**Date** _____ **Reviewer** _____ **INDIVIDUAL CONTACTS CHECKLIST** **Local Agency:**

| | 1 | 2 | 3 | 4 | 5 | Summary | | |
|---|---|---|---|---|---|---|---|---|
| Appointment Timeframe | Start_____ End_____<br>Total time: | Start_____ End_____<br>Total time: | Start_____ End_____<br>Total time: | Start_____ End_____<br>Total time: | Start_____ End_____<br>Total time: | **Notes:** | | |
| Educator/Language/Site *(Ex. Sara/Eng/4)* | | | | | | | | |
| Family ID | | | | | | | | |
| Name | | | | | | | | |
| Category (circle one) | **P B N I C** | **P B N I C** | **P B N I C** | **P B N I C** | **P B N I C** | | | |
| Appt Type | SR/E SH SM ST | SR/E SH SM ST | SR/E SH SM ST | SR/E SH SM ST | SR/E SH SM ST | ***Don't tally N/A's*** | | |
| **CERTIFICATION** | ***Fill out this section for Cert and Recert Appointments Only*** | | | | | **One checklist** | **Entire team site summary** | |
| 1 Migrant/Agriculture – Asks ISIS ques | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Migrant*<br>__/__ N *Migrant* | __/__ Y *Total Migrant*<br>__/__ N *Total Migrant* | |
| 2 Address verification or 30 day hold | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Address*<br>__/__ N *Address* | __/__ Y *Total Address*<br>__/__ N *Total Address* | |
| 3 Income verification or 30 day hold | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Income*<br>__/__ N *Income* | __/__ Y *Total Income*<br>__/__ N *Total Income* | |
| 4 Adjunctive Eligibility Determination (MEDS interface or manual check) | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Adjunc*<br>__/__ N *Adjunc* | __/__ Y *Total Adjunc Elig*<br>__/__ N *Total Adjunc Elig* | |
| 5 ID verification | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *ID*<br>__/__ N *ID* | __/__ Y *Total ID*<br>__/__ N *Total ID* | |
| 6 Presence at Certification | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Cert*<br>__/__ N *Cert* | __/__ Y *Total Cert*<br>__/__ N *Total Cert* | |
| 7 Ethnicity/Race Questions: **(3 parts) verbally explains** data for statistics… | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Stats*<br>__/__ N *Stats* | __/__ Y *Total Stats*<br>__/__ N *Total Stats* | |
| 8 … and **does not affect eligibility** | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Affect elig*<br>__/__ N *Affect elig* | __/__ Y *Total Affect elig*<br>__/__ N *Total Affect elig* | |
| 9 … Enters data (at least **one** race = **YES**) | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Enter data*<br>__/__ N *Enter data* | __/__ Y *Total Enter data*<br>__/__ N *Total Enter data* | |
| 10 Anthro: **(3 parts):** Use correct procedures | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *procedure*<br>__/__ N *procedure* | __/__ Y *Total procedure*<br>__/__ N *Total procedure* | |
| 11 …enters data correctly | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *data*<br>__/__ N *data* | __/__ Y *Total data*<br>__/__ N *Total data* | |
| 12 … interprets and explains accurately | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *explain*<br>__/__ N *explain* | __/__ Y *Total explain*<br>__/__ N *Total explain* | |
| 13 Biochemical: **(4 parts)**: Hgb brought in? | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Bio in*<br>__/__ N *Bio in* | __/__ Y *Total Bio in*<br>__/__ N *Total Bio in* | |
| 14 …**if YES,** was data entered correctly? | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Bio data*<br>__/__ N *Bio data* | __/__ Y *Total Bio data*<br>__/__ N *Total Bio data* | |
| 15 … **If NO**, was hold placed? | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ *Y Bio hold*<br>__/__ *N Bio hold* | __/__ Y *Total Bio hold*<br>__/__ N *Total Bio hold* | |
| 16 … Interprets & explains accurately? | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Hgb expl*<br>__/__ N *Hgb expl* | __/__ *Total Y Hgb expl*<br>__/__ *Total N Hgb expl* | |
| 17 Health Questions - Asks all applicable ISIS questions | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Health q's*<br>__/__ N *Health q's* | __/__ *Y Total Health q's*<br>__/__ *N Total Health q's* | |
| 18 Drug/Alcohol – Asks all applicable ISIS questions *(Hint: Applies to P,B, N only)* | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Drug/Alc*<br>__/__ N *Drug/Alc* | __/__ *Y Total Drug/Alc*<br>__/__ *N Total Drug/Alc* | |
| 19 R & R – explained (including CSFP where applicable), completed, and given | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *R & R*<br>__/__ *N R & R* | __/__ *Y Total R & R*<br>__/__ *N Total R & R* | |
| 20 NVRA – explained, completed *(Hint: Adult Cert, Re-cert, or address change)* | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ *Y NVRA*<br>__/__ *N NVRA* | __/__ *Y Total NVRA*<br>__/__ *N Total NVRA* | |

# INDIVIDUAL CONTACTS CHECKLIST

| | 1 | 2 | 3 | 4 | 5 | Summary | | |
|---|---|---|---|---|---|---|---|---|
| **HEALTH EDUCATION** | ***Fill out this section for ALL appointments*** | | | | | **One checklist** | **Entire team site summary** | |
| 21 Dietary recall completed using NQ, 24 hr. recall, other approved tool w/ **bolded** (required) questions answered @ a minimum | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ *Y Dietary*<br>__/__ *N Dietary* | __/__ *Y Total Dietary*<br>__/__ *N Total Dietary* | |
| Dietary Risk Code(s)- at least 1. Exceptions:<br>• some infants < 4 months.<br>• D401/428 must include HH | Yes☐ No☐ NA☐<br>*if yes,401/428 w/out HH ☐?* | Yes☐ No☐ NA☐<br>*if yes,401/428 w/out HH ☐?* | Yes☐ No☐ NA☐<br>*if yes,401/428 w/out HH ☐?* | Yes☐ No☐ NA☐<br>*if yes,401/428 w/out HH ☐?* | Yes☐ No☐ NA☐<br>*if yes,401/428 w/out HH ☐?* | __/__ *Y DCode\| __/__*<br>__/__ *N Dcode \|no HH* | __/__ *Y DCode\| __/__*<br>__/__ *N Dcode \| no HH* | |
| *Complete **bolded** area on page 1 for biochemical and anthropometric data.* | | | | | | | | |
| 22 Involves ppt. in prioritizing topics to discuss | Yes☐ No☐ [E☐ B☐ ]<br>C: | Yes☐ No☐ [E☐ B☐ ]<br>C: | Yes☐ No☐ [E☐ B☐ ]<br>C: | Yes☐ No☐ [E☐ B☐ ]<br>C: | Yes☐ No☐ [E☐ B☐ ]<br>C: | __/__ *Y Involv*<br>__/__ *N Involve* | __/__ *Total Y Involve*<br>__/__ *Total N Involve* | |
| 23 Overall Education Skills– e.g. accurate, interactive, respectful, culturally appropriate, learner-centered, appropriate messaging | Yes☐ No☐ [E☐ B☐ ]<br>C: | Yes☐ No☐ [E☐ B☐ ]<br>C: | Yes☐ No☐ [E☐ B☐ ]<br>C: | Yes☐ No☐ [E☐ B☐ ]<br>C: | Yes☐ No☐ [E☐ B☐ ]<br>C: | __/__ *Y Educ*<br>__/__ *N Educ* | __/__ *Total Y Educ*<br>__/__ *Total N Educ* | |
| 24 Breastfeeding- e.g. records intent, supports, gives accurate info, demonstrates pump use | Yes☐ No☐ NA☐<br>[E☐ B☐ ]<br>C: | Yes☐ No☐ NA☐<br>[E☐ B☐ ]<br>C: | Yes☐ No☐ NA☐<br>[E☐ B☐ ]<br>C: | Yes☐ No☐ NA☐<br>[E☐ B☐ ]<br>C: | Yes☐ No☐ NA☐<br>[E☐ B☐ ]<br>C: | __/__ *Y BF*<br>__/__ *N BF* | __/__ *Total Y BF*<br>__/__ *Total N BF* | |
| 25 Lead Screening<br>*(Hint: 1 yr re-cert or child enroll only)* | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ *Y Lead*<br>__/__ *N Lead* | __/__ *Y Total Lead*<br>__/__ *N Total Lead* | |
| 26 IZ Screening<br>*(Hint: 2 yrs or under only)* | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *IZ*<br>__/__ N *IZ* | __/__ *Y Total IZ*<br>__/__ *N Total IZ* | |
| **PLANS AND REFERRALS** | ***Fill out this section for ALL appointments*** | | | | | | | |
| 27 Goal-PPT Selects. Follows-up on previous goal | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ *Y Goal*<br>__/__ *N Goal* | __/__ *Y Total Goal*<br>__/__ *N Total Goal* | |
| 28 Documents session in INEP field/ISIS | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ *Y INEP*<br>__/__ *N INEP* | __/__ *Y Total INEP*<br>__/__ *N Total INEP* | |
| 29 ISIS Referral - In writing<br>**All Certs:** How Can We Help? *CAL Works, SNAP*, Child Support, CHDP, Medi-Cal*<br>**AND/OR**<br>**All Appts:** *Substance abuse/other referral offered any time needed.*<br>*SNAP = Supplemental Nutrition Assistance Program (aka: Food Stamps) | **All Certs:**<br>Yes☐ No☐ NA☐<br>--------- **AND/OR** ----------<br>**All Appts:**<br>Yes☐ No☐ NA☐<br>C: | **All Certs:**<br>Yes☐ No☐ NA☐<br>--------- **AND/OR** ----------<br>**All Appts:**<br>Yes☐ No☐ NA☐<br>C: | **All Certs:**<br>Yes☐ No☐ NA☐<br>--------- **AND/OR** ----------<br>**All Appts:**<br>Yes☐ No☐ NA☐<br>C: | **All Certs:**<br>Yes☐ No☐ NA☐<br>--------- **AND/OR** ----------<br>**All Appts:**<br>Yes☐ No☐ NA☐<br>C: | **All Certs:**<br>Yes☐ No☐ NA☐<br>--------- **AND/OR** ----------<br>**All Appts:**<br>Yes☐ No☐ NA☐<br>C: | __/__ *Y All **Certs***<br>__/__ *N All **Certs***<br>_____<br>__/__ *Y All **Appts***<br>__/__ *N All **Appts*** | __/__ *Y Total All **Certs***<br>__/__ *N Total All **Certs***<br>_____<br>__/__ *Y Total All **Appts***<br>__/__ *N Total All **Appts*** | |
| **FOOD PACKAGE AND SUMMATION** | ***Fill out this section for ALL appointments*** | | | | | | | |
| 30 Alternate/Proxy – Offered? Reviewed? | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | Yes☐ No☐ NA☐<br>C: | __/__ Y *Alt/Proxy*<br>__/__ *N Alt/Proxy* | __/__ *Y Total Alt/Proxy*<br>__/__ *N Total Alt/Proxy* | |
| 31 Food package - Appropriately prescribes WIC FIs? | Yes☐ No☐<br>C: | Yes☐ No☐<br>C: | Yes☐ No☐<br>C: | Yes☐ No☐<br>C: | Yes☐ No☐<br>C: | __/__ *Y Food Pkg*<br>__/__ *N Food Pkg* | __/__ *Y Total Food Pkg*<br>__/__ *N Total Food Pkg* | |
| 32 Next Appointment - Participant selects. Staff explains what to bring | Yes☐ No☐<br>C: | Yes☐ No☐<br>C: | Yes☐ No☐<br>C: | Yes☐ No☐<br>C: | Yes☐ No☐<br>C: | __/__ Y *Next Appt*<br>__/__ *N Next Appt* | __/__ *Y Total Next Appt*<br>__/__ *N Total Next Appt* | |
| **LEGEND** | **E** = Exceeds Standards* | **B** = Below Standard* | **N** = No, did not happen | **NA** = Not Applicable | **C:** = Comments | | | |

**Note:** Use **separate** column for each applicant/participant. *Ex: BF mom with infant and 3 children will use **all 5 columns**.* **DO NOT include # of N/A's** to arrive @ denominator for each row.
*** Subjective ratings (E/B) are excluded from totals. However, selection of E/B ratings along with supportive comments helps the PE team determine preliminary findings.**