

## WIC Agency Office Visit

### Required Documents

The information below lists documents that must be available during the WIC Agency Office Visit. **Documents must be available for the contract agency and any subcontractors.**

- Memorandum of Agreements (MOAs)/Memorandum of Understanding (MOUs), referral agreements
- Local agency policies/plans
  - Orientation program for new employees
  - Local Agency Security Plan
  - Local Agency Formula Return Policy
  - Missed Appointment Policy
  - Written Clinic Cancellation Policy
  - Walk-in/Late Arrival Policy
  - Exposure Control Plan
  - Staff Conflict of Interest policy
- Local agency created materials
- Local Agency Disaster Plan and required components
  - Point of Contact List
  - “WIC Operational Plans during an Emergency”
  - Disaster Kit
- Signed Conflict of Interest Forms
- Staff training records (documented in the data system)
- Verification of current licensure of all professional staff
- Signed Statement of Confidentiality
- Individual Hepatitis B documentation
- Individual TB documentation
- Termination by System Pending report for participant notification documentation
- Outreach activity log
- “Facility Tuberculosis (TB) Risk Assessment Tool for Health Care Settings”
- Formula donation/disposal log
- Grant application activity documentation
- Waiting list, if applicable
- Results of the internal Clinic Service Record Audit (Five terminated WIC participants, three ineligible participants, ten active participants)

**WIC Agency Office Visit****Date:****Agency:****State Staff:****Local Staff:****Active Participation**

	<b>Previous Fiscal Years</b>	<b>Current Fiscal Year:</b>	<b>Previous Month:</b>	<b>Comments</b>
Actual average monthly participation	FY: FY: FY: FY: FY:			
Estimated monthly participation				
<u>Actual</u> _____ = percent Estimated		%		

## Policy/Procedure/Form References:

- VII. Caseload Management Policies: Participation Data

**Enrollment**

	<b>Previous Fiscal Years:</b>	<b>Current Fiscal Year:</b>	<b>Previous Month:</b>	<b>Comments</b>
Actual average monthly enrollment	FY: FY:			
Average % Enrolled with Benefits <u>Participation</u> _____ = percent Enrollment	FY: % FY: %	%		

**Expenditures**

	Last Fiscal Year (\$ and %)	Year-to-Date (\$ and %)	Comments
Total grant award for current Fiscal Year:			
Nutrition Education Expenditures			
Breastfeeding Expenditures (Minimum 3%)			
Total Nutrition Education and Breastfeeding Expenditures (Minimum 20%)			

## Policy/Procedure/Form References:

- V. Nutrition Services & Administration (NSA) Expenditures Policies: Nutrition Services and Administration (NSA) Costs

**Breast Pumps**

	Comments
Number of Breastfeeding Women (Previous Month):	
Breast pump Expenditures for Previous Four Quarters:	

Pumps/Rentals	# Purchased/Four Quarters				Comments
	FY: Quarter:	FY: Quarter:	FY: Quarter:	FY: Quarter:	
Manual					
Electric					
Rentals					
Collection Kits					
Total \$ per Quarter					

**Subcontracts**

	Yes	No	NA/Not Observed	Comments
Describe how oversight is being provided for subcontracts and subcontracted agencies:				

The contract holder has required policies/documents/materials for the subcontractors				
Policies/documents/materials all align between the contract holder and subcontractor				

## Policy/Procedure/Form References:

- IV. Organization and Management Policies: Subcontracts

**Reports**

The following reports will be run by the nutrition consultant prior to the Agency Office Visit.

Report	Time Period	Comments
Referral Summary	<i>Previous Month</i>	
Processing Standards Non-Compliance	<i>Previous Month</i>	
Formula First Introduced to Breastfed Infants	<i>Previous Month</i>	

**Collaboration, Partnerships, Referrals, MOUs/MOAs**

	Yes	No	NA/Not Observed	MOU/MOA	Comments
The agency collaborates, partners, and/or refers with the following and describe:					
County Boards of Health – List counties:					
Maternal Health					
Child Adolescent Health					
I-Smile					
Family Planning					
1st Five					
Local Public Health Services					
Immunization Programs					
Lead Testing					
Medical Providers					
Dentists					
Water Testing					

	Yes	No	NA/Not Observed	MOU/MOA	Comments
Head Start/Early Head Start					
Child Care Referral and Assistance					
Early Childhood Iowa (ECI)					
Community Health Centers					
Home Visitation Programs					
Food Banks/Pantries					
Low-Income Home Energy Assistance Program (LIHEAP)					
Parenting Classes					
Breastfeeding Coalitions/linkages					
Coalitions					
Medicaid					
Hawki					
Supplemental Nutrition Assistance Program (SNAP)					
Other organizations – Describe					
Referrals are followed up upon appropriately. Describe:					
Does the agency have any agency specific referral criteria? If so, describe:					

## Policy/Procedure/Form References:

- VIII. Certification, Eligibility, and Coordination of Services Policies: Referrals, Referrals to Medicaid and Hawki, Referrals to Programs and Agencies

**Grant Application/Reports**

	Yes	No	NA/Not Observed	Comments
Demonstrates progress made towards implementing strategies, goals, and activities within the Nutrition Services Plan and Evaluation				
Demonstrates progress made towards outreach strategies/activities				
Are modifications to current grant application plans/strategies needed? If so, describe:				
Is technical assistance needed/requested for grant application plans/strategies?				
Required reports submitted on time				

Policy/Procedure/Form References:

- X. Monitoring and Audit Policies: Required Reports

**Local Agency Policies/Plans**

	Yes	No	NA/Not Observed	Comments
The local agency has policies and/or plans for the following and they include all required information:				
Orientation program for new employees				
Local Agency Security Plan				
Local Agency Formula Return Policy				
Missed Appointment/ FI pick-up Policy				
Written Clinic Cancellation Policy				
Walk-in/Late Arrival Policy				
Exposure Control Plan				
Staff Conflict of Interest Policy				

Policy/Procedure/Form References:

- II. Nutrition Services Policies: Infant Formula Returns, Local Agency Personnel Training
- III. Management Information Systems Policies: Local WIC Agency Data Processing
- IV. Organization and Management Policies: Clinic Environment, Infectious Disease Control
- IX. Food Delivery and FI Accountability and Control Policies: Missed Appointments and Food Instruments
- XI. Civil Rights Policies: Notification of Program Changes

**Local Agency Disaster Plan**

	Yes	No	NA/Not Observed	Comments
Local agency has a disaster plan that incorporates state guidelines as well as local public health procedures and is updated annually				
Maintains a local point-of-contact list that includes required information and is updated annually				
Current “WIC Operational Plans during an Emergency” document				
Conduct and/or attend local agency and state disaster training when scheduled				
Maintains one disaster kit at the main office and one for travel				
Disaster kits include required items				

## Policy/Procedure/Form References:

- IV. Organization and Management: WIC Disaster Plan (WIC Operational Plans during an Emergency)

**Personnel**

Position	Name(s)	Comments
WIC Coordinator		
Support Staff		
Licensed Dietitian(s)		
Registered Nurse(s)		
Nutrition Educator(s)		
Nutrition Educator - WIC Nutrition Assistant		
Local Agency Nutrition Coordinator		
Local Agency Breastfeeding Coordinator		
WIC Designated Breastfeeding Expert (DBE)		
Breastfeeding Peer Counselor Coordinator		
Breastfeeding Peer Counselor(s)		

Equal Opportunity Affirmative Action Officer			
Section 504/Americans with Disabilities Coordinator			
<b>Other – Describe:</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Personnel is up-to-date in IowaGrants.gov			

## Policy/Procedure/Form References:

- IV. Organization and Management Policies: Breastfeeding Peer Counselor, Breastfeeding Peer Counseling Coordinator, Competent Professional Authority (CPA), Hiring Personnel, Licensed Dietitian, Licensed Practical Nurse, Local Agency Breastfeeding Coordinator, Local Agency Nutrition Coordinator, Nutrition Educator, Registered Nurse, Section 504/Americans with Disabilities Coordinator, Support Staff, WIC Coordinator, WIC Designated Breastfeeding Expert (DBE), WIC Nutrition Assistant

**Personnel Training & Other Requirements**

Note: Not all trainings below are required for all staff members. See the policies “Local Agency Personnel Training” and “New Employee Training Record” for specific requirements.

	<b>Yes</b>	<b>No</b>	<b>NA/Not Observed</b>	<b>Comments</b>
Individual training records are current for each staff person and subcontracted staff and are completed within the required timeframes for the following:				
Local Agency Orientation (at the time of hire)				
On-the-Job Training (New Employee Training Checklist) (at the time of hire)				
Civil Rights Training within 1 month of hire (before talking with participants), and then annually				
Data System Training (within 1 month of hire)				
State sponsored security awareness training (when assigned)				

Bloodborne Pathogens (within 1 month of hire and then annually)				
Americans with Disability Act (ADA) Training (within 1 month of hire)				
Orientation to child and dependent Adult abuse laws (within 1 month of hire)				
Child Abuse Training (within 6 Months of employment, then every 3 years)				
Dependent Adult Abuse Training (within 6 months of employment, then every 3 years)				
New Employee Training Course – Level 1 (within 1 month of hire)				
USDA Breastfeeding Curriculum Training – Level 1 (within 1 month of hire and prior to BFPCs contacting participants)				
USDA Breastfeeding Curriculum Training – Level II (within 6 months of hire and prior to BFPCs contacting participants)				
USDA Breastfeeding Curriculum Training – Level III (within 6 months of hire)				
USDA Breastfeeding Curriculum Training – Level IV (within 6 months of hire)				
Wichealth.org Academy Online Training (within 3 months of hire)				
New WIC Coordinator Training (within 3 months of hire)				
New Employee Training Course – Level 2 (within 6 months of hire)				
Nutrition Risks Training (within 6 months of hire)				
WIC Baby Behavior Basics (within 6 months of hire)				
Feeding Infants: Nourishing Attitudes and Techniques (within 6 months of hire)				

New Employee Training Course – Level 3 (within 9 months of hire)				
Value Enhanced Nutrition Assessment (VENA) (within 9 months of hire)				
VENA: Connecting the Dots between Assessment and Intervention (within 9 months)				
Listening to Engage, Empower, and Influence				
Wichealth.org: 1 3 participant Lessons completed (within the 1 <sup>st</sup> year of employment and then annually)				
Extended Breastfeeding Training, i.e. IBCLC, CLS, CLC, CBS, etc. (within the 1 <sup>st</sup> year of hire)				
Nutrition and health related continuing education				
Verification of current licensure of all professional staff, including subcontracted staff, is on file				
Conflict of Interest Form reviewed and signed by each WIC staff member, including subcontracted staff				
Signed Statement of Confidentiality is reviewed and signed by each WIC staff member, including subcontracted staff				
Individual Hepatitis B documentation is current for each staff person, including subcontracted staff				
Individual TB test results and documentation are current for each staff person, including subcontracted staff				
All local agency staff, all subcontractors, and all contracted staff have a business email address. Personnel email addresses are not used.				

Policy/Procedure/Form References:

- II. Nutrition Services Policies: Local Agency Personnel Training
- II. Nutrition Services Forms: New Employee Training Checklist, Training and Education Record
- III. Management Information Systems Policies: Local WIC Agency Data Processing
- IV. Organization and Management Policies: Hiring Personnel, Infectious Disease Control
- XI. Civil Rights Policies: Civil Rights Training

### Data Management

	Yes	No	NA/Not Observed	Comments
WIC data system reports are used to monitor trends. List reports used:				
Are other data sources used (i.e. Iowa Newborn Metabolic Screening Profiles, Iowa Vital Statistics, Iowa Health Fact Book, Iowa Kid's Count, BRFSS, PNSS/PedNSS)? If so, describe:				
Uses WIC Nutrition Education Needs Assessment Technical Assistance Tool.				
Involved in county Community Health Assessment & Health Improvement Planning (CHA CHIP)				
Results from the Community Health Assessment & Health Improvement Planning (CHA CHIP) utilized				
Is WIC data communicated to others? If so, describe to who and how?				
Agency follows confidentiality requirements per policy and the local agency contract with the Department				

### Policy/Procedure/Form References

- III. Management Information Systems (MIS): Local WIC Agency Data Processing
- VII. Caseload Management Policies: Caseload Management
- VIII. Certification, Eligibility and Coordination of Services Policies: Confidentiality of Participant Information

### Participant and Community Notification

	Yes	No	NA/Not Observed	Comments
Notification of program changes - Who receives notification? - How is notification provided? - When is notification provided?				

Categorical Ineligibility Notification <ul style="list-style-type: none"> <li>- How are participants notified if they will be categorically ineligible?</li> <li>- Documentation included on the “Termination by System Pending” Report if applicable.</li> </ul>			
Participants are notified if their certification is about to expire within 15 days, but no more than 45 days of expiration of their certification end date and notification is appropriately documented			

**Policy/Procedure/Form References**

- VIII. Certification, Eligibility and Coordination of Services Policies: Terminations
- XI. Civil Rights Policies: Notification of Program Changes

**Caseload Management and Outreach**

	Yes	No	NA/Not Observed	Comments
Provides an opportunity each month to certify all categories of WIC participants in every county				
Is able to make WIC appointments during hours the agency is open for business				
Offers extended clinic hours				
Has regular and ongoing communication with participants and community partners about operating hours and locations				
Co-location or integration of services with community partners at WIC clinics whenever possible. Coordinates appointments with other services delivered at the same time to the extent possible.				
Determines optimum clinic site location				
Monitors and collects participant input, feedback and satisfaction. Describe:				
Appointments meet the 10-20 day processing standards requirement				

Provides outreach activities to specifically target persons eligible to receive WIC services, including new and current participants – Describe:				
Provides outreach to promote and familiarize the community and other services providers about the WIC Program to increase referrals to WIC – Describe:				
Local agencies operating WIC within a hospital and/or that has a cooperative agreement with a hospital: <ul style="list-style-type: none"> <li>- Advises potentially eligible individuals that receive inpatient or outpatient services, of the availability of program services</li> <li>- Provides an opportunity for individuals who may be eligible to be certified within the hospital, to the extent feasible</li> </ul>				
Outreach activities include positive breastfeeding messages				
Keeps an outreach activity log				
Records information in the “Referred to WIC by” field in the data system				
Required information about potential incentive items are provided through IowaGrants.gov and contain the required information				
Approval requests for purchasing incentive items are submitted to the State Office through IowaGrants.gov.				
Waiting list contains required information				
Participant priority system applied appropriately				

## Policy/Procedure/Form References

- IV. Organization and Management Procedures: WIC Service Delivery
- VII. Caseload Management Policies: Caseload Management, Funding Shortage and Participant Waitlists, Outreach, Program Incentive Items
- VIII. Certification, Eligibility and Coordination of Services Policies: Processing Standards and Notice of Eligibility

**Civil Rights**

	Yes	No	NA/Not Observed	Comments
USDA Nondiscrimination Statement used on appropriate materials and websites				
Notice provided, including websites, to persons with limited English proficiency about the availability of language assistance services and how to request them				
Notice provided to persons with disabilities about the availability of reasonable modifications, auxiliary aids, and services and how to request them				
Regularly assesses the language needs of participants in their service area and determines appropriate measures to meet the language needs of Limited English Proficient participants				

## Policy/Procedure/Form References:

- XI. Civil Rights Policies: Limited English Proficiency Participants, Participants with Disabilities, USDA Nondiscrimination Statement

**Vendor**

	Yes	No	NA/Not Observed	Comments
Are there adequate approved vendors in your service area? If not, describe:				
Is follow-up provided between participant and vendor problems? Describe how and who provides follow-up:				
Describe any local vendor issues:				

**Other**

	Yes	No	NA/Not Observed	Comments
Describe the process your agency uses for participants completing wichealth.org for follow-up and issuing benefits				
High-risk participants completing wichealth.org receive one-to-one follow-up				

Homeless facilities contacted periodically to verify the facility meets conditions as stated in the policy “Homeless Participants”				
“Facility Tuberculosis (TB) Risk Assessment Tool for Health Care Settings” completed annually				
Food Instrument receiving and verifying process in place				
Formula donation/disposal log maintained				
Filed a participant incident report form in the last year				
Describe any agency created materials				
Maintains verification of compliance with <b>Iowa Department of Management</b> standards of software (operating, application, and security) and security updates				

## Policy/Procedure/Form References:

- II. Nutrition Services Policies: Infant Formula Returns
- IV. Organization and Management Policies: Disruptive Participants, Infectious Disease Control
- VII. Caseload Management Policies: Homeless Participants
- IX. Food Delivery and FI Accountability and Control Policies: Food Instrument Inventory and Security

**Summary**

**Strengths:**

**Recommendations:**

**Requirements (include reference to policy)**

**Additional Comments:**

**Signature/Date**

**Iowa Department of Health and Human Services**