

## Nutrition Monitoring Forms Internal and External Monitoring

### Clinic Observation

#### Staffing & Organization

1. If a participant is late for a nutrition education appointment, how is that handled?	
2. If a participant misses a nutrition education appointment, how is that handled?	
3. Nutrition education attendance is documented in the computer.	
4. Refusal to participate in nutrition education is documented and does not cause denial of WIC benefits.	

#### Health Check

1. Are parents/guardians of children on Medicaid questioned about their child's medical provider?	
2. Is a referral form completed if the child does not have a medical provider	
3. Are referrals to Head Start offered to parents/guardians of children age 3 or older?	

**Prescribing Food Packages and Formula Stock**

1. Who in the clinic performs certifications, enters risk codes, and determines and prescribes food packages?	
2. Who in the clinic accepts WIC-53 forms?	
3. When there is no CPA on site, how are WIC-53 and food package changes handled?	
4. Infant formula stock in date?	
5. The return formula tracking log, Policy 3.06. B, Attachment #1 is maintained and up to date.	

**Calibrating Scales**

1. Are scales being calibrated according to policy 2.12?	
2. Is there a calibration log being maintained according to policy 2.12?	

**Blood Work**

1. Lancets/lancet stock in clinic are retractable and follow criteria for lancets outlined in <i>Hematology: A Training and Reference Manual for West Virginia WIC Clinics (Second Edition, 2001)</i>	
2. In the case of an accidental needlestick/exposure involving infectious materials; employees know where to locate guidelines for emergency procedures in the <i>Hematology: A Training and Reference Manual for West Virginia WIC Clinics (Second Edition, 2001)</i>	
3. Tuberculocidal disinfectant available in hematological testing area.	
4. Sharps box is within easy reach of the employee, not too full.	
5. Cuvettes are stored in dry conditions, at room temperature and not out of date.	

**Observing Anthropometric Techniques**

**For Children 2 Years and Older or Adult (Height and Weight)**

<b>WIC Condition:</b>	<b>P</b>	<b>N</b>	<b>B</b>	<b>C</b>	
	<b>ID:</b>	<b>ID:</b>	<b>ID:</b>	<b>&gt;2 yrs.</b>	
<b>Capturing Height:</b>					
1. Participant is measured in stocking feet with nothing on the head which interferes with height measurement.					
2. Heels, buttocks, and shoulder blades touch the board surface.					
3. Legs are straight, shoulders relaxed, and feet slightly apart.					
4. Eyes are looking straight ahead.					
5. Sliding headpiece touches crown of head when height is read.					
6. Height is recorded correctly in Crossroads.					
<b>Capturing Weight:</b>					
7. Participant is wearing light indoor clothing, NO SHOES.					
8. Participant is correctly positioned on the scale.					
9. Scale is read when participant is on it.					
10. Weight is recorded correctly in Crossroads.					

**Observing Anthropometric Techniques**

**For Participants Younger than 2 Years (Length and Weight)**

<b>WIC Condition:</b>	<b>I &lt;1 year ID:</b>	<b>C &lt;2 years ID:</b>			
<b>Capturing Length:</b>					
1. The recumbent board is covered with paper.					
2. Assistant holds crown of head up against the stationary headpiece on recumbent board.					
3. There are no hair ornaments on the participant's head.					
4. Participant is not wearing shoes.					
5. Body is in a straight position: knees are not bent and feet are not spread wide apart.					
6. Clear view of foot piece touching soles of the feet at both heels when the length is captured.					
7. Length is recorded correctly in Crossroads.					
<b>Capturing Weight:</b>					
8. Paper is on scale.					
9. Participant is nude or in a single layer/diaper is dry.					
10. Participant is positioned correctly on the scale.					
11. Weight is recorded correctly in Crossroads.					

**Observing Blood Work Techniques**

<b>WIC Condition:</b>	<b>P</b> <b>ID:</b>	<b>N</b> <b>ID:</b>	<b>B</b> <b>ID:</b>	<b>I</b> <b>&gt;9 mos.</b> <b>ID:</b>	<b>C</b> <b>ID:</b>	
<b>1. Hands are washed or disinfected.</b>						
<b>2. Employee is wearing gloves.</b>						
<b>3. Worker assembles the following supplies: Cuvette, alcohol wipe, dry gauze or absorbent material, disposable retractable lancet</b>						
<b>4. Employee explains the procedure to the participant and/or parent/guardian.</b>						
<b>5. Employee insures puncture site is warm.</b>						
<b>6. Employee cleanses site with alcohol.</b>						
<b>7. Employee allows alcohol to dry or wipes dry.</b>						
<b>8. Employee sticks finger on the side of the extremity.</b>						
<b>9. The lancet is discarded immediately into the sharps container.</b>						
<b>10. Minimal squeezing to produce blood drops; the first three drops of blood wiped away with dry absorbent material.</b>						
<b>11. The pointed end of the cuvette is placed in 4<sup>th</sup> blood drop and filled. Cuvette does not touch blood drop more than once.</b>						
<b>12. Outer edges of cuvette are wiped clean of blood and placed in the HemoCue within 5 min of being filled.</b>						
<b>13. Used gauze, filled cuvettes are disposed of according to medical waste regulations.</b>						
<b>14. Surfaces disinfected; hands washed/or disinfected.</b>						

**Observing Nutrition Counseling**

<b>WIC Condition:</b>	<b>P ID:</b>	<b>N ID:</b>	<b>B ID:</b>	<b>I ID:</b>	<b>C 1-2 yrs. ID:</b>	<b>C &gt;2 yrs. ID:</b>
1. VENA principles are used during counseling.						
2. Appropriate risk codes assigned and explained.						
3. Applicable referrals have been correctly documented.						
4. Applicable, WIC-53 food packages have been prescribed correctly.						
5. Substance-abuse materials are being given to participants.						
6. Postpartum participants are screened for depression and referred if necessary.						
7. For Prenatal participants: Breastfeeding is promoted, information offered.						
8. Appropriate food package is prescribed.						
9. Assists participant in setting a goal for behavior change.						
10. Care plan completed same day as visit.						
11. WIC personnel verbally instruct the parent/guardian or caretaker during cert/sub-cert appointment of the correct use of food benefits, the WIC-Approved Food List (FD-09) and the eWIC benefit card						

Notes:

**Nutrition Services—Breastfeeding**

1. All pregnant women are scheduled for a breastfeeding nutrition education contact.	
2. Adequate print and audiovisual materials in the clinic.	
3. Office supplies are free of formula product names.	
4. Monitor will review the Breastfeeding Peer Counselor documentation contact in Breastfeeding Care Plan in Crossroads.	
5. Loan agreements for electric breast pumps are maintained in Crossroads.	

**Observing Nutrition Education Contacts**

**Group Nutrition Education Contact/One-on-One Nutrition Education Contact**

Name/Title:

Evaluator:

Date:

<b>1. Prepared for nutrition education contact/or one-on-one contact</b>	
<b>2. Introduces self</b>	
<b>3. Provides an explanation for the NE contact/or one-on-one contact</b>	
<b>4. Conveys warmth/empathy</b>	
<b>5. Uses reflective listening</b>	
<b>6. VENA being used: asks participant(s) if they have any questions/concerns; discussion is based on participant's needs</b>	
<b>7. Uses appropriate language level</b>	
<b>8. Culturally-sensitive to participant(s)</b>	
<b>9. Uses participant(s) name(s) when possible</b>	
<b>10. Maintains eye contact and appropriate body language</b>	
<b>11. Uses open-ended questions to encourage participant discussion</b>	
<b>12. Requests permission to offer information/suggestions to participant(s); offers concrete suggestions for behavior change</b>	
<b>13. Printed materials, audiovisuals, and teaching props are used in nutrition education contact when appropriate to enhance presentation; handouts are available and offered to the participant(s)</b>	
<b>14. Information provided is tailored to the participant(s) needs/concerns</b>	
<b>15. Summarizes what was discussed during contact and encourages behavior change</b>	

**Observing Nutrition Education Contacts: Breastfeeding****One-on-One Breastfeeding Education Contact****Name/Title:****Evaluator:****Date:**

<b>1. Introduces self</b>	
<b>2. Provides an explanation for the nutrition education contact</b>	
<b>3. Breastfeeding is promoted by offering breastfeeding materials and information; peer counselor ID card is given if likely to breastfeed</b>	
<b>4. Conveys warmth/empathy</b>	
<b>5. Uses reflective listening</b>	
<b>6. VENA being used: asks participant if they have any questions/concerns about breastfeeding</b>	
<b>7. Uses appropriate language level</b>	
<b>8. Culturally-sensitive to participant</b>	
<b>9. Uses participant's name</b>	
<b>10. Maintains eye contact and appropriate body language</b>	
<b>11. Uses open-ended questions to encourage discussion</b>	
<b>12. Requests permission to offer information/suggestions to participant</b>	
<b>13. Printed materials, audiovisuals, and teaching props are used when appropriate to enhance education; handouts are available and offered to participant</b>	
<b>14. Information provided is tailored to the participant's needs/concerns</b>	
<b>15. Summarizes what was discussed</b>	

**Observing Nutrition Education Contacts: Breastfeeding****Group Breastfeeding Contact****Name/Title:****Evaluator:****Date:**

<b>1. Introduces self</b>	
<b>2. Participants are screened for likelihood of breastfeeding and peer counselor ID cards are given to those likely to breastfeed</b>	
<b>3. VENA being used: asks participant(s) if they have any questions/concerns</b>	
<b>4. The following topics may be offered for discussion, but not limited to these topics:</b>	
• <b>Misconceptions, questions, or concerns with breastfeeding</b>	
• <b>How the breast makes milk</b>	
• <b>Benefits for mother &amp; infant</b>	
• <b>Clothing to wear for discretion</b>	
• <b>Nipple assessment and care</b>	
• <b>Proper positioning</b>	
• <b>Latching on/letting go</b>	
• <b>Letdown reflex</b>	
• <b>Engorgement and prevention</b>	
• <b>Nursing schedule</b>	
• <b>How to tell if baby is getting enough milk</b>	
• <b>Social Support Services</b>	
• <b>Addressing hospital policies on breastfeeding</b>	
• <b>Ways to obtain incentive items offered if applicable</b>	

**Monitoring Individual Participant Records****(Records monitored in Crossroads)**

<b>WIC Condition and ID number:</b>							
<b>1. Risk codes are correct</b>							
<b>2. Appropriate food package prescribed by a CPA</b>							
<b>3. Individual care plan completed correctly according to Policy 5.06 and relevant to participant's assigned risk codes (Policy 5.05 &amp; 5.06 Attachment #1)</b>							
<b>4. High Risk Care Plans address reasons participant is high risk (Policy 5.06)</b>							
<b>5. Nutrition Education or High Risk appointment is scheduled</b>							
<b>6. Referral completed (if necessary) and documented</b>							
<b>7. Correct documentation and plotting on growth chart or prenatal weight gain grid.</b>							

**Special Formula Documentation****(Records monitored in Crossroads)**

<b>WIC Condition And ID number:</b>							
<b>1. WIC-53 is correctly documented in Crossroads.</b>							
<b>2. WIC-53 is filled out correctly with physician's diagnosis, prescribed formula, number of months formula is prescribed</b>							
<b>3. Formula prescribed is allowable medical condition per Policy 4.07</b>							
<b>4. Reason for Ready-to-Feed (RTF) formula issuance is included in a care plan</b>							
<b>5. RTF formula is issued correctly</b>							
<b>6. A care plan has been documented by a CPA</b>							
<b>7. Correct duration for the special formula is documented</b>							
<b>8. Correct and current diagnosis is documented</b>							
<b>9. Is staff verifying that warehouse orders have been successfully received by CAP?</b>							

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