I-WIC CPA TRAINING OUTLINE AND SCENARIOS REVISED 10/01/2025

Community Health Training Center

OUTLINE

Day 1 - Tuesday

Welcome/GoToMeeting Overview

Welcome to WIC

Introduction to Risk Factors and Food Packages

System Overview
Searching for and Opening Records
Appointment Scheduling and Precertification

Scenario 1: Certifying a New Pregnant Woman Questions/Practice Time

Day 2 – Wednesday

Scenario 2: Certifying a Breastfeeding Mom and Baby Questions/Practice Time

Scenario 3: 30-Day Recertification
Questions/NO Practice

Scenario 4: Mid-Cert Appointment
Questions/NO Practice

Scenario 5: Independent Practice Child Recertification Practice Time

Day 3 – Thursday

Cert Action Activity – From Scenario #3 (30 Day Cert)
Questions/NO Practice

Scenario 6: Breastfeeding Status Change Questions/Practice Time

Scenario 7: Food Package Change Questions/NO Practice

Scenario 8: Transfers

Questions/NO Practice

To receive a certificate, the following scenarios must be completed.

- 1. Day 1, **Scenario #1**, Certify a new pregnant woman using your assigned participant.
- 2. Day 2, **Scenario #2**, Certify new breastfeeding mom and baby using your assigned participant.
- 3. Day 2, **Scenario #5**, Recertify a child using your assigned participant.
- 4. Day 3, **Scenario #6**, Complete a breastfeeding status change for the breastfeeding mom and baby from Scenario #2.

PRACTICE SCENARIOS

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Scenario 1: Certifying a New Pregnant Woman

A new pregnant woman is here today for a certification appointment. Support staff has completed their activities and now the HH is ready for the CPA to continue with the certification process.

CPA Activities

Refer to CPA/CPAA L2 Certification Flow Sheet

Program Note: Before beginning the certification Refer to WIC Program Explanation WPE); The Relationship (WPE 1*). This information must be communicated to all applicants/participants.

Refer to the I-WIC Assessment Guide: Pregnant Woman. The guide will assist you in using a participant centered (PC) approach during the assessment. It gives suggested questions to help you gather more information.

Locating and Opening the Record

- 1. Under the **Scheduling Tasks** jellybean, select the **Onsite List**.
- 2. Choose your assigned **PG Woman** from the list and click on the **Select** button.
- 3. Record will open to the **Household Summary** screen.

Field	Value
Participant Name	Select woman

Cert Action - Woman

- 1. Access the **Cert Action** screen from the Guided Script.
- 2. Click the **Add** button to add the new certification.
- 3. A popup message will display asking if the woman is pregnant or not. Click **OK** as the woman is pregnant.
- 4. A row is added to the grid with the **Category** and **Cert Start** columns populated.
- 5. Above the grid, enter the **Expected Delivery Date**:
- 6. The Cert End date populates based upon the Expected Delivery Date plus 6 weeks.
- 7. Check Present for Cert.
- 8. Click Save.
- 9. Click **Next** to move to the Lab screen.

Field	Value
Expected Delivery Date	6 months from today's date
Present for Cert	Check

Lab - Woman

Reference Addendum: Anthropometric Guidance.

- 1. Click the Add button under the Anthropometric Data grid.
- 2. Enter the Weight and Height.
- 3. Enter **Number of Prenatal visits**
- 4. Enter Month Prenatal Care began.
- 5. Enter **Pre-pregnancy Weight.**
- Multifetal Gestation auto fills to No.
- 7. Click **Add** under the **Bloodwork** grid:
- 8. Date of Bloodwork defaults to today's date.
- 9. Enter **HGB** value.

All participants must be asked if they have had a blood lead test. If they have been tested (verbal statement is allowed), staff should include the results.

- 10. Enter **Lead** value and click save.
- 11. Click on the **prenatal chart button** to view chart and review with the participant. Click **Cancel** to close.
- 12. Click **Next** to save the screen and move forward to the **Breastfeeding** screen.

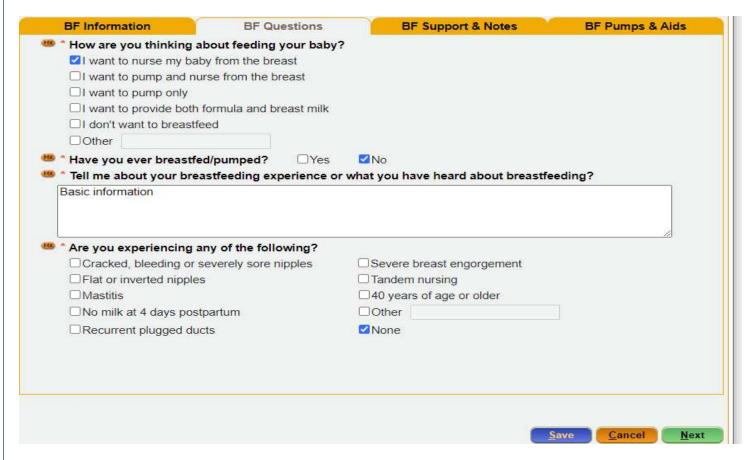
Field	Value
Weight	150 lbs. and 4 oz
Height	66 and 2/8
# Prenatal Visits	1
Month Prenatal Care Began	Current date minus 30 days
Pre-pregnancy Weight	133
Multifetal Gestation	Auto selected no (change as appropriate)
HOD	40.5
HGB	10.5
Lead	1.4

Breastfeeding – Woman

References:

NPS - Documenting in WIC MIS; and NPS - Breastfeeding

- 1. **BF Information Tab** does not apply to pregnant women.
- 2. Click Next to move to the BF Questions tab. For a pregnant woman, you must complete all four questions on this tab. Select none for the last question. (This question/risk applies only if pregnant and breastfeeding).

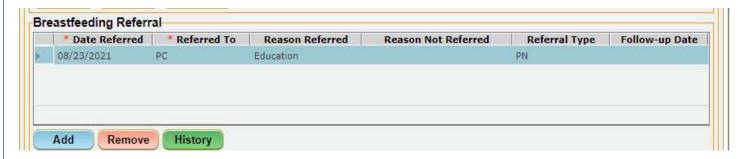


 Click Next to move to the BF Support and Notes Tab: Document Breastfeeding Contacts, Referrals, & Notes, as appropriate:

The Contact History section may be used to document successful or attempted contacts and topics discussed at subsequent visits. Since this is a new Certification, you will not add anything here.

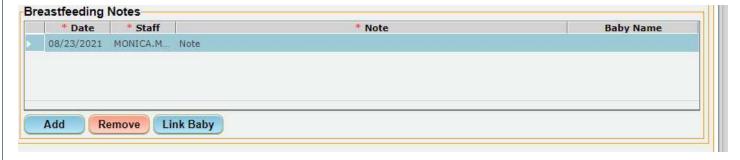
The Breastfeeding Referral section is used to document and follow up on referrals. If applicable choose the referral type PN for pregnant woman, PP for breastfeeding woman or No Referral Made, and indicate the reason the participant was not referred.

4. Click Add (today's date defaults to today's date). Select PC from the Referred to drop down. Select Education from the Reason Referred drop down. At Referral Type, choose PN for pregnant.



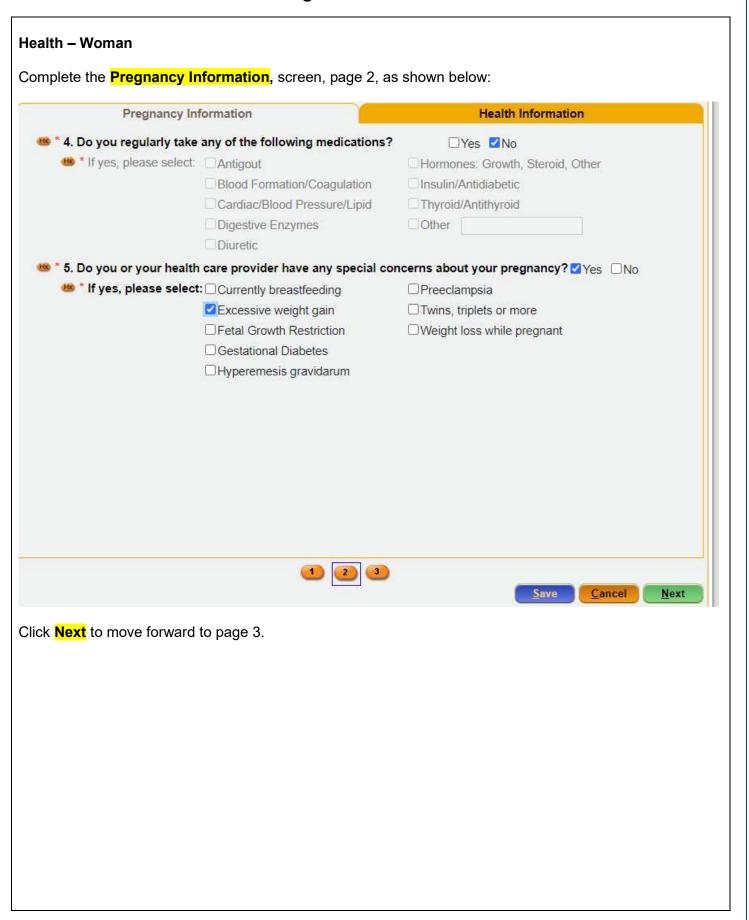
The Breastfeeding Notes section does not need to be repeated in other "Notes" sections. For Pregnant women you may include information on feelings, knowledge and/or experiences with breastfeeding, level of intent and support to breastfeeding, and prenatal education provided. Follow up on breastfeeding intent, support and progress at subsequent visits or telephone calls.

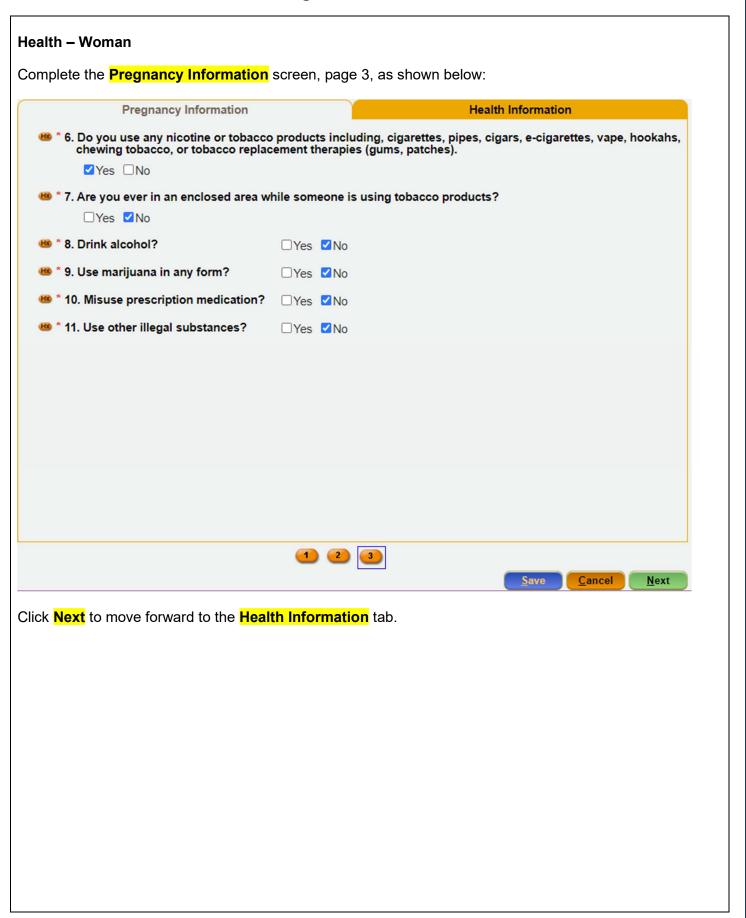
5. Click Add and the Notes Zoom pop up appears. Type your note and click OK to close.

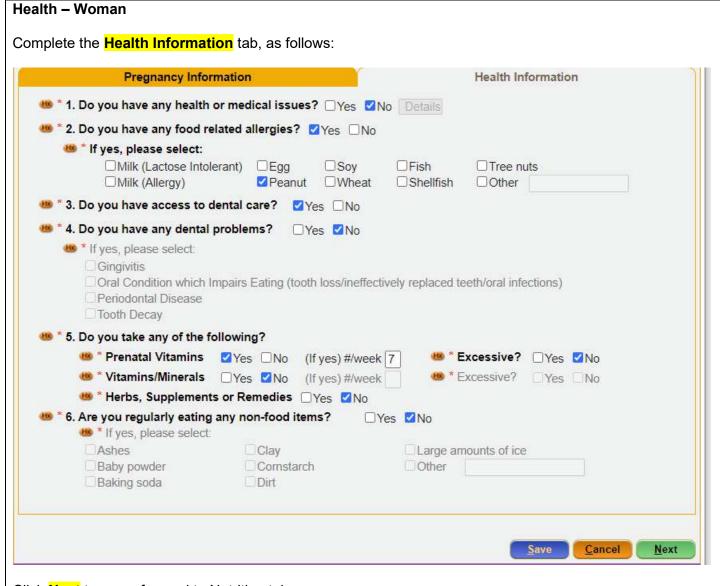


- 6. Click **Next** to save the tab and move forward to the **BF Pumps & Aids** tab.
- 7. Click **Next** to move forward to the **Health** Screen.

ete the <mark>Pregnancy in</mark>	formation screen, page 1	i, as shown below:
Pregnancy Ir	nformation	Health Information
* 1. Do you have any que	estions or concerns about yo	our pregnancy? Check all that apply.
☐Appetite ☐Breastfeeding ☐Depression	☐ Infant feeding choi ☐ Weight gain ☑ No concerns	pices Other
2. Have you had any ot What is the DOB of		ed in a live birth? □Yes ☑No
3. Did you have any me	edical issues with your past p	pregnancies? Yes No
	Baby born 9lbs or more Baby born with a nutrition Caesarean or 'C' section Early term delivery >37 to Gestational Diabetes 2 or more Miscarriages (le Preeclampsia Pregnancy loss (20 weeks Preterm delivery >32 but < Stillborn or death before 1 Twins, triplets or more	co <39 weeks less than 20 weeks) ks or more) <37 weeks
lext to move forward	to nage 2	Save Cancel
to move lorward	to page 2.	



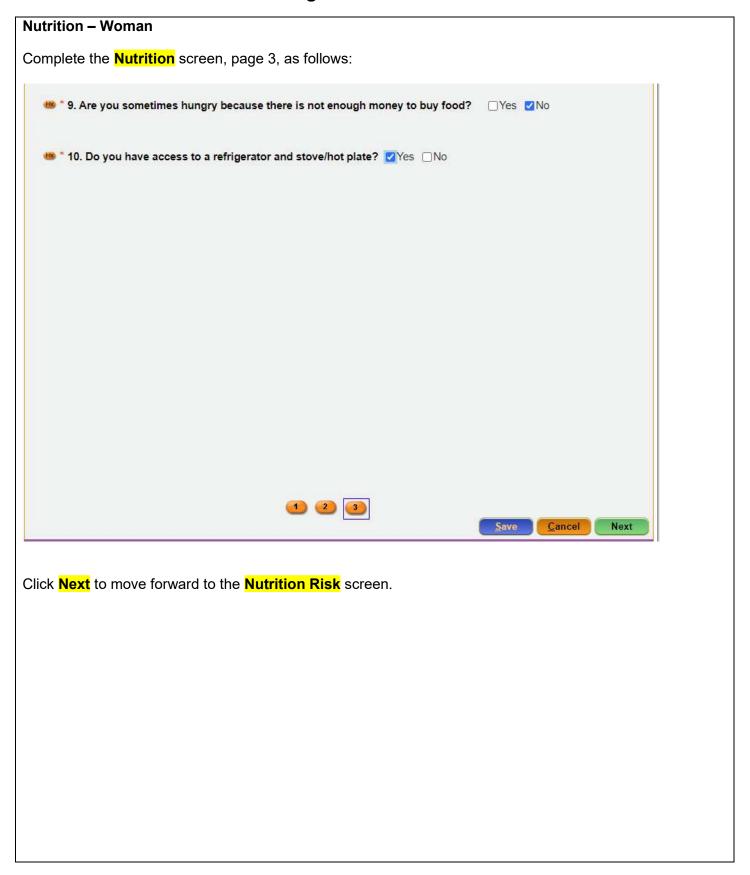




Nutrition – Woman			
Complete the Nutrition, page 1, as follows:			
* 1. How do you feel about your appetite? Go	od		
* 2. What milk do you drink most often? Fat-free/skim cow's or lactose free Reduced fat/2% cow's or lactose free Formula Homemade mixtures/non-dairy creamer Rice beverages Soy beverage (unfortified)	✓ Low-fat/1% cow's or lactose free ☐ Whole cow's or lactose free ☐ Goat/sheep's milk ☐ Nut milks ☐ Soy beverages (fortified) ☐ Canned evaporated or sweetened of None	condensed milk	
 ✓ 100% fruit juice	g? fee or tea la, fruit/sports drinks or sweetened tea No No No No	□ Diet soda ☑ Water	
Click Next to move forward to page 2.		Save Cancel Next	

□ Deli meats/hot dogs n	ooked <mark>or unpasteur</mark> ot steaming	Tized foods? Fish high in mercury	
☐Fish/shellfish raw/und		Juice unpasteurized	
☐ Meat/poultry/eggs raw	/undercooked	☐ Milk unpasteurized	
☐Soft cheese		□ Sprouts raw	
☐ Tofu raw/undercooked		☑No	
6. Are you having any pro Can't find the food I lik Heartburn			ike eating
			ike eating
☐No time to eat	□Vomiting	✓ None of the	e above
* 7. Do you follow a special			A-Marketon
Diabetic	☐ High calorie	☐ High protein/low carb	
□Lacto-ovo	Lactose free/restr	and the same of th	Low cholesterol
□ Low fat	Low salt/sodium	□Macrobiotic	PKU
Post-bariatric surgery	The state of the s	□Vegetarian	☐Weight loss
✓ None of the above	Other		
8. How much physical act None	A CONTRACTOR OF THE PROPERTY O	in your day? minutes	☐More than 1 hour
	ininutes	minutes i noui	

Click **Next** to move forward to page 3.



Nutrition Risk - Woman

KEYPOINT: Risks are assigned when accessing the screen.

- 1. The **Detailed Description** column shows the USDA Risk# and the [brackets] displays the Priority.
- 2. The column identifies risk factors that have been established as high risk. When high risk, the heart in the menu bar at the top is will be RED. If you are a CPA Asst and encounter participants with complex nutrition risks, they must be referred to the Nutrition Coordinator or designated CPA.

The Reason Button will display why the system assigned the risk to the participant.

The Risk Help button will display IL WIC Nutrition Risk Criteria for additional guidance. This document provides a complete list of the Risks with detailed definitions.

- 3. You can add a note if appropriate by double clicking in the **Note** column.
- 4. Click **Next** to save the screen and to move forward to the **Nutrition Education** screen.

Field	Value

Nutrition Education – Woman

PROGRAM NOTE: Nutrition Ed/Counseling Notes are used to document nutrition education and counseling provided at the initial certification as well as subsequent visits.

This documentation must be completed as part of the certification/recertification process. Documentation includes the method, topic, and notes section.

Nutrition Ed/Counseling notes are also required to document secondary education (N/ED appointment), as well as mid-cert and follow up visits.

Refer to NPS Documentation for further guidance.

- 1. Click Add to enter Nutrition Education.
- 2. Click in the **Method** box and select **Primary Individual**.
- Move to the Topic field and select the desired topic.

PROGRAM NOTE: Select the best "Topic" based on the category specific education topics. At least one topic must be documented. If multiple topics are discussed, CPA should:

Field	Value
Method	Primary Individual
Topic	Weight Gain During Pregnancy

add the main topic discussed and document additional topics reviewed in the "Note" section of the main topic (one row noting all topics discussed).

The "Note" section is used to document specifics of the nutrition education/counseling provided. This note will also be visible on the Notes screen.

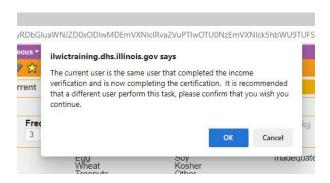
- 4. Double-click in the **Note** field enter a **Note** as appropriate.
- 5. Click **Next** to save the screen and to move forward to the **Food Prescription** screen.

Note Refer to Nocument	
------------------------	--

Program Note: Before assigning food benefits Refer to WIC Program Explanation (WPE); Food Benefits (WPE2*).

Food Prescription – Woman

- 1. Mark the **Certification Complete** checkbox.
- 2. A popup will appear (see below)



- 3. You will only see this for training purposes as you will have separation of duties at your agency. Click OK.
- 4. The system will automatically insert your name in the **Completed By** field.
- 5. Click the **Save** button.
- 6. The **Frequency** defaults to 3 and may be adjusted if other than 3 months of benefits are to be issued.

KEYPOINT: The flags box across the top of the screen shows Peanut in red to indicate that the participant has been flagged with a peanut allergy. This was identified on the participant's Health screen.

The system will not remove any food from the food package, this must be done manually by the CPA. It is important to tailor the food package to meet the participant's needs and preferences.

*Refer to Desktop Reference: "Healthy Options for WIC." This will help you to talk about the health benefits and food options available in the food packages.

Refer to Addendum Illinois WIC Food Package Tables for further guidance.

- 7. Click the Add button. A popup displays the standard food items and quantities for a pregnant woman. Foods to be tailored is based on an individual's nutritional assessment.
 - a. Notice that the milk defaults to 1%/skim (fat-Free). It is important to select the appropriate milk from the dropdown list. We will stay with the 1% milk.

Field	Value
Food Prescription	Std PG Package

- b. Add cheese and yogurt. On the Cheese or Tofu row Click the dropdown in the Food Item Selected Column Select Cheese-All Authorized, the quantity will default to 1lb.
- Click the dropdown in the yogurt row and select Yogurt-Non-Fat from the dropdown. Yogurt will default to 1qt.
 Notice the Group Max Tally Remaining field is in the red.
- d. Adjust the milk quantity as appropriate to zero out Group Max Tally Remaining field. (Since it shows -1, we must subtract the milk quantity by 1. Click in the quantity box in the milk row and change it to 4.5.

Tailoring or reducing food packages to less than the maximum monthly allowance is only appropriate when its medically or nutritionally warranted (i.e., food allergy, tailoring formula amounts for breastfeeding infants, vegan diets, tube feeding) or requested by medical provider and/or the participant.

- 8. Remove peanut butter (peanut allergy).
 - a. Click the dropdown in the Group Max Tally to change the group to Beans/Peanut Butter.
 - b. Click in the Peanut Butter row and select the white line at top to remove the peanut butter. Group Max Tally remaining shows 1 but this time it is green.
 - c. The Beans row shows the prescription max is 2. To get the full value of the pkg **change quantity** in the beans row to **2**. Notice the group max tally shows 0 remaining.
- 9. Click **Assign** on the popup.
- 10. At the **Notes Field**: enter ("removed peanut butter"). **Refer to NPS Documentation p.6 What to Document for the Notes Field**.
- 11. Click the **Next** button to save the screen and to move forward to the **Issue Benefits** screen.

Notes Field

Removed peanut butter.

Issue Benefits

- 1. The **Issue column** will be checked.
- 2. Click the **Preview** button to make sure the food package items, quantities, and dates are as expected.
- 3. Click the Issue Benefits button. Note EBT Transaction Completed Successfully appears in the bottom left corner. The BLT and BVT date columns have now been populated.

Field	Value

4.	Review the Shopping List with participant.		
5.	Click Next to move to the Schedule Appointment screen.		

Program Note: Review their certification period, that they will receive education at least every 3 months and benefits will be issued until their cert period ends. Give them a choice of the secondary education options provided at your agency and schedule the appointment. Refer to Addendum: WIC Program Explanation (WPE); Certification Period (WPE 3*).

Schedule Appointment

- 1. Click in the **New Appt** field to access the drop down and select desired appointment type for the participant.
- 2. The duration time (**DUR**) defaults to the standard time based on the selected appointment type. You can adjust as appropriate.
- 3. Adjust the **Start Date** and the **End Date** to be on or before the listed **BVT** date.
- 4. Adjust the **Start Time** and **End Time** as appropriate.
- 5. Check for Uncheck Days as appropriate.
- 6. Select a **Topic** if searching for a group education class.
- 7. Click the Search button once all parameters are set. Select the row for the Desired Appointment.
- 8. In the **Appointment Note** indicate the preferred type of (N/ED).
- 9. You can add a **Notification Note** as appropriate.
- 10. Verify the **Time**. It defaults to the start time of the selected row.
- 11. Click the **Create Appt** button.
- 12. Click **Next** to Print Documents.

Field	Value
New Appt	N/ED
DUR	Adjust as needed.
Start Date	On or before BVT
End Date	On or before BVT
Appointment Note	Preferred type of (N/ED) your choice

Print Documents: Select the appropriate document, click the **Preview** button to display and print. You **must** print the **Family Shopping List** (You do not have to print for this training).

Refer to Addendum: WIC Program Explanation (WPE); Foods Benefits (WPE 4*).

Notes Screen: Complete as appropriate.

Scenario 2: Certifying a New Woman and Baby as Breastfeeding

A new breastfeeding mom and baby are here for a certification appointment. Support staff has completed their activities and now the HH is ready for the CPA to continue with the certification process.

CPA Activities

Refer to CPA/CPAA L2 Certification Flow Sheet

Program Note: Before beginning the certification Refer to WIC Program Explanation (WPE); The Relationship (WPE 1*). This information must be communicated to all applicants/participants.

Refer to Assessment Guide for Breastfeeding Woman – will assist in using a participant centered (PC) approach as you move through the assessment.

Locating and Opening the Record

- 1. Go to the **Onsite List** screen.
- 2. Choose your assigned **Infant** from the list and click on the **Select** button.
- 3. Record will open to the **Household Summary** screen.

Field	Value
Participant Name	Select infant

Cert Action – Infant

- 1. Access the **Cert Action** screen from the Guided Script.
- 2. Click the Add button to add the new certification row.
- 3. A **BF** Status popup is displayed. Complete as follows:
 - a. Is the baby currently breastfeeding or given pumped Breast milk? YES.
 - b. Is the baby currently receiving any supplemental formula? NO.
 - c. System will assign **IBE** as the **New Category**.
 - d. Click Ok to save the data and close the popup.
- 4. A row is added to the grid with the Category, Cert Start, Cert End, and Cert Reason columns populated.
- 5. Check Present for Cert.
- 6. Click **Save** to save the screen.
- 7. Move to the **Toggle box** at the top of the screen to select **mom's** record (BE).

Field	Value
Is the baby currently breastfeeding or being given pumped breast milk?	Yes
BF Status popup — Is the baby currently receiving any supplemental formula?	No
Present for Cert	Check

Cert Action - Woman

- 1. Click the **Add** button to add the new certification.
- 2. A popup message will display asking if the woman is pregnant or not. Click **Cancel** as the woman is not pregnant.
- 3. A **BF Status** popup is displayed. Complete as follows:
 - a. Are you currently breastfeeding? Yes
 - b. Are you giving baby any supplemental formula –
 - c. System will assign **BE** as the New Category.
 - d. Click **OK** to save the data and close the popup.
- 4. A row is added to the grid with the **Category** and **Cert Start** columns populated.
- 5. Above the grid, enter the **Expected Delivery Date** and **Actual Delivery Date**.
- 6. The Cert End date populates based upon the Actual Delivery

 Date plus 12 months minus 1 day.
- 7. Check Present for Cert.
- 8. Click **Save**. *Popup appears EDD is = to ADD*. This is because we entered the same date for both. **Cance**l to close popup.
- 9. Click **Next** to move to the Lab Screen.

Field	Value
Are you currently breastfeeding or pumping?	Yes
Are you currently giving your baby any supplemental formula?	No
EDD and ADD	Same as infant birthday
Present for Cert	V

Lab - Woman

- 1. Click the **Add** button under the **Anthropometric Data** grid.
- 2. Enter the Weight and Height.
- 3. Enter Pre-pregnancy Weight.
- 4. Enter Weight at Delivery system will calculate Weight gained during pregnancy. If you enter Weight gained during pregnancy, system will auto calculate Weight at Delivery.
- 5. Click Add under the Bloodwork grid: Date of Bloodwork defaults to today's date. Enter HGB.
- 6. Stay on this screen to complete Lab information on the infant.

 Toggle to the Infant Record (IBE).

Field	Value
Weight	150 lbs. and 4 oz
Height	66 and 2/8
Pre-pregnancy Weight	133
Weight at Delivery	155
HGB	10.5

Lab - Infant

- 1. Click Add under the Anthropometric grid.
- 2. Enter Weight and Height.
- 3. Enter Birth Weight.
- 4. Enter Birth Length.
- 5. Enter Completed Weeks of Gestation.
- 6. Select the **Immunization Status** "Reviewed."
- 7. Click **Save** to have the system calculate percentiles in the **Anthro** grid.
- Click Next to move forward to the Growth Chart tab.
- 9. Select the appropriate radio button to view the different growth charts.
- 10. Click **Next** to move forward to the **Breastfeeding** screen.

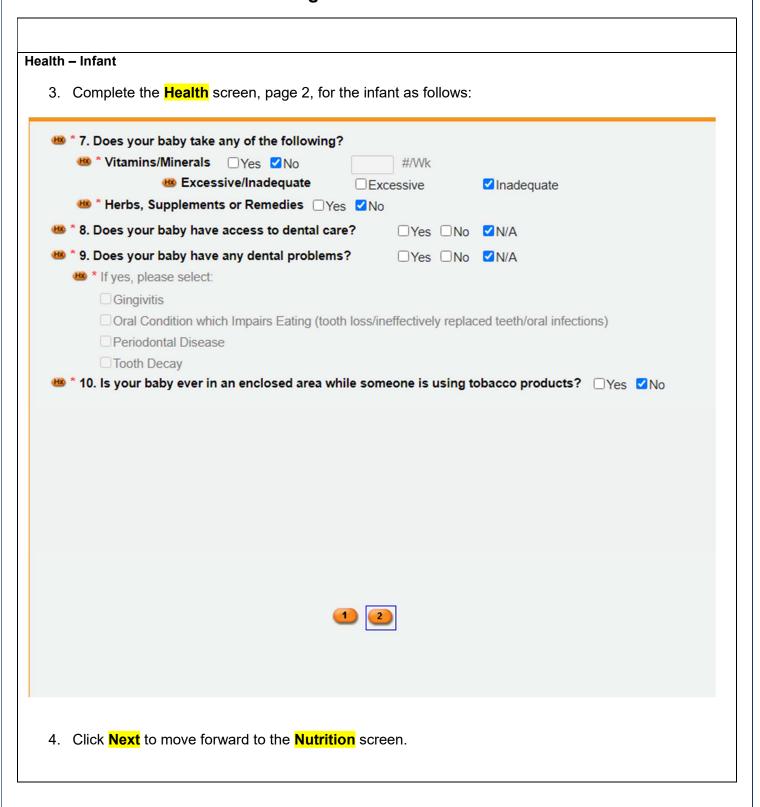
Field	Value
Weight	8 lbs. 2 oz
Height	20 in 1/8
Birth Weight	7 lbs. 4 oz
Birth Length	19 in 0 1/8
Completed Weeks of Gestation	40
Immunization Status	Reviewed

Breastfeeding – Infant

- 1. On the **BF Information** tab, the **Verified** checkbox is marked and has today's date to verify that the breastfeeding information is correct.
- 2. Click **Next** to move to the **BF Questions** tab.
- 3. Complete the questions.
- 4. Click **Next** to save the screen and move forward to the **BF Support & Notes** screen. You do not need to add anything to the baby's record on this screen.
- 5. Click **Next** to move forward to the **Health** screen.

Field	Value
Verified	Checked
Do you have any existing conditions?	No
Does your breastfeeding baby have?	None
How many times?	8

Health - Infant 1. Complete the **Health** screen, page 1, for the infant as follows: * 1. Do you have any questions or concerns about your baby's: Appetite Breastfeeding ☐ Formula Intake Health ☐ Weight Gain/Growth ✓ No Concerns Other * 2. How do you feel about your baby's growth? Too slow ✓ Just right ☐ Too fast * 3. Parent present with BMI ≥ 30? ***** Mother ☐ Yes ☑ No ☐ Not present * Father ☐ Yes ☐ No ☑ Not present ★ 4. Does your baby have any health or medical issues? Yes No Details **Representation** **Property of the image is a superior of the image. **Property of the image is a superior of the image is a superior of the image. **Property of the image is a superior of the image is a superior of the image. **Property of the image is a superior of the image. **Property of the image is a superior of the image. **Property of the image is a superior of the image. **Property of the image is a superior of the image. **Property of the image is a superior of the image. **Property of the image is a superior of the image. **Property of the image is a superior of the image. **Property of the image is a superior of the image. **Property of the image. **Prop ■ * 5. Does your baby regularly take any of the following medications? □ Yes ☑ No. * If yes, please select: Antigout Hormones: Growth, Steroid, Other ☐ Insulin/Antidiabetic ☐ Blood Formation/Coagulation ☐ Cardiac/Blood Pressure/Lipid ☐ Thyroid/Antithyroid Other ☐ Digestive Enzymes Diuretic * 6. Does your baby have any food related allergies? ☐ Yes ☑ No * If yes, please select: ☐ Tree nuts ☐ Milk (Lactose Intolerant) ☐ Egg Soy Fish Milk (Allergy) Shellfish ☐ Peanut ☐ Wheat Other Cancel Next 2. Click **Next** to move forward to page 2.



Nutrition – Infant 1. Complete the **Nutrition** screen, page 1, for the infant as follows: 🕮 * 1. In addition to breast milk and/or formula, do you routinely give your baby any other beverages? Low iron formula Water □ 100% Fruit juice ☐ Sugar sweetened drinks Cow's milk Goat/sheep's milk ☐ Substitute milk (rice, soy, nut) ☐ Homemade mixtures/non-dairy creamer ☐ Canned evaporated or sweetened condensed milk Other ✓ None of the above * 2. How do you prepare and handle breast milk or formula? Sanitary ☐ Unsanitary □ N/A 3. How do you mix the formula? Diluted correctly ☐ Diluted incorrectly ✓ N/A 4. How do you store the formula or breast milk? ✓ Stored correctly ☐ Stored incorrectly ☐ N/A * 5. Does your baby: Fall asleep/go to bed with a bottle Use a bottle that is propped when feeding Carry around and drink from a covered or training cup Use a bottle without restriction (e.g., walking around) or as a pacifier Use a bottle that has other foods (cereal, sweeteners or other solids) added to it ☐ Routinely use a bottle to drink liquids other than breast milk, formula, or water (such as fruit juice, soda, sweetened tea, etc.) ✓ None of the above Save Next Cancel 2. Click **Next** button to move forward to page 2.

utrition – Infant					
Complete the Nutrition screen, page 2, for the infant as follows:					
[™] * 6. What does your ba	by use to eat or drink?				
☑ Breast □ Bottle □ Cup					
☐ Cup with lid	☐ Spoon fed	☐ Spoon/fork			
Fingers	☐ Tube fed				
★ 7. Does your baby fol	low a special diet?				
Diabetic	☐ High calorie	☐ High protein/low carb	□Kosher		
□Lacto-ovo	☐ Lactose free/restric	ted □ Low calorie	☐ Low cholesterol		
☐ Low fat	☐ Low salt/sodium	Macrobiotic	□PKU		
□Vegan	□ Vegetarian	□ Weight loss	✓ None of the above		
Other					
* 8. At what age did you	ur baby start any foods or	beverages other than bre	ast milk or formula?		
☐ Before 6 months	☐ 6 months or older	□ Unknown ✓ N/A	A		
★ 9. Does your baby ear	t these foods every day?				
₩ * Fruit	□Yes □No ☑N/A				
★ Vegetables	□Yes □No ☑N/A				
■ * Whole grains	□Yes □No ☑N/A				
	1	2 3	Save Cancel Next		
Click <mark>Next</mark> to move for	rward to page 3.				

eat raw, undercooked on Milk unpas Juice unpa	steurized	foods? Deli meats/hot dogs r Meat/poultry/eggs rav	- A			
□Milk unpas □Juice unpa	steurized	□ Deli meats/hot dogs r	- A			
☐ Juice unpa			- A			
	asicurizcu		Wundercooked			
	n mercury	Fish/shellfish raw/und				
ilk acquired directly from			ici cooncursii ioncu			
The second second	individuals of the	THE THE				
	a meal as a fam	ilv2				
		3	□Never			
			- Inchel			
	uch as the Parer	nt/Caretaker:				
□ Does not allow baby to self-feed						
☐ Ignores hunger cues						
nappropriate consistency	, size or shape					
nappropriate texture base	ed on developme	ntal stage				
eding schedule						
ve						
ess to a refrigerator and	d stove/hot plate	? Yes	□No			
netimes hungry because	e there is not en	ough money to buy foo	d or formula?			
		Water Control of the				
o di inima she mananani	2 UVan Zilia	would have been sligible	. □No			
auring the pregnancy	r les vivo,	Would have been eligible	E I INO			
h con in e	Most of the time ther feeding concerns, so baby to self-feed cues inappropriate consistency inappropriate texture base eeding schedule eess to a refrigerator and metimes hungry because	u sit together and have a meal as a fame Most of the time Sometimes ther feeding concerns, such as the Parent paby to self-feed cues inappropriate consistency, size or shape inappropriate texture based on development eeding schedule leve the sees to a refrigerator and stove/hot plate metimes hungry because there is not en	u sit together and have a meal as a family? Most of the time Sometimes Rarely her feeding concerns, such as the Parent/Caretaker: baby to self-feed cues inappropriate consistency, size or shape inappropriate texture based on developmental stage eeding schedule			

Nutrition Risk - Infant

- 1. Notice that risks are assigned when accessing the screen.
- 2. In the **Notes field**, document why mom would have been eligible for WIC. (Cardiac/blood pressure/lipid medication) Refer to NPS Documentation p.4 What to Document
- 3. Click **Next** to save the screen and to move forward to the **Nutrition Education** screen.

Field	Value
Notes Field	Cardiac/blood pressure/lipid medication

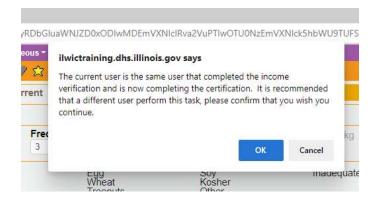
Nutrition Education - Infant

- 1. Click Add to document Nutrition Education.
- 2. Click in the **Method** box to select the **Method** from the dropdown list and click the **Tab** to move to the topic field.
- 3. Select the desired **Topic** from the dropdown.
- 4. Double-click in the **Note** field to display the **Note Zoom** popup and enter a note. This note will also be visible on the **Notes** screen. Click **OK**.
- Click Next to save the screen and to move forward to the Food Prescription screen.

Field	Value
Method	Primary - Individual
Topic	Growth Spurts
Note	Enter text

Food Prescription – Infant

Mark the Certification Complete checkbox. A pop up will appear...



- 2. Click **OK** to dismiss the pop-up.
- 3. Click the **Save** button. The system will automatically insert your name in the **Completed By** field.

Field	Value
Food	Std IBE
Prescription	Package

- 4. Adjust the **Frequency** dropdown if other than 3 months of benefits are to be issued.
- 5. Click the **Add** button. A popup with the **Standard Food Prescription** for a fully breastfed infant in the 0-5 month age bracket will display.
- 6. Click **Assign** on the popup to create the **Food Prescription**.
- Click the Save button. A message will display that the food prescription does not span the entire certification period. Click OK to continue with the save process and to dismiss the message.

L		

Referrals - Infant

1. Click on the **Referrals** link in Guided Script to navigate to the infant's referral screen if you need to add a referral.

This is not a required step in the certification process.

- 2. Click the **Add** button to enter a referral to a program that the applicant might be eligible for or to document a program that the applicant is already participating in.
- 3. The system defaults the **Referral Date** to today's date.
- 4. Click in the **Type Box** and Select the **Type** of **HH**.
- Click the Referred To and select Diaper Bank.
- 6. Mark the **Referred** checkbox.
- 7. If an additional referral is being made, click the Add button and complete the row.
- 8. Click the **Save** button.

To generate a referral letter, you must select a specific community resource for the referral you are making.

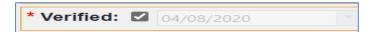
- 9. Select the **Referral row**.
- 10. Click the **Community Resources** button.
 - a. Community Resources popup appears.
 - Select Referring Agency for the Community Resource.
 - c. Click **Save** and then **Close**.

Field	Value
Туре	НН
Referral Category	Diaper Bank
Community Resource	Referring Agency

11. Toggle to mom's record (BE), then navigate to the Breastfeeding screen.

Breastfeeding – Woman

1. On the **BF Information** tab, make sure the **Verified checkbox** at the bottom of the screen is marked and has today's date to verify that the breastfeeding information is correct.



- 2. Click **Next** to move to the **BF Questions** tab.
- 3. Complete the ... How many times.... question.
- 4. Complete the ... Are you experiencing...? question.
- 5. Click **Next** to save the tab and move forward to the **BF** Support and Notes tab.
- 6. In the **Breastfeeding Referral** grid, click **Add**. A new line will appear in the grid.
 - a. From the Referred to drop down, select WIC BF Support Group.
 - b. From the **Reason Referred** drop down, Select Support.
 - c. At **Referral Type**, choose **PP** for breastfeeding.
- 7. In the **Breastfeeding Notes** grid, click the **Add** button and enter a note in the popup, then click the **OK** button to close the note.
- 8. Select the row just added, click the Link Baby button, then select the baby from the dropdown to copy the note to the baby's record. Click OK.
- 9. Click **Next** to save the tab and move forward to the **BF Pumps** & Aids tab.
- 10. Click **Next** again to move to the **Health** screen.

Field	Value
How many times	8
Are you experiencing?	None
Referred to	WIC BF Support Group
Reason Referred	Support
Referral Type	PP
Link Baby	Baby

Health - Woman 1. Complete the **Pregnancy Information** screen, page 1, as shown below: **Health Information Pregnancy Information** * 1. How have you been feeling since your pregnancy ended? ✓ Good Great Overwhelmed ☐ Sad/Depressed * 2. Before this most recent pregnancy, did you have any other pregnancies that resulted in a live birth? ☐Yes ✓ No * What is the DOB of the child prior to this baby? ■ * 3. Did you have any medical issues with your most recent pregnancy? □Yes ☑No * If yes, please select: ☐ Baby born 5lbs 8oz or less Baby born 9lbs or more ☐ Baby born at less than 37 weeks Baby born at ≥37 weeks to <39 weeks Baby born with a nutrition related birth defect Caesarean or 'C' section Gestational Diabetes ☐ Miscarriages (less than 20 weeks) Preeclampsia Pregnancy loss (20 weeks or more) Stillbirth or death before 1 month of age ☐ Twins, triplets or more Cancel Next 2. Click **Next** to move forward to page 2.

Health - Woman 3. Complete the **Pregnancy Information**, screen, page 2, as shown below: Pregnancy Information **Health Information** 🕮 * 4. Do you use any nicotine or tobacco products including, cigarettes, pipes, cigars, e-cigarettes, vape, hookahs, chewing tobacco, or tobacco replacement therapies (gums, patches). ☐Yes ☑No * 5. Are you ever in an enclosed area while someone is using tobacco products? ☐Yes ☑No * 6. Drink alcohol? ☐Yes ✓ No. ■ □>8 drinks per week □>4 drink per day □>4 drinks in 2 hours * 7. Use marijuana in any form? ☐Yes ✓ No * 8. Misuse prescription medication? ☐Yes ✓No * 9. Use other illegal substances? ☐Yes ✓ No Cancel Next 4. Click **Next** to move forward to the **Health Information** tab.

☐ Insulin/Antidiabetic

☐ Thyroid/Antithyroid

Fish

Shellfish

Tree nuts

Save

Cancel

Next

Other

Other

Soy

Peanut Wheat

Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)

Health - Woman 5. Complete the **Health Information** tab, page 1, as follows: Health Information Pregnancy Information * 1. Do you have any health or medical issues? ☐Yes ☑No Details * 2. Do you regularly take any medications? ✓ Yes □ No * If yes, please select: Antigout Hormones: Growth, Steroid, Other

6. Click **Next** to move forward to page 2.

☐ Blood Formation/Coagulation

☑ Cardiac/Blood Pressure/Lipid

* 3. Do you have any food related allergies? ☐ Yes ☑ No

☐ Milk (Lactose Intolerant) ☐ Egg

* 4. Do you have access to dental care? <a>✓ Yes <a>○ No

* 5. Do you have any dental problems? 🗌 Yes 🛂 No

☐ Digestive Enzymes

* If yes, please select:

* If yes, please select: Gingivitis

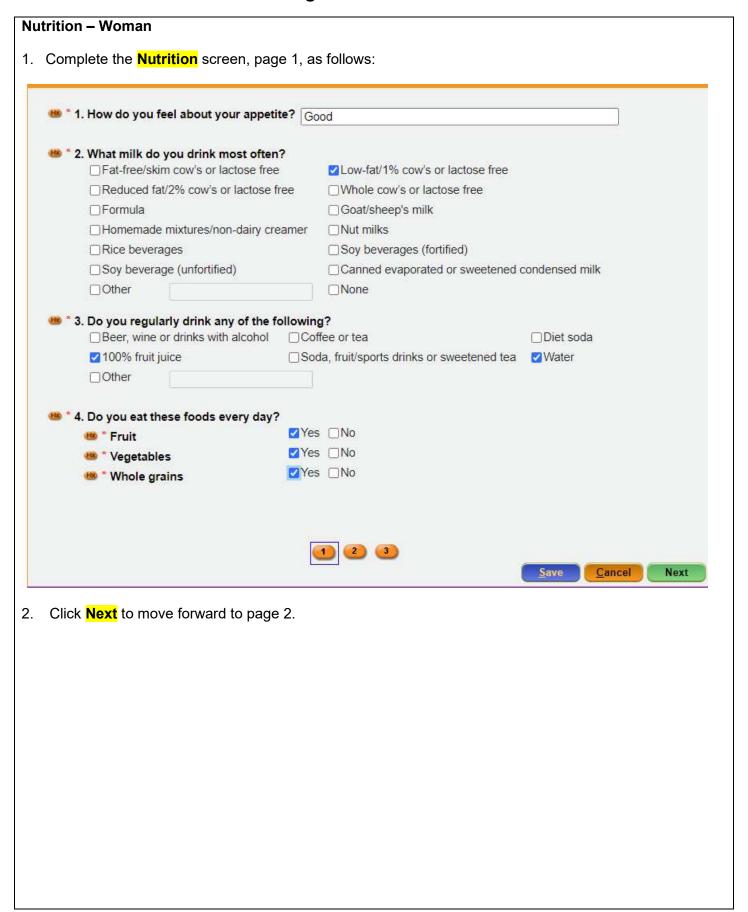
Tooth Decay

Periodontal Disease

Milk (Allergy)

Diuretic

Health - Woman 7. Complete the **Health Information**, page 2, as follows: **Pregnancy Information** Health Information * 6. Do you take any of the following? * Vitamins/Minerals ✓ Yes □ No (If yes) #/week 7 ■ * Excessive? □ Yes No * Herbs, Supplements or Remedies Yes No * 7. Are you regularly eating any non-food items? Yes Yes * If yes, please select: □ Baby powder □ Cornstarch □ Dirt Large amounts of ice Other Save Cancel 8. Click **Next** move forward to the **Nutrition** screen.



Nu	Nutrition – Woman				
3.	3. Complete the Nutrition screen, page 2, as follows:				
	* 5. Do you eat raw, underco Deli meats/hot dogs n		ized foods? Fish high in mercury		
	Fish/shellfish raw/und		Juice unpasteurized		
	☐Meat/poultry/eggs rav		Milk unpasteurized		
	Soft cheese		Sprouts raw		
	☐ Tofu raw/undercooked	d	□No		
	* 6. Are you having any pro	oblems with eating?			
	Can't find the food I lil		☐Don't feel li	ike eating	
	Heartburn	☐Mouth pain	□Nausea		
	☐No time to eat	□Vomiting	☑None of the	e above	
	🍩 * 7. Do you follow a specia	ا الأعمالية ا			
	Diabetic	☐ High calorie	☐ High protein/low carb	□Kosher	
	Lacto-ovo	Lactose free/restri		□Low cholesterol	
	□Low fat	☐Low salt/sodium	Macrobiotic	□PKU	
	☐Post-bariatric surgery	□Vegan	□Vegetarian	□Weight loss	
	☑None of the above	Other		Transition - Constitution	
	* 8. How much physical ac	tivity do you include	in your day?		
	□None □1	5 minutes 230	minutes 1 hour	☐More than 1 hour	
		a	2 3		
				Save Cancel Next	
4.	Click Next to move forw	ard to page 3.			

Nutrition – Woman 5. Complete the **Nutrition** screen, page 3, as follows: *9. Are you sometimes hungry because there is not enough money to buy food? ☐Yes ☑No * 10. Do you have access to a refrigerator and stove/hot plate? <a>Ves <a>No Save Cancel Next 6. Click **Next** to move forward to the **Nutrition Risk** screen.

Nutrition Risk - Woman

- 1. Risk Factors are generated.
- 2. After reviewing the screen, Click **Next** to move forward to the **Nutrition Education** screen.

Field	Value

Nutrition Education – Woman

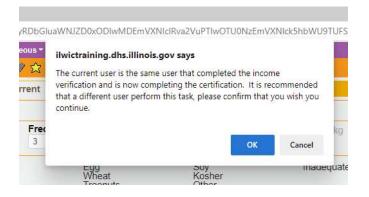
- 1. Click Add to enter a Nutrition Education topic.
- 2. Click in the **Method** box to select the **Method** from the dropdown list and click the **Tab** to move to the **Topic** field.
- 3. Select the desired **Topic** from the dropdown.
- 4. Double-click in the **Note** field and enter a **Note**. Click **OK**. This note will also be visible on the **Notes** screen.
- 5. Click **Next** to save the screen and to move forward to the **Food Prescription** screen.

Field	Value
Method	Primary – Individual
Topic	Healthy Eating Behaviors

Food Prescription - Woman

Program Note: Before assigning food benefits Refer to WIC Program Explanation (WPE); Food Benefits (WPE 2*).

Mark the Certification Complete checkbox. A pop-up will appear....



- 2. Click **OK** to dismiss the pop-up.
- 3. Click the **Save** button.

Field	Value

- 4. Adjust the **Frequency** dropdown if other than 3 months of benefits are to be issued.
- 5. Click the Add button. A popup with the standard food items and quantities for a fully breastfeeding woman will display. Review and adjust as needed.
- 6. Click **Assign** on the popup.
- 7. A row will be added to the grid with the description of the **Food Prescription**, the **Effective date** (today's date) and the **End Date** (same as the cert end date for the woman).
- 8. Click the **Next** button to save the screen and to move forward to the **Issue Benefits** screen.

Issue Benefits

- Make sure each household member to be issued benefits today has the Issue column checked.
- 2. Click the **Preview** button to make sure the food package items, quantities, and dates are as expected. Click the **Issue Benefits** button.
- 3. A pop-up appears as a reminder to complete the Care Plan, Click **OK** to dismiss the popup.
- Note the display of EBT Transaction Completed
 Successfully appears in the bottom left corner and the BLT and BVT date columns have now been populated.

Referrals - Woman

- 1. Click on the **Referrals** link in **Guided Script** to navigate to the woman's referral screen if you need to add a referral.
- 2. Note that the **Referral** added from the infant's screen also **Appears** in the woman's record as it was a household level refer.
- 3. Click **Next** to save the screen and to move forward to the **Schedule Appt** screen.

Field	Value

Value

Schedule Appointment

Program Note: Review with the participant their certification period, that they will receive education at least every 3 months and benefits will be issued until their cert period ends. Give them a choice of the different types of secondary education your agency provides and schedule the appointment.

Refer to Addendum: WIC Program Explanation (WPE); Certification Period (WPE 3*).

- 1. Click in the **New Appt** field to access the drop down and select desired appointment type for both participants.
- 2. Click in the **Dur field**, the duration time defaults to the standard time based on the selected appointment type. You can adjust the appointment length by changing the **Dur** value.
- Adjust the Start Date and End Date to be on or before the listed BVT date.
- 4. Adjust the **Start Time** and **End Time** as appropriate.
- 5. **Uncheck Days** if the household indicates certain days are not available.
- 6. Select a **Topic** in the dropdown **if** you are searching for a group education class.
- 7. Click the **Search** button once all parameters are set.
 From the search results grid, select the row of the **Desired Date**, **Block of Appointment Time**, and **Resource**.
- 8. In the **Appointment Note** indicate the preferred type of (N/ED). You can add a Notification Note as appropriate.
- 9. Verify the **Time**. It defaults to the start time of the selected row.
- 10. Click the **Create Appt** button.
- 11. Select **Appointment Button** at the bottom to view Future Appointments.

Field	Value
New Appt	N/ED
DUR	Adjust as needed
Start Date	On or before BVT
End Date	On or before BVT
Appointment Note	Preferred Type of N/ED

Print Documents

Select the appropriate document/handout to print (**Referral Notice**), then click the **Preview** button to display and print. You must print the **Family Shopping List** to give the household a detailed list of the authorized food items that they may purchase and includes the next appointment time and date.

Program Note: Refer to WIC Program Explanation (WPE); Food Benefits (WPE 4*).

Notes Screen: Complete as appropriate.

Scenario 5: Independent Practice Child Recertification

A child is here today to be recertified on the WIC program. Support staff has completed their activities and now the HH is ready for the CPA to continue with the certification process.

CPA Staff Activities

Refer to CPA/CPAA L2 Certification Flow Sheet

Start by Locating and Opening the Record for your assigned participant (Onsite List) and complete the CPA Screens listed below.

CPA Screens:

- Cert Action
- Lab
- Breastfeeding (if applicable)
- Health
- Nutrition
- Nutrition Risk
- Nutrition Education
- Food Prescription
- Issue Benefits
- Schedule Appointment
- Print Documents
- Notes

Scenario 6: Breastfeeding Status Change

Complete a breastfeeding status change for the breastfeeding woman/infant scenario from yesterday.

CPA Staff Activities

Search and Mark Onsite

CPA Assistants are not required to complete this scenario!

- 1. Search your assigned infant participant from yesterday and open the record.
- 2. Click the **Mark Onsite** button on the **Household Summary** screen.
- 3. Select **BFC** for both participants as the **Service**.
- 4. Click on Close.
- 5. Move to Cert Action.

Field	Value
Service	BFC

Cert Action - Infant and Woman

- In the baby's record, select the current certification in the grid and click the BF Status Change button at the bottom of the screen. A pop-up box will appear.
 - a. Is the baby currently breastfeeding...?
 - b. Is the baby currently receiving...?
 - c. Amount of breastfeeding?
 - d. Click on the **BF Amount Guide**, a pop up will appear.



Field	Value
Is the baby	Vaa
currently breastfeeding	Yes
Is the baby currently receiving	Yes
Amount	Mostly

- e. Click on the "?" mark at the bottom left corner of the pop-up, a **BF Amount Guide** appears outlining more specific details age of infant and allowed quantity of formula as partially breastfed.
- f. Click Cancel to close the popup.
- g. Complete the question... How old?
- h. System will assign **IBP** status as the new category.



- Click Close to save the data and close the popup.
- 2. The system will display a **pop-up** "The linked record (mom) has been updated, future benefits voided, food packages removed, and categories changed." Click **OK** to dismiss the pop-up.



KEYPOINT: The Frequency of Breastfeeding field above the grid is also populated with Mostly.



- Click Save to save the screen.
- 4. The system updates the **Category** in the toggle box and the **Active Record** box to **IBP**.
- 5. Toggle to the woman's record to verify that the woman's status has been correctly updated. (i.e., the system automatically ends the original certification as of yesterday and adds a new row to the grid with the New Category, Cert Start of today, Cert End same as before, and Cert Reason of Category Change).

ce Scenarios		
Use age today		

Breastfeeding – Woman

- Continuing with the BF woman, click on the Breastfeeding in Guided Script.
- 2. On the **BF Information** tab, page 1, make sure the **Verified** box is checked.



- 3. Click the **Next** button to move to the **BF Questions** tab.
- 4. Update the **How many times....** question if needed.
- 5. Update the **Are you experiencing**... question if needed.
- 6. Click **Next** to move to the **BF Support & Notes** tab. Complete note as appropriate and **link baby**.
- 7. Click Next.
- 8. The **BF Pumps & Aids** screen will appear. Check with your WIC Coordinator regarding the assignment of a breast pump.
- 9. **Toggle** to the infant.

Field	Value
Verified	Check
How many times	4
Are you experiencing	None
BF Notes	As appropriate

Breastfeeding - Infant

- 1. On the **BF Information** tab, make sure the **Verified** box is checked.
- 2. Click the **Next** button to move to the **BF Questions** tab.
- 3. Enter updated information as appropriate.
 - a. If your baby, do you have existing mother/infant conditions that impact your... question.
 - b. **Does your**...question.
 - c. How many times ... question.
- 4. Click **Save** to save the screen.
- 5. Select **Food Prescription** from the Guided Script.

Field	Value
Verified	Check
If your baby?	No
Does your?	None of the above
How many times?	4

Food Prescription - Infant

- 1. The system has automatically removed future packages.
- Click the Add button. A popup with the Standard Food Package for a mostly breastfed infant in the 0-3 month age bracket will display.
 - a. Click in the **Formula Placeholder** row to see the list of available standard formulas and select the appropriate formula.
 - b. Click the **Assign** button to save and close the popup.
 - c. A row will be added to the grid with an **Effect Date** of today and an **End Date**.
- 3. Click the **Save** button. A message will display that the food package does not span the entire certification period.
- 4. Click **OK** to continue with the **Save** and to dismiss the message.

KEYPOINT: You should build far enough out to cover the expected issuance period.

Field	Value
Food Prescription	Standard Infant Mostly BF
Formula Placeholder	Select Enfamil Powder
Quantity	As appropriate

Food Prescription – Woman

- 1. **Toggle to the woman's record**. The system has automatically removed future packages.
- 2. Click the **Add** button. A popup with the standard food package for a mostly breastfeeding woman will display. Review and adjust as needed.
- 3. Click the **Assign** button. A row will be added to the grid with the description of the package, an **Effect Date** of today, and an **End Date** of the same as the certification end date.
- 4. Click Save.
- 5. Click the **Void Benefits** button at the bottom.

Field	Value
Add	Std Mostly BF package

Benefits Void

KEYPOINT: The Benefits Void screen allows the user to void current and future month's benefits for the household. Food packages for current month's benefits are allowed to be changed only when medically necessary, which includes formula and milk type changes.

- 1. The **Benefits Void** screen defaults to the current month.
- 2. For this scenario Mom has not redeemed any benefits so we will void both Mom and Baby's current benefits.
- 3. Mark the **Select All** checkbox, then click **Save**.
- 4. As part of the **Breastfeeding Status Change** process, the system has automatically voided future benefits, so no further action is required.
- 5. From the **Benefits dropdown**, select **Issue Benefits**.

Value

Issue Benefits

KEYPOINT: For appointments that do not require accessing the Household Info screen, a pop-up indicating a "Service Location must be completed" has been added to the Issue Benefits screen. Due to this, CPA staff have been granted update rights to the Household Info screen.



Click OK, then move to the **Household Information Screen**.

Field	Value

Household Information Tab

- Select the Service Location button and then select Add.
 Select the appropriate service location. Save and then Close.
- 2. Return to the Issue Benefits Screen.

Field	Value		
Service Location	CPA and HH in same clinic		

Issue Benefits

KEYPOINT: We will re-issue benefits for both mom and baby for the current month, plus two future months.

The Issue Month/Year defaults to the current month. Both Mom and Baby have a checkmark in the Issue column, as both current and future benefits were voided.

 The Months column defaults to 3 for all. Change the Months column to 1 for both mom and baby and uncheck the prorate box.

Field	Value		
Months	1		
Prorate	Uncheck		

- 2. Click the **Preview** button, to make sure the food package items, quantities, and dates are as expected.
- 3. Click Issue Benefits, then click Close when EBT Transaction Completed Successfully appears in the bottom left corner of the preview screen.
- 4. Note that the **BLT** and **BVT** date columns have now been populated and the **Issue** column is now unchecked.
- 5. Change the **Issue Month/Year** to the next month (future) and click **GO**. The **Issue** column for mom and baby should now be checked.
- 6. The **Months column** has changed to the number of months of benefits remaining (change as appropriate, if applicable).

Part. ID	Participant Name	Cat.	Food Package	BLT Date	BVT Date	Months	Issue
3009256	OLIVER, MAXI	IBP	Custom - INFANT, MOSTLY B	5/6/2020	5/6/2020	2	
3009256	OLIVER, NANCY	BP	WOMAN, MOSTLY BF ONE IN	5/6/2020	5/6/2020	2	V

- 7. Click the **Preview** button, to make sure the food package items, quantities, and dates are as expected.
- 8. Click Issue Benefits.
- 9. Print and review the **Family Shopping List**.

Issue Month/Year	Next Month