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| This checklist guides trainers while they observe trainees completing a ***Remote Certification***. Please use this form to check each item observed and add notes as appropriate. Clinics can use their preferred certification flow to determine what order to complete the tasks.**Observer Name:** Click or tap here to enter text. **Date: ­­**Click or tap to enter a date.**Participant ID:** Click or tap here to enter text. **Participant Category: ­­** Click or tap here to enter text.**Observer Guidance:**Listen and watch for: * Participant centered spirit – genuine warmth, respect, acceptance
* Participant centerd skills – open-ended questions, affirmations, reflections, summaries
 |
| **Check each item observed and add notes as appropriate**  |
| **Getting Started**[ ]  Greet participant and introduce yourself. Ask how the participant prefers to be addressed. [ ]  Give a brief description of the program and certification process, and share approximately how  long the appointment will take.* Share that WIC keeps all the information they share confidential.
* Let the participant know you’ll ask questions about potentially personal information.
* Ask if the participant is in a quiet, private place where you and the participant can talk privately and if they have time to complete the full appointment.
* If the participant tells you they are currently driving, ask the participant if they can pull over to complete the appointment safely or if they need to reschedule the appointment.

[ ]  Ask for and acknowledge participant questions.[ ]  Ask permission to proceed. **Complete or update Family and Participant Demographic screens:**[ ]  Check ID for participant and family’s proof of residency. Document in Cascades.* Staff sign on behalf of the participant by writing “Read to/ppt agreed” then initial in the Certification Signature box for the Temporary Certification for Missing Proof of ID or Residency Form, if needed.

[ ]  Ask the participant or caregiver if they would like information about registering to vote or changing their voter registration address and document the person’s response. Provide link to Vote.gov if needed.[ ]  Ask and document race and ethnicity information. Say: * “WIC requires us to report race and ethnicity information. It is to learn about who WIC serves and doesn’t affect your WIC eligibility or immigration status.”
* “Do you consider yourself/your child Hispanic or Latino?”
* “How do you describe your race/your child’s race?”

[ ]  Document not physically present by selecting “No” and the Physical Presence Exception reason as “Remote Appointment.” Notes:Click or tap here to enter text. |
| **Income Eligibility and Proofs** [ ]  Comply with Separation of Duties policy: [Volume 1, Chapter 18 - Certification](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/960-367-Volume1Chapter18.pdf).[ ]  Assess and document household size. [ ]  Enter the Number of Expected Infants for pregnant participants. Mark “Exclude No. of Expected Infants” checkbox if the applicant chooses not to include their infant in the household size.[ ]  Assess and document if participant is adjunctively eligible: ProviderOne, SNAP, TANF, or FDPIR.[ ]  If not using Cascades ProviderOne search feature, view and document proof of other adjunctive eligibility or income proof seen.[ ]  Ask and document self-declared income.[ ]  If not adjunctivity eligible, assess income-based eligibility.[ ]  Document income source, frequency, amount and duration.[ ]  View proofs of income and document.[ ]  If the participant has zero income, document the reason using the Zero Income Reason dropdown list.[ ]  For the Affidavit for Income form, staff sign on behalf of the participant by writing “Read to/ppt agreed” and initial in the Certification Signature box.[ ]  If missing income proof, staff enter the participant’s self-reported income and frequency in the signature box for the Temporary Certification for Missing Proof of Income Form. Staff then sign on behalf of the participant by writing “Read to/ppt agreed” and initial. [ ] Inform participant that proofs are needed to receive food benefits next month. [ ]  **For Migrant Families only-** Write Sticky Note on Income Information screen with Migrant Family Income Assessment Date. See policy: Assess Migrant Income in [Volume 1, Chapter 6 - Income](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/960-367-Volume1Chapter6.pdf).[ ]  Provide the “Not Eligible” letter if the applicant isn’t income eligible for WIC via mail or email based on the participant’s preference. Notes:Click or tap here to enter text. |
| **Measurements and Hemoglobin Screening**[ ]  Ask if participant has height/length and weight from health care provider if available. * May use measurements from outside source taken 60 days before the certification date.

[ ]  If participant doesn’t have height/length and weight, attempt to get measurements within 60 days. * Ask participant to send measurements from health care provider when available (text, email or mail).
* Provide the [Measurement and Bloodwork Information Form](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/962-1001-MeasBloodwkInfoForm.pdf?uid=6418d6bfacad9) via mail, email, or text based on the participant’s preference.
* Ask if the participant has access to their electronic medical record and have participant verbally share from their record.
* Offer in-clinic measurement appointment.

[ ]  Ask if the participant has the hemoglobin value from another source. Test must be: * Taken in the participant’s current category.
* Before or after 90 days of the certification.

[ ]  If the participant doesn’t have the measurements and/or hemoglobin from another source, document efforts to obtain values in the participant’s file as a Family Alert.[ ]  If the participant has measurements available, ask if they would like to discuss the growth chart/prenatal weight gain grid.[ ]  Review and discuss as appropriate.[ ]  Review and discuss hemoglobin value with the participant/caregiver.[ ]  Refer to health care provider and nutritionist if very low hemoglobin risk is identified. Notes:Click or tap here to enter text. |
| **Assessment**[ ]  Use critical thinking and participant-centered skills to gather and analyze assessment information.[ ]  Share Introduction Statement on the Assessment Questions:  “We ask everyone these questions and we keep your information private. These are to help me learn about you and your pregnancy. Would it be OK to ask you some questions?”* [Pregnant Assessment Questions Tool](https://doh.wa.gov/sites/default/files/2024-09/961-1301-PregnancyAssessmentQuestionsTool.pdf)
* [Breastfeeding and Postpartum Assessment Questions Tool](https://doh.wa.gov/sites/default/files/2024-09/961-1300-BreastfeedingPostpartumAssessmentQuestionsTool.pdf)
* [Infant Assessment Questions Tool (all ages)](https://doh.wa.gov/sites/default/files/2024-09/961-1303-InfantAssessmentQuestionsTool.pdf)
* [Child Assessment Questions Tool](https://doh.wa.gov/sites/default/files/2024-09/961-1302-ChildAssessmentQuestionsTool.pdf)

[ ]  Ask all **bolded** assessment questions for category and age.[ ]  Ask probing questions to understand nutritional needs and risks as appropriate. [ ]  Explore the pregnant participant’s thoughts and knowledge about breastfeeding/chestfeeding.[ ]  Share the following statement from Assessment Questions:  “The goal of the next few questions is to find out how I can support you and your family to connect you with any programs or referrals you might not be aware of. We ask all participants these questions. prior to asking Family Assessment questions.” [ ]  Ask if the participant is in a private place. Don’t ask the Domestic Violence/Safety question when the participant doesn’t confirm they are in a private or confidential place when providing remote services.[ ]  Document “didn’t ask due to privacy” in the field on the Family Assessment screen when it applies.[ ]  Document information from the assessment in Cascades fields, Sticky Notes, and/or in the Individual Care Plan, as appropriate. [ ]  Determine and document all risks for participant. [ ]  Refer to Nutritionist if nutrition risk makes participant “high risk”.[ ]  Complete the assessment before moving to the nutrition education conversation.[ ]  Capture topics and concerns for nutrition education discussion. Notes:Click or tap here to enter text. |
| **Rights and Responsibilities (R&R) - Do tasks or confirm completion**[ ]  Ask if the participant/caregiver would like to read both sides of the Rights and Responsibilities form themselves, or have staff read it to, or along with them. [ ]  Verbally review the “My Rights” and “Agreement” sections.[ ]  Ask if they have any questions about the Rights and Responsibilities before signing.[ ]  Ask if the participant agrees to the Rights and Responsibilities, then click Capture Signature, and write “Read to/ppt agreed” and staff initial in the Certification Signature box.[ ]  Offer a copy (digital or by mail) of the R&R from the Washington WIC website or the WICShopper app.Notes:Click or tap here to enter text. |
| **Referrals**[ ]  Have a conversation about the importance of regular preventive health care and the availability of other health and social services.[ ]  Offer referrals based on participant’s needs and interests. **Immunizations:** ☐ Ask the caregiver of child age 24 months or less to share their immunization record. [ ]  Count the number of DTaP immunizations to determine if the child is up to date for their age.  [ ]  Document the infant’s or child’s immunization status. [ ]  Refer the caregiver for immunizations when the participant is not up to date or if unknown, and provide a paper copy or link to the immunization schedule. [ ]  Lead screening: Refer to health care provider if child hasn’t had a lead test or the caregiver doesn't know.[ ]  Refer participants to Help Me Grow WA Network or local referral list for health and social services.[ ]  Document referrals on the Referral Program screen in the participant’s record. Notes:Click or tap here to enter text. |
| **Certification Summary**[ ]  Share general statement about why they qualify.[ ]  Tell how long the participant is eligible and that they will be reassessed at end of certification period. [ ]  Press Certify button.Notes:Click or tap here to enter text. |
| **Nutrition Education and Goal Setting (includes breastfeeding/chestfeeding support)**[ ]  Consider the participant’s nutrition risks and interests identified during the assessment as potential nutrition education topics. [ ]  Work with the participant to select topic(s) to discuss.[ ]  Have a participant-centered conversation about topics. May use Ask, Offer, Ask:* **Ask** the participant what they know or have heard about the topic.
* Ask and receive permission before **offering** nutrition information.
* **Ask** participant what thoughts or feelings they have about the information shared.

 Note: When no topics are identified, offer options based on participant’s category, age, or situation.[ ]  Have a goal setting conversation to explore goals or next steps.[ ]  Use open-ended questions to help participant or caregiver set goal, if ready. * Summarize and express confidence in their ability to achieve the goal.

[ ]  Share Drug & Harmful Substance Use message with all participants and caregivers at initial certification or subsequent certification if lapse in participation for 2 or more years. [ ]  Document Substance Use Information topic on Nutrition Education/Topics screen and any pertinent notes in Individual Care Plan (ICP).[ ]  Document a note in the participant’s Individual Care Plan that includes: [ ]  The appointment type as the title.[ ]  The participant’s thoughts and feelings about the topic(s).[ ]  Information offered/shared/discussed about the topic(s).[ ]  The participant’s goal or document that the participant wasn’t ready to set a goal.[ ]  Additional information for future support and follow-up [ ]  Document the nutrition education topic(s) discussed and mark as “Complete.” Note: Document topic(s) to discuss at future appointments in “follow-up” of care plan note or mark as “schedule” on Nutrition Education screen. Notes: Click or tap here to enter text. |
| **Food Prescription**[ ]  Share information about the food benefits for the participant category including all substitution options. [ ]  Discuss and determine food prescription.[ ]  Share information about WIC foods and how they contribute to the participant’s healthy diet.[ ]  Adjust the food prescription based on participant or caregiver request and preferences, or a Medical Documentation Form (MDF). Notes:Click or tap here to enter text. |
| **Medical Documentation** **\*Complete only for participants who require a Medical Documentation Form (MDF)\***Assess for the likelihood of a qualifying medial diagnosis[ ]  Share MDF form and requirement to get health care provider signature. * Have participant sign Release of Information on MDF prior to contacting health care provide. Note: Can’t be electronic signature, paper copy must be signed by participant or caregiver.

[ ]  Review returned form for completeness and qualifying medical diagnosis. [ ]  Enter information from MDF into Medical Documentation screen and scan form into Cascades.[ ]  Update food prescription in Cascades. [ ]  Ensure the medical condition on the form is selected as a nutrition risk in the participant’s Health Information screen. [ ]  Refer to Nutritionist if diagnosis makes participant high risk. Notes:Click or tap here to enter text. |
| **Benefit Issuance and WIC Card Education (Do tasks or confirm completion)** [ ]  Determine issuance frequency: 1, 2, or 3 months. Trainer reviews and co-signs in a Sticky Note prior to issuance of benefits.[ ]  Issue benefits. [ ]  Sign for the food benefits by writing “RBI” for remote benefit issuance and document staff initials.[ ]  Provide shopping and QR code education to participant: * Use the WIC Shopping Guide in the appropriate language to educate about prescribed foods.
* Review the WICShopper app and how to register the WIC Card in the app.
* Explain how to shop with WIC Card at the store and QR code at farmers market/farm stores.
* Add participant name and family ID to WIC ID and Card Folder.
* Share online ordering option as appropriate.

[ ]  Offer new participants the option to mail the WIC Card or have the participant pick up WIC Card, WIC ID and Card Folder, Shopping List, and other material at clinic.* Let the participant know the card may take 5 – 7 days to arrive by mail.
* If the participant prefers staff mail the card:
	+ - Confirm the address in the participant’s file is correct.
		- Include a Shopping List, Shopping Guide, and other WIC Card materials as needed or email them to participant if preferred.
		- Send the card, the Mailed Card Letter, and other requested materials in the participant’s language
		- Write on envelope, “Do not forward. Return to sender.”

[ ]  Void and replace benefits as needed.Notes: Click or tap here to enter text. |
| **Conclude Appointment**[ ]  Summarize one or two points from the visit.[ ]  Work with participant/caregiver to schedule next appointment and what follow up is needed (MDF, etc.)☐ Offer WIChealth online lessons for next appointment if time allows. **Note**: Can share about WIChealth anytime during certification period.[ ]  Share that WIC can be transferred to other WA agencies or out of state. [ ]  Ask if the participant/caregiver has any questions and respond. [ ]  Thank the participant/caregiver for participating in the WIC program. [ ]  Complete documentation including follow-up. Notes:Click or tap here to enter text. |

**Observer Guidance for Providing Positive and Constructive Feedback**

* How did that go for you?
* What do you think went well? What might you do differently next time?
* Acknowledge and affirm strength and tasks observed.
* Would it be okay if I shared some feedback? Share feedback to support continued skill building.

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