



# Oregon WIC Program — Observation Review Tool – Certification

Agency: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

*Citations are made if a problem is found in greater than 20% of the observations.*

*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 →							
<b>INTAKE</b>							
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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WIC ID Number →									
			# of NOs						
24	QA	Returning participants are asked if they have any FI questions or problems.							
25	C	The participant signs for their FIs.							
26	C	There is a separation of duties by staff doing risk assessment and FI issuance.							
<b>TWIST OBSERVATION</b>									
27	C	Participant attendance is documented for this appointment.							
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 prescription fits the participant's category and nutritional risk.							
34	C	The special medical prescription was noted in the Food Package Assignment tab (if applicable).							

