

## Michigan Department of Health and Human Services WIC Management Evaluation-Certification

MPR	Certification/Recert C-Eval	IFF	NPP	C1	C2, C3, or C4	BE/BP	IBE/IBP	New PG	Other	# Not MET
<b>Instructions:</b> I=Interview S=System O=Observe D=Discuss	<b>Observe certs/recerts/ infant/child evaluation for clients indicated:</b> <ul style="list-style-type: none"> <li>• <b>Record Y for meets policy</b></li> <li>▪ <b>Record N for does not meet policy</b></li> <li>▪ <b>Record NA if does not apply to client observed</b></li> </ul>	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:	ID: DOB:
<b>Family Info/Proxy Designation</b> (MI-WIC Policy 8.03)										
O	10.1 Clerk: Observe that user matches username in status bar in MI-WIC (MI-WIC Policy 10.03) b Staff Name:									
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.									
<b>Income Information-cert/recert only</b>										
O	4.2a Adjunct Eligibility- Is authorized person asked about <u>Medicaid (Healthy Kids/ Healthy MI Plan)</u> eligibility for each client? If yes, is Medicaid eligibility verified through use of MI-WIC, MI Health Benefits, CHAMPS, MCIR or other confirmation? (MI-WIC Policy 2.06)									
4.2a	Adjunct Eligibility: Is <u>SNAP/FS or FIP</u> enrollment asked for each client? Is this verified by Bridge Card deposit for family eligibility, if used? (At least, verify one program's eligibility.) (MI-WIC Policy 2.06)									
4.2b	Is family size and number of expected infants reviewed at each certification/recertification? (MI-WIC Policy 2.08)									

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	4.2a	Is family income calculated using past 30 days of pay documentation? (exception: adjunct eligibility, migrant, homeless, works for cash, or no income) (MI-WIC Policy 2.04)									
I,S	4.2c	If foster child, do you enroll client as a family of one (1) using the “foster” dropdown? (MI-WIC Policy 2.11)									
I,S	4.2c	If foster child, was stipend amount used as <u>the</u> income for child and not included in the foster family’s income? (MI-WIC Policy 2.11)									
<b>Additional Info Screen</b>											
O	4.2a	Residency verified? (MI-WIC Policy 2.02)									
O	4.2a	The lack of citizenship or length of residency does NOT 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? Are clients without acceptable ID asked to sign an “ <b>AFFIDAVIT OF VOTER NOT IN POSSESSION OF PICTURE IDENTIFICATION</b> ” <b>Note: Staff must send affidavit if signed.</b> (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)									
O	4.2a	Is identity confirmed and documented in MIWIC for all Authorized Persons and Proxies? (MI-WIC Policy 2.03, 8.03)									
<b>Migrant/Homeless (MI-WIC Policy 2.12)</b>			IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
O	4.2d, I e	For Migrant or homeless applicants, do you use special income determination, residency, and termination policies and procedures?									

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<b>Client Agreement/Signature Screen</b>										
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	5.4b	Is client notified of illegality of dual enrollment in another WIC Program? (Observe: Review/issuance of WIC Agreement-No verbal review needed) (MI-WIC Policy 3.03)								
<b>Client Information Screens</b>										
O	4.2a	Identity physically confirmed and documented for all <b>new</b> clients? (MI-WIC Policy 2.03)								
O	4.4a	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)								
O	4.2d	Is agency using "No Proof of ID or Residency" attestation forms? (MI-WIC Policy 2.02, 2.03) Describe when used:								
O	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)								
<b>Race/Ethnicity (MI-WIC Policy 1.09)</b>										# Not Met
			IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other
O	2.1c	Are clients asked the questions regarding ethnicity/race from the screen? (Initial cert only) If the client declines to state their ethnicity/race, does the WIC staff record their observations, notifying the client of this?								

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<b>Cert Action Screen</b>											
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 correctly?									
I	4.2a	Does the agency allow infants under 8 weeks old to not be present at certification and enrolled using birth/hospital data?	NA	NA	NA	NA	NA	NA	NA	NA	
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?									
<b>Weight and Height and Head Circumferences (MI-WIC Policy 2.15, Anthropometric Manual-2/18)</b>			IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
O	10.1 b	Tech: Observe that user matches username in status bar in MI-WIC. (MI-WIC Policy 10.03) Staff name:									
O,I		Are completed weeks gestation recorded for all children enrolled under 2 years?									

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<b>Length: Infant and Child through 23 mo.</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
○	Do staff wash/sanitize hands before and after measuring infants?									
○	Is disposable sheet used to cover recumbent length board?									
○	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?									
○	Is measurement repeated until confirming measurements have been obtained (keeping the infant/child on the board)? (within 2/16")									
○	Are the measurements recorded immediately onto a data sheet then converted in 1/16th inch for subsequent recording into MI-WIC?									
4.3b	Is the measurement performed according to WIC Procedures?									
<b>Weight - Infant and Child through 23 mos.</b>										
○	Does staff zero-balance the scale with disposable sheet and medium diaper at least once daily or more frequently if the scale requires (balance beam)? Is digital scale zero balanced before each weighing? (Except if reweigh function)									
○	Is the child weighed only with a dry diaper and T-shirt /onesie and paper sheet on the scale?									
○	Is measurement repeated until confirming measurements have been obtained? (Within 1 oz.) Note: Infant should be kept on the pediatric balance beam scale during confirmation measurements unless indicated by scale.									
○	Are the measurements recorded immediately onto a data sheet for recording into MI-WIC?									

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4.3b	Is the measurement performed according to WIC Procedures?									
<b>Head Circumference – through 23 Months</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
○	Is a tape with 1/16" or 1/8" increments used to measure head circumference?									
○	Is the measurement taken with the tape above the eyebrows and around the most prominent portion of the head?									
○	Is the measurement repeated until confirmed (within 2/16")?									
○	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?									

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<b>Height-Woman/Child 24 months and over</b>										
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?									
<b>Weight –Woman/Child 24 Months and over</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
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 .2 or 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?									

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○	4.3b	If a client is <i>not</i> measured according to procedure, is the “?” box checked and are the measurements recorded along with a note stating the reason?									
	4.3b	If referral data is used, was it obtained within the last 60 days and date recorded?									
<b>Lab Work (MI-WIC Policy 2.16) See WIC Laboratory Procedure Manual</b>			IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
○		Does all staff wear gloves when collecting blood? (optional: appropriate personal protective equipment -lab coat, gown, scrubs, apron)									
○		Does staff prepare testing supplies on a fresh drape/tissue for each client?									
○		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?									
○		Does all staff wash or sanitize their hands before gloving <i>and</i> after removing gloves?									
○		Is there a sink with running water in the lab area or a restroom convenient to the lab area to accommodate frequent hand washing?									
○		Is aseptic technique used to clean the skin of the draw-site before blood is obtained?									
○		Are the first two large drops of blood wiped away before a blood specimen is collected?									
○		Is the blood specimen collected without “milking” the puncture site?									
○		Is the filled microcuvette analyzed within 40 seconds (HemoCue 301)?									
○		Is the authorized person asked to monitor the child if a bandage is applied to prevent choking?									
○,I		Are infants over 9 months of age at initial certification tested?									
0 I		Is a retest performed if the first sample meets the local agency criteria for retesting?									



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<b>Lab Work (MI-WIC Policy 2.16)</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
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	If referral data is used, was it obtained within the last 6 months for a child or during their pregnancy or post-partum period?									
O I	Is the date entered when referral data was obtained?									
4.3c	Is the measurement performed according to WIC Procedures?									
<b>Immunizations (MI-WIC Policy 6.03)</b>										
O I	12.1 a Are all infants and children assessed and assessment documented for current immunization status using MI-WIC/MCIR or other records?									
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? Includes MCIR record, verbal or written information. (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.									
O	12.1 e Are pregnant women informed of the need for flu and third trimester pertussis (Tdap) vaccine for each pregnancy? (MI-WIC Policy 6.03)									

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<b>Lead Screening (MI-WIC Policy 6.04)</b>			IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
O	4.3c	Are all children assessed for lead screening? <b>Circle what records are used to assess:</b> MCIR Med. Record MI-WIC									
O, D	4.3c	If no lead tests have been performed, is the client referred for lead testing?									
I	4.1b	Are clients who are asked to pay for immunization or lead testing during their WIC visit told that refusal will not affect their WIC eligibility?									
<b>Breastfeeding Promotion and Support PG, BE, BP, IBE, IBP (Cert/IEval)</b>			IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
O	10.1 b	CPA: Observe that user matches username in status bar in MI-WIC. (MI-WIC Policy 10.03) Staff Name:									
O	6.5d	Does the CPA discuss the client's BF goals? (MI-WIC Policy 4.02)									
O	6.5d	Are clients provided with BF education and support? (MI-WIC Policy 4.01)									
IO		If pump is issued, see Nutrition & Breastfdg Ed Tool pg. 4.									

<b>Child Evaluation (if applicable)</b>										
	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?								
	4.3a	Does the CPA assign risks (as applicable)?								

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<b>Risk Assessment (Cert/Recert)</b>										
<input type="radio"/>	Does the CPA assess all possible risks appropriate for the client's category? (MI-WIC Policy 2.13) Including:									
<input type="radio"/>	4.3a MI-WIC Medical and Nutrition History screens (MI-WIC Policy 2.14)									
<input type="radio"/>	4.3b Growth chart/prenatal grids (MI-WIC Policy 2.15)									
<input type="radio"/>	4.3c Hematological risks (MI-WIC Policy 2.16)									
<input type="radio"/>	4.3a Does the CPA confirm all medical risks (300 series codes)? (MI-WIC Policy 2.13A)									
<input type="radio"/>	4.3a If risk is NOT applicable, is it assigned, and the reason documented in the notes section?									
<input type="radio"/>	6.6a For Class III formulas, is the client marked as high risk on the Nutrition and Health Summary Screen, if not already indicated?									

<b>WIC Program Explanation</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
<input type="radio"/>	6.3a Is the client given a verbal explanation of the WIC Program purpose, key functions, and benefits to clients and/or their caregivers? (MI-WIC Policy 2.01 & 5.03)									

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<b>Client Centered Nutrition Education (MI-WIC Policy 5.01)</b>										
O	Nutrition services must be conducted in an environment that is friendly, supportive, accommodating, respectful, and welcoming, with a positive approach based on health outcomes rather than deficiencies.									
O	6.2a Does the CPA explore client concerns, and existing knowledge and readiness for change?									
O	6.2b (existing client) Does the CPA and client discuss previous education (i.e. actions client tried, plans to try, or any questions the client has)?									
O	6.2c Does the interaction promote active involvement of clients and/or their caregivers, in working toward improved health outcomes?									
O	6.2c Does the CPA summarize relevant information from assessment and concerns identified and explore what they'd like to focus on? (i.e. for current NE, CPA and client explore possible topics and behavior changes of most interest to client?)									
O	6.2d Does the CPA work in partnership with the client to develop and review the NE Plan?									
<b>USDA Mandated Information/Education</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
O	6.3a Do all WIC staff encourage, educate, and support clients in their breastfeeding decisions? (MI-WIC Policy 4.01)									
O	5.1c Is each <b>new</b> client (including new infants) provided a list of local resources for drug and other harmful substance abuse counseling, and treatment, <u>at the initial certification</u> and thereafter, as appropriate? (MI-WIC Policy 5.03 & 6.02)									

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<b>Referrals</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
<input type="radio"/>	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 (ICP)? (MI-WIC Policy 5.06)									
<input type="radio"/>	5.1b Does the CPA stress the importance of regular health care and keeping referral appointments? (MI-WIC Policy 6.02)									
<input type="radio"/>	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)									
<input type="radio"/>	12.1 b For children requiring immunizations, are referrals made according to Local Agency policy? (MI-WIC Policy 6.03)									
<input type="radio"/>	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)									
<input type="radio"/>	5.1b Are all pregnant women and infants referred to MIHP/Great Start, Nurse Family Partnership, or comparable program, if available in the community? (MI-WIC Policy 6.05)									
<input type="radio"/>	6.5d Are clients offered the option to receive breastfeeding support (peer counseling, support group, classes, coordinated services)? (MI-WIC Policy 4.02)									
<input type="radio"/>	6.5d Are pregnant and breastfeeding clients referred for peer counseling or additional lactation support for issues exceeding staff's scope of practice? (MI-WIC Policy 4.01)									

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<b>Food Prescription</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
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 4.02, 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 staff explain the food package to new clients or when the food package changes? (MI-WIC Policy 8.06)									

<b>New Client Information</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
O	1 During the initial clinic visit or <b>transfer</b> into Michigan, was the applicant, client or proxy notified about:									
O	8.1 b <ul style="list-style-type: none"><li>▪ Use of Michigan WIC Bridge card – Provide and review brochure? (MI-WIC Policy 8.06)</li></ul>									
O	8.1b <ul style="list-style-type: none"><li>▪ Where to use the WIC benefits/vendor listing (MI-WIC Policy 8.06)</li></ul>									
O	7.1a <ul style="list-style-type: none"><li>▪ Use of WIC Food Guide/ Infant Formula Insert (MI-WIC Policy 7.02, 8.06)</li></ul>									
O	4.5a <ul style="list-style-type: none"><li>▪ VOC for ID or transfer (MI-WIC Policy 2.19)</li></ul>									
O	5.4a <ul style="list-style-type: none"><li>▪ WIC is a supplemental food program, and the Purpose of WIC (Welcome to WIC brochure)</li></ul>									

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<b>Food Guide (MI-WIC Policy 7.02)</b>									
O	7.1b Does the local agency notify clients of changes in the WIC Food Guide and/or Infant Formula Insert in a timely fashion and provide materials as indicated? (The Infant Formula Insert should be given only to clients who are receiving formula. If not, suggest they do.)								

<b>Food Benefit Issuance</b>		IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
O	5.2a Are newly certified applicants (not hospitalized) provided benefits immediately upon determination of eligibility? (MI-WIC Policy 2.01)									
O	8.1a Observe WIC staff at recertification asking if client is having problems using their EBT card. (MI-WIC Policy 8.06)									
<b>Provided Documents</b>										
O	8.1b Shopping List (with next appointment notification)?									
O	6.2d NE Plan provided and given at each cert/recert/ infant or child evaluation? (required)									
O	4.5a VOC that has LA staff name and signature? (can be stamp)									
O	5.1a Referral letter printed, if applicable?									
O	5.4a Copy of signed Client Agreement given, if new to WIC (required), or offered if previous client?									
O	4.2d Short Certification Notice given, if applicable? (MI-WIC Policy 2.21)									
O	8.1b WIC Vendor Listing given, if new to clinic? Can also use: Reports/Administration/WIC Client Store (by county, city or zip code) or Clinic/Misc/Authorized Vendors									
	<i>Reviewer-ask for copy of Client Information report for each client observed</i>									

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<b>Certification-Separation of Duties (Policy 9.03)</b>			IFF	NPP	C1	C2,3,4	BE/BP	IBE/IBP	New PG	Other	# Not Met
O	10.1	Are at least two staff members involved in determination of WIC eligibility at the certification/recertification?									
O	10.1	If this is a single staff certification, does the agency scan copies of proof of identity (new only), residency and income for each client?									
D	b										
<b>Clinic Flow</b>											

Did the certification observed flow smoothly? Recommendations to improve flow, documentation, client service, etc.

Reviewed by \_\_\_\_\_ Date of Review: \_\_\_\_\_

Consultant: \_\_\_\_\_ Date of Review: \_\_\_\_\_