

Reviewer:

Date:

Agency:

Clinic:

ITCA WIC Program Part C: Staff Observation Form

WIC Staff:

Type of Appointment:

Client Category:

Client ID:

ITEM	Comp Area	*	Comments
Greets client and establishes rapport.			
HEMOGLOBIN			
• Hands gloved prior to test and removing cuvette from container	2.2		
• Fingertip wiped with alcohol and allowed to dry	2.2		
• Tester chose either middle or ring finger (with no ring)	2.2		
• Tester punctured on the side of tip of finger	2.2		
• Blood sample was collected without roughly squeezing /milking finger	2.2		
• Tester wiped away the first 2-3 drops of blood	2.2		
• Tester allowed the drop of blood to become big enough to fill the cuvette, which was inserted into the drop of blood and filled in one continuous process	2.2		
• Tester wiped off excess blood from cuvette and checked for air bubble	2.2		
• Cuvette and lancet were discarded in a bio-hazard container	2.2		
• Hands were washed or sanitizing gel used after testing	2.2		
• Hemoglobin results were correctly recorded in computer.	2.4		
• Hemoglobin was taken at the appropriate time	2.5		
HEIGHT/LENGTH			
HEIGHT			
• Positioned properly (shoes or hair clips/braids removed, knees straight, heels touching wall, 2 people measured for children)	2.1		
• Measurement taken to closest 1/8"	2.1		
• Measurement recorded correctly on paper & in computer	2.4		
LENGTH			
• Positioned properly (shoes or hair clips/braids removed, both legs grasped and straightened, head against head piece, 2 people measured)	2.1		
• Measurement taken to closest 1/8"	2.1		
• Measurement recorded correctly on paper & in computer	2.4		
• Paper used on recumbent board and changed between clients	2.1		
WEIGHT			
• Zero Scale (with or without paper)	2.1		
• Removed clothing, outer clothing, shoes, in dry diaper etc.	2.1		
• Center of scale	2.1		
• Measurement recorded on paper and in computer correctly and to the nearest ounce	2.4		

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ITEM	Comp Area	*	Comments
<ul style="list-style-type: none"> Used paper and changed between clients (infant scale only) 	2.1		
QUALIFICATION			
If new certification, staff asked if client was on WIC before?			
ETHNICITY/RACE			
<ul style="list-style-type: none"> Tribal Affiliation/Ethnic origin Documented (Client self declares, staff asks, or assess visually) 	8.2		
INCOME			
<ul style="list-style-type: none"> Determined income correctly 	1.1		
<ul style="list-style-type: none"> Documented correctly (source, amount and proof or self-declare form) 	1.1		
RESIDENCY			
<ul style="list-style-type: none"> Matched addresses on demographics with proof 	1.2		
<ul style="list-style-type: none"> Documented correctly 	1.2		
IDENTIFICATION			
<ul style="list-style-type: none"> Verified For Client 	1.3		
<ul style="list-style-type: none"> Verified for Caregiver 	1.3		
<ul style="list-style-type: none"> Documented Correctly 	1.3		
INFORMATION ABOUT MOM			
<ul style="list-style-type: none"> Information about mom is correctly documented 	8.1		
GROWTH CHARTS			
<ul style="list-style-type: none"> Showed appropriate growth grids to the caregiver 	3.11 2.6		
<ul style="list-style-type: none"> Explained growth grids or pregnancy weight grid correctly 	3.11 2.6		
HEALTH INTERVIEW			
INFANT / CHILD			
<ul style="list-style-type: none"> Infant feeding/Breastfeeding questions were asked and information recorded correctly 	3.2 3.3		
<ul style="list-style-type: none"> Household Smoking and TV/Video Viewing questions were asked and information recorded correctly 	3.2 3.3		
PG / BF / PP			
<ul style="list-style-type: none"> Education and vitamin questions were asked and information recorded correctly 	3.2 3.3		
<ul style="list-style-type: none"> Diabetes and hypertension questions asked and answers recorded 	3.2 3.3		
<ul style="list-style-type: none"> Pregnancy and/or Delivery information was asked and information recorded correctly 	3.2 3.3		
<ul style="list-style-type: none"> ATOD questions were asked and information recorded correctly 	3.2 3.3		
RISKS			
<ul style="list-style-type: none"> All risks were identified 	3.8		
<ul style="list-style-type: none"> Documented notes for risks with multiple definitions 	3.9		
<ul style="list-style-type: none"> Nutrition Assessment Questionnaire used to individualize the nutrition assessment and identify risks 	3.4		
<ul style="list-style-type: none"> Referred to Nutrition Risk Factors Manual when unsure of risk 	3.7		

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ITEM	Comp Area	*	Comments
• Documented in Notes non-risk related pertinent information	3.10		
• Used critical thinking skills to ask follow-up questions and assess information provided	3.5		
• Questions were non-leading and an effective balance of open-ended and closed-ended questions was used.	3.6		
REFERRALS			
• All mandatory referrals were made, if appropriate	5.1		
• Service documented correctly as Has, Referred, Applied or Not Applicable	5.2		
• Any additional referrals needed by client were made and documented.	5.1		
• Previous referrals to programs and services made at a previous visits were followed up on	5.3		
BASIC CONTACT			
• Caregiver read the Rules & Regulations or CNW reviewed/discussed them with the caregiver and signed by caregiver(s)	6.1		
• Voter registration was offered/discussed	8.6		
• Substance Abuse education provided (new certifications only)	6.6		
FOOD PACKAGE ASSIGNMENT			
• Assigned appropriate food package	7.1		
• Tailored food package appropriately (including formula amt's)	7.1		
FLOW SHEET			
• Flow sheet correctly completed			
APPOINTMENT			
• Appropriate appointment given to client	8.4		
• Documented and printed what client needed to bring at next appointment	8.5		
• Appointment was written in ID folder or appointment notice was given to client	8.5		
• High risk clients were referred to nutritionist			
• Client's eligibility for tri-monthly or bi-monthly issuance verified before printing checks	7.3		
• ID folder given to client and explained (new certifications only)			
CHECK EDUCATION			
CHECK EDUCATION (NEW CERTIFICATIONS)			
• WIC foods were reviewed.	6.2 6.5		
• WIC vendors were reviewed	6.4		
• How to use the CVV	6.3		
• Paying over including using SNAP benefits if appropriate	6.3		
• Separate WIC foods by check from other foods at grocery store	6.3		
• Inform cashier you are using WIC checks. Present checks and ID folder to cashier	6.3		
• Verify amount and date of use recorded on check and countersign the check after the amount and date are correctly filled out	6.3		
• Use check after first date to use and before late date to use	6.3		

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ITEM	Comp Area	*	Comments
• Inform clinic if there are any problems with store	6.3		
• No exchanges for cash, non authorized food item, or credit	6.3		
• Client was given the opportunity to ask questions			
CHECK EDUCATION (RECERTIFICATIONS)			
• Asked if client has a WIC food list			
• Asked if client has a WIC vendor list			
• Asked if client has any questions/problems using WIC checks			
CHECK PRINTING OR SEPARATION OF DUTIES			
• Other staff person issued checks (if available)	8.10		
• Client signed all check stubs in clinic	8.10		
• Bi-Tri monthly envelope used and explained	8.10		
• Extra check stock paper was shredded or marked void	8.10		
CIVIL RIGHTS			
• Staff provided services in a non-discriminatory manner	8.8		
GENERAL			
• Uses appropriate techniques to establish a relationship and begin a conversation.	9.1		
• Practices active listening and responds to non-verbal cues.	9.2		
• Collects information without interrupting or correcting the client.	9.3		
• Ensures understanding by clarifying or asking questions as necessary.	9.4		
• Uses an effective balance of open-ended and closed-ended questions	9.5		
• Asks questions in a non-judgmental and non-leading manner	1.4 3.6		
• Provides positive reinforcement for healthy behaviors	9.6		
QUESTIONS FOR STAFF			
• What would you do if you took a measurement on a client that is 2 inches shorter than the previous measurement?	2.3		
• If a caregiver told you that her refrigerator was broken, where would that be documented?	3.10		
• Imagine I am a new client. Explain how I would use my WIC benefits. (Check ed, vendor list, food list)	6.2- 6.5		
• What education is mandatory at all new certifications? (Substance abuse ed) Explain it to me.	6.6		
• What is the procedure for issuing soy milk?	7.2		
• Show me how you would document a complaint against a vendor.	8.7		
• What would you do if one of your relatives were on WIC?	8.10		
• What is needed before you void and replace food instruments?			
• In what situation can you void and replace a check and some checks for the month have already been used?	7.4		

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Nutrition/Breastfeeding Education Observation

ITEM	Comp Area	*	N/A COMMENTS
INDIVIDUAL:			
• Nutrition assessment completed (risks assigned, assessed information concerns/comments by client)	10.1		
• Previously provided nutrition education reviewed	10.2		
• Nutrition education addressed the highest risk(s) and/or considered client interest while addressing risks	10.1		
• Used tools such as cups and BF tools	10.4		
• Topic entered:			
• Topic discussed:			
• Handout was used appropriately (reinforced or guided education)	10.4		
• Handout related to education provided	10.4		
• Handout entered:			
• Topic(s) and handout(s) were accurately documented	10.9		
• Goal related to education provided	10.7		
• Goal is clear and appropriate	10.7		
• Goal reflects desired health outcome	10.7		
• Client involved in making nutrition goal	10.5		
• Goal entered:			
• Ways to Meet Goal:			
• Ways to meet goal reflect goal and education provided	10.8		
• Ways to meet goal are measurable	10.8		
• Goal and ways to meet goal were accurately documented	10.9		
• Education provided was interactive and staff elicited current diet/behavior practices from client	10.5		
• Information provided to client was accurate	10.3		
• Client received an adequate amount of information, guidance or suggestions to make a behavior change	10.5		
• Education provided was appropriate for client based on socioeconomic status, current living situation, education and ability to make changes	10.5		
• Staff provided positive reinforcement for positive health behaviors currently used by client	10.6		
• Staff provided support and encouragement for client to change behavior/breastfeed	10.6		
• Staff assisted a breastfeeding mother, addressing questions or concerns appropriately	11.1 11.2		
• Number of education topics was appropriate and learner was not overwhelmed with information.			# topics:
• Length of session (no score)			# minutes:
• Client offered a breastpump, if applicable			

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