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

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

**Site Details**

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| 1. What is the population served:
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|      % 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:\_\_\_\_
 |

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| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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**

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| 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?
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| 1. What will be the biggest challenge to implementing developmental checklists at your site?
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| 1. Where would you store the checklists?
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| Name of person completing the survey | Position at WIC site |
| Phone Number | Fax Number | Email |