

SFY24 CPA/CPA Assistant¹ Certification Observation Worksheet

Observations of all CPA/CPA Assistant staff must be completed (IL WIC PM AD 6.1).

| | | |
|--|--|--------------------------|
| Agency/Clinic: | Staff Observed: | Observer: |
| Date: | Appointment Type: <input type="checkbox"/> PCERT <input type="checkbox"/> CERT <input type="checkbox"/> RECERT | |
| Time visit started: | Time visit ended: | Total time visit: |
| Participant ID: | Category: | DOB: |
| <input type="checkbox"/> Reason not Present documented: | | |
| Engage | | |
| WCVE 1² - Nutrition Assessment Relationship: | | |
| <input type="checkbox"/> Welcomed participant <input type="checkbox"/> Introduced self and explained expectations for visit | | |
| Assessment | | |
| Anthropometrics/Biochemical Collection | Value Enhanced Nutrition Assessment (VENA)³ | |
| <input type="checkbox"/> Equipment used is good quality & reliable for accurate data <input type="checkbox"/> Obtained weight and height/length per policy <input type="checkbox"/> Birth data entered from per policy (not verbal) <input type="checkbox"/> Hemoglobin or Hematocrit collected per policy (e.g., timeline) <input type="checkbox"/> Growth/Prenatal Grid reviewed with participant <input type="checkbox"/> Referral medical data used per policy <input type="checkbox"/> N/A <input type="checkbox"/> Immunizations screened and documented per policy <input type="checkbox"/> N/A <input type="checkbox"/> Asked if blood lead screening completed, value documented, or referral made per policy <input type="checkbox"/> N/A <u>Comments:</u> | A qualitative, comprehensive VENA is completed that: <ul style="list-style-type: none"> <input type="checkbox"/> Is a partnership between CPA and participant <input type="checkbox"/> Uses springboard and probing questions <input type="checkbox"/> Collects relevant information <ul style="list-style-type: none"> <input type="checkbox"/> Follows the WIC MIS Health and Nutrition screens <input type="checkbox"/> Reviewed previous record/notes/goal(s) <input type="checkbox"/> N/A <input type="checkbox"/> Clarifies and synthesizes information Breastfeeding Assessment <input type="checkbox"/> N/A <ul style="list-style-type: none"> <input type="checkbox"/> Breastfeeding frequency/amount assessed appropriately <input type="checkbox"/> Breastfeeding screens/sections completed as appropriate <input type="checkbox"/> Breastfeeding dyads linked on Breastfeeding screen <input type="checkbox"/> Refer breastfeeding category changes to appropriate staff <u>Notes from assessment:</u> | |
| Counseling Skills | | |
| <input type="checkbox"/> Counseling approach is participant centered & <input type="checkbox"/> Interactive <input type="checkbox"/> Elicited/recognized/responded to "Change Talk" <input type="checkbox"/> OARS (may use hash mark when each skill used): <ul style="list-style-type: none"> ___ Open-ended questions ___ Affirmations ___ Reflective listening ___ Summarizing Engage: <input type="checkbox"/> Established a rapport / Used "plain language" Focus: <input type="checkbox"/> Offered menu of options/topics (circle charts) Evoke: <input type="checkbox"/> Explored motivation to change (Scaling) Plan: <input type="checkbox"/> Help the participant set a SMART goal List other skills observed: | <input type="checkbox"/> Assigned risk factors are appropriate - _____ <input type="checkbox"/> Refer High Risk to appropriate staff <input type="checkbox"/> N/A <input type="checkbox"/> Missed Risk Factors: _____ <input type="checkbox"/> Manual risk factors assigned appropriately and documented <input type="checkbox"/> N/A | |

Observer Notes:

SFY24 CPA/CPA Assistant¹ Certification Observation Worksheet

| Focus | | | | |
|--|---|---|--|--|
| Nutrition Education & Breastfeeding Promotion and Support | | | | |
| <input type="checkbox"/> Education is offered: <ul style="list-style-type: none"> <input type="checkbox"/> After completed assessment <input type="checkbox"/> Category specific <input type="checkbox"/> Based on current guidance from USDA <input type="checkbox"/> Reflects WIC's broad nutrition education goals <input type="checkbox"/> Within scope of practice <input type="checkbox"/> Critical thinking is used to identify participant's interest/needs to prioritize education <input type="checkbox"/> Cultural, language, education and environmental needs addressed as appropriate WCVE 2²- WIC Foods for Healthy Diet <ul style="list-style-type: none"> <input type="checkbox"/> Supplemental <input type="checkbox"/> Key benefits for participant <input type="checkbox"/> Handouts (0-2), if offered: | Prenatal: <ul style="list-style-type: none"> o Healthy Eating o Key nutrients o Food Safety o Rec. Wt Gain o Vit/Supplement o N/V strategies o Risk harmful sub. o Physical Activity o BF Promotion o Explanation of exclusive food package provided | BF/N: <ul style="list-style-type: none"> o Healthy Eating o Healthy Wt o Vit/Supplement o Risk harmful sub. o Physical Activity o PG spacing o BF Support o BF Dyad Education: | Infant: <ul style="list-style-type: none"> o Hunger cues o Freq./Paced feedings o Stomach size o Positioning o Growth spurts o Breastmilk storage o Formula prep. / storage o Intro. to solids o Food safety o Vit/Supplement | Child: <ul style="list-style-type: none"> o Feed. Relation. o Eating behaviors o Mealtimes o Food safety o Physical Activity o Vit/Supplement |
| Plan/Evoke | | | | |
| Closing the Session <ul style="list-style-type: none"> <input type="checkbox"/> Supports participant in setting realistic goals and small changes SMART goal: <input type="checkbox"/> Builds on participant strengths to achieve goals <input type="checkbox"/> Explored motivation to change (Scaling) WCVE 3²- Certification Period <ul style="list-style-type: none"> <input type="checkbox"/> Nutrition education offered every 3 months <input type="checkbox"/> Advised of secondary education options (e.g., type, day, time) <input type="checkbox"/> Cert period ending <input type="checkbox"/> Secondary Ed scheduled with appropriate staff | Food Package <ul style="list-style-type: none"> <input type="checkbox"/> Food package prescribed by qualified staff: <input type="checkbox"/> Documented need if specialized food package issued <ul style="list-style-type: none"> <input type="checkbox"/> WIC Formula and Medical Nutritional Prescription <input type="checkbox"/> N/A <input type="checkbox"/> Benefits issued per State policy: WCVE 4² – Food Benefits <input type="checkbox"/> N/A (completed by Intake) <ul style="list-style-type: none"> <input type="checkbox"/> Family Shopping List, IL WIC Food List <input type="checkbox"/> Vendor list (MPF and pharmacy vendors as applicable) <input type="checkbox"/> Using your EBT Card <ul style="list-style-type: none"> <input type="checkbox"/> Instructed on how to set the PIN <input type="checkbox"/> Offered supporting handouts | | | |
| Referrals <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate referral(s) made and documented WIC MIS: <input type="checkbox"/> If offered other services, informed optional and refusal will not impact their WIC benefits | WIC ID Card <ul style="list-style-type: none"> <input type="checkbox"/> WIC ID Card issued and completed WCVE 5² – WIC ID Card explained, including: <input type="checkbox"/> N/A (completed by Intake) <ul style="list-style-type: none"> <input type="checkbox"/> Participant Rights & Responsibilities (e.g., not selling benefits) <input type="checkbox"/> Next Appointment Information (on WIC ID Card or on FSL) | | | |
| Documentation | | | | |
| Notes documented in WIC MIS, per NPS Documenting in WIC MIS: <ul style="list-style-type: none"> <input type="checkbox"/> Correct abbreviations; relevant to WIC Breastfeeding Note: <input type="checkbox"/> N/A General Note: <input type="checkbox"/> N/A Alert: <input type="checkbox"/> N/A <input type="checkbox"/> SOAP includes items listed in Nutrition Ed Note: <input type="checkbox"/> N/A <u>Comments:</u> | Nutrition Education Note: <ul style="list-style-type: none"> <input type="checkbox"/> Method: <input type="checkbox"/> Topic: <input type="checkbox"/> Note: <ul style="list-style-type: none"> <input type="checkbox"/> Handouts reviewed/given related to the topic <input type="checkbox"/> Nutrition education details <input type="checkbox"/> Modifications/tailoring of participant's food package <input type="checkbox"/> Documentation of WIC Certification of Visit (CVE) completed <input type="checkbox"/> Participant centered goal(s) <input type="checkbox"/> Follow up planned for the next WIC visit (next WIC appt type) | | | |

¹For more information on CPA Assistant roles and when to make referrals refer to IL WIC PM AD 12 Addendum "Guidelines for Referrals for CPA Assistants". ²For details on WIC Certification Visit Education (WCVE) refer to Addendum IL WIC PM NE 4.2 "Welcome to WIC". ³The VENA Approach is incorporated throughout this checklist, for details refer to VENA training on the CHTC website.

SFY24 CPA/CPA Assistant¹ Certification Observation Worksheet

Observer Notes:

Debriefing (Ask-Provide-Ask)

Ask:

On a scale of 1 to 5; 1 being poor and 5 being great, how do you think the visit went?

Scale down to build confidence/provide affirmations:

Scale up to identify barriers/or areas to improve on:

Provide (feedback): **If it's okay with you, I can share what I noticed while watching...**

Positive feedback observed/heard:

Ideas/suggestions to share:

Ask (closing options): **Which of these ideas might work best for you? Anything you would try different next time?**

SFY24 Frontline Observation Worksheet

Observations of all Frontline staff must be completed (IL WIC PM AD 6.1).

| | | |
|---|---|--|
| Agency/Clinic: | Frontline Observed: | Observer: |
| Date: | Appointment Type: <input type="checkbox"/> PCERT <input type="checkbox"/> CERT <input type="checkbox"/> RECERT | |
| Time Intake started: | Time Intake ended: | Total time for Intake: |
| Participant ID: | Category: | DOB: |
| Participant Centered Expectations | Indicate "N/A" if not Applicable | |
| <input type="checkbox"/> Pt welcomed and expectations of visit & wait times explained <input type="checkbox"/> Collects information in a confidential manner <input type="checkbox"/> Racial/ethnic data collected with dignity; explanation of need provided <input type="checkbox"/> If other services offered, informed that participation is optional | <input type="checkbox"/> Electronic records system policies followed; consent scanned into WIC MIS <input type="checkbox"/> Release of Information policies followed; consent scanned into WIC MIS <input type="checkbox"/> Promotes and supports breastfeeding <input type="checkbox"/> Communicates effectively with non-English-speaking participants | |
| Household (HoH) and Participant Information | Rights and Responsibilities | Other |
| <input type="checkbox"/> Identification and HoH policies followed <input type="checkbox"/> Proof Documented in WIC MIS: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Foster <input type="checkbox"/> Caretaker <input type="checkbox"/> Second Parent <input type="checkbox"/> Residency policies followed <input type="checkbox"/> Proof Documented in WIC MIS: _____ Income Proof <input type="checkbox"/> Adjunct Eligibility policies followed <input type="checkbox"/> N/A <input type="checkbox"/> 1 Proof Verified (VER): <input type="checkbox"/> All programs (Medicaid, SNAP, TANF) the participant participates in are reported (REP) <input type="checkbox"/> Used "Adjunctive Eligibility" under "Documentation" for proof <input type="checkbox"/> Verbal income assessed <input type="checkbox"/> Traditional Income Eligibility policies followed <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Proof Documented in WIC MIS: _____ <input type="checkbox"/> Zero Income polices followed <input type="checkbox"/> N/A <input type="checkbox"/> Living circumstances assessed <input type="checkbox"/> Asked questions to assess separate household <input type="checkbox"/> Documented in General Note <input type="checkbox"/> 30 Day Cert offered per policy <input type="checkbox"/> N/A <input type="checkbox"/> Missing proof of: _____ <input type="checkbox"/> Form scanned into WIC MIS <input type="checkbox"/> Household Size documented in WIC MIS per policy <input type="checkbox"/> Economic Unit assessed <input type="checkbox"/> Foster Children HH 1 <input type="checkbox"/> Pregnant HH of at least 2 Ineligible <input type="checkbox"/> N/A <input type="checkbox"/> Documented in WIC MIS <input type="checkbox"/> WIC Notice of Ineligibility/Termination Form printed, signatures obtained, scanned in WIC MIS, participant given original | Reviewed with HoH: <input type="checkbox"/> Release of Info <input type="checkbox"/> Nutr/BF/Health. Services <input type="checkbox"/> Non-discrimination <input type="checkbox"/> Fair Hearing Rights <input type="checkbox"/> Dual Participation <input type="checkbox"/> Keeping WIC Appointments <input type="checkbox"/> Advised of Rights & Obligations <input type="checkbox"/> Full HoH Signature obtained and documented in WIC MIS Voter Registration <input type="checkbox"/> N/A <input type="checkbox"/> Offered per policy <input type="checkbox"/> Documented appropriately in WIC MIS <i>If Intake is responsible for covering any of the following program requirements* with a participant, document below:</i> Certification Visit Education <input type="checkbox"/> N/A <i>The follow requirements may be completed by Intake staff:</i> Food Benefits <input type="checkbox"/> IL WIC Food List (CPA will review specific details during issuance of benefits) <input type="checkbox"/> Vendor list (MPF and pharmacy vendors as applicable) WIC EBT Card <input type="checkbox"/> Education on using the WIC EBT Card <input type="checkbox"/> Benefit App explained WIC ID Card <i>The follow requirements may be completed by Intake staff:</i> <input type="checkbox"/> WIC ID Card issued & explained, including <input type="checkbox"/> Participant Rights and Responsibilities (e.g., not selling WIC benefits) | <input type="checkbox"/> Proxy <input type="checkbox"/> Designated Shopper offered/explained <input type="checkbox"/> Second parent offered/explained <input type="checkbox"/> Unnecessary proofs / non-WIC documents not scanned into WIC MIS <input type="checkbox"/> EBT card issued per policy |

SFY24 Frontline Observation Worksheet

Comments:

| | |
|---|------------------------------------|
| Debriefing (Ask-Provide-Ask) | |
| Ask: On a scale of 1 to 5; 1 being poor and 5 being great, how do you think Intake went? Or how confident are you in collecting required proofs (identity, residency, income)? Scale down to build confidence/provide affirmations: Scale up to identify barriers/or areas to improve on: | |
| Provide (feedback): If it's okay with you, I can share what I noticed while watching... <u>Positive feedback observed/heard:</u> | <u>Ideas/suggestions to share:</u> |
| Ask (closing options): Which of these ideas might work best for you? Anything you would try different next time? | |

*For details on WIC Certification Visit Education (WCVE) 1-5 refer to PPM NE 4.2 Addendum "Welcome to WIC".

SFY24 Mid-Certification Observation Worksheet

Debriefing

Ask:

On a scale of 1 to 5; 1 being poor and 5 being great, how do you think the visit went?

Scale down to build confidence/provide affirmations:

Scale up to identify barriers/or areas to improve on:

What do you feel you may do different next time or want to try?

Provide (feedback): **Do you mind if I share some things I observed?**

Positive feedback observed/heard:

Ideas/suggestions to share:

Ask (closing options): **Which of these ideas might work best for you? Anything you would try different next time?**

Income Reassessment during a Certification Period

In situations where the household income has changed, Frontline staff must complete income reassessment.

- Participant has more than 90 days before Termination of Certification period & same applies to members of same Economic Unit on WIC
- If initial eligibility was Adjunctive Eligibility, Traditional Income Screening completed
- Documented via Income Information Screen during mid-certification reassessment
- If determined Ineligible, the following was completed:
 - Issued benefits for 30 days prior to termination date
 - Provided Right to a Fair Hearing
 - Provided Termination/Ineligibility Notice and scanned into WIC MIS
 - Documented necessary information from mid-certification reassessment in system per policy

Secondary Education Worksheet

Designated staff should observe at least one of each type of secondary education offered by the agency. You can view appointment types by running the SCH 7.6, 7.7, 7.10, 7.11 - Clinic Appointment List Report (Clinic Module) or SCH 7.8, 7.9 - NE Classes for group sessions for a selected period.

| | | |
|--|--|---|
| Agency: | Site: | Date: |
| Staff Observed: | Observer: | |
| Time visit started: | Time visit ended: | Total time of visit: |
| Participant ID #: _____ <input type="checkbox"/> PG <input type="checkbox"/> BE <input type="checkbox"/> BP <input type="checkbox"/> NP <input type="checkbox"/> IBE <input type="checkbox"/> IBP <input type="checkbox"/> IFF <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 | | |
| DOB: _____ Appointment Type: <input type="checkbox"/> Group Session <input type="checkbox"/> Individual Education (in person) <input type="checkbox"/> Individual Education (telephone) <input type="checkbox"/> High Risk (HR) Follow Up (F/U) | | |
| All nutrition education contacts must be designed to be effective interventions and incorporate regular follow-up. | | Observer - Note examples heard/seen & ideas: |
| Engage | <input type="checkbox"/> Welcomed participant, introduced self, and explained expectations for visit. <input type="checkbox"/> Engaged participant throughout the visit | Topics discussed: (may use hash mark when each skill used): ___ Open-ended questions ___ Affirmations ___ Reflective listening ___ Summarizing List other counseling skills observed: Updated goal (if applicable): Next visit scheduled: Handout(s) offered, if any: <input type="checkbox"/> More than 2 offered 1. 2. |
| Focus | <input type="checkbox"/> Followed up from the previous contact: Education offered: <input type="checkbox"/> Category specific <input type="checkbox"/> At 9 mo. infant assessment/education provided for fresh fruits/vegetables <input type="checkbox"/> N/A <input type="checkbox"/> Based on current USDA guidance <input type="checkbox"/> Reflects WIC's broad nutrition education goals <input type="checkbox"/> Critical thinking is used to identify participant's interest/needs to prioritize education <input type="checkbox"/> Cultural, language, education and environmental needs addressed as appropriate | |
| Counseling Skills | <input type="checkbox"/> Counseling approach is participant centered & <input type="checkbox"/> Interactive <input type="checkbox"/> Elicited/recognized/responded to "Change Talk" <input type="checkbox"/> OARS used: Evoke: <input type="checkbox"/> Explored motivation to change (Scaling) <input type="checkbox"/> Facilitated discussion used to guide the discussion, for group sessions <input type="checkbox"/> N/A | |
| Plan | <input type="checkbox"/> Summarized discussion and key messages covered <input type="checkbox"/> If applicable, supports participant in setting realistic goals and small changes <input type="checkbox"/> Documented nutrition education appropriately (Appt Type: N/ED or HR F/U; Method: Secondary Individual or Primary/Secondary Group; Topic: based on discussion) <input type="checkbox"/> Note completed per NPS Documenting in WIC MIS <input type="checkbox"/> Appropriate referral(s) made and documented using Referral screen in WIC MIS. | |
| Handouts | <input type="checkbox"/> Information is positive, related to desired behavior and topic <input type="checkbox"/> Content reflects current USDA guidance and WIC Nutrition Services Standards <input type="checkbox"/> Easily understood, culturally diverse, and content consistent with USDA WIC Nutrition Services Standards | |

Debriefing

Ask:
On a scale of 1 to 5; 1 being poor and 5 being great, how do you think the visit went?
Scale down to build confidence/provide affirmations:
Scale up to identify barriers/or areas to improve on:
What do you feel you may do different next time or want to try?

Provide (feedback): **Do you mind if I share some things I observed?**
Positive feedback observed/heard:

Ideas/suggestions to share:

Ask (closing options): **Which of these ideas might work best for you? Anything you would try different next time?**

Self-Study Module (SSM) Review (self-study modules, walk-thru or poster modules)

| Review SSM on file: | Comments: |
|--|---|
| Includes an evaluation component <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Measures both knowledge and behavior change. | |
| <input type="checkbox"/> Appropriate for literacy level, easily understood, and culturally diverse. | |
| <input type="checkbox"/> Content consistent with current USDA guidance. | |
| Observe SSM process: (or discuss with appropriate staff) | Comments: |
| <input type="checkbox"/> Participant was given a choice to complete a SSM & topic appropriate to participant's needs/risks, interests and concerns. | Category: _____ Risk Factors: _____ Topic: _____ |
| <input type="checkbox"/> Participant met with CPA allowing for an opportunity to ask questions, address any concerns or needed referrals. | |
| <input type="checkbox"/> CPA completed the Nutrition Education Screen, documented appropriately (Appt Type: N/ED; Method: Secondary Individual; Topic: based on module completed). | Method: _____ Topic: _____ |
| <input type="checkbox"/> Reviewed food package for any changes and issued benefits. | |
| <input type="checkbox"/> Note indicated "SSM completed" and goal if provided. | |

Internet Education Review

| Observe Internet Education process: (or discuss with appropriate staff) | Comments: |
|---|-----------|
| <input type="checkbox"/> Prior to benefit issuance, participant given an opportunity to speak to a CPA (e.g., questions or food package changes). | |
| <input type="checkbox"/> Confirmed documentation of education in IWIC via interface or manually noted if needed. | |

SFY24 MPF* / RTF* Formula and Foods QA Worksheet

Use this worksheet along with the Cert. 17.21 Formula Usage Report to conduct review of contract and MPF per IL WIC PM AD 6.2 and NPS Documenting in WIC MIS.

Agency: _____ Reviewer: _____ Date of Review: _____ Cert. 17.21 Report(s) Reviewed: _____

| | Clinic/ Participant ID # | Formula Requested/ Foods Allowed? | Diagnosis Appropriate/ Allowable? | Duration/ Amount Prescribed | Date on Form/ Date Scanned into IWIC/ Form Complete ¹ | Formula Package and Amount Issued Correct ² | # Months Issued Is Correct? ³ | CPA Issuing Has Been Trained ⁴ | Note Complete per NPS/Policy ⁵ |
|-----|--------------------------------|--|---|-----------------------------------|--|---|--|---|--|
| C | | | | | | | | | |
| Ex. | Clinic Name | Name of Formula | Diagnosis | 1 2 3 4 5 6 | Date on Form/ Date Scanned | Add comments | Dates benefits issued | Staff Name | Add comments |
| IFF | 123456789 | Y N | Y N | Max. | Y N | Y N | Y N | Y N | Y N |
| #1 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #2 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #3 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #4 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #5 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #6 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #7 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #8 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #9 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |
| #10 | | | | 1 2 3 4 5 6 | | | | | |
| | | Y N | Y N | | Y N | Y N | Y N | Y N | Y N |

**Medically Prescribed Formula (MPF) and Ready to Feed or Ready to Use (RTF).*

- 1. If medical documentation is provided by the telephone, completed per policy. 2. Cert. 17.21 Formula Usage Report matches MPF Form (formula and food Rx), review Benefits History for re-issuance. Amount re-issued correct? 3. Months issued matches Form? 4. Confirm by review of General Note and MPF training log.*
- 5. RTF need, MPF form requested or received, previous formula, MPF need/transition, tailored food pkg, education on MPF, etc.*

Comments:

WIC MEQA FY24 Training and QA Documentation

Dates reviewed are the full SFY between reviews, unless RNC requests otherwise. Staff information may be cut and pasted from the Pre-Visit Questionnaire.

| WIC Staff Name | Job Title | Staff Observations | | Civil Rights Training | | MPF Training Date | Counseling Training Date | WIC Emp. Confidentiality Statement |
|----------------|-----------|--------------------|-------|-----------------------|-------|-------------------|--------------------------|------------------------------------|
| | | SFY23 | SFY22 | SFY23 | SFY22 | (Date Trained) | (Date Trained) | (Date Signed) |
| | | | | | | | | |
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WIC MEQA Quality Assurance

| Type of QA | SFY23 Date(s) | SFY22 Date(s) | Comments |
|--|---------------|---------------|----------|
| Program Operations (annually) | | | |
| Medically Prescribed Formula (2x/year) | | | |
| Secondary Education Review (annually) | | | |
| Individual | | | |
| Telephone | | | |
| SSM | | | |
| Group | | | |
| <i>If applicable:</i> | | | |
| Employee Full Access | | | |
| Over Issuance Reporting Form(s) | | | |

Peer Counselor Observation Tool

PC: _____ Observer: _____

WIC Clinic: _____ Date: _____

Type of Counseling: **Pregnant** **Breastfeeding** **Non-Breastfeeding**

| Counselor Expectations | Yes | No | Comments |
|--|-----|----|----------|
| 1. Peer Counselor uses the parent's name and baby's name if appropriate. | | | |
| 2. Peer Counselor engages the parent through open-ended questions. | | | |
| 3. Peer Counselor uses probes appropriately to better understand the parent's situation. | | | |
| 4. Peer Counselor validates the parent's feelings through affirmations. | | | |
| 5. Peer Counselor offers simple solutions or strategies to address the parent's concerns. | | | |
| 6. Information provided is based on the evidence as addressed in the training. | | | |
| 7. Peer Counselor refers participant to the appropriate staff, if necessary. | | | |
| 8. Peer Counselor ends the counseling session on a positive note and offers appropriate follow-up. | | | |
| 9. Peer Counselor documents contact with parents in WIC MIS (IWIC BFPC Documentation and Notes.) | | | |

Peer Counselor Evaluation Tool

WIC Clinic: _____ Date: _____

Supervisor: _____

ES = Exceeds Standards

M = Meets Standards

N = Needs Improvement

| Performance Measures | Date | Date | Date | Date | Date |
|---|------|------|------|------|------|
| 1. Completed the Peer Counseling training program, observations, and shadowing of DBE and experienced Peer Counselors. | | | | | |
| 2. Completed Level 2 USDA WIC Breastfeeding Curriculum Training. | | | | | |
| 3. Provides basic breastfeeding education and support to pregnant and breastfeeding WIC participants. | | | | | |
| 4. Makes timely contact with new parent's based on established contact guidelines. | | | | | |
| 5. Keeps all information confidential. | | | | | |
| 6. Treats WIC participants with respect and courtesy. | | | | | |
| 7. Uses effective communication/counseling skills to listen to WIC participants and affirm their feelings and understanding of breastfeeding. - Allows participant to do most of the talking - Asks permission to offer breastfeeding information | | | | | |
| 8. Offers breastfeeding solutions and strategies within her scope of practice. | | | | | |
| 9. Refers parents to WIC-DBE for problems beyond her scope of practice. | | | | | |
| 10. Documents all contacts with WIC parents in WIC MIS (IWIC BFPC Documentation and Notes.) | | | | | |
| 11. Completes all weekly, monthly activity logs on time according to agency procedure. | | | | | |
| 12. Contacts Peer Counselor Supervisor for ongoing guidance. | | | | | |
| 13. Attends scheduled PC meetings and WIC staff meetings. | | | | | |
| 14. Arrives on time when working in the WIC clinic. | | | | | |
| 15. Works well with other clinic staff. | | | | | |
| 16. Performs other duties as assigned. | | | | | |