Observation Review Tool

Agency: _____ **Reviewer:** _____

Clinic: _____ **Date:** _____

C = Compliance QA = Quality Assurance N/A = Not Applicable UO = Unable to Observe

		WIC ID Number →						**# of NOs**
		WIC Category →						
		Appointment Type →						
		Certifier Name →						
		Receptionist Name →						
		Lab Tech Name →						
INTAKE								
1	C	Participant confidentiality is maintained throughout certification process.						
2	C	Appropriate proofs are requested and provided (e.g., ID, income/adjunctive eligibility, residency).						

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3	C	Participant being certified is physically present for the visit.						
4	C	Rights and Responsibilities are explained to the participant.						
5	C	Are required and other referrals made and documented as appropriate?						
6	C	The Participant Signature form is signed by the participant and a copy is filed.						
7	C	Voter registration is offered as appropriate.						
8	C	Infant/child participants are screened for immunization status using a documented record as appropriate.						
CERTIFICATION: ASSESSMENT								
9	C	Height/length measurements are taken and documented correctly.						
10	C	Weight measurements are taken and documented correctly.						
11	C	Biochemical measurements are taken and documented correctly.						
12	C	Biochemical measurements are taken within the required timeline.						

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13	C	CPA completes a full health and diet assessment using critical thinking.						
CERTIFICATION: COUNSELING								
14	C	Elements of participant centered education are demonstrated. See PCE scoring tool.						
15	C	Pregnant women are encouraged to breastfeed.						
16	C	Is nutrition education provided?						
17	C	Do the nutrition counseling topics and materials offered relate to the nutrition risk, category and/or the participant's interests or concerns?						
18	C	Is verbal substance use education provided at certification?						
19	C	The participant is actively involved in determining next steps for improving health outcomes.						
20	C	A connection is made between the participant's program eligibility and desired health outcomes.						
21	C	Quarterly NE is offered/discussed with participant.						
22	C	The protocol for referral to high-risk counseling is followed appropriately.						

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BENEFIT ISSUANCE								
23	C	Benefit issuance use is explained to new participants.						
24	QA	Returning participants are asked if they have any questions or problems with shopping.						
25	C	There is a separation of duties between staff determining income eligibility and staff responsible for risk determination.						
TWIST OBSERVATION								
26	C	Participant attendance is documented for this appointment.						
27	C	Are proofs documented correctly and if applicable, “eligibility pending” checked?						
28	C	Is health questionnaire completed for all mid-cert health assessments?						
29	C	Is diet questionnaire completed for all mid-cert health assessments?						
30	C	If high-risk appointment, the care plan was documented appropriately.						
31	C	All applicable nutritional risks are determined.						
32	C	Are all selected risks documented correctly, if additional documentation is required?						
33	C	NE provided was documented appropriately.						

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			WIC ID Number →						# of NOs
34	C	Was food package education provided and documented per policy at certification?							
35	C	The food package assignment fits the participant's category and nutritional risk.							
36	C	Is the food package documented correctly if required by policy (e.g. Infant Fresh Fruit and Vegetable benefit, milk type)?							

WIC ID	QUESTION #	COMMENT