

## ITCA WIC Program: Staff Observation Form

Reviewer:

Date:

Agency/Clinic:

WIC Staff #1:

WIC Staff #2:

Type of Appointment:

Client Category:

Client ID:

*\*Staff Initials only required if you observed more than one staff provide services to a client/family*

Staff Initials	ITEM	√ / i / -	COMMENTS
<b>Opening the Conversation – Certifier ONLY ( See Rubric Below for CPA)</b>			
	<ul style="list-style-type: none"> <li>• Greets client and establishes rapport.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Sets the agenda (what will happen during appt. and time it will take)</li> </ul>		
	<ul style="list-style-type: none"> <li>• Asks permission</li> </ul>		
	<ul style="list-style-type: none"> <li>• If new certification, staff asked if client was on WIC before</li> </ul>		
<b>Hemoglobin</b>			
<b>Masimo</b>			
	<ul style="list-style-type: none"> <li>• Pediatric tester used or finger sized measured</li> </ul>		
	<ul style="list-style-type: none"> <li>• Non-dominant hand and either ring or middle finger (thumb can be used for small children) is used</li> </ul>		
	<ul style="list-style-type: none"> <li>• Gauge is right side up</li> </ul>		
	<ul style="list-style-type: none"> <li>• Arm is at or near heart level and cable runs on top of hand</li> </ul>		
	<ul style="list-style-type: none"> <li>• Client is instructed to remain still</li> </ul>		
<b>HemoCue</b>			
	<ul style="list-style-type: none"> <li>• Hands gloved prior to test and removing cuvette from container</li> </ul>		
	<ul style="list-style-type: none"> <li>• Fingertip wiped with alcohol and allowed to dry</li> </ul>		
	<ul style="list-style-type: none"> <li>• Tester chose either middle or ring finger (with no ring)</li> </ul>		
	<ul style="list-style-type: none"> <li>• Tester punctured on the side of tip of finger</li> </ul>		
	<ul style="list-style-type: none"> <li>• Blood sample was collected without roughly squeezing /milking finger</li> </ul>		
	<ul style="list-style-type: none"> <li>• Tester wiped away the first 2-3 drops of blood</li> </ul>		
	<ul style="list-style-type: none"> <li>• 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</li> </ul>		
	<ul style="list-style-type: none"> <li>• Tester wiped off excess blood from cuvette and checked for air bubble</li> </ul>		
	<ul style="list-style-type: none"> <li>• Cuvette and lancet were discarded in a bio-hazard container</li> </ul>		
	<ul style="list-style-type: none"> <li>• Hands were washed or sanitizing gel used after testing</li> </ul>		
	<ul style="list-style-type: none"> <li>• Area is cleaned after client or paper towel was placed under supplies</li> </ul>		
	<ul style="list-style-type: none"> <li>• Hemoglobin results were correctly recorded in computer.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Hemoglobin was taken at the appropriate time</li> </ul>		
<b>Weight</b>			
	<ul style="list-style-type: none"> <li>• Zero Scale (with or without paper)</li> </ul>		
	<ul style="list-style-type: none"> <li>• Removed clothing, outer clothing, shoes, in dry diaper etc.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Center of scale</li> </ul>		

\* √ = Complete, done correctly

- = Missing

i = incorrectly done

NA = Not applicable

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	<ul style="list-style-type: none"> <li>Measurement recorded on paper and in computer correctly and to the nearest ounce</li> </ul>		
	<ul style="list-style-type: none"> <li>Used paper and changed between clients (infants only)</li> </ul>		
<b>Height/Length</b>			
<b>Height</b>			
	<ul style="list-style-type: none"> <li>Positioned properly (shoes or hair clips/braids removed, knees straight, 2 people measured for children)</li> </ul>		
	<ul style="list-style-type: none"> <li>Measurement taken to closest 1/8"</li> </ul>		
	<ul style="list-style-type: none"> <li>Measurement recorded correctly on paper &amp; in computer</li> </ul>		
<b>Length</b>			
	<ul style="list-style-type: none"> <li>Positioned properly (shoes or hair clips/braids removed, both legs grasped and straightened, head against head piece, 2 people measured)</li> </ul>		
	<ul style="list-style-type: none"> <li>Measurement taken to closest 1/8"</li> </ul>		
	<ul style="list-style-type: none"> <li>Measurement recorded correctly on paper &amp; in computer</li> </ul>		
	<ul style="list-style-type: none"> <li>Paper used on recumbent board and changed between clients</li> </ul>		
<b>Qualifications</b>			
<b>Data Verification</b>			
	<ul style="list-style-type: none"> <li>Client name and date of birth is verified</li> </ul>		
<b>Ethnicity/Race</b>			
	<ul style="list-style-type: none"> <li>Tribal Affiliation/Ethnic origin Documented (Client self declares, staff asks, or assess visually)</li> </ul>		
<b>Income</b>			
	<ul style="list-style-type: none"> <li>Determined income correctly</li> </ul>		
	<ul style="list-style-type: none"> <li>Documented correctly (source, amount and proof or self-declare form)</li> </ul>		
	<ul style="list-style-type: none"> <li>Income eligibility test was completed by different staff member than did nutrition assessment</li> </ul>		
<b>Residency</b>			
	<ul style="list-style-type: none"> <li>Updated phone number, address, etc.</li> </ul>		
	<ul style="list-style-type: none"> <li>Matched addresses on demographics with proof</li> </ul>		
	<ul style="list-style-type: none"> <li>Documented correctly</li> </ul>		
<b>Identification</b>			
	<ul style="list-style-type: none"> <li>Verified For Client</li> </ul>		
	<ul style="list-style-type: none"> <li>Verified for Caregiver</li> </ul>		
	<ul style="list-style-type: none"> <li>Documented Correctly</li> </ul>		
<b>Information about mom</b>			
	<ul style="list-style-type: none"> <li>Information about mom is correctly documented</li> </ul>		
<b>Growth Grids</b>			
	<ul style="list-style-type: none"> <li>Showed appropriate growth grids to the caregiver</li> </ul>		
	<ul style="list-style-type: none"> <li>Explained growth grids or pregnancy weight grid correctly</li> </ul>		
<b>Health Interview</b>			
<b>Infant / Child</b>			
	<ul style="list-style-type: none"> <li>Infant feeding/Breastfeeding questions were asked and information recorded correctly</li> </ul>		

Staff Initials	ITEM	√ / i / -	COMMENTS
	<ul style="list-style-type: none"> <li>Household Smoking and TV/Video Viewing questions were asked and information recorded correctly</li> </ul>		
<b>PG / BF / PP</b>			
	<ul style="list-style-type: none"> <li>Education and vitamin questions were asked and information recorded correctly</li> </ul>		
	<ul style="list-style-type: none"> <li>Diabetes and hypertension questions asked and answers recorded</li> </ul>		
	<ul style="list-style-type: none"> <li>Pregnancy and/or Delivery information was asked and information recorded correctly</li> </ul>		
	<ul style="list-style-type: none"> <li>ATOD questions were asked and information recorded correctly</li> </ul>		
<b>Risks</b>			
	<ul style="list-style-type: none"> <li>All risks were identified</li> </ul>		
	<ul style="list-style-type: none"> <li>Documented notes for risks with multiple definitions</li> </ul>		
	<ul style="list-style-type: none"> <li>Nutrition Assessment Questionnaire used to individualize the nutrition assessment and identify risks</li> </ul>		
	<ul style="list-style-type: none"> <li>Referred to Nutrition Risk Factors Manual when unsure of risk</li> </ul>		
	<ul style="list-style-type: none"> <li>Documented in Notes non-risk related pertinent information</li> </ul>		
	<ul style="list-style-type: none"> <li>Used critical thinking skills to ask follow-up questions and assess information provided</li> </ul>		
	<ul style="list-style-type: none"> <li>Questions were non-leading and an effective balance of open-ended and closed-ended questions was used.</li> </ul>		
<b>Referrals</b>			
	<ul style="list-style-type: none"> <li>All mandatory referrals were made, if appropriate</li> </ul>		
	<ul style="list-style-type: none"> <li>Service/Program documented correctly (Has, Referred, Applied or Not Applicable)</li> </ul>		
	<ul style="list-style-type: none"> <li>Non-mandatory referrals were made and documented</li> </ul>		
	<ul style="list-style-type: none"> <li>All referrals needed were made and documented</li> </ul>		
	<ul style="list-style-type: none"> <li>Follow-up done for referrals made at cert, if applicable</li> </ul>		
<b>Immunizations (Required up to 2 years old)</b>			
	<ul style="list-style-type: none"> <li>Determined immunization status correctly</li> </ul>		
	<ul style="list-style-type: none"> <li>Documented immunization status correctly</li> </ul>		
	<ul style="list-style-type: none"> <li>Provided an immunization schedule if not up-to-date or record not provided</li> </ul>		
<b>Basic Contact (Certifications &amp; as applicable)</b>			
	<ul style="list-style-type: none"> <li>Caregiver read the Rights and Responsibilities (R&amp;R) and staff reviewed/discussed the highlighted parts <b>OR</b></li> <li>Staff read the entire R&amp;R to the caregiver and reviewed/discussed the highlighted parts</li> </ul>		
	<ul style="list-style-type: none"> <li>R&amp;R signed by caregiver</li> </ul>		
	<ul style="list-style-type: none"> <li>Staff informed client of the programs that WIC shares information with</li> </ul>		
	<ul style="list-style-type: none"> <li>Voter registration was offered/discussed</li> </ul>		
	<ul style="list-style-type: none"> <li>Substance Abuse education provided (only required at new certifications)</li> </ul>		
<b>Food Package Assignment</b>			

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	<ul style="list-style-type: none"> <li>Assigned appropriate food package</li> </ul>		
	<ul style="list-style-type: none"> <li>Tailored food package appropriately (including formula amounts)</li> </ul>		
<b>Flowsheet</b>			
	<ul style="list-style-type: none"> <li>Flow sheet correctly completed</li> </ul>		
<b>Appointment</b>			
	<ul style="list-style-type: none"> <li>Appropriate appointment given to client</li> </ul>		
	<ul style="list-style-type: none"> <li>Documented or printed what client needed to bring at next appointment</li> </ul>		
	<ul style="list-style-type: none"> <li>Client was given an appointment card or appointment notice</li> </ul>		
	<ul style="list-style-type: none"> <li>High risk clients were referred to RD</li> </ul>		
	<ul style="list-style-type: none"> <li>Client's eligibility for tri-monthly or bi-monthly issuance verified before issuing benefits</li> </ul>		
<b>Food Package/eWIC Education</b>			
<b>New Certifications</b>			
	<ul style="list-style-type: none"> <li>WIC foods</li> </ul>		
	<ul style="list-style-type: none"> <li>WIC vendors</li> </ul>		
	<ul style="list-style-type: none"> <li>How to use the eWIC card</li> </ul>		
	<ul style="list-style-type: none"> <li>Can pay for non-WIC items or \$ for fruits and vegetables with SNAP benefits or other forms of payment</li> </ul>		
	<ul style="list-style-type: none"> <li>First/End Use Dates</li> </ul>		
	<ul style="list-style-type: none"> <li>Where to find benefit balance</li> </ul>		
	<ul style="list-style-type: none"> <li>How to read benefits inquiry, mid-transaction report, and receipt</li> </ul>		
	<ul style="list-style-type: none"> <li>What to do if the client needs to change their PIN or they need a new card</li> </ul>		
	<ul style="list-style-type: none"> <li>Inform clinic if there are any problems with store</li> </ul>		
	<ul style="list-style-type: none"> <li>No exchanges for cash, non-authorized food item, or credit</li> </ul>		
	<ul style="list-style-type: none"> <li>Client was given the opportunity to ask questions</li> </ul>		
<b>Follow-up/Recertifications</b>			
	<ul style="list-style-type: none"> <li>Asked if client needs a WIC food list</li> </ul>		
	<ul style="list-style-type: none"> <li>Asked if client needs a WIC vendor list</li> </ul>		
	<ul style="list-style-type: none"> <li>Asked if client has any questions/problems using the eWIC card</li> </ul>		
	<ul style="list-style-type: none"> <li>Recorded any reported problems or complaints and obtained adequate information</li> </ul>		
<b>Card Issuance &amp; Reissuance</b>			
	<ul style="list-style-type: none"> <li>Client signed for card</li> </ul>		
	<ul style="list-style-type: none"> <li>Client signed the R&amp;R</li> <li>Staff reviewed the bullet points on protecting the card and not selling or exchanging it</li> </ul>		
<b>Civil Rights</b>			
	<ul style="list-style-type: none"> <li>Staff provided services in a non-discriminatory manner</li> </ul>		

WIC Staff Name:

PCS & Nutrition Education Rubric		
Mandatory Education Topics	NOTES	Completed? (√, i, -)
<b>Finger Foods</b> (9-11 months old & issued Fresh FV)		
<b>Exit Counseling</b> (Last visit for PP and BF women)		
<b>BF Education – 2 during cert</b> (PG moms - How To's & Benefits)		
Nutrition Education		
Requirements	NOTES	Score (0-3) *See Rubric
<b>Tools</b> <ul style="list-style-type: none"> <li>• Tool used appropriately <i>Ex. linked to the assessment &amp; nutrition education topic development</i></li> </ul>		
<b>NE Topic:</b> <ul style="list-style-type: none"> <li>• Nutrition assessment completed before nutrition education provided (cert &amp; mid-cert or all appts for infants and PG and BF moms)</li> <li>• Offers topics based on assessment cert &amp; mid-cert or all appts for infants and PG and BF moms)&amp; client interest</li> <li>• Topics were documented and matched the topics discussed</li> <li>• Previous goals were reviewed and follow-up documented.</li> </ul>		
<b>Handout:</b> <ul style="list-style-type: none"> <li>• Hand-outs are used appropriately; offered as reinforcement to education provided or to give ideas/examples.</li> <li>• Handouts were documented and matched the handouts provided</li> </ul>		
<b>Goal:</b> <ul style="list-style-type: none"> <li>• Goal matched what was discussed</li> <li>• Goal reflects desired health outcome of the client</li> <li>• Goal was chosen by client</li> </ul>	- = Missing i= incorrectly done NA = Not applicable 5	

<p><b>Ways to Meet Goal:</b></p> <ul style="list-style-type: none"> <li>• Documented Ways to Meet Goal matched what was discussed</li> <li>• Ways to Meet Goal reflects desired health outcome of the client</li> <li>• Ways to Meet Goal were SMART</li> <li>• Ways to Meet Goal was chosen by client</li> </ul>		
<p><b>NE Delivery</b></p> <ul style="list-style-type: none"> <li>• Offers education at appropriate times</li> <li>• Offers anticipatory guidance when applicable</li> <li>• Logical and conversational</li> <li>• Includes an appropriate number of topics and level of information</li> <li>• Appropriate for client based on socioeconomic status, current living situation, education and ability to make change</li> <li>• Provided in the spirit of PCS</li> </ul>		
<p><b>Breastfeeding NE</b> (as applicable)</p> <ul style="list-style-type: none"> <li>• Supported or encourage breastfeeding</li> <li>• Fully and accurately addressed Mom's BF questions or concerns</li> <li>• Client provided with a breast pump (if applicable) and adequate education on use</li> </ul>		

Basic PCS Skills		
Requirements	NOTES	Score (0-3) <i>*See Rubric</i>
<p><b>Establishes Rapport</b></p> <ul style="list-style-type: none"> <li>• Greets client warmly &amp; introduces self</li> <li>• Takes opportunities to build rapport with the client <u>from the beginning and continuing throughout</u> the appointment</li> </ul>		
<p><b>Sets the agenda</b></p> <ul style="list-style-type: none"> <li>• Sets the agenda immediately after greeting client and introducing self</li> <li>• Provides all pertinent information: what will happen in the appointment and how long it will take</li> <li>• If a certification or as applicable, both staff set the agenda</li> </ul>		
<p><b>Asks permission</b></p> <ul style="list-style-type: none"> <li>• Asks permission when appropriate</li> </ul> <p><i>Ex. after setting the agenda, before providing advice or sharing information, or when changing rooms</i></p>		
<p><b>Client file review</b></p> <ul style="list-style-type: none"> <li>• <u>If a new certification, asks if client was on WIC before</u></li> <li>• Checks file before the appointment to see what is required for each client (ht/wt/hgb/proofs etc.)</li> <li>• Reviews notes and previous nutrition education before appointment and appropriately uses the information</li> </ul>		

Advanced PCS Skills for Risk/Nutrition Assessment		
Requirements	NOTES	Score (0-3) <i>*See Rubric</i>
<p><b>Open-ended questions</b></p> <ul style="list-style-type: none"> <li>Assessment follows a smooth and logical flow</li> <li>Asks an appropriate amount of open ended, relevant questions</li> <li>Questions are non-judgmental and non-leading</li> <li>Asks probing questions</li> </ul>		
<p><b>Affirmations</b></p> <ul style="list-style-type: none"> <li>Sound natural and genuine</li> <li>Affirms client when appropriate</li> </ul> <p><i>Ex. Mom shares a change she's made, something she's proud of or a challenge she's working on</i></p>		
<p><b>Reflections</b></p> <ul style="list-style-type: none"> <li>Used to confirm staff understanding</li> <li>Sound natural and genuine.</li> </ul>		
<p><b>Summarize</b></p> <ul style="list-style-type: none"> <li>Information gathered in the assessment is summarized before moving on to nutrition education.</li> <li>Client is asked to confirm that the information was correct</li> <li>Nutrition education provided and goal/ways to meet goal are summarized</li> </ul>		
<p><b>Client participation</b></p> <ul style="list-style-type: none"> <li>Responds to client body language and tone of voice</li> <li>Collects information without interrupting or correcting the client</li> <li>Client does more of the talking</li> </ul>		