

**New WIC Staff Training Checklist**

Name: \_\_\_\_\_ Staff Role: All \_\_\_\_ CPA/RD: \_\_\_\_ Clerk: \_\_\_\_ Tech: \_\_\_\_

Date of Hire: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

WIC Program Overview		Date Completed	Trainer Initials
<a href="#">Complete Michigan WIC Employee Confidentiality and Compliance Agreement Signature Form</a>			
Complete <a href="#">Michigan Civil Rights Training</a>			
Explore <a href="#">Michigan WIC website</a>			
Explore <a href="#">WIC Works USDA trainings</a>			
<ul style="list-style-type: none"> <li>Especially <a href="https://wicworks.fns.usda.gov/resources/wic-learning-online-wlol">https://wicworks.fns.usda.gov/resources/wic-learning-online-wlol</a></li> </ul>			
System Setup		Date Completed	Trainer Initials
Create <a href="#">MILogin</a> (3 <sup>rd</sup> party) Account (Contact coordinator)			
Assign MI-WIC roles (Contact coordinator)			
Assign <a href="#">MCIR</a> roles (Contact Immunization coordinator), if necessary			
Assign WIC Direct system rights (Contact <a href="mailto:MDHHS-WICEBTQuestions@michigan.gov">MDHHS-WICEBTQuestions@michigan.gov</a> )			
Assign <a href="#">MI-Health Benefit</a> or CHAMPS roles for Medicaid Verification			
Policy Review <a href="#">MI-WIC Policy Manual</a>		Date Completed	Trainer Initials
<b>ALL STAFF</b>	1.02 WIC Overview		
	1.03 Confidentiality		
	1.04 Fair Hearing		
	1.07 LA Staffing and Training		
	1.09 Civil Rights		
	1.10 Voter Registration		
	2.01-2.23 Certification and Eligibility Policies		
	3.01-3.04 Program Maintenance		
	4.01 Local Agency Breastfeeding Responsibilities and Staff Roles		
	4.02 Client Breastfeeding Education		
	4.03 Contraindications to Exclusive Breastfeeding		
	5.01 Nutrition Services Overview		
	5.02 Nutrition Education Contacts		
5.05 Nutrition Education Documentation			
6.01-6.06 Service Coordination and Outreach Policies			
7.02 Authorized WIC Foods			
8.01-8.09 Benefit Issuance/EBT Card Security Policies			
9.01-9.03 Program Compliance Policies			
<b>CPA/RD/PC</b>	4.04-4.09 Breastfeeding Equipment		
<b>CPA/RD</b>	2.13 Nutritional Risk Determination		
	5.03-5.06 Nutrition Education Policies		

	7.01 Food Package Determination & Customization 7.03 Food Package for Qualifying Conditions 7.04 Maximum Food Package		
<b>Review Past, Present and Future Trainings</b> <i>Ask supervisor to help you coordinate</i>		<b>Date Completed</b>	<b>Trainer Initials</b>
<b>ALL STAFF</b>	Print <a href="#">Staff Training Plan</a> and keep for your records (Policy 1.07L)		
	Review current <a href="#">Training and Events by Category link</a> (Review <a href="#">training prerequisites</a> )		
	Participate in <a href="#">LMS training modules</a>		
	Attend <a href="#">Breastfeeding Basics</a> training		
	Develop skills for <a href="#">Client Centered Services</a>		
	Review relative archived <a href="#">WIC Webcast Catalog</a>		
	Register for future webcasts on <a href="#">MPHI</a>		
<b>Other materials to read and review</b>		<b>Date Completed</b>	<b>Trainer Initials</b>
<b>ALL STAFF</b>	<a href="#">Current Food Guide</a> <a href="#">Infant Formula Insert</a> <a href="#">List of Authorized Formulas</a> <a href="#">Health History forms</a> (optional-if agency uses) <a href="http://www.wichealth.org">www.wichealth.org</a> (WIC online NE); <a href="#">Lesson Descriptions</a> <a href="#">What is Project FRESH?</a>		
	<b>CPA/RD</b>	Manually Assigned Risk ( <a href="#">MAR Tool</a> ) <a href="#">Medical Conditions and Illnesses</a> <a href="#">Nutrition Care Manual/Pediatric Nutrition Care Manual</a> (Contact coordinator or DuJour for login)	
<b>Read and demonstrate clinic duties</b> <i>Ask supervisor, roles may vary according to local agency</i>		<b>Date Completed</b>	<b>Trainer Initials</b>
<b>ALL STAFF</b>	<a href="#">MDHHS Anthropometric Manual</a>		
	<a href="#">MDHHS Laboratory Manual</a>		
	Demonstrate proper technique for measuring heights and weights of women, infants, and children, and head circumference for infants		
	Demonstrate proper technique for collecting blood sample to check hemoglobin		
<b>Demonstrate clinic duties continued</b> <i>Ask supervisor, roles may vary according to local agency</i>		<b>Date Completed</b>	<b>Trainer Initials</b>
<b>ALL STAFF</b>	Search (Family and Client) <ul style="list-style-type: none"> <li>State or Local</li> </ul>		
	Review Clinic Schedule Set-up		
	Scheduling Appointments <ul style="list-style-type: none"> <li>Certification (CERT, RECERT, PCERT)</li> <li>Mid-Certification (IEVAL/CEVAL)</li> <li>Nutrition Education (EDU, EDUO, EDUT, EDUW)</li> <li>High Risk (NCRD)</li> <li>Breastfeeding (BFPC, BFLS, BFLC)</li> <li>WIC Client Connect (WCC)</li> <li>Project FRESH (PFRESH)</li> <li>Virtual Appointments (BFLCV, BFLSV, BFPCV, EDUV, &amp; NCRDV)</li> </ul>		
	Update Family/Client Information Screens		

	Review Cert Action Screen		
	<ul style="list-style-type: none"> <li>• Confirm EDD and Category</li> </ul>		
	<ul style="list-style-type: none"> <li>• Category Change</li> </ul>		
	<ul style="list-style-type: none"> <li>• Resolve short certification</li> </ul>		
	Review Lab Screen		
	<ul style="list-style-type: none"> <li>• Anthropometric measurements</li> </ul>		
	<ul style="list-style-type: none"> <li>• Lab measurements</li> </ul>		
	<ul style="list-style-type: none"> <li>• Immunization/MCIR record review</li> </ul>		
	<ul style="list-style-type: none"> <li>• Lead Screening</li> </ul>		
	Electronic Benefits Transfer Card (EBT)		
	<ul style="list-style-type: none"> <li>• Issue EBT card</li> </ul>		
	<ul style="list-style-type: none"> <li>• Re-issue EBT Card</li> </ul>		
	<ul style="list-style-type: none"> <li>• Use/Provide EBT card customer service line (888-678-8914)</li> </ul>		
	<ul style="list-style-type: none"> <li>• Maintain EBT card inventory</li> </ul>		
	Issue Benefits Screen		
	<ul style="list-style-type: none"> <li>• Issuing and voiding benefits</li> </ul>		
	Benefits History		
	<ul style="list-style-type: none"> <li>• Benefit Proration</li> </ul>		
	<ul style="list-style-type: none"> <li>• Benefit Re-Issuance (Per MI-WIC Role)</li> </ul>		
	<ul style="list-style-type: none"> <li>• Print Document Screen</li> </ul>		
	WIC Direct		
	<ul style="list-style-type: none"> <li>• Benefits search</li> </ul>		
	Other		
	<ul style="list-style-type: none"> <li>• Scanning Documents</li> </ul>		
	<ul style="list-style-type: none"> <li>• Signature Pad</li> </ul>		
	<ul style="list-style-type: none"> <li>• Dual Participation</li> </ul>		
	<ul style="list-style-type: none"> <li>• Transfers (Family, Client, Out of State/Migrant)</li> </ul>		
	<ul style="list-style-type: none"> <li>• Formula Return/Exchange (See LA policy)</li> </ul>		

<b>Demonstrate clinic duties continued</b>		<b>Date Completed</b>	<b>Trainer Initials</b>
<i>Ask supervisor, roles may vary according to local agency</i>			
<b>CPA/RD</b>	Medical History and Assessment		
	<ul style="list-style-type: none"> <li>• Review client’s medical conditions and illnesses</li> <li>• Verify diagnosis, if indicated</li> </ul>		
	<ul style="list-style-type: none"> <li>• Document client responses</li> </ul>		
	Nutrition History and Assessment		

	<ul style="list-style-type: none"> <li>Review nutrition-related medical conditions</li> </ul>		
	<ul style="list-style-type: none"> <li>Assess food and beverage intake</li> </ul>		
	<ul style="list-style-type: none"> <li>Assess family and client eating behaviors</li> </ul>		
	Verify and Assign all Applicable Risks (use MAR tool)		
	Nutrition Education		
	<ul style="list-style-type: none"> <li>Practice Eligibility Explanation</li> </ul>		
	<ul style="list-style-type: none"> <li>Provide nutrition education, document both nutrition education and follow-up.</li> </ul>		
	<ul style="list-style-type: none"> <li>Determine NE plan</li> </ul>		
	Determine Client Concerns and Interests (Client Centered Services)		
	<ul style="list-style-type: none"> <li>Practice counseling using client centered services skills</li> </ul>		
	Referrals		
	<ul style="list-style-type: none"> <li>Determine client concerns and needs</li> </ul>		
	<ul style="list-style-type: none"> <li>Provide information about referrals/referral letter</li> </ul>		
	<ul style="list-style-type: none"> <li>New client-local substance abuse treatment and referral</li> </ul>		
	<ul style="list-style-type: none"> <li>If high risk, refer to RD for NCRD appointment</li> </ul>		
	<ul style="list-style-type: none"> <li>Discuss required referrals – breastfeeding peer, Medicaid, MIHP, etc.</li> </ul>		

CPA/RD/ PC	Breastfeeding assessment: determine client concerns and needs		
	Develop care plan		
	Breastfeeding education and support based on <a href="#">scope of practice</a> . Refer as needed.		
	Documentation of BF assessment, care plan and support provided.		
	<a href="#">Breast Milk Expression</a>		
	<ul style="list-style-type: none"> <li>Breast pump issuance procedures</li> </ul>		
	<ul style="list-style-type: none"> <li>Release agreement and return receipt procedures</li> </ul>		
	<ul style="list-style-type: none"> <li>Operating and cleaning breast pumps</li> <li>Breast milk handling and storage</li> </ul>		
CPA/RD	Food Prescription Screen		
	<ul style="list-style-type: none"> <li>Assign client food package based on assessments (e.g., allergies, breastfeeding amount, medical conditions)</li> </ul>		
	<ul style="list-style-type: none"> <li>Customize food package, if needed</li> </ul>		
	<ul style="list-style-type: none"> <li>Obtain medical documentation, if needed</li> </ul>		
	<ul style="list-style-type: none"> <li>Food package change request (including education, assessment, counseling)</li> </ul>		
Additional RD Duties	Conduct Nutrition Assessment, Intervention and Monitoring		
	<ul style="list-style-type: none"> <li>Review problem list (past notes, medical documentation)</li> </ul>		
	<ul style="list-style-type: none"> <li>Provide high risk counseling and nutrition education</li> </ul>		
	<ul style="list-style-type: none"> <li>Create individual Care Plan</li> </ul>		
	<ul style="list-style-type: none"> <li>Document nutrition education (<del>in NE pop-up grid</del>)</li> <li>Assess and approve class III formulas</li> </ul>		

Print Forms for Family and Client		Date Completed	Trainer Initials
<i>Ask supervisor, roles may vary according to local agency</i>			
ALL STAFF	For a Family		
	<ul style="list-style-type: none"> <li><a href="#">Client Agreement</a></li> </ul>		
	<ul style="list-style-type: none"> <li>Client Shopping List</li> </ul>		
	<ul style="list-style-type: none"> <li>Client Vendor Listing (1<sup>st</sup> visit and upon request)</li> </ul>		
	<ul style="list-style-type: none"> <li><a href="#">Discrimination Complaint Form</a></li> </ul>		
	<ul style="list-style-type: none"> <li>Fair Hearing Notice</li> </ul>		
	<ul style="list-style-type: none"> <li>Income Attestation Form</li> </ul>		
	<ul style="list-style-type: none"> <li>Nutrition Education Plan</li> </ul>		
	<ul style="list-style-type: none"> <li>Residency Attestation Form</li> </ul>		
	<ul style="list-style-type: none"> <li>Verification of Certification</li> </ul>		
	<ul style="list-style-type: none"> <li><a href="#">Voter Registration Form</a></li> </ul>		
	For a Client		
	<ul style="list-style-type: none"> <li>Client Care Plan and Care Plan Follow Up (report)</li> </ul>		
	<ul style="list-style-type: none"> <li>Compliance Letter</li> </ul>		
	<ul style="list-style-type: none"> <li>Identity Attestation Form</li> </ul>		

	<ul style="list-style-type: none"> <li>• Ineligibility Notice</li> </ul>		
	<ul style="list-style-type: none"> <li>• Multi-User Breast Pump Loan and Release Agreement</li> </ul>		
	<ul style="list-style-type: none"> <li>• Single-User Breast Pump Release Agreement</li> </ul>		
	<ul style="list-style-type: none"> <li>• Loaner Breast Pump Return Receipt</li> </ul>		
	<ul style="list-style-type: none"> <li>• Referral Notification</li> </ul>		
	<ul style="list-style-type: none"> <li>• Residency Attestation Form</li> </ul>		
	<ul style="list-style-type: none"> <li>• Short Certification Letter</li> </ul>		

- KL & A Help Desk: 800-942-1636, press 1**  
 For MI-WIC system issues and technical assistance.  
 Click [here](#) to submit a ticket on-line.
- DuJour (Help Line): 800-942-1636, press 2**  
 For WIC procedure or client issues, contact the DuJour line for assistance.