|  |  |
| --- | --- |
| **Staff:** | # Indicates step needed for I and C-EVAL  |
| **Reviewer:** | **Date:** |
| **Client Category:** |  |  |  |  |  |
| **Family Number:** |  |  |  |  |  |
| **Client Certification: #Review if Mid-cert Eval observed**  |
| #Rapport established, introduction and summary of services? | Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| #Family information & proxy is updated?  | Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| #Non-English speaker is offered translation services? | Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Client agreement is read by/to client in their own language? | Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Client is notified of illegality of dual enrollment. | Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| (**Initial Cert)** Client is given a copy of Client Agreement after review.  | Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Client is offered copy of Client Agreement after review. (**All subsequent certs/recerts)** | Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Ask if client is having problems using their EBT card? | Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **Voter Registration:** #Mid-cert Eval if address change only |
| Offered using MI-WIC script?  |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Voter Registration verified with Photo ID (no copy needed) or if no photo ID: Affidavit completed by client, signed by staff, and attached to voter registration form.  |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| If declined to register, is this documented in MI-WIC & declination form retained? Keep for 24 months. |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **Race/Ethnicity** |
| Are new clients asked using the MI-WIC screen script to identify their own race(s)/ethnicity? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Do staff record race/ethnicity observations if client declines? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **Adjunct Eligibility data collection** |
| Authorized person asked about Medicaid, SNAP, FIP? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| If yes, is this verified? (one program/person) |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Family size reviewed? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Last 30 day Income documentation is reviewed? (Verbal allowed if adjunct, migrant, homeless, cash, or no income)  |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Language, Residency and Identity (ID-NEW ONLY) verified for Authorized person and clients? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| “No proof” attestation form used appropriately? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Short cert process used appropriately? (Must have 2 of 3 proofs) |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Short certified if no proof of pregnancy? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| USER ID in status bar matches staff person? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **Physical Presence:** |
| Is the applicant present or not present for allowable reason (medical, barriers, infants under 8 weeks) and documented? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| 1. | 2. | 3. |
| **#Length (0 – 24 months): (Policy 2.15)**  |
| Does staff wash/sanitize hands before and after measuring infant?  |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Is one person holding head while staff gently holds both knees down and pushes heels against footboard?  |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Repeated until confirmed within 2/16”?  |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Recorded immediately after each measurement in inches and 1/16 “?  |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **#Weight (0 – 24 months):** Do Not remove child from scale unless no re-weigh feature  |
| Scale zero balanced prior to weighing w/diaper and sheet? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Child weighed with dry diaper, sheet and T-shirt only? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Repeated until confirmed within 1 oz (zero balanced if digital)? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Recorded immediately after each measurement? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **#Head Circumference (0-24 months):** |
| Measurement taken with tape above eyebrows? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Repeated until confirmed? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Recorded immediately after each measurement in inches and 1/16th inch? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **#Height/Weight (>24 months or woman):** Do not remove client from scale unless no re-weigh feature |
| Ht & Wt - No shoes, scale covered with paper? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Ht - Heels, buttocks, and shoulders against wall, legs straight? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Ht - Eyes straight ahead? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Wt – scale zero balanced prior to weighing, if needed? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Repeated until confirmed within ¼ pound and 2/16th inch? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Measurements recorded immediately after each measurement? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **#Measurement not taken or not taken according to Policy:** |
| * Cannot be taken, is “unk” √’d & reason noted?
 |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| * Not according to policy is “?” √’d & reason noted?
 |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| **#Lab: (Policy 2.16)** |
| Immunization status provided (I, C1-4), referral made if not up to date?  |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Lead screening assessed. Referred or tested if no lead test? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Staff prepares supplies on a fresh drape/tissue for each client? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Staff washes/sanitizes hands before gloving? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Client/AP asked about bleeding problems &/or (latex allergy)? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Tech wears gloves? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Client’s skin cleaned w/ isopropyl alcohol before poke? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Are first TWO large drops of blood wiped away? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Blood collected without “milking”? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Is danger of bandage/choking addressed? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Blood results documented into MI-WIC and Log? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Is retest done if result is <8 g/dL? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Staff washes/sanitizes hands after glove removal? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Referral Data used or Lab appt scheduled according to Policy? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Are test results recorded immediately? |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Does staff thank client & tell them next step w/ CPA? (Staff directs client to the next step of the WIC process?) |  Y |  N | NA |  |  Y |  N | NA |  |  Y |  N | NA |
| Totals: |  |  |  |  |  |  |  |  |  |  |  |

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| **Comments:**1. | 2. | 3. |

Thanks to Monroe County WIC!