# **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: <a href="https://dhhs.ne.gov/Pages/WIC-Training-Center.aspx">https://dhhs.ne.gov/Pages/WIC-Training-Center.aspx</a>

Nebraska WIC Training Clinic

Training Clinic Progress Report	Trainee Name:
New Clerk Training	LA Name:
J	Training Dates Attended:

Completed by Training Clinic Coaches	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						

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

Foster Care Webinar Sections: Foster Care Basics	Foster Care - This part of training has been moved to post training. Please be sure to watch the foster care webinar recorded training		Link to listen to recording: <u>https://nepublichealth.adobec</u> onnect.com/phh4s9g9Img0/
Foster Placement Retrieving participant	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.		Complete Survey: <u>https://www.surveymonkey.com/r/QY2YP</u> <u>3T</u>
Scheduling appointments			
Scenarios			
Foster Care benefit issuance			
<ul> <li>PRACTICE ON COMPUTER</li> <li>child on foster care</li> <li>foster care to foster care</li> <li>grandma kin-ship with child</li> </ul>			
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						
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 <ul> <li>ebt edge</li> </ul>			
<ul><li>phone line</li></ul>			
Issue ewic food benefits			
Explain how to read Family Food Benefit List			
Confirm accuracy of family food benefit list			
<ul> <li>Benefit issuance interval</li> <li>number months</li> <li>changing interval</li> <li>scheduling next appointment</li> <li>Appointment card</li> </ul>			
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						
Other comments about tr	ainees e	experience	working with clients (include training location u	sed for p	practicing in	clinic):

Daily Training Clinic Comments	LA Training Comments			
M				
T				
W				
Th				

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	Training Clinic - Comments		LA Comments
Preparation before coming to training clinic			
Dependability		[	
Enthusiasm & Interest		[	
Interaction with WIC Staff			
Interaction with WIC Clients			
Applying Knowledge			
Other Coach Comments			

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

Training Coach Signatures	My Report completed Yes or No	Follow-Up phone call or email to trainee By training Coach is planned for:
Day 1:           Day 2:		Date: Time:
Day 3		Name of Training Coach: Phone # Training Coach will use to contact trainee: Email:
Day 4:		

Follow-up Phone Call – notes (coaches please return to this form and complete a follow up note in the space below after you made contact)				
Date	Date     Coach Name     Notes from call or email follow-up 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:

- Training Clinic Evaluation by Trainee to be completed by trainees following the training
- <u>Post Remote Training Clinic Preparedness Survey</u> 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