

Checklist for Training a New WIC Coordinator

Staff Name: _____ Start Date: _____

List All WIC Duties: _____

Overview

The following checklist indicates the required knowledge and training for a WIC Coordinator. WIC Coordinator training is unlike the other training requirements because phases are replaced with sections that explore a variety of key areas the WIC Coordinator must become familiar with over the course of eight months. Per the Idaho WIC Program Policy Manual Ch. 8, any staff member that is cross-trained must ensure all applicable training is completed for those duties related to WIC. If a WIC Coordinator performs the job duties of a Certifier or conducts high risk counseling then appropriate training checklists should be completed. If additional pages are needed for training or observations please use the universal checklist pages and attach the position checklist for your records.

Instructions

The required training should be completed in 8 months; however you may choose to train in a shorter timeline. Once completed, you as the Coordinator will initial confirming completion of training within the sections. Once you have completed all the training, please have your supervisor sign once at the bottom confirming completion.

The coordinator will need to work with the WIC Program Manager to schedule two (2) days of onsite training with the State WIC office. Some of the topics with overlap sections on this checklist.

Onsite training dates: _____

Type of Training Resource	Training Resource Title	Recommended Timeframe to Complete	Notes	Date Complete & Coordinator Initials
Section I: WIC Program Overview				
Guidebook	Overview	1 week	Complete prior to other courses	
IWPPM Ch. 1 <i>Overview and Organization</i>	Review Section A <i>State Agency Organization</i>	1 month		

Observation & IWPPM Ch. 4 <i>Eligibility and Certification</i>	Review Section B <i>Certification</i> and Observe Clinic flow (How participants are directed through the clinic).	1 month		
Observation & IWPPM Ch. 4 <i>Eligibility and Certification</i>	Review Section B <i>Certification</i> and Observe Check-in procedures	1 month		
Observation & IWPPM Ch. 4 <i>Eligibility and Certification</i>	Review Section B <i>Certification</i> and Observe Certification	1 month		
Observation & IWPPM Ch. 7 <i>Food Delivery</i>	Review Section B <i>Food Packages</i> and Observe Shopper/food list education	1 month		
Observation & IWPPM Ch. 7 <i>Food Delivery</i>	Review Section C <i>Issuing Food checks/CVVs</i> and Observe Benefits issuance	1 month		
Idaho WIC website	Become familiar with locating policy manual, forms etc. under the staff and training sections of the website	1 month		
WIC Information System Program (WISPr)	Become familiar with WISPr, the Quick Reference Cards (QRC's) may assist with reviewing main functions	1 month		
Communication	Identify how state communications are shared with the local agency (LA) staff	1 month		

Section II: WIC Basics

Guidebook	Confidentiality- IWPPM Ch.1, Section C <i>Applicant Records</i> .	2 months	Sign Confidentiality Agreement	
PowerPoint	Civil Rights- Idaho WIC Civil Rights PowerPoint	2 months		
Policy Manual & Form	Employee Duty Restrictions- IWPPM Ch.2, Section D.	2 months	Complete Conflict of interest form	
Online Course & Guidebook	PCE	2 months	Complete modules 1-9 from this course	
Online Course & Guidebook	Customer Service/Communication	2 months		

Section III: Caseload Managements

IWPPM Ch. 3, <i>Caseload Management</i>	Review Sections on <i>Caseload, Waiting Lists and Outreach</i>	3 months		
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WISPr Caseload Reports	Review Participation and enrollment reports 512, 505, 522, 537 and applicable reports or data available from your agency such as no-show rates [<i>Note the WIC data catalog and the Data Request form</i>]	3 months		
Participant Characteristics	Review racial/ethnic report (if applicable)	3 months		
Appointments & IWPPM Ch. 4 <i>Eligibility and Certification</i>	Review Section B <i>Processing Applicants</i> , assess availability of appointments, how participants are contacted about appointments, hours of operation and processing standards	3 months		
Quarterly Report (QR) & Corrective Action Plan form (CAP)	Review the outreach log, CAP caseload form and caseload follow-up plans within the QR	3 months		

Section IV: Local Agency Staff

IWPPM Ch. 1 <i>Overview and Organization</i>	Review Section B <i>Local Agency Organization</i>	4 months		
Agency Staffing Patterns	Identify #FTE's for each role in the agency including identifying RD staff, bilingual staff, the BF Coordinator and Training Lead.	4 months		
Nutrition Education Plan (NEP) Form	Review NEP for staff training/in-services, outreach	4 months		
Participant Centered Services (PCS)	Observe clinic activities for delivery of participant centered customer service	4 months		
IWPPM Ch. 8 <i>Staff Training</i>	Review sections on the <i>Learning Management System (LMS)</i> , <i>New Employee Training Competency and All Employee Annual and Continuing Skills Training Competency</i> . Meet with Training Lead for your LA to discuss training and documentation.	4 months		

Section V: Nutrition & Breastfeeding Education

IWPPM Ch. 5 <i>Nutrition Education</i>	Review sections on <i>General Requirement, Delivery Of Nutrition Education, Participant Survey, Nutrition Education Topics Codes</i>	5 months		
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IWPPM Ch. 1 <i>Overview and Organization</i>	Review <i>Section E Nutrition Services and Administration</i>	5 months		
Nutrition Education Contacts (NEC)	Observe a variety of NEC appointments such as low risk, high risk and group classes	5 months		
Nutrition Education Plan (NEP) Form	Review NEP for current and previous year's evaluations of the NE plans	5 months		
IWPPM Ch. 6 <i>Breastfeeding Promotion & Support</i>	Review <i>Section A General Requirements</i>	5 months		
Your Local Agency (LA) BF And Promotion Plans	Discuss with the LA BF Coordinator your LA plan for Prenatal And Postpartum Breastfeeding Promotion And Support	5 months		
Quarterly Report (QR)	Review the Peer Counseling (PC) Year Plan	5 months		
Breastfeeding Observation	Observe a variety of breastfeeding related appointments such as a breastfeeding class, individual appointments and pump issuance	5 months		

Section VI: Program Integrity & Confidentiality

Review IWPPM Ch. 2 <i>Administration</i>	Review sections on <i>Civil Rights And Nondiscrimination, Complaints and Incidents, Program Violations, Fair Hearing.</i>	6 months		
Related Forms	Locate the complaints and fair hearing forms	6 months		
Program Integrity Protocol	Review the protocol on addressing fraud such as selling formula on craigslist. Also review related violation form, fraud reporting form, and returned items form	6 months		
WISPr Report Unmatched Checks (625)	Review 625 report in WISPr, voided checks reason guidance and check audit form <i>[Note, this task may be delegated to another staff member, but must be reviewed by the WIC coordinator before submitting]</i>	6 months		
IWPPM Ch. 1 <i>Overview and Organization</i> & IWPPM Ch. 2 <i>Administration</i>	Review <i>Section C Applicant Record & Section G Memorandum of Understanding (MOU)</i>	6 months		

Section VII: Financial Management

Review IWPPM Ch. 11 <i>Financial Management</i>	Review <i>Grants, Allowable Costs, Program Incentive Items, Requirements For Federal Funds and Reporting</i>	7 months		
Related Resources	Review <i>Time Coding Guidance</i> and <i>WIC Category Charges Guidance</i> on the WIC Website.	7 months		
Quarterly Report (QR)	Review the financial requirements within the QR	7 months		
Subgrant (contract) & Amendments	Review and gain an understanding of contract negotiation, related requirements and when amendments may occur	7 months		
Budget	Review and gain an understanding of the overall budget, due dates and related requirements	7 months		

Section VIII: Local Program Operations

IWPPM Ch. 10 <i>Monitoring</i>	Review Section A <i>Local Agency Monitoring</i>	8 months		
Monitoring Report & Corrective Action Plan form (CAP) & Quarterly Report (QR)	Review most recent monitoring report, self-monitoring forms, monitoring corrective action plan and follow-up plans on the QR	8 months		
Quarterly Report (QR)	Review Section B <i>Quarterly Reports</i> and the rest of the components of the Quarterly Report form	8 months		

Supervisor's Name: _____

Supervisor Signature: _____

Date Signed: _____