

WIC CERTIFICATION PROGRAM

Level I

Observation Checklist

DIRECTIONS:

The supervisor (or other designated personnel) is to observe the trainee in the following encounters:

1. One hemoglobin procedure
2. Measurement procedures accurate and appropriate input into Compass:
 - An infant
 - A child
 - An adult height and weight
3. Proper determination of proof of identification, residence and income
4. Issuance of food instruments
5. Appropriate scheduling
6. An initial explanation of the WIC Program to a new participant

The supervisor should monitor the trainee against the established criteria, as specified in the Observation Checklist. Place a check (✓) in the "PASS" column if criteria are met satisfactorily. Check the "FAIL" column if criteria are only partially met-or not at all. Place pertinent notations in the "COMMENTS" section.

SCORING: Add up the total number of questions applicable for this particular trainee. This is the total number of points possible. Then, subtract the number of "FAILS" received to find the adjusted score. Now divide the adjusted score by the total number of points possible and multiply by 100. This is the score in percentages. Total possible points for this checklist are 83 points.

EXAMPLE:
$$\frac{\text{Adjusted Score}}{\text{Total Points}} \times 100 = \text{ ______ } \%$$

The trainee must score 90 percent or better for a passing grade. The supervisor will review the completed Observation Checklist with the trainee. However, the completed Observation Checklist will remain in the supervisor's possession.

Name of Student _____

Score _____

Supervisor's Signature _____

Date _____

Colorado WIC Certification Program Level I – Observation

Participant ID				Appointment Type	
Clinic Activity	Pass	Fail	N/A	Comments	
A. Rapport Established					
1. Introduces self & observer.					
2. Directs friendly comments toward participant.					
3. Provides an overview of expectations for appointment.					
B. Work Space and Environment					
1. Warm and friendly					
2. Confidential and safe					
3. Safe and clean					
4. Promotes health and nutrition					
5. Free of formula advertisement					

(Possible 8 points) Total: _____

COMMENTS:

Clinic Activity	Pass	Fail	N/A	Comments
C. Family/Intake				
1. Additional endorser's proof of identification captured on Comments/Alerts panel if appropriate				
2. Preferred spoken language (if other than English) captured on family panel				
3. Printouts language captured on Family panel				
4. Referred to WIC by completed at initial certification visit				
5. Appropriate proof of identity verified and entered into Compass per policy				
6. Health Care Provider field completed on Identity panel; permission is verbally obtained to release WIC information to the provider.				
7. Verifies/updates Contact/Address data.				
8. Appropriate proof of residency verified and entered into Compass per policy				
9. Proper use of the Affidavit for no proof of residency				
10. Appropriate proof of income verified and entered into Compass per policy a) Adjunctive eligibility verified and documented				

Clinic Activity	Pass	Fail	N/A	Comments
11. Proper use of the Affidavit for no proof of income. a) If participant reports zero income, staff probes for additional details to understand economic situation. b) The affidavit is used as proof of income only in extreme cases when participant truly has no other proof of income				
12. Voter Registration panel completed a) Voter Registration Form/ Declination Form completed per policy				

(Possible 12 points) Total: _____

COMMENTS:

Clinic Activity	Pass	Fail	N/A	Comments
D. Anthropometric Techniques <u>Length and Weight Measurement - (Infant or Child < 2 years)</u>				
1. Observe procedure for measuring length :				
a) Clothing removed that could interfere with measurement.				
b) One person holds the infant's head firmly against the headboard with eyes pointing directly at ceiling.				
c) Infant is fully extended and knees are prevented from flexing.				
d) Movable footboard rests firmly against both heels of infant.				
e) Length is read correctly.				
2. Observe procedure for measuring weight :				
a) Scale balanced at zero with protective sheet.				
b) Infant is nude or in dry diaper only.				
c) Infant is placed in center of scale.				
d) Weight is read correctly.				
e) Weights are returned to zero position.				

(Possible 10 points) Total: _____

COMMENTS:

Clinic Activity	Pass	Fail	N/A	Comments
<u>Height and Weight Measurement – (Child > 2 years or Adult)</u>				
1. Observe height measurement for a child or adult: a) Hats and shoes are removed. Clothing does not interfere with measurement.				
b) Participant stands tall with shoulder blades, buttocks, and heels touching the wall. Arms at sides, knees together, feet flat on surface.				
c) Height is correctly read where the bottom of the headboard touches the measuring device.				
2. Observe weight measurement of a child or adult: a) Adult scale is balanced at zero.				
b) Light clothing is worn by child or adult; shoes are removed.				
c) Participant stands in center of platform, body upright, arms hanging naturally at sides, looking forward.				
d) Weight is correctly read from the fractional and main weights.				
e) Weights are returned to the zero position.				

(Possible 8 points) Total: _____

COMMENTS:

Clinic Activity	Pass	Fail	N/A	Comments
E. Blood Specimen Collection				
1. <i>Observe correct procedure for blood specimen collection and recording:</i> a) Staff wears clean gloves.				
b) Participant is sitting comfortably; hand is warm and relaxed.				
c) Finger cleansed with alcohol – allowed to dry.				
d) Quick, firm puncture at side of one of two middle fingers (a finger without a ring).				
e) Lancet disposed of promptly and correctly.				
f) First 2-3 drops of blood wiped away using lint-free gauze (not a cotton ball).				
g) Finger not squeezed or milked to increase blood flow.				
h) Cuvette pressed to middle of blood drop, touching the skin.				
i) Cuvette filled in one continuous motion.				
j) Excess blood wiped from sides of cuvette.				
k) Cuvette gently slid into analyzer (immediately or within 10 minutes of collection).				
l) Band-Aid applied or participant instructed to apply slight pressure to wound with clean cotton ball or gauze.				
m) Hemoglobin value read and recorded correctly.				
n) Cuvette disposed of correctly.				
o) Appropriate hand washing technique used after blood collection.				

(Possible 15 points) Total: _____

COMMENTS:

Clinic Activity	Pass	Fail	N/A	Comments
F. Assessment				
1. For pregnant/postpartum women – pregnancy panel is completed (e.g., EDD updated, infant added to pregnancy record)				
2. Accurately enters weight and height/length				
3. Adequately explains growth/weight gain pattern a) Shows participant the weight gain grid/chart				
4. Growth/weight gain NRFs are appropriately assigned if applicable (NRF 131, 133, or 135)				
5. Accurately enter hemoglobin/blood values a) Informs caregiver/participant of hemoglobin level b) Assesses for severe anemia (NRF 201b) -				
6. Completes the lead questions in the Blood panel and refers appropriately				
7. Nutrition Interview covers these areas including bolded question on ratio buttons: a) Health / Medical				
b) Nutrition Practices - BF Description accurate if applicable				
c) Life Style				
d) Immunizations				
e) Oral Health				
f) Breastfeeding Preparation/Support -Referral to the BFPC Program if applicable				
g) Change BF Info button is used appropriately in limited cases (i.e. changing a non-breastfeeding infant to breastfeeding)				

8. Staff uses effective communication skills: -Participant-led -Uses open-ended questions -Active listening -Asks additional questions when necessary				
9. Enters all nutrition risk factors identified during visit on the Risk panel				
10. Identifies and refers high-risk participants to the RD/RN in a time frame in accordance with policy. Positively explains reason for referral to RD/RN.				

(Possible 16 points) Total: _____

COMMENTS:

Clinic Activity	Pass	Fail	N/A	Comments
G. Certification/Termination:				
1. Observe correct procedure for the Initial Explanation of the WIC Program at the initial certification and review at recertification as needed: <i>*Required at recertification</i>				
a) The purpose of the WIC Program				
b) WIC food benefits are prescribed for the individual, to promote and support the nutritional well being of the participant.				
c) The foods provided by WIC are supplemental.				
d) A thorough nutrition assessment is the basis for individualized care.				
e) How to use the WIC check including endorser, second endorser, proxy and alternate shopper explanation.				
f) Local rules and policies if applicable including transfer policy.				
g) An explanation of the importance of healthcare and the types of local healthcare services available and where they are located.				
h) The relationship between WIC staff and the participant is a partnership.				
i) <i>*The Rights and Responsibilities Form is either read by or read to the endorser/participant at the time of certification, recertification or out-of-state transfer prior to collecting the signature on the signature pad.</i>				
j) <i>*The endorser/participant is informed of their certification end date prior to signing on the signature pad.</i>				

(Possible 10 points) Total: _____

COMMENTS:

Clinic Activity	Pass	Fail	N/A	Comments
H. Food Issuance and Scheduling <u>Foods:</u> 1. Assigns/tailors food package to meet the participant's needs				
2. For Special Diets: a) Physician Authorization Form is complete and contains RD/RN signature and the PAF has been scanned into Compass b) Documentation link is complete and appropriate				
3. Correct number of checks are issued: a) 3 months for low risk participants b) 1 month for high risk participants except those children with NRF 113 Overweight may be issued 3 months.				
4. Signature collected for food benefits. a) If signature was not captured on signature pad, the General Signature Document was completed and scanned into Compass. b) If checks were mailed, a signature was obtained for receipt of checks and the document containing the signature was scanned into Compass.				
<u>Scheduler:</u> 1. Gives participant an appropriate return appointment according to the type of appointment needed, length of time, and date to prevent proration of food instruments.				

(Possible 5 points) Total: _____

COMMENTS: