



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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WIC ID Number →			/	/	/	/	/	/	/	/	# 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	See PCE scoring tool							
16	C	Pregnant women are encouraged to breastfeed.							
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	C	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.							
24	C	There is a separation of duties between staff determining income eligibility and staff responsible for risk determination.							

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TWIST OBSERVATION									
25	C	Participant attendance is documented for this appointment.							
26	C	Are proofs documented correctly and if applicable, “eligibility pending” checked?							
27	C	Is health questionnaire completed for all mid-cert health assessments?							
28	C	Is diet questionnaire completed for all mid-cert health assessments?							
29	C	Quarterly nutrition education appointment is documented appropriately.							
30	C	If high-risk appointment, the care plan was documented appropriately.							
31	C	All applicable nutritional risks are determined.							
32	C	Appropriate documentation exists for manually assigned nutrition risks.							
33	C	NE provided was documented appropriately.							
34	C	The food package assignment fits the participant’s category and nutritional risk.							
WIC ID	QUESTION #	COMMENT							

