## Washington WIC – Certifier Competency Training Worksheet

7. Nutrition Assessment and Risk Assignment

Competency	Certifier is able to:	Training Requirements
Complete an assessment to	Set the agenda	1. Complete the following in the Learning
discover participant's nutrition	Begin with an introductory statement	Center (LC)
needs and determine risk	about assessment.	DOH STATE WIC <u>Nutrition Assessment</u>
eligibility.	• Ask bolded assessment questions based	Training
• Use critical thinking to gather	on participant's category, age, and	DOH STATE WIC <u>Nutrition Risk Assignment</u>
and analyze assessment	feeding practices.	DOH STATE WIC <u>Nutrition Assessment</u>
information.	• Use open-ended questions to learn about	Post-Test - Complete the post-test with
	the participant's nutrition status, eating	80% or higher score
	and feeding practices, concerns and	DOH STATE WIC Lead Screening and
	interests.	<u>Referral</u>
	<ul> <li>Use probing questions to clarify</li> </ul>	DOH STATE WIC Immunization Screening
	information and get a more complete	and Referral
	picture of the participant.	
	Assign nutrition risks and document risk	2. Review all information below:
	notes when needed.	
	Ask questions to make sure a medical	WIC Manual - Volume 1
	provider diagnosed medical conditions	<u>Chapter 11-Assessment</u>
	reported by the participant.	<u>Chapter 14-Nutrition Risk Criteria</u>
	• Determine when to use the "Not meeting	<ul> <li>DRAFT <u>Chapter 18-Certification</u>:</li> </ul>
	dietary or feeding guidelines" risks.	<ul> <li>Read Section 2 - Certification</li> </ul>
	<ul> <li>Match the priority of breastfeeding</li> </ul>	Requirements – Separation of
	participants and babies.	Duties
	<ul> <li>Refer to the Registered Dietitian</li> </ul>	
	Nutritionist (RDN) when a participant:	Staff Tool
	$\circ$ Is identified with a high risk	Assessment Questions
	criteria	
	<ul> <li>Has nutrition needs where seeing</li> </ul>	
	a RDN is valuable.	
	<ul> <li>Requests a RDN appointment.</li> </ul>	

Wait to offer education until assessment is completed. Include:	
<ul> <li>Assessment questions answered</li> <li>Growth or weight gain assessed, when available</li> <li>Blood test results evaluated, when available</li> </ul>	
<ul> <li>Document key information throughout the Cascades system:         <ul> <li>Relevant responses to Assessment Questions</li> <li>Identified medical and/or nutrition risk(s)</li> <li>Health or diet concerns relevant to nutrition assessment</li> </ul> </li> </ul>	
	<ul> <li>Growth or weight gain assessed, when available</li> <li>Blood test results evaluated, when available</li> <li>Document key information throughout the Cascades system:         <ul> <li>Relevant responses to Assessment Questions</li> <li>Identified medical and/or nutrition risk(s)</li> <li>Health or diet concerns relevant</li> </ul> </li> </ul>

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or email <u>wic@doh.wa.gov</u>. DOH-961-1118 August 2024



