

## WIC CPA Observation Tool

|   |              |   |    |  |   |   |    |  |   |   |    |
|---|--------------|---|----|--|---|---|----|--|---|---|----|
| <b>Staff:</b>   |              |   |    |  |   |   |    |  |   |   |    |
| <b>Reviewer:</b>  | <b>Date:</b> |   |    |  |   |   |    |  |   |   |    |
| <b>Client Category:</b>   |              |   |    |  |   |   |    |  |   |   |    |
| <b>Family Number:</b>   |              |   |    |  |   |   |    |  |   |   |    |
| <b>NUTRITION ASSESSMENT/EDUCATION:</b>  |              |   |    |  |   |   |    |  |   |   |    |
| Are laboratory tests and IMM status reviewed?   | +            | - | NA |  | + | - | NA |  | + | - | NA |
| -PG women informed of flu & 3 <sup>rd</sup> trimester Tdap?   | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Are all health and nutrition questions asked?   | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Is the Medical Conditions & Illnesses list reviewed with the client?  | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Child assessed using the mid-cert Eval screen?  | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Are all applicable risk criteria assigned?  | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Is the WIC Program Explanation provided?  | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Is the NE Plan reviewed with client?  | +            | - | NA |  | + | - | NA |  | + | - | NA |
| <b>CLIENT CENTERED SERVICES:</b>  |              |   |    |  |   |   |    |  |   |   |    |
| Are client concerns, knowledge, readiness for change explored?  | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Was the client actively involved in the encounter?  | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Are nutrition education topics discussed based on client concerns?  | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Is the previous NE topic reviewed?<br>Is this documented?   | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Was encounter friendly, supportive, accommodating, respectful, welcoming?   | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Was encounter positive, based on health outcomes, not deficiencies?   | +            | - | NA |  | + | - | NA |  | + | - | NA |
| <b>USDA REQUIRED:</b>   |              |   |    |  |   |   |    |  |   |   |    |
| Is breastfeeding discussed and encouraged with ALL pregnant clients? Are breastfeeding women encouraged to cont breastfeeding? (PG, BP, BE) | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Is the importance of regular health care and keeping referral appointments discussed? (ALL)   | +            | - | NA |  | + | - | NA |  | + | - | NA |
| Is 'new client packet' distributed to NEW clients (and new babies)? (w/List of local resources for drug/substance abuse, etc.)              | +            | - | NA |  | + | - | NA |  | + | - | NA |

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| <b>REQUIRED REFERRALS:</b>  |   |   |    |  |   |   |    |  |   |   |    |
|---|---|---|----|--|---|---|----|--|---|---|----|
| Are Imms referrals made and/or Imms provided?   | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are high risk clients referred to the RD?   | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are clients with no insurance referred to MA?   | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are PG and BE and BP clients referred to the Breastfeeding Peer? Additional breastfeeding support (IBCLC) referrals made as needed?   | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are PG and IBE/IBP/IFF clients referred to MIHP?  | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are other referrals to community resources made and documented <b>(as applicable)</b> ?<br>- Family Planning (BE/BP/NPP)<br>- Dental, Doctor, SNAP<br>- ISD, Early On, Head Start, Lead (ALL) | + | - | NA |  | + | - | NA |  | + | - | NA |
| <b>BREASTFEEDING (PG, BE/IBE, BP/IBP):</b>  |   |   |    |  |   |   |    |  |   |   |    |
| Is breastfeeding progress assessed and support provided? (PG and BE/IBE and BP/IBP)   | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are partially breastfeeding mothers asked how much formula they are using and prescribed no more than what they are currently using?  | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are breastfeeding mothers w problems/concerns referred to appropriate Breastfeeding staff?  | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are the breastfeeding statistics updated? (I & C)   | + | - | NA |  | + | - | NA |  | + | - | NA |
| <b>FOOD PACKAGES:</b>   |   |   |    |  |   |   |    |  |   |   |    |
| Are food packages assigned based on clients needs and preferences?  | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are "no food benefits" pkg assigned to IBE clients?   | + | - | NA |  | + | - | NA |  | + | - | NA |
| Are food packages explained to the client?  | + | - | NA |  | + | - | NA |  | + | - | NA |
| <b>ALERTS/SCHEDULING/PRINTING:</b>  |   |   |    |  |   |   |    |  |   |   |    |
| Are alerts checked and addressed with client?   | + | - | NA |  | + | - | NA |  | + | - | NA |
| Is next appt discussed with client?   | + | - | NA |  | + | - | NA |  | + | - | NA |
| Documents printed and provided to client?<br>-Client Agreement (New) -Vendor List (New)<br>- VOC - NE Plan<br>- Shopping List - Referral Letter (Opt)   | + | - | NA |  | + | - | NA |  | + | - | NA |
| <b>Comments:</b><br>1   | 2 |   |    |  |   | 3 |    |  |   |   |    |