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## I. STATE AGENCY MONITORING

### A. Introduction

The State agency will conduct an on-site monitoring visit every two (2) years at the local agencies contained within each of the nineteen (19) Public Health Districts state-wide, for the purpose of reviewing local WIC agency operations. Local agencies that are not monitored for the year will receive priority for on-site technical assistance. The purpose of the monitoring visit is to ensure local agency compliance with State WIC policies and Federal WIC regulations. The review will consist of an evaluation of program administration, staff training, voucher issuance, certification, clinic observation, record review, systems, equipment, food package assignment, nutrition education, and breastfeeding.

In order for the above areas to be thoroughly evaluated, it is necessary for the monitoring team to observe at least three (3) clinics in full operation. A minimum of three (3) certifications/subsequent certifications must be observed (one per clinic). If the monitoring team is unable to make these observations, they must reschedule that part of the review. The review cannot be closed until the clinic observations have been completed.

The monitoring team from the Georgia WIC Program and Department of Public Health's Office of Inspector General (DPH-OIG) will complete the on-site visit. Every effort will be made to conduct Operations, Nutrition, Systems and Breastfeeding portions of the review at the same time. Fiscal portions of the review are conducted individually.

District reviews may be conducted annually for clinics with specific problems (See Monitoring subpart I of Section I, *State Agency Monitoring: Special Site Visits*).

### B. Monitoring Schedule

A schedule of on-site monitoring visits will be developed and coordinated by the Georgia WIC Program Review team prior to the start of each Federal Fiscal Year (FFY). A statewide schedule containing the dates and monitoring teams for each review will be sent to all local agencies.

The Nutrition Services Director will be notified by phone, approximately sixty (60) days prior to the review. A letter will then be sent to the Nutrition Services Director and the District Health Officer to confirm the dates and specifics of the review, the time and place for the entrance and exit conferences, and other logistics associated with the on-site review. All reviews will start at the District Office. A list of additional information that will be requested for the review (by the State) will be attached to the letter that is sent to the Nutrition Services Director. This list will identify information that must be submitted to the appropriate unit of the Georgia WIC Program One (1) month before the scheduled review.

## C. Clinic and Health Record Selection

### 1. Clinic Site

Every two (2) years, twenty percent (20%) of the total number of clinics located in the local agency are randomly selected for monitoring. The largest clinic in each local agency **may** be monitored during each WIC review.

- a. Each local agency may have a maximum of six (6) clinics selected for review. If more than six (6) clinics are randomly selected, those in excess will be eliminated from the selection.
- b. Clinics that have not been reviewed for at least four (4) years may be selected in place of randomly selected clinics, to ensure regular reviews of all clinics.

### 2. Record Selection

Health records monitored during the WIC reviews will be randomly selected. The following constraints will be applied to the random selection:

- a. A minimum of ten (10) records through a maximum of thirty-two (32) records will be reviewed in each clinic. All records must be located and given to State staff within two hours of receipt of the record list being given to staff. The time of issue will be recorded on the records list. In addition, all records must be returned to state staff with the list of record attached. Failure to follow these procedures will result in a corrective action.
- b. Fifty percent (50%) of the records selected must be women's records. The remaining fifty percent (50%) will include infants and children. **Note:** If a record selected for review cannot be located in the clinic the day of the review, the local agency will be cited for a corrective action. Each criterion will be marked as missing for each chart that is not located. If a significant number of selected records cannot be located during the day of the review, a financial penalty based on the cash value total amount of vouchers per client per certification could be assessed against the District/Agency. Please reference the annual Intra-Agency Agreements between the Lead County and Non-Lead Counties in each District, which can be found in the Program Administration Section of the Georgia WIC Program Procedures Manual, Attachment AD-12, which states that the Non-Lead County(ies) must "provide the Lead County, Georgia WIC Program, and the DPH Office of Audits immediate and complete access to all WIC clinics and all records maintained by WIC clinics within the County. Records selected for review must be delivered to the reviewer as is without any corrections or modifications. Any corrections or modifications noted could be viewed as falsification of records.

Falsification charges could lead to dismissal for the employee who modified or corrected the record. The only exception to the rules for not locating records the same day is a local agency that has off-site storage for non-active WIC participants. If off-site storage is being used, the local agency has 24 hours to locate the record for the review team.

- c. Records for the WIC review will be pulled based on the last day of the review or re-review plus a one hundred twenty (120) day grace period. Example: If a District's last day of the review was 07/24/13, the record to be pulled will be dated on or after 11/25/13(calendar day).

**Note: If the District has any controversy about dates, the State will continue to review based on the "five (5) year plus current" procedure. All records must remain on file for five (5) years plus current year for other audits (i.e., USDA, OIG, State, etc.).**

### 3. Migrant Health Records

The Georgia WIC Program must review migrant health records during a local agency WIC review visit. The Georgia WIC Program will randomly select migrant health records for review.

- a. Where there is at least one clinic site with a minimum of twenty-five (25) migrants participating in the Georgia WIC Program, records are randomly selected according to the clinic and health record selection procedures.
- b. If a clinic site serving a significant number of migrants is not selected for review, migrant health records will be selected and reviewed according to the clinic and health record selection procedures.
- c. If a significant number of the migrant population is in a local agency service area and is not participating in the Georgia WIC Program, the state must evaluate the local agency's outreach efforts related to migrants. Prior to a review, the Georgia WIC Program will review the migrant report.

## D. Pre-Review Activities

Prior to the on-site visit, state staff will review local agency reports and files in the State office. The Nutrition Services Director will be contacted about materials that need to be made available during the on-site review. Pre-review information requested in the notification letter must be submitted to the program review team thirty (30) days prior to the date of the scheduled review. A District Program interview via conference call or Video Conference will be held with the Nutrition Services Director and her designated staff approximately two (2) weeks before the scheduled review.

(See subpart B of Section I., *State Agency Monitoring: Monitoring Schedule*, second paragraph).

#### **E. Files**

Documentation and files to be considered during an on-site review include, but are not limited to, the following areas:

1. Past WIC Review Reports and Responses
2. Clinic Self-Reviews
3. Health Department Employee WIC Participation Form
4. Ethnic Enrollment Participation Report
5. Clinic Schedules
6. Outreach Activities
7. Waiting List(s)
8. Georgia WIC Program Procedures Manual
9. Georgia WIC Program Policy Memorandums
10. Federal WIC Regulations
11. Fair Hearing and Civil Rights Complaints
12. Participant Abuse Reports
13. Manual Voucher Inventories
14. Verification of Certification (VOC) Cards and Inventory
15. Batch Control Modules
16. Voucher Packing Lists
17. Copies of Manual Vouchers
18. Daily Activity Reports
19. Demographic Information
20. **Voucher Management and Reporting System (VMARS) Receipts**
21. Ineligibility Files
22. District Specific Policies and Procedures
23. Local Agency Nutrition Education and Breastfeeding Plan
24. Nutrition Education Materials
25. Breastfeeding Education Materials
26. Class Outlines
27. Staff Training Files
28. Equipment Inventory (current year)
29. Voter's Registration Files

30. Agreements with Other Agencies (other than Health Departments) Where WIC is Located.
31. Temporary Thirty (30) Day Certification Files
32. Formula Tracking Logs
34. No Proof File
34. Prenatal Re-appointment Documentation
35. Initial Contact Date Log
36. Home Visit Approval Forms
37. Separation of Duties/District Office Forms
38. Complaint File
39. CPA Orientation Checklist
40. CPA and Nutrition Assistant Continuing Education Records
41. District/Clinic-Created 999 Food Packages
  
42. Lost/Stolen/Destroyed Voucher Reports
43. Dual Participation File
44. Online Intake **Emails File**
45. Override Reports

**F. Timeframes**

The program review process will be conducted within the following timeframes:

<u>ACTIVITY</u>	<u>TIMEFRAME</u>
Notification of intent to conduct a review, the Georgia WIC Program contacts the local agency to discuss possible review dates.	Sixty (60) days prior to the scheduled date
<b>Pre-Review Information to be sent to the program review team.</b>	<b>Thirty (30) prior to the scheduled date of review</b>
<b>Pre-Review Video or Telephone conference call to the Nutrition Services Director to answer questions pertaining to policies and porcedures.</b>	<b>Two (2) weeks prior to the scheduled date of review.</b>
The Georgia WIC Program prepares and submits a report of program observation and review to the local agency after the site visit/exit interview.	Within sixty (60) days of the exit interviews
The local agency submits a corrective action report to the Georgia WIC Program.	Within sixty (60) days of the date of receipt of program review report is received

<u>ACTIVITY</u>	<u>TIMEFRAME</u>
The Georgia WIC Program submits a written response to the local agency report.	Within thirty (30) days of the receipt of local agency response
The local agency submits a written response to the Georgia WIC Program requests for additional information.	Within thirty (30) days of the date of the written request
Program review is closed.	Within one-hundred eighty (180) days of the exit interview, unless an extension was negotiated

**Note: Failure to resolve any outstanding deficiency found during the review could result in a delay of funding for the next fiscal year.**

### **G. On-Site WIC Review Visits**

During the on-site visit, the local agency will provide the WIC State staff immediate and complete access to clinics and all records maintained by the WIC clinics within the local agency. Local agency staff will be asked to respond to questions asked by State staff. Local agency staff must be available to answer questions during the clinic visit. The average review for a district will take three (3) to five (5) days.

#### **1. Entrance Conference**

An Entrance Conference **will be held** to officially begin the review. The District Health Director, Program Manager, Nutrition Services Director, and any other pertinent staff are invited to participate in the entrance conference. During this conference, District staff will have the opportunity to provide an overview of their District and ask questions of the state monitoring team. State staff will:

- a. Make introductions
- b. Explain the purpose of the visit
- c. Briefly explain what will take place during the review
- d. Discuss pertinent District-specific information/data

#### **2. Point Assignment**

The local agencies (Administrative and Clinics) will be reviewed using the attached Monitoring tool. Each clinic will have its own individual Monitoring tool and points assigned. The Monitoring tool is broken down into four sections. Each section of the tool has points assigned. The total points per District is 1,000 (Administrative – 265 and District Clinic – 735). Each clinic reviewed has 735 points available. At the end of the review, the total points for each clinic will be added together and the average will be calculated to the Administrative score for the final District rating. The following is a break down for each section:

Administrative

1. Nutrition Unit – 170 Points
  2. Operations Unit – 80 Points
  3. Systems Unit – 15 Points
- Total Points – 265

District Clinic

1. Nutrition Unit – 275 Points
  2. Operations Unit – 446 Points
  3. Systems Unit – 14 Points
- Total Points – 735

The District ratings are listed below:

Exemplary (950 - 1000) – The District provides efficient and effective quality services in all areas. Training may be needed.

Excellent (900 – 949) – The District provides exceptional and proficient quality services. However, there are recommendations that should be implemented. Training may be needed.

Good (800- 899) – The District has managed well. However, there are corrective actions that must be implemented. Training may be needed.

Fair (700 – 799) – The District needs to provide more management support and a correction action plan must be implemented. Training **must be** conducted.

Unsatisfactory (699 and below) – The District is not following policies/procedures in several areas. Training **must be** conducted.

A passing score still may result in a Revisit (**see subpart H of Section I. State Agency Monitoring: Revisit - WIC Review**).

### 3. Exit Conference

An Exit Conference **will** be at the District Office **or a location of the Nutrition Services Director's choice** at the conclusion of the entire program review. Findings reported by the reviewers at the Exit Conference are preliminary. The final report will be forwarded to the local agency within sixty (60) days. The following will be discussed at this conference:

- a. Areas deserving commendation
- b. **Noteworthy** Achievements
- c. **Preliminary Findings**
- d. Recommendations

**Note:** A District-wide Corrective Action Plan is due to the Georgia WIC Program sixty days (60) from the date that the Program Review Plan of Correction Report was received. A corrective action plan is required for all

items with a required action; including items rated as satisfactory needs improvement and, unsatisfactory, which includes a plan for clinic monitoring for compliance and reporting progress to the state.” In addition, below is a list of the Corrective Action Training Requirements for chart reviews:

Highlighted Red OR Highlighted Black - Requires Corrective Action Training:

- One clinic average <90% requires clinic specific training
- Two highlighted clinics <100% requires clinic specific training
- Three or more highlighted clinics <100% requires district-wide training
- District-wide average <90% requires district-wide training

## H. Revisit – WIC Review

A revisit may be necessary due to the results of a program review. Listed below are some of the criteria, which will determine that a revisit is necessary:

### Revisit WIC Review List

1. Operations Unit
  - a. Processing Standards
  - b. No Proof Form
  - c. Thirty-Day Form
  - d. Missing VOC Cards
  - e. Missing Signatures on Records
  - f. Missing Participant Records
  - g. Stolen or Missing Vouchers
  - h. No Inventory
  - i. Missing Signatures on Vouchers
  - j. Security Measures
  - k. Employee/Relative Certification/Voucher Issuance Process
  - l. Missing Stock Paper or Inventory
2. Nutrition Unit
  - a. Secondary Nutrition Education
  - b. Primary Nutrition Education
  - c. Risk Criteria
  - d. Missing Signatures or Documentation on Records
  - e. Inappropriate Nutrition Practices

Any other items as needed.

The District Nutrition Services Director will be notified by phone, approximately sixty (60) days prior to the re-visit. A letter will then be sent to the District Nutrition Services Director and the District Health Director’s offices to confirm the dates of the revisit, the time and place for the exit conference, etc. An entrance conference will be conducted during a re-visit. Revisits will start at the District office if the District office is being reviewed or a clinic scheduled for the revisit that is located near the District Office will be

chosen as the starting point and the District Nutrition Services Director will be notified by telephone one (1) week before the revisit.

## I. Compliance Site Visits

The Georgia WIC Program, in accordance with Federal WIC regulations, may make special site visits at any time.

Compliance Site Visit Procedures:

In the event of a special site visit by the Georgia WIC Program, the following procedures must be followed:

1. The Georgia WIC Program may contact the District Nutrition Services Director the day of visit.
2. After careful observation and investigation, a compliance visit summary with recommendations will be generated and submitted to the District Nutrition Services Director within thirty (30) days of the site visit.
3. Upon receipt of the report from the Georgia WIC Program, the District Nutrition Services Director must respond in writing to the Georgia WIC Program within thirty (30) days of receipt. All District responses must provide an improvement plan which includes strategies and activities to improve, a timeline for improved outcomes, and next steps. The districts may request technical assistance from the State WIC office.

## J. Written Reports

The State will send an electronic report of the review to the District Health Director within sixty (60) days of the exit conference. The report will address areas of noteworthy achievement, recommendations, and corrective actions. The District will respond to all corrective actions within sixty (60) days from the date of the state agency report (see subpart F of Section I., *State Agency Monitoring: Timeframes*).

A written plan of correction must be developed for all program deficiencies identified during the program review. A District-wide Corrective Action Plan is due to the Georgia WIC Program sixty days from the date that the Program Review Plan of Correction Report was received. A corrective action plan is required for all items rated as **unsatisfactory or if a required action is listed, the plan must include what steps will be taken to correct the problems identified, the method used, and quality assurance steps, including an assessment or evaluation of the outcome**. In addition below is a list of the Corrective Action Training Requirements for chart reviews:

Highlighted Red OR Highlighted Black - Requires Corrective Action Training

- One clinic average <90% requires clinic specific training
- Two highlighted clinics <100% requires clinic specific training
- Three or more highlighted clinics <100% requires district-wide training
- District-wide average <90% requires district-wide training

The plan must ensure that the questions Who? What? When? Where? and How? are addressed. For example: who will be trained, what will the training be on, when will they be trained, where will the training be held, and how will the training be conducted?

**NOTE: All training must be performed within sixty (60) days from the date the WIC Review Report is received by the district. Contact the Operations Unit for technical assistance in conducting trainings.**

All supporting documentation must be included in this plan. Supporting documentation includes:

1. An agenda, dates of training, and a list of staff that attended the training.
2. A copy of all the memorandums sent out to local agency staff by the Nutrition Services Director addressing problems found during the program review.
3. Copies of information that could not be located during the on-site monitoring visit that relate to specific corrective actions.
4. Copy of training materials used (PowerPoint presentation, training packets, etc.)
5. Quality assurance plan for minimizing the chance of having the same required actions in the future

**NOTE: The review will not be closed until all actions have been corrected in the plan for correction and all planned trainings have been conducted.**

Once the State agency has received the local agency response to the written report, it may elect to do one or more of the following, based on the action plan:

1. Close the review.
2. Request additional information. This information will be due fifteen (15) days from the date of the request.
3. Make a follow-up-monitoring visit within six (6) months of the exit conference.
4. Offer technical assistance to help develop a corrective action plan or train local agency staff.

The local agency will receive written notification of the above from the State agency, within fifteen (15) days from the receipt of the action plan.

#### **K. Close-Out Report**

A written close-out report will be sent to the District Office upon the satisfactory resolution of all corrective actions. The close-out report is written documentation that the corrective action plan has been accepted and the program review is closed. All program reviews must be closed within one-hundred eighty (180) days of the exit interview.

## L. Establish New Clinic Procedures

See Section XIII. of the Administrative Section of the Georgia WIC Program Procedures Manual entitled, *Establishing New Clinic/Clinic Changes*.

## II. QUALITY ASSURANCE SELF-REVIEWS

### A. Purpose

The purpose of Self-Reviews is to improve the quality of local agency program operations. Self-Reviews allow local agencies to assess compliance of program operations with the Georgia WIC Program policies and procedures. Early identification and resolution of non-compliance improves the quality and strengthens the operations of the local agency.

### B. Conducting Self-Reviews

Internal Self-Reviews must be conducted annually. Half of the District clinics must be reviewed one year and all other clinics must be reviewed the following year. A schedule of review dates and clinics and the name of person conducting the self-review, must be submitted to the Georgia WIC Program by September 30<sup>th</sup> of each year. **A summary of Self-Review performed during each quarter and the name of the person conducting the self-review, must be submitted to the Georgia WIC Program Operations Unit , this can be sent via email.**

The assessment will include all phases of the program operations. The "State of Georgia WIC Program's Local Agency Monitoring Tool" must be utilized **and completed in its entirety** to evaluate operations of each clinic in the district.

**Note: The Financial Monitoring Tool must be used. The District is responsible for conducting Annual Financial Self-Reviews by June 30<sup>th</sup> of each year.**

During the local agency Program Review, the State Review Team will review all documentation pertaining to the Self-Reviews. If repeated errors are found on a Self-Review, the District must conduct additional monitoring reviews and one-on-one training (e.g., errors in issuance of VOC Cards or the prorating of vouchers). Special attention must be given in the area of Voucher Issuance and VMARS receipts. This is an area where the coordinator could detect potential fraud. USDA recommends that a Nutritionist be a member of the Local Agency Quality-Assurance team conducting Self-Reviews.

A list of sites that will be reviewed, the dates of the reviews, and the name of person conducting the reviews must be submitted to the Georgia WIC Program quarterly. Self-Reviews are not required on clinic sites that were monitored by the State during that same fiscal year.

**Note: The Nutrition Services Director must request the names of employees and family members enrolled on the Georgia WIC Program for internal audit purposes. This information is confidential and must be seen by the Nutrition Services Director only.**

**Attachments**

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**MO-1: Local Agency 2014 Monitoring Tool**

**STATE OF GEORGIA**

**DEPARTMENT OF PUBLIC HEALTH**

**GEORGIA WIC PROGRAM**

**LOCAL AGENCY  
FFY 2015  
MONITORING TOOL**

**SECTIONS:**

**OPERATIONS UNIT**

**NUTRITION SERVICES UNIT**

**SYSTEMS INFORMATION UNIT**

**MANAGEMENT EVALUATION TOOL FINAL SCORING SUMMARY**

**DISTRICT RATING**

**Exemplary (950 - 1000)** – The District provides efficient and effective quality services in all areas. Training may be needed.

**Excellent (900 – 949)** – The District provides exceptional and proficient quality services. However, there are recommendations that should be implemented. Training may be needed.

**Good (800- 899)** – The District has managed well. However, there are corrective actions that must be implemented. Training may be needed.

**Fair (700 – 799)** – The District needs to provide more management support and a correction action plan must be implemented. Training **must be** conducted.

**Unsatisfactory (699 and below)** – The District is not following policies/procedures in several areas. Training **must be** conducted and a corrective action plan must be implemented.

**ADMINISTRATIVE**

**DISTRICT:**

**DATE:**

	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Operations	80		Nutrition	165	
			Systems	15	
<b>Total Possible Points: 260</b>			<b>Total Awarded Points:</b>		

**DISTRICT CLINIC (S)**

**1. Clinic:**

	POSSIBLE POINTS	POINTS AWARDED
Operations	446	
Nutrition	280	
Systems	14	
<b>Total Score:</b>	<b>740</b>	

**4. Clinic:**

	POSSIBLE POINTS	POINTS AWARDED
Operations	446	
Nutrition	280	
Systems	14	
<b>Total Score:</b>	<b>740</b>	

**2. Clinic:**

	POSSIBLE POINTS	POINTS AWARDED
Operations	446	
Nutrition	280	
Systems	14	
<b>Total Score:</b>	<b>740</b>	

**5. Clinic:**

	POSSIBLE POINTS	POINTS AWARDED
Operations	446	
Nutrition	280	
Systems	14	
<b>Total Score:</b>	<b>740</b>	

**3. Clinic:**

	POSSIBLE POINTS	POINTS AWARDED
Operations	446	
Nutrition	280	
Systems	14	
<b>Total Score:</b>	<b>740</b>	

**6. Clinic:**

	POSSIBLE POINTS	POINTS AWARDED
Operations	446	
Nutrition	280	
Systems	14	
<b>Total Score:</b>	<b>740</b>	

**FORMUALA FOR CLINIC AVERAGE SCORE:**

CLINIC #1 \_\_\_\_\_ + CLINIC #2 \_\_\_\_\_ + CLINIC #3 \_\_\_\_\_ + CLINIC #4 \_\_\_\_\_ + CLINIC #5 \_\_\_\_\_ + CLINIC #6 \_\_\_\_\_  
 = \_\_\_\_\_ DIVIDE BY (/) # OF CLINICS REVIEWED \_\_\_\_\_ = AVERAGE SCORE FOR DISTRICT  
 CLINICS: \_\_\_\_\_

Is follow-up required? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please review the Plan of Correction Report)

## DISTRICT REVIEW PRE-REVIEW AND INTERVIEW QUESTIONS – ADMINISTRATIVE MANAGEMENT EVALUATION

**DISTRICT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

	S	S N	U	N/A	See Quality Assurance District Review Work Sheet
<b>A. Complaints</b>					
1. Were complaints handled/ resolved according to program procedures?					<b>Complaints Section</b>
<b>Comments:</b>					
<b>B. Processing Standards (5 Points)</b>					
1. Is the district monitoring Processing Standards? (Review documentation of method used). 2. Are Online Intake Forms monitored by the District office? 3. Is the District monitoring the clients without issues report? 4. Was the district's processing standards system approved by the State WIC office?					
<b>Comments:</b>					

DRAFT

**OPERATIONS UNIT PRE -INTERVIEW QUESTION FORM – DISTRICT CLINIC EVALUATION**

**CLINIC:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

<b><u>C. REFERENCE MATERIAL</u></b>							<b>See Section:</b>
1. Does the district have access to the current procedures manual and the action/information memos? 2. Are staff meetings conducted? 3. Was an Organizational chart available? (Attach a copy) 4.							
<b>Comments:</b>							
<b>D. HOME VISITS</b> 1. Were WIC Home Visits being made? (Request a copy of the approval forms). 2. Were procedures followed for vouchers that are issued to participants in the home? 3.							
<b>Comments:</b>							
<b>E. CASELOAD MANAGEMENT (6 points)</b> 1. -Does the clinic meet Staffing Standards? (Clinic staff ratio is one (1) administrative support staff per every 800 clients served)							

**DRAFT**

**OPERATIONS UNIT PRE -INTERVIEW QUESTION FORM – DISTRICT CLINIC EVALUATION**

**CLINIC:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

<p><b>2. What is the current caseload for the district?).</b></p> <p><b>3. What is the district’s non-participation rate?</b></p> <p><b>4. What is the district’s plan for participant retention and increasing caseload?</b></p> <p><b>5. What is the district’s plan to reduce the clients without issues report?</b></p>							
<p><b>Comments:</b></p>							

PRE -INTERVIEW QUESTION FORM – DISTRICT CLINIC EVALUATION

COMPLIANCE –FOOD INSTRUMENT ACCOUNTABILITY							
<b>A. LOCAL AGENCY POLICY</b>							
1. What is the District’s policy for issuing vouchers to eligible WIC employees and their family members?							
2. Are any local agency staff receiving WIC benefits at the clinic site where they work?							
3. Are any family members of WIC staff receiving benefits at the local clinic where the staff is employed?							
<b>Comments:</b>							
<b>B. LOST, STOLEN, DESTROYED VOUCHERS</b>							
1. Has the District Office received notice of any missing Manual/VMARS vouchers/VMARS receipts/VMARS stock paper from any WIC clinic since the last Program Review							
2. Were Lost/Stolen/Destroyed/Voided Voucher Reports investigated and sent to the Georgia WIC Program within five days of receipt?							
<b>Comments:</b>							
<b>C. PROGRAM ABUSE-</b>							
1. Has the District received any reports							

PRE -INTERVIEW QUESTION FORM – DISTRICT CLINIC EVALUATION

<p>of program abuse by the participants and/or employees since the last Program Review?</p> <p>2. Was the report of abuse investigated?</p> <p>3. Was the report sent to the Georgia WIC Program/ Office of Inspector General?</p> <p>4. Does the district distribute the monthly Dual Participation / Intentional Program Violators Clinic Listings to clinics to prevent certifications and/or voucher issuance to dual participants?</p>							
<p><b>Comments:</b></p>							
<p><b>C. MONTHLY REPORTS</b></p> <p>1. Does the District monitor the Unmatched Redemption and Cumulative Unmatched Redemption reports on a monthly basis?</p> <p>2. Does the District complete and/or monitor the Bank Exception Reports received from the Georgia WIC Program on a monthly basis?</p> <p>3. How does the District monitor the voucher override report on a monthly basis?</p>							
<p><b>Comments:</b></p>							

**NUTRITION DISTRICT PRE-INTERVIEW QUESTION FORM**

**Date:**

**Notes:**

**District Program Review Notes:**

**Note: District and Clinic review questions are completed for background tracking and education.**

<b>DISTRICT REVIEW QUESTIONS</b>	
<b>AREAS OF REVIEW</b>	<b>COMMENTS</b>
<b>I. FOOD PACKAGE ASSIGNMENT</b>	Food Package Section (III, IV, V, VI)
<b>A.</b> Describe the protocol for infant food package changes from the contract formula to a non-contract formula.	
<b>B.</b> How are food packages assigned?	Food Package Section (III, IV, V, VI)
<b>C.</b> What procedures are used for obtaining and tracking the use of prescription formulas/medical foods, and providing follow-up for participants on special formulas/medical foods?	Food Package Section (VIII)
<b>II. NUTRITION EDUCATION</b>	AD (VII)
<b>A. Training</b>	
1. Describe the process for evaluating staff training needs.	
2. How do you assess the effectiveness of the training over time?	AD (VII)
<b>B. Competent Professional Authority (CPA)</b>	
1. Describe the process used to evaluate if CPA staff met the required 12 hours of continuing education yearly.	NE Section (V), Attachment NE-6
2. Describe the process utilized when CPAs receive less than the required 12 hours of continuing education.	NE Section (V), Attachment NE-6  Not directly addressed
<b>C. Nutrition Assistants (NAs)</b>	NE (IV), NE-Attachment III
1. Describe how Nutrition Assistants are utilized in your District.	
2. Has the training plan for NAs been approved by the Office of Nutrition? If yes, the date: _____	NE (VI)

**NUTRITION DISTRICT PRE-INTERVIEW QUESTION FORM**

<b>DISTRICT REVIEW QUESTIONS</b>	
<b>AREAS OF REVIEW</b>	<b>COMMENTS</b>
<b>D. Participant Nutrition Education Contacts</b> 1. Describe the system used to provide nutrition education quarterly for infants, children and breastfeeding women certified for > 6 month or to provide two (2) nutrition education contacts for non-breasting women and other participants certified for 6 months or less.	NE (VI)
2. Describe the method used to document secondary nutrition education contacts.	NE (VI)
3. Describe how failed secondary nutrition education contacts are documented.	NE (VI)
4. List nutrition references used by your District. (e.g., ADA Nutrition Care Manual)	BF (V) Gives examples for BF NE Section
5. Describe the system used to document secondary nutrition education contacts to participants identified as high risk.	NE (VI)
<b>E. Nutrition Education Materials</b> Are you able to locate adequate and appropriate nutrition education materials? • How do clinics order materials when their supply is running low?	NE Section (VIII)
<b>III. Breastfeeding Promotion and Support</b>	
<b>A. Breastfeeding Coordination</b> 1. Describe the major responsibilities and activities of the Breastfeeding Coordinator. What percent of their time is spent on breastfeeding activities? What are their credentials?	BF (IV), BF Attachment 3
2. Does the Breastfeeding Coordinator conduct activities District-wide or primarily in one location?	BF (IV)
3. How does the Breastfeeding Coordinator document participant contacts (i.e., counseling, classes)? What is the lag time between counseling and actual documentation, if any?	BF (IV)

**NUTRITION DISTRICT PRE-INTERVIEW QUESTION FORM**

<b>DISTRICT REVIEW QUESTIONS</b>	
<b>AREAS OF REVIEW</b>	<b>COMMENTS</b>
<p><b>B. <u>Encouragement to Breastfeed</u></b></p> <p>1. Describe how breastfeeding is encouraged and documented during the prenatal period.</p> <ul style="list-style-type: none"> <li>• Take into consideration individual contacts, prenatal/breastfeeding classes, and other (Please specify.)</li> </ul>	BF (IV, V)
<p><b>C. <u>Breastfeeding Education and Training</u></b></p>	
<p>1. Describe how clinic staff is kept abreast about current breastfeeding information.</p>	BF (IV)
<p>2. Describe the referral system for participants who request additional support/information or who require more in-depth counseling or assistance on breastfeeding.</p>	BF (IV)
<p>3. Describe what the local agency is doing to create a clinic atmosphere that is supportive of breastfeeding.</p>	BF (IV)
<p>4. Please describe any breastfeeding activities not addressed above (e.g., peer counseling, special projects, media exposure, etc.).</p>	BF (IV)
<p><b>IV. SPECIAL REQUESTS</b></p>	Looking for District best practices.
<p>A. <b>Are</b> public health nutrition services available in your local agency <b>outside of WIC?</b></p>	Looking for District best practices.
<p>B. Describe any special projects, initiatives, and/or accomplishments in the areas of breastfeeding, nutrition education and training being implemented in the local agency.</p>	Looking for District best practices.
<p>C. Does your District have an agreement or partnership with services/programs that serve the WIC population?                      Daycare _____                      Head Start _____                      Extension Services _____                      Other Health Services Programs / List if applicable.                      _____</p>	Looking for District best practices. Not required – no points
<p>D. How can the Office of Nutrition staff assist in improving or enhancing Nutrition Education and Breastfeeding Plans and providing nutrition services?</p>	Looking for District best practices. Not required – no points

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AREAS OF REVIEW		S	SN	U	NA	COMMENTS
<b>A. INTERNAL COMMUNICATIONS</b>						
Administrative Section	1. Are staff meetings conducted?				1	
Administrative Section	2. Was an Organizational chart available? (Attach a copy)				1	
<b>Comments:</b>						
<b>A. OUTREACH</b>						
Outreach Section	1. Were all outreach activities documented and available for review?				2	
Outreach Section II.	2. Were grassroots organizations (Churches, Boys and Girls Clubs, etc.) contacted?				1	
<b>Comments:</b>						
<b>B. SEPARATION OF DUTIES</b>						
Certification Section XXVI., B.	1. Was separation of duties practiced at each clinic in the district?				2	
	2. Was the Separation of Duties/District Office form completed and received at the district office within 3 days? (See documentation)				1	
	3. Was the Separation of Duties/ District Office Form completed by the Nutrition Services Director/Designee and located at the district office?				1	
	4. Was the documentation in compliance with WIC rules and regulations? (See logs and certification documents).				2	
<b>Comments:</b>						
<b>C. TRAINING</b>						
Administrative Section	1. Is Procedures Manual training conducted annually for WIC staff? When? _____ By Whom? _____				3	
Administrative Section	2. Is the documentation for in-service training for WIC and non-WIC staff available? (See documentation)				2	
<b>Comments:</b>						
<b>D. SELF-REVIEWS</b>						
Monitoring Section II., B.	1. Were Self Reviews conducted in the district?				2	
	2. Was a yearly Self Review plan submitted by September 30 <sup>th</sup> ? Was the				2	

**OPERATIONS UNIT ADMINISTRATIVE MANAGEMENT EVALUATION WORK SHEET**

**ADMINISTRATIVE FILES REVIEW**

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for District Review \_\_\_\_\_

55 - 50 Points (S)

49 - 44 Points (SN)

43 - 0 Points (U)

**DISTRICT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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	Self Review Plan submitted to the Office of Nutrition and WIC quarterly?						
	1. Was the Monitoring Tool completed in its entirety?					2	
	2. Was the State's Monitoring Tool used?					1	

**Comments:**

**E. FAIR HEARING**

Rights and Obligations Section V.	1. Is Fair Hearing documentation available for review at the district level?					2	
	2. Were procedures followed?					2	
	3. Were timelines met?					1	

**Comments:**

**I. CIVIL RIGHTS**

Rights and Obligations Section IV., B.	Training					2	
	1. Were Civil Rights training conducted annually for local WIC staff? (district) When? _____ By Whom? _____						
Rights and Obligations Section IV., B.	2. Did the district's Civil Rights training meet the subject matter requirements? (Review documentation)					3	
	3. Is Civil Rights training a part of new employee orientation? (Review list of new employees and documentation of Civil Rights Training).					2	
Administrative Section Three, XIII.	New Clinics					1	
	1. When local agencies open a new clinic, were Civil Rights Pre-Approved/Pre Award Compliance Review conducted by district and State office?						
	2. Was the documentation sent to the Georgia WIC Program? (Review documentation)					1	
	3. Was the agreement(s) sent to the state for approval prior to the site visit? (Review documentation)					1	
Rights and Obligations Section	Literature					2	
	1. Was the full Non-Discrimination statement						

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**OPERATIONS UNIT ADMINISTRATIVE MANAGEMENT EVALUATION WORK SHEET**

**ADMINISTRATIVE FILES REVIEW**

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for District Review \_\_\_\_\_

55 - 50 Points (S)

49 - 44 Points (SN)

43 - 0 Points (U)

**DISTRICT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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II.	on all district created materials? Effective April 1, 2014 (See Operations Unit "Prior To" Form – Administrative Management Evaluation).						
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**Comments:**

**VOC CARD INVENTORY**

Certification Section XVII., F.	1. Were VOC Cards ordered and distributed by the district office?					1	
Certification Section XVII., G.	2. Was an inventory maintained?					1	
	3. Was the inventory accurate and contain all required components for receipt and distribution of VOC Cards?					1	
	4. Was the state's VOC Card Inventory Form utilized?					1	

**Comments:**

<b>Total Rating /Points</b>					<b>55</b>	
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**OPERATIONS UNIT CLINIC EVALUATION WORK SHEET**

**CLINIC EVALUATION**

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for Clinic Review \_\_\_\_\_

- 230 – 207 Points (S)
- 207– 184 Points (SN)
- 183 – 0 Points (U)

Use Forms 1 – 8 to determine awarded points for each section. Record points from Forms 1 – 8 on the worksheet. Total worksheet to determine clinic score above.

**CLINIC:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
<b>A. INELIGIBILITY/TERMINATION</b>							
Certification Section XVI., A.	1. Notice of Termination/Ineligibility Forms <ul style="list-style-type: none"> <li>• Was the Notice of Termination/ Ineligibility /Waiting List Form used appropriately if applicable? (See Form 1 – Chart Review for point assignment for this question)</li> <li>• Were the Termination Notices and applicable documentation in the Ineligibility file present and completed per procedures? (See Form 1 – Ineligibility File Review for point assignment for this question)</li> </ul>					5	
	2. Notification of Termination <ul style="list-style-type: none"> <li>• Are participants who are terminated during a valid certification period notified prior to termination?</li> <li>• Are participants notified that their WIC certification is about to expire before termination and how are they notified?</li> </ul>					5	
<b>Comments:</b>							
<b>B. TRANSFERS/VOC/EVOC</b>							
Certification Section XVII., I.	1. Were the following items stored in a separate, secure location? <ul style="list-style-type: none"> <li>a. Program Stamp</li> <li>b. VOC Cards</li> <li>c. VOC Card Inventory</li> </ul>					3	
	2. Were voided VOC cards marked VOID on the VOC Card Inventory Log?					1	
Certification Section XVII., H. and I.	3. Were procedures followed for VOC Card issuance and security? (See Form 2 for point assignment for this question)					1	

**OPERATIONS UNIT CLINIC EVALUATION WORK SHEET**

Certification Section XVII., G.	4. Were procedures followed for VOC Card Inventory maintenance? (See Form 2 for point assignment for this question)					1	
Certification Section XVII., I.	5. Was the old stock of VOC cards security destroyed in the event VOC cards were revised?					1	
Certification Section XVII., J.	6. Were any VOC Cards missing? ____ If so, were they reported to the Georgia WIC Program?					2	
Certification Section XVII., E.	7. Were procedures followed for EVOC Card issuance? (See Form 2 for point assignment for this question)					1	
Certification Section XVII., E., c.	8. Were procedures followed for EVOC Card reports? (See Form 2 for point assignment for this question)					1	

**Comments:**

**C. VOTER REGISTRATION**

Rights and Obligations Section VIII.	1. Are Voter Registration Declaration forms available for each day certifications are conducted in the clinic?					1	
	2. Were Voter Registration Batch forms completed and submitted to the Secretary of State's office?					1	

**Comments:**

**D. NO PROOF**

Certification Section VIII., C., 3., m.	1. Was the No Proof form used appropriately if applicable? (See Form 5 for point assignment for this question)					10	
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**Comments:**

**E. THIRTY-DAY**

Certification Section VIII., C., 3., n.	1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)					10	
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**Comments:**

**F. REFERENCE MATERIALS**

Introduction Section V.	1. Are Policy /Action memos current in the clinic?					1	
	2. Is the current fiscal year Procedures Manual in the clinic?					1	

**Comments:**

**G. RECORD REVIEW**

**OPERATIONS UNIT CLINIC EVALUATION WORK SHEET**

Certification Section	1. Were procedures appropriately applied for WIC certifications? (See Form 3 for point assignment for this question)					69	
<b>Comments:</b>							
<b>H. CLINIC OBSERVATION</b>							
Certification Section	1. During the observation were appropriate procedures used to complete the certification process? (See Form 4 for point assignment for this question)					46	
<b>Comments:</b>							
<b>F. PROCESSING STANDARDS</b>							
Certification Section IV., A.	1. Is there a system (a personal visit log, WIC Certification/Assessment Form or an appointment book) available for documenting and tracking initial contact dates and Processing Standards? Was the system/log completed in its entirety? (See Form 7 for point assignment for this question)					5	
Certification Section III., B.	2. Did the initial contact date recorded on the log and the Certification Form match? (See Form 7 for point assignment for this question)					5	
Certification Section IV. A. and C.	3. Are Processing Standards being met? (See Form 7 for point assignment for this question) If not, was an extension requested by district? (See Operations Unit "Prior To" Form – Administrative Management Evaluation)					5	
	4. Are the online intake emails maintained in the clinic?					2	
	5. Are appointments made within processing standards timeline?					3	
<b>Comments:</b>							
<b>G. MISSED APPOINTMENTS</b>							
Certification Section III., G.	1. Was a Prenatal Missed Appointment Log maintained? Was the log completed in its entirety? (See Form 7 for point assignment for these questions)					5	
	2. Did the original prenatal certification appointment meet Processing Standards? (See Form 7 for point assignment for this question)					5	

**OPERATIONS UNIT CLINIC EVALUATION WORK SHEET**

Certification Section IV., A.	3. Were missed certification appointments rescheduled for prenatal women? (See Form 7 for point assignment for this question)					5	
	4. Did the rescheduled appointment meet processing standards for prenatal women? (See Form 7 for point assignment for this question)					5	
	5. Are the clients without issues report used to reschedule participants who missed voucher pickup or recertification?					4	
Administrative Section Three, VII.	6. If postcards are mailed to participants for any reason, are they in compliance with HIPPA regulations? View postcards or other documents mailed. (See Form 7 for point assignment for this question)					1	

**Comments:**

**H. CIVIL RIGHTS**

Rights and Obligations Section IV., D.	1. Is the local agency in compliance with program policy regarding racial ethnic coding and filing of participants' records? (Review Clinic Records)					2	
Rights and Obligations Section II.	2. Was the full current non-discrimination statement on all Clinics created materials?					3	

**Comments:**

**L. CLINIC STAFF QUESTIONS**

	1. Was the staff knowledgeable of the procedures required to serve WIC applicants/participants? (See Form 8 for point assignment for this question)					20	
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**Comments:**

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**OPERATIONS EVALUATION FORMS**

- Form 1 Ineligible Certification Work Sheet
- Form 2 VOC/EVOC Security & Issuance Report
- Form 3 Record Review
- Form 4 Clinic Observation
- Form 5 No Proof Monitoring Form
- Form 6 Temporary Thirty (30) Day Certification Record Review
- Form 7 Processing Standards / Prenatal Missed Appointment Logs Review
- Form 8 Clinic Staff Questions

**INELIGIBLE CERTIFICATION WORK SHEET**

Review five (5) records in each clinic of individuals found ineligible at the time of certification and/or of individuals who were terminated from the Program within the last year. **Note:** This information may be retrieved from the Ineligibility file.

- 90 – 100 (10 Points S)       50 – 79 (6 Points U)
- 80 – 89(8 Points SN)       0 – 49 (0 Points U)

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

CHART REVIEW – N/A _____ (check N/A if terminations are not available for review time period)						Possible Points	Points Awarded
<b>Participant's Name</b>						<b>100</b>	
<b>Termination Date</b>							
<b>COMPLETION OF TERMINATION NOTICE –WAS THE FORM COMPLETED IN IT'S ENTIRETY</b>						<b>27</b>	
<ul style="list-style-type: none"> <li>Was the date documented?</li> <li>Was the demographic information recorded?</li> <li>Was "You are not eligible" or "You are being terminated" checked?</li> <li>Was the reason for termination checked?</li> <li>Was the Fair Hearing Section completed?</li> <li>Was the participant/parent/caregiver/guardian/alternate signatur recorded?</li> <li>Was the WIC respresentative signature recorded?</li> </ul>							
<b>Comments:</b>							
<b>TERMINATION CODE</b>							
1. What termination code was used to determine ineligibility or termination? _____						<b>3</b>	
<b>Comments:</b>							
<b>CERTIFICATION FORM &amp; SUPPORTING DOCUMENTATION</b>							
1. Was the income section of the Certification Form completed, dated and signed if the reason for termination or ineligibility was "A"?						<b>5</b>	
2. Did the Certification Form contain the signature, title, and date of the person that determined eligibility?						<b>5</b>	
3. Was a copy of income proof present with the Certification Form if the reason for termination or ineligibility was "A"?						<b>5</b>	
4. Were proof copies stamped or						<b>5</b>	

scanned with the date of receipt?							
<b>Comments:</b>							
<b>INELIGIBILITY FILE REVIEW – N/A</b> _____ (check N/A if terminations are not available for review time period) (check the Termination Notices and applicable documentation in the Ineligibility file)							
<b>COMPLETION OF TERMINATION NOTICE WAS THE FORM COMPLETED IN IT'S ENTIRETY?</b>					<b>Yes/No/NA</b>	<b>Possible Points 27</b>	<b>Points Awarded</b>
• Was the date documented?							
• Was the demographic information recorded?							
Was "You are not eligible" or "You are being terminated" checked?							
• Was the reason for termination checked?							
• Was the Fair Hearing Section completed?							
• Was the participant/parent/guardian signature recorded?							
• Was the WIC representative's signature recorded?							
<b>Comments:</b>							
<b>TERMINATION CODE</b>							
1. What was the termination code submitted for ineligibility or termination? _____ Was the code correct? _____						<b>3</b>	
<b>Comments:</b>							
<b>CERTIFICATION FORM &amp; SUPPORTING DOCUMENTATION</b>							
1. Was the income section of the Certification Form completed, dated and signed if the reason for termination or ineligibility was "A"?						<b>5</b>	
2. Did the Certification Form contain the signature, title, and date of the person that determined eligibility?						<b>5</b>	
3. Was a copy of income proof present with the Certification Form if the reason for termination or ineligibility was "A"?						<b>5</b>	
4. Were proof copies stamped with the date of receipt?						<b>5</b>	
<b>Comments:</b>							

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**VOC/EVOC SECURITY & ISSUANCE REPORT**

- 90 – 100( 11 Points S)       50 – 79(4Point U)
- 80 – 89( 8 Points SN)       0 – 49( 0 Points U)

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

DISTRICT/CLINIC ISSUED VOC CARDS/PHYSICAL INVENTORY										
State/District Issued VOC Cards		Amount Issued	Date Issued	VOC Cards on Hand		# of Cards on Hand	Requested Cards Accounted For?	2 Staff Initials Recorded?	District & Clinic #'s Match?	Is Inventory Accurate?
Beg #	End #			Beg #	End #		5	5	5	10
<b>Comments:</b>									Possible POINTS – 25 POINTS Awarded -	
VOC CARD SECURITY REPORT (Pull 5 Participant Records)-N/A _____ (check N/A if VOC cards were not issued during review time period)										
Participant's Name										
Participant's Birth Date										
Date VOC Card was Issued										
Was the Parent/Guardian/Caregiver Signature on the Log?										5
Did the Signature on the Log and Certification Form Match?										5
Was the Termination Notice issued?										10
Did the Termination Notice contain the required signatures?										5
<b>Comments:</b>									Possible POINTS – 25 POINTS Awarded -	
CLINIC EVOC CARD REPORTS										
Are the EVOC Reports printed quarterly and filed by year? EVOC								Yes ___ N/A ___ No ___		
1. How many staff are authorized to print EVOC Cards? _____										
2. Does review of EVOC log indicate any irregularities? _____										
<b>Comments:</b>									Possible POINTS – 15 POINTS Awarded -	
EVOC CARD SECURITY REPORT (Pull 5 Participant Records)-N/A _____ (check N/A if EVOC cards were not issued during review time period)										
Participant's Name										
Participant's Birth Date										
Date EVOC Card was Issued										
Was a copy of the EVOC Card Filed in the Participant's Chart?										5
Was the Clinic Information Stamped or Printed on the EVOC Card?										5
Was the EVOC Card Signed by the Participant/Parent/Guardian?										5
Was the EVOC Card Signed by the WIC Representative?										5
Was the Termination Notice issued?										10
Did the Termination Notice contain										5

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the required signatures?						
<b>Comments:</b>						Possible POINTS – 35 POINTS Awarded -

**RECORD REVIEW**

Review the following criteria in the records randomly selected.

- 90 – 100 (69 Points S)       50 – 79 (40Points U)
- 80 – 89( 55 Points SN)       0 – 49% (0 Points U)

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

An average (~) of 90 - 100 for each criteria receives the assigned possible points

PARTICIPANT'S NAME & WIC ID Number	~	Possible points	PointsA warded
CERTIFICATION DATE		100	
<b>DEMOGRAPHICS</b>			
1. Were the demographics (Name, Address, etc.) completed?		2	
2. If P.O Box was recorded as the address, was the form for Applicants with a P.O. Box completed and filed in health record?		2	
<b>Comments:</b>			
<b>PROCESSING STANDARDS</b>			
1. Was the initial contact date recorded?		6	
2. Did a break in service occur? _____ • If so, was the initial contact date changed?		6	
3. Was an online intake email used to make the appointment?		2	
4. Did the online email contain the date received and date of appointment?		2	
5. Were processing standards met?		6	
<b>Comments:</b>			
<b>PROOFS</b>			
1. Was proof of residency recorded and a copy stamped dated and filed in the record or scanned into the computer?		4	
2. Was proof of identification for the participant recorded and a copy stamped dated and filed in the record or scanned into the computer?		4	
3. Was proof of identification for the parent/guardian recorded and a copy stamped dated and filed in the record or scanned into the computer?		4	
<b>Comments:</b>			
<b>INCOME</b>			
1. Was the date recorded for the income information?		1	

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<ul style="list-style-type: none"> <li>• <b>Presumptive Eligibility</b></li> <li>• Was Medicaid eligibility status recorded?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• Was the Medicaid number and eligibility date recorded?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• Was TANF documented?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• Was the TANF verification filed in the record?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• Was SNAP documented?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• Was the SNAP verification filed in the record?</li> </ul>							3	
2. Was the number in family recorded?							1	
<ul style="list-style-type: none"> <li>• <b>Income Documentation</b></li> <li>• Was income information recorded accurately?</li> </ul>							1	
<ul style="list-style-type: none"> <li>• Was zero income accepted?</li> </ul>							2	
<ul style="list-style-type: none"> <li>• If yes to the above, was the following question answered? How do you obtain food, shelter, clothing and medical care?</li> </ul>								
<ul style="list-style-type: none"> <li>• Was the income source recorded and a copy stamped dated and filed in the record <b>or scanned into the computer</b>?</li> </ul>							2	
<ul style="list-style-type: none"> <li>• Was No Proof accepted as source of income? If so, was the form completed in its entirety and filed in the record?</li> </ul>							2	
<ul style="list-style-type: none"> <li>• Was a letter from employer accepted as proof of income? _____</li> <li>• If yes, was the letter from employer on letterhead or attached to a No Proof form?</li> </ul>							2	
<ul style="list-style-type: none"> <li>• Were staff initials recorded for residency, identification and income verification?</li> </ul>							1	
<ul style="list-style-type: none"> <li>• <b>Single/Multiple Income</b></li> <li>• Was only one income reported checked?</li> </ul>							1	
<ul style="list-style-type: none"> <li>• 16. If no to the above, was the Income Calculation Form used?</li> </ul>							1	
<b>Comments:</b>								
<b>CERTIFICATION VALIDATION</b>								
1. Was participant physically present? _____							2	
<ul style="list-style-type: none"> <li>• If no, was the exempt reason documented in the record?</li> </ul>								

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<ul style="list-style-type: none"> <li>• <b>Signatures/Titles</b></li> <li>• Was the printed name/title of staff person verifying the participant/parent/guardian signature recorded?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• Was the signature/title of staff person verifying the participant/parent/guardian signature recorded?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• Was the participant/parent/guardian's printed name and date recorded?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• Was the participant/parent/guardian's signature/date recorded?</li> </ul>							3	
<ul style="list-style-type: none"> <li>• If proxy signed above, was proxy letter completed and filed in record?</li> </ul>							2	

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2. Was choice to authorize disclosure of sharing participant information initialed?								3	
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**Comments:**

**ELIGIBILITY RECORDING**

• Was participant categorically eligible?								4	
---	--	--	--	--	--	--	--	---	--

• 2. Was it documented that participant was income eligible/ineligible?								4	
---	--	--	--	--	--	--	--	---	--

**Comments:**

**SUPPORTING DOCUMENTATION**

• Was current immunization status recorded?								1	
---	--	--	--	--	--	--	--	---	--

• Was the error correction procedure used?								1	
--	--	--	--	--	--	--	--	---	--

3. Was a VOC/EVOC card issued? (Migrants only)								1	
--	--	--	--	--	--	--	--	---	--

**Comments:**

**Note: Make copies of this form for Record Review.**

**CLINIC OBSERVATION**

CLINIC: \_\_\_\_\_ DATE: \_\_\_\_\_

90 – 100(46 Points S)       50 – 79 (20 Points U)  
 80 – 89 (36 Points SN)       0 – 49% (0 Points U)

Name of Person Observed: \_\_\_\_\_

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible %	% Awarded
						100	

**A. ENVIRONMENT**

Special Population Section III., E.	1. Are WIC facilities accessible to persons with special needs (ADA)?					3	
Emergency Plan Section V., A. and B.	2. Is this a new or renovated facility that is accessible and operational during power failures?					1	

Comments: \_\_\_\_\_

**B. CONFIDENTIALITY**

Certification Section VIII., A., 2.	1. Does the clinic offer privacy for the certification process (income screening, health screening and counseling)?					10	
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Comments: \_\_\_\_\_

**C. SIGNS**

Certification Section I.	<ul style="list-style-type: none"> <li>Is the “No Charge for WIC Services” sign posted in the clinic?</li> </ul>					5	
Rights and Obligations Section IV., F.	<ul style="list-style-type: none"> <li>Is the “How to File a Complaint” sign posted in the clinic?</li> </ul>					5	
Administrative Section Three, IX.	<ul style="list-style-type: none"> <li>Are “No Smoking” signs posted? (N/A if a DPH Building)</li> </ul>					5	
Special Population Section III., B.	<ul style="list-style-type: none"> <li>Is the “Interpreter” sign posted in a visible place?</li> </ul>					5	
Rights and Obligations Section IV., A.	<ul style="list-style-type: none"> <li>Is the “Justice for All” sign posted in a visible place?</li> </ul>					5	

Comments: \_\_\_\_\_

**D. CUSTOMER SERVICE**

Administrative Section Three, XXVII.	1. Were scheduled participants waiting for long periods of time?					1	
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E. CERTIFICATION PROCEDURES (CHECK-IN)							
Certification Section II., B.	1. Was the applicant present at certification?					2	
Certification Section XXX.	2. Was the staff in the clinic using the Interview Script to determine Race and Ethnicity?					5	
Rights and Obligations Section IV., D.	3. Are the current race codes being utilized? (See Operations "Prior To" Form – District Clinic Evaluation)					2	
Certification Section XXVI., C., 6.	4. Were participants informed of their rights and obligations <b>and the form signed?</b>					5	
Certification Section XXV., B.	5. Were the applicants/participants informed on "How to File a Complaint" at the initial contact, certification, and/or recertification?					5	
Rights and Obligations Section VIII.	6. Is each participant offered an opportunity to register to vote?					1	
<b>Comments:</b>							
F. SPECIAL POPULATION/INTERPRETERS							
Special Population Section III., B.	1. Was the Interpreter sign discussed or shown to the applicant/participant?					2	
	2. Were waivers completed when the applicant or participant brought their own interpreter?					1	
	3. Were services available for LEP clients? (See Operations "Prior To" Form – District Clinic Evaluation)					2	
<b>Comments:</b>							
G. PROOFS							
Certification Section V.	1. <b>Was proof of ID required for initial certification and prenatal?</b> Was it an approved form of ID? Was the proof copied and stamped with the date of receipt or scanned into the computer? Woman ___ Infant ___ Child ___ Type of proof accepted _____					4	
Certification Section II., C.	2. <b>Was proof of residence required for initial certification or if a change occurred?</b> Was it an approved form of residency? Was the proof copied and stamped with the date of receipt or scanned into the computer? Type of proof accepted _____					4	
Certification Section II., D	3. Was proof of income required for certification/re-certification? Was it an approved form of income? Was the proof copied and stamped with the date of receipt or scanned into the					4	

CLINIC OBSERVATION

	computer?						
	Type of proof accepted _____						
<b>Comments:</b>							
<b>H. INCOME</b>							
Certification Section VIII., B.	1. Was Medicaid/SNAP/TANF verified?					1	
Certification Section VIII., A., 3.	2. Is income determined prior to nutritional risk assessment?					1	
Certification Section VIII., C., 3., m and n	3. Was the correct form (Thirty-Day, Income Calculation and No Proof) used for income?					1	
Certification Section VIII., C.	4. Was the income calculated according to procedures? Were the right questions asked?					1	
Certification Section VIII., A., 3.	<ul style="list-style-type: none"> <li>. Was the applicant asked? (a) How many people are in the family? (b) Who contributed to the income of the family?</li> </ul>					1	
Certification Section VIII., C., 3.	. Was income assessed according to the definition of family?					1	
Certification Section VIII.	<ul style="list-style-type: none"> <li>. Was proof of income verified at certification/re-certification?</li> </ul>					1	
	<ul style="list-style-type: none"> <li>. Did the clinic staff ask the applicant to report income for the entire family?</li> </ul>					1	
Certification Section VIII., B.	5. Does the clinic determine an applicant/participant to be income eligible based on presumptive eligibility requirements? Was a self-declared income required?					1	
<b>Comments:</b>							
<b>I. CLOSURE OF CERTIFICATION</b>							
Rights and Obligations Section I.	1. Was the applicant informed of the rights and obligations statement and the certification statement before signing?					1	
Certification Section XV., B., 18., g.	2. Was the applicant asked to make a selection of their preference in authorizing disclosure of sharing participant information?					5	
Certification Section VII.	3. Was the applicant offered the opportunity to have an alternate? If so, were procedures followed for documentation of alternates (i.e. Certification Form, Computer or Tickler					1	

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**CLINIC OBSERVATION**

	File)?						
<b>Comments:</b>							
<b>J. PARTICIPANT ACCOUNTABILITY</b>							
Administrative Section Three, XXVII.	1. Were there any noticeable bottlenecks that interfered with the clinic flow?					1	
	2. Is staff completing PARS for time accountability with clients?					1	
<b>Comments:</b>							
<b>K. WAITING LIST</b>							
Certification Section XXII., A.	1. Is there a current Waiting List since the last review? _____ <ul style="list-style-type: none"> <li>• If so, were procedures followed for maintaining a waiting list?</li> </ul>					1	
<b>Comments:</b>							

**NO PROOF MONITORING FORM**

- 90 – 100(10 Points S)
- 50 – 79( 5 Point U)
- 80 – 89( 7 Points SN)
- 0 – 49(0 Points U)

**CLINIC:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

In each clinic randomly select five (5) records, from the No Proof File, to review the following criteria:

CHART REVIEW - N/A _____ (check N/A if No Proof is not available for review time period)						
CRITERIA TO REVIEW						
<b>PARTICIPANT'S NAME</b>						
<b>CERTIFICATION DATE</b>						
<b>MISSING PROOF(S) - Check all that apply</b>	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	
COMPLETION OF NO PROOF FORM						
• Was the missing proof documented?						10
• Was the income information recorded?						10
• Was the reason for no documentation recorded?						10
• Was the list of family members applying completed?						10
• Was the applicant's signature and date recorded?						10
• Was the WIC representative's signature and date recorded?						10
<b>Comments:</b>					Possible Points - 60 Points Awarded -	
COMPLETION OF THE CERTIFICATION FORM						
1. Was "NP" recorded on the Certification Form for the missing proof?						10
2. Was self-declaration allowed and documented on the Certification form if income was the missing proof?						10
3. Did the income recorded on the No Proof form equal the income recorded on the Certification form?						10
<b>Comments:</b>					Possible Points - 30 Points Awarded -	
VALID USE						
1. Was the No Proof form used correctly?						10
<b>Comments:</b>					Possible Points -	

	10 Points Awarded -
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**TEMPORARY THIRTY (30) DAY CERTIFICATION RECORD REVIEW**

- |   |  |
|---|--|
| <input type="checkbox"/> 90 – 100(10Points S) | <input type="checkbox"/> 50 – 79( 5 Point U) |
| <input type="checkbox"/> 80 – 89(7Points SN)  | <input type="checkbox"/> 0 – 49(0 Points U)  |

**CLINIC:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Use one form per clinic in each clinic and randomly select five records from the Temporary Thirty (30) Day Certification Report to review the following criteria:

CHART REVIEW- N/A _____ (check N/A if Thirty-Day is not available for review time period)						
<b>PARTICIPANT'S NAME AND BIRTH DATE</b>						
<b>CERTIFICATION DATE</b>						
<b>MISSING PROOF(S) - Check all that apply</b>	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	
COMPLETION OF THE THIRTY-DAY FORM						
• Was the date recorded?						5
• Was the name, date of birth, address and telephone number completed?						5
• Was "You will be terminated from the Georgia WIC Program ..." checked?						5
• Was the date (that information is due back to the clinic) recorded?						5
• Was the type of proof(s) client is to bring back to the clinic checked?						5
• Were the date and the WIC Representative's signature completed?						5
• Was the Fair Hearing Section completed?						5
• Was the participant or parent/guardian/caregivers/alternate's signature completed?						5
• Was the WIC Representative's signature/title completed?						5
<b>Comments:</b>						<b>Possible POINTS – 45 POINTS Awarded -</b>
COMPLETION OF THE CERTIFICATION FORM						
• Was "NO" placed in the missing proof(s) field?						5
• If income was the missing proof, is self-declared income documented?						5
• Did the participant or parent/guardian/caregiver/alternate sign the WIC assessment form?						5
• Did the WIC Representative sign and date the WIC assessment form?						5
<b>Comments:</b>						<b>Possible POINTS – 20 POINTS Awarded -</b>

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<b>VOUCHER ISSUANCE</b>						
1. Was the participant issued only thirty (30) days of vouchers?						10
<b>Comments:</b>					<b>Possible POINTS – 10 POINTS Awarded -</b>	
<b>WITHIN THE THIRTY-DAY PERIOD</b>						
1. If the participant or parent/guardian/caregiver/alternate returned with the missing proof(s) was the actual document(s) presented recorded in the appropriate "UP" field and all adjustments made for income, residency, and identification?						5
2. Did the WIC Representative date and initial the updated adjustment and entered into the computer?						5
<b>Comments:</b>					<b>Possible POINTS– 10 POINTS Awarded -</b>	
<b>COMPLETION OF TERMINATION</b>						
<ul style="list-style-type: none"> <li>If the participant is income ineligible, was "You are being terminated from the Georgia WIC Program ..." checked on the Thirty (30)-Day Form?</li> </ul>						5
<ul style="list-style-type: none"> <li>Were the date and the WIC Representative's signature completed on the Thirty (30) -Day Form?</li> </ul>						5
<ul style="list-style-type: none"> <li>If the participant or parent/guardian/caregiver did not return with the missing proof(s), was the participant terminated in the computer system?</li> </ul>						5
<b>Comments:</b>					<b>Possible POINTS – 15 POINTS Awarded -</b>	

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**PROCESSING STANDARDS / PRENATAL MISSED APPOINTMENT LOGS REVIEW**

- 90 – 100(45 Points S)
- 50 – 79(30 Point U)
- 80 – 89(35 Points SN)
- 0 – 49(0 Points U)

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

Source for Participant Names: Log ___ System Printout ___ Random Names ___ Other _____ (specify)				
PROCESSING STANDARDS – PRENATAL MISSED APPOINTMENT SYSTEM/LOG REVIEW		Yes/No	Possible Points	Points Awarded
1. Is there a system/log available for documenting and tracking initial contact dates and Processing Standards? Was documented proof available to show Processing Standards are being met?			10	
2. Are online intake forms maintained in the clinic?			2	
3. Was the system/log completed in its entirety?			4	
4. Are Processing Standards being met for all WIC types?			10	
5. <b>Were prenatal contacted at least three times if appointments were missed?</b>			2	
6. If postcards are mailed to participants for any reason, are they in compliance with HIPPA regulations? (View postcards or other documents mailed)		2		
Comments:		Possible Points – 30 Points Awarded -		

PROCESSING STANDARDS CHART REVIEW					
(Check two charts for each WIC type)					
Participant Name	WIC Type	Initial Contact Date	Scheduled Appointment Date	Do Initial Contact Dates Match? (Certification Form & Log)	Were Processing Standards Met?
Comments:				Possible Points – 10 Points Awarded -	Possible Points – 15 Points Awarded -

PRENATAL MISSED APPOINTMENT REVIEW (check 5) – N/A _____						
(Check N/A if a prenatal did not miss a certification appointment for review time period)						
Participant Name	Initial Contact Date	Scheduled Appointment	Were Processing Standards Met?	Date of Contact to Reschedule Missed Appointment	Rescheduled Appointment Date	Were Processing Standards Met?
Comments:			Possible Points – 15 Points Awarded -		Possible Points – 15 Points Awarded -	Possible Points – 15 Points Awarded -

**CLINIC STAFF QUESTIONS**

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

- 90 – 100(20 Points S)
- 50 – 22(12 Points U)
- 80 – 89(16 Points SN)
- 0 – 49(0 Points U)

Name of Person Interviewed: \_\_\_\_\_

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
<b>A. ENVIRONMENT</b>							
Certification Section XXIV.	1. Are WIC services coordinated or integrated with other health department services?					1	
Emergency Plan Section V., A. and B.	2. If the clinic has power failure, what are your operating procedures?					1	
	3. Does the electronic door convert to a manual door in the event of a power failure?					1	
	4. Is there an established and effective means for staff to address questions pertaining to their job duties and responsibilities?					3	
<b>Comments:</b>							
<b>B. WAITING LIST</b>							
Certification Section XXII.	1. Do you have a waiting list?					1	
<b>Comments:</b>							
<b>C. SPECIAL POPULATION</b>							
Certification Section II., C. and VII., C., 3., I.	1. Are migrants being served?					1	
	2. Is the staff knowledgeable of procedures to complete migrant certifications?					5	
Special Population Section III., B.	3. Are the Language Lines interpreters or bilingual staff available for the LEP clients, if applicable?					5	
	4. Are waivers completed when the applicant or participant bring their own interpreter?					5	
<b>Comments:</b>							
<b>D. CERTIFICATION PROCEDURES</b>							
Certification Section	1. What is the definition of "family"?					1	

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VIII., C., 3.							
Certification Section VII.	2. Under what circumstances are alternates allowed to bring a child in for re-certification?					1	
Certification Section XVII., B.	3. Describe the process of accepting an out-of-state transfer (with a valid VOC card).					1	
Certification Section XXVI.	4. Do employees complete WIC certification or Referral forms with a home visit/hospital certification? (Request a copy of the procedures).					1	
Certification Section XXX.	5. How is the race of a participant determined?					1	
<b>Comments:</b>							
<b>E. CIVIL RIGHTS</b>							
Certification Section XXV.	1. How do you handle Civil Rights complaints?					10	
<b>Comments:</b>							
<b>F. APPOINTMENTS</b>							
	1. Do you contact all participants that miss a certification appointment? How are they contacted?					10	
Certification Section III., F.	2. Have special provisions been made for scheduling the Participants Who Work, Migrant or Rural Participants? Please explain your answer. (i.e. Saturdays or late clinic) Hours of Operation _____ Extended Hours _____					10	
Certification Section IV., A.	3. When is the next available appointment for a walk-in applicant requesting WIC benefits? Women(P) _____ Women(PP) _____ Women(B) _____ Infant _____ Child _____					15	
<b>Comments:</b>							
<b>G. PROCESSING STANDARDS</b>							
Certification Section IV., A.	1. What are the processing standards time					15	

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	frames for each category below? Prenatal _____ Breastfeeding _____ Postpartum _____ Infants _____ Children _____ Migrants _____						
Certification Section XIII.	2. Is the staff knowledgeable of certification periods? (Staff interviews) Women(P) _____ Women(B) _____ Women(PP) _____ Infant _____ Child _____				12		
<b>Comments:</b>							

**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

ADMINISTRATIVE MANAGEMENT EVALUATION							
(S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
Total Points for District Review _____							
<input type="checkbox"/> 23-25 Points (S) <input type="checkbox"/> 20-22 Points (SN) <input type="checkbox"/> 19- 0 Points (U)							
DISTRICT _____				DATE _____			
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
<b>A. EMPLOYEE RELATIVE FORM (VOUCHER ISSUANCE EMPLOYEES/FAMILY MEMBERS)</b>							
Certification Section III.,E	4. Are employees Disclosure forms completed in its entirety and kept on file at the District office?					6	
Comments:							
<b>B. PACKING LIST</b>							
Food Delivery V.,D.,2.	1. Are reconciled voucher Packing List received and stamped dated by the District within five days of clinic verification?					2	
Comments:							
<b>C. LOST/STOLEN/DESTROYED/VOIDED VOUCHER REPORT (MISSING VOUCHER/VPOD RECEIPT VPOD STOCK PAPER )</b>							
Compliance Analysis X.	1. Has the District Office received notice of any missing Manual/VMARS vouchers/VMARS receipts/VMARS stock paper from any WIC clinic since the last Program Review?					2	
Compliance Analysis X.	2. Are the Lost/Stolen/Destroyed/Voided Voucher reports completed in its entirety?					2	
Comments:							

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**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

<b>D. COMPLIANCE SELF REVIEWS</b>							
State Agency Monitoring II.,B	1. Was the Food Instrument Accountability Section completed in its entirety?					1	
Comments:							
<b>E. DUAL PARTICIPATION/PROGRAM ABUSE</b>							
Compliance Analysis III.,A.	1. Enter points from pre-review questions pertaining to program abuse					4	
Comments:							
<b>F.) MONTHLY REPORTS</b>							
Food Delivery XIV.,A.	Are findings from the override Report signed, dated and kept on file in the District Office?					3	
Food Delivery XIV.,A.	Are all monthly reports, reviewed at the district office (CUR, Bank Exception, etc.)					3	
	1.					2	
Comments:							

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**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

**CLINIC EVALUATION**

(S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)

- Total Points for Clinic Review**
- ☐ 205-216 Points (S)
  - ☐ 194-204 Points (SN)
  - ☐ 184-193 Points (U)
  - ☐ 0-183 Points (U)

CLINIC		DATE						POSSIBLE POINTS	POINTS AWARDED
REFERENCE	AREAS OF REVIEW	S	SN	U	NA				
<b>A. RECONCILED PACKING LIST</b>									
Food Delivery V.,D.,1.	1. Is the Packing List verified, signed, and dated?						2		
Food Delivery V.,E.	2. Are Packing List serial numbers recorded on the Manual Voucher Inventory Logs within three days of receipt?						2		
Food Delivery VI.,A.	3. Was the computer screen printed and stapled to the corresponding Packing List to show date of entrance is within three days of receipt?						2		
Food Delivery VI.,D.1.	4. Are any Packing List missing?						3		
Comments:									
<b>B. MANUAL VOUCHER INVENTOY LOG</b>									
Food Delivery V.,E.	1. Is the log completed in its entirety on all vouchers?						5		
Food Delivery V.E.,1.	2. Are responsible WIC staff initials present on the Manual Inventory Log(s)?						5		
Food Delivery V.,E.	3. Are the beginning and ending numbers documented correctly on the log(s)?						5		
Food Delivery D.,E.	4. Are received Manual Vouchers recorded within three days of receipt, initialed, and verified by a second responsible WIC staff person?						5		
Comments:									
<b>C. MANUAL VOUCHER PHYSICAL INVENTORY</b>									
Food Delivery V.,E.2.	1. Are the Physical Inventories conducted/verified monthly and match the inventory log?						5		

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**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

Food Delivery V.,E.2.	2. Does the Manual Voucher Inventory Log contain second verifying initials for physical inventory?					2	
Food Delivery II.,C.	3. Does the clinic have an adequate supply of preprinted standard and blank Manual Vouchers?					3	
Food Delivery V.,E.2.	4. Are any Manual Vouchers missing?					5	
	5. Does the clinic have an adequate supply of preprinted TADS?					3	

Comments:

**D. MANUAL VOUCHER COPIES**

Food Delivery V.,G.2.	1. Are Manual Voucher copies filed in serial number order?					2	
Food Delivery V.,F.	2. Are any Manual Voucher Copies Missing?					5	
Food Delivery V.,F.	3. Have vouchers been altered with write over's or scratch-outs?					3	
Food Delivery V.,F.	4. Were Manual Voucher copies submitted to CSC for processing?					3	
Food Delivery V.,3.	5. Are Manual Vouchers completed accurately? (Demographics, appropriate food quantities and/or unassigned blocks marked with an "X"?)					5	
Food Delivery III.,B.,2.	6. Does the Manual Vouchers contain the correct ID proof codes and/or any missing participant's signatures?					3	

Comments:

**E. VOUCHER OVERRIDE REPORTS**

Food Delivery VI.,D.	1. Are voucher override reports <span style="background-color: yellow;">signed, dated,</span> maintained in the clinic and a copy sent to the district?					3	
Food Delivery VI.,D.	2. Are voucher override request approved by an authorized manager?					3	

Comments:

**F. VOUCHER MANAGEMENT AND REPORTING SYSTEM (VMARS) RECEIPTS**

Food Delivery IV.,D.,4.	1. Are receipts filed in serial number order, missing or misfiled?					6	
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**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

Food Delivery IV.,D.,1.	2. Do receipts contain the correct ID proof codes and/or any missing participant signatures?  3. <b>Did the receipts contain more than 1% "Failed to Sign"?</b>					5  <b>2</b>	
Food Delivery VI.,C.	4. Are voided vouchers stamped "void" and attached to the receipts?					3	
<b>Food Delivery V.,H.</b>	5. <b>Are voided vouchers due to food package change attached to the current replacement receipt or documentation if no vouchers are attached?</b>					<b>3</b>	
Comments:							
<b>G. DAILY ACTIVITY REPORTS</b>							
Food Delivery VI.,C.	1. Are Daily Activity Reports maintained correctly (gaps, missing numbers, signatures, columns or dates)?					<b>3</b>	
Food Delivery VI.,E.	2. Are vouchers that did not print entered into the system as void and reconciled with the Daily Activity Report.					<b>3</b>	
Comments:							
<b>H. SECURITY MEASURES</b>							
Compliance Analysis XII.,A.1.	1. During office hours, are vouchers securely stored or in the possession of authorized staff?					2	
Compliance Analysis XII.,A.1.	2. Is the key properly secured at all times only with authorized WIC personnel? <b>Are the keys stored in a secure location within the clinic?</b>					<b>7</b>	
Compliance Analysis XI.,C.,2.	3. Are <b>Manual</b> vouchers and VMARS stock paper <b>stored in a secure location</b> separately from ID cards and voucher receipts?					<b>5</b>	
Food Delivery III.E.	4. a. <b>Was the monthly physical inventory of the VMARS stock paper maintained?</b>  b. Did staff use VPOD/VMARS stock paper in the order that it was received: first in, first out?					<b>5</b>  <b>3</b>	
Compliance Analysis	5. Are WIC ID cards securely stored separately from the WIC Stamp?					2	

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**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

XI.,C.,2.							
Compliance Analysis XI.C.	6. Are WIC ID cards pre-stamped?					1	
Compliance Analysis XII.,B.	7. What security measures are currently in place to prevent voucher theft by participants?					1	
Compliance Analysis XII.,E.	8. Are manual vouchers borrowed within the district? If yes, how are they transported and by whom? (See transportation method).					1	
Compliance Analysis XII., E.	9. If vouchers are issued to participants in the home and/or hospital sites, how are they delivered and by whom?					1	
	10. Are any old or out of date voucher batches logged in the system?					3	
	11. Was the computer system functioning properly?					3	
	12. Are the computers accessible to client traffic?					3	
	13. Are the printers accessible to client traffic?					3	
Comments:							
<b>I. PRORATING /VOUCHERS ISSUANCE</b>							
Food Delivery VIII.	1. Were vouchers prorated accordingly for late voucher pick up and categorically ineligible participants?					3	
Food Delivery III.,A.	2. Were vouchers over issued to Prenatal women who are due for certification? <b>(Vouchers issued in excess during the prenatal period for forty-five day increments beyond their date of delivery).</b>					3	
Food Delivery III.,A.	3. Were vouchers issued to participants past the certification due date without a current certification completed?					3	
Comments:							
<b>J. LOCAL AGENCY POLICIES</b>							
Compliance Analysis	1. Are Employee Disclosure Forms completed accurately, and kept on file at the clinic?					3	

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**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

III.,E.							
Food Delivery III., F.	2. Were procedures appropriately applied for WIC certifications and voucher issuance? (See Form 2-Chart Review for point assignment for this question)					<b>15</b>	

**CLINIC STAFF INTERVIEW QUESTION**

Name of Person Interviewed: \_\_\_\_\_

Certification Section	LOCAL AGENCY POLICIES						
III., E.	1. What is your policy for issuing vouchers to employees/family members?					1	
	2. Has staff encountered difficulties in accessing client data necessary to perform their job?					2	
	3. Does the process of searching for a client operate as it should?					1	
	4. Does the staff have access to GWIS?					2	
	5. Does the staff use GWIS efficiently?					2	
	6. Are password kept confidential?					2	
	7. Was the user list current for computer access? Were any past employees listed in the system?					2	

Comments:

**K. VOUCHER ISSUANCE (RECERT OVERDUE)**

Food Delivery III.,A.	1. Are any participants issued vouchers past certification overdue date without a current certification completed? (See Form 1-Record Review for point assignment for this question)					<b>5</b>	
Food Delivery III.,A.	2. Was current certification processed and sent to CSC? (See Form 1-Record Review for point assignment for this question)					<b>5</b>	

Comments:

**L. (IF APPLICABLE) CUR VOUCHER ISSUANCE PROCEDURES**

	1. Were the appropriate transactions applied for WIC certifications?					<b>2</b>	
--	--	--	--	--	--	----------	--

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**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

Food Delivery XIV.	2. Are vouchers issued to participants who were terminated for thirty-day issues and/or categorically ineligible? (See Form 3- Record Review for point assignment for this question)					4	
Food Delivery XIV.	3. Are vouchers issued to participants without a valid certification processed with CSC? (See Form 3- Record Review for point assignment for this question)					4	

Comments:

**M. PARTICIPANT ABUSE/DUAL PARTICIPATION**

Compliance Analysis III.,C.	1. Did the participant receive notice of repayment, suspension and/or termination?					3	
Compliance Analysis III.,C.	2. Were participant's that were found to be in violation of the Georgia WIC Program terminated for a period of one year?					3	
	3. a. Does the clinic maintain the monthly Dual Participation/ Intentional Program Violators Clinic Listings to prevent certifications and/or voucher issuance to dual participants?  b. Did the staff send a copy of the paperwork to OIG for any client who tried to be placed on two programs?					1  1	

Comments:

**N. OBSERVATION OF DUAL PARTICIPATION**

**Name of Person Observed:** \_\_\_\_\_

Rights and Obligation Section I.	1. Did staff emphasize dual participation during certification?					5	
---	---	--	--	--	--	---	--

Comments:

**O. LOST/STOLEN/DESTROYED VOUCHER REPORT**

Compliance Analysis XI.,C.	1. Were Lost/Stolen/Destroyed Voucher Reports completed in its entirety for vouchers that were security destroyed, lost, or damaged?					4	
Compliance Analysis	2. Was the Lost/Stolen/Destroyed Voucher Report sent to the district office and Georgia WIC Program					1	

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**FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET**

XI.,C.	within five days of completion?								
Comments:									

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**RE-CERT OVERDUE RECORD REVIEW FORM**

Select a random sample of at least ten (10) records for which the following message "RECERT OVERDUE MMDDYY" appears and to whom vouchers were issued. It is important that six-week postpartum women be in the sample.

- 9 – 10 (10 Points S)
- 7 – 8 (8 Points SN)
- 0-6(0 Points U)

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

CHART REVIEW - N/A \_\_\_\_\_ (check N/A if Recert Overdue is not available for review time period)

**100% compliance = Available Possible points for each criteria.**

PARTICIPANT'S NAME								%	Possible Points	Points Awarded
WIC STATUS									10	
<b>DEMOGRAPHICS</b>										
<b>Comments:</b>										
<b>CERTIFICATION DATES</b>										
1. Were the participant's delivery and/or EDC date recorded?									1	
2. What is the participant's re-cert due date?									2	
3. What is the participant's re-certification date?									1	
<b>Comments:</b>										
<b>VOUCHER ISSUANCE</b>										
4. Was the participant issued vouchers past the certification overdue date without a current certification completed?									4	
5. Was current certification processed and sent to CSC?									2	
<b>Comments:</b>										



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or process certification for themselves and/or family member?								
<b>Comments:</b>								

**CUR REPORT RECORD REVIEW**

Select a random sample of at least ten (10) records from the most recent CUR Part II

- 9 – 10 (10 Points S)
- 7 – 8 (8 Points SN)
- 0-6(0 Points U)

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

**CHART REVIEW - N/A** (check N/A if CUR Report is not available for review time period)

100% compliance = Available Possible points for each criteria.								
PARTICIPANT'S NAME						%	Possible Points	Points Awarded
WIC STATUS							10	
<b>DEMOGRAPHICS</b>								
1. Were the appropriate transaction applied for WIC certifications?							2	
Comments:								
<b>CERTIFICATION PROCEDURES</b>								
2. Was valid certification processed and sent to Covansys?							2	
Comments:								
<b>VOUCHER ISSUANCE</b>								
3. Were vouchers issued to a categorically ineligible participant?							3	
4. Were vouchers issued to a participant who was terminated for thirty-day issues?							3	
Comments:								

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**NUTRITION UNIT MONITORING TOOL**

<b>Nutrition Services: 445 points or 44.5% of Total Program Review Score</b>				
A)	District Nutrition Office		Points Available for Each Section	Score Based on Points available in this section / Total Nutrition points available (445)
		Secondary Nutrition Education Provided: <ul style="list-style-type: none"> <li>• Low Risk Secondary Nutrition Education</li> <li>• High Risk Secondary Nutrition Education</li> </ul> Breastfeeding Promotion and Support: Tailoring Breastfeeding Food Packages:	50 (25) (25) 25 15	11.23%   5.61% 3.37%
		District Created Food Packages (999 Review): Nutrition Education Materials: District Self Reviews "Nutrition": Orientation Checklist: Continuing Education: (% Meeting Standard):	15 15 15 10 20	3.37% 3.37% 3.37% 2.24% 4.49%
<b>Section Total:</b>			<b>165</b>	<b>37.07%</b>
B)	<b>(Clinic)</b> Breastfeeding	Chart Review Percentage for Documentation: Encouragement to Breastfeed: Clinic Environment Supportive of Breastfeeding: Breastfeeding Referral System in Place: Breastfeeding Equipment:	30	6.74%
<b>Section Total:</b>			<b>30</b>	<b>6.74%</b>
C)	<b>(Clinic) -</b> Clinic Observation	Nutrition Education Observation: (Certifications, low and high risk secondary nutrition education contacts): Anthropometric Equipment / Hematological Equipment: Anthropometric Observation: Hematological Observation:	100 10 5 5	22.47% 2.24% 1.12% 1.12%
<b>Section Total:</b>			<b>120</b>	<b>26.95%</b>
D)	<b>(Clinic)</b> Food Package	Formula Tracking Log & State Ordered Formula Tracking Log: High Risk / Special Formulas/Medical Documentation:	15 15	3.37% 3.37%
<b>Section Total:</b>			<b>30</b>	<b>6.74%</b>
E)	<b>(Clinic)</b> Record Review	Record Review Summary - 100 Points Total per Chart. Highlighted Red OR Highlighted Black - Requires Corrective Action Training: <ul style="list-style-type: none"> <li>- One clinic average &lt;90% requires clinic specific training</li> <li>- Two highlighted clinics &lt;100% requires clinic specific training</li> <li>- Three or more highlighted clinics &lt;100% requires district-wide training</li> <li>- District-wide average &lt;90% requires district-wide training</li> </ul>	100	22.47%
<b>Section Total:</b>			<b>100</b>	<b>22.47%</b>
<b>Total Points Available (from each section above):</b>			<b>445</b>	<b>100%</b>

**NUTRITION UNIT MONITORING TOOL**

**OFFICE OF NUTRITION / WIC PROGRAM REVIEW  
NUTRITION CLINIC INTERVIEW QUESTION FORM**

**Date:**

**Notes:**

**Clinic Program Review Notes:**

**Note: District, Clinic, and Office of Nutrition review questions are completed for background tracking and education.**

<b>CLINIC REVIEW QUESTIONS</b>	
<b>AREAS OF REVIEW</b>	<b>COMMENTS</b>
<b>I. FOOD PACKAGE ASSIGNMENT</b>	
<b>A.</b> How are food packages assigned to meet participant needs?	Food Package Section (III, IV, V, VI)
<b>B.</b> Describe the protocol for infant food package changes from the contract formula to a non-contract formula.	FP (II)
<b>C.</b> What procedures are used for obtaining and tracking the use of prescription formulas/medical foods, and providing follow-up for participants on special formulas/medical foods?	FP (IV & VIII)
<b>II. NUTRITION EDUCATION</b>	
<b>A. Participant Nutrition Education Contacts</b>	NE (VI)
1. Describe the system used to provide two (2) nutrition education contacts for each six (6) month certification period or quarterly for certification greater than 6 months.	
2. Describe the method used to document secondary nutrition education contacts.	NE (VI)
3. Describe how failed secondary nutrition education contacts are documented.	NE (VI)
4. List nutrition references used by your District. (e.g., ADA Nutrition Care Manual)	BF (V) Gives examples for BF NE section

NUTRITION UNIT MONITORING TOOL

CLINIC REVIEW QUESTIONS	
AREAS OF REVIEW	COMMENTS
5. Describe the system used to document secondary nutrition education contacts to participants identified as high risk.	NE (VI)
B. Nutrition Education Materials	NE section (VIII)
1. Describe the process for requesting and or replenishing nutrition education materials.	
2. Are materials available that meet the needs of specific population groups? Describe how the materials available meet their needs.	NE section (VIII)
<b>III. Breastfeeding Promotion and Support</b>	
A. <u>Encouragement to Breastfeed</u>	BF (IV & V)
Describe how breastfeeding is encouraged and documented during the prenatal period. <ul style="list-style-type: none"> <li>Take into consideration individual contacts, prenatal/breastfeeding classes, or other (Please specify.)</li> </ul>	
B. <u>Breastfeeding Education and Training</u>	
1. Describe how you kept abreast about current breastfeeding information.	BF (IV)
2. Describe the referral system for participants who request additional support/information or who require more in-depth counseling or assistance on breastfeeding.	BF (IV)
3. Describe how your clinic creates a supportive breastfeeding friendly atmosphere.	BF (IV)

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation						
Nutrition Unit						
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)						
DISTRICT: _____			DATE: _____			
REFERENCE:	AREAS OF REVIEW					
A. <u>Secondary Nutrition Education Provided:</u>	S	SN	U	NA	Possible Points	Points Awarded
<b>NE (VI), CT Attachment VI</b>  • % estimated from Program Review chart review OR • District Total % from CSC data when available (Calculated from latest FFY total cumulative percentage)	Secondary Nutrition Education Overall Rating:				50	
	1. Low Risk Secondary Nutrition Education Rate from Electronic Documentation. ____ %. 2. Calculate points by multiplying % secondary nutrition rate time 25.				25	
	• 90-100% (S) • 80-89.9% (SN) • <80% (U)					
	3. High Risk Secondary Nutrition Education Rate from Electronic Documentation. ____ %. 4. Calculate points by multiplying % high risk secondary education nutrition rate time 25.				25	
• 90-100% (S) • 80-89.9% (SN) • <80% (U)						
<b>Comments:</b>						
B. <u>Breastfeeding Promotion and Support:</u>	S	SN	U	NA	Possible Points	Points Awarded
<b>BF (IV, V)</b>	Breastfeeding Promotion and Support Overall Rating:				25	
	3. Assigned District Breastfeeding Coordinator a full-time position. • 1+ FTE = 4 points • 80-99% FTE = 3 points • 60 -89% FTE = 2 points • 40 – 59% FTE = 1 point • < 40% FTE = 0 point (Adjustment made based on caseload)				4	
	4. District Breastfeeding Coordinator is a Certified Lactation Counselor (CLC) or International Board Certified Lactation Consultant (IBCLC). • 2 points = IBCLC, 1 point=CLC, neither = 0				2	
	3. All staff interacting with WIC participants (CPAs, Nutrition Assistants, Peer Counselors, Clerical) received breastfeeding continuing education yearly.				5	

**NUTRITION UNIT MONITORING TOOL**

Administrative Management Evaluation												
Nutrition Unit												
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)												
DISTRICT: _____				DATE: _____								
REFERENCE:	AREAS OF REVIEW											
	4. Peer Counselors received 12 hours of continuing education yearly.					2						
	5. District: a. Maintains a perpetual inventory of all breast pumps and kits. b. Follows state policies and procedures for issuing pumps.					2						
	6. Has the local agency developed a breastfeeding resource list for prenatal and breastfeeding women?					1						
	7. Breastfeeding Dyad Report: District reviewing and updating Breastfeeding Dyad Reports.					4						
	8. Breastfeeding Plan: a. Submitted on time b. Covers all required elements					3						
Comments:												
C. Tailoring Breastfeeding Food Packages						S	SN	U	NA	Possible Points	Points Awarded	
	Tailoring Breastfeeding Food Packages										15	
	1. Percent of Mostly Breastfeeding Packages > 10% of contract formula packages are a mostly breastfeeding package										5	
	2. Percent of Fully Formula Packages < 85% of contract formula packages are a fully formula package										5	
	3. Percent of Infants Exclusively Breastfed > 9% of all infant food packages are Exclusively Breastfeeding Packages										5	
Comments:												
D. District-Created 999 Food Package Review:						S	SN	U	NA	Possible Points	Points Awarded	
FP (II), Attachments 23-31	District-Created 999 Food Package Review Overall Rating:										15	
	1. District / Clinic created food packages available for review?										2	
	2. Food packages followed existing state and federal guidelines (descriptions)?										2	
	3. Food packages issued within existing minimums and/or maximums?										6	

**NUTRITION UNIT MONITORING TOOL**

Administrative Management Evaluation							
Nutrition Unit							
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)							
DISTRICT: _____				DATE: _____			
REFERENCE:	AREAS OF REVIEW						
	4. Designated coordinator for District created food packages and approval process. (Best Practice)				3		
	5. District 999 food packages cover all of the packages needed by the clinics.				2		
Comments:							
E. <u>Nutrition Education Materials / Class Outlines:</u>		S	SN	U	NA	Possible Points	Points Awarded
NE (VIII)	Nutrition Education Materials / Class Outlines Overall Rating:					15	
	1. Class outlines available for review and include learning objectives.					2	
	2. All participant groups represented by available nutrition education materials (Women / Infant / Child). *When applicable- some clinics serve only specific populations.					3	
	3. All District created Nutrition Education materials for meeting nutrition education guidelines. (Current non-discrimination statement on all district created materials)					3	
	4. Appropriate and adequate variety of nutrition education materials available to meet participant category needs? (English, Spanish, low literacy, other)					2	
	5. All District created materials were approved by the Nutrition Unit and DPH.					3	
	6. Available nutrition education resources for emergencies. A. Food Safety B. Food Preparation C. Safe Water Supply D. General Sanitation					2	
Comments:							
F. <u>District Self Reviews "Nutrition":</u>		S	SN	U	NA	Possible Points	Points Awarded
NE (VI)	District Self Reviews "Nutrition":					15	

**NUTRITION UNIT MONITORING TOOL**

Administrative Management Evaluation												
Nutrition Unit												
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)												
DISTRICT: _____				DATE: _____								
REFERENCE:	AREAS OF REVIEW											
	1. District Self Reviews completed as required. <ul style="list-style-type: none"> <li>A. Summary of findings available for all clinics reviewed. (5 Points)</li> <li>B. Chart Review - <b>at least 10 per clinic</b> (2 Points)</li> <li>C. High Risk Chart Review (2 Points)</li> <li>D. Observations (Individual / Group) (2 Points)</li> <li>E. Breastfeeding Friendly Clinic (2 Points)</li> <li>F. Equipment / Formula Log / Nutrition Materials (2 Points)</li> </ul>						15					
<b>Comments:</b>												
G. <u>Orientation Checklist:</u>						S	SN	U	NA	Possible Points	Points Awarded	
<b>NE (V)</b>	Orientation Checklist Overall Rating:										<b>10</b>	
	1. District CPA orientation includes all components of the "State Orientation Checklist"?										<b>2</b>	
	2. Checklists on file for all CPAs hired since last program review										<b>4</b>	
	3. All components completed, initialed and checklist signed.										<b>4</b>	
<b>Comments:</b>												

**NUTRITION UNIT MONITORING TOOL**

Administrative Management Evaluation							
Nutrition Unit							
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)							
H. <u>Continuing Education:</u>		S	SN	U	NA	Possible Points	Points Awarded
<b>NE (V), Attachment NE-6</b>	Continuing Education Overall Rating for: (CPA's / NA's / BPCs)					18	
	Nutrition Assistant Observations					2	
	<b>1. % of CPA's Meeting Minimum Standard</b>					1. _____%	
	Information Needed: a. Total number of CPA's evaluated for continuing education? b. Number of CPA's that received the required 12 hours of nutrition specific continuing education? c. Number of CPA's that received less than the required 12 hours of nutrition specific continuing education? d. Calculate the District average for CPA's receiving the required Nutrition Specific Continuing Education.  Total CPA's meeting requirements ÷ CPA's = % of CPA's Meeting Minimum Standard						
	<b>Districts with Nutrition Assistants:</b>					2. _____%	
	2. % of CPA's & Nutrition Assistants (NA) Meeting Minimum Standard						
	Information Needed: a. Total number of CPA's & NA's evaluated for continuing education? b. Number of CPA's & NA's that received the required 12 hours of nutrition specific continuing education? c. Number of CPA's & NA's that received less than the required 12 hours of nutrition specific continuing education? d. Calculate the District average for CPA's & NA's receiving the required Nutrition Specific Continuing Education.  Total CPA's & NA's meeting requirements ÷ CPA's & NA's = % of CPA's & NA's Meeting Minimum Standard						
	<b>How to Assign Points:</b> Total CPAs + NAs meeting requirements ÷ total number of CPAs + NAs = % of staff meeting minimum continuing education standard. Points assigned based on this percentage.					<ul style="list-style-type: none"> <li>• 90-100% 18 Points (S)</li> <li>• 80-89% 14 Points (SN)</li> <li>• 0-80% No Points (U)</li> </ul>	
1. Were observations conducted as required for NA's? Subtract 2 points if observations were not conducted as required.					<ul style="list-style-type: none"> <li>• <b>2 points</b> (If NA points automatically added to total)</li> </ul>		
<b>Comments:</b> (Required - 12 hours of nutrition specific continuing education yearly.)							

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation										
Nutrition Unit										
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)										
I. <u>Breastfeeding Clinic Evaluation:</u>					S	SN	U	NA	Possible Points	Points Awarded
Assign points for each clinic for each criteria, then average for clinic points for Points Awarded										
Total Points Satisfactory 18 – 20 points Satisfactory Needs Improvement 15 – 17 points Unsatisfactory < 15 points										
<ul style="list-style-type: none"> <li>• NE (IV, V)</li> <li>• BF (IV, V)</li> </ul>	Breastfeeding Clinic Evaluation Overall Rating:								30	
	1. Encouragement to Breastfeed - <ul style="list-style-type: none"> <li>• Establish a clinic environment that clearly supports breastfeeding; breastfeeding friendly posters, bulletin boards, cups, pens, badge holders displayed throughout? <b>No formula messaging.</b></li> </ul>								5	
	2. Women Encouraged to breastfeeding during their pregnancy. (chart review) <ul style="list-style-type: none"> <li>• 90 – 100% - 3 points</li> <li>• 80 – 89% - 2 points</li> <li>• 70 – 79% - 1 point</li> </ul>								3	
	3. Breastfeeding weeks documented correctly. (chart review) <ul style="list-style-type: none"> <li>• 90 – 100% - 2 points</li> <li>• 80 – 89% - 1 points</li> </ul>								2	
	4. Designated private space for nursing mothers. <ul style="list-style-type: none"> <li>• Special Designated room – 5 points</li> <li>• Shared space with breastfeeding space in room - 4 points</li> <li>• Shared space with no breastfeeding accommodations – 3 points</li> <li>• Space made available on request – 2 points</li> <li>• No or inappropriate space – 0 points</li> </ul>								5	
	5. Breastfeeding Peer Counselors (PC) available to provide additional support to prenatal and breastfeeding women. <ul style="list-style-type: none"> <li>• PC has regular hours at clinic – 4 points</li> <li>• PC women at clinic on a “as needed basis” – 3 points</li> <li>• PC available on referral basis - 2 points</li> <li>• No PC coverage – 0 points</li> </ul>								4	
	6. Prenatal /breastfeeding classes offered.								4	

**NUTRITION UNIT MONITORING TOOL**

Administrative Management Evaluation						
Nutrition Unit						
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)						
	<ul style="list-style-type: none"> <li>Classes available on site or via videoconferencing – 4 points</li> <li>Breastfeeding class content provided on an individual basis separate from certification – 4 points</li> </ul>					
	7. Breastfeeding Referral System - <ul style="list-style-type: none"> <li>Clinic level staff accurately described district referral system. (Prenatal or breastfeeding woman needing additional support are referred to the designated breastfeeding person; Breastfeeding Coordinator, Nutritionist, Nurse, Peer Counselor.)</li> </ul>				3	
	8. Breastfeeding Equipment – <ul style="list-style-type: none"> <li>Clinic staff are following policies and procedures for issuing breast pumps</li> </ul>				2	
	<ul style="list-style-type: none"> <li>Clinic is maintaining an inventory of all breast pumps and kits</li> </ul>				2	
<b>Comments:</b>						

NUTRITION UNIT MONITORING TOOL

**Administrative Management Evaluation  
Nutrition Services Unit – Clinic Review**

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

<b>J. Nutrition Education Observation:</b>		<b>S</b>	<b>SN</b>	<b>U</b>	<b>NA</b>	<b>Possible Points</b>	<b>Points Awarded</b>
	Nutrition Education Overall Rating:					100	
	1. Individual and Group observations are scored at 100 points for each observation. 2. An average score of all observations conducted in a clinic will determine that clinic's score. 3. Average all observation (certification, low risk/class and highrisk) scores to determine the district nutrition observation score. 4. Observation points is the average district score.  <u>Total Points</u> <ul style="list-style-type: none"> <li>• 90-100% (S)</li> <li>• 80-89.9% (SN)</li> <li>• &lt; 80% (U)</li> </ul>						
<b>Comments:</b>							

NUTRITION UNIT MONITORING TOOL

<b>CLINIC OBSERVATION: CERTIFICATION VISIT</b>						
DATE: _____ CLINIC: _____ REVIEWER: _____						
Time estimated for total contact: _____ Time estimated for NE contact: _____						
Participant status (Individual): P <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> C <input type="checkbox"/>						
<b>AREAS OF REVIEW</b>						
<b>A. Establishing and Maintaining Rapport 10 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>N A</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Made eye contact (when culturally Appropriate).					1	
2. Displayed respect for other cultures and used translator appropriately.					2	
3. Used appropriate non-verbal communication.					2	
4. Ensured privacy (quiet enough to talk, adequate space, closed door, unobstructed view of participant)					1	
5. Expressed appreciation for participant's time, discussed the follow-up plan; used praise and encouragement					4	
<b>B. Accuracy of Assessment &amp; Certification 15 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>N A</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Asked probing questions to clarify and understand information on the Nutrition Questionnaire.					5	
2. Correctly identified, documented, and reviewed all Nutrition Risks.					5	
3. Correctly assessed, plotted and counseled related to anthropometric measurements.					5	
<b>C. Counseling Skills/Topics Covered 30 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>N A</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Asked open- ended questions to gain information and insight about participant's concerns and feelings related to the nutrition assessment 5 – points = Always 4 – points = Frequently 3 – points = Sometimes 2 – points = Rarely 0 – point = Never					5	
2. Utilized reflective listening skills to clarify what was heard and assure understanding (frequency) 5 – points = Always 4 – points = Frequently 3 – points = Sometimes 2 – points = Rarely 0 – point = Never					5	
3. Evaluated progress/success towards previous goal(s) set.					5	
4. Asked permission prior to sharing their concerns with the participant.					5	
5. Mandatory referrals (Medicaid, TANF, SNAP) and appropriate referrals (Children's First, Immunizations, Housing Authority, Food Bank, Dental, MD, etc.) are made.					5	
6. Mandatory exit topics covered.					5	
<b>D. Goal Setting 25 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>N A</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Worked with participant to create achievable goal(s) using client's ideas and language including identification of strengths or barriers to achieving the goal.					10	
2. Assured the participant verbalized their goal prior to leaving.					10	
3. Goals documented match the goal that was worked on during the assessment and are in SMART format					5	
<b>E. Accuracy of Nutrition Education and Counseling 20 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>N A</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Shared findings about weight gain, weight loss or growth rate appropriately and accurately including using appropriate tools.					5	
2. Shared findings about nutrition risk factors appropriately and accurately including using appropriate tools.					5	
3. Provided accurate nutrition education and appropriately documented education provided.					5	
4. If nutrition education materials were provided, they matched to the specific education of the session or were referenced during the session.					5	
<b>Total Score:</b>					100	
<b>Comments:</b>						

NUTRITION UNIT MONITORING TOOL

**CLINIC OBSERVATION: LOW RISK INDIVIDUAL OR CLASS NUTRITION EDUCATION SESSION**

DATE: \_\_\_\_\_ CLINIC: \_\_\_\_\_ REVIEWER: \_\_\_\_\_

Time estimated for total contact: \_\_\_\_\_ Time estimated for NE contact: \_\_\_\_\_

Participant status (Check all that apply): P  B  N  I  C

Format: Class  Individual

Provider: Competent Professional Authority  Nutrition Assistant

A. Low Risk Nutrition Education Session 100 Points	S	SN	U	N A	Points Available	Points Awarded
1. Had outline of topic and related questions/used topic suggested by participants. (Nutrition Assistant <b>must</b> have outline for topics and related questions on file)					10	
2. Made introduction of self and topic of discussion.					5	
3. Invited questions and encouraged participation.					10	
4. Remained courteous, respectful, and non-judgmental.					5	
5. Used open ended questions and reflective listening to facilitate participation including the use of praise and encouragement. 20 – Throughout session 15 – Frequently during session 10 – Sometimes during session 5 – Rarely during session 0 – Never during session					20	
6. a.) Provided accurate nutrition education information and appropriate materials. b.) When unable to address the area of participant concern refer to appropriate health professional.					10	
7. Displayed respect for other cultures a.) appropriate use of translator b.) appropriate eye contact c.) appropriate time management d.) appropriate greetings and use of titles e.) other cultural concerns when appropriate					10	
8. Used summary and closing.					10	
9. Evaluation of learning utilized.					10	
10. Documented education in the electronic medical record.					10	
<b>Total Score:</b>					100	

Comments:

NUTRITION UNIT MONITORING TOOL

<b>CLINIC OBSERVATION: HIGH RISK NUTRITION EDUCATION SESSION</b>						
DATE: _____ CLINIC: _____ REVIEWER: _____						
Time estimated for total contact: _____ Time estimated for NE contact: _____						
Participant status (Individual): P <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> C <input type="checkbox"/>						
<b>AREAS OF REVIEW</b>						
<b>A. Establishing and Maintaining Rapport 10 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>NA</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Made eye contact (when culturally Appropriate).					1	
2. Displayed respect for other cultures and used translator appropriately.					2	
3. Used appropriate non-verbal communication.					2	
4. Ensured privacy (quiet enough to talk, adequate space, closed door, unobstructed view of participant)					1	
5. Expressed appreciation for participant's time, discussed the follow-up plan; used praise and encouragement					4	
<b>B. Accuracy of Assessment 15 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>NA</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Asked probing questions to clarify and understand information					5	
2. Correctly identified, documented, and reviewed all appropriate nutrition risks for discussion.					5	
3. Correctly assessed, plotted and counseled related to anthropometric measurements from recall or obtained measures if appropriate.					5	
<b>C. Counseling Skills/Topics Covered 30 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>NA</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Asked open- ended questions to gain information and insight about participant's concerns and feelings related to the nutrition assessment 7 – points = Always 6 – points = Frequently 4 – points = Sometimes 1 – points = Rarely 0 – point = Never					7	
2. Utilized reflective listening skills to clarify what was heard and assure understanding (frequency) 7 – points = Always 6 – points = Frequently 4 – points = Sometimes 1 – points = Rarely 0 – point = Never					7	
3. Evaluated progress/success towards previous goal(s) set.					5	
4. Asked permission prior to sharing their concerns with the participant.					6	
5. Appropriate referrals are made related to nutrition risks.					5	
<b>D. Care Plan (Includes SOAP/ADIME Note) 25 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>NA</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Assessment/Diagnosis – participant concerns, diet, food, formula, high risk criteria, and/or physical activity.					10	
2. Intervention – Nutrition education and counseling related to assessment and high risk criteria; when appropriate changes to the WIC food package.					10	
3. Monitoring/Evaluation – Summary and follow-up plan discussed.					5	
<b>E. Accuracy of Nutrition Education and Counseling 20 Points</b>	<b>S</b>	<b>SN</b>	<b>U</b>	<b>NA</b>	<b>Points Available</b>	<b>Points Awarded</b>
1. Shared findings about weight gain, weight loss or growth rate appropriately and accurately including using appropriate tools.					5	
2. Shared findings about nutrition risk factors appropriately and accurately including using appropriate tools.					5	
3. Provided accurate nutrition education (including education about food package changes) and appropriately documented education.					5	
4. If nutrition education materials were provided, they matched to the specific education of the session or were referenced during the session.					5	
<b>Total Score:</b>					100	
<b>Comments:</b>						

NUTRITION UNIT MONITORING TOOL

K. Anthropometric & Hematological Equipment:		S	SN	U	NA	Possible Points	Points Awarded
Looking for:	Anthropometric & Hematological Equipment					10	
<b>Anthropometric:</b>	Overall Rating:						
<ul style="list-style-type: none"> <li>Mounting error ¼ inch or larger for length or height boards.</li> <li>Scales not calibrated within last year.</li> </ul>	<b>Clinic scored by the following criteria:</b> <ol style="list-style-type: none"> <li>Rate each piece of equipment.                             <ul style="list-style-type: none"> <li>One for satisfactory</li> <li>Zero for unsatisfactory</li> </ul> </li> <li>Average rating for each type of equipment (i.e., length board)</li> <li>Sum of each average equipment score equals total points.</li> </ol>						
<b>Hematological:</b>	<b>District points are assigned by averaging clinic scores according to the following.</b>						
<b>Hemocue</b>	<ul style="list-style-type: none"> <li>Equipment in good working order</li> <li>Cuvette bottle dated</li> </ul>						
<b>Masimo Pronto (Non – Invasive Hemoglobin)</b>	<ul style="list-style-type: none"> <li>Equipment in good working order</li> </ul>						
	<ul style="list-style-type: none"> <li>9 – 10 average (S)</li> <li>8 – 8.9 average (SN)</li> <li>&lt; 8. (U)</li> </ul>						

ANTHROPOMETRIC & HEMATOLOGICAL EQUIPMENT:								
S = Satisfactory (1), U = Unsatisfactory (0) and N/A = Not Applicable (yellow shading)								
Rate each piece of equipment	Points	1	2	3	4	5	6	Clinic Average
<b>Reviewer</b>								
<b>Date</b>								
<b>Height Board</b>	2							
Fixed measuring device (fixed to vertical flat surface/no skirting)								
Right angle head board								
Accuracy of placement (for boards mounted to wall)								
<b>Standing Scales:</b>	2							
Calibrated in last 12 months (use scale test report or sticker)								
Beam (B) or Digital (D)								
<b>Length Board</b>	2							
Movable foot piece that slides easily								
Foot piece at 90 degree angle								
Fixed headboard								
<b>Infant Scale:</b>	2							
Calibrated in last 12 months (use scale test report or sticker)								
Beam (B) or Digital (D)								
<b>Hematological Equipment:</b>								
Document Brand	2							
Number of units								
Total points								

NUTRITION UNIT MONITORING TOOL

L. <u>Anthropometric Observation:</u>		S	SN	U	NA	Possible Points	Points Awarded
Recommendation: • When possible complete five (5) observations per clinic. • At minimum complete 5 observations per District.	Anthropometric Observation Overall Rating:					5	
	<b>Clinic scored by the following criteria:</b> 1. Rate each observation.. • One for satisfactory • Zero for unsatisfactory 2. Then average each row (i.e., standing height ) 3. Total points for standing weight and height observations 4. Total points for recumbent length and infant scale observations 5. For total points average total adult/child points and total infant points  District points are assigned by averaging all observation scores according to the following. • 4.75 – 5 average (S) • 4.5– 4.74 average (SN) • < 4.5 (U)						

**Anthropometric Observations**

	Points	1	2	3	4	5	6	Clinic Average
<b>Reviewer</b>								
<b>WIC Type</b>		C/N/B /P	C/N/B /P	C/N/B /P	C/N/B /P	I /<2	I /<2	
<b>Age</b>								
<b>Standing Height</b>								
Measured without shoes	0.5							
Proper stance used for reading measurement	0.5							
Headboard is level, touches top of head	0.5							
Measurement taken and recorded accurately (to at least nearest 1/8 in)	0.5							
Two measurements taken	0.5							
<b>Standing Weight</b>								
Participant dressed in minimal clothing	0.5							
Scale zeroed prior to measurement	0.5							
Correct angle used for reading measurement	0.5							
Measurement taken and recorded accurately (to at least nearest 1/4 pound)	0.5							
Two measurements taken	0.5							

NUTRITION UNIT MONITORING TOOL

Recumbent Length								
Body straight and lined up with measuring board	0.5							
Proper stance used for reading measurement	0.3							
Head is against the headboard throughout measurement	0.5							
Footboard firmly against heels	0.5							
Measurement taken and recorded accurately (to at least nearest 1/8 in)	0.3							
Two measurements taken	0.4							
Infant Scale Weight								
Participant dressed in minimal clothing	0.5							
Scale zeroed prior to measurement	0.5							
Correct angle used for reading measurement	0.5							
Measurement taken and recorded accurately (to at least nearest 1 ounce)	0.5							
Two measurements taken	0.5							
Total Points – (Complete no more than 2 sections per participant)	5							

NUTRITION UNIT MONITORING TOOL

M. Hemoglobin Observation / Universal Precautions:		S	SN	U	NA	Possible Points	Points Awarded
Recommendation: • When possible complete five (5) observations per clinic. • At minimum complete 5 observations per District.	Hemoglobin Observation / Universal Precautions Overall Rating:					5	
Looking For: HEMOCUE • Staff observed using universal precautions? • Followed correct procedures for collecting hematological data? • Hemoglobin was collected when required? MASIMO PRONTO (Non-Invasive) • Followed correct procedures for collecting measurement. • If measurement was unable to be collected using non-invasive means; screening completed using Hemocue. • Hemoglobin collected when required?	<b>Clinic scored by the following criteria:</b> 1. Rate each log. • One for satisfactory • Zero for unsatisfactory 2. Then average each row (i.e. used universal precautions) 3. Total points for each observation 4. Average Points for all observations <b>District points are assigned by averaging clinic scores according to the following.</b> • 4.75 – 5 average (S) • 4.5– 4.74 average (SN) • < 4.5 (U)						

**Hemoglobin Observation**

	Points	1	2	3	4	5	6	Clinic Average
<b>Reviewer</b>								
<b>Date</b>								
<b>Hemocue</b>								
Staff used universal Precautions	1							
Followed correct procedures	3							
Hgb collected when required	1							
<b>Pronto</b>								
Followed correct procedures	3							
If unable to read, screened with Hemocue	1							
Hgb collected when required	1							
<b>Total Points</b> (Complete no more than one section per participant)	5							

NUTRITION UNIT MONITORING TOOL

N. Formula Tracking Log / State Ordered Formula Tracking Log:		S	SN	U	NA	Possible Points	Points Awarded
Formula Tracking Log book is required for all clinics.	Formula Tracking Log / State Ordered Formula Tracking Log: Overall Rating:					15	
A State Ordered Formula Tracking Log is required for all clinics that received state ordered formula within the required five (5) years plus current documentation retention guidelines.	<p><b>Clinic scored by the following criteria:</b></p> <ol style="list-style-type: none"> <li>Rate each log.                             <ul style="list-style-type: none"> <li>Met, then enter points for criteria</li> <li>Not met, enter, zero</li> </ul> </li> <li>Then average each row (i.e., no expired formula)</li> <li>Total column for clinic score</li> <li>Average all clinic scores for district score</li> </ol> <p><b>District points are assigned by averaging clinic scores according to the following.</b></p> <ul style="list-style-type: none"> <li>13 – 15 average (S)</li> <li>10 – 12.9 average (SN)</li> <li>&lt; 10 average (U)</li> </ul> <p>Recommendations for improving Formula Tracking Log. (Note findings under comments for each clinic)</p>						

**Formula Tracking Log / State Ordered Formula Tracking Log:**

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Clinic:	Points							District Totals
Date:								
Reviewer:								
<b>Looking For:</b>								
1. Does the formula inventory match current stock on hand?	3.0							
2. Was the inventory log book completed according to guidelines?	1.5							
3. Was inventory verified at least quarterly?	1.5							
4. Was there a procedure in place for issuing formula from stock intended to limit excess stock?	1.5							
5. No expired formula in inventory?	1.5							
6. Is formula issued/exchanged based on reconstituted fluid ounces?	1.5							
7. State Ordered Formula Tracking Log available for review	1.5							
8. Was the State Ordered Formula Tracking Log book completed according to guidelines?	1.5							

NUTRITION UNIT MONITORING TOOL

9. 5 years plus current history available for review?	1.5							
Clinic Points Awarded (sum of column)								
Comments:								

O. High Risk Chart Evaluation / Special Formulas / Medical Documentation:		S	SN	U	NA	Possible Points	Points Awarded
High Risk Chart Evaluation / Special Formulas / Medical Documentation Overall Rating:						15	
1. Charts randomly selected from total available R**, X**, 097, 098, 099, 199, 999 food packages. (Special Formulas / Emory Genetics / State Ordered) 2. Review a minimum of five (5) charts for each clinic reviewed if available. <ul style="list-style-type: none"> <li>Total points awarded per chart equals 15.</li> <li>All charts in a clinic are averaged to provide a clinic category percent as well as a clinic weighted average.</li> <li>District weighted average is calculated from all clinics reviewed.</li> <li>Points are awarded based on the overall District weighted score.</li> <li>District Score equals District weighted average.</li> </ul> (Ex. Weighted average = 4 / Points awarded = 4)							
District points are assigned by averaging clinic scores according to the following. <ul style="list-style-type: none"> <li>13 - 15 average (S)</li> <li>10 - 12.9 average (SN)</li> <li>&lt; 10 average (U)</li> </ul>							

NUTRITION UNIT MONITORING TOOL

Clinic Record Review: High Risk Chart Evaluation / Special Formulas / Medical Documentation															
DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED:												Total	Weight	Category Percent	Weighted Score
	1	2	3	4	5	6	7	8	9	10					
Participant Category (P/N/B/I/C)															
1. Nutrition Education/High Risk Completed													1		
2. Care Plan													1		
3. Medical Documentation Form Complete													2		
4. WIC Food Authorization / Restriction is clear without conflicting information													2		
5. Medical Documentation in a valid date for intended certification.													1		
6. Diagnosis matches Indicated Use for Formula													1		
7. Issuance Matches Medical Documentation – Formula													2		
8. Issuance Matches Medical Documentation – Food													2		
9. Appropriate Referrals Made													1		
10. Food package changes adjusted correctly.													2		
<b>Total Points</b>													15		
Clinic Total % Awarded															

NUTRITION UNIT MONITORING TOOL

District Record Review Summary: High Risk Chart Evaluation / Special Formulas / Medical Documentation										
DISTRICT: DATE:	Clinic #	Total	Weight	Category Percent	Weighted Score					
NUMBER RECORDS REVIEWED:										
1. Nutrition Education/High Risk Completed								1		
2. Care Plan Documented								1		
3. Medical Documentation Form Complete								2		
4. WIC Food Authorization / Restriction is clear without conflicting information								2		
5. Medical Documentation in a valid date for intended certification.								1		
6. Diagnosis matches Indicated Use for Formula								1		
7. Issuance Matches Medical Documentation – Formula								2		
8. Issuance Matches Medical Documentation – Food								2		
9. Appropriate Referrals Made								1		
10. Food package changes adjusted correctly.								2		
<b>Total Points</b>								15		
Clinic Total % Awarded										

NUTRITION UNIT MONITORING TOOL

P. Record Review Summary:		S	SN	U	NA	Possible Points	Points Awarded
Record Review Summary Overall Rating:						100	
1. Total points awarded per chart equals 100. 2. All charts in a clinic are averaged to provide a clinic category percent as well as a clinic weighted average. 3. District weighted average is calculated from all clinics reviewed. 4. Points are awarded based on the overall District weighted score. District Score equals District weighted average. (Ex. Weighted average = 96 / Points awarded = 96)							

Clinic Record Review Summary															
DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED:												Total	Weight	Category Percent	Weighted Score
	1	2	3	4	5	6	7	8	9	10					
Participant Category (P/N/B/I/C)															
1. Medical Data Date													1		
2. Length/Ht Recorded													1		
3. Weight Recorded													1		
4. Hct/Hgb Recorded													1		
5. Age Recorded													1		
6. All Nutritional Risks Checked													10		
7. All Nutritional Risks Documented													10		
8. Priority Correct													2		
9. High Risk Identified Correctly													3		
10. Food Package Assigned													2		
11. Ref/Enrollment Documented													3		
12. Today's Date													1		
13. Professional's Signature/Title (Certification Form & Nutrition Questionnaire)													1		
14. Breastfeeding Weeks Recorded													1		
15. Breastfeeding Encouraged													3		

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16. Inappropriate Nutrition Practices (Evaluation / Documentation)												5		
17. Primary NE Contact												5		
18. Plan / Goal(s) Documented												10		
19. Secondary NE Contact S = Satisfactory (Includes Only Kept Appointments) U = Unsatisfactory (Includes Missed, Failed & Refused)												15		
20. HR Follow-up Documented S = Satisfactory (Care Plan / SOAP Note Required) U = Unsatisfactory (Includes Missed, Failed & Refused)												15		
21. Exit Counseling Documented (Women / Infant / Child)												5		
22. Plotting (Women / Infant / Child)												4		
Total Points												100		
Clinic Total % Awarded														

District Record Review Summary

DISTRICT: DATE:	Clinic #	Total	Weight	Category Percent	Weighted Score					
NUMBER RECORDS REVIEWED:										
Participant Category (P/N/B/I/C)										
1. Medical Data Date								1		
2. Length/Ht Recorded								1		
3. Weight Recorded								1		
4. Hct/Hgb Recorded								1		
5. Age Recorded								1		
6. All Nutritional Risks Checked								10		
7. All Nutritional Risks Documented								10		
8. Priority Correct								2		

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9. High Risk Identified Correctly								3		
10. Food Package Assigned								2		
11. Ref/Enrollment Documented								3		
12. Today's Date								1		
13. Professional's Signature/Title (Certification Form & Nutrition Questionnaire)								1		
14. Breastfeeding Weeks Recorded								1		
15. Breastfeeding Encouraged								3		
16. Inappropriate Nutrition Practices (Evaluation / Documentation)								5		
17. Primary NE Contact								5		
18. Plan / Goal(s) Documented								10		
19. Secondary NE Contact <b>S</b> = Satisfactory (Includes Only Kept Appointments) <b>U</b> = Unsatisfactory (Includes Missed, Failed & Refused)								15		
20. HR Follow-up Documented <b>S</b> = Satisfactory (Care Plan / SOAP Note Required) <b>U</b> = Unsatisfactory (Includes Missed, Failed & Refused)								15		
21. Exit Counseling Documented (Women / Infant / Child)								5		
22. Plotting (Women / Infant / Child)								4		
Total Points								100		
Clinic Total % Awarded										

**NUTRITION UNIT MONITORING TOOL**

**RECORD REVIEW: INTERPRETATION**

Areas on the record review are classified **S** (Satisfactory), **U** (Unsatisfactory), or **NA** (not applicable). Corrective action must be taken for an area of review as described below under Record Review Evaluation. The satisfactory percentage is calculated for each individual area.

**Record Review Evaluation**

Highlighted Red OR Highlighted Black - Requires Corrective Action Training

- One clinic average <90% requires clinic specific training
- Two highlighted clinics <100% requires clinic specific training
- Three or more highlighted clinics <100% requires district-wide training
- District-wide average <90% requires district-wide training

**Participant Category: CT (XI)**

Document the participant category for each record reviewed.

1. Medical Data Date : CT-(IX)
  - The date must be recorded by mm/dd/yy.
  - The date recorded must be when the required anthropometric measurements (height/length, weight) were determined.
  - The date must not be more than 60 days prior to certification date.
  - The data must be reflective of the applicant's status at the time of the application.
  
2. Length/Height Recorded: CT (IX, X)
  - Length or Height must be entered to the nearest 1/8 of an inch.
  - Length or Height must be consistent with past measurements.**
  
3. Weight Recorded: CT (IX, X)
  - Weight must be entered in pounds and ounces.
  - Weights must be consistent with past measurements.**
  
4. Hematocrit/Hemoglobin Recorded: CT (IX, X)
  - Hematocrit/hemoglobin must be entered to one decimal place.
  - The date of the hematological measurement, if different than the medical data date, must be documented in the health record. The date must not be more than 90 days prior to certification date.
  - For women, the data must be reflective of the applicant's status at the time of the application.
  - Hematocrit/hemoglobin collected at certification as required by state policy.**
  
5. Age Recorded: CT (Attachment VI, Appendix I)
  - The participant's birth date must be recorded on the WIC Assessment/Certification Form. Age calculation must be based on the birth date.
  - A woman's age need not be recorded.
  - Infant's and children's ages must be documented in their health records, preferably on the appropriate growth grids.
  - An infant's age may be entered in days, in months and days, or rounded appropriately. A child's age may be entered in years, months and days, or rounded appropriately.
  
6. All Nutritional Risks Checked: CT (Attachment VI)
  - All applicable nutritional risks must be evaluated during each certification.
  - All evident nutritional risks must be checked YES on the WIC Assessment/Certification Form.
  - If a nutritional risk is not present, the risk category must be checked NO on the WIC Assessment/Certification Form (except for systems in which only risks present are printed).

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If a nutritional risk is not assessed/not applicable, a NA must be written/entered by the appropriate risk category on the WIC Assessment/Certification Form (except for systems in which only risks present are printed).

If documentation for a nutritional risk is found in the health record, the risk must be checked on the WIC Assessment/Certification Form.

7. All Nutritional Risks Documented: CT (Attachment CT-6)  
All nutritional risk criteria checked on the WIC Assessment/Certification Form must be supported by the appropriate documentation.
8. Priority Correct: CT XI (Attachment CT-6)  
The correct priority must be assigned according to a participant's status and nutritional risks. A priority is determined to be incorrectly assigned if nutritional risks are present that would change the priority, even if these are not checked on the WIC Assessment/Certification Form.
9. High Risk Identified Correctly: A WIC participant who has any nutritional risk factors designated as high risk must have the "High Risk" box marked "Yes" unless the CPA documents the reason(s) why in his or her professional judgment that this client should not be categorized as high risk (e.g., long history of short stature, following established growth curve, parents of short stature [list heights], etc). Likewise, a WIC participant who does not have any nutrition risk factors designated as high risk must have the "High Risk" box marked "No" unless the CPA documents the reason(s) why in his or her professional judgment that this client requires high risk follow-up.
10. Food Package Assigned: FP (III-VI)  
A food package must be assigned in a series that is appropriate to the participant's status. Appropriate documentation must be in the health record, for those food packages and nutritional conditions requiring them.
11. Referrals/Enrollment Documented: NE (VII), BF (VI)  
All applicants to the WIC Program must be screened for referral to or enrollment in the Food Stamp Program (SNAP), Medicaid and TANF. Applicants should also be referred to other appropriate health and social services.  
Referrals to other programs or services, current enrollment in other programs or services and/or a decision not to refer must be documented in the **applicant's health record**.
12. Today's Date: CT (XII)  
**Today's Date** corresponds to the date the certification process is completed.  
**Today's Date** must be the same as or no more than 60 days later than the **Medical Data Date**.
13. Professional Signature and Title (Certification Form & Nutrition Questionnaire): CT (XI, XV, and CT Attachments 1-4)  
The signature and title of the assessing professional must be entered accurately on the certification form and the nutrition assessment questionnaire.  
An appropriate signature consists of first initial and last name or first and last names  
**Credentials must be included in the signature.**  
**Signature must be legible.**
14. Breastfeeding Weeks Recorded: CT (XV)  
The questions Ever Breastfed, Currently Breastfeeding, and Weeks Breastfed must be completed as follows:

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- a. Breastfeeding women: initial and six-month certification visit (the weeks breastfed at six months after the initial certification must be more than the weeks breastfed at certification).
- b. Postpartum, non-breastfeeding women: certification visit.
- c. Infants: initial certification and mid-certification assessment visits (the weeks breastfed at mid-certification must be the same or more than the weeks breastfed at certification).
- d. Children: **Certification and half-certifications until age two**
- e. Breastfeeding weeks should remain the same or increase with time.

15. Breastfeeding Encouraged: NE (IV, V)

All pregnant participants must be encouraged to breastfeed unless contraindicated for health reasons.

If a pregnant participant is not encouraged to breastfeed based on health reasons or the refusal of the participant to receive nutrition education, the reason(s) must be documented in the participant's health record.

It is not acceptable to **not** encourage a woman to breastfeed based simply on her answering no to whether she plans to breastfeed or is interested in breastfeeding.

Documentation must include all aspects of breastfeeding discussed (not, "Breastfeeding encouraged").

The breastfeeding education must follow the ADA Nutrition Care Manual or other state approved nutrition reference resources.

16. Inappropriate Nutrition Practices (Evaluation / Documentation)

Evaluation of Inappropriate Nutrition Practices: CT (Attachment VI, Appendix G)

If inappropriate nutrition practices are present, they must be correctly identified on the Nutrition Assessment Questionnaire or medical record. If no inappropriate nutrition practices and no other risk factors are identified, nutrition risk 401 (Other Dietary Risk/Failure to Meet Dietary Guidelines) must be assigned.

Documentation of Inappropriate Nutrition Practices: CT (Attachment VI, Appendix G)

All inappropriate nutrition practices must be correctly documented (e.g., describe the precise behavior that qualifies a participant as having the identified general Inappropriate Nutrition Practice category) on the Nutrition Assessment Questionnaire or medical record.

17. Primary Nutrition Education Contact, Current Certification: CT (VI)

**All** nutrition education contacts must be documented in the participant's electronic health record (i.e., the front-end computer system used by the District).

The education must be appropriate to the individual participants' individual or group needs.

The primary nutrition education contact must be provided by a competent professional authority (CPA), not by a paraprofessional/Nutrition Assistant. Specific aspects of nutrition counseling must be documented (not "Nutrition education provided").

The nutrition education must follow the ADA *Nutrition Care Manual* or other state approved nutrition reference resources.

18. Plan/Goal(s) Documented [Nutrition Education Section, VI. B and Attachment NE-4]

All primary and high risk nutrition education contacts must conclude with documentation of an individualized care plan. **This care plan must include follow-up on their high risk criteria.**

19. Secondary Nutrition Education Contact, Current or Prior Certification: NE (III)

## NUTRITION UNIT MONITORING TOOL

If a secondary contact is not documented for the current certification period, documentation must be present for a secondary contact provided during the previous period (infants, children, postpartum breastfeeding and non-breastfeeding women).

A mid-year certification nutrition assessment will be equivalent to a certification visit for the purpose of evaluation of secondary contacts.

At least one secondary contact must be provided during each six-month certification period.

For certification periods that exceed six months (prenatal women), secondary contacts must be provided at a quarterly rate (i.e., a prenatal woman who is on the Program for greater than six months would have to receive a minimum of two secondary contacts) but not necessarily within each quarter.

Secondary contacts for prenatal women will be assessed when the expected date of confinement (EDC) has been reached or a delivery date has been recorded.

Individual and group nutrition education contacts must be documented in the participant's electronic health record (i.e., the front-end computer system used by the District).

Documentation of secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), the title of the person providing the nutrition education, and method by which the nutrition education contact was provided (e.g., class, kiosk, individual counseling, etc.). Electronic documentation of all nutrition education contacts **is required**.

The education should be appropriate to the individual participant's health needs, but must be client-led when determining discussion topics and setting goals.

Parents and/or caregivers of WIC infants and children must also be provided with information about abuse of drugs and other harmful substances during the nutrition education contact.

Nutrition education must be provided by a competent professional authority (CPA). Paraprofessional staff (i.e., Nutrition Assistants) can provide these low-risk contacts when nutrition education training approved by the Office of Nutrition has been received. The method used must have the approval of the Office of Nutrition.

Failed, missed, and refused secondary nutrition education appointments do not count as providing secondary nutrition education. The expectation is that 100% of clients will receive secondary nutrition education.

Specific aspects of nutrition counseling must be documented (not "Nutrition education provided").

The nutrition education must follow the *ADA Nutrition Care Manual* or other state approved nutrition reference resources.

### 20. High Risk Follow-Up Documented: CT (Attachment VI, NE (VI))

A WIC participant who has any of the high risk factors identified in the Procedures Manual must receive an individual care plan.

Documentation should indicate nutrition counseling specific to their nutritional condition and problems identified in their diet, but must be client led when setting goals.

Documentation of high risk secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), care plan, the title of the person providing the nutrition education, and method by which the nutrition education contact was provided (e.g., individual counseling, etc.). Electronic documentation of all nutrition education contacts is required.

**NUTRITION UNIT MONITORING TOOL**

Failed, missed, and refused secondary high risk appointments do not count as providing secondary high risk nutrition education. The expectation is that 100% of clients will receive secondary nutrition education.

The nutrition education must follow the *ADA Nutrition Care Manual* or other state approved nutrition reference resources.

**21. Exit Counseling Documented: NE (VI)**

From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive education at least one time on each of the following topics:

- a. Importance of folic acid intake
- b. Health risks of using alcohol, tobacco and other drugs
- c. Continued breastfeeding as the preferred method of infant feeding
- d. Importance of up-to-date immunizations

Parents and/or caregivers of WIC infants and children must also receive education at least one time on each of on the following topics during an infant/child's enrollment on the WIC program:

- a. Health risks of using alcohol, tobacco and other drugs
- b. Importance of up-to-date immunizations.

**22. Plotting (Infant / Child / Women)**

**Length/Height Plotted:** CT (Attachment VI, Appendix L, M)

The length/height for age must be plotted accurately by plotting as closely as possible to the exact age.

Length/height values must be plotted as accurately as possible.

**Weight Plotted** CT (Attachment VI, Appendix L, M)

Weight for age must be plotted accurately, by plotting as closely as possible to the exact age.

Weight values must be plotted as accurately as possible.

Weight for gestational age must be plotted to the nearest completed week of gestation and nearest half pound.

**Weight for Length/Height Plotted** CT (Attachment VI, Appendix L, M)

Weight for length/height must be plotted as accurately as possible.

**NUTRITION UNIT MONITORING TOOL**

ADMINISTRATIVE MANAGEMENT EVALUATION (S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
DISTRICT		DATE					
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
<b>A. ACCOUNTABILITY</b>							
	Inventory						
	1. Does the number of computers, printers and monitors in the clinic match the number on the inventory?					2	
	2. Are proper inventory records maintained?					1	
	3. Has a physical inventory been conducted within the last year?					1	
	4. Has USDA and / or the Georgia WIC Program approval been obtained for equipment purchase as required?					1	
	5. Are proper procedures followed to dispose of obsolete or damaged equipment?					1	
	6. Are proper procedures followed when equipment is discovered to be lost, or stolen?					1	
	7. Have any pieces of equipment been reported lost or stolen within the past 12 months?					1	
	8. In cases of stolen equipment, has a police report been filed?					1	
	9. Have Flash cards been removed from surplus or unused MICR printers? (Return surplus Flash cards to state office. If printer will be used again – store card in a secure location until needed).					1	
	Decals / Tags						
	1. Are inventory decals / tags in place?					4	
	Are Batch Acknowledgements reviewed by the District Office?					1	
Comments:							
<b>CLINIC EVALUATION</b> (S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							

## SYSTEMS INFORMATION UNIT MONITORING TOOL

CLINIC		DATE					
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	POSSIBLE POINTS	POINTS AWARDED
<b>A. SYSTEM FUNCTIONALITY</b>							
	<b>ETAD</b>						
	1. Does the clinic have the latest version of the district's MIS system?					3	
	2. Is the system functioning properly?					3	
Comments:							
<b>B. SYSTEMATIC</b>							
	System Back-Up						
	1. Is the system backed-up on a daily basis? (paper back-up)					5	
	2. Is a copy of the back-up kept in a secure, off-site location?					3	
Comments:							

### Georgia WIC Program Systems Information Unit Monitoring Tool

**A. Preliminary Information Pre-Visit:** (See Page 10 for list of items)

Date of Review: \_\_\_/\_\_\_/\_\_\_

D/U: \_\_\_\_\_ Clinic: \_\_\_\_\_

Clinic Information:

Participation (Most recent Issue Month):

Pre-natal: \_\_\_\_\_

Non-Breastfeeding: \_\_\_\_\_

Breastfeeding: \_\_\_\_\_

Total Women: \_\_\_\_\_

Infants: \_\_\_\_\_

Children: \_\_\_\_\_

CLINIC OBSERVATION

TOTAL: \_\_\_\_\_

Number of Critical Errors over previous 4 months: \_\_\_\_\_

Number of Critical Errors not reviewed, previous 4 months: \_\_\_\_\_

Critical Error Rate (Current month): \_\_\_\_\_

Top 5 critical errors (field): \_\_\_\_\_

(Current Month) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. Preliminary Information Pre-Visit:

Top 5 critical errors (transaction): \_\_\_\_\_

(Current Month) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number Un-Reviewed: \_\_\_\_\_

Batch Rejections Previous 4 months: \_\_\_\_\_

Number Un-reviewed: \_\_\_\_\_

Unreconciled Original: \_\_\_\_\_ % (Current Close-Out Month)

Unreconciled Final: \_\_\_\_\_ % (Current Close-Out Month)

Unmatched Redemptions: \_\_\_\_\_ # (Current Issue Month)

B: Background:

\_\_\_\_\_

## CLINIC OBSERVATION

System:	_____
Version (if known):	_____
Web-based:	Y    N
Single Server:	Y    N
The following items are to be completed by a walk through the clinic with the clinic supervisor:	
Number of WIC/WIC Related Work Stations:	
WIC Only	_____
WIC Related:	_____
Number of WIC/WIC Related Users:	
WIC Only	_____
WIC Related:	_____
Types/Number of Equipment:	
Computers:	_____
Monitors:	
CRT:	_____
Flat Screen:	_____
Dumb Terminals:	_____
VPOD Printers:	_____
Laser Printers:	_____
Dot Matrix Printers:	_____

**B: Background (cont'd):**

## CLINIC OBSERVATION

Does Clinic provide FMNP?	Y	N
Number of Personnel Authorized to Issue FMNP Coupons:	_____	
FMNP Caseload:	_____	
Does Clinic Have Internet Access?	Y	N
Do Clinic Staff have access to GWISnet?	Y	N
Authorized Users:	_____ _____ _____ _____	

### Reports For Background Information

1. Participation: Report EWRR990G-045: Ethnic Participation By Priority – Clinic. Located in GWIS or GWISnet under Caseload Management.
2. Critical Errors: Report CPRECCES-012: Critical Error Summary Located in GWIS or GWISnet under Operations.
3. Unreconciled Original/Final: Report EWER900G-051: System Maintenance Indicators. Located in GWIS or GWISnet under Operations.
4. Unmatched Redemptions: Report EWRR300G-030: Unmatched Redemptions. Located in GWIS or GWISnet under Food.
5. To review Critical Errors, Batch Rejections, and Batch Acceptance reports: Look under CLINIC FEEDBACK section of GWISnet. For each category select the date ranges and the clinic number, click on SEARCH. Look for items that have not been reviewed.
6. The Edits Manual is located at: K:\SystemWIC\Edits\_2008. Locate the page required in the table of contents, put the cursor over the items and press **CTRL+Click**. The program will take you to that page.
7. Download the following databases onto laptops:
  - FPC/VC database.
  - Inventory database

## CLINIC OBSERVATION

8. Generate Computer Issues report for the clinic(s) under review.

**MO-2: Local Agency 2014 Financial Monitoring Section**

**STATE OF GEORGIA**

**DEPARTMENT OF PUBLIC HEALTH**

**GEORGIA WIC PROGRAM**

**LOCAL AGENCY**

**FFY 2014**

**MONITORING TOOL**

**FINANCIAL REVIEW SECTION**

## I. FINANCIAL REVIEWS

### A. Introduction

The Department of Public Health (DPH), Office of Audits, will conduct on-site Financial Reviews every two (2) years at each of the eighteen Public Health Districts and two contract agencies for the purpose of reviewing local WIC Financial Management. The purposes of the Financial Review are to determine the appropriateness of the WIC Grant expenditures, to reconcile the District and/or local agency (county) WIC allocations and to examine the intra/inter contracts of WIC funds to the counties within the District. The Districts that were not selected for review will have a follow-up visit to ensure that corrections stated in their Corrective Action Plans (CAP) were implemented.

### B. District Selection

#### 1. District Site

Every two (2) years, fifty percent (50%) of the Districts are selected by Office of Audits with concurrence from the Georgia WIC Program for financial review.

- a. The lead county in each District will always be reviewed during each financial site visit. In addition to the lead county three (3) counties within the District will also be reviewed. These counties will be reviewed to ensure that the intra/inter WIC contract requirements are being met, financial accountability of WIC funds is maintained and that all capital equipment is managed in accordance with DHR requirements for equipment accountability.
- b. Counties that have not been reviewed for at least four years may be selected in place of randomly selected counties to ensure regular reviews of all counties within the district.

### C. Pre-Review Activities

Prior to the on-site visit, the Office of Audits' staff will review district reports and files in the Georgia WIC Program. The Public Health District Administration will be contacted regarding materials that must be available for the on-site review.

### D. Financial Review Schedule

A schedule of on-site financial reviews will be developed and coordinated by the DPH, Office of Audits and the WIC Program prior to the beginning of each Federal Fiscal Year (FFY). A statewide schedule containing the dates of each financial review will be sent to all Public Health Districts.

## II. FINANCIAL TIMEFRAMES

The financial review process will be conducted within the following timeframes:

<u>ACTIVITY</u>	<u>TIMEFRAME</u>
Notification of intent to conduct a review. Financial Review and mutually agreed review date.	20 days prior to the scheduled date
Financial Review	As Needed
Auditors will submit the Final Review Report to the Georgia WIC Program.	Within 10 days of Exit Conference
The Georgia WIC Program submits to the local agency a copy of the Financial Review. The Georgia WIC Program Financial Review Conference calls with the agency that was reviewed.	Within 20 days of Exit Conference
The local agency submits Corrective Action Plan to the Georgia WIC Program.	Within 30 days of Exit Conference
The Georgia WIC Program submits to DPH's Office of Audits Correction Action plan with recommendation.	Within 40 days of Exit Conference
DPH's Office of Audits disposes of review findings. If findings are monetary, execute letter-withholding funds from agency. Close Financial Review	Within 60 days of Exit Conference

### III. LOCAL AGENCY COLLECTIONS

Local agency collections are funds recovered through the collection of local agency claims. Under 7 CFR 246.19(b), the State agency is responsible for monitoring local agency operations, including financial management systems. If any food or NSA funds provided to a local agency was misused, diverted from program purposes, or lost as a result of thefts, embezzlements, or unexplained causes, the State agency should assess a claim against the local agency, as well as require the local agency to submit a corrective action plan.

### IV. FINANCIAL SELF REVIEWS

The District is responsible for conducting annual Self-Reviews by June 30 of each year using the Financial section of the monitoring tool. The review must be kept on file at the local agency and a copy forwarded to the Georgia WIC Program by September 30th annually.

## GEORGIA WIC PROGRAM

### FINANCIAL REVIEW FORM

AREAS OF REVIEW	YES	NO	NA	COMMENTS
<b>A. Review of Previous Audit Findings</b>				
1. Has an audit been performed recently by an independent accounting firm?				
2. Were any findings noted? (If yes, attach a copy of the audit containing the findings.)				
<b>B. General Accounting Practices</b>				
1. Are accounting records maintained by WIC paid staff or by the district accounting personnel?				
2. Does the local agency maintain a separate account for WIC funds?				
3. If not, is adequate documentation maintained to identify revenues and disbursements for WIC?				
4. Are revenues for the WIC deposited in an interest bearing account?				
5. Are hard copies of all accounting transactions printed and maintained for reference?				
6. Is there a separation of duties for the				

various accounting tasks?				
7. Is the bank reconciliation performed by an employee who is independent of cash disbursements or receipts and general ledger maintenance?				
8. Is the signing of checks independent from the approval of invoices?				
9. Is the preparation of checks independent from the approval of invoices?				
10. Are the receiving duties independent of the purchasing function?				
11. Is there a limitation on the dollar amount for checks which only require one signature?				
12. Are invoices and supporting documentation examined at the time of signing and marked "paid" to prevent duplication of payment?				
13. Are records maintained for the required length of time? (3years plus current).				

AREAS OF REVIEW	YES	NO	NA	COMMENTS
<b>C. OPERATIONAL COST</b>				
1. Does WIC pay a share of Administrative position salaries to a District budget through an Intra/Inter Agency Agreement?				
2. Are administrative costs based on a logically developed cost allocation plan or methodology which provides fair and equable distribution of applicable costs?				
3. Does the District have a Cost Allocation Plan on file that has been approved by DPH within the last two years?				
4. Does the District have a contract for WIC eligibility and enrollment processing?				
5. What is the contract cost to WIC for computer services for enrollment and eligibility determination?				
6. How is WIC's share of the cost determined?				
<b>D. EXPENDITURES</b>				
<b>1. General Review</b>				
A. Are all WIC costs allowable under USDA standards?				
B. Are there any incorrect charges?				
C. Did any expenditures require prior				

approval of the State WIC Office, i.e.;				
1. Capital expenditure over \$5,000;				
2. Computer expenditure;				
3. Capital improvements				
D. If yes, is there documentation of State WIC approval?				
E. Do all payments include adequate supporting documentation including:				
Nature of expenditure				
Amount				
Date service was provided				
Payee				
Date of Invoice				
F. Are unliquidated obligations being posted on MEIR each month?				
G. Have any MIERs been revised?				
Why?				
H. If applicable, is Program Income (i.e., interest) properly accounted for?				

AREAS OF REVIEW	YES	NO	NA	COMMENTS
<b>2. 301 - Cost Pool Budget</b>				
A. Are all salary expenses being charged to this budget?				
B. Are all Intra/Inter Agency Agreements being charged to this budget?				
C. Are copies of all Intra/Inter Agency Agreements on file?				
D. Are other expenses being charged to this budget?				
E. If yes, are these expenses a direct benefit to multiple programs other than WIC?				
<b>3. 643 - Direct WIC Budget</b>				
A. Are costs that are a direct benefit to WIC being charged?				
B. Are such items as rent, telecom and equipment being charged?				
<b>4. 007 - Nutrition Education</b>				
A. Are costs that are a direct benefit to WIC NE being charged?				
<b>5. 009 - Breastfeeding</b>				
A. Are costs that are a direct benefit to				

WIC Breastfeeding being charged?				
B. Is a Breast Pump report being sent to the Georgia WIC Program as required?				
<b>6. Self Review</b>				
A. Was a Financial Self Review conducted by June 30th?				
B. By whom was the review conducted?				
C. Was a Corrective Action plan required and developed?				