

---

## 370.30

### Clinic Visit

#### Overview

---

**Purpose of visit** A clinic visit reviews the following areas:

- Clinic operations,
    - Facility/environment
    - Customer service
    - Signage
    - Data system
    - Clinic flow
    - Equipment
    - Materials and information
  - Clinic intake and outtake tasks, and
  - Health and nutrition assessment and education tasks.
- 

**State staff responsible**

State office nutrition consultants complete clinic visits for their assigned agencies.

---

**Review process**

During a review, the consultant will:

- Follow participants through the clinic, and
  - Observe clinic activities for a specific task or position (e.g., intake, health assessment, nutrition assessment and education, and outtake).
- 

**Review tools**

A copy of the clinic visit review tool begins on page 2.

Note: WIC Coordinators are encouraged to use these tools for self-assessment activities throughout the year.

---

**WIC Services Toolkit**

The “Iowa WIC Services Clinic Assessment Tools” document must be completed for the clinic that is scheduled for a clinic visit by State WIC office staff. The completed form should be posted to SharePoint one week before the scheduled clinic visit. Any staff member may complete the assessment (WIC Coordinator, Quality Improvement Lead, Support Staff, CPA, someone working outside of the WIC Program, etc.). This toolkit can be found on the WIC Web Portal.

**Note:** This toolkit is modified versions 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.

---

## WIC Clinic Visit

### Overview

---

**Date:**

**Agency:**

**Clinic (#):**

**State Staff:**

**Posted Hours:**

**Appointment  
Hours:**

**# computers:**

**Previous Clinic  
Visit**

Date:

Location:

---

#### Clinic services

WIC Services	Clinic availability
WIC Certification/Recertification	
Infant Health Update/BF Health Update	
WIC Nutrition Education – individual	
WIC Nutrition Education - class	
Other Services	
Child Health	
Maternal Health	
Family Planning	
Dental Health	
Other	

---

#### Clinic staffing

WIC Staff	Names
Support Staff	
Dietitians/Nutrition Educators	
Nurses	
Other Staff	
Describe service delivery model:	

---

Continued on next page

## Overview, Continued

### Participants observed

Participant type	Number observed
Pregnant women	
Postpartum women	
Breastfeeding women	
Infants	
Children	

### Staff observed

Staff type	Time observed
Support Staff	
Dietitians/Nutrition Educators	
Nurses/LPNs	
Other – List:	

### Appointment type observed

Appointment type	Number observed	
	Full appointment	Partial appointment
Certification		
Infant Health Update		
Child Health Update		
Breastfeeding Health Update		
Nutrition Education		
Follow-up		
Other		

### Reports

The following reports will be run by the nutrition consultant prior to the clinic visit and attached to the clinic visit report with the exception of the Daily Calendar and Interpreter Needs Report.

Report	Time Period
Participation with Benefits Report	Previous three months
Daily Calendar (not attached to final report)	For day of clinic visit
Appointment Summary Report	Previous month
Clinic Activity Summary Report	Previous month
Interpreter Needs Report	For day of clinic visit

### Comments

# Clinic Operations

## Facility

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Adequate size					
Accessible location					
Adequate parking					
Accessible by public transportation					
Access for handicapped					

## Comments

## Environment

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Adequate seating/waiting area (380.60)					
Resources/activities available to occupy children					
Uses positive over negative signage (example: Please enjoy your food and drink outside)					
Clean and comfortable					
Enclosed stairs					
Free of clutter/electric cords/cables					
Promotes positive breastfeeding (quiet space, materials) and nutrition messages					
Ensures confidentiality					
Arrangement of space is maximized to allow good eye contact and interaction between the participant and staff					
Medical supplies/waste are out of the reach of participants (360.65)					
Participants understand that participation in other non-WIC services at clinic are encouraged, but are voluntary					

## Comments

Continued on next page

## Clinic Operations, Continued

### Signage

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Required signs visible and readable (300.20)					
Clinic ID signs and hours posted on outside door					
Check in location easily recognizable or signs posted					
“And Justice for All” poster (320.40)					
Nondiscrimination poster					
No smoking sign (300.20)					
Walk-in policy/late appointment policy (300.20)					
Missed appointment and FI policy sign posted or written notice given at certification(225.75)					
Written clinic cancellation policy given to all new participants (300.45)					
Signage displayed for breastfeeding area					

### Comments

---

### Customer service

---

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Greet participants by name, introduce self, and explain what participant will be doing today					
Establishes rapport with the participant/family. Invites questions/provides time for open communication and adapts to participant needs					
Staff members ask permission before sharing information and materials					
Acknowledge participant concerns and maintain eye contact					
Supports breastfeeding in dialogue and nonverbal language					
Work as a team					
Answer participant questions accurately or refer to appropriate clinic staff					
Provide positive feedback and support					
Share confidential information discreetly					
Direct participant where to go next in clinic					
Interpreters available, offered and used when appropriate					

### Comments

---

*Continued on next page*

## Clinic Operations, Continued

### WIC data system and supplies

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Set up equipment such as computers and printers correctly and on time					
Staff logged in under assigned user name					
Current Certification policies available					
Disaster kit on-site (300.65)					

Comments

### Materials and information

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Appropriate educational materials provided to participants					
Accurate and evidence based					
Culturally appropriate					
Audiovisual programs					
Posters					
Promote breastfeeding					
Agency newsletter					
Materials did not take place of the discussion between WIC staff and the participant					
Non-discrimination statement and TTY information on materials noting WIC services (320.70)					
Other:					

Comments

# Intake

## Scheduling appointments

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Jargon/Acronyms are not used or terms are defined for the participant					
Participant address and phone number verified by participant					
More than one agency responsible for scheduling Who:					
Have integrated schedule (i.e., CH, MH, Dental)					
Sign-in process for knowing when participants arrived					
Appointment status is marked Who:					
Appointments scheduled with input from the participants					
Print appointment reminder					
Remind participant what to bring to next appointment					
Encourage participant to attend nutrition education appointments (wichealth.org, group, individual, etc.)					
Encourage participant to complete lessons in WICHealth.org					
Allot appropriate time for appointment type Appointment times:					
Reasonable clinic flow How do staff know when a participant is to be seen?					
Extended clinic hours available. Hours:					
Noon-hour coverage					

## Comments

Continued on next page

# Intake, Continued

## Demographics and eligibility

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Take participants in order of appointment					
Follow up appropriately on alerts					
Participant address and phone number verified by participant					
New participants self-identify race and ethnicity (320.30)					
Require proof of identity of all participants (220.10)					
Document physical presence appropriately (215.15)					
Require proof of address (215.50)					
Pregnant women are given the option of whether or not to count unborn baby in the household size (215.41)					
Require proof of income (215.40)					
Income used for the household is from 30 days prior to the application for WIC benefits (215.45)					
If participant is found to be adjunctive eligible, no further income documentation is requested of the applicant					
Determine income eligibility (215.40)					
Provisional certification completed correctly if missing proof of income, adjunctive income, or residency (215.43, 215.50, 215.42)					
Certification not completed if there are two out of the three proofs (income, residency, identity) are missing (215.42, 215.43, 215.50)					
Use signed statement appropriately (215.40)					
Use Notice of Ineligibility appropriately (215.08)					
Use Notice of Termination appropriately (215.30)					
Participants offered to register to vote					
Completed voter registration applications mailed weekly (245.90)					
Signed declination forms completed and scanned into the computer system or filed(245.90)					

## Comments



**Intake, Continued**

**New WIC participants**

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Ask each new participant about previous WIC participation					
Discussed <b>required topics for new participants</b> appropriately (215.85)					
Provide and explain information in the brochure “Using Your eWIC Card”					
Explain use of FIs and verify knowledge of food package					
Explain FI pick-up procedure (225.70)					
Explain use of proxy (225.70)					
Provide current WIC vendor list (225.50)					
<b>Separate special purpose vendor list</b>					
Explain missed appointment and FI policy (225.75)					
Provide written information about missed appointment and FI policy (225.75)					

**Comments**

**All WIC participants**

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Provide nutritional support (education and strategies for a healthy diet, supplemental foods, referrals, and breastfeeding promotion and support) (215.10)					
Identify nutrition needs and interests to direct services. (215.10)					
Use open communication and two-way dialogue. (215.10)					
Provide nutrition benefits in response to the individual’s needs. (215.10)					
Explain WIC foods are supplemental. (215.10)					
Explain each participant must reapply at the end of the certification period. (215.10)					
Explain the WIC priority system if the local agency is not serving all priorities. (215.10)					
A Civil Rights Complaint folder was available (320.40)					
Staff appropriately handled complaints of discrimination					

Comments

## Health and Diet Assessment

Equipment

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Adult measuring board (340.10)					
Infant measuring board (340.10)					
Adult Scale (340.10, 340.30) Type (balance beam or digital): Date scales tested:					
Infant Scale (340.10, 340.30) Type (Balance beam or digital): Date scales tested:					
HemoCue (215.72) Daily log completed: Problems:					
Pronto (215.72) Problems:					

Comments

Height and weight techniques

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Use previously obtained measurements appropriately (215.74)					
Procedure is explained to the parent/adult present with the infant/child using participant centered techniques					
Remove shoes and heavy outer clothing (215.74)					
Use accurate technique in obtaining standing height (215.74)					
Use recumbent length for infants/children < 2 years (215.74)					
Use accurate techniques when measuring recumbent length (215.74)					
Use accurate technique in obtaining weight (215.74)					
Document reason(s) for inaccurate measurement (215.74)					
Explain growth chart or prenatal weight grid to participant					
Participant is given the opportunity to view the growth chart or prenatal weight grid					

Comments

Continued on next page

## Health and Diet Assessment, Continued

**Blood test  
(Hemocue)**

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Previously collected data is used appropriately (215.72)					
If bloodwork was not taken, the appropriate reason is documented. Appropriate follow-up steps are taken, if applicable. (215.72)					
Follows bloodwork testing frequency (215.72) If bloodwork was deferred, was follow-up arranged?					
Procedure is explained to the parent/adult present with the infant/child using participant centered techniques					
Use accurate techniques for hemoglobin (215.72)					
Disposable gloves are used appropriately (215.72, 360.65)					
Change gloves after each participant (360.65)					
Gloves are not washed or disinfected after each use (360.65)					
Clean finger with at least 70% isopropanol (215.72)					
Wipe away first 3 or 4 good-sized drops of blood (215.72)					
Do not “milk” the finger (215.72)					
Introduce the cuvette tip into the middle of the third or fourth drop of blood. Fill cuvette completely in one continuous motion (215.72)					
Skin prick is covered with a dry gauze and pressure is applied (215.72)					
Wipe off excess blood from both sides and back of the cuvette using the “butterknife” wipe technique (215.72)					
Discard lancet and cuvette in a puncture resistant container while still wearing gloves (215.72, (360.65)					
After discarding lancets and cuvettes in a puncture resistant container, lid is closed after each use (360.65)					
Close cuvette container after each use (215.72)					
Use universal precautions for blood samples (360.65)					
Explain results of hemoglobin test					
Participant referred to their health care provider when appropriate for high or low hemoglobin levels (245.60)					
Regular hand washing (360.65) or use non-water germicidal solution with at least 60% ethanol or isopropanol after seeing each participant Describe alternative method:					

**Comments**

## Health and Diet Assessment, Continued

**Hemoglobin test (Pronto)**

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Previously collected data is used appropriately (215.72)					
If hemoglobin was not taken, the appropriate reason is documented. Appropriate follow-up steps are taken, if applicable. (215.72)					
Follows hemoglobin testing frequency (215.72) If bloodwork was deferred, was follow-up arranged?					
Procedure is explained to the parent/adult present with the infant/child using participant centered techniques					
Use accurate techniques for hemoglobin (215.72)					
Ensures that participant is seated comfortably in a chair with their arm resting on a table. If testing a child, the parent/guardian holds the child and gently holds the child's arm at the elbow to prevent motion. (215.72)					
The correct sensor is selected (pediatric or adult) (215.72)					
Sensor is placed on the correct finger (215.72) <ul style="list-style-type: none"> <li>• Adult: Finger that is used is large enough to cover all lights within the sensor</li> <li>• Child: Thumb</li> </ul>					
Excessive motion by the participant is avoided (215.72)					
Sensor site is wiped down with a 70% isopropyl alcohol pad after the test is completed (215.72)					
Participant referred to their health care provider when appropriate for high/low hemoglobin levels (245.60)					

**Comments**

Continued on next page

## Health and Diet Assessment, Continued

### Health assessment

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Explains the purpose of the assessment. It is a partnership between staff and the participant to achieve positive health outcomes					
Maintain eye contact during interview					
Jargon/Acronyms are not used or terms are defined for the participant					
Asks open ended questions, affirms, uses reflections, probes to clarify information, actively listens, summarizes					
Uses Value Enhanced Nutrition Assessment (VENA) providing quality nutrition services in a participant centered services framework: <ul style="list-style-type: none"> <li>• Identify capacities, strengths, needs/concerns</li> <li>• Determine participant’s existing knowledge and concerns</li> <li>• Collect all information prior to identifying nutrition risk</li> </ul> Use positive approach based on health outcomes rather than deficiencies					
Immunization records reviewed for children under two (245.30)					
Referral made for immunizations for children under two					
Used release form for immunization data and IRIS (245.30)					
Staff reviewed previous risks and care plan					
Manually assigns risk and/or communicate to certifying CPA					
Complete assessment prior to providing health education.					

Continued on next page

## Health and Diet Assessment, Continued

**Health Assessment**  
continued,

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Document care plan as appropriate					
Make appropriate written and verbal referrals linked to the health assessment					
Provide oral health assessment, education and referral (Policy 240.90)					
Provide information on local family planning programs (245.25)					
Make a referral for lead testing if >1 year and not tested					
Provide Health Services Application (245.16) if applicable					
Provide <i>hawk-i</i> application if applicable (245.10)					
Schedule clinic follow-up visit(s) if appropriate					

**Comments**

**Substance use**

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Use positive counseling approach when a participant reports substance use (245.65)					
Provide written substance abuse information to pregnant women (245.65)					
Has available list of substance abuse treatment centers (245.65)					
Provide tobacco cessation materials and services(i.e. Quitline Iowa) when a participant expresses a tobacco-related health concern for them, their pregnancy or family members. (245.65)					

*Continued on next page*

**Comments**

## Health and Diet Assessment, Continued

### Diet assessment

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Explains the purpose of the assessment. It is a partnership between staff and the participant to achieve positive health outcomes					
Maintain eye contact during interview					
Staff reviewed current anthro, blood and health assessment					
Staff reviewed previous risks and care plan					
Jargon/Acronyms are not used or terms are defined for the participant					
Asks open ended questions, affirms, uses reflections, probes to clarify information, actively listens, summarizes					
Manually assign appropriate dietary risks (215.60)					
Risks are assigned for Health Update appointments (215.75)					
Document care plan on high-risk WIC participants (215.83)					
Uses Value Enhanced Nutrition Assessment (VENA) providing quality nutrition services in a participant centered services framework: <ul style="list-style-type: none"> <li>• Identify capacities, strengths, needs/concerns</li> <li>• Determine participant’s existing knowledge and concerns</li> <li>• Collect all information prior to identifying nutrition risk</li> <li>• Use positive approach based on health outcomes rather than deficiencies</li> </ul>					
Complete assessment prior to providing nutrition education					
Staff assessed parent request for formula for a breastfed infant					
Make appropriate written and verbal referrals linked to the diet assessment					
Use referral from the WIC Program form (245.20A)					
Use request for information form (245.24A)					
Use nutrition health history cards (215.63)					
Refer to sanitarian for water-testing (245.80)					
Schedule clinic follow-up visit(s) if appropriate					

### Comments

## Health and Diet Assessment, Continued

---

### Eligibility determination

	Meets/Exceeds	Not Met	Needs Improvements	Not Observed	NA
Participant reads Rights and Responsibilities or they are reviewed with participant after eligibility has been determined (215.95)					
Participant signs that they have reviewed the Rights and Responsibilities using the signature pad					
Participant manually signs document and the document is scanned into the computer system if the participant is unable to electronically sign due to equipment malfunction for example. (215.95)					

### Comments

---



# Health and Nutrition Education

## Health and nutrition education

	Meets/Exceeds	Not Met	Needs Improvements	Not Observed	NA
High-risk participants have at least one individual contact with a LD (240.50, 240.55)					
Jargon/Acronyms are not used or terms are defined for the participant					
Staff members ask permission before sharing information and materials					
Present advice based on participant's current knowledge and personal motivation					
Nutrition education is appropriate to assigned risks and/or the participant's interests, uses open-ended questions, and participant verbalizes understanding					
Use written materials appropriately to reinforce nutrition and health messages and personalize if possible					
Limit to 2 or 3 points					
Teaching aids, resources, pamphlets and audio-visuals were: <ul style="list-style-type: none"> <li>• Evidenced-based approved items for education</li> <li>• Effectively used in the education of participant</li> <li>• Met the participant's needs</li> <li>• Did not overwhelm the participant</li> <li>• Handouts did not replace counseling/discussion with the participant</li> </ul>					
Use food models or other visuals as needed					
Ask for input for identifying areas of improvement and setting achievable nutrition goals. Problem solving and goal setting between the counselor and participant is more like a conversation and is participant centered.					

Continued on next page

## Health and Nutrition Education, Continued

**Health and nutrition education, continued**

	Meets/Exceeds	Not Met	Needs Improvements	Not Observed	NA
Based on the assessment and identified participant needs and interests, a participant centered goal is established that is specific, measureable, achievable, realistic and time specific					
Have participant verbalize plan related to any problem solving completed during visit					
Goals set from the previous appointment are followed up on at the next appointment					
Explain use of WIC foods in diet					
Offer other food resources if needed					
Document completed nutrition education in the data system					
Nutrition education provided for participants in other programs Which programs:					
Utilize other providers for low-risk contacts Who?					
Nutrition education schedule plan (240.55) Describe:					

Comments

Continued on next page

# Health and Nutrition Education, Continued

**Group nutrition education**

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Offer group nutrition education Topic(s):					
Lesson plans developed					
# group classes offered:					
# participants attended:					
The layout of the room facilitates conversation					
The facilitator opened the session warmly and set the agenda for the group					
The facilitator engaged attendees with open ended questions, reflective listening, and probing					
The session was tailored to the participants' questions and needs					

**Comments**

**Wichealth.org**

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
High risk participants completing wichealth.org receives one-to-one follow-up					
Describe the process your agency uses for participants completing wichealth.org (promoting, providing follow-up, issuing benefits after wichealth.org completion, etc.)					

**Comments**

## Food Package and Breast Pump Issuance

### Food package

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
In consultation with the participant, food packages are tailored appropriately to meet: (235.10) <ul style="list-style-type: none"> <li>• Dietary needs</li> <li>• Feeding practices related to developmental stage/needs</li> <li>• Medical/nutritional conditions</li> <li>• Cultural eating patterns</li> <li>• Living situation</li> </ul>					
An appropriate amount of formula was provided to a breastfed infant (ex. Not routinely offering infant formula to an infant less than one month of age) (235.03)					
Iowa WIC Program Formula Product Guide is utilized					
Appropriately uses and accurately documents the WIC request for documentation form when issuing the following: (235.50) <ul style="list-style-type: none"> <li>• Non-contract formulas or WIC-eligible medical foods</li> <li>• 6-11 months no solid food</li> <li>• Supplemental foods</li> </ul>					
Safety measures outlined in policy 235.65 are followed when accepting formula from participants and providing returned formula to participants. Donated formula is not accepted.					

### Comments

### Breast pump issuance and breastfeeding support

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Breast pump information is collected in the data system					
Maintain breast pump inventory log					
Education is provided if a breast pump is issued					
Appropriate referrals are made for additional support					
Other support items issued. (i.e. breast pads, breast shells, etc.) to participants (240.85) Describe:					

### Comments

Continued on next page

## Food Package and Breast Pump Issuance, Continued

**FI issuance**

	Meets/Exceeds	Not Met	Needs Improvement	Not Observed	NA
Follow up appropriately on alerts before FI issuance					
Verify benefits on food package before issuing					
Foster children receive their own eWIC card					
Participant signs when benefits are issued					
Separation of duties occur when issuing FIs (225.50)					
Proration Override function was used appropriately (235.02)					

**Comments**

## Summary

---

### Strengths

---

### Recommendations

---

### Requirements

*(include reference to policy)*

---

### Additional comments

---

---

Signature/Date  
Regional Nutrition Consultant  
Bureau of Nutrition & Health Promotion  
Iowa Department of Public Health

This page intentionally left blank.