**WIC CPA ORIENTATION CHECKLIST**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Orientation Items** | **Date Reviewed** | **Employee Initials** | **Trainer Initials** | **Comments** |
| --- | --- | --- | --- | --- |
| Job Description/Expectations |  |  |  |  |
| WIC Overview |  |  |  |  |
| Customer Service  |  |  |  |  |
| Cultural Competence |  |  |  |  |
| WIC Civil Rights |  |  |  |  |
| Computer System Overview |  |  |  |  |
| Data Entry |  |  |  |  |
| WIC Procedure’s Manual |  |  |  |  |
| Nutrition Reference Guides* Nutrition Care Manual
* Other as approved by the Nutrition Unit
 |  |  |  |  |
| **BREASTFEEDING** |  |  |  |  |
| State Breastfeeding Policy |  |  |  |  |
| Breastfeeding Advantages* Infants, Mother, Society
 |  |  |  |  |
| WIC Approved Educational Materials |  |  |  |  |
| Breast Pumps and Accessories |  |  |  |  |
| * Assembly Instructions
 |  |  |  |  |
| * Issuing/Tracking Logs
 |  |  |  |  |
| * Care, Cleaning, Safety
 |  |  |  |  |
| * Accessory Information and Instructions
 |  |  |  |  |
| * Hand Expression
 |  |  |  |  |
| * Breast Pump Issuing and Tracking Logs
 |  |  |  |  |
| Common Concerns/Potential Issues |  |  |  |  |
|  Infants: |  |  |  |  |
| * Normal eating patterns/habit
* Weight Gain
* Adequate intake assessment
* Fussy baby
* Normal stools/frequency
* Gas
* Other:
 |  |  |  |  |
|  Mothers: |  |  |  |  |
| * Dietary Needs/fluids
* Smoking/Drugs
* Working/Time away from infant
* Other:
 |  |  |  |  |
| Referrals for complications:* Sore breasts/nipples
* Jaundice
* Inadequate weight gain
* Constipation
* Diarrhea
* Poor latch
* Mastitis
* Clogged ducts
* Other:
 |  |  |  |  |
| Referrals for support:* Peer Counselors
* Breastfeeding Coordinator
* Designated clinic CPA
 |  |  |  |  |
| Approved Reference Books:* Breastfeeding Answer Book
* Medications and Mother’s Milk
* Other:
 |  |  |  |  |
| Healthy Mothers, Healthy Babies; zipmilk.org |  |  |  |  |
| Clinic/District/Community Resources |  |  |  |  |
| Other: |  |  |  |  |
| **Nutrition Risk Criteria** |  |  |  |  |
| Women: Prenatal |  |  |  |  |
| Women: Breastfeeding |  |  |  |  |
| Women: Postpartum |  |  |  |  |
| Infants  |  |  |  |  |
| Children |  |  |  |  |
| Priority Assignment per category |  |  |  |  |
| **Food Packages** |  |  |  |  |
| WIC Approved Foods |  |  |  |  |
| Tailoring |  |  |  |  |
| Special Formulas/Metabolic Foods/State Ordered Formula |  |  |  |  |
| Medical Documentation Forms |  |  |  |  |
| 999 Food Package Procedures* Documentation
* Follow up
 |  |  |  |  |
| Infant formulas:* Contract
* Non-contract
* Exempt
 |  |  |  |  |
| Food Package Changes |  |  |  |  |
| **Laboratory Data** |  |  |  |  |
| Anthropometrical Procedures* Measuring weight
* Measuring length/height
* Head circumference (if applicable)
* Calculations: BMI, prenatal weight gain
* Plotting
* Electronic Growth Grids
 |  |  |  |  |
| Hemoglobin/Hematocrit Procedures |  |  |  |  |
| **Counseling Skills / VENA/Patient Centered Education (PCE)** |  |  |  |  |
| Strong4Life Online Basic WIC Training Module (Complete within first 90 days) |  |  |  |  |
| Establishes Rapport |  |  |  |  |
| Invites participant questions, concerns, interests |  |  |  |  |
| Asks open ended questions (Motivational Interviewing) |  |  |  |  |
| Reflects/Summarizes participant concerns |  |  |  |  |
| Sensitive to participant’s cultural beliefs/practices |  |  |  |  |
| Guides participant in goal setting |  |  |  |  |
| **Documentation** |  |  |  |  |
| Nutrition Care process:ADIME / SOAP |  |  |  |  |
| Writes measurable goals in SMART format |  |  |  |  |
| Error Correction procedures |  |  |  |  |
| Mandatory Referrals* Medicaid
* Supplemental Nutrition Assistance Program (SNAP / Food Stamps)
* Temporary Assistance to Needy Families (TANF)
 |  |  |  |  |
| Recommended Referrals* Children 1st
* Babies Can’t Wait (BCW)
* Housing Authority
* Head Start
* Food Bank
* Community Health
* Health Check
* Children’s Medical Services (CMS)
* Woman’s Health
* Perinatal Case Management (PCM)
* Pregnancy Related Services (PRS)
* Immunizations
* Lead Screening
* Dental Health
* Sexually Transmitted Diseases (STD)
* Private Doctor
* Mental Health
* Community Health Center
* Dietitian
* Breastfeeding
* Breastfeeding Peer Counselor
* Peach Care
 |  |  |  |  |
| **Secondary Education** |  |  |  |  |
| Low Risk Education |  |  |  |  |
| High Risk Education  |  |  |  |  |
| High Risk Care Plan |  |  |  |  |
| Online Nutrition EducationGAWICOnline<http://www.gawiconline.org> |  |  |  |  |
| **Other:** |  |  |  |  |
| Required Yearly Continuing Education:* Yearly Certification Observation Requirement
* Customer Service
* Civil Rights
* VENA/PCE Skill Development
* Breastfeeding
* Nutrition Specific Continuing Education (12 hours yearly)
 |  |  |  |  |
| Milestone Moments Web Training |  |  |  |  |
| District Special Projects |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: All criteria listed above are not intended to be an exhaustive list. Districts may include additional WIC related topics to their checklists as they see necessary. All competencies listed must be **reviewed** with the new employee, checked and signed within 30 days of the employee providing WIC services. All CPAs are expected to be **fully competent** in the above areas within twelve (12) months of hire date.