

Task II: Certification



- Program Eligibility and Enrollment
- WIC Services Orientation
- Explanation of How Participant Qualifies for Services
- Rights and Responsibilities While Enrolled in the WIC Program
- Holds

List of Competency Evaluations for *Task II: Certification*

Candidate's Name: _____

<u>Competency</u>	<u>Participant Category</u>	<u>Page</u>	Reviewer's Initials	Date Review Completed
Candidate Assessment:	 All Categories.....	1	_____	_____
	 Pregnant Women	14	_____	_____
	 Postpartum Women	15	_____	_____
	 Infants	16	_____	_____
	 Children.....	17	_____	_____
Observation (A):	 All Categories (Section - A).....	18	_____	_____
File Audit:	 All Categories (Section - A) (1 new enrollment)	21	_____	_____
Observation (B):	 All Categories (Section - B) (Any 2 categories)	22	_____	_____
Observation (C):	 All Categories (Section - C) (1 in each category).....	23	_____	_____
Observation (D):	 All Categories (Section - D) (Demonstration).....	25	_____	_____

Name and Title of Reviewer(s): *(Please Print)*



(Email (as scanned document) or mail this completed page to the State WIC Program)

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes	
1. Explain what a “WIC certification period” is.	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
2. What four criteria must be met in order to determine eligibility for WIC?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
3a. When does the participant need to bring residency documentation?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
3b. Which of the following can usually be used to prove residency for WIC eligibility? <i>(Check ✓ all that apply)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Medi-Cal card <input type="checkbox"/> Rent receipt <input type="checkbox"/> Alien ID card <input type="checkbox"/> Current phone, water, gas/electric or garbage bill <input type="checkbox"/> Social Security card <input type="checkbox"/> Note from a neighbor 	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
3c. If an applicant is homeless or has only a post office box as an address, how can you document residency?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
3d. What if an applicant/participant does not bring address verification?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
4a. When does the participant need to bring income documentation?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
4b. Which of the following is counted as income when determining WIC eligibility? <i>(Check ✓ all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Disability income </div> <div style="width: 50%;"> <input type="checkbox"/> Unemployment benefits </div> <div style="width: 50%;"> <input type="checkbox"/> Supplemental Social Security Income </div> <div style="width: 50%;"> <input type="checkbox"/> Interest from savings </div> <div style="width: 50%;"> <input type="checkbox"/> Child support </div> <div style="width: 50%;"> <input type="checkbox"/> CalFresh </div> <div style="width: 50%;"> <input type="checkbox"/> Wages </div> <div style="width: 50%;"> <input type="checkbox"/> Public assistance </div> <div style="width: 50%;"> <input type="checkbox"/> Cash gifts from friends or relatives, given to help participant pay bills </div> <div style="width: 50%;"> <input type="checkbox"/> Free meals </div> <div style="width: 50%;"> <input type="checkbox"/> Lottery winnings </div> <div style="width: 50%;"> <input type="checkbox"/> Bank loans </div> <div style="width: 50%;"> <input type="checkbox"/> Student assistance for meals and room </div> </div>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes	
4c. What do you do at your agency when a participant does not know her income, does not bring income verification, or brings incomplete income verification?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
4d. When does your agency allow self-declaration of income beyond 30 days?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
4e. Why are specific questions asked about migrant farm worker status during the WIC application process?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes	
<p>4f. Using WIC MIS or a calculator and current WIC income guidelines, answer the following questions:</p>	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
<p>➤ Connie Vasquez receives \$1,500 every two weeks from her job. She is pregnant and supports one other child.</p> <p>What is her family size? _____</p> <p>What is her annual income? _____</p> <p style="text-align: right;"><i>(Check ✓ correct answer)</i></p> <p>Is she income eligible for WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
<p>➤ Jessica Jones and her husband are seasonal workers. They reported a monthly income of \$3,700 but also stated they only work 10 months out of the year. They have three children.</p> <p>What is their family size? _____</p> <p>What is their annual income? _____</p> <p style="text-align: right;"><i>(Check ✓ correct answer)</i></p> <p>Are they income eligible for WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
<p>➤ Azalea Busch reports a family annual income over WIC guidelines. She also reports her family receives CalFresh. She has four other members in her family.</p> <p style="text-align: right;"><i>(Check ✓ correct answer)</i></p> <p>Does her family qualify for WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
5. List the 5 participant categories served by the WIC Program.	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
6a. List the four nutrition risk indicators (a, b, c, d) used to determine participant/applicant eligibility.	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
6b. Which of the following forms can have information to help assess indicators of nutritional need? <i>(Check ✓ all that apply)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Medical referral forms for pregnant or postpartum breastfeeding women <input type="checkbox"/> Pediatric referral form <input type="checkbox"/> Medi-Cal form <input type="checkbox"/> Medical record <input type="checkbox"/> CHDP PM160 billing form <input type="checkbox"/> Letter from a day care worker <input type="checkbox"/> Nutrition questionnaire <input type="checkbox"/> Most recent grocery shopping receipt <input type="checkbox"/> Monthly CalFresh packet 	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes	
6c. What does “anthropometric” mean?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
6d. What does “biochemical” mean?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
6e. Circle whether each woman is underweight, overweight or normal weight and record her BMI. <i>(Circle one for each woman)</i>	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
➤ Abbey is 58 inches, 105 pounds normal overweight underweight BMI ____	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
➤ Beatrice is 69 inches, 128 pounds normal overweight underweight BMI ____	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
➤ Candy is 64 inches, 162 pounds normal overweight underweight BMI ____	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
➤ Debbie is 62 inches, 125 pounds normal overweight underweight BMI ____	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
7a. When is anthropometric data required?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
7b. How old can the date of anthropometric information be at the time of certification?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
8. If a woman or child does not have the blood work at enrollment, how long do they have to bring it in?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
9. After the date of application, how many days until you notify applicants of eligibility status?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
<p>10. Which of the following main topic areas need to be discussed during participant orientation? <i>(Check ✓ all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Purpose of WIC <input type="checkbox"/> Participant rights and responsibilities <input type="checkbox"/> WIC ID folder, proxies and alternates <input type="checkbox"/> The risks of smoking during pregnancy <input type="checkbox"/> WIC foods and FIs <input type="checkbox"/> FI usage and vendor protocol <input type="checkbox"/> Reporting vendor problems and lost FI <input type="checkbox"/> What to do for missed appointments protocol <input type="checkbox"/> Family planning options <input type="checkbox"/> Eligibility criteria <input type="checkbox"/> Certification time periods <input type="checkbox"/> Importance of medical/health care <input type="checkbox"/> Consequences of voucher abuse/fraud <input type="checkbox"/> Provide written referrals/information about health related and public assistance. <input type="checkbox"/> Voter registration information must be made available to each adult applicant or participant at certification and whenever the participant reports a change of address. 	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
<p>11. When do you notify participants/applicants of their rights and responsibilities? <i>(Check ✓ all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> At certification <input type="checkbox"/> At mid-certification <input type="checkbox"/> When disqualified <input type="checkbox"/> When suspended <input type="checkbox"/> When there is a FI change <input type="checkbox"/> At time of ineligibility <input type="checkbox"/> When there is a change in clinic policies <input type="checkbox"/> For transfers into new agency 	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>12. A grandmother brings in a child who lives with her and wants the child to be enrolled in WIC. What must the grandmother bring in to show she has legal custody of the child? <i>(Check ✓ all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Legal guardianship papers <input type="checkbox"/> A permission letter from the child's parent(s) <input type="checkbox"/> No papers are necessary 	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>13. If a person from another state comes in with a valid VOC card or transfer information, your clinic will honor the time remaining on the current certification period and issue California food instruments.</p> <p style="text-align: center;"><i>(Check ✓ correct answer)</i> <input type="checkbox"/> True <input type="checkbox"/> False</p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes	
14. For each of the following statements, check ✓ the correct answer:	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
a. An applicant must be a US citizen to qualify for WIC. <input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
b. An applicant who is not a US citizen needs a green card to qualify for WIC. <input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
c. An applicant must prove she lives in California. <input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
d. A proxy can pick up FIs and shop for the participant. <input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
e. A family unit is one or more persons who put their money together to pay for household expenses. <input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
f. A family unit can include unrelated people living in the same place. <input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
g. An alternate can pick up food instruments but cannot shop for the participant. <input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
15. WIC participants must register to vote (if they are not currently registered to vote). <i>(Check ✓ correct answer)</i> <input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
<p>16. Which of the following makes an applicant <u>ineligible</u> for the WIC program? <i>(Check ✓ all correct reasons)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Participation in the Commodity Supplemental Food Program <input type="checkbox"/> Does not meet nutritional risk criteria <input type="checkbox"/> Is enrolled in the CalFresh program <input type="checkbox"/> Has income over the allowed maximum, and not adjunctively eligible <input type="checkbox"/> Is from another country and does not have any US papers <input type="checkbox"/> Is over 45 years old 	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>17a. Which of the following are reasons a participant would be <u>disqualified</u> from California WIC program? <i>(Check ✓ all correct reasons)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Is enrolled at another WIC agency. (AKA “dual participation”) <input type="checkbox"/> Was a proxy for another WIC participant <input type="checkbox"/> Moved out of the area covered by the local WIC agency, but still lives in California <input type="checkbox"/> Has moved three times in the last six month. <input type="checkbox"/> Has not used Food Instruments (FI) according to the rules, such as selling FI for cash <input type="checkbox"/> Has lost the WIF <input type="checkbox"/> Has missed more than two appointments without an explanation <input type="checkbox"/> Is no longer in a category served by WIC <input type="checkbox"/> Is enrolled in college <input type="checkbox"/> Has refused nutrition education 	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>17b. What is the minimum number of days you have to give a participant written notice of disqualification before the participant is disqualified?</p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
<p>18. Besides the participant's name what other types of information does WIC use to locate the participant's record in WIC MIS? List three types below.</p> <hr/> <hr/> <hr/>	<p><input type="checkbox"/> Incomplete <input type="checkbox"/> Complete</p>
<p>19. Describe your agency's certification procedure when WIC MIS is not working.</p>	<p><input type="checkbox"/> Incomplete <input type="checkbox"/> Complete</p>

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CANDIDATE ASSESSMENT: All Categories	Outcome/Notes			
<p>20. For each case below state whether you can issue FIs. If yes, does the participant need a self-declaration and/or a hold on the file?</p> <p>How many months of FIs can you issue when certification information is missing? _____</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Self-declaration</u></td> <td style="text-align: center;"><u>Hold</u></td> </tr> </table> <p>a. Missing income verification for certification _____ _____</p> <p>b. Missing blood labs for certification _____ _____</p> <p>c. Missing verification of identity for certification _____ _____</p> <p>d. Missing address verification for certification _____ _____</p> <p>e. Requesting an appointment with the Nutritionist _____ _____</p>		<u>Self-declaration</u>	<u>Hold</u>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete </div>
	<u>Self-declaration</u>	<u>Hold</u>		
CANDIDATE ASSESSMENT: All Categories COMPLETED	Date:			

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CANDIDATE ASSESSMENT: Pregnant Women	Outcome/Notes	
1. When does the initial certification period end for a pregnant woman?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
2. What is the family size used to determine "WIC income" for each of the following families:		
a. A pregnant woman and her husband.	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
b. A pregnant woman living with her boyfriend and his two children.	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
c. A pregnant woman living in a drug treatment center with 12 other women.	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
CANDIDATE ASSESSMENT: Pregnant Women COMPLETED	Date:	

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CANDIDATE ASSESSMENT: Postpartum Women <i>(Breastfeeding and Non-Breastfeeding)</i>	Outcome/Notes	
1. For each of the following women (a-b): How long is the certification period?		
a. Breastfeeding woman	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
b. Postpartum, non-breastfeeding woman	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
2. What is the family size would be used to determine “WIC income” for a postpartum woman, while her infant is in foster care AND she has no other family members living with her?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
3. If a postpartum woman does not have her blood work when she enrolls, can she use blood work from her pregnancy for this?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
CANDIDATE ASSESSMENT: Postpartum Women COMPLETED	Date:	

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CANDIDATE ASSESSMENT: Infants	Outcome/Notes
1. When should you schedule the next certification after enrolling the following infants?	
a. Maria, who is three months old	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
b. Zeke, who is eight months old	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
2. What is the family size used to determine “WIC income” for a six-month old foster child, who is a dependent of the county, living with a family of two parents and one other child?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
3. Do you need the hemoglobin/hematocrit to enroll the following infants?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
a. Geraldo, who is 8 months old	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
b. Denise, who is 10 months old	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
CANDIDATE ASSESSMENT: Infants COMPLETED	Date:

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CANDIDATE ASSESSMENT: Children	Outcome/Notes	
1a. How long is a child's certification period?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
1b. How long is a child's certification period if they are 4 years 7 months or older?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
2. What is the family size used to determine "WIC Income" for a three-year-old who is not a foster child, but who lives with his grandmother and his two-year-old sister?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
3a. If a child has <u>normal</u> blood labs at initial certification, when are the next blood test results required?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
3b. If the child had <u>abnormal</u> blood labs at certification, when are the next blood test results required?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
4a. At what ages do you need to collect information about a child's immunization records?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
4b. What do you do with this information?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
CANDIDATE ASSESSMENT: Children COMPLETED	Date:	

Task II: Certification

Section A

OBSERVATION <i>(Enrollment Only, Any Category)</i> For the observation, designate <i>Outcome</i>	<i>Type of participant:</i> _____	NOTES
✓=complete 0=incomplete		
Reviewer observes the candidate individually or in a group: <i>(If candidate does the orientation as a group education session, the observation from Question 5 on may also count as an observation for Task VI: Group Education)</i>		
1. Explain: <ul style="list-style-type: none"> • The purpose of WIC • The services WIC provides 		
2. Explain rights (<i>what the participant can expect from WIC</i>) and responsibilities (<i>what WIC expects from participants</i>):		
a. Eligibility requirements		
b. Rights of participants on the WIC program		
c. Participants responsibilities		
d. WIC Rights & Responsibilities sheet is completed		
e. Voter form completed as needed		

Task II: Certification

Section A

OBSERVATION <i>(Enrollment Only, Any Category)</i> For the observation, designate <i>Outcome</i>	<i>Type of participant:</i> _____	NOTES
✓=complete 0=incomplete		
Reviewer observes the candidate individually or in a group: <i>(If candidate does the orientation as a group education session, the observation from Question 5 on may also count as an observation for Task VI: Group Education)</i>		
3. Explain why WIC foods are supplemental.		
4. Explain how to use the FI, including: <ul style="list-style-type: none"> a. How to use the FI to purchase food <ul style="list-style-type: none"> • selection of food • grocery store procedures 		
<ul style="list-style-type: none"> b. How long to use the FI 		
<ul style="list-style-type: none"> c. How to complete an FI <ul style="list-style-type: none"> • purchase price • signature 		
5. Makes sure the participant understands explanations and written materials.		

Task II: Certification

Section A

OBSERVATION <i>(Enrollment Only, Any Category)</i> For the observation, designate <i>Outcome</i>	<i>Type of participant:</i> _____	NOTES
✓=complete 0=incomplete		
Reviewer observes the candidate individually or in a group: <i>(If candidate does the orientation as a group education session, the observation from Question 5 on may also count as an observation for Task VI: Group Education)</i>		
6. Explains what to do about these problems: <ul style="list-style-type: none"> • What participants should do if FIs are lost or stolen? • What participants should do if they have a complaint about a vendor? 		
7. Answers participant questions correctly and appropriately. Consider the participant's knowledge level, culture, family customs and language.		
OBSERVATION: Any Category COMPLETED		Date:

Task II: Certification

Section A

FILE AUDIT <i>(1 newly enrolled participant)</i> Designate <i>Outcome:</i> ✓= <i>complete</i> 0= <i>incomplete</i>	<i>New Participant</i> ✓= <i>complete</i> 0= <i>incomplete</i>	NOTES
Any Category		
In the participant file, the data is entered accurately into the following fields:		
1. Family name		
2. Current address/phone or message method		
3. Preferred language (optional)		
4. Appropriate holds are placed		
5. Name of individual		
6. Date of birth		
7. Place of birth		
8. Participation status in Medi-Cal, CalWORKS, TANF and the food stamp programs, including all required ID numbers.		
9. Mother's first name/social security number		
10. Doctor/clinic name and telephone number (optional)		
11. Medical data/source (codes R/W, etc.)		
12. Participation in other programs (CPSP, CHDP)		
13. WIC MIS comments — details are included to explain further the entered code(s) or hold(s).		
FILE AUDIT: Any Category COMPLETED		Date:

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Section C

4 OBSERVATIONS <i>(1 in each category)</i> <i>For each... designate Outcome</i>	<i>Pregnant Woman</i>  ✓=complete 0=incomplete Family ID: _____	<i>Postpartum BF Women and Non-BF Woman</i>  ✓=complete 0=incomplete Family ID: _____	<i>Infant -or-Child under 12 months</i>  ✓=complete 0=incomplete Family ID: _____	<i>Child aged 1-5</i>  ✓=complete 0=incomplete Family ID: _____	NOTES
Reviewer observes the candidate: <i>(If you don't have the equipment to do this, please describe what you would do)</i>					
1. Measures height accurately.					
2. Weighs accurately					
3. Inputs biochemical indicators of nutritional need, as needed.					
4. Asks all WIC MIS-generated health questions (including drug/alcohol questions) as they are written. Shows respect when asking the questions.					

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Section C

4 OBSERVATIONS <i>(1 in each category)</i> <i>For each... designate Outcome</i>	<i>Pregnant Woman</i>  ✓=complete 0=incomplete Family ID: _____	<i>Postpartum BF Women and Non-BF Woman</i>  ✓=complete 0=incomplete Family ID: _____	<i>Infant -or-Child under 12 months</i>  ✓=complete 0=incomplete Family ID: _____	<i>Child aged 1-5</i>  ✓=complete 0=incomplete Family ID: _____	NOTES
5. Inputs clinical indicators of nutritional need, as needed.					
6. Assigned dietary indicators of nutritional need code, as needed.					
7. Recognizes when assessment information may be incorrect and takes the steps necessary to determine if the information is correct.					
OBSERVATION: Pregnancy COMPLETED			Date:		
OBSERVATION: Postpartum Women COMPLETED			Date:		
OBSERVATION: Infants COMPLETED			Date:		
OBSERVATION: Children COMPLETED			Date:		

