Clinic Site Visit Program Monitoring Report
District of Columbia WIC State Agency

Name of Local Agency:	
Name of WIC Clinic/Clinic #:	
State Agency Representative:	
Date of Visit/Time of Visit:	
CPA:	
Time: Arrival:	
Time: Departure:	
CPA:	
Nutrition Technician:	
Breastfeeding Peer Counselor:	
WIC Clerk (Health Technician):	

Source of visit:

☐ **Technical Assistance** ☐ **Follow-up Corrective Action** ☐ **Unannounced Site Visit**

Appointment Scheduling	
Was the appointment made within the 7-10 day processing standards for pregnant, breastfeeding and infants?	
What was the show-rate for that given day?	

Caseload	
What was the scheduled number of participants for the day?	Initial Certifications: Subsequent Certification: Medical Update: Individual Nutrition Education/Check Pick-up: *Walk-in Check Pick-up:* Group Class Check Pick-up: Nutrition Education: Total Scheduled:
How many appts. were kept?	
WIC clinic staff reschedules the participant if the appt. was missed? How many?	
Outreach/In-reach	
How is the local agency (clinic site) promoting the WIC Program within the facility?	

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How is the local agency (clinic site) promoting the WIC Program within the facility?	
How is the local agency (clinic site) promoting the WIC Program within the community, ie.. Day care centers, head start programs.	
WIC or clinic staff refer participants to another social service agency	

Customer Service		Comments
Local agency site voice mailbox conveys the following information: **1) Name of WIC clinic** **2) Hours of operation** **3) What number to dial for immediate assistance** **4) Option for caller (e.g.; website address, fax number)** **5) When calls will be returned**	☐ ☐ ☐ ☐ ☐	
Receiving Telephone Calls: **1) Salutation-** • **Staff name and agency** • **How may I help?** • **Closing: Thank person for calling** • **All in-coming calls are received during business hours**	☐ ☐ ☐ ☐	
Receiving and Returning… • **Returning calls are made within one (1) business day of receipt**	☐	

CPPA/CPA Counseling	
List Participant ID #'s	
Greets client/ introduces self/ explains purpose of the appointment	
Offers participant-centered, appropriate, relevant and accurate counseling	
Includes the following: • Anthropometric / biochemical data • Substance abuse • High-risk codes • Immunizations • Food package • SMART goal • Referrals	
Accurate documentation	

Secondary Nutrition Education	
Individual/group (list participant ID #'s)	
Type of nutrition education (handout, cooking demo, WICSmart, etc)	
Offers participant centered, appropriate, relevant and accurate education	
Refers participant to CPA for high- risk secondary nutrition education	
Accurate documentation	

Farmers' Market Check Issuance/Storage:	
List participant ID #'s	
Includes the following: • Explanation of program • How to use the checks • Where to use the checks • Adjunct programs • CVC at farmers' markets • Program material (web or paper)	
Accurate documentation	
Surplus checks are stored in a locked room	

Organization & Management		Comments
Minimum staffing pattern based on staff-to-participant ratios (1:300)		
Local agency site is able to address the needs of Limited English Proficient (LEP) participants		

Corrective Action Needed:

Corrective Action Target Date:

WIC State Agency Representative: _____Date: _____

Local Agency Staff Name: _____

Job Title of WIC Staff: _____

WIC Director: _____ Date:_____