



Nevada WIC Program - Stage 4 Observations

REVIEWER: _____

DATE: _____

AGENCY: _____

CLINIC: _____

Staff Name and Job Position Training For	
H or H* Risk Codes Assigned and/or discussed	
Participant Name and Family ID	
Category: (circle) I C WP WBF WPP	Appointment Type (check one): New Certification <input type="checkbox"/> Re-Certification <input type="checkbox"/> NE Contact <input type="checkbox"/> CHA <input type="checkbox"/> IHA <input type="checkbox"/>
Invest in the Interaction	Score
Notes	
Reviewed notes/goals from previous appointment (if applicable)	
Greeted applicant/participant by name / introduced self	
Reviewed purpose of appointment and expected timeframe for completion with applicant/participant	
Client(s) Information – Enrollment Screen	Score
Notes	
Participant/applicant/proxy/HOH data was collected and documented correctly	
Verified accuracy of name, date of birth, due dates, gender identity, etc.	
Child linked to mother’s ID (if applicable)	
Foster status documented (if applicable)	
Race and ethnicity data collected accurately (initial certification; recheck on recert)	
Informed participant of requirement to record race and ethnicity data if self-declared information is not provided	
Preferred spoken language documented	
Family Eligibility / Intake Information	Score
Notes	
Explain purpose of WIC and certification process	
- Asked permission to review and verify documents	
- Applicant/participant confidentiality maintained throughout intake process	
- Informed participant before their appointment of access to free language assistance and other aids (if applicable)	

√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrect/partially done or not done

- "I Speak" Statements made available (if applicable)		
- Informed person if their wait is longer than 15 minutes (if applicable)		
Proof of ID / proxy ID was provided and recorded correctly		
Proof of address (for residency) was provided and recorded correctly		
Staff verified contact preference of participant for address, email, and phone number(s)		
Proof of income was provided and recorded correctly for complete household		
- Adjunctive Eligibility/Self-Declared Income documented correctly		
- Affidavit (if no income) and reason documented		
- Comment placed in Comments/Alerts for follow up if Affidavit was completed		
- If Income Ineligible - provided printed letter to applicant/participant/proxy/HOH (if applicable)		
Household size determined correctly:		
- "Unborn" counted (if applicable)		
- Spouse, boyfriend, live-in partner counted (if applicable)		
- Other household members (if applicable)		
Provisional certification done if any certification documentation is not provided		
Voter Status updated; Offer of registration Completed		
Client being certified physically present; physical presence policy being followed		
Documents that are required to be retained are scanned and uploaded into family record in NV WISH		
Completed Milestones Checklists are reviewed, and referrals provided if needed/accepted.		
Immunizations	Score	Notes
Immunization records reviewed and documented correctly (if applicable)		
Staff accessed WebIZ to verify immunization (if no paper records were provided)		
Assessment	Score	Notes
Appropriate anthropometry and/or bloodwork		
- Correct procedure was followed in obtaining weight/length/height measurements		
- Adding 'Diagnosed Weeks Gestation' in WISH when recording premature birth measurements (if applicable)		

√ = Complete, done correctly

N/A = Not applicable

∅ = Incorrect/partially done or not done

- Correct procedure was followed in performing hemoglobin (iron) testing		
- Referral provided if necessary for iron or lead testing or health care		
Nutrition Interview and Risk Assessment		
Used OARS		
- Asked open-ended questions and explored - collecting complete/ accurate information		
- Affirmed participant's knowledge / experiences		
- Reflected to convey understanding		
- Detailed information is documented in Nutrition interview panels		
- Identified and documented appropriate WIC risk codes		
Nutrition Counseling and Education	Score	Notes
Counseling and education occurred after assessment (VENA)		
Explored and identified readiness for change		
Tailored discussion to align with participant's needs, risks, and interests to follow PCS		
Used OARS; asked permission re: topics		
- Explored feelings and offered ideas		
Breastfeeding education provided and documented (if applicable)		
Provided information on harmful substance to applicant/participant/proxy/HOH at cert & recert		
Support Health Outcomes	Score	Notes
Asked about and discussed next steps with participant using PCS		
Facilitated participant in setting goal(s) *Nutrition or breastfeeding related for first goal		
Provided affirmations to participant		
Discuss type/purpose for next WIC appointment		
2 nd or 4 th nutrition education contact is offered/discussed with participant (if applicable)		
Exit counseling provided to pregnant, breastfeeding, postpartum participants (as necessary)		
Appropriate referrals provided (Medicaid/SNAP/TANF, Immunization, Lead Screening, other referrals that would be of interest) (if applicable)		
Appropriate Handout(s) provided as tools for topics discussed and or goals		
Care Plan Completed in Full (see NE: 2)	Score	Notes
Subjective: Information participant provides, their feelings and concerns		

√ = Complete, done correctly

N/A = Not applicable

∅ = Incorrect/partially done or not done

- Follow up on previous goals documented - More detailed information not captured by Nutrition Interview assessment panels		
Objective: data captured from Nutrition Interview - Additional info as needed		
Assessment: Risk codes auto and manually assigned from Nutrition Interview & Risk Panel - Can provide additional information regarding specific risk codes		
Counseling/Plan: Topics, pamphlets, and Referrals auto populate. - Goals: Participant-identified next steps, goal(s) *1 st must be nutrition/breastfeeding related		
Counseling/Education: Detailed summary of information/discussion from S/O/A sections - Summary of recommendations/counseling provided		
Plan: Next steps, scheduling for next contact		
EBT Card Services	Score	Notes
Staff correctly issued or reissued EBT card(s) (when applicable)		
Educated participant on how to use WIC EBT card		
- Verified that participant knows how to set up PIN and what to do if PIN gets locked		
- Verified participant knows how to report EBT card lost or stolen		
Food Package and Issuance	Score	Notes
Staff correctly prescribed food package benefits (when applicable)		
Provided choices to tailor food package to participant's needs up to level authorized		
If food package was tailored, staff documented in the Food Package notes		
Staff instructed the authorized representative(s) on how to use the WIC Shopper App and key app features		
Rights and Responsibilities fully explained to the participant at time of certification and recertification		
Customer Service	Score	Notes
Accommodations were made to provide services/forms in participant's preferred language (if applicable)		
Focused on applicant/participant when interpreter was used (if applicable)		
Nutrition education appropriate to cultural preferences, household situation, understanding		
Staff focused on the participant/applicant while capturing/documenting necessary information		

NEVADA

√ = Complete, done correctly

N/A = Not applicable

∅ = Incorrect/partially done or not done

