

Nutrition Monitoring

WIC MONITORING REVIEW - ENTRANCE/EXIT CONFERENCE

ENTRANCE CONFERENCE

Date: _____

Person(s) Contacted: _____

Topics Discussed: _____

Monitor/Date

EXIT CONFERENCE

Date: _____

Person(s) Contacted: _____

Topics Discussed: _____

Monitor/Date

Staffing and Organization

| Week Day | Office Hours | Clinic Hours | Class Hours |
|-----------------|---------------------|---------------------|--------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |

Describe policy of clinic if a participant is late for a Nutrition Education appointment:

- Reschedule
- Work Them In
- Take them after other appointments have been completed
- Other: _____

Describe policy of clinic if a participant misses a Nutrition Education appointment:

Nutrition Services-Breastfeeding

| Responsibility | Yes | No | Comments |
|---|------------|-----------|-----------------|
| All pregnant women are scheduled for a Breastfeeding class | | | |
| Print, audiovisual materials, office supplies free of formula product names | | | |
| The clinic fulfills minimum requirements for peer counselor staffing | | | |
| Each clinic site has peer counselor services available per State guidelines | | | |
| Peer Counselor Client Contact Log (WIC-49) in chart after a peer counselor has worked with a participant | | | |
| Loan agreement for electric breast pumps on file | | | |

Who performs Certification (risk code & food package determination):

Health Check

| Responsibility | Yes | No | Comments |
|---|------------|-----------|-----------------|
| Parent/guardian of a child on Medicaid is questioned about child's medical provider | | | |
| A referral form is completed when the child does not have a medical provider | | | |
| The referral to Health Check is documented in STORC | | | |

Head Start:

| Responsibility | Yes | No | Comments |
|--|------------|-----------|-----------------|
| The parent/guardian of child age 3 or older is questioned about interest in Head Start | | | |
| A referral form is completed when the parent/guardian request a referral | | | |
| The referral to Head Start is documented in STORC | | | |

Formula

| Responsibility | Yes | No | Comments |
|--|------------|-----------|-----------------|
| Formula at clinic is current in date and type? | | | |

Nutrition Services - Group Nutrition Education

| Responsibility | Yes | No | Comments |
|---|------------|-----------|-----------------|
| Nutrition education attendance is documented in computer | | | |
| Refusal to participate in nutrition education is documented/does not cause denial of Program benefits. | | | |
| <p>Nutrition Education Contact:</p> <p>Participants are offered the opportunity to discuss Nutritional concerns with appropriate staff. Policy 5.05</p> <p>-----</p> <p>Nutrition Education is relevant to the participant's records, dietary history, health history and/or participant's questions and concerns. Policy 5.05 B. 1. c</p> | | | |
| All nutrition education materials used in classes evaluated using proper tools | | | |
| List of counseling/treatment resources for substance abuse provided to all participants | | | |

Group Nutrition Education Contact Evaluation Tool

Name:

Date:

Evaluator:

| | Yes | No | Comments |
|---|-----|----|----------|
| Setting the Groundwork | | | |
| Prepared for class | | | |
| Introduces self | | | |
| Provides explanation of session | | | |
| | | | |
| Establishing a Connection | | | |
| Conveys warmth/empathy to the clients | | | |
| Uses reflective listening to validate the clients | | | |
| Asks clients if they have any questions or concerns | | | |
| Engages clients in establishing a goal for this session (Collaborative, setting agenda) | | | |
| | | | |
| The Class | | | |
| Uses appropriate language level | | | |
| Culturally-sensitive to clients | | | |
| Maintains eye contact | | | |
| Appropriate body language | | | |
| Uses client's name (when possible) | | | |
| Uses open-ended questions to elicit information | | | |
| Maintains positive tone of voice | | | |
| Requests permission to provide information or suggestions | | | |
| Presents accurate information (relevant nutrition education) | | | |
| Printed materials, audiovisuals and teaching props (i.e. food models, pictures, and posters) which are clear, relevant, and enhance the presentation are used | | | |
| Information provided is focused and tailored to client's needs | | | |
| Engages clients in discussion | | | |
| | | | |
| Setting the Stage for the Future | | | |
| Identifies and makes available appropriate handouts | | | |
| Establishes concrete suggestions for behavior change | | | |
| Summarizes session for clients | | | |
| Client sets a goal for a specific behavior change (Collaborative, Will you try...?) | | | |

Nutrition Education Contact Evaluation Tool

Name:

Date:

Evaluator:

| | Yes | No | Comments |
|---|-----|----|----------|
| Initial Nutrition Education Contact | | | |
| Breastfeeding is promoted to prenatal women by providing informational breastfeeding materials. | | | |
| Awareness is raised about the dangers of using drugs, alcohol, and tobacco especially during pregnancy and while BF | | | |
| The food package components are explained (i.e. age appropriate foods) | | | |
| | | | |
| Setting the Groundwork | | | |
| Reviews chart prior to seeing client | | | |
| Introduces self | | | |
| Provides client with explanation of session | | | |
| Anthropometric status is plotted, discussed and interpreted | | | |
| Blood work status is discussed and interpreted correctly | | | |
| Client's nutrition risk criteria is identified and explained | | | |
| | | | |
| Establishing a Connection | | | |
| Conveys warmth/empathy to the client | | | |
| Uses reflective listening to validate the client | | | |
| Follow up on recommendations made at last visit | | | |
| Asks client if s/he has any questions or concerns | | | |
| Engages client in establishing a goal for this session | | | |
| | | | |
| The Counseling Session | | | |
| Uses appropriate language level | | | |
| Culturally-sensitive to client | | | |
| Maintains eye contact | | | |
| Appropriate body language | | | |
| Uses client's name | | | |
| Uses open-ended questions to elicit information | | | |
| Maintains positive tone of voice | | | |
| Requests permission to provide information or suggestions | | | |
| Presents accurate information (relevant nutrition education) | | | |
| Uses teaching aids (i.e. food models, pictures, posters) | | | |
| Information provided is focused and tailored to client's needs | | | |
| Engages client in discussion | | | |

| Setting the Stage for the Future (Breastfeeding, cont.) | | | |
|---|--|--|--|
| Makes appropriate referrals for health, social and education services | | | |
| Identifies appropriate handout and personalizes it to the client | | | |
| Prescribes an appropriately tailored food package | | | |
| Establishes concrete suggestions for behavior change | | | |
| Summarizes session for client | | | |
| Assists client in setting a goal for a specific behavior change | | | |
| Documentation includes follow-up for next session | | | |
| | | | |
| | | | |

Nutrition Services - Group Breastfeeding Class

Number Scheduled:

Number Showed:

Class Length:

| Responsibility | Yes | No | Comments |
|---|-----|----|----------|
| Participants are screened for likelihood of Breastfeeding and peer counselor ID cards are given to those likely to breastfeed | | | |
| Appropriate handout material offered | | | |
| The following Topics may be offered for discussion, but not limited to these questions on breastfeeding: | | | |
| Misconceptions, questions, or concerns of participants | | | |
| How the breast makes milk | | | |
| Benefits for mother & infant | | | |
| Clothing to wear for discretion | | | |
| Nipple assessment and care | | | |
| Proper positioning | | | |
| Latching on/letting go | | | |
| Letdown reflex | | | |
| Engorgement and prevention | | | |
| Nursing schedule | | | |
| Ways to tell that baby is getting enough milk | | | |
| Social support services | | | |
| Addressing hospital policy on Breastfeeding (One hour to see infant in room) | | | |
| Ways to obtain incentive items offered | | | |

Certification and Eligibility - Observation

Number Scheduled:

Number Showed:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Identification Number WIC Condition | | | | | | | | | |
| Applicant/participant is physically present during certification | | | | | | | | | |
| Correct assessment for certification based on inadequate diet | | | | | | | | | |
| All risk codes identified/valid/explained | | | | | | | | | |
| Nutrition Education or High Risk appointment scheduled | | | | | | | | | |
| Referral to other agency appropriate and documented | | | | | | | | | |
| WIC-53 correctly completed | | | | | | | | | |
| Client confidentiality maintained? Policy 1.06 | | | | | | | | | |
| Certification time approximately _____ minutes. | | | | | | | | | |

Additional copies may be made if needed.

Notes:

Certification and Eligibility-Observation of Anthropometric Techniques

CHILD LESS THAN AGE TWO YEARS

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Identification Number WIC Condition | | | | | | | | |
| Assistant holds crown of head up against stationary headpiece Must use recumbent board, cover board and table with paper, no shoes or hair ornaments | | | | | | | | |
| Body (head, trunk, legs) in straight line/not twisted to either side | | | | | | | | |
| Knees not bent and feet not spread wide apart (no diaper interference) | | | | | | | | |
| Body, legs, feet not lifted above board | | | | | | | | |
| Clear view of foot piece touching soles of feet at both heels when length read Staff sights directly over line for length | | | | | | | | |
| Recumbent length read and recorded to within 1/8 inch | | | | | | | | |
| Scale in freely suspended zero balance with liner before use | | | | | | | | |
| Child nude or in single layer of dry diaper | | | | | | | | |
| Child correctly positioned on scale | | | | | | | | |
| Weight read and recorded to within one (1) ounce | | | | | | | | |
| Weights on main and fractional beams returned to zero after use | | | | | | | | |
| Calibration Log completed monthly | | | | | | | | |

Certification and Eligibility-Observation of Anthropometric Techniques

CHILD TWO YEARS AND OLDER OR ADULT

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Identification Number WIC Condition | | | | | | | | |
| Stocking feet & no hat or hair ornament which interferes with height measurement | | | | | | | | |
| Heels, buttocks, shoulder blades touch board surface | | | | | | | | |
| Legs straight, shoulders relaxed, feet slightly apart | | | | | | | | |
| Child's eyes looking straight ahead | | | | | | | | |
| Sliding headpiece touches crown of head when height is read | | | | | | | | |
| Staff eyes are at "eye level" with marked line when height is read | | | | | | | | |
| Height read and recorded to within 2/8 inch | | | | | | | | |
| Scale in freely suspended zero balance before use | | | | | | | | |
| Age 2-5: Single layer underwear, no shoes Age > 5: Light indoor clothing, no shoes | | | | | | | | |
| Person correctly positioned on scale | | | | | | | | |
| Weight read when scale in balance with child/adult on it | | | | | | | | |
| Weight read and recorded to within one-quarter (1/4) lb. | | | | | | | | |
| Weights on main and fractional beams returned to zero after use | | | | | | | | |
| Measurements correctly recorded on NCHS Growth Chart/ Prenatal Weight Gain Grid | | | | | | | | |
| Calibration Log completed annually | | | | | | | | |

Certification and Eligibility - Observation of Blood Work Techniques

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Identification Number | | | | | | | | |
| WIC Condition | | | | | | | | |
| Worker washes his/her hands with soap and water or disinfectant and puts on gloves | | | | | | | | |
| Worker assembles the following minimum supplies: cuvette Alcohol wipe Dry gauze or absorbent material Disposable, retractable lancet | | | | | | | | |
| Worker explains procedure to participant or parent | | | | | | | | |
| Worker insures puncture site is warm | | | | | | | | |
| Worker cleanses site with alcohol | | | | | | | | |
| Worker allows alcohol to air dry or wipes alcohol dry. | | | | | | | | |
| Worker pricks finger or heel on the side of extremity. | | | | | | | | |
| Lancet is discarded immediately into sharps container | | | | | | | | |
| Worker wipes away the first three drops of blood with dry absorbent material | | | | | | | | |
| No more than gentle minimal squeezing of finger or heel to produce blood drops. | | | | | | | | |
| Pointed end of cuvette placed in fourth blood drop, and held in drop until completely filled. The cuvette is not touched to blood drop more than once. | | | | | | | | |
| The outer edges of the cuvette are wiped clean of blood. | | | | | | | | |
| The filled cuvette is placed in HemoCue within five minutes of being filled. | | | | | | | | |
| The hemoglobin value displayed on HemoCue is correctly recorded. | | | | | | | | |
| Used gauze, filled cuvettes are disposed of according to medical waste regulations. | | | | | | | | |
| Work surfaces are disinfected. | | | | | | | | |
| Worker washes or disinfects his or her hands. | | | | | | | | |

Certification and Eligibility - Observation of Blood Work Techniques (cont. Page 2)

| Responsibility | Yes | No | Comments |
|--|------------|-----------|-----------------|
| Annual training log for all staff performing hematological testing | | | |
| Cuvettes in storage are in dry conditions, at room temperature | | | |
| Tuberculocidal disinfectant available in finger stick area. | | | |
| Sharps box in easy reach of worker, not overfull | | | |

Clinic Chart Review

Nutrition Services/Certification and Eligibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Identification Number WIC Condition | | | | | | | | | |
| Correct documentation and plotting on growth chart or prenatal weight gain grid | | | | | | | | | |
| Care Plan correctly completed Policy 5.06 | | | | | | | | | |
| Risk codes are correct and documented | | | | | | | | | |
| High Risk Care Plans addressed reasons participant is High Risk Policy 5.06 | | | | | | | | | |
| Nutrition Care Plan is relevant to the participants assigned risk code Policy 5.05 & 5.06 Attachment # 1 | | | | | | | | | |
| Appropriate food package prescription | | | | | | | | | |
| Care Plan completed on date of visit CPA prescription of food package | | | | | | | | | |
| Care plan completed for: <ul style="list-style-type: none"> < RTF formula, < Entry of 8's for anthropometric < Abnormal Hgb. Measurement(s) | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Cert & Eligibility (cont.) Page 2 | | | | | | | | | |
| Identification Number WIC Condition | | | | | | | | | |
| 2 Nutrition Education contacts per 6 month certification period progress notes are recorded | | | | | | | | | |
| Nutrition Education or High Risk appointment is scheduled | | | | | | | | | |
| At time of monitoring: CPA's complete Care Plan during participant visit | | | | | | | | | |
| Referral if appropriate/documented | | | | | | | | | |

Note: Make copies of this page as needed

Special Formula Documentation

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Identification Number WIC Condition | | | | | | | | |
| WIC-53 in chart for special formula issuance | | | | | | | | |
| WIC-53 has: proper signature(S) is dated(D) | | | | | | | | |
| WIC-53 physician diagnosis(DX) Formula(F) prescribed is clearly indicated | | | | | | | | |
| Formula prescribed for allowed medical conditions per Policy 4.09 | | | | | | | | |
| CPA documentation for six month of special issuance of special formula, if issuance is prior to obtaining completed WIC-53 | | | | | | | | |
| Premature and low-birth weight infant formulas will be issued for the period documented by the physician or healthcare provider with prescriptive authority, but not to exceed six (6) months | | | | | | | | |
| CPA note for RTF formula | | | | | | | | |
| Correct issuance of RTF | | | | | | | | |
| Care Plan for high risk participants have been documented by a CPA. | | | | | | | | |
| Correct Duration Documented in STORC | | | | | | | | |
| Correct and Current Diagnosis on STORC Diagnosis screen. | | | | | | | | |

Note: Make copies of this form as needed

WIC staff and/or positions of those accepting WIC-53 forms:

Policy of site for acceptance of WIC-53 forms if no CPA on site during all office hours:

WV-LA Monitoring-WIC FMNP Questionnaire

| Monitoring Questions/Observations | Yes | No | Comments |
|--|-----|----|----------|
| FMNP Food Coupon Issuance | | | |
| 1. FMNP coupons are stored under double lock and key? <i>(This may be observed or request narrative from staff.)</i> | | | |
| 2. Clinic personnel are reviewing first and last date to spend FMNP coupons with the participants, parent/legal guardian, or proxy? <i>(This may be observed or request narrative from staff.)</i> | | | |
| 3. The participant, parent/legal guardian, or proxy has signed cover card of FMNP coupons? | | | |
| 4. If the participant, parent/legal guardian, or proxy fails to sign the cover card on the top, clinic personnel has noted "Failed to Sign", the date and personnel initials on the FMNP coupons? | | | |
| 5. The FMNP coupons cover cards are stored daily in order by the "numerical sequence of coupon numbers" with each month filed separately? | | | |
| 6. Clinic staff maintains FMNP coupon numbers for both unused and un-issued FMNP coupons for 3 years and 150 days? | | | |
| Monitoring Questions/Observations | Yes | No | Comments |

| | | | |
|--|--|--|--|
| <p>7. Clinic staff are retaining all FMNP coupon numbers and abiding by WV WIC Policy 1.04 Record Retention guidelines and disposition schedule, which is to retain FMNP coupons for 3 years and 150 days?</p> | | | |
|--|--|--|--|