is spent in contact with clinic staff receiving services. The Center for Disease Control and Prevention have identified that to be cost effective, the clinic team should spend an average of 55-65% of their time in direct contact with participants. Clinics whose percentage falls below the recommended 55% may not be maximizing their staff potential. These clinics may have the potential (or staff) to certify or see more participants, or spend more time with current participants and not rush them out. The lower this percentage, the higher the number of potential participants that can be seen.

Did you notice any long wait times as clients moved from station to station? (Is there a long wait to see the nutritionist, nurse, or clerk?) If yes, did you notice any contributing factors that may have caused the long wait between stops?

According to a study appearing in the Journal of the Medical Association and according to Patient Satisfaction: A Guide to Enhance Practice, the most disliked feature of an office visit is “wait time.” While wait time will vary from station to station, the longest acceptable time to keep participants waiting between station stops is 15 minutes. After 15 minutes, participants should be given an explanation and a reason for the delay.

What activities were staff doing while clients were waiting to move to the next station?

If time is not used efficiently, or not used at all, it can impact the participants’ time in the clinic. For example, staff could use this time to file, assemble packets, restock materials, etc., so that they are not running around the clinic trying to locate items during the time participants are there.

Could you improve your clinic flow through rearranging work-stations at the clinic? Try mapping out your clinic stations. Use one color of ink to map the path that clients take. Use other colors to map the paths of staff. Does the work-flow path backtrack or cross itself?

Work stations that can be arranged in a circular flow pattern tend to be more efficient and effective. A circular work flow provides energy efficient measures for staff because it reduces walking distances between each step of the certification process and thus saves time. The work-flow path should not backtrack or cross itself.

While not all clinics are alike, efficient and effective ones have the following characteristics:

1. Have a balance between participants’ time in the clinic with staff time rendering services.
2. Have wait times less than 15 minutes between stops, keeping in mind the total wait time.
3. Keep participants in the clinic no longer than 90 minutes.
4. Do not allow participants to spend more than 50% of their time in the clinic waiting for services.
5. Have an effective appointment system.
6. Have a low no-show rate.
7. Use techniques and procedures to save time and energy.
8. Have a facility layout which enhances participant flow.

Nutrition Education Pre-visit Questionnaire

Nutrition Services

1. Describe the procedures used to assure that all participants are provided the opportunity to receive two (2) nutrition education contacts each certification period.
2. What is the procedure to assure that a participant is offered another nutrition education opportunity in the following situations?

No shows
Refuses
Always unavailable

3. How is the nutrition education plan for the following individuals typically developed? Give example.

Pregnant woman (came in at 3 months pregnant)
Breastfeeding woman
Infant (less than 1 month old)
Child

4. Describe the process used for providing nutrition education to high-risk clients?
5. How do you provide nutrition education to non-English speaking participants?

Participant Interview Questions

LA/Clinic:

ID #:

Date:

DRAFT 2.28.12 – to pilot

Background	Comments
1. Is this your first time on WIC? (If yes, skip to #3)	
2. How long have you been on WIC? - Have you been on WIC only at this clinic or have you attended WIC clinics in other locations or states? _____ - If you attended WIC somewhere else, how would you compare the customer service at this clinic? better than other clinics? ____ worse than other clinics? ____ the same as other clinics? ____	
Clinic Location	
3. What do you think about the location of this clinic?	
4. Do you think that this clinic location is easy or difficult to find coming here for the first time?	
5. Have you experienced or noticed any problems with: - Parking - Safety - Accessibility to public transportation - Accessibility to people with disabilities	
Welcome and greeting	
6. When you first come into the WIC clinic, how do you feel you are treated by the reception staff? - Are you greeted - Do they acknowledge you are here and explain what to do next - Are they friendly and welcoming - How do staff's actions make you feel	
Clinic Look and Feel	
7. What do you think about the waiting area? - Adequate seating - Comfortable or crowded	
8. Is the waiting area child-friendly? - Are there things for your children to do - Do you have suggestions on how to make it more comfortable or child-	

friendly	
BF Friendly Environment	
<p>9. Does this WIC clinic support clients that wish to breastfeed their babies?</p> <ul style="list-style-type: none"> - If yes, how do you know this; if not, why not - Is a breastfeeding room available if WIC clients want to BF their babies in private - Is the WIC clinic comfortable for women who choose to BF their babies - Would you feel comfortable BF your baby at this WIC clinic 	
Scheduling, Clinic Flow, Staffing	
<p>10. Tell me about your experience with making appointments at this clinic</p> <ul style="list-style-type: none"> - How easy or hard was it to make an appointment - Are you able to call and leave messages on an answering machine? Calls returned within same day? - How many days did you have to wait to be seen or make your certification appointment - Did WIC staff explain what you need to bring to your appointment 	
<p>11. Recognizing the fact that mothers with babies and children have a lot of things to carry, it is important to minimize wait time, starting, stopping, and moving room to room. What comments or suggestions do you have about the clinic flow?</p>	
<p>12. What can you tell me about the clinic's staffing?</p> <ul style="list-style-type: none"> - Do they have enough staff? - Too many staff: - Why? 	
Wait Time	
<p>13. Do you know how long your WIC visit took today?</p> <ul style="list-style-type: none"> - Type of visit - Do you think it was too long, about right, or not long enough 	
No Shows	
<p>14. Have you ever missed an appointment?</p> <ul style="list-style-type: none"> - Type of appointment _____ - Did staff contact you to reschedule - What method did they use to contact you 	
Media/Education Materials/Communication/Social Media	
<p>15. Are the educational materials that WIC provides helpful to you and your family?</p> <ul style="list-style-type: none"> - What educational materials did you like best (and why) - Are there educational materials that you would like to receive from WIC, but haven't received - Were any materials given to you that you did not want to take or were not useful 	

<p>16. What other materials would you find helpful? (certain topics, types)</p>	
<p>17. If you had a choice, how would you like to receive your nutrition information:</p> <ul style="list-style-type: none"> - one on one counseling - Group education - Food demonstrations - Recipe sharing - Via the internet - Other ideas 	
<p>18. Do you use social networking sites like Facebook/Twitter?</p> <ul style="list-style-type: none"> - If yes, would you like to receive nutrition education information on a social networking site like Facebook? - Would you follow a WIC site on Facebook? 	
<p>19. Do you have a cell phone that can receive text messages?</p> <ul style="list-style-type: none"> - If so, would you like to receive nutrition information or appointment reminders on your cell phone? 	
<p>Interactions with Staff / PCS</p>	
<p>20. When you first come into the WIC clinic, how do you feel you are treated by the reception staff?</p> <ul style="list-style-type: none"> - Are you greeted - Do they acknowledge you are here and explain what to do next - Are they friendly and welcoming - How do staff's actions make you feel 	
<p>21. During the WIC visit, staff are required to see documentation of income, residency, and identify. They are also required to ask information needed to complete the health assessment.</p> <ul style="list-style-type: none"> - Describe your comfort level in having to answer those questions or providing those documents - What could be done to make the process easier - When you were certified, did you bring the necessary items requested for your appointment (proof of ID/residency/income) 	
<p>22. Tell me a little bit about your certification visit with our nurse or dietitian:</p> <ul style="list-style-type: none"> - Did you get a chance to talk about the things you wanted to talk about? - Who did most of the talking, you or the WIC counselor? - Were all of your questions answered? - Does the WIC staff ever ask you questions that are hard to understand or too personal? 	
<p>23. Tell me about your experience with picking up checks?</p> <ul style="list-style-type: none"> - Are you ever asked how you are doing with your food package? - Do you generally receive nutrition information? <ul style="list-style-type: none"> o If yes, what type of written material or individual group education? 	

<p>24. Did anyone explain the foods on your WIC check?</p> <ul style="list-style-type: none"> - Who explained - Do you have any unanswered questions about your foods or your checks - Do staff ask you to review your checks for accuracy 	
<p>25. When you shop for WIC foods, do you always purchase all of the foods on your WIC checks?</p> <ul style="list-style-type: none"> - If not, what foods do you not purchase and why? - Have you had this discussion with WIC staff yet? 	
<p>26. Have you had any difficulty finding WIC foods at the store?</p> <ul style="list-style-type: none"> - If yes, which foods have been difficult to find? - Have you had this discussion with WIC staff yet? 	
<p>27. What type of visit did you come in for today?</p> <ul style="list-style-type: none"> - Do you feel that you got what you needed from WIC today? - Did you get the service that you expected to get? - If not, why not? 	
<p>28. What suggestions do you have to improve WIC customer service?</p>	
<p>29. Do you have any other suggestions or ideas to help improve WIC?</p>	
Program Integrity	
<p>30. How did you initially learn about WIC?</p>	
<p>31. Do you have friends or relatives that work for WIC – who?</p> <ul style="list-style-type: none"> - (review record to see who works with the client) 	
WIC Impact	
<p>32. What type of visit did you come in for today?</p> <ul style="list-style-type: none"> - Did you feel that you got what you needed from WIC today? - Did you get the service that you expected to get? - If not, why not 	
<p>33. What do you like best about coming to WIC?</p>	
<p>34. What do you like least about coming to WIC?</p>	
<p>35. Would you recommend the WIC program to your friends or other family members?</p> <ul style="list-style-type: none"> - If yes, what would you tell them about WIC? 	
<p>36. Since you have been on WIC , have you or your family made any nutrition or lifestyle changes that you contribute to coming here? If yes, what kinds of changes?</p>	