Training Clinic Progress Report



New Clerk Training

Please review this "End of Training Progress Report" recently completed for your new staff who attended the Clerk Training Center. Please use this form to document or add in any follow-training that is still needed. This form will be maintained on the WIC Business Partner Site. If you add-in additional information, please be sure to "check-in" the form when you are finished.

Local Agency Follow-Up – Directions:

- Carefully review this form and identify any areas needing additional follow-up or training. See last page of this document for rating scale definitions.
- Provide and record follow-up training for any items rated with an NT (no training provided) or an RT (re-teaching needed) in the space provided on the form.
- Complete the form showing your follow-up on the right side of the form as you complete follow-up on any remaining items

For Questions - Please contact the Training Clinic Coach if you have questions about the following:

- Clarification or questions on what was covered or not covered during a particular training clinic session
- Suggestions on providing follow-up training to ensure continuity of training for this individual trainee's needs
- Questions on what worked well or didn't work well for this trainee
- Clarification on trouble areas, strengths, and weaknesses identified during training clinic that would be helpful for you to know
- Additional job aides that might be helpful for follow-up training; discuss how coaches use them in training clinic

A training coach will be contacting your new staff to see how things are going after they have had some time to begin working in clinic. The date, time, and name of coach who will be contacting your staff is listed at the end of this report.

On the last page of this report are links to feedback surveys that need to be completed by the new trainee and by the WIC Director. Please be sure to complete the survey. Links to these survey are also on our public website located at the bottom of this page: https://dhhs.ne.gov/Pages/WIC-Training-Center.aspx

Nebraska WIC Training Clinic

| Training Clinic Prog | gress Report |
|----------------------|-----------------|
| New Clerk 7 | Training |

| Trainee Name: | |
|--------------------------|--|
| LA Name: | |
| Training Dates Attended: | |

| Comp | leted | hv ' | Training | Clinic | Coaches |
|------|-------|------|----------------|--------|----------|
| COMP | icicu | υy | i i ali ili iy | | Coaciles |

Completed by Local Agency: Follow-Up Training

CERTIFICATION & ENROLLMENT

| Cert & Enrollment | Date | Rating | Comments | Date | Rating | Comments |
|----------------------|------|--------|----------|------|--------|----------|
| | | | | | | |
| WIC Client Profile | | | | | | |
| - Profiles ie. | | | | | | |
| - Medicaid | | | | | | |
| - Refugee | | | | | | |
| - Migrant | | | | | | |
| - homeless | | | | | | |
| WIC eligibility | | | | | | |
| requirements | | | | | | |
| Separation of duties | | | | | | |
| & staff roles | | | | | | |
| Certification Guide | | | | | | |
| WIC program | | | | | | |
| explanation | | | | | | |
| Rights & | | | | | | |
| Responsibilities | | | | | | |

| Authorized Rep & | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| Additional AR | | | | | | |
| Proxy (alternate | | | | | | |
| shopper) | | | | | | |
| Proof of ID | | | | | | |
| Other program participation | | | | | | |
| Affidavit | | | | | | |
| Signed Statement | | | | | | |
| Comments & Alerts | | | | | | |
| Proof of Address | | | | | | |
| Voter Registration | | | | | | |
| Language/ | | | | | | |
| interpreter | | | | | | |
| Race Ethnicity | | | | | | |
| Adjunct Eligibility | | | | | | |

CERTIFICATION & ENROLLMENT

| | Date | Rating | Comments | Date | Rating | Comments |
|--------------------------|------|--------|----------|------|--------|----------|
| | | | | | | |
| Family Size | | | | | | |
| Proof of income | | | | | | |
| Statement of status | | | | | | |
| Gross, net, year to date | | | | | | |
| Income calculator | | | | | | |
| Over income | | | | | | |
| Zero income | | | | | | |

| | | | -1 - | | | |
|--|------|------|----------|------|--|--|
| Ineligibility letter vs Termination Notice | | | | | | |
| PRACTICE ON COMPUTER Over income example Zero income New child New pregnant mom pregnant mom and 2 kids retrieving child from another family that is moving in with them in-state transfers | | | | | | |
| TAP | | | | | | |
| PRACTICE ON COMPUTER • enroll mom & baby | | | | | | |
| LIVE CLINIC PRACTICE • re-certifications • 2 kids • Mom & baby | | | | | | |

| Foster Care Webinar Sections: Foster Care Basics Foster Placement Retrieving participant Scheduling appointments Scenarios Foster Care benefit | | Foster Care - This part of training has been moved to post training. Please be sure to watch the foster care webinar recorded training after you return to your clinic. Please have staff listen to the recording and complete the survey. Record their completion in the right hand column. | | Link to listen to recording: https://nepublichealth.adobeconnect.com/phh4s9g9lmg0/ Complete Survey: https://www.surveymonkey.com/r/QY2YP 3T |
|---|--|--|--|--|
| PRACTICE ON COMPUTER • child on foster care • foster care to foster care • grandma kin-ship with child | | | | |
| Name changes enrollment add to alias (Before put married name, go to add alias, then change the last name) | | | | |
| DOB verification & correction if needed | | | | |

| Address verification & | | |
|------------------------|--|--|
| updates if needed | | |

CERTIFICATION & ENROLLMENT

| | Date | Rating | Comments | Date | Rating | Comments |
|--|------|--------|----------|------|--------|----------|
| Category & length of cert periods | | | | | | |
| Extending/shorten cert periods | | | | | | |
| Affidavit | | | | | | |
| Signed Statement (no proof) | | | | | | |
| Proxy (Alternative shopper) | | | | | | |
| Required Referrals, documentation, resources | | | | | | |
| Enrolling new clients | | | | | | |
| Recertifying clients | | | | | | |
| Customer service | | | | | | |
| Statement of status form | | | | | | |
| Correcting record errors or name changes | | | | | | |
| Using TAP, AP, P | | | | | | |
| Breastfeeding status & importance | | | | | | |
| Custody change | | | | | | |
| Change foster care designation in Journey | | | | | | |

| Out of state transfer (VOC) | | | | |
|--|--|--|--|--|
| Instate transfer | | | | |
| Income averaging | | | | |
| Student Income | | | | |
| Military income; Passport to military | | | | |
| Passport to military | | | | |
| income | | | | |

eWIC CARD & FOOD BENEFIT ISSUANCE

| Food package, Benefit issuance, & eWIC | Date | Rating | Comments | Date | Rating | Comments |
|--|------|--------|----------|------|--------|----------|
| Foods provided by WIC | | | | | | |
| Where to shop – ewic stores | | | | | | |
| Model food packages per category | | | | | | |
| Contract formulas provided by WIC | | | | | | |
| Respond to formula requests | | | | | | |
| PAF – special formulas | | | | | | |
| Change food packages (CPA) | | | | | | |
| Use the flip chart to explain eWIC | | | | | | |
| Who can be issued an eWIC card | | | | | | |
| Assign and explain eWIC card | | | | | | |

| Set the PIN & changing PIN • ebt edge | | | | |
|---|--|--|--|--|
| phone line | | | | |
| Issue ewic food benefits | | | | |
| Explain how to read Family Food Benefit List | | | | |
| Confirm accuracy of family food benefit list | | | | |
| Benefit issuance interval | | | | |
| ID Card | | | | |
| WIC shopper app & foods booklet | | | | |
| Reissue benefits and change food package | | | | |
| Policy on replacing ewic cards and benefits | | | | |
| 5 ways to check your food balance benefit look up | | | | |
| How to shop | | | | |
| Midpoint transaction receipt | | | | |
| Lost or stolen cards policy | | | | |
| Deactivate a card – when & how | | | | |
| Replace a card - When & how | | | | |
| Look up a card by PAN# | | | | |
| Unlock PAN | | | | |

| Recognize if a client has an active PAN# assigned | | | | |
|---|--|--|--|--|
| Audit Trail | | | | |

| Working With Clients | # | Rating | Comments | # | Rating | Comments |
|-----------------------|---|--------|----------|---|--------|----------|
| New | | | | | | |
| Recert | | | | | | |
| Transfer | | | | | | |
| Midcert | | | | | | |
| Foster/Custody Change | | | | | | |
| Benefit Issuance | | | | | | |
| Explain eWIC | | | | | | |
| Set Pin | | | | | | |

LA Training Comments

Daily Training Clinic Comments

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W Th

| F | | | | | | |
|-----------------|---------------------------------|--------------------------------------|---------------------------------------|-----------------|-------|--|
| | | Training Clinic - Comments | | | | LA Comments |
| Preparatraining | tion before coming to clinic | 0 | | | | |
| Depend | ability | | | | | |
| Enthusia | sm & Interest | | | | | |
| Interacti | on with WIC Staff | | | | | |
| Interacti | on with WIC Clients | | | | | |
| Applying | g Knowledge | | | | | |
| Other C | oach Comments | | | | | |
| Day 1. | 1 | | completed Yes or No | for: | | |
| Day 1: | | | | Date: | | |
| Day 2: | | | | | of Tr | aining Coach: |
| Day 3 | | | | Phone Email: | # Tra | aining Coach will use to contact trainee: |
| Day 4: | | | | | | |
| E 11 | N C !! | | | 11 | | |
| | | | · · · · · · · · · · · · · · · · · · · | ollow up r | note | in the space below after you made contact) |
| Date | Coach Name | Notes from call or email follow-up v | with new staff: | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

End of Week Rating Scale:

AM: Approaching Mastery – Has a good grasp and understanding of the task. Will need someone near for special situations or questions.

NS: Needs Supervision – Understands the basics of the task but will need someone with them at the clinic working with them. Cannot work alone yet.

RT: Re-teaching needed – Training provided with limited understanding or recall. The LA will need to provide additional teaching in content area. (Document follow-up teaching on this form in the appropriate area.)

NT: No Training – Training was not provided at Training Center. The local agency will need to provide training or arrange for additional training at our Training Center if you do not have the resources to provide this training. (Document follow-up teaching on this form in the appropriate area.)

- Please complete additional training needed ie. (anything rated RT or NT)
- Contact the Training Clinic coach if you have questions about what was specifically trained or not trained
- Contact the Training Coach if you need additional details about the training to help you follow up with training
- Contact Jackie Johnson, the State WIC Training Center Coordinator, if you would like to scheduled staff for additional training at our Training Center
- Document your completed follow-up training on this form.

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