

## Washington WIC In-person Certification Observation Checklist



This checklist guides trainers while they observe trainees completing an *In-person Certification*. Please use this form to check each item observed and add notes as appropriate. Clinics can use their preferred certification flow to determine what order to complete the tasks.

process and the second of the		
Certifier Trainee:	Date:	
Observer:		
Participant ID:	Participant Category:	
Observer Guidance:		
Listen and watch for:		
• Participant centered spirit – genuine warmth, respect,	acceptance	
• Participant centerd skills – open-ended questions, affi	rmations, reflections, summaries	
Check each item observed and add not	es as appropriate	
Getting Started		
$\square$ Greet participant and introduce yourself.		
$\square$ Ask the participant how they would like to be addressed (name, pronouns, etc.)		
$\square$ Give brief description of the program and certification process.		
$\square$ Tell participant what you hope to accomplish, how much time you have.		
☐ Acknowledge participant's questions.		
$\square$ Ask permission to proceed.		
☐ Complete or update family and participant demographic screens, as applicable.		
☐ Review and document proofs:		
<ul> <li>Participant Identification</li> </ul>		
<ul> <li>Family's Residency</li> </ul>		
$\square$ Ask if the adult would like to register to vote.		
$\square$ Ask about race and ethnicity information: Say "WIC requires	s us to report race and ethnicity	
information. It is to learn about who WIC serves and doesn	't affect your WIC eligibility or	
immigration status."		
<ul> <li>"Do you consider yourself/your child Hispanic or Lating</li> </ul>	ວ?"	
<ul> <li>"How do you describe your race/your child's race?"</li> </ul>		
$\square$ Ask and document race and ethnicity in the participant file.		
Notes:		

**Certifier Trainee:** Rights and Responsibilities (R&R) - Do tasks or confirm completion Ask if the participant, parent guardian, or caretaker would like to read, or have staff read it to, or along, with them. Give an opportunity to ask questions. ☐ Verbally review the "My Rights" and "Agreement" sections. Ask if there are questions, assure agreement, and have participant, parent guardian, or caretaker sign. ☐ Offer a copy of the R&R form: paper copy, Washington WIC website, or on the WICShopper app. Notes: **Income Eligibility and Proofs** ☐ Comply with Separation of Duties Policy: <u>Volume 1</u>, Chapter 18 - Certification.  $\square$  Assess and document family size. ☐ Assess and document if participant is adjunctively eligible: ProviderOne, SNAP, TANF, or FDPIR ☐ If not adjunctivity eligible, assess and document income-based eligibility. ☐ Fill out and sign the Missing Proof of Income form, if needed. Notes: **Anthropometrics** ☐ Obtain height or length. ☐ Obtain weight. ☐ Sanitize equipment and surface areas. ☐ Document measurements. ☐ Review and discuss growth chart/prenatal weight gain grid (in relationship to risks identified). Notes: **Hemoglobin Testing Using Massimo** ☐ Provide a brief overview of why WIC does the test and how. ☐ Use Universal Precautions – Wash hands, use gloves, dispose of used materials appropriately. ☐ Clean finger with alcohol wipe.  $\square$  Select appropriate sensor size. ☐ Place sensor on finger.

☐ Ask participant not to move finger in the sensor.

(	Certifier Trainee:	
	☐ Press SpHb button to start test.	
	☐ Document hemoglobin value.	
	$\square$ If unable to get valid result, do blood test using HemoCue.	
	☐ Review and discuss hemoglobin test results.	
	$\square$ Clean the Massimo sensor with alcohol pad between participants.	
	Hemoglobin Testing Using HemoCue	
	$\square$ Provide a brief overview of why WIC does the test and how.	
	$\square$ Use Universal Precautions – Wash hands, use gloves, dispose of used materials appropriately.	
	$\square$ Clean finger or heel with alcohol wipe prior to poke.	
	$\square$ Collect blood and insert into HemoCue machine.	
	<ul> <li>Follow manufacturer guidelines when performing tests.</li> </ul>	
	<ul> <li>Wipe away the first two drops of blood.</li> </ul>	
	<ul> <li>Press finger gently, avoid "milking".</li> </ul>	
	$\square$ Clean equipment, sanitize surface areas, and wash hands.	
	☐ Document hemoglobin value.	
	☐ Review and discuss hemoglobin test results.	
	Notes:	
	Accessor	
	Assessment	
	☐ Use critical thinking and participant-centered skills to gather and analyze assessment information.	
	☐ Share introduction to the assessment questions. (Staff Tool: <u>Assessment Questions for a</u>	
	Participant-Centered Risk Assessment)	
	☐ Ask the appropriate category and age bolded assessment questions on the Staff Tool.	
	☐ Ask clarifying questions when needed to understand nutrition needs and risks.	
	☐ Document responses to assessment questions in the participant's file.	
	☐ Determine and document risk factors.	
	☐ Capture topics and concerns for nutrition education discussion.	
	$\square$ Complete the assessment before moving to the nutrition education conversation.	
	Notes:	

**Certifier Trainee: Nutrition Education and Goal Setting (includes breastfeeding support)** ☐ Consider the participant's nutrition risks and interests identified during the assessment as potential nutrition education topics.  $\square$  Work with the participant to select 1-2 topics to discuss. ☐ Have a participant centered conversation about topics selected. • Ask for permission to share nutrition information. • When no topics are identified offer options based on participant's category, age, or situation. ☐ Assess every pregnant participant's thoughts about breastfeeding and offer information based on their needs.  $\square$  Have a goal setting conversation to explore goals or next steps. ☐ Use open-ended questions to help participant set goal, if ready. o Summarize and express confidence in participant's ability to achieve the goal. ☐ Document a note in the participant's Individual Care Plan that includes: The appointment type as the title. • The participant's thoughts and feelings about the topic(s). Information offered/shared/discussed about the topic(s). • The participant's goal or document that the participant wasn't ready to set a goal. Additional information for future support and follow up. ☐ Document the nutrition education topic(s) discussed and mark as "Complete" in the Care Plan – Nutrition Education. Notes: Referrals ☐ Assess participant's need for referrals. • Ask if immunizations are up to date for children up to 24 months of age. ☐ Have a conversation about the importance of regular preventive health care and the availability of other health and social services. ☐ Provide and document referrals. ☐ Share about the availability of transfer cards (at certification appointments). Notes:

**Certifier Trainee: Food Prescription** ☐ Share information about the food benefits for the participant's category. ☐ Discuss and determine food prescription. ☐ Share information about WIC foods and how they contribute to the participant's healthy diet. ☐ Assign substitutions or tailor food prescriptions, as needed. Notes: **Medical Documentation** \*Complete only for participants who require a Medical Documentation Form (MDF)\* ☐ Assess for the likelihood of a medical condition. ☐ Explain the Medical Documentation Form process.  $\square$  Review returned form for completeness. ☐ Document diagnosis and prescription on Medical Documentation pop-up screen. ☐ Assure the medical condition on the form is selected in the participant's Health Information screen. ☐ Scan the WIC MDF into Cascades using the Scan Document button. Notes: Benefit Issuance and WIC Card Education (Do tasks or confirm completion) ☐ Determine issuance frequency: 1, 2, or 3 months. ☐ Issue benefits. (Trainer reviews and co-signs prior to issuance of benefits.) ☐ Use the WIC Shopping Guide in the appropriate language to educate participant about prescribed foods. ☐ Use WIC Card education tools, in the appropriate language, to share how to register and use the WIC Card. ☐ Explain the WICShopper app and encourage use. ☐ Have participant, parent guardian, or caretaker sign, or sign for the benefit issuance. ☐ Void and replace benefits as needed. Notes:

Certification Summary

Summarize one or two points from the visit.

Share how long the participant is eligible for WIC and that WIC will reassess the participant's eligibility at the end of the certification period.

Work with participant to schedule next appointment and what follow up is needed. (MDF, etc.)

Ask if there are questions and respond.

Thank the participant for participating in the WIC program.

Complete documentation including follow up.

## **Observer Guidance for Providing Positive and Constructive Feedback**

- How do you feel about the contact?
- What do you think went well? What might you do differently next time?
- Here are some examples of things I heard you say...
- Here are some suggestions to help you continue building your skills...

Use this time as an opportunity to affirm your staff's skills and strengths!

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