



Arizona WIC Program-Certification Observation

REVIEWER: _____

DATE: _____

AGENCY: _____

CLINIC: _____

	1	COMMENT	2	COMMENT
Certifier Name				
Lab Tech Name				
Participant ID No.				
Category				
INTAKE				
Wait time for client was reasonable (record time)				
Greeted Client/Introduced Self				
Opened Appointment/Explained purpose of the interview				
Asked permission to review and verify documents				
FAMILY INFORMATION				
Proof of address was provided and recorded correctly				
Marital Status				
Voter Status updated/ Offer of registration completed				
Education Level				
Staff verified confidentiality of participant address and phone number				
CLIENT REGISTRATION				
Accurate birth date & Gender				
Family size determination				
Proof of Identification provided and recorded accurately				
Foster Status Documented (if applicable)				
Client file linked to Mother's ID number				
Race and ethnicity data collected accurately (at initial cert only)				
Participation in adjunctively eligible programs (if applicable)				
Proof of Income provided and recorded accurately				
Documentation Waiver completed (if applicable)				
CERTIFICATION (Cert Action)				
Client being certified was physically present				
Accurate Actual Delivery Date, Expected Delivery Date or Last Menstrual period (if applicable)				

√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrectly done or not done

0-Not attempted

1-Beginning

2-Intermediate

3-Advanced

<p>Accurate Completion of Rights & Obligations</p> <ul style="list-style-type: none"> • Permission requested prior to completing anthropometrics and biomedical tests • Signed by representative(s), certifier, and income verifier <p>Client is given the opportunity to read the Rights and Obligations</p> <ul style="list-style-type: none"> • Staff checks for the client's understanding 					
<p>WIC ID Folder</p> <ul style="list-style-type: none"> • Clients are informed that the Rules and Regulations are located in the folder • The ID folder must be filled out completely • WIC ID folder signed and provided to client • VOIDED second representative line (if applicable) 					
HEALTH/ NUTRITION QUESTIONNAIRE (Assessment)					
Assessment completed in an open and conversational manner	0 1 2 3		0 1 2 3		
Staff listened actively and allowed time for participant to talk	0 1 2 3		0 1 2 3		
Collected data in a unbiased and non-leading manner	0 1 2 3		0 1 2 3		
Asked probing questions to clarify responses, if needed	0 1 2 3		0 1 2 3		
Immunizations Recorded Correctly					
Tobacco Questions completed					
Infant Condition					
Staff conducted a full assessment before nutrition education					
CARE PLAN					
Risk factors offered as education topics					
Mandatory referrals and referrals needed by client were provided and documented					
Lead Screening					
FOLLOW UP/NUTRITION EDUCATION					
Offered choice of nutrition topic and tried to lead discussion based on nutrition assessment data if nothing was offered by the client	0 1 2 3		0 1 2 3		
Asked open-ended questions regarding client's knowledge and/or experience with topic of interest	0 1 2 3		0 1 2 3		
Used positive affirmations and reflective listening/summarizing during discussion	0 1 2 3		0 1 2 3		

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Asked permission to offer nutrition education and provided a simple and accurate nutrition message with 0-2 handouts	0 1 2 3		0 1 2 3		
Offered Breastfeeding Education to all interested PG/BF participants. Provided referrals as appropriate					
Assisted client in establishing 1-3 goals that are specific and realistic for their culture and lifestyle (select in AIM)	0 1 2 3		0 1 2 3		
If client ready for change, summarized client's steps that lead to behavior change	0 1 2 3		0 1 2 3		
FOOD PACKAGE					
Food Package tailored appropriately for participant					
Prescription for special formulas contained all mandatory information (if applicable)					
FI ISSUANCE/ON DEMAND					
Appropriate issuance interval (High Risk, Forgot Documentation)					
Food Instrument/Cash Value Voucher education					
<ul style="list-style-type: none"> • Provided authorized food list • Provided a current list of authorized vendor/grower list • Staff checked for clients understanding of WIC foods and using the WIC Food Instruments 					
An explanation of the food package and foods received (new clients)					
Separation of duties is consistent with policy					
Client signed signature page (receipt) acknowledging receiving food instruments					
APPOINTMENT SCHEDULER					
High Risk clients referred to the Nutritionist					
Appropriate instructions for future appointments -Clients informed what to bring to follow up appointment					
INTERVIEWING/CUSTOMER SERVICE					
Accommodations were made to provide services/forms in participant's preferred language/ Focused on client when a translator was used					
Confidentiality/privacy maintained					
Staff logged out of AIM or locked computer when leaving the workstation					
Used positive manner with client throughout appointment, and displayed willingness to help/explain if problems	0 1 2 3		0 1 2 3		
DOCUMENTATION					

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Revised 02/11

Education documented according to individual participant in Follow up/Nutrition Ed (not by family)					
Rights and Obligations (79)					
Rules and Regulations (57)					
Mandatory Referrals List Given (51)					
Nutrition Education Topic(s)					
Breastfeeding Education (if applicable)					
Formula Approval (if Applicable)					

PARTICIPANT NAME & ID	EXPLANATION OF FINDINGS

Discussion points with the certifier:
 How do you feel the appointment went?
 What areas do you feel you do well on?
 What might you do different next time?

PARTICIPANT NAME & ID	EXPLANATION OF FINDINGS

Discussion points with the certifier:
 How do you feel the appointment went?
 What areas do you feel you do well on?
 What might you do differently next time?

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