

## FY 2025 Self Evaluation Tool – Local Agency Self Auditing

To complete the Self Evaluation Tool, please download and save a copy of this document to your computer in Microsoft Word format (available on SharePoint in the Forms tab). Do not directly edit the document posted on SharePoint. Complete this tool electronically by typing your answers into the document. E-mail the completed Word document to the State WIC Operations Manager, [rwardle@utah.gov](mailto:rwardle@utah.gov) 30 days prior to the scheduled on-site visit. Please note that certain logs and files need to be sent via email to the State Nutrition Coordinator at [rbowman@utah.gov](mailto:rbowman@utah.gov) (module completion, in service, evaluation of new classes) or post in SharePoint 30 days prior to any scheduled management evaluation site visit.

### PLEASE COMPLETE THE FOLLOWING:

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| Local Agency:   |  |
| Clinic:   |  |
| Date due (30 days before site visit):   |  |
| Date self-evaluation was completed:   |  |
| Completed by:   |  |
| Scheduled on-site visit date(s) for this clinic:  |  |
| Clinic operating hours on the scheduled date(s):  |  |
| Anticipated number of certification appointments to be scheduled during the on-site visit:  |  |
| Clinic staff that will not be present at the clinic during the visit:   |  |
| Is the WIC Director planning to be present?   |  |
| List any files or other items to be reviewed that will not be available on site and list their location.  |  |
| Present Caseload:   |  |
| Total # FTE hours (enter 1 for each 40 hours worked by staff in WIC, i.e., if there are three full time and one part time staff in the clinic enter 3.5): |  |
| Do you feel your staff/participant ratio is adequate, manageable, or inadequate? Explain why.   |  |



Please answer the questions for each functional area:

**I. Vendor Management**

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| Has the local vendor coordinator completed the online WIC Local Vendor Coordinator Training module on the Utah Health Learning Portal? When was this completed?                 |  |
| Has state vendor management staff visited the current local vendor coordinator to go together to provide training and/or monitoring at a local store? When did this last occur? |  |
| Does the local vendor coordinator attend each meeting and training held by the state vendor manager?  |  |
| Where is the current authorized vendor list posted?   |  |
| Does the vendor coordinator upload documentation for vendor training and monitoring to the appropriate location?  |  |
| Does the vendor coordinator document vendor training in VISION?   |  |
| Is the vendor coordinator documenting communication with the vendor in the Vendor Log in VISION?  |  |
| How are complaints about vendors and complaints from vendors about clients documented and resolved?   |  |
| Which vendors have been monitored during the current and previous fiscal year? Were they monitored before the deadline set by the state?  |  |
| Which vendors still need to be monitored this fiscal year?  |  |
| Which vendors received 3-year training from local staff during the current and previous fiscal year? Were they trained within the deadline set by the state?                    |  |
| Which vendors still need 3-year training before the end of the current fiscal year?   |  |
| Are current vendor training materials and forms used to provide vendor training and monitoring? Is the 3 Year Interactive Training Presentation always used for training?       |  |
| What are some of the continuing problems the clinic is having with vendors? How does  |  |

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| your vendor management staff attempt to correct these problems? |  |
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## II. Nutrition Services - Breastfeeding

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| <b>Breastfeeding Promotion and Support</b>   |  |
| How does the clinic let the public know WIC supports breastfeeding? (i.e., posters, health fairs, etc.) Does the clinic have a comfortable private room with a door that can be locked if mothers ask for a private space to breastfeed?   |  |
| What is used to make the WIC clinic environment breastfeeding friendly?  |  |
| What breastfeeding training is required for new staff to complete upon hire?   |  |
| How are referrals made to the DBE in your clinic? For which circumstances? Is your clinic aware of the resource “Scope of Practice BF Issues”?   |  |
| How do clinic staff ensure all prenatal and postpartum participants receive breastfeeding information at all visits, when applicable? How do clinic staff include friends and family members in this education?  |  |
| How and when are participants assigned/referred to a peer counselor? Where is this documented in VISION?   |  |
| How early are clinic staff providing breastfeeding support postpartum for a recertification appointment? (Approximately how many days after delivery are postpartum women being seen?)   |  |
| Who issues breast pumps and supplies in your clinic? Where are breast pump and aids stored?  |  |
| When issuing electric breast pumps & aids: <ul style="list-style-type: none"> <li>• Is the issuance documented in VISION?</li> <li>• Are the follow up calls being made according to policy? If not, how will this be corrected?</li> <li>• Who cleans electric breast pumps when they are returned to your clinic? Where is the cleaning documented?</li> </ul> |  |
| Where is the reason for issuance of all breastfeeding aids documented?   |  |

Self Evaluation Tool – Local Agency Self Auditing

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| What does your clinic do during World Breastfeeding Week or Month to promote breastfeeding?   |  |
| <b>Food Package Prescriptions</b>   |  |
| Who in your clinic is responsible for tracking and following medical formulas ordered through the state?  |  |
| How are medical formulas ordered through the state being tracked? How often?  |  |
| Explain your clinic’s procedure when participants do not have a valid FAFAF.  |  |
| When a 6-11-month-old participant is medically unable to consume solid foods and the physician has ordered a higher amount of formula (4-5-month amount) it is important to ensure the FAFAF is completed appropriately. Do staff routinely monitor these FAFAFs by running the Formula and Medical Food Issuance report in VISION? |  |
| Is the Food Package Modification with Comments (SharePoint EBT Ad hoc report) run at least quarterly in your clinic?  |  |
| <b>Health Care Referrals</b>  |  |
| Are staff using either the paper form or the electronic Utah Tobacco Quit Line referral form when applicable? If not, why not?  |  |
| Are smoking cessation informational updates being provided to staff annually? How are these provided?   |  |
| Are staff referring participants to Medicaid and providing participants with Medicaid’s current income guidelines when applicable at each certification (USDA requirement)?   |  |
| How does your agency provide drug and other harmful substance abuse information to all pregnant, postpartum and breastfeeding women and to the parents and caretakers of infants and children on the WIC program?   |  |
| Do staff ask about the history of lead testing for each infant >9 months or child upon enrollment to the Utah WIC program? Is this information documented in the Blood screen? If testing has been completed, do they ask what the lead level was and document in   |  |

Self Evaluation Tool – Local Agency Self Auditing

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| VISION? If testing has not been completed, do they refer to a healthcare provider for testing?   |  |
| <b>Nutrition Education and Counseling</b>  |  |
| How is your local agency nutrition preceptor coordinating nutrition education classes in your clinic (i.e., bulletin boards, self-paced modules, breastfeeding classes, etc.)?       |  |
| Describe all methods your clinic provides for participants to complete nutrition education requirements. Do you promote wichealth.org for nutrition education completion?            |  |
| Are locally created nutrition education materials approved by the state prior to implementation? How do you ensure these materials are reviewed at a minimum of every 5 years?       |  |
| What class topics are routinely provided in your clinic for participant education?   |  |
| Who teaches classes in your clinic?  |  |
| If you use videos to provide nutrition education, how are you using them?  |  |
| Where are nutrition education contacts being routinely documented in VISION? This includes documentation of handouts provided.   |  |
| Is nutrition education provided at least quarterly during each certification period (i.e., Certification, Nutrition Education, Midcertification, Nutrition Education, etc.)?         |  |
| What is your clinic's protocol when participants refuse nutrition education?   |  |
| How do you determine health outcomes to focus on each year for your Nutrition Education and Evaluation Plan? What data do you use to determine effectiveness of nutrition education? |  |
| <b>Certification, Screening and Assessment</b>   |  |
| Who in your clinic is responsible for conducting lab procedures (i.e., anthropometrics, bloodwork)?  |  |
| Do staff follow guidelines in the Utah WIC Program Laboratory Module? How do you verify staff collect anthropometric data  |  |

Self Evaluation Tool – Local Agency Self Auditing

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| according to these guidelines? How do you verify staff collect bloodwork according to these guidelines?   |  |
| When is anthropometric and blood work referral information used? Where does your clinic document this referral information in VISION?   |  |
| Are you using a hemoglobin/hematocrit instrument that requires calibration? If so, where is this calibration documented?  |  |
| When did the Utah Department of Agriculture and Food, Bureau of Weights and Measures last check the scales in your clinic?  |  |
| When was the last time measuring boards were checked for accuracy?  |  |
| How often are the scales, centrifuges, HemoCues and measuring boards cleaned? Where is this documented?   |  |
| Are midcertification health assessments being conducted for infants and children (including VOCs) when necessary? How do you ensure that these are completed?   |  |
| How do you train all CPAs to use the VENA approach during the nutrition interview/health assessment for each certification? Do you or your staff need training on VENA?   |  |
| How do you ensure WIC participants set a personalized smart goal at each certification and midcertification?  |  |
| How do you ensure high-risk participants are scheduled for follow up visits appropriately?  |  |
| Who writes the initial care plan for a high-risk participant? Who writes the follow-up care plan? How does your clinic ensure the overall care and management of high-risk participants is conducted by a Registered Dietitian? |  |
| Are there any risk factors you need clarification on during the onsite visit?   |  |
| Is a Nutrition Interview completed for all participants at certification?   |  |
| Do pregnant women only have one pregnancy record for each pregnancy? Is postpartum information added by editing the applicable pregnancy record? Is the infant(s) linked to the appropriate pregnancy record?                   |  |

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| If new nutrition risks are identified after the initial certification, are the nutrition risks, education, and care plan documented in VISION (i.e., midcertification health assessment, high-risk follow up, etc.)? |  |
| If a child participant is due or late for vaccinations, what is the clinic protocol?   |  |
| How is immunization screening and referral documented?   |  |
| Are participants asked to sign the specific consent forms to release immunization information to the Utah Statewide Immunization Information System (USIIS)?   |  |

### III. Information System

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| <b>Documentation</b>   |  |
| Are comments and alerts used appropriately and comments entered whenever required?   |  |
| Are documents scanned and saved promptly under the family's record in VISION? This includes scanning all required documents, appropriate naming of docs, not scanning docs that contain Social Security numbers or Driver License numbers. |  |
| Are you actively using the new WIC Participant Portal and Clinic Web App?  |  |
| How are you promoting the new portal and helping your clients to set up an account?  |  |
| Are clinic staff monitoring the Clinic Web App throughout the day to watch for incoming applications, appointment requests, documentation, and chat requests?  |  |
| Are you monitoring your clinic general email account (i.e. Google email) for incoming applications/appointment requests from the current/old appointment request portal?   |  |
| Are you using any telehealth or video conferencing with your clients when physical presence is not required? What systems are you using and how is this working?   |  |
| Are you monitoring Teletask chat throughout the day for incoming messages?   |  |



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| Are you sending and receiving documents and requesting signatures through Teletask according to policy?  |  |
| <b>Planning</b>  |  |
| <i>No questions</i>  |  |
| <b>Reports</b>   |  |
| What VISION reports do you use? What frequency are they reviewed?  |  |
| What ad hoc (SharePoint) reports do you use? What frequency are they reviewed?   |  |
| Is the Active WIC Staff ad hoc report being reviewed monthly at an agency level?   |  |
| Is the WIC Directory for your agency in SharePoint being reviewed and updated to show only current staff at least monthly?                                       |  |
| <b>System Security &amp; Planning</b>  |  |
| Has a Security Access Request been submitted for all employees who have terminated from WIC or for employees who should have their security permissions changed? |  |

#### IV. Organization and Management

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| <b>Confidentiality</b>   |  |
| Is the clinic environment protective of confidential information shared verbally by applicants and participants? |  |
| When, if ever, is confidential WIC information shared with persons outside of the WIC program?                   |  |
| How do you make the list of programs with which WIC shares information available to participants?                |  |
| Where is the USDA Study Notice Flyer posted?   |  |
| Is DCFS being contacted when child abuse or neglect is suspected?  |  |
| <b>Emergency Planning</b>  |  |

Self Evaluation Tool – Local Agency Self Auditing

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| <p>What basic steps has your agency taken to prepare for emergencies and disruption to WIC services? Do you have written plans that include evacuation plans, clinic operations during a pandemic, and contingency plans during a building closure?</p> |  |
| <p><b>Equipment</b></p>   |  |
| <p>Is furniture and equipment tagged with a permanent ID number or serial number?</p>   |  |
| <p>Is all furniture and equipment purchased with WIC funds listed in the inventory file?</p>  |  |
| <p>Is the inventory file of WIC furniture and equipment managed by WIC staff or part of the local health department's inventory system?</p>   |  |
| <p>Does the inventory file contain all required fields?</p>   |  |
| <p>Is the inventory list being checked for accuracy and reconciled at least once every two years?</p>   |  |
| <p>Are purchases with an individual purchase price over \$5,000 or a grouping of purchases totaling over \$5,000 being approved by the State WIC office?</p>  |  |
| <p><b>Homeless and Domestic Violence Shelters</b></p>   |  |
| <p>What homeless and domestic violence shelters serve your area? If no shelters, what agencies serve these individuals?</p>   |  |
| <p>Has an MOU been set up with all domestic violence and homeless shelters that serve your WIC participants?</p>  |  |
| <p>Have all shelters been monitored for compliance within the last three years? Please provide the date(s) of monitoring.</p>   |  |
| <p><b>Policy and Information Sharing</b></p>  |  |
| <p>Are the P&amp;P changes reviewed annually by all staff?</p>  |  |
| <p>What is your procedure in disseminating policy and informational memos to staff? What documentation do you have that staff has reviewed each memo?</p>   |  |

Self Evaluation Tool – Local Agency Self Auditing

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| <p>Is clinic staff using SharePoint on a regular basis on WIC clinic days? This includes checking for announcements daily.</p>   |  |
| <p>Are all WIC staff in your agency asked to read the <i>WIC Wire</i> newsletter monthly?</p>  |  |
| <p>Do you have any suggestions to improve what is available on SharePoint?</p>   |  |
| <p><b>Record Retention</b></p>   |  |
| <p>Are all clinic records being retained for at least four years? (Electronic or paper records)</p>  |  |
| <p><b>Staffing and Training Requirements</b></p>   |  |
| <p>Have the required trainings been completed by all staff? Required trainings to be completed upon hire can be found for all WIC staff in the “Module and Training Log” on Sharepoint. Other required annual trainings may vary, but could include shopping guide training, risk revision training, etc. Complete the “Module and Training Log” for any new staff hired in the past 24 months and submit electronically to the state nutrition coordinator with this completed self-evaluation tool. Ensure all staff hired in or after 2021 have updated training tracking logs in VISION 30-days prior to the onsite visit. All trainings completed after October 1, 2022 must be recorded in VISION for all staff.</p> |  |
| <p>How many total in-service hours were provided to the staff during the last year? How many of these counted as nutrition in-service hours?</p>   |  |
| <p>List all full time CPAs/CAs who did not receive 12 hours of nutrition education in the last year. Why not, and how will this be corrected?</p>  |  |
| <p>Please complete the “In-Service Tracking” document and submit electronically to the state nutrition coordinator with this completed self-evaluation tool. The three required annual topics include Smoking Cessation, Nutrition Education and Evaluation Plan, and a Breastfeeding Topic. Did all staff attend the in-services on the required topics?</p>  |  |

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| Were all in-services evaluated? If not, why not and how will this be corrected?   |  |
| How do you determine your staffs' in-service and training needs?  |  |
| Has clinic staff completed required information security/privacy training? What training program is used?   |  |
| How are you training new staff on the VISION system?  |  |
| Are the minimum required staff roles filled by qualified staff? If no, please explain.  |  |
| Has the WIC director/clinic supervisor verified that all staff with credentials (i.e., RDs, RNs, and IBCLCs) have a license that is active and valid? |  |
| <b>Supplies and Materials</b>   |  |
| How do you verify that you are using current clinic forms and staff training modules?   |  |
| Have obsolete forms and materials been discarded?   |  |
| Who tracks your inventory of forms, nutrition education pamphlets and miscellaneous materials?  |  |
| Who completes the UCI order form?   |  |

## V. Nutrition Services and Administration Expenditures

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| <b>Allowable Expenditures</b> |  |
| <i>No questions</i>           |  |
| <b>Local Agency Funding</b>   |  |
| <i>No questions</i>           |  |
| <b>Reporting</b>              |  |
| <i>No questions</i>           |  |

## VI. Food Funds Management

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| <i>No questions</i> |  |
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## VII. Caseload Management

| <b>Outreach</b>  |  |
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| How much has your caseload increased or decreased in the past 12 months? (Number and percentage)   |  |
| How much has your caseload increased or decreased in the past 5 years? (Number and percentage)   |  |
| What specific activities do you do in order to try to retain your participants until they are no longer eligible?  |  |
| Where do you document your annual outreach activities?   |  |
| Does your outreach target health care providers, schools, agencies and other programs that likely serve potentially eligible women, infants and children?  |  |
| Does your outreach include agencies and programs that serve homeless, migrant, refugee and other low-income individuals?   |  |
| How do you conduct outreach directly to the public? (i.e., health fairs, public events, posting of fliers, advertising, etc.)  |  |
| List the outreach materials used by the clinic.  |  |
| Has your agency issued any WIC related public service announcements or press releases in the past year?  |  |
| Have all locally created WIC outreach materials, PSAs and press releases been approved by the state?   |  |
| Does all outreach materials and your website contain the clinic's address, phone number, clinic hours and the USDA nondiscrimination statement? If not, why not?   |  |
| Is your outreach plan appropriate based on the racial and ethnic make-up of your clinic area? Run the ad hoc report: <i>Race and Ethnicity</i> to determine the racial and ethnic percentages of those now participating in your clinic. |  |
| Do you have any suggestions for new or improved state-wide outreach?   |  |
| Does your local agency WIC website link to the state's online appointment request system (participant portal)?   |  |

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| Approximately how many requests do you receive through the portal monthly?   |  |
| Is the participant portal a useful tool for your agency? Any comments or suggestions?  |  |
| Are you using two-way texting to communicate with clients? Has this been helpful?  |  |
| Does your agency operate any mobile WIC clinics or provide WIC services away from the health department building?  |  |
| Do you believe there are towns within your service area that are too far from the clinic and that potentially eligible persons may not be seeking services? If so, where, and what ideas might you have to reach them? |  |
| <b>Waiting Lists</b>   |  |
| <i>No questions</i>  |  |

### VIII. Certification, Eligibility and Coordination of Services

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| <b>Appeals</b>   |  |
| How do you handle clients who disagree with eligibility determinations?  |  |
| Have any applicants/participants asked to appeal a decision in the past year?  |  |
| <b>Certification Procedures</b>  |  |
| What procedure is in place to ensure that your clients have time to read the Rights & Responsibilities at each certification appointment, including recerts? |  |
| Is the R&R, including points of emphasis, discussed with the client before asking them to sign the signature pad?  |  |
| How are appointments offered outside normal business hours of 8am-5pm?   |  |
| Where are the clinic hours and/or the availability of afterhours appointments posted?  |  |
| Are all applicants served within processing standard timeframes unless they choose a later appointment? Run the VISION report:                               |  |

Self Evaluation Tool – Local Agency Self Auditing

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| Processing Standards Non-Compliance Report.   |  |
| How often is the Processing Standards Non-Compliance report reviewed?   |  |
| What is the average wait time in the clinic that participants and applicants spend waiting for their appointment to begin or in between the different stages of their appointments? How long have the maximum wait times been recently? |  |
| How long do the average first time certification appointments take? Recertification?  |  |
| What special efforts, if any, has the clinic made to improve customer service?  |  |
| What is the agency doing to operate in a “hybrid format” allowing both in-person and remote appointments?   |  |
| Is the physical address, phone number and other required data entered for each applicant prior to scheduling the certification appointment?   |  |
| Are the phone contact preferences marked for all phone numbers to allow calls and texts unless requested otherwise? (Verify using the Phone-Mail Preferences ad hoc report on SharePoint).  |  |
| Are you verifying the phone number at each appointment to ensure appointment reminder messages can be received?   |  |
| Are there enough appointments to serve all applicants and participants in a timely manner? If no, why not and what steps will be taken to correct this?   |  |
| Are certification periods shortened or extended by a month when needed for approved reasons?  |  |
| What is your process/requirements for adding proxies or additional parent/guardians to VISION?  |  |
| Are proxies being allowed to certify children in place of a parent or guardian?   |  |
| When is proof of guardianship/caretaker required?   |  |
| How is this proof documented?   |  |

Self Evaluation Tool – Local Agency Self Auditing

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| What is done when this proof cannot be provided?  |  |
| Are missed appointments marked in the VISION system on the same day so that an automatic text can be sent?  |  |
| What percentage of your enrolled clients have current benefits? (See Participation with Benefits Report in VISION). What efforts are you making to increase this percentage?  |  |
| How do you handle participants who are late for class or certs? Is this a formal policy?  |  |
| Is the clinic allowing provisional certifications when it would be a benefit to WIC applicants?   |  |
| Are provisional certifications completed according to policy? Review the VISION report: <i>Termination by System Pending</i> to find families with provisional certifications to review. Ensure a <i>Signed Statement</i> form is found in the scanned documents for these families.  |  |
| Is an "Affidavit" allowed in place of required proofs when providing proof would be an unreasonable barrier?  |  |
| Are affidavit records completed appropriately? Run the Ad hoc report: <i>Affidavit by Proof Type</i> to find families where an affidavit has been used in place of a proof. Ensure a <i>Signed Statement</i> form is found in the scanned documents for these families. Ensure that state approval is documented when affidavits are used for non-standard reasons. |  |
| Are VOCs received from out of state transfers scanned?  |  |
| What are you doing to advertise the availability of VOCs to those who may move out of state?  |  |
| <b>Homeless &amp; Migrant Applicants</b>  |  |
| Are Homeless, Migrant and Refugee applicants recorded on the address screen? Run the ad hoc report: <i>Migrant Homeless Refugee</i> to find families where these boxes have been marked in the Physical Address screen. Verify that staff are entering a new  |  |



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| address record when participants are no longer homeless.   |  |
| <b>Identity and Residency</b>  |  |
| How are applicants told they need to provide proof of identity, residency and income when they call for an appointment, walk in for an appointment, or schedule a recertification appointment?                 |  |
| What staff completes this screening of these proofs?   |  |
| Do any of your participants reside outside the jurisdiction of your health department? If yes, did you obtain permission from the state to serve them through the SharePoint Residency Exception Request Form? |  |
| Do you allow preferred names to be entered in VISION and enter legal names from the form of ID in the alias field?   |  |
| Is ID being required when issuing or replacing WIC cards?  |  |
| Are mailing addresses being end dated if no longer in use?   |  |
| Are email addresses being entered in Vision as required for Participant Portal account use?  |  |
| <b>Income Eligibility</b>  |  |
| How are you explaining the definition of “Household Size” to applicants to ensure that income is determined according to policy?   |  |
| Has staff been trained on what is included as income and what is excluded?   |  |
| When proof of income is required, is the applicant expected to bring proof of the last 28-31 days income? (4 pay statements for weekly pay, 2 statements for bi-weekly or semi-monthly).                       |  |
| If income fluctuates significantly, is proof of annual income requested and accepted?  |  |
| Is staff asking about additional sources of income in the family?  |  |
| Is adjunct eligibility verified according to policy?   |  |
| Are all adjunct eligible individuals and families asked to self-declare income? Run  |  |

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| the ad hoc report: <i>Adjunct Eligibility</i> to review various records to ensure a self-declared income row is added for each certification (proof field left blank).  |  |
| When an applicant reports that no income is earned what steps are followed? Run the ad hoc report: <i>Proof of Income</i> for proof type “0 Income Signed Statement” to ensure that a <i>Signed Statement</i> form is found in the scanned documents for these families.      |  |
| Is the clinic reassessing income during the certification period when information is received that the participant may no longer be income eligible or adjunctively eligible? (Not required in the last 90 days of a cert period if checks have already been issued)          |  |
| <b>Ineligibility and Termination</b>  |  |
| Is the Notice of Ineligibility printed and given to applicants found to be ineligible at the certification appointment? Is this documented? Run the VISION report: <i>Ineligible</i> to find applicants who have been determined to be ineligible.                            |  |
| Is the Notice of Termination printed and given to those who are terminated during a certification period? Is this documented? Run the ad hoc report: <i>Terminated by Reason</i> for the reasons of Over Income, Stopped BF, Part BF out of range, and Participant Violation. |  |
| Is the termination effective date manually changed to today’s date when participants are terminated during a certification period because they are no longer categorically eligible? (Reasons such as Stopped BF, Part BF out of range.)                                      |  |
| When are participants given at least 15 days benefits prior to being terminated?  |  |
| <b>Participant Violations</b>   |  |
| Who handles participant violations in this clinic?  |  |
| Are participants with alleged violations contacted within 10 days?  |  |

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| Is the participant violation screen completed appropriately and participants given appropriate sanctions? Run the ad hoc report: <i>Participant Violations</i> .  |  |
| Are participants given a printed Notice of Program Violation and a signature collected?   |  |
| Are complaints from or about participants logged in the Customer Service Log and then resolved? Run the VISION report: <i>Family Customer Service Log</i> .   |  |
| Are there any unresolved complaints?  |  |
| Who is responsible to resolve possible duals?   |  |
| Is the Intrastate Dual Participation Screen being checked and resolved each clinic day? Review the <i>Intrastate Dual Participation</i> screen within the Operations section of VISION to see if any “unresolved” potential duals are listed. Review “resolved” duals to see that they are being resolved properly. |  |
| Are all duals reported to the WIC Help Desk?  |  |

**IX. Food Delivery – Food Benefit Accountability and Control**

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| <b>Benefit Issuance</b>  |  |
| Are WIC cards, ordered, received, and verified appropriately and promptly in VISION?   |  |
| How are cards in inventory stored and secured?   |  |
| Are WIC cards ever mailed? Please explain when and how:  |  |
| Are participants asked to call and set up a PIN while in the clinic?   |  |
| Is the clinic capturing a signature each time benefits are issued? Run the ad hoc report <i>No Signature by Reason</i> report. |  |
| Are missed signatures documented correctly, i.e., a print screen signed and scanned or a comment entered when required?        |  |
| Are participants encouraged to download the WICShopper app?  |  |
| Is staff offering assistance to register the PAN number with the WICShopper app?   |  |

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| <b>Instructions to Participants</b>   |  |
| Who is responsible for providing education to each applicant at every certification on card care, benefit issuance and redemption procedures?   |  |
| Who hands out and explains the WIC Shopping Guide?  |  |
| Is issuance and explanation of the food booklet documented in VISION for all initial certifications and each time a newly revised Shopping Guide is issued/explained to families? (This should be done at the first appointment after October 1 each year.) |  |
| <b>Reconciling Benefits</b>   |  |
| Is the clinic documenting all formula returned in VISION and on the Returned Formula and Foods Tracking Sheet? Run the ad hoc report: <i>Returned Formula</i> .   |  |
| What is done with returned formula or other foods?  |  |
| Are all cards reported as lost or stolen deactivated the first business day they are reported?  |  |
| Are cards replaced according to policy?   |  |

**X. Monitoring and Audits**

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| <b>Fiscal Audits</b>  |  |
| When was your last financial audit for WIC and who was it completed by?   |  |
| <b>Local Agency Self Evaluation and Monitoring</b>  |  |
| Is there any conflict of interest between the WIC program and clinic staff? (i.e., department employees or their families own or manage WIC authorized stores; or otherwise contract with the agency to provide any other goods or services; or cause any harm to the WIC program or its participants). |  |
| Do any WIC staff participate in the program or act as parent/guardians or proxies in the same clinic where they work?   |  |

Self Evaluation Tool – Local Agency Self Auditing

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| Does any WIC staff complete records for their immediate family, close relatives or friends?  |  |
| How is the separation of duties handled in this clinic to determine income eligibility and nutrition risk?   |  |
| Are there any employees within the local agency that have State WIC Director approved security access in VISION to complete all eligibility criteria and assessments?  |  |
| Is the Separation of Duties report being researched each time it is received from the state?   |  |
| If the agency has more than one clinic, has the local WIC director visited each clinic site at least once during the past year to monitor operations and ensure that no clinic fraud or abuse of the program is occurring? |  |
| <b>Management Evaluations</b>  |  |
| Have all findings from your previous management evaluation been closed with the state?   |  |
| Based on comments or observations from your previous management evaluation report, what changes or improvements have you made?   |  |
| Are there any particular best practices you do that you would like to make the state aware of?   |  |
| Has your clinic or staff received any special recognition or awards within the past two years? If so, please explain.  |  |
| <b>Technical Assistance</b>  |  |
| Does your clinic need a visit from state staff to provide technical assistance or training? If so, what type of training is desired?   |  |

**XI. Civil Rights**

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| When was the Civil Rights module last completed? Did all staff members complete the training? |  |
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Self Evaluation Tool – Local Agency Self Auditing

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| Was it completed as a group or individually?   |  |
| Is the clinic accessible to the disabled?  |  |
| What accommodations are made for participants with disabilities?   |  |
| Are parking spaces for disabled persons provided?  |  |
| Are you able to provide a sign language interpreter upon request? If not, how will you respond to such a request?  |  |
| What percentage of your current caseload does not speak English?<br>What languages do they speak? Run the ad hoc report: <i>Language Totals</i> .  |  |
| How does the clinic communicate with non-English speaking participants when they call the clinic? At appointments?   |  |
| Which staff members are proficient at speaking Spanish?  |  |
| Are the “Preferred Spoken Language” and “Printouts Language” being properly input into Vision for each family? This includes marking English as the preferred spoken language only if the participant is comfortable communicating with clinic staff in English and has a proficiency level sufficient to understand what is being explained. The printouts language is marked in English only if the participant wants system printouts, the Shopping Guide, other printed materials, text messages and reminder phone calls to be received in English.<br>Run the ad hoc report: <i>Language Spoken Report</i> to see how many families do not have the preferred language marked. |  |
| What contracts or other plans are in place to communicate with participants who do not speak English? Are staff trained to use these resources?  |  |
| Does the clinic use any vital forms, outreach or informational materials not provided by the State? Do they contain the current and applicable non-discrimination statement?   |  |
| Is the local agency's WIC website or webpage maintained with current information? (Current clinic addresses, phone   |  |

Self Evaluation Tool – Local Agency Self Auditing

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| #’s, income guidelines, link to the online application/participant portal.)   |  |
| Does the website contain the current non-discrimination statement or a link to the state’s nondiscrimination page?  |  |
| Is the WIC clinic building marked with a “WIC” sign and hours of operation?   |  |
| Where is the current “And Justice for All” poster located?  |  |
| Are all applicants asked to self-identify their ethnicity and race(s) according to policy?  |  |
| Have there been any complaints of discrimination made at the clinic in the past two years? How were they handled?   |  |
| Is the federally required civil rights assurance language (not the nondiscrimination statement) included in all subcontracts of the local WIC agency when WIC funds are used to pay contractors for services? |  |
| Where can these contracts be reviewed?  |  |

**Quality Assurance Component of Self Evaluation Tool**  
 (Submit at least 30 days prior to the State onsite visit.)  
**Random Chart Review – Nutrition and Breastfeeding**

**Select Records in the Year Previous to the ME Year**  
**(For FY2025 ME, select records to review from FY 2024—or from 10/1/2023-9/30/2024)**

The number of participant files to review is based on clinic size:

- < 1,000 participants: identify a total of 10 to audit
- > 1,000 participants – 3,999: identify a total of 15 to audit
- ≥ 4,000 participants – 6,000 or >: identify a total of 20 to audit

**Lead Screening**

➤ Run the **Lead Screening Report (EBT Ad hoc)**

- Choose your local agency, clinic ID, start date, end date.
- Choose to sort by: blood panel date, staff person, or participant ID.
- Review 10 records (as many as applicable for your agency) from the fiscal year being evaluated (October 1-September 30).
- Review the blood screen record that was completed at certification.

**Step 1. Does “Tested For Lead In The Last Year” have a response?**

- If the answer is **No or Unknown**, the record is complete.
- If the answer is **Yes**, continue the audit.
  - Verify “Lead Level 5µg/dL or Higher” has a response.

**Step 2. Does “Lead Level 5µg/dL or Higher” have a response?**

- If the answer is **Unknown**, the record is complete.
- If the answer is **Yes or No**, continue the audit.
  - Verify the lead level was documented in the box, if the lead level is known.

| <b>Participant ID</b> | <b>Tested For Lead In The Last Year Complete (Yes/No)</b> | <b>Lead Level 5µg/dL or Higher Complete (Yes, No, NA)</b> | <b>Lead Level (µg/d) Complete (Yes, No, NA)</b><br>This is only needed if lead level is known. |
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**Supplemental Foods: State Ordered Formula from Pharmacy**

- Run the **Food Benefits Reports-Formula and Medical Food Issuance report (VISION)** for state ordered formula and review **Special Formula Database** in WIC SharePoint.
- Review 10 records (or as many as applicable for your agency) from the fiscal year being evaluated.
  - Review each FAFAF to ensure all required documentation is included (i.e., name, DOB, medical diagnosis, form of formula (powder, RTF, or concentrate), amount prescribed, length of time prescribed, signature of prescriptive authority, date, approved by CPA, etc.).
  - Enter person ID number for the participant receiving special medical formula, name of the formula, review FAFAF, review ordering/receiving documents (varies by clinic), review care plan documentation (if applicable).

| <b>Person ID</b> | <b>Name of formula</b> | <b>FAFAF complete (Yes/No)</b> | <b>Care plan documented, if applicable? (Yes/No/NA)</b> | <b>Receiving and issuing correct? (Yes/No)</b> |
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**VENA/Nutrition Education/High-Risk**

- Run the **All Nutrition Risk Factors report (EBT Ad hoc)**
- Review 10 records (or as many as applicable for your agency) from the fiscal year being evaluated.
  - Review high-risk care plans for:
    - Care plan completed at certification for high-risk participant
    - Overall management by RD
    - Risk factor assigned for high-risk participant; review category and risk
    - Follow-up scheduled, education provided (review Nutrition Education screen in VISION), and referrals made
    - Ensure participants being offered the **federally mandated** number of education contacts
      - Two nutrition education contacts must be offered per certification for the family or at least quarterly for those participants certified for a period >6 months.
  - Enter person ID numbers, review care plan at certification, review management by RD, review risk factor assignment, review follow-up, education, and referrals, review number of education contacts made during certification period.

| <b>Person ID</b> | <b>Care Plan at Certification (Yes/No)</b> | <b>Managed by RD (Yes/No)</b> | <b>List risk factor assigned; Correct assignment for category and risk (Yes/No)</b> | <b>Appropriate follow-up scheduled, education provided, referrals made (Yes/No)</b> | <b>Met federally mandated number of education contacts (Yes/No)</b> |
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**Breastfeeding aids**

Breastfeeding aids include: electric breast pump kits, manual breast pumps, flanges, SNS, silicone milk collector, nipple shields, and single user breast pumps.

Breastfeeding aids must:

- Be stored in a secured location
- Have current inventory documented in the clinic (paper or electronic)

- Run the **Participant Non-Serialized Issuance report (EBT Ad hoc)**
- Review 10 records (or as many as applicable for your agency) from the fiscal year being evaluated.
  - Review that breastfeeding aids were issued by appropriately trained staff
  - Reason aid issued is appropriate and documented
  - Instructions given (review Nutrition Education screen in VISION), and any follow up provided, if applicable

**Breastfeeding Aids**

| Person ID | Aid issued | Issued appropriately by trained staff (Yes/No) | Reason issued is properly documented (Yes/No) | Instructions given to participant and follow up provided, if applicable (Yes/No) | Single user pump follow-up calls completed (Yes/No) |
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**BFPC Contacts**

Appropriate documentation of breastfeeding peer counseling contacts.

- Run **BFPCCounts (Updated 5-30-2024 report (EBT Ad Hoc))**
- Review 10 records (or as many as applicable for your agency) from the fiscal year being evaluated.

Review that breastfeeding peer counselors documented the following:

- Response/no response from participant documented.
- Appropriate Prenatal contact completed (within 30 days of EDD).
- Appropriate Postpartum contacts completed (within 1 week of EDD or DOB, 2nd contact within 30 days of DOB).
- Exited from BFPC Program in BF PC documentation screen when no longer breastfeeding or no longer needs counseling/support.
- Participant received 3 contacts minimum if they were pregnant and breastfeed for at least 1 month (based on BFPCCounts both report).

| Participant ID | Response from participant or no response from participant documented (Yes/No) | Appropriate Prenatal contact done (within 30 days of EDD) (Yes/No) | Appropriate Postpartum contacts done (within 1 week of EDD or DOB, 2nd contact within 30 days of DOB) (Yes/No) | Exited from BFPC Program in BF PC documentation screen when no longer BF or no longer needing counseling | 3 contacts min when on program while pregnant and BF for at least 1 month (run BFPCCounts both report) |
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**Quality Assurance Component of Self Evaluation Tool**

(Submit at least 30 days prior to the State ME visit.)

**Random Chart Review – Certification (Operations)**

Please select random active families and review records from the past 12 months. In a small clinic (less than 500 participants) review records from 10 families, in a medium size clinic (500 to 1,999 participants) review 15 family records, in a large clinic (2000 or more participants) review 20 records. Below is space for 5 records. Please make copies or duplicate the table electronically for additional chart review. Fill in **actual data** unless a Yes or No is applicable. **Use red font for all deficiencies.**

| <b>What to Review</b>  | <b>Chart #1</b> | <b>Chart #2</b> | <b>Chart #3</b> | <b>Chart #4</b> | <b>Chart #5</b> |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| Family ID #  |                 |                 |                 |                 |                 |
| Categories in family (P, B, N, I, C)   |                 |                 |                 |                 |                 |
| Certified within processing standard timeframes?   |                 |                 |                 |                 |                 |
| Names recorded appropriately?  |                 |                 |                 |                 |                 |
| Preferred spoken language and Printouts language selected appropriately?                       |                 |                 |                 |                 |                 |
| Proof of ID documented correctly?  |                 |                 |                 |                 |                 |
| Address, phone #, allowed contact methods, email, and proof of residency documented correctly? |                 |                 |                 |                 |                 |
| Income/adjunct eligibility records documented correctly?                                       |                 |                 |                 |                 |                 |
| Education on Shopping Guide provided and documented?   |                 |                 |                 |                 |                 |
| Signatures collected as required?  |                 |                 |                 |                 |                 |
| Required documents scanned and named appropriately?  |                 |                 |                 |                 |                 |
| Necessary comments documented?   |                 |                 |                 |                 |                 |
| Any violations or complaints resolved?   |                 |                 |                 |                 |                 |
| Current benefits issued?   |                 |                 |                 |                 |                 |
| Missed appointments attempted to reschedule?   |                 |                 |                 |                 |                 |

### Self-Evaluation Tool – Terminated Participants (Operations)

Review 10 records, if available, of participants terminated in the past 12 months for the reasons of: Over Income, Stopped breastfeeding 6 months postpartum, Part breastfeeding out of range, Participant Violation. Use the Ad hoc report Terminated by Reason to find families terminated for these reasons to conduct record review.

Below is space for 5 files. Please make copies for additional chart review. Fill in **actual data** unless yes/no question. **Use red font for all deficiencies.**

| What to Review  | Chart #1 | Chart #2 | Chart #3 | Chart #4 | Chart #5 |
|---|----------|----------|----------|----------|----------|
| Family ID #   |          |          |          |          |          |
| Participant first name  |          |          |          |          |          |
| Termination reason  |          |          |          |          |          |
| Effective date appropriate?   |          |          |          |          |          |
| Notice of Termination issued and documented?  |          |          |          |          |          |
| Were those terminated as Over Income given at least 15 days benefits before they were removed from the program? |          |          |          |          |          |