



Arizona WIC Program-Certification Observation



REVIEWER: _____

DATE: _____

AGENCY: _____

CLINIC: _____

		Notes
Certifier Name		
Participant ID No.		
Category		
Intake/Family Information		
Invest in the Interaction		
Greeted Client/Introduced Self	0 1 2 3	
Explained purpose of the interview		
Asked permission to review and verify documents		
Proof of ID was provided and recorded correctly		
Proof of address was provided and recorded correctly		
Voter Status updated/ Offer of registration completed		
Education Level Collected/Updated		
Staff verified confidentiality of participant address and phone number		
Proxy policies followed (signatures collected, if applicable)		
Client being certified physically present (physical presence policy being followed)		
Signature obtained for "No proof exists- ID/Address/Income" (if applicable)		
Rights & Obligations Form; the certifier explained (at minimum) Client's Pledge to WIC:		
• Honesty		
• Accurate Information		
• Good Use of the Program		
• Protect Your Benefits		
Signed by representative(s)		
Clients are informed the R&O are located in the folder		
VOIDED 2 nd Authorized Rep signature line on WIC ID Folder (if applicable)		

√ = Complete, done correctly

N/A = Not applicable

∅ = Incorrectly done or not done

0* 1* 2* 3*

*See Scale Rubric for Arizona WIC appointments

Client		
Accurate birth date & Gender collected and documented correctly		
Proof of Identification provided and recorded accurately		
Child linked to mother’s ID or reason not linked selected		
Foster Status Documented (if applicable)		
Race and ethnicity data collected accurately (at initial cert only)		
Income		
Family size determined correctly		
“Unborn counted” determined correctly		
Participation in adjunctively eligible programs documented correctly (if applicable)		
Proof of Income provided and recorded accurately		
Signature obtained for Zero Income (if applicable)		
Signature obtained for Forgot Documentation (if applicable)		
Signature obtained for No Proof Exists (if applicable)		
Signature obtained for Income Ineligible & copy provided to Authorized Rep (if applicable)		
Certification		
Date(s) correctly recorded for last menstrual period/expected delivery date/actual delivery date (if applicable)		
Anthropometric/Laboratory		
Signature obtained for consent		
Medical data <60 days old entered correctly (if applicable)		
<u>Weight/Length/Height</u>		
Scales are zeroed and balanced before weighing individual		
Dry diaper		
Light clothing		
Without shoes		
Weighed twice (if scale doesn’t take multiple internal measurements)		
Weighed to nearest ounce		

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Length board used for infants & children under 24 months or unable to stand unassisted		
Standing height used for children over 24 months & women		
Measured using a standing height board or non-stretched tape with a flat headboard		
Heels slightly apart		
Heels, buttocks and shoulder blades touching wall		
Eyes straight ahead with arms at sides		
Without top hair adornment		
Length/Height measured twice		
Length/Height is measured to nearest 1/8 inch		
<u>Hemocue Lab Procedure</u>		
Cleansed & gloved hands for each test		
Gloves remained on until cuvette was disposed		
Correct site chosen (middle or ring finger, cannot have ring, heel when appropriate)		
Cleansed & dried site, site held to distend skin		
Correct puncture site and depth, first 2 - 3 drops wiped, pressure / bandage applied (no bandage under 2 years)		
No squeezing / milking to collect blood, other method used		
Cuvette container with lid on and stored at room temperature		
The sharp edge of the cuvette is pointed downward		
Filled in one step to front edge, excess blood wiped off		
Checked for air bubbles, discarded if present		
Disposed of used supplies properly in Biohazard / Sharps containers/trash can		
Disposed of gloves after each test & cleansed hands		
Blood values recorded accurately		
<u>Masimo Pronto Procedure</u>		
Staff cleansed hands		

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Breastfeeding surveillance documented correctly (if applicable)		
Customer Service		
Staff logged out of HANDS or locked computer when leaving the workstation		
Clinic environment ensures confidentiality and privacy is maintained		
Accommodations were made to provide services/forms in participant's preferred language/ Focused on client when a translator was used		
Staff focused on the client and not the computer		
Staff informed client of the right to complain/ complaint hotline number on ID Folder		
Farmers Market Food Instruments		
Participant Guides are provided to clients when FMNP checks are issued		
Proper use and redemption of FMNP checks, and CVVs, including lost/stolen and valid dates are reviewed Maps, names and locations of approved markets in the area		
Eligible and non-eligible foods explained		
Prohibition against cash exchange		
Right to complain/ FMNP complaint hotline number		
Information is available for non-English speaking participants		
Nutrition education is relevant to participant's ethnic and cultural background		

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Revised 01/15

NOTES:

Participant Name and ID #	Discussion points with the certifier:
	<p>How do you feel the appointment went?</p> <p>What areas do you feel you do well on?</p> <p>What might you do different next time?</p>

DRAFT



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