**Help Me Grow WIC Program Readiness Assessment/Site Profile Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| WIC Site Name | | | Site Director or Manager | |
| Site Address Number | Site Street Name | Unit | City | Zip Code |
| Phone Number | | | Fax Number | |

**Site Details**

|  |
| --- |
| 1. What is the population served: |
| % American Indian/ Alaskan Native      % Hispanic/Latino       % Asian \_\_\_\_\_ % White/Caucasian       % Black/African American      % Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Estimated total # of children served annually: |
| Estimated percent by age served:       % 2-11 Months      % 1-2 Years % 3+ Years |
| 1. Estimated # of certification visits annually: \_\_\_\_\_ |
| 1. Estimated # of recertification visits annually:\_\_\_\_ |

|  |
| --- |
| 1. Who in your office will participate in Help Me Grow in order to provide developmental checklists and referrals to WIC clients? (check all that apply)   Nutrition Aides/Assistants # \_\_\_\_\_\_  Nutritionists # \_\_\_\_\_  Receptionists/Front Office Staff # \_\_\_\_\_  Other, please specify­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. How do you currently address developmental concerns at your site?   We give information to the parent(s) and have them call referrals/resources  We make the referral  Other, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What support do you currently have to support families with developmental concerns?   On-site clinicians  Connection to clinic or health center  On-site child development specialists  Other resources, please specify­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 1. What other assessment tools are you implementing at your site?   Maternal Depression Screening  Growth Chart  Family Assessment  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dietary Risk Assessment  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Do you have space for Floor and Wall Blocks?   Yes (where)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |

**Goals**

|  |  |
| --- | --- |
| Goals for Participants:  1.  2.  3. | How will we know if we are successful?  1.  2.  3. |
| Goals for Staff:  1.  2.  3. | How will we know if we are successful?  1.  2.  3. |

**Project Implementation**

|  |
| --- |
| 1. What type of training and technical assistance would you and your staff need to make this successful? (check all that apply)   Child development training  Monthly phone check-ins  Technical assistance to address referrals  Monthly office visits/technical assistance  Technical assistance to address office flow  Quarterly referral to HMG reports  Other, please explain |
| **Project Flow** |
| 1. At what visit(s) will checklists be provided to families?   Certification Visits  Mid-certification Visits  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recertification Visits  Every Visit |
| 1. Who will pass out the checklists? |
| 1. Who will review the checklists and discuss them with parents? |
| 1. Who will make necessary referrals? |
| 1. Who will follow-up with families about referrals? |
| 1. Who will share participant referral feedback results with staff? |
| 1. Who will manage the checklist project? |
| 1. What assistance would help make these referrals easier? |
| 1. What will be the biggest challenge to implementing developmental checklists at your site? |
| 1. Where would you store the checklists? |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person completing the survey | | Position at WIC site | |
| Phone Number | Fax Number | | Email |