

Checklist for Certification Observations

4/2023

Date of Review: _____ CPA: _____

Reviewer: _____ Clinic: _____

State WIC ID: _____

WIC Type: Pregnant Breastfeeding Non-breastfeeding Infant Child

Type of WIC Visit: Certification Midcertification Additional Education

A. Weights and Heights/Lengths

Appointment criteria	Criteria met (Yes/No/NA)
1. Weight measured or referral medical data attained and documented.	
<ul style="list-style-type: none"> ▪ Scale is zero balanced between weights* 	
<ul style="list-style-type: none"> ▪ Infant weighted in clean, dry diaper, and T-shirt* 	
<ul style="list-style-type: none"> ▪ Shoes and heavy clothing removed (for children and women)* 	
2. Height/Length measured or referral medical data attained and documented.	
<ul style="list-style-type: none"> ▪ Infants and children under two years of age measured on the recumbent measuring board.* 	
<ul style="list-style-type: none"> ▪ Recumbent measures – legs and hips straight, head facing up, both legs are used. Socks, hats, & hair accessories removed.* 	
<ul style="list-style-type: none"> ▪ Children between two and three years of age are measured either recumbent or stature, depending on child’s ability to cooperate.* 	
<ul style="list-style-type: none"> ▪ Stature height – right angle used.* 	
<ul style="list-style-type: none"> ▪ Hats, braids, and hair accessories removed.* 	
<ul style="list-style-type: none"> ▪ Participant properly positioned on the equipment.* 	
3. Measurements repeated if needed.*	
4. After graphing, measurements that deviate significantly from previous measurements are repeated*	
5. Best clinical practices for sanitation followed.*	

* Quality Assurance Items. Other items (those without *) are part of WIC Federal Regulations.

B. Hematological Tests

Appointment criteria	Criteria met (Yes/No/NA)
1. Hematological tests performed as required or referral medical data attained and documented.	
2. Standard precautions per the local agency Exposure Control policy are followed.*	
3. Hemoglobin testing completed. (The following items are for HemoCue Testing. Modify as needed for other machines.)	
<ul style="list-style-type: none"> ▪ Blood flows freely, sample site is not milked* 	
<ul style="list-style-type: none"> ▪ First 2-3 drops of blood wiped off.* 	
<ul style="list-style-type: none"> ▪ Microcuvette filled with a continuous draw.* 	
<ul style="list-style-type: none"> ▪ Sample is put in the HemoCue machine correctly.* 	
<ul style="list-style-type: none"> ▪ Staff repeat measurements which deviate significantly from the norm (e.g., very low hemoglobin).* 	
<ul style="list-style-type: none"> ▪ Appropriate disposal of microcuvette and lancet.* 	

* Quality Assurance Items. Other items (those without *) are part of WIC Federal Regulations.

C. Health Information

Appointment criteria	Criteria met (Yes/No/NA)
1. Health information is collected and assessed at the time of certification.	

D. Nutrition Assessment

Appointment criteria	Criteria met (Yes/No/NA)
1. Nutrition Assessment completed at the time of certification.	
2. Adequately assess for dietary risk factors that may be applicable for the participant.	
3. Assign risk factors. Reason for each risk factor is apparent or documented.	
4. Use additional probing/open-ended questions to tailor the assessment to the needs of the participant.	

E. Eligibility

Appointment criteria	Criteria met (Yes/No/NA)
1. Correct risk codes assigned, meet risk criteria.	
2. If ineligible, reasons given, letter of ineligibility given, and nutrition education and referrals provided as appropriate.	

F. Referrals

Appointment criteria	Criteria met (Yes/No/NA)
1. Referral made to MA when screening reveals that participant is eligible for MA.	
2. Referrals for health, social, and food resources are documented as needed.	
3. A list of local resources for drug/harmful substance abuse counseling and treatment is provided at the new certification and as needed, at subsequent recertifications.	

G. Nutrition Education

Appointment criteria	Criteria met (Yes/No/NA)
1. Initial/Additional education is offered and documented.	
2. Open-ended questions used.*	
3. High-risk care (INCPs) is provided, addresses high risk condition and is documented. (i.e., assessment, healthcare/referral, education/goal, plan for follow-up)	
4. Drug/Harmful Substance Abuse Education is provided at the new certification and as needed, at subsequent recertifications.	
5. Pregnant participants are encouraged to breastfeed, unless medically contraindicated.	
6. Breastfeeding participants: Open-ended questions used to assess how breastfeeding is going.*	
7. Education is appropriate to needs and interests of participant.*	
8. All certification data (anthropometric, hematological, dietary, and health) is collected and assessed before education is provided.*	
9. Education addresses the highest client-driven need or concern.*	
10. Handouts (if used) are explained and used effectively.*	
11. Interpreter use: Interpreter is used appropriately. CPA addresses participant, not the interpreter.	
12. Breastpumps*	
<ul style="list-style-type: none"> ▪ Sources of breastpumps identified 	
<ul style="list-style-type: none"> ▪ If breastpump issued, participant demonstrates assembly. 	

* Quality Assurance Items. Other items (those without *) are part of WIC Federal Regulations.

H. Food Package

Appointment criteria	Criteria met (Yes/No/NA)
1. Prescribed and tailored appropriately.	
2. Initial food package assignment and any changes made by CPA.	
3. For BF infant: Formula not discussed unless requested by parent/caregiver. CPA uses open-ended questions to assess reason, and addresses concerns.	
4. For BF infant: If formula is requested and deemed appropriate, CPA tailors formula package to minimum amount necessary to meet need.	

* Quality Assurance Items. Other items (those without *) are part of WIC Federal Regulations.

Notes:

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format, call: 1-800-657-3942.

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