| Training Clinic Progress | Report |
|--------------------------|--------|
| New CPA Training | |

| Trainee Name: | |
|--------------------------|--|
| LA Name: | |
| Training Dates Attended: | |
| Trainee Contact Info: | |
| Trainee Supervisor | |

| Overview | Anthro | Blood | Nutrition Interview | Risk | Certify | Referrals | Care Plan | Foods Overview | Food Pkg | Food Benefits | Card operation | Audit Trail | Scheduling |
|----------|--------|-------|------------------------|------|---------|-----------|--------------|-------------------|-------------|------------------|----------------|----------------|------------|
| | | | | | | | | | | | | | |

| 1 | l. | Live Clinic Practice – type of clients that new trainee worked with during training clinic and how that went |
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| 2. Additional help – Areas where the trainee may have struggled and will need additional guidance |
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| Director follow-up: |
| |

| 3. Not completed – Areas we did not have time to cover that need to be trained at the local agency | |
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| | |
| irector follow-up: | |
| | |
| | |

4. Journey Logon Status

5. Additional Resources – such as links to webinars or handouts

Please schedule a time for staff to complete the additional training links below to learn about working with foster clients:

Foster Care - To learn how to work with foster care clients please have new staff listen to the recorded training after they return from training clinic. Please try to complete this training within a couple of weeks or so after returning from training clinic but (before) the scheduled follow up meeting with the training coach. For questions, please contact Marge Blankenship.

https://youtu.be/rAXBEAzfV7I



Follow up from WIC Director below:

<u>Date Foster Care Training:</u> <u>Completed at Home Agency</u>

Questions to discuss to discuss on follow up coach call or with Marge:

Daily Overview Summary:

| | Date | Notes |
|----|------|-------|
| М | | |
| Т | | |
| W | | |
| Th | | |
| F | | |

Electronic signature – each training coach: (type name & date below)

| Coach Name | Date | My report is finished: yes or no | Name of coach who will provide follow up phone call or email to trainee: |
|------------|------|----------------------------------|--|
| Day 1: | | | Name of Training Coach: |
| Day 2: | | | Method to use to contact trainee: |
| Day 3: | | | |
| Day 4: | | | |

| Follow-up | | | | | |
|-----------|------------|--------------------------------|--|--|--|
| Date | Coach Name | Any coach notes from follow-up | | | |
| | | | | | |
| | | | | | |

2 Trainee Feedback Surveys:

- <u>Training Clinic Evaluation by Trainee</u> to be completed by trainees following the training
- Post Remote Training Clinic Preparedness Survey to be completed by trainee after having a chance to work in WIC for a couple of weeks

WIC Director Feedback Survey

• <u>Post-Remote Training Clinic by WIC Directors</u> – to be completed by WIC Director after having a chance to observe new staff work in clinic for a couple of weeks after attending Training Clinic

Coaches Tracking & Communication Sheet

| OVERVIEW |
|---------------------------------|
| Journey System & Navigation |
| CPA vs Clerk roles |
| Separation of Duties |
| VENA |
| Length of Certification Periods |
| WIC Foods |
| Education & Care |
| Family Panel |

| ANTHROPOMETRICS |
|--|
| Weighing & Measuring Overview |
| Measuring Infants & Children < 2 years |
| Measuring Children 2-5 Years |
| Growth Charts WHO vs CDC |
| Measuring Women |
| Prenatal Weight Gain Grid |
| Entering Information into Journey |
| |

| BLOOD |
|--|
| Hgb Assessment |
| When to take Hgb |
| Why we test Hgb |
| Entering Hgb into Journey |
| Refusals |
| Reasons for no Hgb; reasons for low Hgb |
| Lead Assessment – when to ask |
| Referrals & education that may be needed |

| NL | NUTRITION INTERVIEW | | |
|----|----------------------------------|--|--|
| | Process - Collecting Information | | |
| | Health Medical | | |
| | Immunizations | | |
| | Oral Health | | |
| | Lifestyle | | |
| | Nutrition Practices | | |
| | Social Environment | | |

| RISK | | |
|---------------------------|--|--|
| Determining Risk | | |
| Manual Assignment of Risk | | |
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| | | |

| CERTIFICATION | | |
|---------------|--|--|
| | Common Errors that Prevent Certification | |
| | Marking Additional Risk | |
| | Collecting Signature | |
| | Rights & Responsibilities | |
| | | |
| | | |
| | | |

| EDUCATION & CARE | | | |
|-------------------------------------|--|--|--|
| REFERRALS - PARTICIPANT | | | |
| Required Referrals | | | |
| Printing Referrals | | | |
| Documenting referrals | | | |
| Follow up on Referrals and where to | | | |
| document | | | |
| Common referrals – low hgb, lead, | | | |
| immunizations, dental | | | |
| Active vs passive referrals | | | |
| | | | |

| education & care | | |
|-------------------------|---------------------------|--|
| CARE PLAN - PARTICIPANT | | |
| | Nutrition Ed Requirements | |
| | Documenting | |
| | Goal Setting | |
| | Exit Counseling | |
| | | |
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| WIC FOODS OVERVIEW | | |
|--------------------|--|--|
| | Foods Provided by WIC Category | |
| | eWIC Approved Stores & Special use NE ONLY | |
| | Supportive BF Friendly Environment | |
| | How WIC Food Packages Support BF | |
| | Contract Formula | |
| | Respond to formula Requests | |
| | PAF – Special Formulas | |

| FOODS FOOD PACKAGE (discussion) | FOODS FOOD BENEFITS | FOODS CARD OPERATIONS |
|--|---|--|
| Change food Packages (CPA) | Reading the Food Benefits Panel | Explain eWIC Card |
| Reading the Food Package Panel | Use of equipment to Print | Initial Card Set up |
| Model Food Packages per Category | Collect Signature | Set or PIN change PIN |
| Using Handout to Explain Food Packages | Print Food Benefits List & Explain how to read the list | Policy: when & how to |
| Policy on Milk Provided | Confirm Accuracy of Food Benefit List | Card locking if enter incorrect |
| Tailoring Milk | eWIC Card Education for Client (flip chart explanation) | FOODS AUDIT TRAIL |
| Food Benefit Interval | Food Benefit Issuance Intervals - # months to issue - Changing interval - Next appt | How to read; what information can be gathered from audit trail |
| | Re-issuing benefits: -How to change a food package & reissue benefits | SCHEDULING THE NEXT APPOINTMENT |
| | Recalculating benefits -examples of when to use -ABC corrections & contacting State WIC Foods Booklet | Scheduling new, changing existing, and canceling appointment |
| | Change Food Package | |