Instructions:

Use one (1) worksheet per Management Evaluation. Evaluate a minimum of 3 Certifications per staff member. At least one Certification per participant category (Woman, Infant, Child) must be observed. At least one certification must be for a high-risk participant. At least one Certification must contain special prescriptions.

Evaluation Codes:
4: Excellent
3: Meets Standard
2: Acceptable, but could use some coaching
1: Not acceptable - CAP (Corrective Action Plan) Necessary

Participant Categories
(W) Women: MBF - Mostly Breastfeeding; SBF - Some Breastfeeding; NBF - Non Breastfeeding; P - Pregnant
(I) Infants
(C) Children

Food Delivery / Food Instrument Accountability (FD)
The local agency staff provides both written and verbal food delivery instructions to particiapnts (WIC I.D. Family Folder, approved food list, DC WIC locations, how to use your WIC checks, how to order special formula, etc)
Local agency staff have check registers and follow procedures. (WIC & FMNP)
Local agency staff are able to present check registers when requested for review. (WIC &FMNP)
The Adjunct Check Registers are kept with the check register in use for the current month.
Local agency secures all check stock in a secure location with a lock.
Local agency void checks according to the procedure.
Local agency documents checks that were reported to the State Agency as lost/stolen.
During FMNP's operation, the local agency staff provide both written and verbal food delivery instruction to program particiapnts for FMNP according to policy .
Participant Files / Register Review (Program)
WIC Lost/Stolen-Voided Check Report in Folder
CPA Signature on Certification Form
Tech. Signature on Certification Form
Authorized Signature on Certification Form
Authorized Rep Signature on Check Register
Participant File/Register Review (Program)
FMNP (Redeemed Checks)
CPA Signature on Certification Form
Tech. Signature on Certification Form
Authorized Signature on Certification Form
Authorized Rep. Signature on Check Register
FMNP **(UnRedeemed Checks) STATE AGENCY SECTION ONLY**
CPA Signature on Certification Form
Clerk Signature on Certification Form
Authorized Signature on Certification Form
Authorized Rep. Signature on Check Register
Participant File/Register Review (Program)

Active Records
CPA Signature on Certification Form
Clerk Signature on Certification Form
Authorized Signature on Certification Form
Authorized Rep Signature on Check Register
Register Review
Proxy Signature
Terminated Records
CPA Signature on Certification Form
Clerk Signature on Certification Form
Authorized Signature on Certification Form
Authorized Rep Signature on Check Register
Register Review
Proxy Signature
VOC
CPA Signature on Certification Form
Clerk on Certification Form
Authorized Signature on Certification Form
Authorized Rep Signature on Check Register
Register Review
Proxy Signature
VOC Documentation in File
Unredeemed WIC Checks
CPA Signature on Certification Form
Clerk on Certification Form
Authorized Signature on Certification Form
Authorized Rep Signature on Check Register
Register Review
Proxy Signature
Redeemed WIC Checks
CPA Signature on Certification Form
Clerk Signature on Certification Form
Authorized Signature on Certification Form
Authorized Rep Signature on Check Register
Register Review
Proxy Signature
Ineligible Files
CPA Signature on Certification Form
Clerk Signature on Certification Form
Authorized Signature on Certification Form

Authorized Rep Signature on Check Register
Notice of Ineligibility
Proxy Signature

0 1 2 3

WIC ID #

Comments
Comments
Comments
Comments

Grading Tool:
0: Lacks competence
1: Needs training, guidance, close monitoring
2: Needs to be mentored in specific identified skills
3: Demonstrates competence

Comments

Comments

Comments

Comments

Comments

DC WIC Program - Certification Observation for ME			
Reviewer:			Primary Ce
Agency:			Secondary
Clinic:			Date:
Participant ID No.			
Category:			
Intake/Family Information	Grade (if applicable)	Comments	
Invest in the Interaction			
Greets Client/Introduces Self. Explained purpose of the interview. Asked permission to verify documents.			
Proof of ID was provided (infants' hospital discharge documents, state issued ID, Passport, SS card, etc.)			
Staff collected, verified, and correctly recorded proof of date of birth			
Proof of address was provided and recorded correctly			
Voter Status updated/ registration form and assistance provided			
Education Level Collected/Updated			
Staff verified participant address and phone number			
Proxy policies followed (signatures collected, if applicable)			
Client being certified is physically present			

Signature obtained for “No proof exists-ID/Address/Income” (if applicable)		
Rights & Obligations Form; the certifier read (at minimum):		
• Healthful Information		
• Fair Treatment		
• Protect Your Benefits		
• Accurate Information		
• Good Use of the Program		
* Honest		
Signature obtained for Rights and Responsibilities		
Clients are informed the R&R are located in the food list folder.		
Client		
Accurate birth date & Gender collected and documented correctly		
Proof of Identification provided and recorded accurately		
Child linked to mother’s ID (or reason not linked selected)		
Foster Status Documented (if applicable)		
Race and ethnicity data collected (at initial cert only) and/or self-identify		
Income		
Family size determined correctly		
“Unborn counted” determined correctly		
Participation in adjunctively eligible programs documented correctly (if applicable)		
Proof of Income provided and recorded accurately		
Signature obtained for Zero Income (if applicable)		
Signature obtained for Forgot Documentation (if applicable)		

Signature obtained for No Proof Exists (if applicable)		
Signature obtained for Income Ineligible & copy provided to Authorized Rep (if applicable)		
Separation of duties is consistent with State Agency policy		
Civil Rights		
Clinic displays a "No Smoking" sign **Policy 11.003:7 CFR Fed § 246.8 Nondiscrimination**		
Printed materials are available in languages other than English (Note which langiages) **Policy 11.001:7 CFR Fed § 246.8 Nondiscrimination**		
"And Justice For All" poster is prominenetly displayed in "Plain view" and within "readable distance" of all applicants/participants **Policy 11.001: 7 CFR Fed § 246.8 Nondiscriminaton**		
Local agency is serving all participating and potentially eligible persons based on the District of Columbia population **Policy 11.001: 7 CFR Fed § 246.8 Nondiscrimination**		
Fair Hearing (11.001-Civil Rights) requests are being processed in accordance with policy. **Policy 11.001: 7 CFR Fed § 246.8 Nondiscrimination**		
Certification		
Date(s) correctly recorded for last menstrual period/expected delivery date/actual delivery date (if applicable)		
Anthropometric/Laboratory		

Greets Client/Introduces Self Explained purpose of the interview Asked permission to verify documents		
Medical data <60 days old entered correctly (if applicable)		
Weight/Length/Height		
Scales are zeroed and balanced before weighing individual		
Dry diaper		
Light clothing		
Without shoes		
Weight measurement recorded accurately		
Length board used for infants & children under 24 months or unable to stand unassisted		
Both legs are grasped and straightened for measurements (length)		
Length/Height measured twice (n/a if digital equipment is used)		
Standing height used for children over 24 months & women		
Measured using a stadiometer or non-stretched tape with a flat headboard		
Heels together		
Ankles, hips, and shoulder blades aligned		
Eyes straight ahead with arms at sides		
Without top hair adornment		
Length/Height is measured to nearest 1/8 inch		
Hemocue Lab Procedure		
Cleansed & gloved hands for each test		
Gloves remained on until cuvette was disposed		
Correct site chosen (middle or ring finger, cannot have ring, when appropriate)		
Cleansed & dried site		
Correct puncture, first 2 - 3 drops wiped, pressure / bandage applied		

Milking to collect blood, other method used		
Cuvette container with lid on and stored at room temperature		
The sharp edge of the cuvette is pointed downward		
Filled in one step to front edge, excess blood wiped off		
Hold to check for air bubbles, discarded if present		
Disposed of used supplies properly in Biohazard / Sharps containers/trash can as appropriate		
After each test, dispose of gloves, and cleanse hands		
Blood values recorded accurately		
Nutrition Assessment (VENA) (includes Breastfeeding Assessment)		
Assessment		
Greets Client/Introduced Self Explained purpose of the interview Asked permission to verify documents		
Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the assessment to appropriately assign WIC Codes		
What GHTM tool was used at the beginning of the D part of the assessment?		
Utilizes ABCDE tool		
Additional notes, if needed:		
Nutrition Discussion		
Nutrition Counseling & Education		
Offers appropriate, relevant, and accurate counseling and advice		
Support Health Outcomes Encourages success by closing the conversation		

The nutrition education was appropriate to the client's cultural preferences and consideration to household situation, educational background		
Discusses anthropometric and biochemical data and reviews growth chart		
Discuss lead screening & resources if applicable		
Appropriate referrals were made		
Provides substance abuse information		
Creates participant-centered SMART goal		
Follow up appointment addressed appropriately		
Additional notes, if needed:		
Food Benefits		
Food benefits tailored and reviewed appropriately		
Appropriate issuance interval (i.e. High Risk & Forgot Documentation)		
Provided authorized food list		
Provided a current list of authorized vendors (if applicable)		
Using the Family Balance Summary, education was provided on the food package.		
Notes		
Documentation after Observation		
Uses TGIF note structure appropriately		
Documents food package accuarately		
Documents referrals accurately		
Documents nutrition education contacts appropriately and accurately		
Immunization records complete for age		
Includes alerts when appropriate		
Appropriate risk codes		
Documents follow-up appointment accurately		

Immunizations/Breastfeeding Surveillance		
Immunizations documented correctly (if applicable)		
Breastfeeding surveillance documented correctly (if applicable)		
Customer Service		
Staff logged out of MIS or locked computer when leaving the workstation		
Clinic environment ensures confidentiality and privacy is maintained		
Accommodations were made to provide services/forms in participant's preferred language; Focused on client when a translator was used		
Staff focused on the client and not the computer		
Staff informed client of the right to complain / gave complaint hotline number		
File Review:		
A. CARES Documentation:		
Immunization record complete?		
Appropriate risk code(s) assigned?		
Appropriate referrals documented?		
Appropriate nutrition education contacts?		
Food Prescription correct?		
TGIF note documented?		
Goal Setting? SMART?		
Breastfeeding contact documented in BF note?		
Breastfeeding Referral documented?		
Exit Counsling Noted		
Other:_____		
B. Assessment Folder:		
Is there anything in the folder that should have been documented in CARES ?		
Are all forms signed and dated in the correct spots?		

Are all required forms present in the participants folder?		
Are forms stapled and organized in folder?		
Is the file correctly labeled?		
C. Prescription Form:		
Form in file		
Name of formula, authorized supplemental foods, prescribed amounts, length of time the prescribed formula and/or supplemental food is required by the participant, qualifying condition.		
Dated within necessary certification period?		
Appropriate diagnosis indicated on form?		
Signature valid on form?		

rtifier:
Certifier:

Grading Tool:
1: Lacks competence
2: Needs training, guidance, close monitoring
3: Needs to be mentored in specific identified skills
4: Demonstrates competence

Individual Nutrition Education	
Reviewer	
Time Frame:	

Nutrition Education Assessment	1	2	3	4	5
1. CPA / CPPA / Clerk					
2. Participant ID					
3. Form of nutrition education (handout, WICSmart, etc)					
4. Provides education in preferred langauge					
5. Provides handouts in preferred language					
6. If using WICSmart, provides instruction on how to download app					
7. Refers participant to CPA for high risk nutrition education					
8. High risk secondary nutrition education is appropriate to needs					
9. Documents appropriate education in CARES					
10. Comments					

Group Nutrition Education	
Local Agency Site:	**Date:**
Staff:	**Evaluation Type:**
	Reviewer:

Group Education Class	**Yes**	**No**
1. Title or topic area		
2. Learning objectives		
3. Learning activities/methods		
4. Target group		
5. Outline of content/sequence of activities		
6. Materials to be used		
Class Observations:		
1. Staff qualified to present lesson?		
2. Set ground rules for the class?		
3. Presenter introductions		
4. Asked open-ended questions to facilitate discussion?		
5. Affirmed comments made by participants?		
6. Encouraged participation by all members of the group?		
7. Provided evidenced based information		
8. Appropriately dealt with erroneous information stated by the group?		
9. Kept group on track?		
10. Information presented appropriate for target audience?		
11. Used evaluation methods and materials?		

N/A	Comments

Local Agency Site:	Date:
Staff:	Evaluation Type:
	Reviewer:
Client Name:	Scheduled Appt Time:
Client Category:	Clinic Arrival Time:
WIC ID:	Appt Start Time:
HH ID:	Appt End Time:

Breastfeeding Peer Counselor			
A. BF Counseling:	Yes	No	N/A
1. Uses the mothers (and baby's name) appropriately?			
2. Uses open-ended questions?			
3. Probes for appropriate information?			
4. Affirms client?			
5. Offers simple solutions or strategies to address the mothers concern?			
6. Provides evidenced based information to mother?			
7. Appropriately yields to other health care providers as needed?			
8. Ends counseling with encouragement?			
9. Offers appropriate follow up?			
10. Documentation of contact in CARES under BF note.			
11. Uses tools/materials appropriately?			
12. Educational materials given to client are appropriate?			

Comments

Status Codes:
P: Pregnant
B: Breastfeeding
N: Non-breastfeeding
I: Infant
C: Child

Local Agency Site:	
Evaluation Type:	
Reviewer:	
Date:	

Clinic Environment:	**Yes**	**No**	**N/A**
Supports Breastfeeding			
Free of Formula Signs			
Up to Date Nutrition Education			
Approved Videos Played			
Scales Calibrated			
Scales Balanced			
Ample Lab Supplies			
Dated Microcuvettes			
Participant Confidentiality Maintained			
Accomodations for BF Mothers			
Clinic Clean/ Free of Clutter			
BF Log Updated/Accurate			
Appropriate Formula Storage			
Clinic Environment: Not Observed			
Clinic Signage, Outside Signage, Well Marked and Positive			

Comments