Instructions:

Participant File Review / Evaluation

Use one (1) worksheet per staff Certification Observation. Evaluate a minimum of 3 Certifications 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. Of these Certifications, one 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

DC WIC Program-Certification Observation

Reviewer: CPA/CPPA:
Agency: Clerk:
Clinic: Date:

		COMMENTS
Participant ID No.		
Category:		
Intake/Family Information		
Invest in the Interaction Greeted Client/Introduced Self Explained purpose of the interview Asked permission to verify documents	0 1 2 3	
Proof of ID was provided (i.e., 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 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		
• Honesty		
• Accurate Information		
• Good Use of the Program		
• Protect Your Benefits		
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)		
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		
Printed materials are available in languages other than English (Note which langiages)		
"And Justice For All" poster is prominenetly displayed in "Plain view" and within "readable distance" of all applicants/participants		
Local agency is serving minorities based on the District of Columbia population		
Fair Hearing (11.001-Civil Rights) requests are being processed in accoradance with policy.		
Certification		
Date(s) correctly recorded for last menstrual period/expected delivery date/actual delivery date (if applicable)		
Anthropometric/Laboratory		
Greets Client/Introduced 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	0 1 2 3	
Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the assessment to appropriately assign WIC Codes	0 1 2 3	
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	0 1 2 3	
Offers appropriate, relevant, and accurate counseling and advice		
Support Health Outcomes Encourages success by closing the conversation	0 1 2 3	

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		
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	0 1 2 3	
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 HANDS 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.		

Certifier's Feedback After Observation
Participant Name and ID #:
Discussion points with the certifier:
How do you feel about your competency during this appointment?
What areas do you feel you do well on?
What might you do different next time?

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

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

File Review:	Yes
A. CARES Documentation:	
3. Immunization record complete?	
4. Appropriate risk code(s) assigned?	
5. Appropriate referrals documented?	
6. Appropriate nutrition education contacts?	
7. Food Prescription correct?	
8. TGIF note documented?	
9. Goal Setting? SMART?	
10. Breastfeeding contact documented in BF note?	
11. Breastfeeding Referral documented?	
12. Exit Counsling Noted	
13. Other:_____	
B. Assessment Folder:	
1. Is there anything in the folder that should have been documented in CARES ?	
2. Are all forms signed and dated in the correct spots?	
3. Are all required forms present in the participants folder?	
4. Are forms stapled and organized in folder?	
5. Is the file correctly labeled?	
A. Prescription Form:	
1. Form in file	
2. Dated within necessary certification period?	
3. Appropriate diagnosis indicated on form?	
4. Signature valid on form?	

ime:
e:

No	Incomplete	N/A	Comments:

Local Agency Site:	Date:
Staff:	Evaluation Type:
	Reviewer:

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			

Comments