Oregon WIC Program — WIC Review Tool – Compliance Findings

**Agency and clinic
locations visited:** _____

**Total number of clinic sites
(permanent and satellite):** _____

Contact: _____ **Reviewer:** _____ **Date:** _____

Note: All items are compliance issues unless "QA only" is noted to signify the item is a quality assurance issue.

Program Area	Yes / No	Citations	Resources (TWIST Screen or Report)
I. PROGRAM MANAGEMENT			
A. Caseload 1. Caseload must be maintained at an average of 97-103% of assignment over the last 12 months. Caseload compliance is reviewed quarterly by the state WIC program.	N/A	• State Policy 325—Caseload Management • 7 CFR 246.16(d)—Distribution of funds to local agencies • Scope of Work	
B. Civil Rights 1. Have new employees completed Civil Rights training within 30 days of employment and is the training documented? *(QA only)*	Y / N	• State Policy 452—Civil Rights • State Policy 470—Local Program Outreach • State Policy 588—Program Integrity: Complaints • 7 CFR 246.4 (a)(5)—State plan requirements • 7 CFR 246.6(b)(10)—Agreements with local agencies • 7 CFR 246.7(j)—Notification of participant rights and responsibilities • 7 CRF 246.8—Nondiscrimination • 7 CFR 246.8(a)—Civil Rights • Americans with Disabilities Act (ADA) of 1990	Operations Mgmt: • Staff Training screen (OM140S)
2. Has staff received Civil Rights training annually?	Y / N		Operations Mgmt: • Staff Training screen (OM140S)
3. Does the program follow the civil rights complaint process in State Policy 588?	Y / N		Operations Mgmt: • Compliance Reports
4. Are forms and materials used for this program available in the languages of the population groups served?	Y / N		Operations Mgmt: • Forms Inventory (570S) • Forms Ordering (630S) Client Processes: • Nutrition Education Provided screen (CP311S) • Client Primary screen
5. Do outreach materials developed by the local program include the nondiscrimination statement and notification of where to file complaints? *(Brochures, flyers, radio and television public service announcements)*	Y / N		
6. Is the nondiscrimination statement posted? *(USDA poster)*	Y / N		
7. Is the program equally accessible to people with disabilities under the special provisions for the disabled?	Y / N		Client Processes: • Alternate Format Listing (CP996R)

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	8. Have annual outreach activities been developed and implemented to inform eligible individuals, particularly minorities, of the availability of the WIC program?	Y / N		Operations Mgmt: • Non-English Spoken Language report (OM060R) • Non-English Written Language report (OM070R) • Racial Ethnic report
C.	**Local Policies & Procedures** 1. Are all local WIC policies and procedures developed within the framework of USDA, Federal and State requirements?	Y / N	• State Policy 420—Approval Process for Local Program Policies & Procedures	

D.	**Staffing**
	1. Have all staff who provide WIC services completed all required training modules?
	2. Is a qualified RD/Nutritionist available for high-risk counseling and referral?
	3. Is there documentation that all CPAs have participated in quarterly inservices on nutrition topics?
	4. Training Supervisor
	   a. Is there a qualified staff person identified as the training supervisor?
	   b. Is the training supervisor actively involved in training staff?
		Y / N
		
		Y / N
		
		Y / N
		
		Y / N
		
		Y / N
			• State Policy 440—Nutrition Training Manual
			• State Policy 660—Competent Professional Authority: Requirements
			• State Policy 661—Competent Professional Authority: Appropriate Counseling for Risk Levels
			• Scope of Work: WIC Programs must provide access to the services of a qualified Nutritionist for WIC participants and staff (Agreement approved by CLHO MCH Committee 1-01 and CLHO Executive Committee 2-01)
				Operations Mgmt:
				• Modules Completed report (OM290R)
				• 300R
				• 310R
				
				Client Processes:
				• CP670R

E.	**Local Agency (LA) Self-Evaluation** 1. Is there documentation on file demonstrating that the LA has conducted a self-evaluation of their program operations, including those of associated clinics at a minimum of every other year?	Y / N	• State Policy 215—Local Program Monitoring and Review • 7 CFR 246.19(b)(6)—State Agency responsibilities	
II.	**CERTIFICATION**			
A.	**Appropriate Use of Wait List / Priority System** 1. Are the wait list and priority system being used appropriately to manage caseload?	Y / N	• State Policy 475—Waiting List • 7 CFR 246.7(f)(1)—Waiting lists	

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B.	**Processing Standards** 1. Are processing standards met, or temporary extensions approved by the state WIC program? 2. Is there a local policy for rescheduling pregnant women?	Y / N Y / N	• 7 CFR 246.7(b)(5)—Program Referral and Access • State Policy 605—Processing Standards	Appointment Scheduler: • Family Appointments screen, Cancel/Reschedule History (AS240S) • Appointment Needed Waiting List Summary (AS410R) Client Primary: • Ap Enroll Status screen, Prescreen Date

C.	**Eligibility Screening**
	1. Are appropriate proofs requested and provided?
	   a. Proof of ID?
	   b. Proof of Client Income?
	   c. Proof of Residency?
	   d. Adjunctive Eligibility?
	
	2. Is the participant being certified physically present for the visit?
		
		Y / N
		Y / N
		Y / N
		Y / N
		
		Y / N
			• State Policy 601—Physical Presence at Certification
			• State Policy 610—Proof of Identity & Residency
			• State Policy 614—Income Eligibility: Introduction & Overview
			• State Policy 615—Income Eligibility: Adjunct or Automatic Income Eligibility
			• State Policy 616—Income Eligibility: Verification, Proof & Documentation of Income
			• State Policy 617—Income Eligibility: Determination of Income Eligibility
			• State Policy 640—Documentation Requirements in TWIST
			• Public Law 105-336—Child Nutrition Reauthorization Act of 1998, §203
			• Final WIC Policy Memorandum 99-54: Strengthening Integrity in the WIC Certification Process
				Client Processes:
				• Income Eligibility screen (CP060S)
				• Register of Clients with Eligibility Pending (CP170R)

D.	**Physical Assessment** 1. Are measurements taken and documented correctly? 2. Are timeframes met for blood work? 3. Are refusals properly documented? 4. Does the program follow a standard procedure and document routine testing and, if needed, calibration of scales based on industry standards for the equipment to ensure accuracy in measurements and risk evaluation? 5. Does the program follow a standard procedure and document routine cleaning and calibration of the blood testing equipment based on industry standards to ensure accuracy in measurements and risk evaluation?	 Y / N Y / N Y / N Y / N Y / N	• State Policy 625—Nutrition Risk Assessment • State Policy 626—Hemoglobin and Hematocrit Screening in WIC • State Policy 640—Documentation Requirements in TWIST • 7 CFR 246.7(e)(1)(i)(A) and (B), (ii)(A) and (B)(1-3) • Anthropometric Training Module • Biochemical Training Module • USDA: FNS 815-1A—Review of selected anthropometric and hematologic instruments used in nutrition assessment	Client Processes: • Certification screens for Women and Infant/Child (CP311S & CP310S)

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E.	**Participant Notification/Rights and Responsibilities (R&R)** 1. Are participants notified of R&R? 2. Is the Participant Signature form signed by the participant and is a copy on file? 3. Is information in appropriate languages? 4. Are minimum orientation requirements provided at initial certification? 5. Is FI use explained to the participant? 6. Are ineligibility or graduation letters issued within timeline?	Y / N Y / N Y / N Y / N Y / N Y / N	• State Policy 452—Civil Rights • State Policy 485—WIC ID Card • State Policy 635—Participant Notification: Eligibility, Rights & Responsibilities • State Policy 636—Participant Notification: Ineligibility & Termination from WIC • State Policy 640—Documentation Requirements in TWIST • 7 CFR 246.7(j)—Notification of participant rights and responsibilities	Client Processes: • WIC Ineligibility Letter (CP010R & CP015R) • Graduation Notices (CP042R & CP044R) Appointment Scheduler: • Correspondence (AS430S)
F.	**Nutritional Risk** 1. Are all applicable risks selected? 2. Are all selected risks documented correctly? 3. Are required referrals made on behalf of client? 4. Does the food prescription fit the participant's category and nutritional risk? 5. Is a connection made between the participant's program eligibility and desired health outcomes? 6. Was the special medical formula prescription/HP Authorization noted in Food Package Assignment tab? *(If applicable)* 7. Is there a prescription on file for the special medical formula that was issued? 8. Is diet questionnaire completed for infant mid-cert health assessments?	Y / N Y / N Y / N Y / N Y / N Y / N Y / N Y / N	• State Policy 625—Nutritional Risk Assessment • State Policy 635—Participant Notification: Eligibility, Rights & Responsibilities • State Policy 640—Documentation Requirements in TWIST • State Policy 646—Mid-Certification Health Assessment • State Policy 670—Risk Criteria: Overview • State Policy 675—Risk Criteria: Codes & Descriptions • State Policy 760—Medical Formula: Infants • State Policies 730-795—Formula and Food Packages • State Policy 880—Referrals: Alcohol, Tobacco & Other Drug Use • State Policy 820—Nutrition Education: Participant Contacts • State Policy 885—Other Referrals: Required and Recommended	Client Processes: • Certification screens for Women and Infant/Child (CP311S & CP310S)
G.	**Immunization Screening and Referral** 1. Does the local program screen infant/child immunization status using a documented record at certification visits for children between 3-24 months of age? 2. Does the local program provide a referral to immunization services if needed?	Y / N Y / N	• State Policy 481—Immunization Screening & Referral Protocol	Client Processes: • Certification screens for Women and Infant/Child (CP311S & CP310S)
H.	**Voter Registration** 1. Is the applicant (who is eligible to vote) given an opportunity to register to vote at both certification and recertification?	Y / N	• State Policy 480—Voter Registration	Client Processes: • Enrollment (CP060S)

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I.	**Counseling and Referral** 1. Is a basic (first) nutrition education (NE) contact offered to all participants? 2. Are NE topics that are discussed with the participant documented appropriately? 3. Are nutrition counseling topics and materials appropriate for the participant's nutrition need and/or category? 4. Is second nutrition education offered?	Y / N Y / N Y / N Y / N	• State Policy 640—Documentation Requirements in TWIST • State Policy 810—Nutrition Education: Making Nutrition Education Available • State Policy 820—Nutrition Education: Participant Contacts • State Policy 830—Nutrition Education: Documentation	Client Processes: • Nutrition Education Provided screen (CP311S)
J.	**Nutrition Education (NE) Next Step** 1. Is the participant offered an opportunity to set a nutrition education next step?	Y / N	• State Policy 820—Nutrition Education: Participant Contacts	Client Processes: • Next Step screen (CP311S) • WIC Participant Summary Report
K.	**Documentation of Appointment Attendance** 1. Is participant attendance documented in TWIST?	Y / N	• State Policy 606—TWIST Minimum Scheduler Usage • State Policy 830—Nutrition Education: Documentation	Appointment Scheduler: • Family Appointment Record (AS240S) • Daily Clinic Schedule (AS170S) • Group Ed (AS220S)
III.	**NUTRITION EDUCATION (NE)**			
A.	**Second Nutrition Education Contact** 1. a. Does the local program provide or make available second or high-risk nutrition education to participants using individual contacts or group sessions? b. Are there education opportunities available to meet the needs of each WIC category and risk?	Y / N Y / N	• State Policy 800—Nutrition Education: Introduction & Overview • State Policy 810—Nutrition Education: Making Education Available • State Policy 820—Nutrition Education: Participant Contacts • State Policy 830—Nutrition Education: Documentation • State Policy 835—Nutrition Education: Attendance or Refusal • State Policy 860—Nutrition Education: Monitoring • 7 CFR 246.11—Nutrition Education • Nutrition Services Standards 1E—Staff Qualifications, Roles and Responsibilities • Nutrition Services Standards 8A—Nutrition Education Contacts • USDA WRO letters dated 9/23/94 and 1/2/94 • May 1998 State Technical Assistance Review Report dated 12/28/98	Client Processes: • Certification screens for Women and Infant/Child (CP311S & CP310S) • Participants Needing 2nd NE Appt Scheduled (CP455R) Appointment Scheduler: • Group Education Classes base table

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	2. If nutrition education is provided by non-WIC programs, is it appropriately documented according to State Policy 810.5 and 830.5.2?	Y / N	• State Policy 810—Nutrition Education: Making Education Available • 7 CFR 246.11—Nutrition Education	Client Processes: • Participants Needing a 2nd NE Appt Scheduled (CP455R) • Non-WIC Nutrition Education Summary report
	3. If a participant does not attend scheduled second nutrition education, are food instruments printed according to local procedure?	Y / N	• State Policy 835—Nutrition Education: Attendance or Refusal • State Policy 505—Food Instrument Issuance and Printing • 7 CFR 246.12(r)(4)	Client Processes: • Enrollment, Intake • Food Issuance matched with 2nd NE Contact or Refusal
	4. Have WIC staff who conduct second nutrition education completed the appropriate training modules?	Y / N	• State Policy 440—Nutrition Training Manual • State Policy 810—Nutrition Education: Making Education Available • 7 CFR 246.11—Nutrition Education	Operations Mgmt: • Modules Completed report (OM290R)
	5. Nutrition Education Class Observe a nutrition education class. *(If observation is not possible, review class outline and class list.)* a. Does the program have NE lesson plans on file? b. Did the instructor cover the objectives found in the lesson plan? *(QA only)* c. Were the participants' cultural/language needs met?	 Y / N Y / N Y / N	• State Policy 820—Nutrition Education: Participant Contacts • 7 CFR 246.11—Nutrition Education	
B.	**High Risk Requirements** 1. Is the care plan documented? 2. Is the care plan accurate and related to participant's high risk? *(QA Only)* 3. Is there a locally developed protocol for referral of high-risk participants to a qualified nutritionist? 4. Is the local agency high-risk participant referral protocol followed?	 Y / N Y / N Y / N Y / N	• State Policy 661—Competent Professional Authority: High-Risk Counseling • State Policy 830—Nutrition Education: Documentation	Client Processes: • Certification screens for Women and Infant/Child (CP311S & CP310S)
C.	**Annual Nutrition Education Plan** 1. Is there an approved nutrition education plan and evaluation on file for the local program? 2. Has the approved NE plan been implemented?	 Y / N Y / N	• State Policy 850—Nutrition Education Plan	

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IV.	**BREASTFEEDING PROMOTION & SUPPORT**			
A.	1. Does the local program promote a positive clinic environment to endorse breastfeeding as the preferred method of infant feeding?	Y / N	• State Policy 440—Nutrition Training Manual • State Policy 710—Breastfeeding: Promotion • State Policy 711—Breastfeeding: Benefits & Contraindications	
	2. Is breastfeeding promoted to all pregnant women at their certification visit?	Y / N	• State Policy 712—Breastfeeding: Breast Pump Distribution and Recovery Guidelines • State Policy 715—Breastfeeding: Procedures for Ordering Breast Pumps • 7 CFR 246.11 (c)(7)(i-iv)—Nutrition education • 7CFR 246.11 (e)—Nutrition education, Participant contacts • May 1998 State Technical Assistance Review Report dated 12/28/98 • Nutrition Services Standards 13C—Education and Support • State Policy 713—Breastfeeding: Use of Supplemental Formula	Client Processes: • Certification screens (CP311S); NE Plan, Progress Notes, BF Tracking Questionnaire, Contacts, Referrals
	3. Is there a designated breastfeeding promotion coordinator?	Y / N		Operations Mgmt: • Staff Information/LA Roles (OM140S) • Agency/Clinic Information (OM010S), LA Staff and LA Key Contacts
	4. Do women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods?	Y / N		Appointment Scheduler: • Nutrition Education Classes/Class List (AS080S)
	5. Are breastfeeding promotion and support activities evaluated annually as part of the Nutrition Education Plan?	Y / N		
	6. Breast Pumps *(If applicable)* a. Are the required procedures followed when issuing breast pumps? *(Observe or review procedure.)*	Y / N		Client Processes: • Breastfeeding Tracking Questionnaire/Pump Assessment (CP311S)
	b. Are the required procedures followed for tracking hospital grade pumps?	Y / N		
	c. Are the recommended procedures followed for cleaning hospital grade pumps? *(QA only)*	Y / N		
	d. Does the local program order and receive breast pumps according to State Policy 715?	Y / N		
	e. Is there a procedure for assuring security of breast pumps?	Y / N		
	7. a. Are requests for formula from breastfeeding women handled in a breastfeeding-friendly way?	Y / N		Client Processes: • Infant Certification Food Package Assignment (CP311S)
	b. Are breastfed infants' food packages tailored so as to encourage continued breastfeeding? **(QA only)**	Y / N		

	Program Area	Yes / No	Citations	Resources (TWIST Screen or Report)
V.	**PROGRAM INTEGRITY**			
A.	**FI Security Procedures** 1. Are FI stock, unused MICR toner cartridges and printed FIs kept in locked storage during non-use times including breaks, meal times and overnight? 2. Does a staff person attend unlocked FIs and FI stock at all times? 3. Is a monthly physical inventory performed with the actual FI stock on hand? 4. Is the disposition of each FI documented? 5. Does the local WIC coordinator review FI security and audit trails quarterly? 6. Are records of FI issuance (i.e. FI stubs) kept on file for three years?	Y / N Y / N Y / N Y / N Y / N Y / N	• State Policy 500—Ordering and Securing Food Instrument Stock and MICR Toner • State Policy 505—Food Instrument Issuance and Printing • State Policy 530—Food Instrument Register and FI Stub • 7 CFR 246.12—Food delivery systems • State Policy 560—Replacing Food Instruments	Food Instruments: • FI Lookup screen (FI130S) • Void Unissued FI Stock screen (FI140S) Client Processes: • View Client Status screen (CP110S)
B.	1. Are participant signatures on the FI stubs?	Y / N	• State Policy 505—Food Instrument Issuance and Printing • 7 CFR 246.12—Food delivery systems	Food Instruments: • FI Number Signature Log (FI140R)
C.	1. Is there a division of responsibilities between staff making risk assessment and staff responsible for FI issuance? 2. Are staff informed of state policy regarding serving relatives and is this policy followed?	Y / N Y / N	• State Policy 595—Program Integrity: Separation of Duties • State Policy 611—Certification & Issuing Food Instruments to Relatives	
D.	**FI Mail Return** 1. Does the local program have a procedure for mailing FIs? 2. Is the state procedure followed to ensure the return of FIs if a participant no longer resides/receives mail at the address to which the FIs were mailed?	 Y / N Y / N	• State Policy 506—Exceptions for Mailing Food Instruments • 7 CFR 246.7 (f)(2)(B)(iv-v)—Processing Standards • 7 CFR 246.12 (r)(4)—Food instrument pick up	Food Instruments: • Handle Mail Returns (FI190S)

E.	**Confidentiality**
	 1. Does the local program protect the WIC applicant/client's confidentiality?
	     a. Maintains confidentiality of participant's electronic and hardcopy records?
	     b. Protects client information from unauthorized disclosure?
	     c. Assures privacy of client information when interviewing or counseling clients?
	     d. Secures computer information by use of secure passwords, locking screensavers, and extra security with satellite clinic laptops?
		
		 Y / N
		
		 Y / N
		
		 Y / N
		
		 Y / N
		
		 Y / N
			• State Policy 450—Confidentiality
			 • 7 CFR 246.26(d)—Confidentiality of applicant and participant information
			 • WIC Final Policy Memorandum 2002-2: DHHS Regulations to Implement HIPPA of 1996 and Applicability to the WIC Program (12/12/2001)
			 • FNS Instruction 800-1—WIC Program, General Administration: Confidentiality
			 • ORS 179.505—Inspection of patient records, consent, exceptions, scope of use, release to others, penalty	

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	Program Area	Yes / No	Citations	Resources (TWIST Screen or Report)
F.	**Commodity Surplus Food Program (CSFP)** 1. If a CSFP provides service in your geographical area, are participants informed of restrictions of dual participation between WIC and CSFP?	Y / N N/A	• State Policy 587—Dual Participation • State Policy 590—Participant Violations – Consequences of Dual Participation • State Policy 635—Participant Notification: Eligibility and Rights & Responsibilities	
G.	1. Have all employees signed the Oregon WIC Employee Signature form within the last 12 months? (*QA only*)	Y / N	• State Policy 596—Program Integrity: Acknowledgement of Employee Responsibilities	
VI.	**FISCAL MANAGEMENT**			
A.	**Payroll Charges** 1. Is a completed quarterly time study on file for all staff paid with WIC funds? 2. Does the documentation provided with the WIC Personnel Summary reflect information provided by the quarterly time study?	Y / N Y / N	• State Policy 316—Annual Breakout of Staff Time • State Policy 320—Fiscal Review of Local Programs • Fiscal Scope of Work—Fiscal Administration of Grants	
B.	**Nutrition Education and Breastfeeding Promotion Expenditures** 1. Do expenditures reflected for nutrition education and breastfeeding promotion meet the program expenditure requirements?	Y / N	• State Policy 315—Fiscal Reporting Requirements • 7 CFR 246.17 Closeout Procedures • WIC Closeout Reporting Guide	

Summary of Review: