|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |  |  |  |  |  |  |  |  |  |  |  |

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

Thanks to Monroe County WIC!