



Oregon WIC Program — Observation Review Tool

Agency: _____

Reviewer: _____

Clinic: _____

Date: _____

C = Compliance QA = Quality Assurance N/A = Not Applicable UO = Unable to Observe

| WIC ID Number → | | | # of NOs | | | | |
|---------------------|---|---|----------|--|--|--|--|
| WIC Category → | | | | | | | |
| Appointment Type → | | | | | | | |
| Certifier Name → | | | | | | | |
| Receptionist Name → | | | | | | | |
| Lab Tech Name → | | | | | | | |
| INTAKE | | | | | | | |
| 1 | C | Participant confidentiality is maintained throughout certification process. | | | | | |
| 2 | C | Appropriate proofs are requested and provided (e.g., ID, income/adjunctive eligibility, residency). | | | | | |
| 3 | C | Participant being certified is physically present for the visit. | | | | | |



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|----------------------------------|---|--|--|--|--|--|--|--|----------|
| | | | | | | | | | # of NOs |
| 4 | C | Rights and Responsibilities are explained to the participant. | | | | | | | |
| 5 | C | OHP referral is made as appropriate. | | | | | | | |
| 6 | C | The Participant Signature form is signed by the participant and a copy is filed. | | | | | | | |
| 7 | C | Voter registration is offered as appropriate. | | | | | | | |
| 8 | C | Infant/child participants are screened for Immunization status using a documented record as appropriate. | | | | | | | |
| 9 | C | Infant/child participants are referred if at risk for under-immunization according to policy. | | | | | | | |
| CERTIFICATION: ASSESSMENT | | | | | | | | | |
| 10 | C | Height/length measurements are taken and documented correctly. | | | | | | | |
| 11 | C | Weight measurements are taken and documented correctly. | | | | | | | |
| 12 | C | Biochemical measurements are taken correctly and are within the required timeline. | | | | | | | |
| 13 | C | CPA completes a full health assessment using critical thinking. | | | | | | | |
| 14 | C | CPA completes a full diet assessment using critical thinking. | | | | | | | |



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| CERTIFICATION: COUNSELING | | | | | | | | | |
| 15 | C | Elements of participant centered education are demonstrated. | | | | | | | |
| Sets the agenda, opens the conversation effectively. | | | | | | | | | |
| Asks open-ended questions. Asks appropriate probing questions. | | | | | | | | | |
| Actively listens. Supports participant talk time. | | | | | | | | | |
| Gives affirmations. | | | | | | | | | |
| Uses reflections. | | | | | | | | | |
| Waits to educate until completes assessment. | | | | | | | | | |
| <ul style="list-style-type: none"> • Focus education on participant's interests. | | | | | | | | | |
| Summarizes. | | | | | | | | | |
| Demonstrates spirit. (respectful, genuine, non-judgmental, caring, collaborative) | | | | | | | | | |
| 16 | C | Pregnant women are encouraged to breastfeed. | | | | | | | |



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| 17 | C | Do the nutrition counseling topics and materials offered relate to the nutrition risk, category and/or the participant’s interests or concerns? | | | | | | |
| 18 | QA | The participant is actively involved in determining next steps for improving health outcomes. | | | | | | |
| 19 | C | A connection is made between the participant’s program eligibility and desired health outcomes. | | | | | | |
| 20 | C | Second NE is offered/discussed with participant. | | | | | | |
| 21 | C | The protocol for referral to high-risk counseling is followed appropriately. | | | | | | |
| BENEFIT ISSUANCE | | | | | | | | |
| 22 | C | Benefit issuance use is explained to new participants. | | | | | | |
| 23 | QA | Returning participants are asked if they have any questions or problems with shopping. | | | | | | |
| 25 | C | There is a separation of duties by staff doing risk assessment and benefit issuance. | | | | | | |
| TWIST OBSERVATION | | | | | | | | |
| 26 | C | Participant attendance is documented for this appointment. | | | | | | |
| 27 | C | Are proofs documented correctly and if applicable, “eligibility pending” checked? | | | | | | |



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| 28 | C | Second nutrition education appointment is documented appropriately. | | | | | | |
| 29 | C | If high-risk appointment, the care plan was documented appropriately. | | | | | | |
| 30 | C | All applicable nutritional risks are determined. | | | | | | |
| 31 | C | Appropriate documentation exists for manually assigned nutrition risks. | | | | | | |
| 32 | C | NE provided was documented appropriately. | | | | | | |
| 33 | C | The food package assignment fits the participant's category and nutritional risk. | | | | | | |
| WIC ID | QUESTION # | COMMENT | | | | | | |
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