

SFY26 Frontline Observation Worksheet

At least one observation of all Frontline staff must be completed annually per 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	If 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; ethnicity then race <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 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"/> 30 Day Certification/No Proof Form completed and scanned into IWIC <input type="checkbox"/> Offer and document appropriate referrals <input type="checkbox"/> 30 Day Cert offered per policy <input type="checkbox"/> N/A <input type="checkbox"/> Missing proof of: _____ <input type="checkbox"/> 30 Day Certification/No Proof Form completed and scanned into IWIC <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 per policy, Participant given original	Reviewed with HoH: <input type="checkbox"/> Release of Info <input type="checkbox"/> Choice of communication <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"/> Selling benefits, EBT card, etc <input type="checkbox"/> Keeping WIC Appointments <input type="checkbox"/> Rights & Obligations read to HoH <input type="checkbox"/> HoH Signature obtained and documented in WIC MIS	<input type="checkbox"/> Proxy 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 <hr/> 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>		
WIC Program Explanation <input type="checkbox"/> N/A <i>The follow requirements may be completed by Intake staff:</i> <input type="checkbox"/> Purpose of WIC program discussed Food Benefits (shopping) <input type="checkbox"/> Use of EBT Card and Benefit Mobile App <input type="checkbox"/> Instructed on how to set the PIN <input type="checkbox"/> Offered supporting handouts <input type="checkbox"/> Vendor list (MPF and pharmacy vendors as applicable) <input type="checkbox"/> WIC Card completed for each household or foster child <i>CPA should review Family Shopping List, IL WIC Food List, and how to get the full nutritional benefit from their food package</i>		

SFY26 Frontline Observation Worksheet

Anthropometric / Biochemical Collection (if applicable)

- Equipment used is good quality & reliable for accurate data
- Obtained weight and height/length per policy
- Birth data entered per policy (not verbal) N/A
- Hemoglobin or Hematocrit collected per policy (e.g., timeline)
- Referral medical data used per policy N/A

Comments:

Debriefing (Ask-Provide-Ask)	
<p>Ask:</p> <p>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)?</p> <p>Scale down to build confidence/provide affirmations:</p> <p>Scale up to identify barriers/or areas to improve on:</p>	
<p>Provide (feedback): If it's okay with you, I can share what I noticed while watching...</p> <p><u>Positive feedback observed/heard:</u></p>	<p><u>Ideas/suggestions to share:</u></p>
<p>Ask (closing options): Which of these ideas might work best for you? Anything you would try different next time?</p>	

**For details on WIC Program Explanation 1-4 refer to IL WIC PM NE 4.2 Addendum WIC Program Explanation (WPE).*

SFY26 CPA/CPA Assistant¹ Certification Observation Worksheet

Observations of all CPA/CPAA staff and a variety of categories must be completed annually per IL WIC PM AD 6.1.

Agency/Clinic:	<input type="checkbox"/> CPA <input type="checkbox"/> CPAA :	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:		
Set the Agenda		
WPE 1² – The Purpose, Nutrition Assessment, and Relationship:		
<input type="checkbox"/> Welcomed participant / Introduced Self <input type="checkbox"/> Explained the purpose of the WIC program <input type="checkbox"/> Explained the nutrition assessment <input type="checkbox"/> Emphasized the partnership between the CPA and participant		
Strength-Focused Assessment		
Anthropometrics/Biochemical Collection	Value Enhanced Nutrition Assessment (VENA)³ Counseling Approach	
<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 per policy (not verbal) <input type="checkbox"/> N/A <input type="checkbox"/> Hemoglobin or Hematocrit collected per policy <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>	<input type="checkbox"/> Is a partnership between CPA and participant <input type="checkbox"/> Uses springboard and probing questions and reflective listening to collect relevant information <input type="checkbox"/> Assesses protective factors, builds on strengths using affirmations. <input checked="" type="checkbox"/> Strength-focused assessment of risks: <input type="checkbox"/> Avoids expert trap <input type="checkbox"/> Listens and responds to change talk <input type="checkbox"/> Demonstrates empathy and compassion <input type="checkbox"/> Conducts family assessments (when applicable) <input type="checkbox"/> Summaries nutrition assessment <input type="checkbox"/> Prioritizes topics <input type="checkbox"/> Affirms topics for education <input type="checkbox"/> Uses transitional questions Breastfeeding Assessment <input type="checkbox"/> N/A <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>	
WIC MIS <input type="checkbox"/> Reviewed record/notes/goal(s) <input type="checkbox"/> N/A <input type="checkbox"/> WIC MIS screens are followed / completed correctly <input type="checkbox"/> Assigned risk factors are appropriate <input type="checkbox"/> Manual risk factors assigned appropriately and documented <input type="checkbox"/> N/A <input type="checkbox"/> High Risk participants referred to appropriate staff <input type="checkbox"/> N/A		

Observer Notes:

SFY26 CPA/CPA Assistant¹ Certification Observation Worksheet

Transition from Assessment to Nutrition Education				
Nutrition Education & Breastfeeding Promotion and Support				
<input type="checkbox"/> Focused on participant's topic of interest <input type="checkbox"/> Offered menu of options/topics: _____ <input type="checkbox"/> Education is offered: <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"/> Cultural, language, education and environmental needs addressed as appropriate WPE 2²- WIC Foods for Healthy Diet <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"> ○ Healthy Eating ○ Food Safety ○ Food allergies ○ Rec. Wt. Gain ○ Dietary supplements ○ OTC/prescription drug use ○ N/V strategies ○ Risks of drugs, tobacco, alcohol, substance misuse, ETS ○ Oral health ○ Mental health ○ Physical Activity ○ BF Promotion and support 	BF/N: <ul style="list-style-type: none"> ○ Healthy Eating ○ Healthy Wt. ○ Supplement needs and OTC/prescription drug use ○ Risks of drugs, tobacco, alcohol, substance misuse ○ Physical Activity ○ Oral health ○ Mental health ○ PG spacing ○ BF Support and education ○ 	Infant: <ul style="list-style-type: none"> ○ Developmental readiness ○ Hunger / satiety cues ○ Feeding relationship ○ Freq./Paced feedings ○ Positioning during feedings ○ Proper use of bottles / cups ○ Preparation, handling, storage of human milk/infant formula ○ Transitioning to complementary foods ○ Preparing and storage of home-prepared and commercial foods ○ Dietary supplement needs 	Child: <ul style="list-style-type: none"> ○ Feed. Relation. ○ Eating behaviors ○ Beverage and cup choices ○ Family meals / snacks ○ Food safety ○ Food allergies ○ Physical Activity ○ Dietary supplement needs
Plan/ Goal Setting				
Closing the Session <input type="checkbox"/> Supports participant in setting individualized, attainable goals "How to" actions to accomplish goal: WPE 3²- Certification Period <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	Food Package <input type="checkbox"/> Food package prescribed by qualified staff: <input type="checkbox"/> Documented need if specialized food package issued <input type="checkbox"/> WIC Formula and Medical Nutritional Prescription <input type="checkbox"/> N/A <input type="checkbox"/> Benefits issued per State policy: WPE 4² – Shopping <input type="checkbox"/> N/A (completed by Frontline/Intake) <input type="checkbox"/> Offered Information on drugs, alcohol, tobacco, and other harmful substances <input type="checkbox"/> Use of EBT Card and Benefit Mobile App <input type="checkbox"/> Instructed on how to set the PIN <input type="checkbox"/> Offered supporting handouts <input type="checkbox"/> Vendor list (MPF and pharmacy vendors as applicable) <input type="checkbox"/> WIC Card completed <input type="checkbox"/> Family Shopping List, IL WIC Food List and how to get the full nutritional benefit from their food package			
Referrals <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 <input type="checkbox"/> N/A				

SFY26 CPA/CPA Assistant¹ Certification Observation Worksheet

Documentation

Notes documented in WIC MIS, per NPS Documenting in WIC MIS: <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: <input type="checkbox"/> Method: <input type="checkbox"/> Topic: <input type="checkbox"/> Note: <input type="checkbox"/> Who brought child to visit (HOH, 2 nd parent, proxy) <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"/> Clarification of measuring errors or risk factors <input type="checkbox"/> Documentation WIC Program Explanation (WPE) completed <input type="checkbox"/> Participant centered goal(s) or progress toward <input type="checkbox"/> Follow up planned for the next WIC visit (next WIC appt type)
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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 Program Explanation (WPE) refer to Addendum IL WIC PM NE 4.2 PPS WIC Program Explanation.

³The VENA Approach is incorporated throughout this checklist, for details refer to VENA training on the CHTC website.

Observer Notes:

Self-Assessment					
On a scale of 1 to 5; 1 being poor and 5 being great, how do you think the visit went:					
Engaging the participant; setting the stage; explaining the visit	1	2	3	4	5
WIC assessment and risk assignment	1	2	3	4	5
Focused on topic	1	2	3	4	5
Next step for participant	1	2	3	4	5
What areas do you feel you do well?					
What areas do you feel you could use improvement?					
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?					

SFY26 Mid-Certification Observation Worksheet

Observer's Notes:

Debriefing					
<p>Ask:</p> <p>On a scale of 1 to 5; 1 being poor and 5 being great, how do you think the visit went?</p> <p>Scale down to build confidence/provide affirmations:</p> <p>Scale up to identify barriers/or areas to improve on:</p>					
<p>What do you feel you may do different next time or want to try?</p>					
<p>Provide (feedback): Do you mind if I share some things I observed?</p> <table border="1"><thead><tr><th><u>Positive feedback observed/heard:</u></th><th><u>Ideas/suggestions to share:</u></th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table>		<u>Positive feedback observed/heard:</u>	<u>Ideas/suggestions to share:</u>	 	
<u>Positive feedback observed/heard:</u>	<u>Ideas/suggestions to share:</u>				
<p>Ask (closing options): Which of these ideas might work best for you? Anything you would try different next time?</p>					

Income Reassessment during a Certification Period

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

- Required when there are more than 90 days remaining in the current certification period for the Participant and other members of the economic unit.
- Refer to IL WIC PM CS for Income Reassessment guidelines.

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:
<input type="checkbox"/> Includes an evaluation component which evaluates both knowledge and behavior change	
<input type="checkbox"/> Appropriate for participant's literacy level, primary language spoken, and educational abilities	
<input type="checkbox"/> Incorporates effective concepts and guidance per IL WIC PM NE 5.1, 6.1, 7.1.	
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"/> Provides an opportunity for follow up with a CPA/CPAA before issuing benefits	
<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"/> Confirmed documentation of education in IWIC via interface or manually noted if needed	

Benefits Issuance

Observe Benefit Issuance process for secondary education: (or discuss with appropriate staff)	Comments:
<input type="checkbox"/> Staff follows policy for remote secondary education benefit issuance for telephone education, internet education and virtual group sessions	
<input type="checkbox"/> Frontline staff issue benefits for children when the parent or caregiver does not have any questions, need food package changes or is on Medically Prescribed Formula <input type="checkbox"/> N/A	
<input type="checkbox"/> Ensures the correct food benefits are assigned based on participant assessment and preference	

SFY26 MPF* / RTF* Formula and Foods QA Worksheet

Use this worksheet with Cert. 17.21 Formula Usage Report to conduct review of contract / MPF per IL WIC PM AD 6.2, WIC MEQA Program Op. Guide, & NPS Documenting in WIC MIS.

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

	Participant ID	Formula Name; Foods Allowed? ²	Diagnosis on Rx? Allowable?	Duration; Amount Prescribed; Issued Correct? ³	Date on Form; Date Scanned into IWIC; Form Complete ¹	IWIC assessment / Risk matches rationale for issuance?	Is formula being redeemed?	CPA Issuing; Has Been Trained ⁴	Note Complete per NPS/Policy ⁵
Cat.									
	123456789	Name of Formula	Diagnosis	Mo/amount	Date on Form/ Date Scanned	Comments	Comments	Staff Name	Additional comments
IFF		Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
#1									
#2									
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									

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

- 1. If medical documentation is provided by telephone, completed per policy. Form scanned into WIC MIS upon receipt.*
- 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 Training and QA Documentation

SFY July 1 – June 30

WIC Staff Name	Job Title	Years in WIC	Civil Rights Training		WIC Employee Confidentiality Statement
			SFY__	SFY__	(Date Signed)

WIC Staff Name	Job Title	Staff Observations		MPF Training Date	Counseling Training Date	Breastfeeding Training
		SFY__	SFY__	(Date Trained)	(Date Trained)	(Level Completed)

WIC MEQA Quality Assurance

Type of QA	SFY__ Date(s)		SFY__ 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					

Peer Counselor Observation Tool

PC: _____ Observer: _____

WIC Clinic: _____ Date: _____

Type of Counseling: **Pregnant** **Breastfeeding** **Non-Breastfeeding**
 Location of Counseling: **By Phone** **In Clinic**

Counselor Expectations	Yes	No	Comments
1. Uses the parent's name and baby's name if appropriate.			
2. Engages the parent through open-ended questions.			
3. Asks probing questions appropriately to better understand the parent's situation.			
4. Validates the parent's feelings through affirmations.			
5. Allows parent to guide the appointment and do most of the talking.			
6. Offers simple solutions or strategies to address the parent's concerns within scope of practice.			
7. Information provided is based on the evidence as addressed in the training.			
8. Refers participant to the appropriate staff, if necessary.			
9. Ends the counseling session on a positive note and offers appropriate follow-up.			
10. Documents contact with parents per <i>NPS Documenting in IWIC</i> - Contact history - Case Note includes information from client, education or counseling provided by PC, goal setting, referrals - Correct use of <i>link baby</i>			

New Peer Counselor Evaluation Tool

WIC Clinic: _____ Date: _____

Supervisor: _____

ES = Exceeds Standards

M = Meets Standards

N = Needs Improvement

Performance Measures	1 Month	3 Months	6 Months	12 Months
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.				

Comments: _____
