

Local Agency: _____
Date of Review: _____
Review Team: _____
Site(s) Reviewed: _____

Department of Health and Human Services
Division of Public Health
Nutrition Services Branch

**WIC Program Monitoring Tool
Part I: Administrative Services Review
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1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p>1.1. Does the local agency follow required procedures for processing applications for the WIC Program?</p> <p><u>Minimum Standard:</u> An application must be initiated at the time an individual inquires in-person about participation in the WIC Program. When eligibility cannot be completed on the day of application, the applicant's record must be given a status of pending in the WIC ADP system and an appointment to complete eligibility determination must be scheduled within processing standards. When an agency does not use a standard appointment system, there must be a written policy stating how eligibility determinations of pending applications are handled. Pregnant women, who miss their appointment to complete the eligibility determination, must receive notification of the missed appointment within 10 days. (WPM, Chapter 6A).</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review the records of five individuals from the pending list using Table 1.1 to document findings. Include at least 3 women in the sample if possible. ▪ Ask staff for next available appointment for a pregnant women, infant, child, and postpartum women. ▪ Interview staff about their procedures for processing applications 		

Table 1.1: Pending Applications

Use the pending report included in the monitoring packet and/or print a list of pending records from screen 19. Select 5 records (include 3 pregnant women if possible). Review appropriate WIC ADP system screens (i.e., certification, appointments, notices) to assure correct procedures are being followed for pending applications.

	1	2	3	4	5
1. Client Identifier Number					
2. WIC status (1 = Woman; 2 = Infant; 3 = Child)					
3. Date of initial application					
4. Scheduled appointment date / or walk-in policy					
5. Appointment is within processing standards					
6. Documentation of F/U for missed appointments					
▪ Required for pregnant women					

Code for Table: ✓=Present M=Missing NA=Not Applicable I=Incomplete

1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p>1.2. Is physical presence of applicants/participants noted and documented at each certification/recertification?</p> <p><u>Minimum Standard:</u> At the initial certification and at each recertification, all applicants/participants must be physically present. Physical presence or the legitimate absence (i.e., there are limited exceptions to the physical presence requirement) must be documented in the client's health record. (WPM, Chapter 6A)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe physical presence for 3-5 clients using Appendix 1, item 4 to document findings ▪ Link findings of observations with those from the clinical record review. 		
<p>1.3. Is proof of identification and proof of residence reviewed and documented according to guidelines?</p> <p><u>Minimum Standard:</u> Proof of Identification and proof of residence must be reviewed and documented at every certification and for participants transferring into the program. (WPM, Chapter 6A)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe screening of proof of identification and proof of residence for 3-5 applicants using Appendix 1, items 6-7 to document findings. ▪ Review 5 DHHS 3785, using Table 1.3 to document findings. 		

Table 1.3: Proof of Identity & Residence, Income Eligibility, My Rights & Responsibilities, and Proxies

Review documentation on DHHS 3785 for 5 individuals.

	1	2	3	4	5
1. Client Identifier Number					
2. Proof of identification and proof of residence documented					
3. Proof of income or adjunct income eligibility documented					
a. Economic unit determined and documented					
b. Income eligibility determined and documented (<i>including the use of part 2 of DHHS 3785 as applicable</i>)					
c. Signed/dated by applicant and by staff					
4. My Rights and Responsibilities: signed/dated with relationship to participant indicated					
5. Designation of proxy documented, if applicable					

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1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p>1.4. Is income eligibility screened and documented according to guidelines?</p> <p><u>Minimum Standard:</u> Income must be screened and documented at each certification/recertification in accordance with program policy. (WPM, Chapter 6B) <u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe income screening and review documentation for 3-5 applicants using Appendix 1, item 8 to document findings. If possible include at least one full income screening (i.e., individual is not adjunctively income eligible). ▪ Review 5 DHHS 3785, using Table 1.3 to document findings. If possible, include at least two people found ineligible at certification due to income. ▪ Interview staff about agency use of Part 2 of DHHS 3785. If available, review client records with a completed Part 2 and use Table 1.3 to document findings. 		
<p>1.5. Do applicants/participants read the rights and responsibilities for program participation (or have staff read and explain to them) and then sign, date, and indicate their relationship to the participant?</p> <p><u>Minimum Standard:</u> At each certification, staff must make the applicant/participant aware of the rights and responsibilities of program participation and in such a way that accommodates the language and literacy needs of the client. The applicant/participant must sign and date the rights and responsibilities indicating their understanding of them and include her/his relationship to the participant. (WPM, Chapter 6D) <u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 certifications using Appendix 1, item 9 to document findings. ▪ Review 5 DHHS 3785, using Table 1.3 to document findings. 		
<p>1.6. Does staff offer the participant/parent/caretaker the opportunity at each certification to designate a proxy for pick-up?</p> <p><u>Minimum Standard:</u> Staff must offer the participant/parent/caretaker the opportunity at each certification to designate a proxy for pick-up of food benefits. (WPM, Chapter 8) <u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 certifications using Appendix 1, item 10 to document findings. ▪ Review 5 DHHS 3785, using Table 1.3 to document findings. 		

1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p>1.7. Does the local agency assist clients to transfer into and out of the agency?</p> <p><u>Minimum Standard:</u> Local agencies must ask clients at certification about plans to move during the certification period and issue a VOC card to participants/caretakers who plan to move out-of-state. Summary sheets may be used instead of VOC cards only for in-state transfers. A VOC card, WIC summary sheet, or telephone verification may be used when accepting transfers. If transfers are not enrolled on a walk-in basis, they should be enrolled within a reasonable time period to avoid a break in the provision of benefits to which a transfer is entitled. (WPM Chapter 6E)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 certifications using Appendix 1, item 11 to document findings. ▪ Interview staff about procedures for transferring participants into and out of the agency and, if possible, observe a client requesting transfer into or out of the agency. 		
<p>1.8. Does the local agency make program services more accessible for individuals who are employed, attend school, live in a rural area, and/or have transportation problems?</p> <p><u>Minimum Standard:</u> The WIC Program is required to make program services more accessible for applicants/participants who are employed, attend school, live in a rural area, and/or have transportation problems. There are a variety of approaches to increase accessibility including scheduling appointments at the individual's convenience and extending clinic hours. (WPM, Chapter 6A)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview staff about how the agency makes WIC services accessible to clients ▪ Review clinic schedules ▪ Review appointment schedules ▪ Review policy and procedures for mailing food instruments and cash-value vouchers 		

2. Food Benefits Issuance

Review Area	Reviewers Notes	Status**
<p>2.1. Does the local agency complete required documentation at food benefits issuance?</p> <ul style="list-style-type: none"> • Proof of identity of the participant/parent/caretaker/proxy • Signature and date of recipient <p><u>Minimum Standard:</u> Staff must document proof of identity of the participant/parent/caretaker/proxy at each food benefits issuance. Documentation must be consistent across staff and in accordance with the local agency written policy. (WPM, Chapter 8). A signature and date of the person receiving food instruments /cash-value vouchers is required on all receipts. (WPM Chapter 8)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe issuance to 3-5 participants using Appendix 1, item 12 to document findings. ▪ Review a sample of the records where policy states proof of identity should be documented. ▪ Review a sample of printed food instrument / cash-value voucher receipts 		
<p>2.2. Are food benefits issued in accordance with policy?</p> <p><u>Minimum Standard:</u> Issuance of food benefits should occur in accordance with policy at the initial issuance, subsequent issuance, and in “special situations” such as required monthly issuance and issuing early/late, at the end of categorical eligibility, near the end of certification, or when a formula prescription changes. (WPM Chapter 8).</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review over-issuance report in the monitoring packet using Table 2.2 to document findings. ▪ Interview staff about procedures they use to determine when and how to adjust food benefits 		

Table 2.2: Food Benefits Issuance

Document over-issuance status for up to 5 individuals on the over-issuance report included in the monitoring packet.

	1	2	3	4	5
1. Client Identifier Number					
2. Action Due Date					
3. Highest Issuance Date					
4. Valid Issuance (yes/no) (i.e., Were FIs/CVV's voided? Was participant validly certified?)					

Code for Table: ✓=Present M=Missing NA=Not Applicable I=Incomplete

2. Food Benefits Issuance

Review Area	Reviewers Notes	Status**
<p>2.3. Are clients educated on how to use food instruments and cash-value vouchers at the initial certification?</p> <p><u>Minimum Standard:</u> At the initial certification, staff must educate clients on how to use food instruments and cash-value vouchers including food selection, approved vendors, replacement of food instruments and cash-value vouchers, and use of coupons. (WPM, Chapter 8)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe issuance to 3-5 participants using Appendix 1, item 12 to document findings. ▪ Interview staff about how they educate clients on the use of FIs and CVVs 		
<p>2.4. Are preprinted food instrument (PPFI) / cash-value voucher (PPCVV) issuance logs complete for each issuance and entered into the WIC ADP system no later than close of business of the next working day?</p> <p><u>Minimum Standard:</u> Preprinted issuance logs must reflect the disposition of each PPFI / PPCVV. All information requested on the log must be completed for each issuance. Documentation of voided and mailed PPFIs / PPCVVs must be noted. Issuance of PPFIs / PPCVVs must be entered into the WIC ADP system no later than close of business of the next working day. (WIC ADP Manual Chapter 2 and 3)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe issuance of PPFI / PPCVV when possible ▪ Review PPFI / PPCVV issuance logs ▪ Review unmatched redemption reports (NA475-1) to assess late entry of PPFIs/PPCVVs ▪ Interview staff about process they use to enter PPFIs and PPCVVs into the WIC ADP system 		

2. Food Benefits Issuance

Review Area	Reviewers Notes	Status**
<p>2.5. Are food instruments (FIs) and cash-value vouchers (CVVs) voided, unclaimed or replaced according to program requirements?</p> <p><u>Minimum Standard:</u> FIs/CVVs that are voided, unclaimed, or replaced must be invalidated per program policy including writing "VOID", "UNCLAIMED", or "REPLACED" in the "pay exactly" box on the invalidated food instrument. (WPM, Chapter 8)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review invalidated FIs/CVVs and PPFIs/PPCVVs 		
<p>2.6. Are food instruments (FIs) / cash-value vouchers (CVVs) mailed to participants in accordance with program policy?</p> <p><u>Minimum Standard:</u> Food instruments / cash-value vouchers must be mailed only in situations as outlined per program policy. Staff must follow procedures for mailing, handling returned (undeliverable) mail, and separating staff responsibilities as outlined in the program manual. (WPM Chapter 8)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview staff about protocols used for mailing including how responsibilities are separated when mailing FIs / CVVs. ▪ Review documentation of issuance and documentation of reason for mailing for up to five FIs/CVVs receipts that indicate FIs /CVVs were mailed. ▪ Review any Nutrition Services Branch (NSB) approval for mailing due to agency hardship 		

3. Security And Accountability

Review Area	Reviewers Notes	Status**
<p>3.1. Does staff assure separation of responsibility for certifying and issuing food benefits?</p> <p><u>Minimum Standard:</u> There must be a separation of responsibilities among Local Agency staff so that the same person does not complete the eligibility determination <u>and</u> the issuance of food benefits for the same participant. Whenever this separation of responsibilities is not possible, staff must maintain a log which documents the date and WIC ID number of each participant certified and issued food benefits along with the initials of the staff person performing the activities. This log must be retained in sequential order by date. (WPM Chapter 1)</p> <p><u>Method of Review</u></p> <ul style="list-style-type: none"> ▪ Interview staff about procedures they use when staff is limited ▪ Review log 		
<p>3.2. Does staff protect access to the WIC ADP system and MICR printers?</p> <p><u>Minimum Standard:</u> Local agency staff should log out of the WIC ADP system when away from their work station, never share WIC user ID and/or passwords, and limit physical access to MICR printers. (WIC ADP Manual Chapters 1 and 3)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe staff practices ▪ Interview staff about practices they use to secure access to the WIC ADP system and MICR printers 		
<p>3.3. Does the local agency utilize a secure method of storing the following?</p> <ul style="list-style-type: none"> • check stock • pre-printed food instruments (PPFIs)/cash-value vouchers (PPCVVs) • receipts for food instruments (FIs)/cash-value vouchers (CVVs) • issuance logs for PPFIs/PPCVVs • invalidated FIs/CVVs and PPFIs/PPCVVs • Verification of Certification (VOC) cards <p><u>Minimum Standard:</u> The local agency is responsible for keeping check stock and PPFIs / PPCVVs in a locked storage area when not in use. FI/CVV receipts and PPFi/PPCVV issuance logs must be stored in a secure location and in an easily retrievable manner. Invalidated FIs/CVVs and PPFIs/PPCVVs that the local agency issued must be stored in a secure location chronologically by date invalidated. The local agency is responsible for maintaining unused VOC cards in a secure manner. (WPM Chapter 6E and 8; WIC ADP Manual Chapter 3).</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ View secure storage areas and interview staff about security measures practiced ▪ Review retrievability of PPFi/PPCVV issuance logs ▪ Select a sample of FIs/CVVs and review the storage & retrievability 		

3. Security And Accountability

Review Area	Reviewers Notes	Status**
<p>3.4. Has a quarterly inventory been completed for the following and is current stock in agreement with the inventory log?</p> <ul style="list-style-type: none"> • Preprinted food instruments (PPFIs)/cash-value vouchers (PPCVVs) • Verification of Certification (VOC) cards <p><u>Minimum standard:</u> Staff must complete an inventory of PPFIs /PPCVVs and VOC cards during the second month of each quarter (i.e., February, May, August, and November).</p> <ul style="list-style-type: none"> ▪ Local agency must account for each available PEFI and PPCVV number listed on the inventory report with an actual PEFI and PPCVV. ▪ An up-to-date log of all VOC cards received from the NSB must be maintained. Local agency must keep the inventory log and the physical inventory of VOC cards on hand. The VOC Inventory Log should be in agreement with the physical inventory of VOC cards and the VOC/Summary Sheet Issuance Log. (WPM Chapter 6E and 8; WIC ADP Manual Chapter 2) <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review documentation of quarterly inventory logs for past 12 months ▪ Review inventory log against physical inventory. 		
<p>3.5. Does staff document issuance of the following?</p> <ul style="list-style-type: none"> • Pre-printed food instruments (PPFIs)/cash-value vouchers (PPCVVs) • Verification of Certification (VOC) cards • Summary Sheets <p><u>Minimum Standard:</u> Log(s) of all PEFI/PPCVV, VOC cards and Summary Sheets that have been issued must be kept. If the issuance of VOC cards is not in consecutive order, the local agency should be able to account for those missing from the consecutive order. (WPM Chapter 6E).</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review PEFI/PPCVV, VOC card and Summary Sheet issuance logs 		
<p>3.6. Is the unmatched redemption report completed by an individual who does not routinely issue food benefits?</p> <p><u>Minimum Standard:</u> The unmatched redemption report should be researched and completed by an individual other than one who routinely issues food benefits by reviewing WIC ADP system records, preprinted logs, receipts and voided FIs and CVVs. (WIC ADP Manual, Chapter 4)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview individual who completes the report about the procedures they use to investigate unmatched redemptions. 		

3. Security And Accountability

Review Area	Reviewers Notes	Status**
<p>3.7. Are formulas and medical foods received from the Nutrition Services Branch (NSB) and/or returned from participants maintained in a secure location and issued and inventoried according to program requirements?</p> <p><u>Minimum Standard:</u> All products received from the NSB and/or returned from participants must be maintained in a secure storage area until issued. Staff must maintain an ongoing inventory log of all formulas/medical foods received from the NSB and/or returned from participants and document issuance/disposition of inventoried products. Out-of-date and damaged products should be disposed of in a timely and appropriate manner. (WPM Chapter 7)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe storage area of formulas/medical foods ▪ Check expiration date of products in stock ▪ Review issuance / inventory logs of formulas/medical foods received from the NSB and/or returned from participants <ul style="list-style-type: none"> ○ Compare product in inventory with amount documented on issuance/inventory logs. ○ If included in the monitoring packet of products shipped to the agency from the NSB, compare the issuance/inventory logs to the report(s), 		

4. Vendor Management

Review Area	Reviewers Notes	Status**
<p>4.1. Is documentation of the last annual vendor training on file?</p> <p><u>Minimum Standard:</u> Documentation of the last annual vendor training including correspondence announcing the training with two dates offered, the training agenda, and a copy of the module used for the training, must be kept on file. (WPM Chapter 11)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review vendor training file 		
<p>4.2. Is required documentation of vendor management activities on file?</p> <p><u>Minimum standard:</u> The WIC Vendor Agreement is a three way contract between a Vendor, the State WIC agency and the Local WIC agency. Each vendor's file includes copies of the vendor agreement & price lists (non-corporate stores), information update, monitoring reports, verification of attendance forms, above 50% vendor self declaration form and food instrument and cash-value voucher replacement forms (WPM Chapter 11)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review a sample of 5 vendor files using Table 4.2 to document findings. Include both corporate and non-corporate vendors in sample. 		

Table 4.2: Vendor Files

Review 5 vendor files (include both corporate and non-corporate vendors) to ensure required documentation of vendor management activities.

Vendor Name/Number	Vendor Agreement <i>(non-corporate vendors only)</i>	Price List	Update / Application* <i>(all vendors)</i>	Verification of Attendance <i>(all vendors)</i>	Above 50% Vendor Self Declaration** <i>(all vendors)</i>	FI & CVV Replacement Documentation <i>(all vendors)</i>	Monitoring Reports <i>(all vendors)</i>
1.							
2.							
3.							
4.							
5.							

Code for Table: ✓=Present M=Missing NA=Not Applicable I=Incomplete

* Local Agency must maintain a copy of Vendor Update. If vendor is new for current FFY, there must be a copy of the Vendor Application on file instead of an update.

** Only one copy is required. This is no longer updated on an annual basis.

4. Vendor Management

Review Area	Reviewers Notes	Status**
<p>4.3 Are vendors monitored in accordance with program policy?</p> <p><u>Minimum Standard:</u> Local agencies must document all monitoring visits on the Vendor Monitoring Report form (DHHS 2925) and must complete the following monitoring activities. (WPM Chapter 11)</p> <ul style="list-style-type: none"> ▪ Monitor each vendor at least once every three federal fiscal years, as well as monitor at least one third (33.3%) of their vendors each federal fiscal year (<i>October 1 - September 30</i>). ▪ Monitor new vendors by the end of the federal fiscal year following the date of their authorization approval. ▪ Perform a follow-up monitoring within two (2) weeks of the date of a monitoring visit in which deficiencies were identified. ▪ Monitor a vendor within seven (7) days of a request to do so by the NSB WIC Vendor Unit. ▪ Perform an additional monitoring of any vendor in the next federal fiscal year who has had at least five (5) sanction points assessed in the previous federal fiscal year or has been disqualified from the program within the past three (3) years and is now an authorized vendor. <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review the vendor monitoring status report included in the local agency monitoring packet and discuss with staff. <ul style="list-style-type: none"> ○ <i>Report will not be included in monitoring packets for events occurring in October, November, or December. Instead, monitoring team should contact the NSB Vendor Unit close to the time of the event, to verify status of monitoring activities.</i> ○ <i>It is an <u>automatic deficiency</u> if the agency has any vendor(s) reported as being out-of-compliance with vendor monitoring requirements. The local agency CAP must state how the non-compliance occurred for each vendor listed, how the non-compliance will be resolved, and what steps will be taken to assure future compliance with vendor monitoring requirement(s). In the event that the local agency can prove they completed the vendor monitoring as required, the agency must submit this proof immediately to the NSB WIC Vendor Unit.</i> ▪ Interview staff about the tracking system used by the agency to determine when a vendor needs to be monitored and when the activity is completed. 		

5. Civil Rights

Review Area	Reviewers Notes	Status**
<p>5.1. Do all locally developed print materials, internet sites, print and electronic media announcements that describe the WIC Program include the current non-discrimination policy statement?</p> <p>Do locally developed letters/notifications related to program eligibility include the non-discrimination statement and the fair hearing notice?</p> <p><u>Minimum Standard:</u> The current non-discrimination statement must appear on locally printed publications; print, television and radio announcements; and local websites whenever they describe the WIC Program and are intended for public information, public education, or public distribution. If any locally developed notices are used to inform the applicant/participant of his/her eligibility, the notices must include the non-discrimination statement and the right to a fair hearing statement. (WPM, Chapter 4 and 14).</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review locally printed WIC publications, locally produced print, television and radio spots (or their scripts), and local agency web site. ▪ Review locally developed notices used to inform applicants/participants of eligibility status 		
<p>5.2. Do applicants/participants receive required notifications according to program policy?</p> <p><u>Minimum Standard:</u> Clients must receive required notifications and there must be documentation in the WIC ADP system record of the client receiving the notification. Required notifications include: certification ineligibility, recertification due, no longer eligible, termination due, and missed certification appointment by a pregnant woman. (WPM, Chapter 6D)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Link findings from the clinical record review (Appendix 2 and 3, item 5) 		
<p>5.3. Is the current “And Justice for All” poster (dated 12/1999) and the current “Fair Hearing” poster (dated 12/2008) prominently displayed in each clinic and issuance site?</p> <p><u>Minimum Standard:</u> The “And Justice for All” poster and the “Fair Hearing” poster (English & Spanish versions) must be prominently displayed in WIC clinic waiting rooms and issuance sites and wherever WIC applications are accepted, certifications are performed, or food benefits are issued. (WPM Chapter 4 and Chapter 14)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ View location(s) of posters ▪ Interview staff regarding use of posters in satellite sites. 		

5. Civil Rights

Review Area	Reviewers Notes	Status**
<p>5.4. Is the local agency making a reasonable effort to serve non-English speaking or limited English proficiency (LEP) participants?</p> <p><u>Minimum Standard:</u> Programs and services supported in whole or part with federal funds must provide interpreter services at no charge to non-English speaking clients and those with LEP. (Consolidated Agreement at http://www.ncpublichealth.com/contracts/contracts_forms.htm#agreementAd) Bi-lingual staff and written materials in primary languages of client base are other indicators of reasonable effort to serve clients with limited English proficiency. (WPM Chapter 4) <u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview staff about efforts to accommodate LEP/non-English speaking clients ▪ Review availability of interpreters and/or bi-lingual staff ▪ Review availability of written materials and nutrition education resources in other languages 		
<p>5.5. Is staff collecting racial/ethnic information from clients in a manner that complies with Federal guidelines?</p> <p><u>Minimum Standard:</u> Local Agencies must ensure that ethnic and racial data is collected and documented for all individuals at the time of initial application for WIC Program services; but only after it has been explained and the applicant understands that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of their eligibility to participate in the program. Self-identification by the applicant is the preferred method of obtaining ethnic and racial information. The applicant may select one ethnic category, but multiple racial categories. If an applicant declines to self-identify, staff must inform the applicant that a visual identification will be made. (WPM Chapter 4) <u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 participants being certified using Appendix 1, item 5 to document findings. ▪ Interview staff about procedures they routinely use to collect racial/ethnic data 		
<p>5.6. Does staff receive annual civil rights training?</p> <p><u>Minimum Standard:</u> Staff who interact with program applicants/participants and their supervisors must participate in annual civil rights training which addresses the USDA required content areas. (WPM Chapter 4) <u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review the training materials used for most recent annual training session(s) ▪ Review documentation of staff having completed the training ▪ Interview staff about their civil rights training experiences 		

6. Program Outreach

Review Area	Reviewers Notes	Status**
<p>6.1. Does the agency maintain a file of outreach and referral activities and does it include the required annual media release publicizing the availability of WIC and program benefits?</p> <p><u>Minimum Standard:</u> Local agencies are required to maintain a file (electronic or hard copy) of outreach and referral activities. This file should include media releases, information on agencies contacted, training activities held by other agencies that WIC staff attended, and descriptions of referral arrangements. On an annual basis, each local agency must send a media release or general advertisement to relevant print and/or broadcast media. The announcement must include WIC eligibility criteria, program benefits (including nutrition education, breastfeeding support, referrals to other health and community resources, and food benefits), locations of the local agency, and the USDA nondiscrimination statement. The local agency must maintain documentation of the release such as a copy of the printed media release or a copy of the broadcast schedule for radio or television. (WPM Chapter 10)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review file of outreach and referral activities. ▪ Review documentation and content of the annual media release. 		

7. Fiscal Management

Review Area	Reviewers Notes	Status**
<p>7.1. Have all subcontracted services received prior approval from the Regional Nutrition Consultant?</p> <p><u>Minimum Standard:</u> Prior to being signed, all sub-contracts (new or annual renewal) must be approved in writing by the local agency's regional nutrition program consultant. (WPM Chapter 3)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Compare the date each agreement was initiated or renewed, with the date it was approved by the Regional Nutrition Consultant. 		
<p>7.2. Does the local agency account for WIC Program expenditures according to program requirements?</p> <p><u>Minimum Standard:</u> The local agency must maintain documentation that supports expenditures, bill expenditures to the appropriate activity budget, and assure that expenditures are allowed under program policy. Unless jointly purchased, all items purchased by the WIC Program must be used solely by WIC. (WPM, Chapter 12)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review one month of expenditure records and supporting documentation including time sheets. (use the month indicated in the initial correspondence for the program monitoring) ▪ Interview staff about process used to manage WIC Program expenditures including the coding of purchases to activity budgets 		
<p>7.3. Does the local agency's cost allocation plan to determine WIC expenditures comply with WIC Program policy?</p> <p><u>Minimum Standard:</u> The local agency must use an acceptable method to determine cost sharing between programs. Common sources of shared expenses include but are not limited to:</p> <ul style="list-style-type: none"> ○ duplicating ○ internet services ○ utilities ○ printing ○ office supplies ○ equipment ○ phone services ○ janitorial & maintenance services ○ clinic costs <p>Source documentation must be available and be retained in accordance with the DHHS retention and disposition schedule. (WPM, Chapter 12)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Compare cost allocation plan & supporting documentation for each expense that is cost shared between programs. ▪ Interview staff about cost allocation plans 		

7. Fiscal Management

Review Area	Reviewers Notes	Status**
<p>7.4. Was prior approval obtained for any purchase within the past 2 years of equipment greater than \$500 and of any medical equipment, computers, and computer accessories (including software)?</p> <p><u>Minimum Standard:</u> All purchases of equipment costing greater than \$500, medical equipment, and computers/computer accessories (including software) must have prior approval. (WPM Chapter 12)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review purchase and approval requests 		
<p>7.5. Does the local agency manage their WIC fixed assets in accordance with program policy?</p> <p><u>Minimum Standard:</u> Within 60 days of the date of approval to purchase equipment, the local agency must submit to the Nutrition Services Branch (NSB) a written report of the purchase of equipment with an acquisition cost of \$500 or more. Once the NSB receives notification of an equipment purchase, it will issue a DHHS inventory tag to the Local Agency for the equipment and staff must place the tag on the appropriate item. Annually, the NSB sends an agency specific fixed assets report to each agency. Local agency staff must confirm the accuracy of the report by viewing the equipment listed, verifying serial numbers and locations, noting any problems/discrepancies, indicating items that have been surplus or lost/stolen, signing the report, and returning the report to the NSB. Staff must submit completed Equipment Disposal Forms to the Nutrition Services Branch for equipment being surplus. (WPM Chapter 12)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review correspondence requesting the purchase of equipment (with WIC funds) within the past two years and review subsequent correspondence for each purchase reporting its acquisition. Confirm with staff the receipt by the local agency of DHHS inventory tags for reported purchases and the attachment of the tags to the respective equipment. ▪ Interview staff about the process they use to complete the annual fixed asset inventory report using the Fixed Asset Inventory Listing included in the monitoring packet for this discussion. (<i>Note: During the months of May through August, the local agency may have an updated Fixed Asset Inventory Listing which can be used in place of the one in the monitoring packet for this discussion.</i>) ▪ Interview staff about the process they use to surplus equipment including the submission of equipment disposal forms to the NSB. 		

8. Policies and Procedures Management

Review Area	Reviewers Notes	Status**
<p>8.1. Is the North Carolina WIC Program Manual current and readily available to local agency staff?</p> <p><u>Minimum Standard:</u> The WIC Director is responsible for assuring that all copies of the WIC Program Manual are maintained with the most current information and are readily accessible to staff. The WIC Director is also responsible for assuring that staff is aware of changes in WIC Program policy and procedures. (WPM, Chapter 1)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review copy(ies) of WIC Program Manual to see if they are current ▪ Review location of the WIC Program Manual and its accessibility to staff ▪ Interview staff about their access to and use of the WIC Program Manual 		
<p>8.2. Does the local agency have required written policies on file and readily available to staff?</p> <p><u>Minimum Standard:</u> At a minimum, there must be a local agency written policy for all policies listed in Table 8.2. Policies must be readily available to staff. Local agency staff is encouraged to have policies signed by the WIC Director (and any other staff per agency protocol) and dated. Staff is also encouraged to review policies at least every two years and update as needed. (WPM Chapter 1)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review written policies listed in Table 8.2 ▪ Interview staff about their access to written policies and procedures 		

8. Policies and Procedures Management

Review Area	Reviewers Notes	Status**
<p>8.3. Does the agency follow standard documentation practices?</p> <p><u>Minimum Standard:</u> There must be a written list of standard abbreviations used by staff when documenting (NCGS 90-18 [30]). Local agencies must use standard procedures for correcting documentation errors and for using initials and signatures. All documentation must be in ink. (Standard accounting procedures)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review standard list of abbreviations used by the agency ▪ Review procedures for documentation (coordinate with findings from record review & review of administrative documents such as logs) 		
<p>8.4. Does the agency conduct a local agency self-assessment of the WIC Program operations in accordance with program policy?</p> <p><u>Minimum Standard:</u> Each Local Agency must complete a self-assessment of program operation in years in which they are not being monitored by the Nutrition Services Branch. Staff must write a report of any findings that reflect non-compliance with program regulations, rules and policies (i.e., deficiency) and a specific corrective action plan (CAP) for each finding of non-compliance. For each self-assessment, the local agency must retain all of the working papers, a copy of the written report of findings and CAP, correspondence from the NSB Nutrition Program Consultant or Regional Nutrition Program Consultant (RNC) and documentation of CAP implementation (e.g., training agenda and date) on file. (WPM Chapter 15)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview staff about the process they use to complete the local agency self-assessment ▪ Review working papers, report of findings, the CAP, and correspondence from most recent local agency self-assessment 		

8. Policies and Procedures Management

Table 8.2. Required Local Agency Policies.

Use this checklist to determine if each required policy has been addressed by the local agency.

<p>Application Process and Transfer of Certification</p> <p><input type="checkbox"/> There must be a written policy for handling pending applications when specific appointments are not given (WPM Chapter 6)</p>
<p>Food Benefits Issuance</p> <p><input type="checkbox"/> There must be a written policy for how staff will document proof of identity reviewed at food instrument/cash-value voucher issuance (WPM Chapter 8)</p>
<p>Vendor Management</p> <p><input type="checkbox"/> Local agencies should have a written policy addressing when they accept vendor applications (WPM Chapter 11)</p>
<p>Program Outreach</p> <p><input type="checkbox"/> Local agencies must have a written policy for describing the strategies used to target individuals in priorities I and II to enroll in the WIC Program (WPM Chapter 10)</p>
<p>Nutrition Assessment</p> <p><input type="checkbox"/> Each agency must have a written protocol for immunization screening (WPM Chapter 6)</p>
<p>Nutrition Education and Counseling</p> <p><input type="checkbox"/> Local Agencies that use non-health professional staff to provide “low risk” nutrition education must have a written policy for doing so (WPM Chapter 5)</p> <p><input type="checkbox"/> Local agencies must have a written protocol for how “low risk” nutrition education is documented (WPM Chapter 5)</p>
<p>Breastfeeding Promotion and Support</p> <p><input type="checkbox"/> A written policy is required for the orientation of new employees to task-appropriate breastfeeding promotion and support activities (WPM Chapter 9)</p> <p><input type="checkbox"/> A written policy is required for who can issue breastfeeding supplies (WPM Chapter 9)</p> <p><input type="checkbox"/> A written policy is required for the tracking of multi-user breast pumps (WPM Chapter 9)</p> <p>Local Agencies that administer a Breastfeeding Peer Counselor Program (BFPC) funded in whole or part with WIC Program funds must have the following written policies:</p> <p><input type="checkbox"/> A written policy is required for consultation and referral support for breastfeeding peer counselors (WPM Chapter 9)</p> <p><input type="checkbox"/> A written policy is required for message management and retrieval from a BFPC dedicated phone line (WPM Chapter 9)</p>

8. Policies and Procedures Management

End of Part I: Administrative Service Review