Chapter 15
Monitoring/Auditing

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

Attachments

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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 Team.** A monitoring team is usually comprised of two people; a Regional Nutrition Program 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.

▸ **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 occurs over 3-4 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.

▪ *Recommendations* are suggestions that the review team believe will further enhance WIC Program services. They do not require a written response.

▪ *Deficiencies* reflect 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 including strengths, deficiencies and recommendations. These reports are addressed to the Director of the agency with a copy sent to the Local Agency WIC Director.

■ **Local Agency Response To Report Of Findings**
Local Agencies with cited deficiencies are given 30 days from the date of the monitoring report to submit a detailed corrective action plan (CAP) to the monitoring team. The expectation of the State Agency is that the CAP reflects activities the agency will implement within 6 months of the monitoring event to permanently correct cited deficiencies. The CAP must include specific actions the local agency will take to correct each deficiency; a timetable for implementation of the identified actions, and any other information requested in the report of findings. The CAP must be sent hard copy with a cover memo on agency letterhead which must be signed by the Director of the Agency or by his/her designee.

■ **Approval Of The Local Agency Corrective Action Plan**
Once the monitoring team receives the CAP from the Local Agency, the team will respond in writing to the local agency within 15 days as to whether the CAP is approved as written or if it needs to be revised to more fully address deficiencies noted in the report. If the CAP needs to be revised, the monitoring team will conference call within 15 days of this correspondence with Local Agency staff to discuss needed changes in the CAP. Within 15 days of this discussion, the review team will send a written summary of the agreed upon changes to the Local Agency. The Local Agency will have 15 days from the date of the written summary to submit a revised CAP to the review team with a cover memo on agency letterhead and signed by the Director of the Agency or by his/her designee. Within 15 days of receipt of this correspondence, the monitoring team will send written approval of the CAP.

■ **CAP Implementation And Monitoring Close-Out**
Prior to the monitoring 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 deficiencies. Within 6 months of the monitoring event, the RNC will conduct an on-site 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 which confirms the CAP has been fully implemented as approved, the RNC will send written correspondence to the Local Agency indicating the monitoring event is closed.

■ **Confidentiality of Applicant/Participant Information**
During the monitoring visit, all applicant and participant information is maintained in a confidential manner by the monitoring team. Following the monitoring, the working documents and report of findings from a Local Agency WIC Program Monitoring are public information. For this reason, applicant and participant identifying information must not be documented in the working papers nor cited in verbal or written reports of findings.

Local Agency Self-Assessment

Each Local Agency must complete a self-assessment of program operation in years in which they are not being monitored by the State Agency.

- ■ **Components Of Local Agency Self-Assessment**
  The 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.

- ■ **Self-Assessment Event**

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

    One month before each assigned time frame, the NSB will send a self-assessment packet to each Local Agency designated for a self-assessment. This packet will include reports and other information required to complete the self-assessment along with a copy of the tools that must be used to complete the self-assessment.

  - ‣ **Local Agency Responsibilities.** When designated for a self-assessment, the Local Agency must:

    - ▪ schedule time (usually 2-4 days) within the designated time frame 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 packet provided by the NSB;

    Agencies with more than five full time sites must self-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.

- ■ **Report Of Findings And Corrective Action Plans**
  Staff must write a report of findings that reflect non-compliance (i.e., a deficiency) with program regulations, rules and policies and develop a specific corrective action plan (CAP) for each finding of non-compliance. The expectation of the State Agency is that the CAP reflects activities the agency will implement within 6 months of the self-assessment to permanently correct cited deficiencies. The CAP must include specific actions the local

agency will take to correct each deficiency and a timetable for implementation of the identified actions. The CAP must be sent hard copy with a cover memo on agency letterhead which must be signed by the Director of the Agency or by his/her designee. If a designee is used the Director of the Agency must be copied on the correspondence. This written report and CAP should be completed within 30 days of completion of the self-assessment. A copy of the report and CAP should be sent to the Nutrition Services Branch (NSB).

Within 15 days of receipt of the report and CAP from the Local Agency, a NSB staff member will respond to the Local Agency as to whether the CAP is approved as written or if it needs to be revised to more fully address deficiencies noted in the report. If the CAP cannot be approved as written, NSB staff will conference call within 15 days of this correspondence with Local Agency staff to discuss needed changes in the CAP. Within 15 days of this discussion, the NSB staff will send a written summary of the agreed upon changes to the Local Agency. The Local Agency will have 15 days from the date of the written summary to submit a revised CAP to the NSB with a cover memo on agency letterhead and signed by the Director of the Agency or by his/her designee. Within 15 days of receipt of this correspondence, the NSB will send written approval of the CAP.

■ **CAP Implementation And Self-Assessment Close-Out**
Prior to the closing-out of a Local Agency self-assessment, the Local Agency must implement their approved CAP to the satisfaction of the State Agency and with the intent of permanently correcting cited deficiencies. Within 6 months of the self-assessment, a NSB staff member will contact the Local Agency 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 which confirms the approved CAP has been fully implemented, the NSB staff member will send written correspondence to the Local Agency indicating the self-assessment event is closed.

■ **Retention Of Self-Assessment Paperwork**
For each self-assessment, the local agency must retain on file in accordance with DHHS Office of the Controller (see: http://www.ncdhhs.gov/control/) all 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.

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.

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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)

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Local Agency: _____

Date of Review: _____

Review Team: _____

Site(s) Reviewed: _____

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

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

Review Area	Reviewers Notes	Status**
1.1. Does the local agency follow required procedures for processing applications for the WIC Program? Minimum Standard: 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. When the local WIC Program does not routinely give specific appointment times, such as in open access scheduling systems or when walk-ins are allowed, a written policy must be in place detailing how applications will be handled within processing standards. 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). Method of Review: ▪ 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		

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. Participant 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

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
1.2. Is physical presence of applicants/participants noted and documented at each certification (initial and subsequent)? Minimum Standard: 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) Method of Review: ▪ 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.		
1.3. Is proof of identification and proof of residence reviewed and documented according to guidelines? Minimum Standard: 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) Method of Review: ▪ Observe screening of proof of identification and proof of residence for 3-5 applicants using Appendix 1, items 5-6 to document findings.		
1.4. Is income eligibility screened and documented according to guidelines? Minimum Standard: Income must be screened and documented at each certification in accordance with program policy. (WPM, Chapter 6B) Method of Review: ▪ 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.		
1.5. Do applicants/participants read the rights and responsibilities for program participation (or have staff read and explain to them) and then sign? Minimum Standard: At each certification, staff must make the applicant/participant aware of the rights and responsibilities of program participation and in such a way that accommodates the language and literacy needs of the client. The applicant/participant must sign and date the rights and responsibilities indicating their understanding of them. (WPM, Chapter 6D) Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 9 to document findings.		

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
1.6. Does staff offer the participant/parent/guardian/caretaker the opportunity at each certification to appoint a proxy for pick-up? Minimum Standard: 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) Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 10 to document findings.		
1.7. Does the local agency assist clients with transfer into and out of the agency? Minimum Standard: 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 in WIC clinic waiting rooms and issuance sites and wherever WIC applications are accepted, certifications are performed, or food benefits are issued. (WPM Chapter 6E) Method of Review: ▪ 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 locations(s) of posters ▪ Interview staff regarding use of posters in satellite clinics		
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? Minimum Standard: 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, Section 4) Method of Review: ▪ Interview staff about how the agency makes WIC services accessible to client ▪ Review clinic appointment schedules		

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

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1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
1.9. Is the National Voters Registration Act (NVRA) being implemented in accordance with program policy? Minimum Standard: 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 given 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). Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 7 to document findings ▪ Interview staff about the procedure for completing the requirements of the NVRA. Do staff follow the requirements of the NVRA? ▪ Do staff offer the opportunity to register to vote by asking the following question using the exact wording stated: "If you are not registered to vote where you live now, would you like to apply to register to vote here today?"		

2. Electronic Benefit Transfer

Review Area	Reviewers Notes	Status**
2.1. Does the local agency comply with policy at food benefits issuance? ▪ **Proof of identity of the participant/parent/guardian/caretaker/proxy** ▪ **Signature of recipient** Minimum Standard: Staff must view proof of identity of the recipient at each issuance. Signature of the person receiving issuance is required. (WPM Chapter 8) Method of Review: ▪ Observe issuance to 3-5 participants using Appendix 1, item 15 to document findings. ▪ Review documentation of a sample of issuance occurrences using the Food Benefits List screen of selected participants.		
2.2. Are clients educated on how to use the NC eWIC card at the initial certification or when first issued the eWIC card? Minimum Standard: 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): check www.mybnft.com, download the **Bnft ® app** or call eWIC Customer Service at:1-844-230-0813. (WPM, Chapter 8) Method of Review: ▪ 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, 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?		
2.3. Are food benefits reissued according to program requirements? Minimum Standard: Food benefits may be replaced only in situations allowed by program policy. (WPM, Chapter 8) Method of Review: ▪ Interview staff about how they reissue/replace food benefits.		

2. Electronic Benefit Transfer

Review Area	Reviewers Notes	Status**
2.4. Does the local agency staff follow program policy, when issuing to a cardholder when physical presence is not possible? Minimum Standard: Local agencies may issue food benefits when clients are not physically present only for reasons specified in program policy. (WPM Chapter 8) Method of Review: ▪ Interview staff about procedures used for issuing benefit when a cardholder is not physically present ▪ Review Nutrition Services Branch approval for issuance due to agency hardship (**if applicable**)		
2.5. Are proxies asked to read or have read to them the rights and responsibilities at time of food benefit issuance? Minimum Standard: A proxy must read or have read to them the rights and responsibilities as stated per program policy at time food benefit issuance. (WPM Chapter 8). Method of Review: ▪ Interview staff on the procedures for issuing food benefits to a proxy		

3. Security and Accountability

Review Area	Reviewers Notes	Status**
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? Minimum Standard: 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. (WPM Chapter 1) Method of Review ▪ Interview staff about procedures they use when staff is limited ▪ Review the Separation of Duties Log for the past 12 months		
3.2. Does staff protect access to the Crossroads system? Minimum Standard: Local agency staff should log out of the Crossroads system when away from their work station and should never share NCID and/or passwords. Method of Review: ▪ Observe staff practices ▪ Interview staff about practices they use to secure access to the Crossroads system.		
3.3. Does the local agency utilize a secure method for storing NC eWIC cards? Minimum Standard: The local agency is responsible for keeping NC eWIC cards in a locked storage area when not in use. (WPM Chapter 8) Method of Review: ▪ View secure storage areas and interview staff about security measures practiced for NC eWIC cards.		

3. Security and Accountability

Review Area	Reviewers Notes	Status**

3.4. Are formulas and WIC-eligible nutritionals received from the Nutrition Services Branch (NSB) maintained in a secure location and issued and inventoried according to program requirements? Are all returned formula from participant being properly disposed of according to local agency policy?
 	
Minimum Standard: All products received from the NSB must be maintained in a secure storage area 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)
Method of Review:
▪ 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.
   o Compare product in inventory with amount documented in Crossroads
   o 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.		

4. Vendor Management

Review Area	Reviewers Notes	Status**
4.1. Is documentation of the last annual vendor training on file? Minimum Standard: 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) Method of Review: ▪ Review vendor training file		
4.2. Is required documentation of vendor management activities on file? Minimum standard: The WIC Vendor Agreement is a three-way contract between a Vendor, the State WIC agency and the Local WIC agency. Each vendor's file includes copies of the vendor application, vendor agreement, price lists, information update, monitoring reports, verification of attendance forms, above 50% vendor self-declaration form and cost containment form as indicated in Table 4.2 (WPM Chapter 11). The specific forms required to be in each vendor's file are contingent upon corporate or non-corporate vendor status. Refer to the most recent Vendor Agreement for the dates of authorization. Method of Review: ▪ Review a sample of 5 vendor files using Table 4.2 to document findings. Include both corporate and non-corporate vendors in sample.		

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		
	Vendor Agreement	Amendment to the WIC Vendor Agreement	Vendor Application	Above 50% Vendor Self-Declaration*	Cost-Containment Exemption	Vendor Information Update*	Crossroads Vendor Portal Application*	Verification of Attendance	Price List	Monitoring Reports
	(non-corporate)	*(non-corporate)*	*(all vendors)*	*(non-corporate)*	*(non-corporate free-standing pharmacy)*	*(non-corporate)*	*(corporate)*	*(all vendors)*	*(non-corporate)*	*(all vendors)*
1.										
2.										
3.										
4.										
5.										

* For Fiscal Year 2018, only non-corporate vendors were required to complete the Vendor Information Update form. Corporate vendors updated vendor information through the Crossroads Vendor For Portal and only submitted the Vendor Application form available through Crossroads, if there were changes to be made. Corporate stores for which changes were made will have a Crossroads Vendor Application in their file.

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

4. Vendor Management

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

Review Area	Reviewers Notes	Status**
4.3 Are vendors monitored in accordance with program policy? Minimum Standard: 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) ▪ 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 (*October 1 - September 30).* ▪ 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 deficiencies 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. Method of Review: ▪ Review the vendor monitoring status report included in the local agency monitoring packet and discuss with staff. o ***It is an <u>automatic deficiency</u> if the agency has any vendor(s) reported as being out-of-compliance with vendor monitoring requirements. The local agency CAP must state how the non-compliance occurred for each vendor listed, how the non-compliance will be resolved, and what steps will be taken to assure future compliance with vendor monitoring requirement(s). 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.*** ▪ 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**
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? Minimum Standard: 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 benefits including those transacted using an eWIC card; 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, Section 1; and Vendor Agreement**)** Method of Review**:** ▪ Interview local agency WIC Director regarding the possibility of conflict of interest with any vendor/vendor applicants and local WIC agency staff.		

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

4. Vendor Management

Review Area	Reviewers Notes	Status**
4.5. Has the local WIC agency assured that confidential vendor information is only shared with appropriate entities? Minimum Standard: 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: ▪ 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. Method of Review**:** ▪ 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**
5.1. Do all locally developed print materials, internet sites, print and electronic media announcements that describe the WIC Program include the current non-discrimination policy statement? **Do locally developed letters/notifications related to program eligibility include the non-discrimination statement and the fair hearing notice?** Minimum Standard: The current non-discrimination statement must appear on locally printed publications; print, television and radio announcements; and local websites whenever they describe the WIC Program and are intended for public information, public education, or public distribution. If any locally developed notices are used to inform the applicant/participant of his/her eligibility, the notices must include the non-discrimination statement and the right to a fair hearing statement. (WPM, Chapter 4 and 14). Method of Review: ▪ 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... ▪ Review locally developed notices used to inform applicants/participants of eligibility status.		
5.2. Do applicants/participants receive required notifications according to program policy? Minimum Standard: 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) Method of Review: ▪ Review documentation of notices in Crossroads 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**
5.3. Is the current USDA "And Justice for All" poster (dated 12/2015) and the current "Fair Hearing" poster (dated 2/2017) prominently displayed in each clinic and issuance site? Minimum Standard: The USDA "And Justice for All" poster and the "Fair Hearing" poster (English & Spanish versions) must be prominently displayed in WIC clinic waiting rooms and issuance sites and wherever WIC applications are accepted, certifications are performed, or food benefits are issued. (WPM Chapter 4 and Chapter 14) Method of Review: ▪ View location(s) of posters ▪ Interview staff regarding use of posters in satellite sites.		
5.4. Is the local agency making a reasonable effort to serve non-English speaking or limited English proficiency (LEP) participants? Minimum Standard: Programs and services supported in whole or part with federal funds must provide interpreter services at no charge to non-English speaking clients and those with LEP. Consolidated Agreement at:(http://www.nutritionnc.com/wic/pdf/403-FY18-AA-FINAL-011117.pdf) 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) Method of Review: ▪ 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**
5.5. Is staff collecting racial/ethnic information from clients in a manner that complies with Federal guidelines? Minimum Standard: Local Agencies must ensure that ethnic and racial data is collected and documented for all individuals at the time of initial application for WIC Program services; but only after it has been explained and the applicant understands that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of their eligibility to participate in the program. Self-identification by the applicant is the preferred method of obtaining ethnic and racial information. The applicant may select one ethnic category, but multiple racial categories. If an applicant declines to self-identify, staff must inform the applicant that a visual identification will be made. (WPM Chapter 4) Method of Review: ▪ 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.		
5.6. Does all staff receive annual civil rights training? Minimum Standard: 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) Method of Review: ▪ 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. Program Outreach

Review Area	Reviewers Notes	Status**
6.1. Does the agency maintain documentation of all agency outreach efforts? Does the agency submit the required annual media release publicizing the availability of WIC and program benefits? Minimum Standard: Local agencies are required to maintain documentation (electronic or hard copy) of all 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. On an annual basis, each local agency must send a media release or general advertisement to relevant print and/or broadcast media. The announcement must include WIC eligibility criteria, program benefits (including nutrition education, breastfeeding support, referrals to other health and community resources, and food benefits), locations of the local agency, and the USDA nondiscrimination statement. The local agency must maintain documentation of the 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) Method of Review: ▪ Review documentation of outreach activities. ▪ Review documentation and content of the submitted and published annual media release.		
6.2. Does the local agency review no show rates and use this information when evaluating program operations? Minimum Standard: Local agencies should review no show rates on a regular basis. (WPM Chapter 6D) Method of Review: ▪ Review two months no show rates in the master calendar. ▪ Interview appropriate staff on the use of the information obtained		

7. Fiscal Management

Review Area	Reviewers Notes	Status**
7.1. Have all subcontracted services received prior approval from the Regional Nutrition Consultant? Minimum Standard: Prior to being signed, all sub-contracts (new or renewal) must be approved in writing by the local agency's regional nutrition program consultant. (WPM Chapter 3) Method of Review: ▪ Compare the date each agreement was initiated or renewed, with the date it was approved by the Regional Nutrition Consultant.		
7.2. Does the local agency account for WIC Program expenditures according to program requirements? Minimum Standard: The local agency must maintain documentation that supports expenditures, bill expenditures to the appropriate activity budget including a separate activity budget for Breastfeeding Peer Counselor Program expenditures and assure that expenditures are allowed under program policy. Unless jointly purchased, all items purchased by the WIC Program must be used solely by WIC. (WPM, Chapter 12) Method of Review: ▪ Review one month of expenditure records and supporting documentation. (use the month indicated in the initial correspondence for the program monitoring) ▪ Review time sheets of all staff (including non-WIC staff) charging time to the WIC Program. (use the month indicated in the initial correspondence for the program monitoring). ▪ Interview staff about process used to manage WIC Program expenditures including the coding of purchases to activity budgets		

7.3. Does the local agency's cost allocation plan to determine WIC expenditures comply with WIC Program policy?
 	
Minimum Standard: 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:
    o duplicating   o internet services   o utilities
    o printing   o office supplies   o equipment
    o phone services   o janitorial & maintenance services   o clinic costs
Source documentation must be available and be retained in accordance with the DHHS retention and disposition schedule. (WPM, Chapter 12)
Method of Review:
▪ Compare cost allocation plan & supporting documentation for each expense that is cost shared between programs.
▪ Interview staff about cost allocation plans		

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

7. Fiscal Management

Review Area	Reviewers Notes	Status**
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)? Minimum Standard: All purchases of equipment costing greater than $500, medical equipment, and computers/computer accessories (including software) must have prior approval. (WPM Chapter 12) Method of Review: ▪ Review purchase and approval requests		
7.5. Does the local agency manage their WIC fixed assets in accordance with program policy? Minimum Standard: Within 60 days of the date of approval to purchase equipment, the local agency must submit to the Nutrition Services Branch (NSB) a written report of the purchase of equipment with an acquisition cost of $500 or more. Once the NSB receives notification of an equipment purchase, it will issue a DHHS inventory tag to the Local Agency for the equipment and staff must place the tag on the appropriate item. Annually, the NSB sends an agency specific fixed assets report to each agency. Local agency staff must confirm the accuracy of the report by viewing the equipment listed, verifying serial numbers and locations, noting any problems/discrepancies, indicating items that have been surplused 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 surplused. (WPM Chapter 12) Method of Review: ▪ Review correspondence requesting the purchase of equipment (with WIC funds) within the past two years and review subsequent correspondence for each purchase reporting its acquisition. Confirm with staff the receipt by the local agency of DHHS inventory tags for reported purchases and the attachment of the tags to the respective equipment. ▪ Interview staff about the process they use to complete the annual fixed asset inventory report using the Fixed Asset Inventory Listing included in the monitoring packet for this discussion. (*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.*) ▪ 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**
8.1. Is the North Carolina WIC Program Manual current and readily available to local agency staff? Minimum Standard: 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. (WPM, Chapter 1) Method of Review: ▪ Review copy(ies) of WIC Program Manual to see if they are current ▪ Interview staff about their access to and use of the WIC Program Manual		
8.2. Does the local agency have required written policies on file and readily available to staff? Minimum Standard: At a minimum, there must be a local agency written policy for all policies listed in Table 8.2 Policies must be readily available to staff. Local agency staff is encouraged to have policies signed by the WIC Director (and any other staff per agency protocol) and dated. Staff is also encouraged to review policies at least every two years and update as needed. (WPM Chapter 1) Method of Review: ▪ Review written policies listed in Table 8.2 ▪ Interview staff about their access to written policies and procedures		

8. Policies and Procedures Management

Review Area	Reviewers Notes	Status**
8.3. Does the agency follow standard documentation practices? Minimum Standard: There must be a written list of standard abbreviations or outside publications used by staff when documenting (NCGS 90-18 [30]). Local agencies must use standard procedures for correcting documentation errors. (Standard accounting procedures) Method of Review: ▪ 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)		
8.4. Does the agency conduct a local agency self-assessment of the WIC Program operations in accordance with program policy? Minimum Standard: Each Local Agency must complete a self-assessment of program operation in years in which they are not being monitored by the Nutrition Services Branch. Staff must write a report of any findings that reflect non-compliance with program regulations, rules and policies (i.e., deficiency) and a specific corrective action plan (CAP) for each finding of non-compliance. For each self-assessment, the local agency must retain all the working papers, a copy of the written report of findings and CAP, correspondence from the NSB Nutrition Program Consultant or Regional Nutrition Program Consultant (RNC) and documentation of CAP implementation (e.g., training agenda and date) on file. (WPM Chapter 15) Method of Review: ▪ Interview staff about the process they use to complete the local agency self-assessment ▪ Review working papers, report of findings, the CAP, and correspondence from most recent local agency self-assessment		

8. Policies and Procedures Management

Table 8.2. Required Local Agency Policies.
Use this checklist to determine if each required policy has been addressed by the local agency.

<div>

<u>Administrative Services Policies</u>

1. **General Program Operation**

    _____ 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)**

    _____ Local agencies must have a written policy that addresses the strategies used when separation of duties is not possible. The policy must identify a designated staff that will monitor and review certification records. **(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 that identifies the staff position and alternate staff 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 have a written policy for describing the strategies used to target individuals in priorities I and II to enroll in the WIC Program. **(WPM Chapter 10)**

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8. Policies and Procedures Management

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8. Policies and Procedures Management

Table 8.2. Required Local Agency Policies.

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

Nutrition Services Policies

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 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

_____ 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 who can issue breastfeeding supplies. **(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 is required for message management and retrieval from a BFPC dedicated phone line. **(WPM Chapter 9)**

_____ A written policy is required for the allowable use of an approved web-based text message service for contacts between BFPCs and enrolled BFPC participants (if applicable). **(WPM Chapter 9)**

End of Part I: Administrative Service Review

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

8. Policies and Procedures Management

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Local Agency: _____

Date of Review: _____

Review Team: _____

Site(s) Reviewed: _____

WIC Program Monitoring Tool
Part II: Nutrition Services Review
Table of Contents

9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
9.1. Are required nutrition assessments completed for each certification period? Minimum Standard: 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 postpartum 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. To complete a nutrition assessment, staff must collect and assess the following information per program guidelines: ▪ Anthropometric ▪ Clinical ▪ Eco-social ▪ Biochemical ▪ Dietary & Physical Activity 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 (WPM Chapter 6C) Method of Review: ▪ 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 5 each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals.		
9.2. Are all eligible nutrition risk criteria for each participant identified and are criteria being used correctly? Minimum Standard: 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) Method of Review: ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review records of at least 15 clients using Appendix 2 & Appendix 3 to document findings. Record selection should include 5 each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals.		

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
9.3. Does staff use correct procedures for weighing and measuring infants, children, and women on calibrated and maintained equipment? Minimum Standard: 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 removed from service until they can be calibrated, repaired, or replaced. Standard techniques for weighing and measuring individuals are being used. All staff has been trained on standard procedures for weighing and measuring. (WPM Chapter 6C) Method of Review: ▪ Check stadiometers for accuracy of height (i.e. placement on the wall) ▪ View all scales in agency ▪ Review receipt for annual test of scales ▪ Observe at least 1 infant, 1 child, & 1 woman being weighed and measured using Appendix 1, item 12 to document findings. When applicable, observe more than 1 person doing the weighing and measuring. ▪ Interview staff to determine protocol/procedure for staff training		
9.4. When required, is medical documentation which meets policy obtained for exempt infant formula, WIC-eligible nutritionals and whole milk? Minimum Standard: 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) Method of Review: ▪ Review medical documentation records of at least 5 clients receiving exempt infant formula, WIC-eligible nutritionals or whole milk using Appendix 2 and Appendix 3 to document findings.		

10. Plan of Nutrition Care

Review Area	Reviewers Notes	Status**
10.1. Is an individualized Plan of Care documented for each client? Minimum Standard: 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, referrals, nutrition education, breastfeeding support, food prescription, and follow-up. 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). Individuals not currently participating in Medicaid but who appears to be income eligible shall be referred to Medicaid. (WPM Chapter 10). Method of Review: ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review records of at least 15 clients using Appendix 2 & Appendix 3 to document findings. Record selection should include 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		
10.2. Is the food package being prescribed in accordance with program policy? Minimum Standard: A CPA must prescribe the food package at each certification including when modifications to the food package are requested or required. (WPM Chapter 7) Method of Review: ▪ Observe 3-5 individuals having a food package prescribed to them using Appendix 1, item 15 to document findings. ▪ Review records of at least 15 clients using Appendix 2 & Appendix 3 to document findings. Participant selection should include 5 each of women, infants & children. Five participants should be receiving exempt infant formulas or WIC-eligible nutritionals.		

11. Nutrition Education & Counseling

Review Area	Reviewers Notes	Status**
11.1. Do participants receive the required number of nutrition education contacts per certification? Minimum Standard: During each certification period: ▪ At least two nutrition education contacts must be made available to pregnant and postpartum non-breastfeeding 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) Method of Review: ▪ Review records of at least 15 clients using Appendix 2 & Appendix 3 to document findings. Record selection should include 5 each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals.		
11.2. Is nutrition education accurate, relevant, and appropriate for the needs of the participants? Minimum Standard: 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) Method of Review: ▪ Observe 3-5 educational sessions with participants using Appendix 1, item 15 to document findings. ▪ Review records of at least 14 clients using Appendix 2 & Appendix 3 to document findings. Record selection should include 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 & Counseling

Review Area	Reviewers Notes	Status**
11.3. Do participants receive education on required topics based on participant category? Minimum Standard: ▪ 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. ▪ Local agencies must maintain and make available a current list of substance abuse resources. (WPM Chapter 5) Method of Review: ▪ Review records of at least 15 clients using Appendix 2 & Appendix 3 to document findings. Record selection should include 5 each of women, infants & children. Five records should be of participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review list of local resources for substance use counseling and treatment.		
11.4. Are mini-lessons being implemented in accordance with program policy? Minimum Standard: 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) Method of Review ▪ Observe at least two mini-lessons if 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.		

11. Nutrition Education & Counseling

Review Area	Reviewers Notes	Status**
11.5. Are class outlines on file when group education is provided? Minimum Standard: 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) Method of Review: ▪ Review class outlines for required components, relevancy and accuracy. ▪ Observe a group class, if available.		

12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
12.1. Does the local agency promote & support breastfeeding? Minimum Standard: There must be: ▪ 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 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) Method of Review: ▪ 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.		
12.2. Does new WIC staff receive task-appropriate training in breastfeeding promotion and support as part of their orientation? Minimum Standard: All new WIC staff who provide direct services to WIC clients will receive task-appropriate breastfeeding information as part of their orientation and as defined by state policy. Local agencies are encouraged to provide this type of orientation to other new agency staff who will have direct contact with WIC participants. (WPM Chapter 9) Method of Review: ▪ 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 for all new WIC staff with direct contact with WIC participants within 3 months of employment. ▪ Verify documentation of required training and continuing education for the Breastfeeding Coordinator, Breastfeeding Peer Counselor Manager (if applicable), and Breastfeeding Peer Counselor(s) (if applicable).		

12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
12.3. Does the local agency maintain inventory of breastfeeding supplies in accordance with program policy? Minimum Standard: ▪ 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). Method of Review: ▪ Review the agency inventory for multi-user electric breast pumps and reconcile the inventory with the quantity available in the agency ▪ Review the agency inventory of each type of single-user breastfeeding supply for required items and any optional item(s) used by the agency 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).		

12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
12.4. Does the local agency issue breastfeeding supplies in accordance with program policy? Minimum Standard: To issue breastfeeding supplies, staff must determine if the participant is eligible to receive a breastfeeding supply and document the following: ▪ Type of supply issued ▪ Reason for issuance ▪ Education on the assembly, use and cleaning of the supply ▪ Completed release of liability and loan agreement, as required ▪ Plans for follow-up and physician notification, as required (WPM Chapter 9) Method of Review: ▪ 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.		

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**
12.5. Are women enrolled in the BFPC Program receiving the required number of contacts? Minimum Standard: ▪ A BFPC Program Letter of Agreement must be signed by the participant and by the staff person completing the enrollment. If a participant is not enrolled prenatally, the reason for postpartum enrollment must be documented. ▪ Women enrolled prenatally must receive their initial contact within 30 days. ▪ Breastfeeding postpartum women must receive a contact every 2-3 day in the first week post-delivery and weekly for the remainder of the first month post-delivery. (WPM Chapter 9) Method of Review: ▪ Review 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.		
12.6. Do breastfeeding peer counselors have ready access to a WIC-designated breastfeeding expert and referral support whenever the peer counselors are working? Minimum Standard: The local agency must have a WIC-designated breastfeeding expert 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 (WPM Chapter 9) Method of Review: ▪ Interview the local agency's WIC-designated breastfeeding expert ▪ Interview 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		
12.7. Does the local agency have a dedicated phone line for the breastfeeding peer counselor program? Minimum Standard: Agencies must ensure that a dedicated phone line with message capability is available for BFPC program staff 24 hours a day, 7 days a week. (WPM Chapter 9) Method of Review: ▪ Interview staff about the retrieval of messages, returning calls, and maintenance of the phone system		

End of Part II: Nutrition Services Review

** ✓=Meets Minimum Standard   D=Deficiency   R=Recommendation   NA=Not Applicable

12. Breastfeeding Promotion & Support

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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
Participant 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					
▪ NVRA question asked using exact wording					
▪ Voter Registration Application provided					
▪ Preference form provided					
8. Income eligibility determined					
▪ 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					
▪ Asked if client has plans to move during certification period					
▪ VOC issued to migrants and those who indicate plans to move					

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

	1	2	3	4	5
Participant 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					

NC WIC PROGRAM MONITORING TOOL

Appendix 2. WIC Record Review
(Pregnant & Postpartum Women)

Agency and Site Reviewed: _____

Date: _____   **Reviewers**: _____

1. Client Identifying Information	1		2		3		4		5	
Participant ID										
Date of birth										
EDC										
Date of delivery										
Date of certification being reviewed										

2. Nutrition Assessment

	1		2		3		4		5	
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

	1		2		3		4		5	
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

	1		2		3		4		5	
Required # of contacts ▪ Client refusal of nutrition education is documented										

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

	1		2		3		4		5	
Required notifications given										

CODE: ✓=Present M=Missing I=Incomplete/Inaccurate NA=Not Applicable   October 2018

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Agency and Site Reviewed: _____

Date: _____   **Reviewers:** _____

1. Client Identifying Information	1	2	3	4	5
Participant 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

CODE: ✓=Present   M=Missing   I=Incomplete/Inaccurate   NA=Not Applicable   October 2018

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Agency and Site Reviewed: _____

Date: _____   **Reviewers:** _____

Multi-User Electric Breast Pumps *(if pump is in the agency, previous issuance must be reviewed)*	1	2	3	4	5
Participant ID					
State Inventory Number					
Date of pump issuance being reviewed					
Completed loan agreement/release of liability					
Documentation of issuance in record *(date of issuance, item(s) issued and reason(s) for issuance)*					
Participant eligible for breast pump (yes/no)					
Documentation of initial 72 hour follow-up					
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
Participant ID					
Completed release of liability					
Documentation of issuance in record *(date of issuance, item(s) issued and reason(s) for issuance)*					
Participant eligible for supply item (yes/no)					
Primary health care provider notified of issuance of nipple shield/supplemental feeding device (SFD)					
Follow-up w/in 72 hours with participant					

CODE: ✓=Present   M=Missing   I=Incomplete/Inaccurate   NA=Not Applicable   October 2018

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Agency and Site Reviewed: _____

Date: _____   **Reviewers:** _____

1. Identifying Information

	1	2	3	4	5
Participant ID					
Delivery date					

2. BFPC Program Enrollment

	1	2	3	4	5
Date of signed BFPC Program Letter of Agreement					
Initial contact is within defined timeframe for WIC category					

3. Prenatal Contact

	1	2	3	4	5
Date of contact					
Discussed topics					
Provided materials					
Breastfeeding comments					

4. 1st Week Post-Delivery Contacts*

	1		2		3		4		5	
Date of contact										
Discussed topics										
Provided materials										
Breastfeeding comments										

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

	1			2			3			4			5		
Date of contact															
Discussed topics															
Provided materials															
Breastfeeding comments															

*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

CODE: ✓=Present   M=Missing   I=Incomplete/Inaccurate   NA=Not Applicable   October 2018

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