

Chapter 15 Monitoring/Auditing

Table of Contents

The purpose of this Chapter is to provide information about required State Agency monitoring, Local Agency self-assessments, and audit activities.

Section 1.	State Agency Monitoring of Local Agencies.....	1
	▪ Components of Local Agency Monitoring	
	▪ Monitoring Visit	
	▪ Report of Monitoring Findings	
	▪ Local Agency Response to Report of Findings and Corrective Action Plan	
	▪ Approval of the Local Agency Corrective Action Plan	
	▪ Corrective Action Plan Implementation and Monitoring Close-Out	
	▪ Confidentiality of Applicant/Participant Information	
Section 2.	Local Agency Self-Assessment	5
	▪ Components of Local Agency Self-Assessment	
	▪ Local Agency Self-Assessment Event	
	▪ Report of Findings and Corrective Action Plan	
	▪ Local Agency Response to Report of Findings and Corrective Action Plan	
	▪ Approval of the Local Agency Corrective Action Plan	
	▪ Corrective Action Plan Implementation and Local Agency Self-Assessment Close-Out	
	▪ Confidentiality of Applicant/Participant Information	
	▪ Retention of Self-Assessment Paperwork	
Section 3.	Audits.....	9
	▪ Mandated Audits	
	▪ Periodic Federal Audits	

Attachments

Attachment 1.	WIC Program Monitoring Tool	
	▪ Part I. Administrative Services Review	
	▪ Part II. Nutrition Services Review	
	▪ Appendix 1: WIC Client Observation	
	▪ Appendix 2: WIC Record Review (Pregnant and Postpartum Women)	
	▪ Appendix 3: WIC Record Review (Infants and Children)	
	▪ Appendix 4: Breastfeeding Supplies	
	▪ Appendix 5: WIC Record Review (Breastfeeding Peer Counselor Contacts)	
	▪ Appendix 6: WIC Policy Checklist	

(Blank Page)

State Agency Monitoring Of Local Agencies

Each local WIC program must be monitored by the State Agency at least once every two federal fiscal years.

■ Components Of Local Agency Monitoring

At a minimum, monitoring of local agencies must include a review of management practices, the certification process, nutrition education, participant services, civil rights compliance, procedures to ensure accountability, financial management systems, and food delivery systems as well as a review of vendor training and vendor monitoring. The monitoring process includes a review of administrative and clinical records and documents, an observation of activities, and interviews with staff.

■ Monitoring Visit

- **Monitoring Review Team.** A monitoring review team is usually comprised of two people: a Regional Nutrition Consultant (RNC) and a central office Nutrition Services Branch (NSB) staff person. Sometimes there may be an additional team member.
- **Monitoring Tool.** A standard tool is completed by the team during a local agency WIC Program monitoring visit. Refer to Attachment 1 for the WIC Program Monitoring Tool, also available on www.nutritionnc.com.
- **Site Selection.** For agencies with more than one site, the Nutrition Services Branch makes every effort to vary the site monitored from one monitoring cycle to the next. Agencies with more than five full time sites will have at least two sites monitored during each monitoring visit. These sites will vary from one monitoring cycle to the next.
- **Dates of the Monitoring.** The dates of a monitoring visit are established by the RNC in conjunction with the local agency staff. The dates are usually established three to four months before the monitoring visit is to occur and are confirmed in writing by the RNC. The monitoring process usually last for three days but may be shorter or longer depending on the size of the agency and the types of services and programs provided.

■ Report Of Monitoring Findings

- **Exit Conference.** At the conclusion of the monitoring visit, a report of findings is presented orally during an exit conference with local agency staff. There are two types of findings that may result from a WIC Program monitoring.
 - *Suggestion* is a recommendation that the review team believe will further enhance WIC Program services. They do not require a written response.
 - *Finding* reflects non-compliance with program regulations, rules and policies and require a written corrective action plan (CAP).

- ▶ **Written Report.** Within 30 days of the completion of the monitoring visit, the local agency will receive a written report of the findings, which includes strengths, suggestions and findings. These reports are addressed to the Agency Director with a copy sent to the local agency WIC Director.

■ **Local Agency Response To Report Of Findings And Corrective Action Plan**

Local Agencies with cited findings are given 30 days from the date of the monitoring report of findings to submit a detailed CAP to the monitoring review team. The CAP must reflect activities the agency will implement within six months of the monitoring event to permanently correct the cited findings indicated in the report.

- ▶ The CAP must include:
 - specific actions the local agency will take to correct each cited finding
 - a timetable for implementation of the identified actions
 - any additional information requested in the report of findings
- ▶ Submission of the CAP:
 - written on local agency letterhead
 - emailed to monitoring review team members at the email addresses indicated on the cover memo of the report of findings
 - include a cover memo on local agency letterhead signed by the Agency Director or by his/her designee.

■ **Approval Of The Local Agency Corrective Action Plan**

Once the monitoring review team receives the CAP from the local agency, the team will respond in writing to the Agency Director, his/her designee (if applicable) and the WIC Director or designee within 15 days as to whether the CAP is approved as written or if revisions are required to more fully address findings noted in the report.

- ▶ If the CAP is accepted as written, a CAP acceptance letter will be emailed to the Agency Director and the WIC Director.
- ▶ If the CAP needs to be revised, within 15 days of receiving the CAP, the monitoring review team will have a conference call with the WIC Director to discuss needed changes.
 - Within 15 days of the conference call, the RNC will email the WIC Director a written summary of the agreed upon changes. The WIC Director will have 15 days from the date of the written summary to email a revised CAP to the review team with a cover memo on local agency letterhead and signed by the Agency Director. Within 15 days of receipt of this correspondence, the RNC will email written approval of the CAP or other correspondence if additional changes are required. If a designee is used, the Agency Director must be copied on the correspondence.

■ Corrective Action Plan Implementation And Monitoring Close-Out

Prior to the monitoring review team closing-out a monitoring event, the local agency must fully implement the approved CAP to the satisfaction of the State Agency and with the intent of permanently correcting cited findings. Within six months of the monitoring event, the RNC will conduct a visit with the local agency to review the documentation and implementation status of each activity within the approved CAP. Within 15 days of the visit confirming CAP implementation, the RNC will email written correspondence to the local agency indicating that the monitoring event is closed. If the CAP has not been implemented or is not satisfactorily effective, further correspondence will occur requiring additional actions of the local agency.

■ Confidentiality Of Applicant/Participant Information

During all monitoring events, all applicant and participant information, which includes any written, electronic or verbal communication, must be maintained in a confidential manner by the monitoring review team. (See Chapter 16)

(Blank Page)

Local Agency Self-Assessment

Each local agency must complete a Local Agency Self-Assessment (LASA) of program operations in years in which they are not being monitored by the State Agency.

■ Components Of Local Agency Self-Assessment

The local agency self-assessment reviews management practices, the certification process, nutrition education, civil rights compliance, procedures to ensure accountability, financial management systems, and food delivery systems. This process includes a review of administrative and clinical records and documents, an observation of activities, and interviews with staff.

■ Local Agency Self-Assessment Event

- ▶ **Nutrition Services Branch Responsibilities.** Each year, the Nutrition Services Branch (NSB) will prepare a schedule of LASA events. The schedule will include the agencies required to complete a self-assessment and the timeframe in which the self-assessment must occur.

One month before each assigned event, NSB will email a self-assessment packet with LASA Introduction Letter to the local agency WIC Director or designee for the LASA event. This packet will include reports and other information required to complete the self-assessment along with a copy of the tool used to complete the self-assessment.

- ▶ **Local Agency Responsibilities.** When designated for a self-assessment, the local agency must:
 - schedule time (usually two to four days) within the designated timeframe to complete the self-assessment;
 - decide on the approach to use and which staff will be directly involved in completing the self-assessment; and
 - complete the self-assessment using the tools in the emailed packet.
- ▶ **Monitoring Tool.** A standard tool is completed by the local agency during the LASA event. Refer to Attachment 1 for the WIC Program Monitoring Tool or the WIC Program Digital Monitoring Tool on www.nutritionnc.com.
- ▶ **Site Selection.** Agencies with more than five full time sites must assess at least two sites which should vary from one self-assessment cycle to the next. Other agencies with more than one site are encouraged to review all sites during the self-assessment, but at a minimum, should vary the site reviewed from one self-assessment cycle to the next.
- ▶ **Dates of the LASA Event.** The required month of the LASA event is established by NSB. The local agency has 30 days to complete the LASA event.

■ **Report Of Findings And Corrective Action Plan**

- **Written Report.** Within 30 days of the completion of the LASA event, the local agency must develop written report of the findings, which includes strengths, suggestions and findings with program regulations, rules and policies and develop a specific corrective action plan (CAP) for each finding of non-compliance.
 - *Suggestion* is a recommendation that will further enhance WIC Program services. They do not require a written response.
 - *Finding* reflects non-compliance with program regulations, rules and policies and require a written corrective action plan (CAP).

■ **Local Agency Response To Report Of Findings And Corrective Action Plan**

The expectation of the State Agency is that the CAP reflects activities the local agency will implement within six months of the self-assessment to permanently correct cited findings.

- The CAP must include:
 - specific actions the local agency will take to correct each cited finding
 - a timetable for implementation of the identified actions
- Submission of the report of findings and CAP:
 - written on local agency letterhead
 - emailed to NSB staff as identified on the LASA Introduction Letter
 - include a cover memo on local agency letterhead signed by the Agency Director or by his/her designee.

■ **Approval Of The Local Agency Corrective Action Plan**

Once the assigned NSB staff receive the report of findings and CAP from the local agency, the assigned NSB staff member will respond in writing to the Agency Director, his/her designee (if applicable) and the WIC Director or designee within 15 days as to whether the CAP is approved as written or if revisions are required to more fully address the findings noted in the report.

- If the CAP is accepted as written, a LASA CAP acceptance letter will be emailed to the Agency Director and WIC Director.
- If the CAP needs to be revised, within 15 days of receiving the CAP, the assigned NSB staff member will have a conference call with the WIC Director to discuss needed changes.
 - Within 15 days of the conference call, the NSB staff member will email the WIC Director a written summary of the agreed upon changes. The WIC Director will have 15 days from the date of the written summary to email a revised CAP to the NSB staff member with a cover memo on local agency letterhead and signed by the Agency Director. Within 15 days of receipt of this correspondence, the NSB staff member will email written approval of the CAP or other correspondence if additional

changes are required. If a designee is used, the Agency Director must be copied on the correspondence.

- **Corrective Action Plan Implementation And Local Agency Self-Assessment Close-Out**
Prior to the close-out of a LASA event, the local agency must fully implement their approved CAP to the satisfaction of the State Agency and with the intent of permanently correcting cited findings. Within six months of the LASA event, the assigned NSB assigned staff member will contact the WIC Director to review the documentation and implementation status of each activity within the approved CAP. This may be completed by either conference call or an on-site visit at the Local Agency. Within 15 days of the contact confirming CAP implementation, the NSB staff member will email written correspondence to the local agency indicating the LASA event is closed. If the CAP has not been implemented or is not satisfactorily effective, further correspondence will occur requiring additional actions of the local agency.
- **Confidentiality Of Applicant/Participant Information**
During all monitoring events, all applicant and participant information, which includes any written, electronic or verbal communication, must be maintained in a confidential manner by the monitoring review team. (See Chapter 16)
- **Retention Of Self-Assessment Paperwork**
For each self-assessment event, the local agency must retain on file in accordance with DHHS Office of the Controller: all of the working papers, a copy of the written report of findings, the CAP, documentation of CAP implementation (i.e., training agenda and date), and all correspondence with the NSB about the self-assessment including the close-out letter. Refer to Chapter 13 Records Retention and Disposition Schedule. The completeness of this paperwork will be reviewed during the next State Agency monitoring of the local agency. Refer to Section 1 for information on State Agency monitoring of local agencies.

(Blank Page)

Audits

An audit of a local agency is an independent investigation into the agency's financial operations, including its compliance with federal laws and regulations. WIC Programs can be audited in two ways:

■ **Mandated Audits**

All local agencies are required to have an annual audit performed in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 2 CFR 200. The audit report shall be submitted to the Local Government Commission (LGC) by the County Administration (if single county health department) or the District Health Department or Public Health Authority (if so organized) within (six) 6 months following the close of the contract. If the Contract entity is a non-governmental entity, such entity is subject to the provisions of G.S. 143-6.2. Additionally, any non-governmental entity except a for-profit corporation is subject to the provisions of 2 CFR Part 200. Audit requirements in §200.501 state a non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of this part.

Audit findings referred to the DHHS Controller's Office by LGC will be investigated and findings verified by the DHHS Controller's Office staff with assistance of the Division of Public Health Program staff.

■ **Periodic Federal Audits**

Federal audits may occur at the request of USDA.

(Blank Page)

WIC Program Monitoring Tool

- Part I. Administrative Services Review
- Part II. Nutrition Services Review
- Appendix 1: WIC Client Observation
- Appendix 2: WIC Record Review (Pregnant and Postpartum Women)
- Appendix 3: WIC Record Review (Infants and Children)
- Appendix 4: Breastfeeding Supplies
- Appendix 5: WIC Record Review (Breastfeeding Peer Counselor Contacts)
- Appendix 6: WIC Policy Checklist

(Blank Page)

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
Table of Contents

1. Application Process & Transfer of Certification

- Applications & processing standards
- Physical presence
- Proof of identity & residence
- Income eligibility
- Rights & responsibilities
- Proxies
- Participant transfers
- Program accessibility
- National Voter Registration

2. Electronic Benefit Transfer

- Proof of identity at issuance
- Food benefits
- Client education on use of eWIC card
- Documentation of issuance

3. Security and Accountability

- Separation of staff duties
- Access to Crossroads system
- Security
- Issuance
- Issuance, inventory, and storage of nutritional products

4. Vendor Management

- Vendor training
- Vendor files
- Vendor monitoring
- Conflict of Interest
- Confidential vendor information

5. Civil Rights

- Nondiscrimination statement and fair hearing notice
- Required notifications
- Required posters
- Applicants/participants with limited English proficiency (LEP)
- Racial/Ethnic information
- Annual civil rights training

6. Caseload Management

- Outreach plan and annual media release
- No-show information

7. Fiscal Management

- Sub-contracts
- Program expenditures
- Cost allocation plan
- Equipment purchases
- Fixed assets

8. Policies & Procedures Management

- WIC Program manual
- Local agency Disaster Policy
- Local agency self-assessment

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> When an applicant contacts the local WIC office by phone or comes in and asks for WIC services, the applicant must be given an appointment within processing standards. If the appointment is outside of processing standards for the applicant's category, staff must document the reason the appointment is outside the processing standard. Applicants who miss their appointment to complete the eligibility determination, must receive notification of the missed appointment. Pregnant women must receive this notification within 10 days. All other WIC categories must receive this notification of the missed appointment within fifteen days. (WPM Chapters 6A and 6D) Local agencies must have a written policy for handling applications within processing standards, when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed. (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 Detail Initial Certification Appointments Made Outside of Processing Standards report 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 woman, infant, child, and postpartum woman. ▪ Interview staff about their procedures for processing applications. ▪ Review local agency's written policy for handling applications within processing standards when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed. 		

Table 1.1: Processing Standards

Using the Detail Initial Certification Appointments Made Outside of Processing Standards report, choose 5 records (include 3 women if possible). Review appropriate Crossroads screens (i.e. family demographics/participant list, certification summary, family appointments, journal of transactions re: notices) to assure correct procedures are being followed for pending applications.

	1	2	3	4	5
1. Family ID					
2. WIC Category					
3. Date created (family demographics screen)					
4. Days past processing standards					
5. Reason appointment is outside of processing standards					
6. Scheduled appointment date / or walk-in policy					
7. Documentation of F/U for missed appointments ▪ Required for all categories					

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

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding
 NC WIC Program Local Agency Monitoring Tool

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 (initial and subsequent)?</p> <p><u>Minimum Standard:</u> At each initial certification and each subsequent certification 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 Crossroads system. (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 3 to document findings. ▪ Link findings of observations with those from the 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 5-6 to document findings. 		
<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 in accordance with program policy. (WPM Chapter 6B)</p> <p><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). ▪ Interview staff about agency's procedure for determining income eligibility in various situations including adjunctive, full income screening and lack of proof. 		
<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?</p> <p><u>Minimum Standard:</u> At each initial and every subsequent 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. (WPM Chapter 6D)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 certifications using Appendix 1, item 9 to document findings. 		

1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p>1.6. Does staff offer the participant/parent/guardian/caretaker the opportunity at each certification to appoint a proxy for pick-up?</p> <p><u>Minimum Standard:</u> Staff must offer the participant/parent/guardian/caretaker the opportunity at each certification to appoint a proxy for issuance 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. 		
<p>1.7. Does the local agency assist clients with 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 Verification of Certification (VOC) to participants/caretakers/guardians who plan to move out-of-state. A VOC, the Crossroads system, 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 time to avoid a break in the provision of benefits to which a transfer is entitled. Is the “Are You Moving poster (dated 7/2017, English & Spanish versions) prominently displayed where it can be read by those who receive WIC services? (WPM Chapter 6E) <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. ▪ View location(s) of posters. ▪ Interview staff regarding use of posters in satellite clinics. 		
<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 10) <u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview staff about how the agency makes WIC services accessible to client. ▪ Review Local Agency Texting/Digital Platform Policy. ▪ Review clinic appointment schedules. 		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding
 NC WIC Program Local Agency Monitoring Tool

1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p>1.9. Is the National Voters Registration Act (NVRA) being implemented in accordance with program policy?</p> <p><u>Minimum Standard:</u> The WIC Program is required to ask applicants/participants/parents/guardians/caretakers the NVRA question at the time of application for program benefits, subsequent certification, or a change in residential address or name. Applicants, participants, parents, guardians and caretakers must complete and sign a Voter Registration Preference Form and be offered the Voter Registration Application Form. Completed Voter Registration Applications must be sent along with the NVRA Agency Transmittal Form to the county Board of Elections office. Copies of the submitted NVRA Agency Transmittal Form and the original NVRA Preference Form must be maintained on file in a confidential manner by the local agency. (WPM, Chapter 6A, Section 7) Local agencies must have a written policy that identifies the NVRA Point Person position and alternate NVRA Point Person position responsible for the management and retention of the NVRA Agency Transmittal Forms, Voter Registration Preference Forms, and Voter Registration Applications. The NVRA poster (dated 5/2021, English & Spanish versions) must be prominently displayed where it may be read by those who receive WIC services. (WPM Chapter 6A)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 certifications using Appendix 1, item 7 to document findings. ▪ Interview staff about the procedure for completing the requirements of the NVRA. ▪ Observe staff offering the opportunity to register to vote by asking the following question using the <i>EXACT</i> wording stated: "If you are not registered to vote where you live now, would you like to apply to register to vote here today?", by providing the preference form, and by offering the voter registration application. ▪ View location(s) of posters. ▪ Interview staff regarding use of posters in satellite sites. ▪ Review local agency's written NVRA policy. 		

2. Electronic Benefit Transfer

Review Area	Reviewers Notes	Status**
<p>2.1. Does the local agency comply with policy at food benefits issuance?</p> <ul style="list-style-type: none"> ▪ Proof of identity of the participant/parent/guardian/caretaker/proxy ▪ Signature of recipient ▪ <u>Issuance when a cardholder is not physically present</u> <p><u>Minimum Standard:</u> The individual staff issuing food benefits must view proof of identity of the recipient at each issuance. Signature of the person receiving issuance is required. Local agencies may issue food benefits when clients are not physically present only for reasons specified in program policy. (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 15 to document findings. ▪ Interview staff about procedures used for issuing benefits when a cardholder is not physically present. ▪ Review documentation of a sample of issuance occurrences using the Food Benefits List screen of selected participants. 		
<p>2.2. Are clients educated on how to use the NC eWIC card at the initial certification or when first issued the eWIC card?</p> <p><u>Minimum Standard:</u> Staff must educate clients on the use of the NC eWIC card, food and cash value benefits, store coupons, authorized vendors and how to access their benefit balance, purchase history and account information. (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 15 to document findings. ▪ Interview staff about how they educate new and existing clients on use of the NC eWIC card, food and cash value benefits, store coupons and authorized vendors. Do staff use the eWIC brochure to educate clients on selecting a PIN and the shopping guide for educating about selecting WIC approved foods? 		

2. Electronic Benefit Transfer

Review Area	Reviewers Notes	Status**
<p>2.3 Are proxies asked to read or have read to them the rights and responsibilities at time of food benefit issuance?</p> <p><u>Minimum Standard:</u> A proxy must read or have read to them the rights and responsibilities as stated per program policy at time of food benefit issuance. The signature obtained of food benefits issuance indicates the proxy understands the rights and responsibilities as related to the WIC Program. (WPM Chapter 8)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview staff on the procedures for issuing food benefits to a proxy. 		

3. Security and Accountability

Review Area	Reviewers Notes	Status**
<p>3.1. Does the local agency ensure separation of duties? When separation of duties cannot be achieved, does the local agency follow their written policy?</p> <p><u>Minimum Standard:</u> There must be a separation of duties among local agency staff so that the same person does not complete both income eligibility determination and medical or nutritional risk for the same participant. Local agencies must have a written policy that addresses the strategy used when separation of duties is not possible. The policy must identify a designated staff that will monitor and review certification record. (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 the Separation of Duties Log for the past 12 months. ▪ Review the local agency's Separation of Duties policy. 		
<p>3.2. Does staff protect access to the Crossroads system?</p> <p><u>Minimum Standard:</u> Local agency staff should log out of the Crossroads system when away from their work station and should never share NCID and/or passwords. (WPM Chapter 15)</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 Crossroads system. 		
<p>3.3. Does the local agency utilize a secure method for storing NC eWIC cards?</p> <p><u>Minimum Standard:</u> The local agency is responsible for keeping NC eWIC cards in a locked storage area when not in use. (WPM Chapter 8)</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 for NC eWIC cards. 		

3. Security and Accountability

Review Area	Reviewers Notes	Status**
<p>3.4. Are formulas and WIC-eligible nutritionals received from the Nutrition Services Branch (NSB), other local agencies, authorized vendors or wholesalers maintained in a secure location following food safety practices and issued and inventoried according to program requirements? Is all returned formula from participants being properly disposed of in a safe manner?</p> <p><u>Minimum Standard:</u> All products received from the NSB, other local agencies, authorized vendors or wholesalers must be maintained in a secure storage area following food safety practices until issued. Staff must maintain an ongoing inventory of all formulas/medical foods received from the NSB and document issuance/disposition of inventoried products. All returned formula products from participants, 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/nutritionals. ▪ Check expiration date of products in stock. ▪ Review physical inventory of formulas/WIC-eligible nutritionals foods received from the NSB and the formula disposal log. <ul style="list-style-type: none"> ○ Compare product in inventory with amount documented in Crossroads. ○ If included in the monitoring packet of products shipped to the agency from the NSB, compare the inventory to the report(s). ▪ Interview staff on the procedure for the receiving and issuing of products ordered from NSB (products received are added into inventory, products issued out are done so using the Formula Wizard). ▪ Interview staff about the formula disposal process. 		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding
NC WIC Program Local Agency Monitoring Tool

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 must include copies of the following forms:</p> <ol style="list-style-type: none"> 1. Vendor Application 2. Vendor Agreement 3. Price Lists (new vendors only as of 10/1/18) 4. Information Update form (non-reauthorization years) 5. Verification of Attendance forms 6. Above 50% Vendor Self-Declaration Form or Cost Containment Exemption Form as indicated in Table 4.2 (WPM Chapter 11). <p>The specific forms required to be in each vendor's file are contingent upon corporate or non-corporate vendor status. Additionally, non-corporate free-standing pharmacy vendors must have a Cost Containment Exemption Form in their file while non-corporate retail vendors must have an Above 50% Vendor Self Declaration Form in their file. Refer to the most recent Vendor Agreement for the dates of authorization. Local agencies must have a written policy addressing when they accept vendor applications. (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. ▪ Review the local agency's policy addressing the acceptance of vendor applications. 		

4. Vendor Management

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	3 Year Reauthorization Period					Non-Reauthorization Year		Annual		Monitoring Reports <i>(all vendors)</i>
	Vendor Agreement <i>(non-corporate)</i>	Amendment to the WIC Vendor Agreement <i>(non-corporate)</i>	Vendor Application <i>(all vendors)</i>	Above 50% Vendor Self-Declaration* <i>(non-corporate)</i>	Cost-Containment Exemption <i>(non-corporate free-standing pharmacy)</i>	Vendor Information Update <i>(non-corporate)</i>	Crossroads Vendor Portal Application <i>(corporate)</i>	Verification of Attendance <i>(all vendors)</i>	Price List <i>(new vendors only as of 10/1/18)</i> <i>(noncorporate)</i>	
1.										
2.										
3.										
4.										
5.										

Code for Table: N/A=Not Applicable ✓=Present M=Missing I=Incomplete

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 21 days of the date of a monitoring visit in which findings were identified. ▪ Monitor vendors that have had two (2) or more violations assessed (same or different) in the previous federal fiscal year or have been disqualified from the program within the last three (3) years and are now participating. ▪ Monitor a vendor within seven (7) days of a request to do so by the NSB WIC Vendor Unit. <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>It is an <u>automatic finding</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). If 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. 		

4. Vendor Management

Review Area	Reviewers Notes	Status**
<p>4.4. Has the local WIC agency assured that there is no conflict of interest between a vendor/vendor applicant and/or an employee of said vendor/vendor applicant and the State WIC agency or the local WIC agency?</p> <p><u>Minimum Standard:</u> Vendor/Vendor Applicants shall not have any owner(s), officer(s), or manager(s) who are employed, or who have a spouse, child, or parent who is employed by the State WIC program or the local WIC program serving the county in which the vendor conducts business. A vendor/vendor applicant also shall not have an employee who handles or transacts WIC food benefits or cash-value benefits who is employed or who has a spouse, child, or parent who is employed by the state WIC program or local WIC program serving the county in which the vendor/vendor applicant conducts business. (WPM Chapter 11 and Terms of Vendor Agreement)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview local agency WIC Director regarding the possibility of conflict of interest with any vendor/vendor applicants and local WIC agency staff. 		

4. Vendor Management

Review Area	Reviewers Notes	Status**
<p>4.5. Has the local WIC agency assured that confidential vendor information is only shared with appropriate entities?</p> <p><u>Minimum Standard:</u> Confidential vendor information is any information about a vendor (whether it is obtained from the vendor or another source) that individually identifies the vendor, except for vendor's name, address, telephone number, web site/e-mail address, store type, and authorization status. Except as otherwise permitted by this section, the State agency must restrict the use or disclosure of confidential vendor information to:</p> <ul style="list-style-type: none"> ▪ Persons directly connected with the administration or enforcement of the WIC Program or SNAP who the State agency determines have a need to know the information for purposes of these programs. These persons may include personnel from its local agencies and other WIC State and local agencies and persons investigating or prosecuting WIC or SNAP violations under Federal, State, or local law; ▪ Persons directly connected with the administration or enforcement of any Federal or State law or local law or ordinance. Prior to releasing the information to one of these parties (other than a Federal agency), the State agency must enter into a written agreement with the requesting party specifying that such information may not be used or redisclosed except for purposes directly connected to the administration or enforcement of a Federal, or State law; and ▪ A vendor that is subject to an adverse action, including a claim, to the extent that the confidential information concerns the vendor subject to the adverse action and is related to the adverse action. ▪ At the discretion of the State agency, all authorized vendors and vendor applicants regarding vendor sanctions which have been imposed, identifying only the vendor's name, address, length of the disqualification or amount of the civil money penalty, and a summary of the reason(s) for such sanction provided in the notice of adverse action. Such information may be disclosed only following the exhaustion of all administrative and judicial review, in which the State agency has prevailed, regarding the sanction imposed on the subject vendor, or the time for requesting such review has expired. <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview local agency WIC Director regarding the procedures followed to ensure that confidential vendor information is only disclosed to the appropriate entities. 		

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 nondiscrimination policy statement?</p> <p>Do locally developed letters/notifications related to program eligibility include the nondiscrimination statement and the fair hearing notice?</p> <p><u>Minimum Standard:</u> The current nondiscrimination 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 nondiscrimination 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 the local agency web site and locally printed WIC publications. ▪ Review copies of all submitted and published media releases, scripts and broadcast schedules for radio and television media releases. ▪ If applicable, 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 Crossroads record of the client receiving the notification. Required notifications include: application ineligibility, North Carolina WIC Program Notice, missed initial certification appointment and missed subsequent certification appointment. (WPM Chapter 6D)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review documentation of notices in Crossroads using the records that were accessed for the clinical review and document findings on Appendix 2 and 3, Item 5. 		

5. Civil Rights

Review Area	Reviewers Notes	Status**
<p>5.3. Has the local agency assured civil rights compliance according to federal requirements?</p> <p><u>Minimum Standard:</u> Local agencies must operate in compliance with civil rights nondiscrimination guidelines that are outlined to receive federal funds. The USDA “And Justice for All” poster and the “Fair Hearing” poster (dated 9/2019 & 8/2020, English & Spanish versions) must be prominently displayed where it may be read by those who receive WIC services. (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. ▪ Interview staff about how they handle civil rights complaint(s) of discrimination <ul style="list-style-type: none"> ○ <i>It is an <u>automatic finding</u> if/when the agency has unreported discrimination complaint(s). The local agency CAP must state how the non-compliance occurred for each case listed, how the non-compliance will be resolved, and what steps will be taken to assure future compliance with Civil rights nondiscrimination monitoring requirement(s). If the local agency can prove they completed the complaint process as required, the agency must submit this proof immediately to the NSB WIC State Director.</i> 		
<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 https://publichealth.nc.gov/lhd/docs/ConsolidatedAgreementFY21.pdf</p> <p>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)</p> <p><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. 		

5. Civil Rights

Review Area	Reviewers Notes	Status**
<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 solely for the purpose of determining the State's compliance with Federal civil rights laws 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 participants being certified using Appendix 1, item 4 to document findings. ▪ Interview staff about procedures they routinely use to collect racial/ethnic data. 		
<p>5.6. Does all staff receive annual civil rights training?</p> <p><u>Minimum Standard:</u> All 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)</p> <p><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 how they apply their civil rights training. 		

6. Caseload Management

Review Area	Reviewers Notes	Status**
<p>6.1. Does the agency submit the required annual media release publicizing the availability of WIC and program benefits?</p> <p><u>Minimum Standard:</u> 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 correct USDA nondiscrimination statement. The local agency must maintain documentation of the media release that includes a copy of the submitted media release and 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 documentation and content of the submitted and published annual media release. 		
<p>6.2. Does the local agency have the Local Agency Retention and Outreach Plan on file for the current year?</p> <p><u>Minimum Standard:</u> Local agencies must develop an annual outreach plan to build and sustain caseload and improve delivery of service. At a minimum, the Local Agency Retention and Outreach Plan must include the agency's plans to target services to the highest priority groups. (WPM Chapter 10)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review the current annual outreach plan (WPM Chapter 10, Attachment 5). 		
<p>6.3 Does the agency maintain documentation of all agency retention and outreach efforts?</p> <p><u>Minimum Standard:</u> Local agencies are required to maintain documentation (electronic or hard copy) of all retention and outreach efforts. Documentation of outreach efforts should include information on program marketing efforts (print, social, and media releases), caseload management strategies, efforts to build community partnerships, activities to increase program awareness, efforts to improve customer service and increase program accessibility and established referral arrangements. (WPM Chapter 10)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review WIC Program Outreach Activity Log (Attachment 6) and compare to the Local Agency Retention and Outreach Plan. Ensure the outreach efforts include who, what, when, where and the evaluation of efforts are documented. Ensure the goals are related to the target audience. ▪ Interview staff regarding the WIC Program Outreach activity results as relates to the Strategic Retention and Outreach Plan Goals. 		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding
 NC WIC Program Local Agency Monitoring Tool

6. Caseload Management

Review Area	Reviewers Notes	Status**
<p>6.4. Does the local agency monitor no-show rates and use this information when evaluating program operations?</p> <p><u>Minimum Standard:</u> Local agencies must monitor no-show rates monthly. Local agency staff must evaluate current practices and implement strategies to reduce no-show rates. (WPM Chapter 10)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review two months of no-show rates in the master calendar. ▪ Interview appropriate staff on what strategies are used to reduce no-show rates. 		

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 renewal) must be approved in writing by the local agency's Regional Nutrition 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, billing expenditures to the appropriate activity budget including a separate activity budget for Breastfeeding Peer Counselor Program expenditures and assuring 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 and review time sheets of all staff (including non-WIC staff) charging time to the WIC Program. ▪ 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. 		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding
 NC WIC Program Local Agency Monitoring Tool

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. 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. (WPM Chapter 12)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review purchase and approval requests. ▪ 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. 		
<p>7.5. Does the local agency manage their WIC fixed assets in accordance with program policy?</p> <p><u>Minimum Standard:</u> 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"> ▪ 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. Are the North Carolina WIC Program Manual and local agency policies 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. The WIC Director is also responsible for assuring that staff is aware of changes in WIC Program policy and procedures. Local agency policies must be readily available to staff. Local agency policies should be signed by the WIC Director (and any other staff per agency protocol) and dated. Policies should be reviewed at least every two years and updated as needed. (WPM Chapter 1)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review copy(ies) of WIC Program Manual and local agency policies to see if they are current. ▪ Interview staff about their access to and use of the WIC Program Manual and local agency policies. ▪ Interview WIC Director about protocol for local agency policy development and review. 		
<p>8.2. Does the local agency have a disaster policy?</p> <p><u>Minimum Standard:</u> At a minimum, the local agencies must have a written policy describing a plan to serve participants in the event that the provision of WIC services is interrupted due to a disaster situation. (WPM Chapter 1)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview staff about how they serve participants in the event of a disaster situation. ▪ <i>Review the local agency's disaster policy.</i> 		

8. Policies and Procedures Management

Review Area	Reviewers Notes	Status**
<p>8.3. 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., findings) and a specific corrective action plan (CAP) for each finding of non-compliance. For each self-assessment, the local agency must retain on file all the working papers, a copy of the written report of findings and CAP, correspondence from the NSB Nutrition Program Consultant or Regional Nutrition Consultant (RNC) and documentation of CAP implementation (e.g., training agenda and date). (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. 		

End of Part I: Administrative Services Review

8. Policies and Procedures Management

(Blank Page)

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 II: Nutrition Services Review
Table of Contents**

9. Nutrition Assessment

- Documentation of nutrition assessment
- Risk assessment for nutrition eligibility
- Anthropometric equipment and weighing & measuring technique
- Required medical documentation

10. Plan of Nutrition Care

- Documentation of an individualized care plan
- Standards of documentation
- Food package prescription

11. Nutrition Education

- Frequency and documentation of nutrition education contacts
- Education resources and required topics
- Mini-lessons
- Group education

12. Breastfeeding Promotion and Support

- Local agency practices
- Breastfeeding orientation and training for WIC staff
- Inventory & issuance of breastfeeding supplies
- Breastfeeding peer counselor program

9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
<p>9.1. Are required nutrition assessments completed for each certification period?</p> <p><u>Minimum Standard:</u> A nutrition assessment conducted by a CPA must be completed for each applicant/participant at the initial certification and at each subsequent certification. For both infants and breastfeeding women, an additional nutrition assessment is required five to seven months after birth/delivery. For children, an additional nutrition assessment is required five to seven months after certification.</p> <p>To complete a nutrition assessment, staff must collect and assess the following information per program guidelines:</p> <ul style="list-style-type: none"> ▪ Anthropometric ▪ Clinical ▪ Eco-social ▪ Biochemical ▪ Dietary & Physical Activity <p>Staff must organize, integrate, and synthesize the information gathered during the nutrition assessment process and write a brief statement which summarizes the findings of the nutrition assessment, including problems and potential problems. Staff is required to document the nutrition assessment in the Crossroads system. Local agencies must have a written protocol for immunization screening and referral. (WPM Chapter 6C)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 individuals being certified using Appendix 1, item 13 to document findings. ▪ Review the records of at least 15 clients using Appendix 2 & Appendix 3 to document findings. Record selection should include five (5) each of women, infants & children. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review local agency policy regarding immunization screening and referral. 		
<p>9.2. Are all eligible nutrition risk criteria for each participant identified and are criteria being used correctly?</p> <p><u>Minimum Standard:</u> All eligible risk criteria are identified and documented in each participant's record. Nutrition risk criteria must be used in accordance with how each criterion is defined. (WPM Chapter 6C)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review records of at least fifteen (15) clients using Appendix 2 & Appendix 3 to document findings. Record selection should include five (5) each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals. 		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding
 NC WIC Program Local Agency Monitoring Tool

9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
<p>9.3. Does staff use correct procedures for weighing and measuring infants, children, and women on maintained equipment?</p> <p><u>Minimum Standard:</u> Standard techniques for weighing and measuring individuals must be used. All staff has been trained on standard procedures for weighing and measuring. (WPM Chapter 6C)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe at least one (1) infant, one (1) child, and one (1) woman being weighed and measured using Appendix 1, item 12 to document findings. When applicable, observe more than one (1) person doing the weighing and measuring. ▪ Interview staff to determine protocol/procedure for staff training. 		
<p>9.4. Does staff make sure the scales are tested and maintained annually based on policy?</p> <p><u>Minimum Standard:</u> Weighing and measuring equipment must meet specifications outlined by the State. Scales must be tested by the NC Department of Agriculture annually and inaccurate scales must be removed from service until they can be calibrated, repaired, or replaced. (WPM Chapter 6C)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Check stadiometers for accuracy of height (i.e. placement on the wall). ▪ View all scales in agency. ▪ Review receipt for annual test of scales. ▪ Interview staff to determine the protocol for testing of scales and the process used to determine if a scale needs to be repaired or replaced. 		

9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
<p>9.5 When required, is medical documentation obtained for exempt infant formula, WIC-eligible nutritionals and whole milk per policy guidelines?</p> <p><u>Minimum Standard:</u> Medical documentation which meets policy requirements is required for a participant to receive a food package with an exempt infant formula or WIC-eligible nutritional or whole milk. The prescription must be scanned into the participant's Crossroads record. (WPM Chapter 7)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review medical documentation records of at least five (5) clients receiving exempt infant formula, WIC-eligible nutritionals using Appendix 2 and Appendix 3 to document findings. ▪ Review medical documentation found in the record review of any prescribed food package modifications using Appendix 2 and Appendix 3 to document findings. ▪ Interview staff to determine whether the correct policy and procedures are being followed when issuing exempt infant formula and WIC-eligible nutritionals. ▪ Interview staff to determine if the correct process is being followed when a formula has been changed or if a medical document needs to be clarified. 		

10. Plan of Nutrition Care

Review Area	Reviewers Notes	Status**
<p>10.1 Is an individualized Plan of Care documented for each client using standardized documentation practices?</p> <p><u>Minimum Standard:</u> Based on the summary of nutrition problems and potential problems, staff must work with the participant to establish a plan of care. The required components are: goals, nutrition education, breastfeeding support, food prescription, and follow-up. There must be a written list of standard abbreviations or outside publications used by staff when documenting in the records. Local agencies must use standard procedures for correcting documentation errors.</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review records of at least fifteen (15) clients using Appendix 2 & Appendix 3 to document findings. Record selection should include five (5) each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review standard list of abbreviations or outside publication used by the agency. ▪ Review procedures for documentation (coordinate with findings from record review & review of administrative documents such as logs). 		
<p>10.2 Is the local agency maintaining referral sources, referring as needed and documenting in the Care Plan?</p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> ▪ Local agencies must maintain a current list of local health and mental health resources for referral for diagnosis and treatment of maternal depression. (WPM Chapter 6C) ▪ Local agencies must maintain a current list of local counseling and treatment resources for substance abuse and make this list available to all pregnant, breastfeeding and postpartum women participating in WIC. (WPM Chapter 5) ▪ Individuals not currently participating in Medicaid but who appears to be income eligible shall be referred to Medicaid. (WPM Chapter 6C). ▪ Staff is required to document any referrals in the care plan. <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review records of at least fifteen (15) clients using Appendix 2 & Appendix 3 to document findings. Record selection should include five (5) each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review list of local health and mental health resources. ▪ Review list of local resources for substance use counseling and treatment. ▪ Review documentation of referrals in the care plan. 		

10. Plan of Nutrition Care

Review Area	Reviewers Notes	Status**
<p>10.3 Is the food package being prescribed in accordance with program policy?</p> <p><u>Minimum Standard:</u> A CPA must prescribe the food package at each certification including when modifications to the food package are requested or required. (WPM Chapter 7)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 individuals having a food package prescribed to them using Appendix 1, item 15 to document findings. ▪ Review records of at least fifteen (15) clients using Appendix 2 & Appendix 3 to document findings. Record selection should include five (5) each of women, infants & children. Five participants should be receiving exempt infant formulas or WIC-eligible nutritionals. 		

11. Nutrition Education

Review Area	Reviewers Notes	Status**
<p>11.1. Do participants receive the required number of nutrition education contacts per certification?</p> <p><u>Minimum Standard:</u> During each certification period:</p> <ul style="list-style-type: none"> ▪ At least two nutrition education contacts must be made available to pregnant and postpartum women and infants certified at greater than 6 months of age. ▪ One nutrition education contact must be made available for every three months of participation to infants certified at less than 6 months of age, to breastfeeding women certified through one year postpartum, and to children. ▪ If the client refuses to participate in nutrition education, the refusal must be documented. (WPM Chapter 5) <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review records of at least fifteen (15) clients using Appendix 2 & Appendix 3 to document findings. Record selection should include five (5) each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals. 		
<p>11.2. Is nutrition education accurate, relevant, and appropriate for the needs of the participants?</p> <p><u>Minimum Standard:</u> The content of and method used to provide nutrition education must be accurate and relevant to the participant's age, nutritional needs, interests, household situation, cultural preferences, language spoken and any special considerations the participant might have such as being a migrant; being homeless; having vision, hearing or learning impairments; and/or having limited English proficiency. (WPM Chapter 5)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Observe 3-5 educational sessions with participants using Appendix 1, item 15 to document findings. ▪ Review records of at least fifteen (15) clients using Appendix 2 & Appendix 3 to document findings. Record selection should include five (5) each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review nutrition education resources used by staff for accuracy, relevancy, and appropriateness. 		

11. Nutrition Education

Review Area	Reviewers Notes	Status**
<p>11.3 Do participants receive education on required topics based on participant category?</p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> ▪ Women must receive verbal and written information on the five (5) required education topics at least once during their WIC participation. ▪ All parents/caretakers of infants and children participating on the WIC Program must receive information about the dangers of substance abuse at least once during the infant's/child's WIC participation, preferably at the initial certification. (WPM Chapter 5) <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review written educational materials of the required topics used by local agencies. ▪ Review records of at least fifteen (15) clients using Appendix 2 & Appendix 3 to document findings. Record selection should include five (5) each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals. 		
<p>11.4. Are mini-lessons being implemented in accordance with program policy?</p> <p><u>Minimum Standard:</u> Mini-lessons can be provided by a CPA or by WIC management support or other non-CPA staff who have been trained in the use of mini-lessons. Mini-lessons must be developed by a CPA and have a written outline on file which includes the target audience; one educational objective; information to be communicated, and a copy of any educational handout. Local agencies that use management support or other non-CPA staff to provide mini-lessons must have a written policy for doing so as outlined in WIC Program policy. (WPM Chapter 5)</p> <p><u>Method of Review</u></p> <ul style="list-style-type: none"> ▪ Observe at least two mini-lessons, if used as a routine method of providing nutrition education to low-risk clients. ▪ Review mini-lessons for required components and to confirm a CPA developed them. ▪ Review documentation that management support staff and/or non-CPA staff was trained to provide mini-lessons, including date of training. ▪ Review local agency policy regarding mini lessons. 		

11. Nutrition Education

Review Area	Reviewers Notes	Status**
<p>11.5. Are class outlines on file when group education is provided?</p> <p><u>Minimum Standard:</u> Agencies that conduct group education must have class outlines with required components: target audience, objectives, outline of presentation, and educational materials/activities used. Outlines should be reviewed periodically and updated as needed to assure they are relevant and accurate. (WPM Chapter 5)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review class outlines for required components, relevancy and accuracy. ▪ Observe a group class, if available. 		

12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p>12.1. Does the local agency promote & support breastfeeding?</p> <p><u>Minimum Standard:</u> There must be:</p> <ul style="list-style-type: none"> ▪ A designated individual, who meets training requirements, serving as the breastfeeding coordinator to manage breastfeeding promotion and support activities within the agency. ▪ A positive clinic environment which endorses exclusive breastfeeding as the normal method of infant feeding and ensures that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods. ▪ Efforts to assure mothers feel comfortable nursing within the agency. (WPM Chapter 9) ▪ A written policy consistent with the breastfeeding friendly workplace policy. The policy must outline a reasonable break time for breastfeeding employees to express milk and identify the private and functional space for employee to express their milk. (WPM Chapter 1) ▪ A written policy to establish and maintain collaborative community partnerships for breastfeeding promotion and support. This plan must be updated annually. (WPM Chapter 9) <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview designated breastfeeding coordinator and staff about procedures they use to support a breastfeeding friendly clinic environment. ▪ Observe offices, waiting areas, classrooms, and any other place where WIC participants may spend time to assess if the clinic environment supports breastfeeding. ▪ Observe signage informing mothers of their right to breastfeed anywhere in the clinic and of the availability of a private breastfeeding space, should breastfeeding families request. ▪ <i>Review local agency policy regarding a breastfeeding friendly workplace.</i> ▪ <i>Review local agency plan to establish and maintain collaborative community partnerships for breastfeeding promotion and support.</i> 		
<p>12.2. Does new WIC staff receive task-appropriate training in breastfeeding promotion and support as part of their orientation and ongoing training?</p> <p><u>Minimum Standard:</u> All WIC staff who provide direct services to WIC participants/applicants and their supervisors receive task-appropriate breastfeeding orientation to breastfeeding promotion and support activities and annual continuing education on breastfeeding as defined by State policy.</p> <ul style="list-style-type: none"> ▪ A written policy is required for orientation of new employees to task appropriate breastfeeding promotion and support activities. (WPM Chapter9) ▪ Staff participation in task-appropriate annual continuing education on breastfeeding. 		

12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review written policy that addresses orientation to breastfeeding activities for all new WIC employees to assure that minimum required topics are addressed. ▪ Verify documentation of required training within 3 months of employment for all new WIC staff who have direct contact with WIC applicants/participants. ▪ Verify documentation of required annual breastfeeding continuing education for all WIC staff for the two previous fiscal years. ▪ Verify documentation of required orientation and continuing education training for the following staff consistent with their role: Breastfeeding Coordinator, Breastfeeding Peer Counselor Program Manager, and Breastfeeding Peer Counselor(s). 		
<p>12.3 Does the local agency maintain inventory of breastfeeding supplies in accordance with program policy?</p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> ▪ The system must demonstrate current inventory, status, and maintenance of both required and optional breastfeeding supplies. Returned multi-user breast pumps must be checked immediately upon return and cleaned by WIC staff within one business day of their return. ▪ Staff must reconcile the amount on hand of each type of breastfeeding supply with the inventory records in the Crossroads system. This reconciliation should be done quarterly. For purposes of the multi-user electric and pedal pumps, staff must assure the items are accounted for by being in the agency, on loan to a participant, or out-of-commission (e.g., damaged, lost, stolen). ▪ A written policy is required for the tracking of multi-user breast pumps. (WPM Chapter 9) <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review the agency inventory for each required and optional (if available) breastfeeding supply and reconcile the inventory with the quantity available in the agency. ▪ Interview staff about the process for checking and cleaning returned pumps before adding back to inventory. Review cleaning logs to ensure pumps are cleaned within one business day of their return. ▪ Review Quarterly Breastfeeding Supplies Inventory (February, May, August, and November). ▪ Review local agency policy regarding the tracking of multi-user breast pumps. 		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding
 NC WIC Program Local Agency Monitoring Tool

12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p>12.4. Does the local agency issue breastfeeding supplies in accordance with program policy?</p> <p><u>Minimum Standard:</u> To issue breastfeeding supplies, staff must determine if the participant is eligible to receive a breastfeeding supply and document the following:</p> <ul style="list-style-type: none"> ▪ Type of supply issued ▪ Reason for issuance ▪ Education on the assembly, use and cleaning of the supply ▪ Education on hand expression ▪ Development of a pumping plan (the frequency and duration) ▪ Education on the preparation and storage of expressed milk; ▪ Completed release of liability and loan agreement, as required ▪ Plans for follow-up and physician notification, as required (WPM Chapter 9) ▪ A written policy is required for breastfeeding supply issuance (WPM Chapter 9) <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Interview the breastfeeding team (WIC director, breastfeeding coordinator, breastfeeding peer counselor manager, and breastfeeding peer counselor(s)) to ensure that the local agency issues breastfeeding supplies to eligible WIC participants in accordance to the WPM Chapter 9. The breastfeeding team should answer questions related to the issuance of all breastfeeding supplies offered at their local agency. ▪ Observe at least 1 issuance of a breastfeeding supply, if possible. ▪ Use the Breast Pump Issuance Detail Report to identify 3-5 multi-user electric breast pumps that have been issued and review the corresponding records of participants who were issued the multi-user electric breast pumps using Appendix 4 to document findings. ▪ Use the detail report of non-serialized products to identify 3-5 single-user breastfeeding supplies and review the corresponding records of participants who were issued a single-user breastfeeding supply using Appendix 4 to document findings. Include at least two single-user electric breast pumps. ▪ <i>Review local agency policy on breastfeeding supply issuance.</i> 		

12. Breastfeeding Promotion & Support

Complete Review Items 12.5– 12.7 Only for Local Agencies Using USDA Funds to Support a Breastfeeding Peer Counselor Program (BFPC Program)

Review Area	Reviewers Notes	Status**
<p>12.5. Are women enrolled in the BFPC Program receiving the required number of contacts?</p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> ▪ A BFPC Program Letter of Agreement must be signed by the participant and by the staff person completing the enrollment. ▪ Women enrolled prenatally must receive their initial contact within 30 days. ▪ A pregnant woman must receive a contact 2 weeks prior to the expected delivery date. ▪ Breastfeeding women must receive a contact every 2-3 days in the first week post-delivery and weekly for the remainder of the first month post-delivery. (WPM Chapter 9) <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review five (5) records of participants who have received breastfeeding peer counselor services through at least the first month post-delivery using Appendix 5 to document findings. 		
<p>12.6. Do breastfeeding peer counselors have ready access to a WIC-designated breastfeeding expert (WIC-DBE) and referral support whenever the peer counselors are working?</p> <p><u>Minimum Standard:</u> The local agency must have at least one WIC-designated breastfeeding expert (WIC-DBE) from whom a breastfeeding peer counselor may seek consultation and to whom participants may be referred when problems are beyond the peer counselors' scope of work or do not resolve within one business day.</p> <ul style="list-style-type: none"> ▪ A written policy is required for consultation and referral support for breastfeeding peer counselors. (WPM Chapter 9) ▪ Breastfeeding referral list is available and outlines with whom the WIC-DBE consults or refers when they have a breastfeeding situation that is beyond the scope of practice for the local agency's WIC-DBE. (WPM Chapter 9) <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ Review local agency policy regarding consultation and referral support for BFPCs. ▪ Interview the local agency's WIC-designated breastfeeding expert(s) and breastfeeding peer counselor staff about how and when they request consultation, refer clients, and communicate with a client's primary health care provider and compare to local agency written policy. ▪ Review the breastfeeding referral list and assure that it is updated at least annually and dated at the time of update. 		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding
NC WIC Program Local Agency Monitoring Tool

12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p>12.7. Does the local agency communicate with enrolled breastfeeding peer counselor program participants in accordance with program policy?</p> <p><u>Minimum Standard:</u> A written policy outlining the local agency's service delivery model that assures the provision of consistent and quality breastfeeding peer counselor program services. (WPM Chapter 9)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> ▪ <i>Review the local agency Service Delivery Model Policy to ensure it addresses the required aspects including: where breastfeeding peer counselor services will be provided, when breastfeeding peer counselors will be provided, how breastfeeding peer counselor will communicate with participants, and how breastfeeding peer counselor service will be provided when a breastfeeding peer counselor is unavailable.</i> ▪ Interview staff about the retrieval and return of messages, and maintenance of system for each mode of communication utilized (i.e. phone, text messaging service, social media, etc.). ▪ Identify the process utilized by the local agency for documenting the decision of the participant to opt-in and opt-out of each mode of communication in use by the local agency. ▪ If the Service Delivery Model Policy includes the use of written communication (text message, social media, emailing, etc.), review two written communication exchanges between the BFPC and a participant to verify requirements have been met. 		

End of Part II: Nutrition Services Review

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#) (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Nondiscrimination Statement

(Blank Page)

Client Observation: Observe 3–5 individuals as they move through the process of applying for WIC and/or being certified or subsequently certified and of receiving program benefits. Observe at least one woman, one infant, and one child, if possible.

Agency and Site Reviewed: _____

Date: _____ **Reviewers:** _____

	1	2	3	4	5
Family ID					
1. Date of birth					
2. Date of certification being reviewed					
3. Client is physically present					
4. Ethnicity & race data explained & collected (initial application only)					
5. Proof of ID viewed & documented					
6. Proof of residence viewed & documented					
7. National Voter Registration Act (NVRA) completed					
<ul style="list-style-type: none"> ▪ NVRA question asked using exact wording ▪ Voter Registration Application provided ▪ Preference form provided 					
8. Income eligibility determined					
<ul style="list-style-type: none"> ▪ Proof of income/adjunct income eligibility viewed and documented ▪ Income eligibility determined correctly and “application ineligibility” notice issued if over income. 					
9. Rights & Responsibilities					
Read and signed by participant					
10. Proxy offered					
11. Transfer documentation assessed					
<ul style="list-style-type: none"> ▪ Asked if client has plans to move during certification period ▪ VOC issued to migrants and those who indicate plans to move 					

	1	2	3	4	5
Family ID					
12. Anthropometric measurements done according to standard procedures					
▪ Scales zeroed prior to obtaining weight					
▪ Infants weighed in dry diapers					
▪ Children and women weighed in light clothing & w/out shoes					
▪ Heights measured w/out shoes					
13. Nutrition assessment completed					
▪ Anthropometric/Biochemical/Clinical/Diet & Physical Activity/Eco-social					
▪ Summary of nutrition status completed					
▪ All eligible nutrition risk codes identified and assigned correctly					
14. Plan of care developed and food package prescribed					
▪ Goal(s) reflected client input					
▪ Accurate, relevant and appropriate nutrition education and breastfeeding support provided					
▪ Appropriate client referrals made and documented					
▪ Food package prescribed					
▪ Plans for follow-up noted					
15. Food benefits issued					
▪ Proof of identity viewed					
▪ eWIC card issued					
▪ Appropriate food package issued					
▪ Client signature captured					
▪ Explanation of how to use NC eWIC card and how to select WIC approved foods (initial eWIC card issuance)					
▪ Next issuance appointment made such that all entitled benefits are provided					
▪ Required notifications given					

Agency and Site Reviewed: _____

Date: _____ Reviewers: _____

1. Client Identifying Information

	1	2	3	4	5
Family ID					
Date of birth					
EDC					
Date of delivery					
Date of certification being reviewed					

2. Nutrition Assessment

Physically present										
Anthropometric										
▪ Prenatal: pre-pregnancy BMI, weight & height, prenatal weight gain chart										
▪ Postpartum: pre-pregnancy BMI, weight & height, total wt. gain in pregnancy										
Biochemical (hgb/hct)										
Clinical/Health History/Disease Status										
Eco social										
Diet & Physical Activity										
Required Medical Documentation (exempt infant formula/ WIC-eligible nutritionals or whole milk)										
Summary of nutrition status										
Nutrition risk criteria/code(s) correctly identified										

3. Plan of Nutrition Care

Goal(s) identified										
Nutrition education accurate, relevant and appropriate to meet need(s)										
Required education topics										
▪ importance of nutrition										
▪ breastfeeding										
▪ substance use										
▪ folic acid										
▪ immunizations for children										
Appropriate client referral(s)										
Appropriate food package prescribed										
Appropriate plans for follow-up										

4. Frequency of Nutrition Education

Required # of contacts									
▪ Client refusal of nutrition education is documented									

5. Notifications (To be completed and reported as part of monitoring item 5.2)

Required notifications given									
------------------------------	--	--	--	--	--	--	--	--	--

NOTES:

Agency and Site Reviewed: _____

Date: _____ Reviewers: _____

1. Client Identifying Information

	1	2	3	4	5
Family ID					
Date of birth					
Date of certification being reviewed					

2. Nutrition Assessment

Physically present									
Anthropometric									
▪ Growth charts									
▪ Birth weight/length (to 24 mos of age)									
▪ Parental BMI									
Biochemical (hgb/hct)									
Clinical/Health History/Disease Status									
Eco social									
Diet & Physical Activity									
Required medical documentation (exempt infant formula/ WIC-eligible nutritionals or whole milk)									
Summary of nutrition status									
Nutrition risk criteria/code(s) correctly identified									

3. Plan of Nutrition Care

Goal(s) identified									
Nutrition education accurate, relevant and appropriate to meet need(s)									
Required education topic									
▪ Substance abuse for parents/caretakers*									
Appropriate client referral(s)									
Appropriate food package prescribed									
Appropriate plans for follow-up									

4. Frequency of Nutrition Education

Required # of contacts									
▪ Client refusal of nutrition education is documented									

5. Notifications *(To be completed and reported as part of monitoring item 5.2)*

Required notifications given									
------------------------------	--	--	--	--	--	--	--	--	--

* required once

NOTES:

NC WIC PROGRAM MONITORING TOOL

Appendix 4: Breastfeeding Supplies

Agency and Site Reviewed: _____

Date: _____ Reviewers: _____

Multi-User Electric Breast Pumps <i>(if pump is in the agency, previous issuance must be reviewed)</i>	1	2	3	4	5
Family ID					
State Inventory Number					
Date of pump issuance being reviewed					
Completed loan agreement/release of liability					
Documentation of issuance in record <i>(date of issuance, item(s) issued and reason(s) for issuance)</i>					
Participant eligible for breast pump (yes/no)					
Documentation of follow-up (within 72 hours of issuance)					
Pump cleaned within one business day of last return					

Single-User Breastfeeding Supply Items	Single User Electric Pump	Single User Manual Pump	Nipple Shield	Supplemental Feeding Device
Family ID				
Date of pump issuance being reviewed				
Completed release of liability				
Documentation of issuance in record <i>(date of issuance, item(s) issued and reason(s) for issuance)</i>				
Participant eligible for supply item (yes/no)				
Primary health care provider notified of issuance of nipple shield/supplemental feeding device (SFD)				
Documentation of follow-up (within 72 hours of issuance)				

CODE: N/A=Not Applicable ✓=Present M=Missing I=Incomplete/Inaccurate

(Blank Page)

Agency and Site Reviewed: _____

Date: _____ Reviewers: _____

1. Identifying Information

	1	2	3	4	5
Family ID					
Delivery date					

2. BFPC Program Enrollment

Date of signed BFPC Program Letter of Agreement					
Initial contact is within defined timeframe for WIC category					

3. Prenatal Contacts*

Date of contact															
Discussed topics															
Provided materials															
Breastfeeding comments															

4. 1st Week Post-Delivery Contacts**

Date of contact															
Discussed topics															
Provided materials															
Breastfeeding comments															

5. 2nd through 4th Weeks Post-Delivery Contacts***

Date of contact																			
Discussed topics																			
Provided materials																			
Breastfeeding comments																			

*First prenatal contact is required within 30 days of BFPC enrollment; second contact is required within 2 weeks prior to expected delivery date

**Contacts within the 1st week post delivery are required every 2-3 days; i.e., 2 contacts minimum required

***Contacts are required weekly for 2nd through 4th weeks post-delivery; i.e., 3 contacts minimum

(Blank Page)

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

Administrative Services Policies

1. General Program Operation

_____ Local agencies must have a written policy that addresses the strategy used when separation of duties is not possible. The policy must identify a designated staff that will monitor and review certification record. **(WPM Chapter 1)**

_____ Local agencies must have a written policy describing a plan to serve participants in the event that provision of WIC services is interrupted due to a disaster situation. **(WPM Chapter 1)**

2. Application Process and Transfer of Certification

_____ Local agencies must have a written policy for handling applications within processing standards when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed. **(WPM Chapter 6A)**

_____ Local agencies must have a written policy guiding the clear expectations for secure communication when using a texting or digital platform in the provision of WIC Program services and conversation between staff and applicants/participants. **(WPM Chapter 6A)**

_____ Local agencies must have a written policy that identifies the Point Person position and alternate Point Person position responsible for the management and retention of the NVRA Agency Transmittal Forms, Voter Registration Preference Forms, and Voter Registration Applications. **(WPM Chapter 6A)**

3. Vendor Management

_____ Local agencies must have a written policy addressing when they accept vendor applications. **(WPM Chapter 11)**

4. Program Outreach

_____ Local agencies must develop an annual outreach plan to build and sustain caseload and improve delivery of service. The Local Agency Retention and Outreach Plan must include the agency’s plans to target services to the highest priority groups. **(WPM Chapter 10)**

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

<u>Nutrition Services Policies</u>	
1. Nutrition Assessment	
_____	Local agencies must have a written protocol for immunization screening and referral. (WPM Chapter 6C)
2. Nutrition Education and Counseling	
_____	Local Agencies that use WIC management support or other non-CPA staff to provide mini-lessons must have a written policy. (WPM Chapter 5)
_____	Local agencies that provide group education must have written class outlines on file. (WPM Chapter 5)
3. Breastfeeding Promotion and Support	
_____	Local agencies must have a written policy consistent with the Breastfeeding-Friendly Workplace Policy. The policy must outline a reasonable break time for breastfeeding employees to express milk and identify the private and functional space for employee to express their milk. (WPM Chapter 1)
_____	A written plan is required to establish and maintain collaborative community partnerships for breastfeeding promotion and support. (WPM Chapter 9)
_____	A written policy is required for the orientation of new employees to task-appropriate breastfeeding promotion and support activities. (WPM Chapter 9)
_____	A written policy is required for breastfeeding supply issuance. (WPM Chapter 9)
_____	A written policy is required for the tracking of multi-user breast pumps. (WPM Chapter 9)
4. 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:	
_____	A written policy is required for consultation and referral support for breastfeeding peer counselors. (WPM Chapter 9)
_____	A written policy outlining the local agency's service delivery model that assures the provision of consistent and quality breastfeeding peer counselor program services. (WPM Chapter 9)