Michigan Department of Community Health WIC Management Evaluation-

Certification/Infant Evaluation – Observation

Agency Name: _____ **Clinic ID:** _____

Reviewer Name: _____ **Review Date:** _____

MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
Instructions: I=Interview S=System O=Observe	***Observe at least one cert/recert/ infant/child evaluation for clients indicated*** • ***Record + for meets policy*** ▪ ***Record o for does not meet policy*** ***Record NA if does not apply to client observed***	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	
	Family Info/Proxy Designation (MI-WIC Policy 8.03)	**IFF**	**NPP**	**C1 or C2**	**C3 or C4**	**BE/BP**	**IBE or IBP**	**PG**	**PG**	**C-Eval**	**Not MET**
O 10.1 b	Clerk: Observe that user matches username in status bar in MI-WIC (MI-WIC Policy 10.03)										
5.4b	Are all new clients informed about proxy availability and responsibilities?										
5.4b	At each certification and recertification, is the proxy designation updated as needed?										
	Is current address and phone information verified? If not, suggest they do.										
	Income Information-cert/recert only	**IFF**	**NPP**	**C1 or C2**	**C3 or C4**	**BE/BP**	**IBE /IBP**	**PG**	**PG**	C-Eval	Not Met
O 4.2a	Adjunct Eligibility- Is authorized person asked about Medicaid (Healthy Kids/ Healthy MI Plan) eligibility for each client? If yes, is Medicaid eligibility verified through use of MI-WIC, MIHealth Benefits, Netwerks CHAMPS, MCIR or other confirmation? (MI-WIC Policy 2.06)										
4.2a	Adjunct Eligibility: Are Food Stamps or FIP enrollment asked for each client? Are Food Stamps or FIP adjunct eligibility verified by Bridge Card deposit for family eligibility, if used? (At least, verify one program's eligibility.) (MI-WIC Policy 2.06)										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
	4.2b	Is family size and number of expected infants reviewed at each certification/recertification? (MI-WIC Policy 2.08)										
	4.2a	Is family income calculated using documentation? (exception: adjunct eligibility, migrant, homeless, works for cash, no income) (MI-WIC Policy 2.04)										
IS	4.2c	If foster child, do you client enroll as a family of one using the "foster" dropdown? (MI-WIC Policy 2.11)										
IS	4.2c	If foster child, was stipend amount used as the income for child and not included in the Foster family's income? (MI-WIC Policy 2.11)										
		Additional Info Screen	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE /IBP	PG	PG	C-Eval	
O	4.2a	Is Residency verified? (MI-WIC Policy 2.02)										
O I	4.2a	Does lack of citizenship or length of residency affect eligibility? (MI-WIC Policy 2.02)										
O	5.4d	Is voter registration offered at every certification and recertification and change of address? (MI-WIC Policy 1.10)										
O	5.4d	Does staff check acceptable photo ID for clients who register to vote? **Do not need to copy or send proof of ID with voter registration form.** Are clients without acceptable ID asked to sign an "A**FFIDAVIT OF VOTER NOT IN POSSESSION OF PICTURE IDENTIFICATION" Note: Staff must send affidavit if signed.** (MI-WIC Policy 1.10)										
O	5.4d	Are clients who are already registered to vote required to sign a declination form at each cert? (MI-WIC Policy 1.10)										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O	4.2a	Is identity confirmed and documented for all new Authorized Persons? (MI-WIC Policy 2.03)										
		Migrant/Homeless (MI-WIC Policy 2.12)										
O I	4.2d, e	For Migrant or homeless applicants, do you use special income determination, residency, and termination policies and procedures?										
		Client Agreement/Signature Screen										
O	5.4a	Is the WIC Client Agreement read by or read to the client in a language they understand and signed at initial certification and reviewed and signed by the authorized person at recertification? (MI-WIC Policy 2.18)										
O	1.2a	At initial certification, is the Authorized Person given a copy of the WIC Client Agreement notifying her/him of the right to a Fair Hearing and the illegality of dual participation? (MI-WIC Policy 1.04, 3.03)										
O	5.4b	Is client notified of illegality of dual enrollment in CSFP/Focus:HOPE or other WIC Program? (Observe: Review/issuance of WIC Agreement) (MI-WIC Policy 3.03)										
		Client Information Screens	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE /IBP	PG	PG	C-Eval	
O	4.2a	Is identity physically confirmed and documented for all **new** clients? (MI-WIC Policy 2.03)										
O	4.4a	Is proof of pregnancy obtained, when applicable? For postpartum clients who miscarried, is proof of pregnancy or miscarriage verified? (Dr. note, observation, other) (MI-WIC Policy 2.10)										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O I	4.2d	Is agency using "No Proof of ID or Residency" attestation forms? (MI-WIC Policy 2.02, 2.03) Describe when used:										
O IS	4.2d	Is agency using the short cert process if no proof of Residency, ID (initial cert only), Income or pregnancy is provided and proof exists? (cite if not allowing short certs) (MI-WIC Policy 2.02, 2.03, 2.04, 2.10)										
		Race/Ethnicity (MI-WIC Policy 1.09)										
O	2.1c	Are clients asked the questions regarding ethnicity/race from the screen or use data obtained from the Health and Diet History Forms? (Initial cert only) If the client declines to state their ethnicity/race, does the WIC staff record their observations, notifying the client of this?										
		Cert Action Screen	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE /IBP	PG	PG	C-Eval	
O	4.2a	Is the applicant/client physically present during the certification assessment by the CPA or not present for allowable reasons? (MI-WIC Policy 2.09)										
O	4.2a	Is the client present or not present documented?										
I	4.2a	Does the agency allow infants under 8 weeks old to not be present at certification and enrolled using birth/hospital data?										
O	4.4a	Does the staff assign client category (PG, NPP, BE, BP, IBE, IBP, IFF) based on verification (i.e., proof of pregnancy, hospital information or client validation)?										
O	5.3a	Does the staff accept certification periods assigned by MI-WIC for the category?										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O	10.1 b	INTAKE: Observe that user matches username in status bar in MI-WIC. (MI-WIC Policy 10.03)										
		Cost to Client (MI-WIC Policy 2.01)										
I	4.1a	Is a medical referral required for enrollment with the WIC program? (if yes, infers there is a cost for WIC)										
I	4.1a	Is there any cost to the applicant for the certification?										
		Weight and Height and Head Circumferences (MI-WIC Policy 2.15, Anthropometric Manual-3/6/14)										
O	10.1 b	Tech: Observe that user matches username in status bar in MI-WIC. (MI-WIC Policy 10.03)										
O		Does the agency accurately determine and record week's gestation and birth weight for all children enrolled under 2 years?										
		Length: Infant and Child through 24 mo.	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE /IBP	PG	PG	C-Eval	
O		Is a disposable sheet covered recumbent length board used to measure length?										
O		Is the correct two person procedure used? Does one person hold the head in alignment with body, keeping top of the head in contact with fixed headboard? Does the other person gently push down on <u>both knees</u> and bring the footboard to rest firmly against the heels?										
O		Is measurement repeated until confirming measurements have been obtained (keeping the infant/child on the board)? (within 2/16")										
O		Are the measurements recorded immediately onto a data sheet then converted in 1/16th inch for subsequent recording into MI-WIC?										

MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
4.3b	Is the measurement performed according to WIC Procedures?										
	Weight - Infant and Child through 24 mos.										
O	Does staff zero-balance the scale with a disposable sheet and medium diaper at least once daily or more frequently if the scale requires (balance beam)? Is the digital scale zero balanced before each weighing? (Unless scale has reweigh function.)										
O	Is the child weighed only with a dry diaper and T-shirt /onesie and paper sheet on the scale?										
O	Is measurement repeated until confirming measurements have been obtained? (Within 1 oz.). Please note the infant should be kept on the Pediatric balance beam scale during confirmation measurements unless indicated by scale.										
O	Are the measurements recorded immediately onto a data sheet for recording into MI-WIC?										
4.3b	Is the measurement performed according to WIC Procedures?										
	Head Circumference – through 24 Months	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE /IBP	PG	PG	C-Eval	
O	Is a tape with 1/16” or 1/8" increments used to measure head circumference?										
O	Is the measurement taken with the tape above the eyebrows and around the most prominent portion of the head?										
O	Is the measurement repeated until confirmed (within 2/16")?										

MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O	Are the measurements recorded immediately onto a data sheet, then fractions converted in 1/16th inch for subsequent recording into MI-WIC?										
4.3b	Is measurement performed according to WIC Procedures?										
	Height-Woman/Child over 24 months	**IFF**	**NPP**	**C1 or C2**	**C3 or C4**	**BE/BP**	**IBE /IBP**	**PG**	**PG**	**C-Eval**	
O	Is the client measured without shoes on a disposable paper covered stadiometer?										
O	Is the client's stature measured with heels, buttocks, and shoulders in a straight, vertical alignment?										
O	Are the client's eyes straight ahead to prevent head tilt?										
O	Are client's legs straight (knees not bent) and heels flat on the floor?										
O	Is measurement repeated until confirmed (within 2/16")? (with the client remaining in place)										
O	Are the measurements recorded immediately onto a data sheet then fractions converted in 1/16th inch for subsequent recording into MI-WIC?										
4.3b	Is measurement performed according to WIC Procedures?										

MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
	Weight –Woman/Child over 24 Months										
O	Is the digital scale zero balanced before each weighing (unless scale has reweigh function)?										
O	Is the client weighed wearing only light, indoor clothing, without shoes and the scale covered with disposable paper?										
O	Is measurement repeated until confirming measurements have been obtained? (Within 1/4 lb.) Please note that the individual should NOT be asked to step off the scale between measurements unless indicated by scale.										
O	Are the measurements recorded immediately onto a data sheet for subsequent recording into MI-WIC?										
4.3b	Is measurement performed according to WIC Procedures?										
O	If a client is not measured according to procedure, is the "?" box checked and are the measurements recorded along with a note stating the reason?										
	Lab Work (MI-WIC Policy 2.16) See WIC Laboratory Procedure Manual	**IFF**	**NPP**	**C1 or C2**	**C3 or C4**	**BE/BP**	**IBE /IBP**	**PG**	**PG**	**C-Eval**	
O	Does all staff wear gloves (optional: appropriate personal protective equipment - lab coat, gown, scrubs, apron) when collecting blood?										
O	Is the client or authorized person asked if there is a bleeding problem (hemophilia) or latex allergy (only if latex products used) prior to screening?										
O	Does all staff wash or sanitize their hands before gloving and after removing gloves?										

MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O	Is there a sink with running water in the lab area or a restroom convenient to the lab area to accommodate frequent hand washing?										
O	Is aseptic technique used to clean the skin of the draw-site before blood is obtained?										
O	Are the first two drops of blood wiped away before a blood specimen is collected?										
O	Is the blood specimen collected without “milking” the puncture site?										
O	Is the authorized person asked to monitor the child if a bandage is applied to prevent choking?										
O ,I	Are infants over 7 months of age at initial certification tested?										
0 I	Is a retest performed if the first sample meets the local agency criteria for retesting?										
	Lab Work (MI-WIC Policy 2.16)	**IFF**	**NPP**	**C1 or C2**	**C3 or C4**	**BE/BP**	**IBE /IBP**	**PG**	**PG**	**C-Eval**	
O	Are the date and the result of all hematological tests, including retests, recorded in the Date of Bloodwork field in MI-WIC, in addition to the log requirements specified in the WIC Laboratory Procedure Manual?										
O I	Is referral data (Hct/hgb, measurements) presented at the time of the appointment?										
O I	If referral data is used, was it obtained within the specified time period for the client’s status?										
4.3c	Is the measurement performed according to WIC Procedures?										

MPR		Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
		Comments:										
		Immunizations (MI-WIC Policy 6.03)										
O I	12.1 a	Are all infants and children assessed and assessment documented for current immunization status using MI-WIC or records? **Circle what records are used to assess:** MI-WIC MCIR Imms. Card Medical Record										
O I	12.1 b	If the client is not up-to-date with their immunizations, are they referred for update?										
O	12.1c	Does the LA provide the recommended immunization schedule to clients who are not up-to-date or don't have a documented record? (MI-WIC Policy 6.03) Is the CDC Immunization website on the desktop to provide current recommendations and detailed information? If not, suggest they do?										
		Lead Screening (MI-WIC Policy 6.04)	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE /IBP	PG	PG	C-Eval	
O I	4.3c	Are all children assessed for lead screening? **Circle what records are used to assess:** MCIR Med. Record Screened in WIC										
	4.3c	If no lead tests have been performed, is the client referred for lead testing?										
I	4.1b	Are clients who are offered immunization or lead testing for cost in the WIC Program told that their refusal will not affect their WIC eligibility?										

MPR		Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
		Breastfeeding Assessment Screens PG, BE, BP, IBE, IBP (Cert/IEVAL)										
O	10.1 b	CPA: Observe that user matches username in status bar in MI-WIC. (MI-WIC Policy 10.03)										
O	6.5e	At Cert and Infant Evaluation, does the CPA assess BF support and progress (PG & for both baby and mother) and provide education and support? (MI-WIC Policy 4.01)										
O	6.3a	Do all WIC staff encourage women to breastfeed or continue breastfeeding?										
I	6.5e	Does the staff refer the breastfeeding mother to the CPA when she is changing food packages?										
O	6.5e	Does the staff record or update the Breastfeeding statistics at initial certification and when the BF status changes or at the Infant/Child Evaluation? See Medical Information /Breastfeeding Statistics Screen. ⊕										
		Comments:										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
		Risk Assessment (Cert/Recert)										
O	4.3	Is the client screened for all possible risks appropriate for the client's status? (MI-WIC Policy 2.13) Screening includes review of : • MI-WIC Medical and Nutrition History ○ Health and Diet Questions screens (MI-WIC Policy 2.14) AND ○ Client Assessment Reference (CAR) tool for referrals and additional manual risk factors (laminated) • Does the CPA review the growth chart/prenatal grids, verifying gest. age and assessing the client's growth? (Review rate of gain/percentiles using WHO/CDC or VLBW growth charts, as appropriate). (MI-WIC Policy 2.15) • Laboratory tests (MI-WIC Policy 2.16)										
O	4.3a	Does the CPA review the elements on the CAR Tool (Client Assessment Reference Tool) with the client for referrals and manually assign additional risk factors?										
O	4.3a	Does the CPA confirm all medical risks (300 series codes) and document identified manual risks? (MI-WIC Policy 2.13A)										
O	4.3d	Are all applicable/appropriate risk criteria assessed and assigned by the CPA? (MI-WIC Policy 2.13A)										
O	4.3d	For clients with Class III formulas, are they indicated as high risk on the Nut. and Health Summary Screen?										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
	4.3d	Are "not" applicable risks assigned and the reason documented in the notes section by the CPA? Is the reason documented and according to policy?										
		Child Evaluation										
	4.3b, c	Does the CPA review the anthropometric and lab screens (including immunization and lead assessment)?										
	4.3a	Does the CPA discuss/complete the Evaluation screen with the client to identify changes in health, eating, and physical activity and client concerns?										
	4.3d	Does the CPA assign risks (as applicable)?										
		Eligibility Explanation	IFF	NPP	C1 or C2	C3 or C4	BE/ BP	IBE /IBP	PG	PG	C-Eval	
O	6.3a	Is the client given the eligibility explanation? Example: You are being enrolled in WIC today because WIC's services (food, nutrition education, referrals, breastfeeding support) can help you with your health concerns. WIC food benefits are supplemental and available while the client is enrolled. The food provided is for the client, not the family. (MI-WIC Policy 5.03)										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
		Client Centered Nutrition Education (MI-WIC Policy 5.01)										
O		Does the CPA establish rapport with the client? (Welcome and Introduction)										
O	6.2a	During assessment, does the CPA identify and explore client concerns? Are clarification questions asked in a caring/collaborative manner? Does CPA note questions and acknowledge that education will follow the completed assessment? Does the CPA review the assessment forms/ HHx questions/screens/CAR Tool with the client?										
		CEVAL: Does the CPA focus on changes since certification assessment and summarize these? (CAR tool use only if needed to identify/clarify NEW medical conditions, etc.										
O	6.2a	Does the CPA identify and explore client concerns?										
	6.2b	(existing client) Do the CPA and client discuss previous education; what, if any, actions the client tried, plans or questions the client has?										
	6.2c	Is there affirmation/support of client positive changes and progress?										
O	6.2c	Does the CPA summarize the concerns identified and ask client what they'd like to work on? For current education, do the CPA and client discuss (a) topics and (b) client behavior changes based on client concerns?										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
	6.2c	Does the CPA stress the positive long-term benefits of nutrition education and encourage the client to attend and participate in nutrition education activities? (MI-WIC Policy 5.03)										
O	6.2d	Does the CPA (with the client) develop and review the NE Plan? Best practice-The NE Plan is reviewed with the client onscreen or using a printed copy.										
O		Does the CPA close the interaction with the client on a positive note? (Express appreciation for their time and let them know you are looking forward to hearing how things go.)										
		USDA Mandated Information/Education	IFF	NPP	C1 or C2	C3 or C4	BE/ BP	IBE /IBP	PG	PG	C-Eval	
O	6.3a	Does the CPA provide encouragement to all pregnant clients to breastfeed unless contraindicated for health reasons? (MI-WIC Policy 5.03)										
O	6.3a	Does the CPA provide encouragement to all postpartum breastfeeding women to continue breastfeeding? (MI-WIC Policy 5.03)										
O	6.2b	Does the CPA stress the positive long-term benefits of nutrition education and encourage the client to attend and participate in nutrition education activities? (MI-WIC Policy 5.03)										
O	6.2e	Is the Authorized Person offered information on the dangers of using drugs and other harmful substances during pregnancy or parenting? (P.L. 100-690) (verbal preferred, also noted on Nutrition Education Plan) (MI-WIC Policy 5.03)										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O	5.1c	Is each **new** client offered a list of local resources for drug, and other harmful substance abuse counseling, and treatment, where they are located, how they may be obtained and why they may be useful at the initial certification and thereafter, as appropriate? (MI-WIC Policy 6.02)										
		Referrals	IFF	NPP	C1 or C2	C3 or C4	BE/ BP	IBE /IBP	PG	PG	C-Eval	
O	6.6a	Is the high-risk client explained the benefits of counseling with the RD and encouraged to take advantage of this service for development of an Individualized Care Plan? (MI-WIC Policy 5.06)										
O	5.1b	Does the CPA stress the importance of regular health care and keeping referral appointments? (MI-WIC Policy 5.01)										
O	5.1b	Is a client who could benefit from DHS, Health Department or other community resources referred and the referral documented? (MI-WIC Policy 6.02)										
O	12.1 b	For children requiring immunizations, are referrals made according to Local Agency policy? (MI-WIC Policy 6.03)										
O	5.1a	Is a woman or infant/child with no health insurance referred to Medicaid Outreach or DHS for Healthy Kids/Medicaid/Healthy Michigan Plan or MIChild enrollment? (MI-WIC Policy 6.02)										
O	5.1b	Are pregnant women and infants referred to MIHP/Great Start, Nurse Family Partnership, etc., if available in the community? (MI-WIC Policy 6.05)										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O	6.5e	Are pregnant and breastfeeding clients referred to a peer counselor or other breastfeeding support person (BF Peer, IBCLC, LLL), if needed? (MI-WIC Policy 4.01)										
		Comments:										
		Food Prescription	**IFF**	**NPP**	**C1 or C2**	**C3 or C4**	**BE/ BP**	**IBE /IBP**	**PG**	**PG**	**C-Eval**	
O	7.2a	Is the “No Food Benefits” package assigned (and issued) to the IBE infant when the Breastfeeding Exclusive woman receives a BE package? (MI-WIC Policy 7.01, 7.04)										
O	7.2b	Is the food package customized to an appropriate amount (e.g., not more than current use) of formula for breastfed infants receiving formula? (MI-WIC Policy 7.01, 7.04, 7.05)										
O	7.2a, b	Does the CPA assign a food package based on client needs and preferences? (MI-WIC Policy 7.01)										
O	7.1a	Does the WIC staff explain the food package to the client for new clients or when the food package changes? (MI-WIC Policy 8.06)										
O	7.3a	Does the CPA/RD complete the Class I (after age 1) and Class II formula and food package approval process for clients with special dietary needs prior to issuance? (MI-WIC Policy 7.03)										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O	7.3b	Does the RD complete the Class III formula and food package approval process for clients with special dietary needs prior to issuance? (MI-WIC Policy 7.03)										
		Proxy Designation and Issuance										
O I	4.2f	Are proxies required to produce identification to receive services/benefits on behalf of the client? (MI-WIC Policy 8.03)										
		New Client Information	IFF	NPP	C1 or C2	C3 or C4	BE/ BP	IBE /IBP	PG	PG	C-Eval	
O I		During the initial clinic visit or **transfer** into Michigan, was the applicant, client or proxy notified about:										
O	8.1 b	▪ Use of Michigan WIC Bridge card - using the Michigan WIC Bridge Card video or equivalent education? MI-WIC Policy 8.04										
O	7.1a	▪ Use of WIC Food Guide/formula list (MI-WIC Policy 8.04)										
O	4.5a	▪ VOC for ID or transfer (MI-WIC Policy 2.19)										
O	5.4a	▪ WIC is a supplemental food program, and the Purpose of WIC (Welcome to WIC brochure)										
O	7.1a	▪ Where to use the WIC benefits/vendor listing (MI-WIC Policy 8.06)										
		Food Guide (MI-WIC Policy 7.02)										
O	7.1b	Does the local agency notify clients of changes in the authorized Food Guide/formula insert in a timely fashion and provide materials as indicated? • Staff should only issue formula insert to clients who are receiving formula. If not, suggest they do.										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
		Food Benefit Issuance										
O	5.2a	Are newly certified applicants (not hospitalized) provided benefits immediately upon determination of eligibility? (MI-WIC Policy 2.01)										
O	5.4b	Observe WIC staff at recertification asking and documenting if client is having problems using benefits. (MI-WIC Policy 8.06)										
O	4.2f	Is ID (including ID/VOC/WIC Bridge cards) checked before food benefits are issued if client is present? (MI-WIC Policy 2.03)										
O	4.2f	Does the agency allow visual personal recognition by WIC staff at benefit issuance once proof of identity and residency are established? (MI-WIC Policy 2.03)										
O	4.2f	Is VOC/WIC Bridge card or other I.D. used to verify identity after initial certification? (MI-WIC Policy 2.03)										
		Print Documentation	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE /IBP	PG	PG	C-Eval	
O	4.5a	Is the client issued a VOC that has LA staff name and signature? (can be stamp)										
O	8.1b	Is the Shopping List printed (with next appointment notification-suggested)?										
O	6.2c	Is the NE Plan printed and given at each cert/recert/infant or child eval? (required) Best Practice: CPA reviews plan w/client, noting plan and expiration of certification (on screen or printed).										
O	5.1a	Is the Referral letter printed, if applicable?										
O	5.4a	Is a copy of signed Client Agreement given, if new to WIC (required), or offered if previous client?										

	MPR	Certification/Recert C-Eval	IFF	NPP	C1 or C2	C3 or C4	BE/BP	IBE or IBP	PG	PG	C-Eval	# Not MET
O	4.2d	Is a copy of the Short Certification Notice given, if applicable? (MI-WIC Policy 2.21)										
O	8.1b	Is a copy of the WIC Vendor Listing given, if new to clinic?										
O	9.1a	Are Breastpump forms completed, if issued?										
		Ineligibility Notice										
O	5.4c	If not eligible, does the client receive a "Notice of Ineligibility," which explains the reason for ineligibility and right to a Fair Hearing? (MI-WIC Policy 2.20)										
		Certification-Separation of Duties										
O	10.1 b	Are at least two staff members involved in determination of WIC eligibility and benefit issuance at each certification? (MI-WIC Policy 9.03)										
O D	10.1 b	If one staff member completes the entire certification and benefit issuance, does the agency scan copies of proof of identity (new only), residency and income for each client? (MI-WIC Policy 9.03)										
		Clinic Flow										
		Did the certification observed flow smoothly? Recommendations to improve flow, documentation, client service, etc.										
		Comments:										
		Notes:										

Reviewed by _____ Date of Review: _____

Consultant: _____ Date of Review: _____

Certification/Infant Evaluation – Observation

Agency Name: _____ **Clinic ID:** _____

Reviewer Name: _____ **Review Date:** _____

MPR	Quality Assurance Laboratory Procedures (interview lab staff and review logs) (MI-WIC Policy 2.16)	Yes	If Not, Action Plan
4.3c	Is a copy of the MDCH/WIC Laboratory Procedure Manual in the WIC Clinic or do staff know how to access from the MDCH/WIC website? (DCH-476, (11/21/2013)		
	Is the Hemocue machine calibrated and results recorded correctly each day that the machine is used?		
	Is the hemoglobin analyzer cleaned each day it is used?		
	Are high and low control solutions run each week that the machine is utilized and when a new lot number of microcuvettes is opened?		
	Are control solutions stored in the refrigerator (containing no food) until opened and then used and stored properly, according to manufacturer's directions?		
	Does the quality control log contain a record of the lot number, expiration date and acceptable ranges of the controls used?		
	Are microcuvettes dated when they are opened and the vial disposed of 90 days after opening, if unused? (If so, suggest ordering individually wrapped cuvettes)		
	Are microcuvettes or control solutions used before their expiration date?		
	Are testing work surfaces decontaminated with germicide (or freshly prepared 10% bleach solution) at the close of each day and anytime there is evidence of contamination?		
	Are QA logs retained for 3 years and 150 days past the end of the fiscal period?		
	Anthropometric Equipment (MI-WIC Policy 2.15)		
4.3b	Is a copy of the Anthropometric Measurement Procedures in the WIC Clinic or do staff know how to access from the MDCH/WIC website? (*If not, suggest they do.*) DCH - 0730, revised 3/12/13		
	Does a recumbent length board have a stable headboard and moveable foot piece?		
	Check the recumbent board for accuracy with the standardized rod. Is the board accurate?		
	Infant scale: Is an approved scale with at least 1 oz. sensitivity used? (If digital scale used, is it a "clinic quality" scale?), Does staff zero-balance the scale at least once daily if the scale requires (balance beam)? Is the digital scale zero balanced between each weighing (unless has reweigh feature)?		
	Infant scale: Has the scale been calibrated within the past 12 months?		
Adult+ child scale	Is an approved scale with at least ¼ pound increments used?		
	Is the scale on a firm surface?		
	Has the scale been calibrated within the past 12 months?		
	Does staff zero-balance the scale at least once daily if the scale requires (balance beam)? Is the digital scale zero balanced between each weighing? (Unless scale has reweigh feature for confirmation).		
	Are scales and measurement equipment cleaned on a regular basis?		
	Is the height board accurate using the standardized rod?		
	Does the measurement board go down far enough so that the small child is measured standing straight and the footboard is aligned with the upper board?		
	Is a right-angle headboard used? (either separate or part of a fixed board)		
	Is a firm surface used for standing?		
	Is the equipment regularly cleaned using a cleaning solution?		