

## 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 Office, [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 [pcrowley@utah.gov](mailto:pcrowley@utah.gov) (module completion, in service, evaluation of new classes) or post in SharePoint 30 days prior to any scheduled ME site visit.

### **PLEASE COMPLETE THE FOLLOWING:**

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:	
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

Has state vendor management staff visited to provide training to the local vendor coordinator including going together to provide training and/or monitoring at a local store?	
Where is the current authorized vendor list posted?	
Does the vendor coordinator maintain vendor files? Are these paper files or electronic? Where are they located?	
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 3 year vendor agreement period?	
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 your vendor management staff attempt to correct these problems?	

## II. Nutrition Services - Breastfeeding

<b>Breastfeeding Promotion and Support</b>	
How does the clinic let the public know WIC supports breastfeeding? (i.e. posters, health fairs, etc.)	
What is used to make the WIC clinic environment breastfeeding friendly?	
When new staff is hired, what breastfeeding training is included?	
How are referrals made to Lactation Educators? In what circumstances?	
What breastfeeding resources are on your referral list?	
How do you ensure all prenatal and postpartum participants receive breastfeeding information at all visits, when applicable? How do you include friends and family members in this education?	
How and when are participants assigned to a Peer Counselor? Where is this documented in VISION?	
How early are you providing breastfeeding support postpartum for a recertification appointment? (Approximately how many days after delivery are postpartum women being seen?)	
Breastfeeding Coordinator – do you know how much time (or approximately what percentage of time) is spent on breastfeeding by CPAs at certifications?	
How do you assist working moms and NICU babies with breastfeeding?	
Who issues breast pumps and supplies in this clinic?	
Where are breastfeeding aids stored?	
When issuing electric breast pumps & aids: <ul style="list-style-type: none"> <li>• Is the issuance documented in the computer? If not, why not?</li> <li>• Are the follow up calls being made according to policy? If not, how will this be corrected?</li> <li>• Who cleans the pump when it is returned? Where is the cleaning documented?</li> </ul>	

Who issues the Single User Pumps and are the release forms signed?	
Where is the reason for issuance of all breastfeeding aids documented?	
If an Exclusively BF woman stops breastfeeding a month or two prior to her class appointment, and only informs you at the time she is in the class, how do you handle her benefits? Is this a violation? Would she need to repay benefits?	
When breastfeeding women come into the clinic, are they routinely asked how their breastfeeding is going and then provided with anticipatory guidance?	
What did you do during World Breastfeeding Week or Month?	
<b>Food Package Prescriptions</b>	
Who is responsible for tracking and following medical formulas ordered through the state office?	
How are medical formulas ordered through the state office being tracked? How often?	
Explain your 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 CNS medical exempt formula (4 – 5 month amount) it is important to document this in the Comments area of the SharePoint medical formula order form. Is this being done?	
Are Human Milk Fortifier and premature infant formulas approved & issued according to the Policy and Procedures Manual? How is this tracked?	
<b>Health Care Referrals</b>	
Is your staff printing out the Smoking Cessation referral form when it is applicable? If not, why not?	
Are smoking cessation informational updates being provided annually? How are these provided?	
Are staff referring to Medicaid and providing participants with Medicaid's current income	

guidelines when applicable at each certification (New USDA requirement)?	
How does the agency provide drug and other harmful substance abuse information to all pregnant, postpartum and breastfeeding women and to the parents and caretakers of WIC infants and children?	
<b>Nutrition Education and Counseling</b>	
Have training modules been completed by all staff members? If no, why not? Send via email a copy of the Module Completion logs for the previous year and current year for all staff members to the State Nutrition Coordinator. Or, post these in the local agency folders in SharePoint 30 days prior to the scheduled ME visit.	
Who is responsible for the area of inservices and CEU completion?	
How many hours of nutrition inservices were provided to the staff during the last year? List the topic and date of the inservice. (Send via email a copy of the Nutrition Inservice logs with signatures for all staff who attended for the previous year and current year to the State Nutrition Coordinator. Or, post these in the local agency folders in SharePoint 30 days prior to the scheduled ME visit.). Also, please post staff evaluations of each inservice training in your local agency folder in SharePoint.	
How do you determine your staffs' nutrition inservice and training needs?	
Were all inservices evaluated? If not, why not and how will this be corrected?	
Date of breastfeeding inservice(s). Did ALL staff members attend? If not, why not and who did not attend (please list)	
Date staff was inserviced on the Nutrition Education and Evaluation Plan. Did all staff members attend?	
List all CPAs/CAs who did not receive 12 hours of inservices/CEUs in the last year. Why not and how will this be corrected?	
Who is responsible for coordinating nutrition education classes?	

How are nutrition education classes assigned for participants?	
What are the categories of classes that are routinely provided?	
Is nutrition education given at each clinic visit? If not, why not?	
Besides traditional classes, what other education approaches are you using? Please post in your local agency folder in SharePoint, all non-state approved lesson plans being used, including interactive bulletin boards, self-paced modules, and web based education.	
How frequently are classes evaluated? By whom? Please post evaluations in your local agency folder in SharePoint 30 days prior to ME visit.	
Who covers core contact?	
Who teaches classes?	
How are you using videos?	
What do you do for participants who refuse nutrition education?	
Where are nutrition education contacts documented?	
Is nutrition education being routinely documented including documentation of providing pamphlets?	
Who wrote the Nutrition Education Plan? When was it submitted? When was it approved?	
How are health outcomes being assessed?	
What data reports are used?	
<b>Participant Screening and Assessment</b>	
Who is responsible for lab procedures?	
Does the staff follow Utah WIC Program Laboratory Procedures Module or local health department procedures?	
Why and when is referral information used? Where is the source of medical data documented?	
How do you verify that all anthropometric data are collected according to the recommended and preferred methods?	
How do you verify that all blood tests are	

performed according to the recommended and preferred methods?	
How do you ensure that blood work used at certification has been taken within 90 days?	
Are you using a hemoglobin/hematocrit instrument that requires calibration? If so, where is this calibration documented?	
What procedures are used to ensure all pregnant women are weighed at each visit?	
When did the Utah Dept. of Agriculture and Food, Bureau of Weights and Measures last check the scales?	
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 mid-certification health assessments being conducted for infants?	
Are mid-certification health assessments being conducted for children (VOC and Regular Certifications)? What type of appointment is being used to schedule these (Mid-cert, Follow Up, Nutrition Education)?	
Mid-certification health assessments for children must be done; these cannot be waived. How do you ensure that these are always completed?	
How is it determined that all CPAs use the VENA approach? Do you or your staff need training on VENA?	
How are high risk participants scheduled?	
Who writes the initial care plan? The follow-up care plan? How is the overall care and follow up for high risk participants managed by the Registered Dietitian?	
Are there any risk factors you need clarification on during the ME visit?	
Are nutrition interviews completed on all participants and routinely done for all certs, especially for pregnant, breastfeeding postpartum women and VOC participants?	
Do pregnant women only have one pregnancy record for each pregnancy and postpartum information is added by editing the applicable pregnancy record?	



In any visit after the initial certification, if new risks are identified, were these addressed with education and/or follow up and documented in VISION?	
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 separate consent forms to release immunization information to the immunization registry?	

### III. Information System

<b>Documentation</b>	
Are goals, comments and alerts used appropriately?	
Are documents scanned and saved appropriately under the family's record in VISION?	
<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?	
<b>System Security &amp; Training</b>	
Has clinic staff completed the required information security training provided by the state?	
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?	
How are you training new staff on the VISION system?	

### IV. Organization and Management

<b>Administrative Staffing</b>	
What training has the staff person handling participant violations received?	
<b>Confidentiality</b>	
When, if ever, is confidential WIC information shared with persons outside of the WIC program?	
<b>Emergency Planning</b>	
What basic steps has your agency taken to prepare for emergencies and disruption to WIC services? Do you have plans that include clinic operations during a pandemic, contingency plans during a building closure, and evacuation plans?	
<b>Equipment</b>	
Is all equipment tagged with a permanent ID number or serial number?	
Is all equipment listed in the inventory file?	
Is the inventory list being checked for accuracy and reconciled at least once every two years?	
<b>Homeless and Domestic Violence Shelters</b>	
What homeless and domestic violence shelters serve your area? If no shelters, what agencies serve these individuals?	
Has an MOU been set up with all domestic violence and homeless shelters that serve your WIC participants?	
Have all shelters been monitored for compliance within the last three years? Please provide the date(s) of monitoring.	
<b>Policy and Information Sharing</b>	
Are the P&P changes reviewed annually by all staff?	
What is your procedure in disseminating policy and informational memos to staff? What documentation do you have that staff has reviewed each memo?	
Is clinic staff using SharePoint on a regular	

basis on WIC clinic days?	
<b>Record Retention</b>	
Is a log being kept documenting any file types to be destroyed or sent to archives?	
<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

<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

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

<b>Outreach</b>	
What activities have taken place in the area of outreach this year? What documentation is on file?	
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.	
Does all outreach materials contain the clinic's address, phone number, clinic hours and the non-discrimination clause? If not, why not?	
<b>Waiting Lists</b>	
<i>No questions</i>	

## VIII. Certification, Eligibility and Coordination of Services

<b>Appeals</b>	
How do you handle clients who disagree with eligibility determinations?	
Have any applicants/participants asked to appeal a decision?	
<b>Certification Procedures</b>	
Are you requesting email addresses when completing the Contact/Address Screen?	
Have you utilized email to communicate with your clients?	
What procedure is in place to ensure that your clients have time to read the Rights & Responsibilities at each certification appointment?	
Is the R&R including points of emphasis discussed with the client before asking them to sign the signature pad?	
Is a take home copy of the R&R given to clients?	
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: Processing Standards Non-Compliance Report.	
How often is the Processing Standards Non-Compliance report reviewed?	
Are the physical address and other required	

data entered for each applicant prior to scheduling the certification appointment?	
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 required of proxies prior to receiving checks?	
Are proxies being allowed to certify children in place of an endorser (parent, guardian or caretaker)?	
When is proof of guardianship/caretaker required?	
How is this proof documented?	
What is done when this proof cannot be provided?	
Are missed appointments marked in the VISION system on the same day so that a Teletask call can be made?	
How do you handle participants who are late for class or certs? Is this a formal policy?	
If the participant cannot provide proof of income, identity or residency, what steps are followed?	
When is "Provisional Certification" used? 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	
When is the "Affidavit" used in place of required proofs? 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.	
How do you ensure that staff is only using a "VOC" application for legitimate out of state transfers?	
<b>Homeless &amp; Migrant Applicants</b>	
Are Homeless, Migrant and Refugee applicants recorded in the system correctly?	

Run the ad hoc report: <i>Migrant Homeless Refugee</i> to find families where these boxes have been marked in the Physical Address screen.	
<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, do you have written permission from the state on file in the participant's record?	
How do you ensure that children who were previously certified as an infant who are now being certified for the first time as a child have provided acceptable proof of ID?	
Are WIC ID packets issued according to proper procedures?	
<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 30 days income? (4 paystubs for weekly pay, 2 stubs for bi-weekly or semi-monthly).	
Is staff asking about any additional sources of income in the family?	
Is adjunct eligibility verified according to policy?	
Are adjunct eligible families asked to self declare income? Run the ad hoc report: <i>Adjunct Eligibility</i> to review various records to ensure self declared income is used in appropriate circumstances.	
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 in the comments? 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 in the comments? Are participants given 15 days benefits prior to being terminated? Run the ad hoc report: <i>Terminated by Reason</i> for the reasons of Over Income, Stopped BF, Part BF out of range, Participant requested termination, Participant Violation, and Other.	
<b>Participant Violations</b>	
Who handles participant violations in this clinic?	
How is it determined whether a complaint against a participant is an alleged violation or not?	
Are participants with alleged violations contacted within 10 days?	
In what circumstances is the client counseled on the phone? In what circumstances is the client asked to come to the clinic?	
Is the participant violation screen completed appropriately and participants given appropriate sanctions? Run the ad hoc report: <i>Participant Violations</i> .	
Are participants given printed notice of participant violations and a signature collected?	
What is your procedure for handling the	

repayment of benefits?	
How are complaints that are not alleged participant violations documented and 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 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 Instrument Accountability and Control

<b>Check Printing</b>	
Are checks ever printed before the participant arrives at the clinic?	
Are checks ever mailed?	
Is clinic staff tearing the check perforations and placing checks in the packet for the client?	
Is clinic staff verifying the checks printed properly including the proper MICR line?	
Is the clinic allowing VISION to prorate food packages according to policy?	
Is the clinic capturing a signature each time checks are printed and given to the client? Run the ad hoc report <i>No Signature by Reason</i> report.	
How are blank checks stored and secured under a double locking system?	
Is the clinic completing a monthly inventory of check stock and making needed adjustments?	
If the clinic has more than one MICR printer, is the printer log being documented properly?	
<b>Instructions to Participants</b>	
Who is responsible for providing education to each applicant at every certification on how to redeem WIC checks?	



Who hands out and explains the Authorized WIC Foods booklet? Is this being documented?	
<b>Reconciling Checks</b>	
Are checks “reprinted” when appropriate and voided using the void process only when the food package must be changed?	
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 lost checks replaced according to policy with a seven day waiting period and only one set of checks being replaced within a year?	
What steps are followed to research the VISION report: <i>Voided FIs That Have Been Redeemed or Rejected</i> report that is sent out to clinics by the state? Has this report shown that clinic errors have been made within the past six months regarding the voiding of checks?	

## X. Monitoring and Audits

<b>Fiscal Audits</b>	
<i>No questions</i>	
<b>Local Agency Self Evaluation and Monitoring</b>	
Is there any conflict of interest between the WIC program and clinic staff?	
How is the separation of duties handled in this clinic to determine eligibility and issue checks?	
Are there any employees within the local agency that have all access in VISION (system permissions to complete all eligibility criteria, assessments and print checks)?	
What is being done to audit the work of any such employees to detect possible clinic fraud?	

<b>Management Evaluations</b>	
<i>No questions</i>	
<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

When was the Civil Rights module last completed? Was it completed as a group or individually? Did all staff members complete the training?	
Is the clinic accessible to the disabled? What accommodations are made for participants with disabilities?	
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? 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? What percentage of the staff speaks Spanish?	
Are the "Preferred Spoken Language" and "Printouts Language" being properly input into the system for each family? 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 or Spanish?	
Does the clinic use any forms or informational materials not provided by the State? Do they contain the non-discrimination statement?	
Is the local agency's WIC website or webpage maintained with current information? Does it contain the non-discrimination statement?	

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Is the WIC clinic building marked with a “WIC” sign and hours of operation?	
Where is the “And Justice for All” poster located?	
Is staff explaining the reason for asking about ethnic and racial information before it is being collected?	
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? How were they handled?	

## Quality Assurance Component of Self Evaluation Tool

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

### Random Chart Review - Certification

Please review active participant records from different families. In a small clinic (less than 1,000 participants) review 10 records, in a medium size clinic (1,000 to 3,999 participants) review 15 records, in a large clinic (4000 or more participants) review 20 records. Ensure all categories of participants are reviewed (P, B, N, I, C). Below is space for 5 records. Please make copies for additional chart review. Fill in **actual data** unless a Yes or No is applicable. Look at the most recent certification and the certification immediately prior. **Use red font for all deficiencies.**

What to Review	Chart #1	Chart #2	Chart #3	Chart #4	Chart #5
Family ID #					
Participant #					
Participant Name					
Category (P, B, N, I, C)					
Age at certification (if infant/child)					
Certified within 10-20 days of first contacting the clinic?					
Preferred spoken language selected					
Proof of ID documented correctly					
Proof of residency, contact/address documented correctly					
Proof of income/adjunct eligibility documented correctly					
Nutrition interview records and risk records created correctly for all participants					
Hematocrit/Hemoglobin performed according to policy					
Core contact at initial cert					
Education on authorized food booklet and how to use/redeem checks provided and documented					
Signatures collected as required					
Appropriate referrals provided					
High risk care plan, management and follow up conducted according to policy					
Food package assigned was appropriate for participant					
Medical and/or nutritional reasons for food package tailoring were documented					
Required documents scanned					
Classes/education appropriate for participant category and risks					

## Self-Evaluation Tool – Terminated Participants

Review 10 records, if available, of participants terminated for the reasons of: Over Income, Stopped breastfeeding 6 months postpartum, Part BF 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 Number					
Participant Name					
Reason removed from WIC					
Notice of Termination issued?					
Given 15 days benefits before they were removed from the program?					