



Local Agency Certification & Nutrition Education Review Form

Agency: _____ Clinic: _____ Staff Name: _____ Date: _____

Family No: _____ Category: I C WP WBF WPP Reviewer: _____

Type of Appointment (check one): New Certification: Re-Certification: 2nd or 4th NE Contact: CHA: IHA:

Program Review T/A

| 1. | Determine WIC Eligibility | Observation Result | Comments | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|--|
| | Cordial Introduction | | | |
| | Participant confidentiality is maintained throughout intake process | | | |
| | Participant being certified is physically present for the visit | | | |
| | Rights and Responsibilities are explained to the participant | | | |
| | Voter Registration services are verbally offered to participant | | | |
| | Infant/child participants are screened for Immunization status using a documented record and referred if at risk for under-immunization | | | |
| | Race and Ethnicity data accurately collected at certification | | | |
| 2. | Anthropometric Assessment | Observation Result | Comments | |
| | Weight (Recumbent or Standing) | | | |
| | Sanitary covering used (infant scale only) | | | |
| | Weighed in light clothes/dry diaper/no shoes | | | |
| | Scale balanced to zero before each weight taken | | | |
| | Recumbent Length | | | |
| | Sanitary covering used | | | |
| | Participant's headwear and footwear are removed | | | |
| | Both legs are grasped and straightened for measurements | | | |
| | Footboard is positioned against both heels with feet flat | | | |
| | Standing Height (Stature) | | | |
| | Participant's headwear/footwear removed | | | |
| | Elements of proper measurement are followed: <ul style="list-style-type: none"> Feet flat, knees or feet together Legs straight, knees not bent Head, shoulders, buttocks and heels are against the wall/board Arms at sides Headboard is lowered until it touched the crown (top) of head | | | |

✓ =Complete, done correctly

N/A=Not Applicable

X=Not done Correctly

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| 3. | Hematologic Assessment | Observation Result | Comments |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| | Hemoglobin/HemoCue | | |
| | Hemoglobin tests are conducted according to policy (CT:13) based on ages and adhere to OSHA standards | | |
| | Safety and Sanitation | | |
| | Hands are washed or sanitized before and after each sample | | |
| | Gloves are worn during entire process | | |
| | Blood samples, lancet and contaminated objects are discarded correctly | | |
| | Work area is properly cleaned and sanitized | | |
| 4. | Health/Nutrition Information Questionnaire | Observation Results | Comments |
| | Listened actively and allowed time for participant to talk | | |
| | Collected missing information from questionnaire in a non-judgmental manner | | |
| | Validated participants concern while collecting information | | |
| 5. | Counseling and Education | Observation Results | Comments |
| | Elements of participant centered education are demonstrated: <ul style="list-style-type: none"> • Sets the agenda, opens the conversation <input type="checkbox"/> • Establishes rapport <input type="checkbox"/> • Asks open-ended questions - Asks probing questions <input type="checkbox"/> • Actively listens - Supports participant talk time <input type="checkbox"/> • Gives affirmations <input type="checkbox"/> • Uses reflections <input type="checkbox"/> | | |
| | Counseling and education occurs after assessment is completed (VENA) | | |
| | Growth chart or prenatal weight gain grid is explained in a non-judgmental manner | | |
| | Hemoglobin is explained in non-judgmental manner | | |
| | Nutrition risk is explained in non-judgmental manner | | |
| | Comments are made concerning progress of last visit following up on previously set goals | | |
| | Tailored nutrition messages based upon participants interests and concerns, and limited number of nutrition messages given | | |
| | Offered at most 1-2 nutrition related handouts and reviewed with participant | | |
| | Pregnant/Postpartum women were encouraged to breastfeed | | |
| | Breastfeeding education provided is current and relevant | | |
| | Tailored breastfeeding messages and education based upon participants | | |

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|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| | interests and concerns | | |
| | Steps taken to assist with goal setting for the future | | |
| | Participant is actively involved in determining next steps for improving health outcomes | | |
| | 2 nd or 4 th nutrition education contact is offered/discussed with participant | | |
| 6. | Food Instrument Issuance | Observation Results | Comments |
| | Food package is prescribed after nutrition assessment and tailored for participant (i.e. asked participant about preferences) | | |
| | Food package is issued correctly | | |
| | Elements of Food Instrument education are demonstrated: <ul style="list-style-type: none"> • Authorized food list <input type="checkbox"/> • Explanation of benefit cycle <input type="checkbox"/> • Separate WIC foods from other foods at checkout <input type="checkbox"/> • Inform cashier that you are using WIC benefits <input type="checkbox"/> • Use benefits after issue date and before following benefit date is up <input type="checkbox"/> • No exchanges for cash, unauthorized food items or store credit <input type="checkbox"/> | | |
| | Separation of duties exists according to policy | | |
| 7. | Documentation-Chart Review | Observation Results | Comments |
| | Current certification accurate | | |
| | Right and Responsibilities signed by participant | | |
| | Voter Registration marked and signed by participant | | |
| | Proof of ID/Proxy ID Documented | | |
| | Proof of Residency Documented | | |
| | Income Accurately Determined and Documented/Adjunctive Eligibility/Self Declared Income Documented | | |
| | Immunization Documented for infant/child | | |
| | Weight measurements are documented correctly (weight in ¼ lb) | | |
| | Height measurements are documented correctly (height in 1/8") | | |
| | Health History Questionnaire is completed | | |
| | Hemoglobin documented | | |
| | Risk codes assigned correctly | | |
| | Growth Charts/Prenatal weight gain grid plotted and complete | | |
| | High Risk Referral (if applicable) | | |
| | Breastfeeding Education documented | | |
| | Breast Pump Loan or User Agreements Completed (if applicable) | | |
| | Prescriptions are obtained for special formulas, or Medical Food Pkg | | |

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|-----------------------|---------------------------------------------------------------|--|--------------------------|
| | Nutrition Education documented | | |
| | Handouts given documented | | |
| | Referrals documented | | |
| | Care Plan written (if applicable) | | |
| | Progress Notes utilized | | |
| | Required number of contacts made/IHA-Infant Health Assessment | | |
| | CPA Signature/Client Record Signature/Questionnaire Signature | | |
| Best Practices | | | Needs Improvement |
| | | | |

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