

Iowa WIC Services Clinic Assessment Tools January 2014



**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 name and job role?	YES	NO	
4. Do staff members use body language that is warm, open, and engaging?	YES	NO	
5. Do staff members avoid WIC jargon or complicated language?	YES	NO	
6. Are all processes, expectations and steps of the appointment explained to participants?	YES	NO	
7. Do staff members limit phone interruptions and side conversations with coworkers when serving participants?	YES	NO	
8. Do staff members use appropriate phone etiquette?	YES	NO	
9. Are staff members able to communicate with difficult or angry participants appropriately?	YES	NO	
10. Do staff members manage peak times without appearing overwhelmed?	YES	NO	
11. Are staff members able to explain the process for handling a participant complaint?	YES	NO	
12. Are bilingual staff or interpreter services available?	YES	NO	
13. Do staff members focus on the participant rather than the computer?	YES	NO	
14. Is talk-time balanced between the participant and staff?	YES	NO	
15. Are appropriate referrals offered for other programs and organizations?	YES	NO	
16. Do staff members adequately explain the purpose of the WIC program to every new participant?	YES	NO	
17. Are participants asked if they have any questions or concerns about their food package, use of WIC foods, and shopping experience?	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”?	YES	NO	
3. Describe what the waiting room looks and sounds like:			
4. Would you mind waiting in this waiting room?	YES	NO	
5. Overall, how do you think the upfront intake process & waiting area environment may affect the WIC applicant’s & participants’ perspectives & attitude on WIC?			
6. Is the clinic clean, safe, comfortable and attractive?	YES	NO	
7. Is the clinic signage respectful and appropriate?	YES	NO	
8. Is clinic signage in the primary languages spoken in the clinic?	YES	NO	
9. Does the waiting room have items to occupy children?	YES	NO	
10. Does the waiting room have posters, photos, or bulletin boards that support positive nutrition and breastfeeding messages?	YES	NO	
11. Are individual offices or work stations arranged to encourage and promote conversation?	YES	NO	
12. Do individual offices or work stations have items to occupy children?	YES	NO	

13. Is a private area for women to breastfeed available upon request?	YES	NO
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14. Do restrooms have a diaper-changing area?	YES	NO
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15. Does the service delivery environment ensure participant confidentiality at all stations (support staff, nutrition, and health)?	YES	NO
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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. Are all participants greeted and welcomed as they enter the clinic?	YES NO	
2. Does all staff greet and welcome the participants throughout the appointment?	YES NO	
3. Does the clinic layout promote efficient service delivery and provide adequate space for participant services?	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 the steps a participant must go through to receive WIC benefits logical, efficient, and minimize duplication of effort?	YES NO	
8. How long, on average, do persons coming in for WIC services have to wait from the time they enter clinic until they meet with the first staff person?		Use the following to assess 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 the time they sign in until the time they meet with the first staff person for the health or nutrition assessment?		Use the following to assess 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 at more than one occasion, evaluate total wait time.)	YES	NO
13. How long, on average, do persons coming in for WIC services have to wait from the time they finish their appointment until they receive their WIC checks?		Use the following to assess average: Finish appointment time: Receive checks time: _____ Minutes
14. Does staff work as a team? (e.g. Is there a process to share questions with appropriate staff members so the question is answered?)	YES	NO
15. Are procedures in place to remind participants about upcoming appointments?	YES	NO
16. Are processes and mechanisms in place to collect and utilize participant feedback?	YES	NO
17. Are regular time studies completed to determine the average time a participant spends in the WIC office and average wait to receive services?	YES	NO
18. Are same-day or walk-in appointments available?	YES	NO
19. Are weekend appointments available?	YES	NO
20. Is lunchtime or extended hour appointments available?	YES	NO
21. Does staff review the previous risks and/or care plan prior to meeting with the participant?	YES	NO
22. Does 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 hands out the checks?		

LOCAL SERVICE ASSESSMENT CHECKLIST

Group & Individual Education Assessment

Clinic Name _____ Date _____

I. GROUP 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. 7) 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 circle)?	YES	NO	
4. Are participants provided 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. Does the room provide a separate, quiet space away from the noises of clinic operation?	YES	NO	
9. Are there ways to keep children busy and engaged?	YES	NO	
10. Did the facilitator open the session warmly and set the agenda for the group?	YES	NO	
11. Did the facilitator engage attendees with:			
• open-ended questions?	YES	NO	
• reflective listening?	YES	NO	
• probing?	YES	NO	
• other skills and techniques?	YES	NO	
12. Did the facilitator 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 group appropriate and accurate?	YES	NO	
17. Did the facilitator recognize and support participants' culture and how it might impact dietary practices?	YES	NO	
18. Did the facilitator summarize the session?	YES	NO	
19. How are the participants scheduled for nutrition education appointments? Check all that apply.			<input type="checkbox"/> Scheduled for specific appointment times <input type="checkbox"/> Scheduled only for certain days of the week <input type="checkbox"/> Scheduled on a walk-in basis <input type="checkbox"/> Other:
20. How long was the nutrition education session?			

II. INDIVIDUAL INSTRUCTIONS

Evaluate each feature of 1:1 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?	YES	NO
3. Does the layout of the room facilitate conversation (e.g., Face-to-face, quiet)?	YES	NO
4. Are participants provided 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. Does the room provide a separate, quiet space away from the noises of clinic operation?	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

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? Check all that apply.			<input type="checkbox"/> Scheduled for specific appointment times <input type="checkbox"/> Scheduled only for certain days of the week <input type="checkbox"/> Scheduled on a walk-in basis <input type="checkbox"/> Other:
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 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. Other features identified:	YES	NO	

Additional Comments