Chapter 15
Monitoring/Auditing

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The purpose of this Chapter is to provide information about required State Agency monitoring. Local Agency self-assessments, and audit activities.

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State Agency Monitoring of Local Agencies

Each local agency WIC program must be monitored by the State Agency at least once every two federal fiscal years.

Components of Local Agency Monitoring

At a minimum, monitoring of local agencies must include a review of management practices, the certification process, nutrition education, participant services, civil rights compliance, procedures to ensure accountability, financial management systems, and food delivery systems as well as a review of vendor training and vendor monitoring. The monitoring process includes a review of administrative and clinical records and documents, an observation of activities, and interviews with staff.

Monitoring Visit

- **Monitoring Review Team.** A monitoring review team is usually comprised of two staff members from the Community Nutrition Services Section (CNSS): a Regional Nutrition Consultant (RNC) and a central office staff. Sometimes there may be an additional team member.

- **Monitoring Tool.** A standard tool is completed by the team during a local agency WIC Program monitoring visit. Refer to Attachment 1 for the WIC Program Monitoring Tool, also available on www.ncdhhs.gov/ncwic.

- **Site Selection.** For local agencies with more than one site, CNSS makes every effort to vary the site monitored from one monitoring cycle to the next. Local agencies with more than five full time sites will have at least two sites monitored during each monitoring visit. These sites will vary from one monitoring cycle to the next.

- **Dates of the Monitoring.** The dates of a monitoring visit are established by the RNC in conjunction with the local agency staff and are confirmed in writing by the RNC. The monitoring process usually lasts for three days but may be shorter or longer depending on the size of the local agency and the types of services and programs provided.

Report of Monitoring Findings

- **Exit Conference.** At the conclusion of the monitoring visit, a report of findings is presented orally during an exit conference with local agency staff. There are two types of outcomes that may result from a WIC Program monitoring.
  - *Suggestion* is a recommendation that the review team believe will further enhance WIC Program services. They do not require a written response.
  - *Finding* reflects non-compliance with program regulations, rules and policies and requires a written corrective action plan (CAP).

- **Written Report.** Within 30 days of the completion of the monitoring visit, the local agency will receive a written report of findings, which includes strengths, suggestions and findings. These reports are addressed to the local agency Director or designee, with a copy sent to the local agency WIC Director or designee.

■ **Local Agency Response to Report of Findings and Corrective Action Plan**
Local agencies with cited findings are given 30 days from the date of the monitoring report of findings to submit a detailed CAP to the monitoring review team. The CAP must reflect activities the local agency will implement within six months of the monitoring event to permanently correct the cited findings indicated in the report.

- The CAP must include:
  - specific actions the local agency will take to correct each cited finding
  - a timetable for implementation of the identified actions
  - any additional information requested in the report of findings

- Submission of the CAP:
  - written on local agency letterhead
  - emailed to monitoring review team members at the email addresses indicated on the cover memo of the report of findings
  - include a cover memo on local agency letterhead signed by the local agency Director or by his/her designee.

■ **Approval of the Local Agency Corrective Action Plan**
Once the monitoring review team receives the CAP from the local agency, the team will respond in writing to the local agency Director, his/her designee (if applicable) and the WIC Director or designee within 15 days as to whether the CAP is approved as written or if revisions are required to more fully address findings noted in the report.

- If the CAP is accepted as written, a CAP acceptance letter will be emailed to the local agency Director and the WIC Director.

- If the CAP needs to be revised, within 15 days of receiving the CAP, the monitoring review team will have a conference call with the WIC Director to discuss needed changes.
  - Within 15 days of the conference call, the RNC will email the WIC Director a written summary of the agreed upon changes. The WIC Director will have 15 days from the date of the written summary to email a revised CAP to the review team with a cover memo on local agency letterhead and signed by the Agency Director. Within 15 days of receipt of this correspondence, the RNC will email written approval of the CAP or other correspondence if additional changes are required. If a designee is used, the local agency Director must be copied on the correspondence.

- **Corrective Action Plan Implementation and Monitoring Close-Out**
  Prior to the monitoring review team closing-out a monitoring event, the local agency must fully implement the approved CAP to the satisfaction of the review team and with the intent of permanently correcting cited findings. Within six months of the monitoring event, the RNC will conduct a visit with the local agency to review the documentation and implementation status of each activity within the approved CAP. Within 15 days of the visit confirming CAP implementation, the RNC will email written correspondence to the local agency indicating that the monitoring event is closed. If the CAP has not been implemented or is not satisfactorily effective, further correspondence will occur requiring additional actions from the local agency.

- **Confidentiality of Applicant/Participant Information**
  During all monitoring events, all applicant and participant information, which includes any written, electronic or verbal communication, must be maintained in a confidential manner by the monitoring review team. Refer to Chapter 16 for more information on participant confidentiality.

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Local Agency Self-Assessment

Each local agency must complete a Local Agency Self-Assessment (LASA) of program operations in years in which they are not being monitored by the State Agency.

- **Components of Local Agency Self-Assessment**
  The local agency self-assessment review may include management practices, the certification process, nutrition education, civil rights compliance, procedures to ensure accountability, financial management systems, and food delivery systems. This process may include a review of administrative and clinical records and documents, an observation of activities, and interviews with staff.

- **Local Agency Self-Assessment Event**

  - **Community Nutrition Services Section (CNSS) Responsibilities.** Each year, CNSS will prepare a schedule of LASA events. The schedule will include the agencies required to complete a self-assessment and the timeframe in which the self-assessment must occur.

    One month before each assigned event, CNSS will email a self-assessment packet with LASA Introduction Letter to the local agency Director or designee and WIC Director or designee for the LASA event. This packet will include guidance, applicable state agency reports, and resources to complete the self-assessment.

  - **Local Agency Responsibilities.** When designated for a self-assessment, the local agency must:
    - schedule time within the designated timeframe to complete the self-assessment;
    - decide on the approach to use and which staff will be directly involved in completing the self-assessment; and
    - complete the self-assessment using the tools in the emailed packet.

  - **Monitoring Tool.** A standard tool is completed by the local agency during the LASA event. Refer to Attachment 1 for the WIC Program Monitoring Tool or the WIC Program Digital Monitoring Tool on www.ncdhhs.gov/ncwic.

  - **Site Selection.** Local agencies with more than five full time sites must assess at least two sites which should vary from one self-assessment cycle to the next. Other local agencies with more than one site are encouraged to review all sites during the self-assessment, but at a minimum, should vary the site reviewed from one self-assessment cycle to the next.

  - **Dates of the LASA Event.** The required month of the LASA event is established by CNSS. The local agency has 30 days to complete the LASA event.

- **Report of Findings and Corrective Action Plan**

  - **Written Report.** Within 30 days of the completion of the LASA event, the local agency must develop a written report of findings, which includes strengths, suggestions and findings with program regulations, rules and policies and develop a specific corrective action plan (CAP) for each finding of non-compliance.
    - *Suggestion* is a recommendation that will further enhance WIC Program services. They do not require a written response.
    - *Finding* reflects non-compliance with program regulations, rules and policies and require a written corrective action plan (CAP).

- **Local Agency Response to Report of Findings and Corrective Action Plan**
  The expectation of the State Agency is that the CAP reflects activities the local agency will implement within six months of the self-assessment to permanently correct cited findings.

  - The CAP must include:
    - specific actions the local agency will take to correct each cited finding
    - a timetable for implementation of the identified actions

  - Submission of the report of findings and CAP:
    - written on local agency letterhead
    - emailed to CNSS staff as identified on the LASA Introduction Letter
    - include a cover memo on local agency letterhead signed by the local agency Director or designee.

- **Approval of the Local Agency Corrective Action Plan**
  Once the assigned CNSS staff receive the report of findings and CAP from the local agency, the assigned CNSS staff member will respond in writing to the local agency Director or designee and the WIC Director or designee within 15 days as to whether the CAP is approved as written or if revisions are required to more fully address the findings noted in the report.

  - If the CAP is accepted as written, a LASA CAP acceptance letter will be emailed to the local agency Director and WIC Director.

  - If the CAP needs to be revised, within 15 days of receiving the CAP, the assigned CNSS staff member will have a conference call with the WIC Director to discuss needed changes.
    - Within 15 days of the conference call, the CNSS staff member will email the WIC Director a written summary of the agreed upon changes. The WIC Director will have 15 days from the date of the written summary to email a revised CAP to the CNSS staff member with a cover memo on local agency letterhead and signed by the local agency Director. Within 15 days of receipt of this correspondence, the CNSS staff member will email written approval of the CAP or other correspondence if additional

changes are required. If a designee is used, the local agency Director must be copied on the correspondence.

- **Corrective Action Plan Implementation and Local Agency Self-Assessment Close-Out**
  Prior to the close-out of a LASA event, the local agency must fully implement their approved CAP to the satisfaction of the State Agency and with the intent of permanently correcting cited findings. Within six months of the LASA event, the assigned CNSS staff member will contact the WIC Director to review the documentation and implementation status of each activity within the approved CAP. This may be completed by either conference call or an on-site visit at the local agency. Within 15 days of the contact confirming CAP implementation, the CNSS staff member will email written correspondence to the local agency indicating the LASA event is closed. If the CAP has not been implemented or is not satisfactorily effective, further correspondence will occur requiring additional actions of the local agency.

- **Confidentiality of Applicant/Participant Information**
  During all monitoring events, all applicant and participant information, which includes any written, electronic or verbal communication, must be maintained in a confidential manner by the monitoring review team. (See Chapter 16)

- **Retention of Self-Assessment Paperwork**
  For each self-assessment event, the local agency must retain on file in accordance with DHHS Office of the Controller: a copy of the written report of findings, the CAP, documentation of CAP implementation (i.e., training agenda and date), all correspondence with the CNSS about the self-assessment including the close-out letter, and all of the local agency working papers. Refer to Chapter 13 Records Retention and Disposition Schedule. The completeness of this paperwork will be reviewed during the next State Agency monitoring of the local agency. Refer to Section 1 for information on State Agency monitoring of local agencies.

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Audits

An audit of a local agency is an independent investigation into the agency's financial operations, including its compliance with federal laws and regulations. WIC Programs can be audited in two ways:

- **Mandated Audits**
  Local agencies are required to have audits performed in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 2 CFR 200. Audit requirements in §200.501 state a non-Federal entity that expends $1,000,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of this part. The audit report shall be submitted to the Local Government Commission (LGC) by the County Administration (if single county health department) or the District Health Department or Public Health Authority (if so organized) within six months following the close of the contract.

  WIC specific audit findings referred to the DHHS Controller's Office by LGC may be investigated and findings verified by the DHHS Controller's Office and/or the Division of Child and Family Well-Being Program staff.

  If the Contract entity is a non-State entity, such entity is subject to the provisions of G.S. 143-6.2. Additionally, any non-governmental entity except a for-profit corporation is subject to the provisions of 2 CFR Part 200.

- **Periodic Federal Audits**
  Federal audits may occur at the request of USDA.

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Local Agency: _____

Dates of Review: _____

Review Team: _____

Site(s) Reviewed: _____

Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

WIC Program Monitoring Tool
Part I: Administrative Services Review
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1. Application Process & Transfer of Certification

Review Area	Reviewer Notes	Status**
1.1 Does the local agency follow required procedures for processing applications for the WIC Program? Minimum Standard: When an applicant contacts the local WIC office by phone or comes in and asks for WIC services, the applicant must be given an appointment within processing standards. If the appointment is outside of processing standards for the applicant's category, staff must document the reason the appointment is outside the processing standard. Applicants who miss their appointment to complete the eligibility determination must receive notification of the missed appointment. Pregnant women must receive this notification within 10 days and all other WIC categories must receive this notification of the missed appointment within 15 days. (WPM Chapters 6A and 6D) Local agencies must have a written policy for handling applications within processing standards when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed. (WPM Chapter 6A) Method of Review: ▪ Review the records of five (5) individuals from the Detail Initial Certification Appointments Made Outside of Processing Standards report using Table 1.1 to document findings. Include at least three (3) women in the sample, if possible. ▪ Ask staff for next available appointment for a pregnant woman, infant, child, breastfeeding, or postpartum woman. ▪ Interview staff about their procedures for processing applications. ▪ As applicable, review dual participation investigation working papers retained by the local agency. ▪ ***Review local agency's written policy for handling applications within processing standards when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed.***		

Table 1.1: Processing Standards
Using the Detail Initial Certification Appointments Made Outside of Processing Standards report, choose five (5) records (include three women if possible). Review appropriate Crossroads screens (i.e. family demographics/participant list, certification summary, family appointments, journal of transactions re: notices) to assure correct procedures and justified reasons for outside of processing standards for pending applications.

	1	2	3	4	5
1. Family ID					
2. WIC Category					
3. Date created (family demographics screen)					
4. Days past processing standards					
5. Reason appointment is outside of processing standards					
6. Scheduled appointment date / or walk-in policy					
7. Documentation of F/U for missed appointments ▪ Required for all categories					

Code for Table: ✓=Present M=Missing NA=Not Applicable I=Incomplete

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

1. Application Process & Transfer of Certification

Review Area	Reviewer Notes	Status**
1.2 Is physical presence of applicants/participants noted and documented at each certification (initial and subsequent)? Minimum Standard: At each initial certification and each subsequent certification applicants/participants must be physically present. Physical presence or an allowable exception must be documented in Crossroads. (WPM Chapter 6A) Method of Review: ▪ Observe physical presence for 3-5 participants using Appendix 1, item 3 to document findings. ▪ Link findings of observations with those from the record review.		
1.3 Is proof of identification and proof of residence reviewed and documented according to guidelines? Minimum Standard: Proof of Identification and proof of residence must be reviewed and documented at every certification and for participants transferring into the program. (WPM Chapter 6A) Method of Review: ▪ Observe screening of proof of identification and proof of residence for 3-5 applicants using Appendix 1, items 5-6 to document findings.		
1.4 Is income eligibility screened and documented according to guidelines? Minimum Standard: Income must be screened and documented at each certification in accordance with program policy. (WPM Chapter 6B) Method of Review: ▪ Observe income screening and review documentation for 3-5 applicants using Appendix 1, item 8 to document findings. If possible, include at least one full income screening (i.e., individual is not adjunctively income eligible). ▪ Interview staff about agency's procedure for determining income eligibility in various situations including adjunctive, full income screening and lack of proof.		
1.5 Do applicants/participants read the rights and responsibilities for program participation (or have staff read and explain to them) and then sign? Minimum Standard: At each initial and every subsequent certification, staff must make the applicant/participant aware of the rights and responsibilities of program participation and in such a way that accommodates the language and literacy needs of the participant. The applicant/participant must sign and date the rights and responsibilities indicating their understanding of them. (WPM Chapter 6D) Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 9 to document findings.		

1. Application Process & Transfer of Certification

Review Area	Reviewer Notes	Status**
1.6 Does staff offer the participant/parent/guardian/caretaker the opportunity at each certification to appoint a proxy for pick-up? Minimum Standard: Staff must offer the participant/parent/guardian/caretaker the opportunity at each certification to appoint a proxy for issuance of food benefits. (WPM Chapter 8) Method of Review: Observe 3-5 certifications using Appendix 1, item 10 to document findings.		
1.7 Does the local agency assist participants with transfer into and out of the agency? Minimum Standard: Local agencies must ask participants at certification about plans to move during the certification period and issue a Verification of Certification (VOC) to participants/caretakers/guardians who plan to move out-of-state. A VOC, the Crossroads system, or telephone verification may be used when accepting transfers. If transfers are not enrolled on a walk-in basis, they should be enrolled to avoid a break in the provision of benefits to which a transfer is entitled. The "Are You Moving" poster (dated 3/2023, English & Spanish versions) must be prominently displayed where it can be read by those who receive WIC services. (WPM Chapter 6E) Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 11 to document findings. ▪ Interview staff about procedures for transferring participants into and out of the agency and, if possible, observe a participant requesting transfer into or out of the agency. ▪ View locations(s) of posters. ▪ Interview staff regarding use of posters in satellite clinics.		
1.8 Does the local agency make program services more accessible for individuals who are employed, attend school, live in a rural area, and/or have transportation problems? Minimum Standard: The WIC Program is required to make program services more accessible for applicants/participants who are employed, attend school, live in a rural area, and/or have transportation problems. There are a variety of approaches to increase accessibility including scheduling appointments at the individual's convenience and extending clinic hours. (WPM Chapter 10) Method of Review: ▪ Interview staff about how the agency makes WIC services accessible to participants. ▪ Review clinic appointment schedules.		

1. Application Process & Transfer of Certification

Review Area	Reviewer Notes	Status**
1.9 Is the National Voter Registration Act (NVRA) being implemented in accordance with program policy? Minimum Standard: The WIC Program is required to ask applicants/participants/parents/guardians/caretakers the NVRA question at the time of application for program benefits, subsequent certification, or a change in residential address or name. Applicants, participants, parents, guardians, and caretakers must be offered the Voter Registration Application Form and complete and sign a Voter Registration Preference Form. Completed Voter Registration Applications must be sent along with the NVRA Agency Transmittal Form to the county Board of Elections office. Copies of the submitted NVRA Agency Transmittal Form and the original NVRA Preference Form must be maintained on file in a confidential manner by the local agency. (WPM Chapter 6A, Section 7) Local agencies must have a written policy that identifies the NVRA Point Person position and alternate NVRA Point Person position responsible for the management and retention of the NVRA Agency Transmittal Forms, Voter Registration Preference Forms, and Voter Registration Applications. The NVRA poster (dated 5/2021, English & Spanish versions) must be prominently displayed where it may be read by those who receive WIC services. (WPM Chapter 6A) Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 7 to document findings. ▪ Interview staff about the procedure for completing the requirements of the NVRA. ▪ Observe staff offering the opportunity to register to vote by asking the following question using the EXACT wording stated: “If you are not registered to vote where you live now, would you like to apply to register to vote here today?”, by offering the voter registration application and by providing the preference form. ▪ View location(s) of posters. ▪ Interview staff regarding use of posters in satellite clinics. ▪ ***Review local agency’s written NVRA policy.***		

2. Electronic Benefit Transfer

Review Area	Reviewer Notes	Status**
2.1 Does the local agency comply with policy for issuance of eWIC card and food benefits issuance? Minimum Standard: The eWIC card may only be issued to the participant, parent/guardian 1, 2, or caretaker but never a proxy. If family requests during remote services, an initial eWIC card may be issued and then mailed to the family with clear documentation in the record. Local agencies may issue food benefits when participants are not physically present only for reasons specified in program policy. (WPM Chapter 8) Method of Review: ▪ Observe issuance to 3-5 participants using Appendix 1, items 15 and 16 to document findings. Review documentation of issuance occurrences using the Food Benefits List screen of selected participants. ▪ Interview staff about procedures used for mailing an initial eWIC card. ▪ Interview staff about procedures used for issuing benefits when a cardholder is not physically present.		
2.2 Are participants educated on how to use the NC eWIC card at the initial certification/when first issued the eWIC card? Minimum Standard: Staff must educate participants on the use of the NC eWIC card, food and cash value benefits, store coupons, authorized vendors and how to access their benefit balance, purchase history and account information. (WPM Chapter 8) Method of Review: ▪ Observe issuance to 3-5 participants using Appendix 1, item 16 to document findings. ▪ Interview staff about how they educate new and existing participants on use of the NC eWIC card, food and cash value benefits, store coupons and authorized vendors. Do staff use the eWIC brochure to educate participants on selecting a PIN and the shopping guide for educating about selecting WIC approved foods?		
2.3 Are proxies asked to read or have read to them the rights and responsibilities at time of food benefit issuance? Minimum Standard: A proxy must read or have read to them the rights and responsibilities as stated per program policy at time of food benefit issuance. The signature obtained of food benefits issuance indicates the proxy understands the rights and responsibilities related to the WIC Program. (WPM Chapter 8) Method of Review: ▪ Interview staff on the procedures for issuing food benefits to a proxy.		

3. Security and Accountability

Review Area	Reviewer Notes	Status**
3.1 Does the local agency ensure separation of duties? When separation of duties cannot be achieved, does the local agency follow their written policy? Minimum Standard: There must be a separation of duties among local agency staff so that the same person does not complete both income eligibility determination and medical or nutritional risk for the same participant. Local agencies must have a written policy that addresses the strategy used when separation of duties is not possible. (WPM Chapter 1) Method of Review: ▪ Interview staff about procedures they use when staff is limited. ▪ Review the Separation of Duties Log for the past 12 months. ▪ ***Review the local agency's Separation of Duties policy.***		
3.2 Do staff protect access to the Crossroads system and communicate with participants in a confidential and secure manner if using a texting/digital platform? Minimum Standard: Local agency staff must log out of the Crossroads system when away from their work-station and must never share NCID and/or passwords. (WPM Chapter 16) Any texting/digital communication to a participant must be communicated in a confidential and secure manner and documented in Crossroads. (WPM Chapter 6A) Method of Review: ▪ Observe staff practices. ▪ Interview staff about practices they use to secure access to the Crossroads system. ▪ ***Review Local Agency Texting/Digital Platform Policy.***		
3.3 Does the local agency utilize a secure method for storing NC eWIC cards? Minimum Standard: The local agency is responsible for keeping NC eWIC cards in a locked storage area when not in use. (WPM Chapter 8) Method of Review: ▪ View secure storage areas and interview staff about security measures practiced for NC eWIC cards.		

3. Security and Accountability

Review Area	Reviewer Notes	Status**
3.4 Are formulas and WIC-eligible nutritionals received from manufacturers, other local agencies, authorized vendors or wholesalers maintained in a secure location following food safety practices and issued and inventoried according to program requirements? Is all returned formula from participants properly disposed of according to NC WIC Program policy? Minimum Standard: All products received from the manufacturers, other local agencies, authorized vendors or wholesalers must be maintained in a secure storage area following food safety practices until issued. Staff must maintain an ongoing inventory and at least complete quarterly inventory (February, May, August, November) of all formulas/medical foods received from CNSS and document issuance/disposition of inventoried products. All returned formula products from participants, out-of-date products, and damaged products should be disposed of in a timely and appropriate manner. (WPM Chapter 7) Method of Review: ▪ Observe storage area of formulas/nutritionals. ▪ Check expiration date of products in stock. ▪ Review formula inventory logs, physical inventory of formulas/WIC-eligible nutritionals received from the manufacturer per CNSS order and the formula disposal log. ▪ Compare product in inventory with amount documented in Crossroads. ▪ If included in the monitoring packet of products shipped to the agency from CNSS, compare the inventory to the report(s). ▪ Interview staff on the procedure for receiving and issuing products ordered from CNSS (products received are added into inventory, products are issued using the Formula Wizard, packing slips are provided to CNSS within 24 hours of receipt). ▪ Interview staff about the formula disposal process.		

4. Vendor Management

Review Area	Reviewer Notes	Status**
4.1 Is documentation of the last annual vendor training on file? Minimum Standard: Documentation of the last annual vendor training including correspondence announcing the training with two dates offered, the training agenda, and a copy of the module used for the training, must be kept on file. (WPM Chapter 11) Method of Review: ▪ Review vendor training file.		
4.2 Is required documentation of vendor management activities on file? Minimum standard: The WIC Vendor Agreement is a three-way contract between a Vendor, the State WIC agency, and the local WIC agency. Each vendor's file must include copies of the following forms: 1. Vendor Application 2. Vendor Agreement 3. Price Lists (new vendors only as of 10/1/19) 4. Information Update form (non-reauthorization years) 5. Verification of Attendance forms 6. Above 50% Vendor Self-Declaration Form or Cost Containment Exemption Form as indicated in following Table 4.2.Vendor Files. The specific forms required to be in each vendor's file are contingent upon corporate or non-corporate vendor status. Additionally, non-corporate free-standing pharmacy vendors must have a Cost Containment Exemption Form in their file while non-corporate retail vendors must have an Above 50% Vendor Self-Declaration Form in their file. Refer to the most recent Vendor Agreement for the dates of authorization. Local agencies must have a written policy addressing when they accept vendor applications. (WPM Chapter 11) Method of Review: ▪ Review a sample of five (5) vendor files using Table 4.2 to document findings. Include both corporate and non-corporate vendors in the sample. ▪ ***Review the local agency's policy addressing the acceptance of vendor applications.***		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

4. Vendor Management

Table 4.2: Vendor Files
Review 5 vendor files (include both corporate and non-corporate vendors to ensure required documentation of vendor management activities).

	October 1, 2024 - September 30, 2027 Reauthorization Period				Non-Reauthorization Year		Annually		
Vendor Name/Number	**Vendor Agreement** *(non-corporate)*	**Vendor Application** *(all vendors)*	**Above 50% Vendor Self-Declaration*** *(non-corporate)*	**Cost-Containment Exemption** *(non-corporate free-standing pharmacy)*	**Vendor Information Update** *(non-corporate)*	**Crossroads Vendor Portal Application** *(corporate)*	**Verification of Attendance** *(all vendors)*	**Price List** *(new vendors only as of 10/1/19)* *(noncorporate)*	**Monitoring Reports** *(all vendors)*
1.									
2.									
3.									
4.									
5.									

Code for Table: N/A=Not Applicable ✓=Present M=Missing I=Incomplete

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

4. Vendor Management

Review Area	Reviewer Notes	Status**
4.3 Are vendors monitored in accordance with program policy? Minimum Standard: Local agencies must document all monitoring visits on the Vendor Monitoring Report form (DHHS 2925) and must complete the following monitoring activities: (WPM Chapter 11) ▪ Monitor each vendor at least once every three federal fiscal years, as well as monitor at least one third (33.3%) of their vendors each federal fiscal year (October 1 - September 30). ▪ Monitor new vendors by the end of the federal fiscal year following the date of their authorization approval. ▪ Perform a follow-up monitoring within 21 days of the date of a monitoring visit in which findings were identified. ▪ Monitor vendors that have had two (2) or more violations assessed (same or different) in the previous federal fiscal year or have been disqualified from the program within the last three (3) years and are now participating. ▪ Monitor a vendor within seven (7) days of a request to do so by the CNSS WIC Vendor Unit. Method of Review: ▪ Review and discuss with staff the vendor monitoring status report provided to the local agency by the CNSS WIC Vendor Unit. ○***It is an automatic finding if the agency has any vendor(s) reported as being out-of-compliance with vendor monitoring requirements. The local agency CAP must state how the non-compliance occurred for each vendor listed, how the non-compliance will be resolved, and what steps will be taken to ensure future compliance with vendor monitoring requirement(s). If the local agency can prove they completed the vendor monitoring as required, the agency must submit this proof immediately to the CNSS WIC Vendor Unit.*** ▪ Interview staff about the tracking system used by the agency to determine when a vendor needs to be monitored and when the activity is completed.		
4.4 Has the local WIC agency assured that there is no conflict of interest between a vendor/vendor applicant and/or an employee of said vendor/vendor applicant and the State WIC agency or the local WIC agency? Minimum Standard: Vendor/Vendor Applicants shall not have any owner(s), officer(s), or manager(s) who are employed, or who have a spouse, child, or parent who is employed by the State WIC program or the local WIC program serving the county in which the vendor conducts business. A vendor/vendor applicant also shall not have an employee who handles or transacts WIC food benefits or cash-value benefits who is employed or who has a spouse, child, or parent who is employed by the state WIC program or local WIC program serving the county in which the vendor/vendor applicant conducts business. (WPM Chapter 11 and Terms of Vendor Agreement**)** Method of Review: ▪ Interview local agency WIC Director regarding the possibility of conflict of interest with any vendor/vendor applicants and local WIC agency staff.		

4. Vendor Management

Review Area	Reviewer Notes	Status**
4.5 Has the local WIC agency assured that confidential vendor information is only shared with appropriate entities? Minimum Standard: Confidential vendor information is any information about a vendor (whether it is obtained from the vendor or another source) that individually identifies the vendor, except for vendor's name, address, telephone number, website/e-mail address, store type, and authorization status. Except as otherwise permitted by this section, the State agency must restrict the use or disclosure of confidential vendor information to: ▪ Persons directly connected with the administration or enforcement of the WIC Program or SNAP who the State agency determines have a need to know the information for purposes of these programs. These persons may include personnel from its local agencies and other WIC State and local agencies and persons investigating or prosecuting WIC or SNAP violations under Federal, State, or local law. ▪ Persons directly connected with the administration or enforcement of any Federal or State law or local law or ordinance. Prior to releasing the information to one of these parties (other than a Federal agency), the State agency must enter into a written agreement with the requesting party specifying that such information may not be used or redisclosed except for purposes directly connected to the administration or enforcement of a Federal, or State law. ▪ A vendor that is subject to an adverse action, including a claim, to the extent that the confidential information concerns the vendor subject to the adverse action and is related to the adverse action. ▪ At the discretion of the State agency, all authorized vendors and vendor applicants regarding vendor sanctions which have been imposed, identifying only the vendor's name, address, length of the disqualification or amount of the civil money penalty, and a summary of the reason(s) for such sanction provided in the notice of adverse action. Such information may be disclosed only following the exhaustion of all administrative and judicial review, in which the State agency has prevailed, regarding the sanction imposed on the subject vendor, or the time for requesting such review has expired. Method of Review: ▪ Interview local agency WIC Director regarding the procedures followed to ensure that confidential vendor information is only disclosed to the appropriate entities.		

5. Civil Rights

Review Area	Reviewer Notes	Status**
5.1 Do all locally developed print materials, internet sites, print and electronic media announcements that describe the WIC Program include the current nondiscrimination policy statement? Do locally developed letters/notifications related to program eligibility include the nondiscrimination statement and the fair hearing notice? Minimum Standard: The current nondiscrimination statement must appear on locally printed publications; print, television and radio announcements; and local websites whenever they describe the WIC Program and are intended for public information, public education, or public distribution. The nondiscrimination statement on the WIC program website should not be translated using an automated translation method software. If any locally developed notices are used to inform the applicant/participant of his/her eligibility, the notices must present the nondiscrimination statement and the right to a fair hearing statement in a language that the WIC applicant can understand. (WPM Chapter 4 and 14) Method of Review: ▪ Review the local agency website and locally printed WIC publications. ▪ Review copies of all submitted and published media releases, scripts and broadcast schedules for radio and television media releases. ▪ If applicable, review locally developed notices used to inform applicants/participants of eligibility status.		
5.2 Do applicants/participants receive required notifications according to program policy? Minimum Standard: Participants must receive required notifications and there must be documentation in the Crossroads record of the participant receiving the notification. Required notifications include: Notice of Ineligibility, Welcome to the NC WIC Program Notice, missed initial certification appointment and missed subsequent certification appointment. For families who speak languages other than English or Spanish, a WIC multilingual tagline notice accompanies every required program notice (WPM Chapter 6D). Method of Review: ▪ Review documentation of notices in Crossroads using the records that were accessed for the clinical review and document findings on Appendices 2 & 3, Item 5. ▪ Determine if the WIC multilingual tagline notice is readily available where services are provided and ensure provision of the multilingual tagline notice with every program notice as appropriate.		
5.3 Has the local agency assured civil rights compliance according to federal requirements? Minimum Standard: Local agencies must operate in compliance with civil rights nondiscrimination guidelines that are outlined to receive federal funds. The USDA “And Justice for All” poster (dated 9/2019 or later) and the “Fair Hearing” poster (English & Spanish, dated 3/2023 or later) must be prominently displayed where it may be read by those who receive WIC services. The local agency must not deny an individual the right to file a complaint of discrimination and must provide complainants with guidance about how to file a complaint and/or assistance with completing and filing the complaint form. (WPM Chapter 4 and Chapter 14) Method of Review: ▪ View location(s) of posters. ▪ Interview staff regarding use of posters in satellite sites. ▪ Interview staff about how they handle civil rights complaint(s) of discrimination ○ ***It is an automatic finding if/when the agency has unreported discrimination complaint(s). See NCDHHS Civil Rights Grievance Procedure and Chapter 4 for Civil Rights complaint procedure.***		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

5. Civil Rights

Review Area	Reviewer Notes	Status**
5.4 Is the local agency taking reasonable steps to ensure applicants/participants with limited English proficiency (LEP) have meaningful access to WIC? Minimum Standard: Programs and services supported in whole or part with federal funds must provide qualified interpretation services at no charge to non-English speaking participants and those with LEP. Qualified bilingual staff, written materials in primary languages of participant base and the WIC Notice of Free Interpretation and Available Assistance Services are other indicators of reasonable effort to serve participants with LEP. The ADA/LEP (6/2023) poster must be prominently displayed where it may be read by those who receive WIC services. The WIC Multilingual Tagline Notice must be displayed on the local agency website. (WPM Chapter 4) Method of Review: ▪ Review records of at least 15 participants using Appendices 2 & 3 to document findings. Record selection should include five (5) each of women, infants & children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. Assess documentation of language assistance services (interpretation and translated materials) provided to people with LEP. ▪ Interview staff about efforts to provide language assistance LEP/non-English speaking participants. ▪ Review availability of qualified interpreters and/or bilingual staff. ▪ Determine whether staff utilize a participant's family, friends, and children as interpreters rather than a qualified interpreter. ▪ Determine whether written materials and nutrition education resources are translated into the most frequently encountered LEP languages. ▪ Determine whether staff record and track the language assistance services provided at the point of contact with participants with LEP. ▪ Review the local agency website to ensure the WIC Multilingual Tagline Notice is included to communicate services for the LEP participant. ▪ View location of ADA/LEP (6/2023) poster that notifies people with disabilities and people with LEP about the availability of free communication assistance in a language and alternate format that they can understand.		
5.5 Is staff collecting race/ethnicity information from participants in a manner that complies with Federal guidelines? Minimum Standard: Local Agencies must ensure ethnicity and race data is collected and documented for all individuals at the time of initial application for WIC Program services. Before collection, it must be explained and the applicant understands that the collection of this information is voluntary, kept confidential, and solely for the purpose of determining the State's compliance with Federal civil rights laws and has no effect on the determination of their eligibility to participate in the program. Self-identification by the applicant is the preferred method of obtaining ethnicity and race information. The applicant may select one ethnicity, but multiple race categories. If an applicant declines to self-identify, staff must inform the applicant that another method will be used to collect this information, including visual identification. (WPM Chapter 4) Method of Review: ▪ Observe 3-5 participants being certified using Appendix 1, item 4 to document findings. ▪ Interview staff about procedures they routinely use to collect ethnicity/race data.		

5. Civil Rights

Review Area	Reviewer Notes	Status**
5.6 Do all staff receive annual civil rights training? Minimum Standard: All staff who interact with program applicants/participants and their supervisors must participate in annual civil rights training which addresses the USDA required content areas. (WPM Chapter 4) Method of Review: ▪ Review the training materials used for most recent annual training session(s). ▪ Review documentation of staff having completed the training. ▪ Interview staff about how they apply their civil rights training.		
5.7 Does the local agency provide necessary reasonable modifications and auxiliary services to ensure equal opportunity access and equally effective communication for individuals with disabilities? Minimum Standard: The local agency is required to make reasonable modifications in policies, practices, and procedures when necessary to ensure they do not discriminate against individuals with disabilities accessing WIC. The local agency also is required to provide necessary auxiliary aids and services for applicants, participants, and their companions with disabilities to ensure equally effective communication. Local agencies must give primary consideration to the requested auxiliary aid or service and to provide the requested aid or service unless another equally effective aid or service is available or unless a fundamental alteration or undue financial burden will occur if the requested aid or service is provided. In this case, contact the WIC Director. Method of Review: ▪ Review at least 15 participant records using Appendices 2 & 3. The sample must include five infants, five children, and five women, including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. At least five records must include participants receiving exempt infant formulas or WIC-eligible nutritionals. Assess documentation of reasonable modifications or auxiliary aids and services provided to individuals with disabilities. ▪ Interview staff about the type(s) of auxiliary aids and services available in the local agency and the process for documentation. ▪ Ask staff if the local agency allows use of non-qualified interpreter (family member, friend, etc.) and if so, if it complies with the NCDHHS Policy on Meaningful Access for Individuals with Limited English Proficiency and Equal Opportunity Participation for Individuals with Disabilities. ▪ Determine whether staff record and track the reasonable modifications and auxiliary aids and services provided at the point of contact with participants and companions with disabilities.		

6. Caseload Management

Review Area	Reviewer Notes	Status**
6.1 Does the agency submit the required annual media release publicizing the availability of WIC and program benefits? Minimum Standard: On an annual basis, each local agency must send a media release or general advertisement to relevant print and/or broadcast media in English and frequently encountered languages as necessary. The announcement must include WIC eligibility criteria, program benefits, locations of the local agency, and USDA nondiscrimination statement. The local agency must maintain documentation of the media release that includes a copy of the submitted media release and a copy of the printed media release or a copy of the broadcast schedule for radio or television. (WPM Chapter 10) Method of Review: ▪ Review documentation and content of the submitted and published annual media release.		
6.2 Does the local agency have the Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan on file for the current year? Minimum Standard: Local agencies must develop an annual outreach, recruitment, and retention plan to build and sustain caseload and improve delivery of service. At a minimum, the Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan must include the agency's plans to target services to the highest priority groups and the plans for breastfeeding promotion and support for pregnant and breastfeeding women. (WPM Chapter 10) Method of Review: ▪ Review the current local agency outreach, recruitment, and retention plan (WPM Chapter 10, Attachment 5).		
6.3 Does the agency maintain documentation of all agency outreach, recruitment, and retention efforts? Minimum Standard: Local agencies are required to maintain documentation (electronic or hard copy) of all outreach, recruitment, and retention efforts. Documentation of outreach efforts should include information on program marketing efforts (print, social, and media releases), caseload management strategies, efforts to build community partnerships, activities to increase program awareness, efforts to improve customer service and increase program accessibility and established referral arrangements. (WPM Chapter 10) Method of Review: ▪ Review WIC Program Outreach Activity Log (Attachment 6) and compare it to the Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan. Ensure the outreach efforts include who, what, when, where and the evaluation of efforts are documented. Ensure the goals are related to the target audience.		
6.4. Does the local agency monitor no-show rates and use this information when evaluating program operations? Minimum Standard: Local agencies must monitor no-show rates monthly. Local agency staff must evaluate current practices and implement strategies to reduce no- show rates. (WPM Chapter 10) Method of Review: ▪ Review two months of no-show rates in the master calendar. ▪ Interview appropriate staff on what strategies are used to reduce no-show rates.		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

7. Fiscal Management

Review Area	Reviewer Notes	Status**
7.1 Have all sub-contracted services received prior approval from the Regional Nutrition Consultant? Minimum Standard: Prior to being signed, all sub-contracts (new or renewal) must be approved in writing by the local agency's Regional Nutrition Consultant. (WPM Chapter 3) Method of Review: ▪ Compare the date each agreement was initiated or renewed with the date it was approved by the Regional Nutrition Consultant.		
7.2 Does the local agency account for WIC Program expenditures according to program requirements? Minimum Standard: The local agency must maintain documentation that supports expenditures, billing expenditures to the appropriate activity budget including a separate activity budget for Breastfeeding Peer Counseling Program expenditures and assuring that expenditures are allowed under program policy. Unless jointly purchased, all items purchased by the WIC Program must be used solely by WIC. (WPM Chapter 12) Method of Review: ▪ Review one month of expenditure records and supporting documentation and review time sheets of all staff (including non-WIC staff) charging time to the WIC Program. ▪ If dual role peer counselor, review time sheet and share percentage of documented time to over the one month of expenditures with State staff member monitoring the nutrition portion. ▪ Interview staff about process used to manage WIC Program expenditures including the coding of purchases to activity budgets.		
7.3 Does the local agency's cost allocation plan to determine WIC expenditures comply with WIC Program policy? Minimum Standard: The local agency must use an acceptable method to determine cost sharing between programs. Common sources of shared expenses include but are not limited to: o duplicating o internet services o utilities o printing o office supplies o equipment o phone services o janitorial & maintenance services o clinic costs Source documentation must be available and be retained in accordance with the DHHS retention and disposition schedule. (WPM Chapter 12) Method of Review: ▪ Compare cost allocation plan & supporting documentation for each expense that is cost shared between programs. ▪ Interview staff about cost allocation plans.		

7. Fiscal Management

Review Area	Reviewer Notes	Status**
7.4 Was prior approval obtained for any purchase within the past two years of equipment greater than $500 and of any medical equipment, computers, and computer accessories (including software)? Minimum Standard: All purchases of equipment costing greater than $500, medical equipment, and computers/computer accessories (including software) must have prior approval. Within 60 days of the date of approval to purchase equipment, the local agency must submit to CNSS a written report of the purchase of equipment with an acquisition cost of $500 or more. (WPM Chapter 12) Method of Review: ▪ Interview staff about the process for purchases which require CNSS approval. ▪ Review correspondence requesting the purchase of equipment (with WIC funds) within the past two years and review subsequent correspondence for each purchase reporting its acquisition.		
7.5 Does the local agency manage their WIC fixed assets in accordance with program policy? Minimum Standard: Local agency staff must maintain a list of fixed assets that were purchased with local WIC funds. Staff must submit completed Equipment Disposal Forms to CNSS for equipment being surplused. (WPM Chapter 12) Method of Review: ▪ Interview staff about the process of maintaining inventory of fixed assets purchased with local WIC funds. ▪ View the locally maintained fixed asset inventory list, ensuring that all purchases of fixed assets with local WIC funds appear on the list. ▪ Interview staff about the process they use to surplus equipment including the submission of equipment disposal forms to CNSS.		

8. Policies and Procedures Management

Review Area	Reviewer Notes	Status**
8.1 Are the North Carolina WIC Program Manual and local agency policies current and readily available to local agency staff? Minimum Standard: The WIC Director is responsible for ensuring that all copies of the WIC Program Manual are maintained with the most current information. The WIC Director is also responsible for ensuring that staff is aware of changes in WIC Program policy and procedures. Local agency policies must be readily available to staff. Local agency policies should be signed by the WIC Director (and any other staff per agency protocol) and dated. Policies should be reviewed at least every two years and updated as needed. (WPM Chapter 1) Method of Review: ▪ Review copy(ies) of WIC Program Manual to see if they are current. ▪ Interview staff about their access to and use of the WIC Program Manual and local agency policies. ▪ Interview WIC Director about protocol for local agency policy development and review.		
8.2 Does the local agency have a plan of alternate operating procedures? Minimum Standard: At a minimum, the local agency must develop, revise, and maintain a written plan of alternate operating procedures consistent with local and State operations. The policy must address at least service coordination and communication, benefit issuance and redemption, vendor management, and nutrition services. (WPM Chapter 1) Method of Review: ▪ Interview staff about how they serve participants in the event of a disaster situation. ▪ ***Review the local agency plan of alternate operating procedures.***		
8.3 Does the agency conduct a local agency self-assessment of the WIC Program operations in accordance with program policy? Minimum Standard: Each local agency must complete a self-assessment of program operation in years in which they are not being monitored by CNSS. Staff must write a report of any findings that reflect non-compliance with program regulations, rules and policies and a specific corrective action plan (CAP) for each finding. For each self-assessment, the local agency must retain on file a copy of the written report of findings and CAP, correspondence from the CNSS Nutrition Program Consultant or Regional Nutrition Consultant, documentation of CAP implementation, and all the working papers. (WPM Chapter 15) Method of Review: ▪ Interview staff about the process they use to complete the local agency self- assessment. ▪ Review report of findings, the CAP, correspondence, and all working papers from most recent local agency self-assessment.		

End of Part I: Administrative Services Review

8. Policies and Procedures Management

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Local Agency: _____

Dates of Review: _____

Review Team: _____

Site(s) Reviewed: _____

Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

WIC Program Monitoring Tool
Part II: Nutrition Services Review
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9. Nutrition Assessment

Review Area	Reviewer Notes	Status**
9.1 Are required nutrition assessments completed for each certification period? Minimum Standard: A nutrition assessment conducted by a CPA must be completed for each applicant/participant at the initial certification and at each subsequent certification. For both infants and breastfeeding women, an additional nutrition assessment is required five to seven months after birth/delivery. For children, an additional nutrition assessment is required five to seven months after certification. To complete a nutrition assessment, staff must collect and assess the following information per program guidelines: ○ Anthropometric ○ Breastfeeding ○ Dietary & Physical Activity ○ Biochemical ○ Clinical ○ Eco-social Staff must organize, integrate, and synthesize the information gathered during the nutrition assessment process and write a brief statement which summarizes the findings of the nutrition assessment, including problems and potential problems. Staff are required to document the nutrition assessment in the Crossroads system. Local agencies must have a written protocol for immunization screening and referral. (WPM Chapter 6C) Method of Review: ▪ Observe 3-5 individuals being certified using Appendix 1, item 13 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3. The sample must include five infants, five children, and five women, including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. At least five records must include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ ***Review local agency policy regarding immunization screening and referral.***		
9.2 Are all eligible nutrition risk criteria for each participant identified and are criteria being used correctly? Minimum Standard: All eligible risk criteria are identified and documented in each participant's record. Nutrition risk criteria must be used in accordance with how each criterion is defined. (WPM Chapter 6C) Method of Review: ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3. The sample must include five infants, five children, and five women, including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. At least five records must include participants receiving exempt infant formulas or WIC-eligible nutritionals.		

9. Nutrition Assessment

Review Area	Reviewer Notes	Status**
9.3 Does staff use correct procedures for weighing and measuring infants, children, and women on maintained equipment? Minimum Standard: Standard techniques for weighing and measuring individuals must be used. All staff who weigh and measure participants, must be trained on standard procedures. (WPM Chapter 6C) Method of Review: ▪ Observe at least one (1) infant, one (1) child, and one (1) woman being weighed and measured using Appendix 1, item 12 to document findings. When applicable, observe more than one (1) staff weighing and measuring. ▪ Interview staff to determine protocol/procedure for staff training.		
9.4 Does staff ensure scales are tested and maintained annually based on policy? Minimum Standard: Weighing and measuring equipment must meet specifications outlined by the State. Scales must be tested by the NC Department of Agriculture annually and inaccurate scales must be removed from service until they can be calibrated, repaired, or replaced. (WPM Chapter 6C) Method of Review: ▪ Check stadiometers for accuracy of height (i.e. placement on the wall). ▪ View all scales in agency. ▪ Review receipt for annual test of scales. ▪ Interview staff to determine the protocol for testing of scales and the process used to determine if a scale needs to be repaired or replaced.		
9.5 Is medical documentation obtained for exempt infant formula, WIC-eligible nutritionals and whole milk per policy guidelines? Minimum Standard: Medical documentation that meets policy requirements is required for a participant to receive a food package with an exempt infant formula or WIC-eligible nutritional or whole milk. The prescription must be scanned into the participant's Crossroads record. (WPM Chapter 7) Method of Review: ▪ Review medical documentation and prescribed food package modifications in records of at least five (5) participants receiving exempt infant formula, WIC-eligible nutritionals using Appendices 2 & 3 to document findings. ▪ Interview staff to determine whether the correct policy and procedures are being followed when issuing exempt infant formula and WIC-eligible nutritionals. ▪ Interview staff to determine if the correct process is being followed when a formula has been changed or if a medical document needs to be clarified.		

10. Plan of Nutrition Care

Review Area	Reviewer Notes	Status**
10.1 Is an individualized Plan of Care documented for each participant using standardized documentation practices? Minimum Standard: Based on the summary of nutrition problems and potential problems, staff must work with the participant to establish a plan of care. The required components are: goals, nutrition education, breastfeeding support, food prescription, and follow-up. There must be a written list of standard abbreviations or outside publications used by staff when documenting in the records. Local agencies must use standard procedures for correcting documentation errors. (WPM Chapter 6C) Method of Review: ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review standard list of abbreviations or outside publication used by the agency. ▪ Review procedures for documentation (coordinate with findings from record review & review of administrative documents such as logs).		
10.2 Does the local agency maintain referral sources, refer as needed and document in the Care Plan? Minimum Standard: ▪ Local agencies must maintain a current list of local health and mental health referral resources for diagnosis and treatment of maternal depression. ▪ Local agencies must maintain a current list of local counseling and treatment resources for substance abuse and make this list available to all pregnant, breastfeeding and postpartum women participating in WIC. (WPM Chapter 5) ▪ Individuals not currently participating in Medicaid but who appear to be income eligible shall be referred to Medicaid. (WPM Chapter 6C) ▪ Staff are required to document all referrals in the care plan. Method of Review: ▪ Observe & document 3-5 individuals being certified using Appendix 1, item 14. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review list of local health and mental health resources. ▪ Review list of local resources for substance use counseling and treatment. ▪ Review documentation of referrals in the care plan. ▪ Interview staff about the referral process, ensuring Medicaid referrals are made.		

10. Plan of Nutrition Care

Review Area	Reviewer Notes	Status**
10.3 Is the food package being prescribed in accordance with program policy? Minimum Standard: A CPA must prescribe the food package at each certification including when modifications to the food package are requested or required. (WPM Chapter 7) Method of Review: ▪ Observe 3-5 individuals having a food package prescribed to them using Appendix 1, item 15 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.		

11. Nutrition Education

Review Area	Reviewer Notes	Status**
11.1 Do local agencies make available the required number of nutrition education contacts per certification? Minimum Standard: During each certification period: ▪ At least two nutrition education contacts must be made available to pregnant and postpartum women and infants certified at greater than 6 months of age. ▪ One nutrition education contact must be made available for every three months of participation to infants certified at less than 6 months of age, to breastfeeding women certified through one year postpartum, and to children. ▪ If the participant refuses to participate in nutrition education, the refusal must be documented. (WPM Chapter 5) Method of Review: ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.		
11.2 Is nutrition education accurate, relevant, and appropriate for the needs of the participants? Minimum Standard: The content of and method used to provide nutrition education must be accurate and relevant to the participant's age, nutritional needs, interests, household situation, cultural preferences, language spoken and any special considerations the participant might have such as being a migrant; being homeless; having vision, hearing or learning impairments; and/or having LEP. (WPM Chapter 5) Method of Review: ▪ Observe 3-5 educational sessions with participants using Appendix 1, item 15 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review nutrition education resources used by staff for accuracy, relevancy, and appropriateness. ▪ Ensure nutrition education resources developed or obtained by local agency have been reviewed and approved by local agency's RNC prior to use with WIC participants.		

11. Nutrition Education

Review Area	Reviewer Notes	Status**
11.3 Do participants receive education on required topics based on participant category? Minimum Standard: ▪ Women must receive verbal and written information on the five (5) required education topics at least once during their WIC participation. ▪ All parents/caretakers of infants and children participating in the WIC Program must receive information about the dangers of substance abuse at least once during the infant's/child's WIC participation, preferably at the initial certification. ▪ Prior to issuing food benefits containing infant CVB, the CPA must have provided required nutrition education about infant CVB. (WPM Chapter 5) Method of Review: ▪ Review written educational materials of the required topics used by local agencies. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.		
11.4 Are mini-lessons being implemented in accordance with program policy? Minimum Standard: Mini-lessons can be provided by a CPA or trained, non-CPA staff. Mini lessons must be developed by a CPA and have a written outline on file which includes the target audience; one educational objective; information to be communicated, and a copy of any educational handout. Local agencies that use non-CPA staff to provide mini lessons must have a written policy for doing so as outlined in the local agency policy regarding mini lessons. (WPM Chapter 5) Method of Review: ▪ Observe at least two mini-lessons, if used as a routine method of providing low-risk nutrition education to participants. ▪ Review mini-lesson outlines for required components, relevancy and accuracy. ▪ Review documentation confirming management support staff and/or non-CPA staff training to provide mini-lessons, including date of training. ▪ ***Review local agency policy regarding mini lessons.***		
11.5 Are class outlines on file when group education is provided? Minimum Standard: Agencies that conduct group education must have class outlines with required components: target audience, objectives, outline of presentation, and educational materials/activities used. Outlines should be reviewed periodically and updated as needed to assure they are relevant and accurate. (WPM Chapter 5) Method of Review: ▪ Review class outlines for required components, relevancy and accuracy. ▪ Observe a group class, if available.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.1 Does the local agency promote and support breastfeeding? Minimum Standard: There must be: ▪ A breastfeeding coordinator who meets the minimum qualifications and is responsible for overseeing breastfeeding promotion and support activities. ▪ A clinic environment that supports breastfeeding as the standard infant feeding method, as demonstrated by consistent, positive staff messaging and integration of breastfeeding into participant interactions, absence of visible promotion of breast milk substitutes, visible signage informing participants of their right to breastfeed and availability of a private space upon request, and staff ability to accurately describe and communicate these practices when asked. ▪ A breastfeeding support phone line that is available 24/7 with message capability, is monitored regularly, and has documented responses to messages within two (2) business days. ▪ A written breastfeeding consultation and referral policy that guides staff when encountering situations outside their scope of practice, is reviewed and updated at least annually or as changes occur and is dated at time of update. ▪ Participation of all required staff (WIC Director, Breastfeeding Coordinator, Peer Counselor Program Manager, and WIC Designated Breastfeeding Expert[s]) in quarterly community engagement meetings. Method of Review: ▪ Breastfeeding Coordinator: o Ask the WIC Director to identify the Breastfeeding Coordinator and describe how the role is integrated into clinic operations. o Interview the Breastfeeding Coordinator to describe their involvement in breastfeeding activities, including support for staff, participants, program implementation, and external partnerships. ▪ Clinic Environment (Observation): o Observe waiting areas, offices, classrooms, and any locations where participants may spend time to confirm the presence of signage supporting breastfeeding and indicating the availability of a private space. o Ask at least two WIC staff (excluding leadership roles) to identify the location of the private space. ▪ Clinic Environment (Materials): o Review educational materials, handouts, and incentive items available to participants to ensure they do not promote breast milk substitutes (e.g., formula-branded items, bottles, nipples, pacifiers). o Confirm that any formula-related education materials are stored out of view and only provided when appropriate. ▪ Breastfeeding Support Phone Line: o Call the advertised breastfeeding support line to confirm it is accessible and has message capability if not answered. o Ask staff to demonstrate how messages are retrieved, monitored, and assigned for follow-up. Review a sample of message or call logs, if available, to verify that responses are documented and occur within two (2) business days. ▪ Consultation and Referral Policy: o Review the written breastfeeding consultation and referral policy to ensure it includes guidance for situations outside staff scope of practice, is reviewed at least annually, and includes a current revision date. o Interview staff to describe how they determine when to refer participants and who they refer to for		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
additional support. ▪ Community Engagement Participation: o Confirm with the Regional Lactation Trainer that all required local agency staff have regularly attended the quarterly community engagement meetings. ▪ Review the local agency consultation and referral policy.		
12.2 Do new WIC staff receive task-appropriate training in breastfeeding promotion and support as part of their orientation and ongoing training? Minimum Standard: All WIC staff who are funded in whole or in part by the WIC Program and provide WIC or Breastfeeding Peer Counseling services to applicants or participants must complete role-appropriate breastfeeding training in accordance with required timelines. ▪ Completion of required breastfeeding orientation training(s), appropriate to staff role, for all new employees, students, volunteers, and contractors. ▪ Participation in required breastfeeding continuing education, appropriate to the staff role and responsibilities. Method of Review: ▪ Review staff training records to verify completion of required breastfeeding orientation training(s) appropriate to staff role. ▪ Confirm that orientation training(s) was completed within the required timeline for each staff role. ▪ Review training documentation (e.g., agendas, sign-in sheets, certificates) to verify completion of required breastfeeding continuing education for each staff role during the previous fiscal year. o For WIC-Designated Breastfeeding Experts, verify completion of required biannual continuing education sessions.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.3 Does the local agency maintain inventory of breastfeeding supplies in accordance with program policy? Minimum Standard: Local agencies must maintain an accurate inventory of all breastfeeding supplies including maintenance and tracking of multi-user electric pumps. ▪ All Supplies: Physical inventory is reconciled with Crossroads at least quarterly, and all items are accounted for (e.g., in stock, on loan, out-of-commission). ▪ Single-User Supplies are cataloged by product name and quantity and stored in original, unopened packaging until issued. ▪ Multi-User Electric Pumps are cataloged by product name and serial number and labeled as property of the WIC Program. Returned pumps are inspected, cleaned, and returned to inventory within one business day. A cleaning log is maintained for all returned pumps and overdue pumps are tracked in Crossroads, including required contact attempts, notification processes, and final status documentation. Method of Review: ▪ All Supplies: o Review inventory records in Crossroads and compare the physical count of at least two breastfeeding supply items to recorded inventory to verify accuracy o Review documentation of the most recent quarterly inventory reconciliation to confirm completion and that all items are accounted for ▪ Single-User Supplies: o Review Crossroads inventory records to verify that supplies are cataloged by product name and quantity o Observe storage areas to confirm supplies are maintained in original, unopened packaging ▪ Multi-User Electric Pumps (Inventory & Labeling). Select at least two multi-user pumps from inventory records that have been issued within the previous fiscal year to complete Appendix 4. At least one pump must be currently on-site. o Verify that each of the selected pumps is accurately recorded in Crossroads. o Observe at least one of the selected pumps on site to confirm labeling as property of the WIC Program ▪ Multi-User Electric Pump Maintenance: For at least one selected pump, complete applicable items in Appendix 4 to verify that upon return the pump was inspected, cleaned within 1 business day, and documented. ▪ Overdue Multi-User Pump Tracking: Select at least one overdue pump and complete applicable items in Appendix 4 to verify adherence to overdue pump procedures.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.4 Does the local agency issue breastfeeding supplies in accordance with program policy? Minimum Standard: Local agencies must issue breastfeeding supplies in accordance with program policy, including appropriate assessment, documentation, staff competency, participant education, and follow-up. ▪ Breastfeeding supplies are issued based on a documented CPA nutrition assessment or DBE breastfeeding assessment, as part of an overall plan of care, after breastfeeding support has been offered and found to be insufficient or not appropriate. ▪ Selection & Justification. The type of breastfeeding supply issued aligns with the participant's needs as identified in the documented assessment and plan of care. The reason for issuance is documented in Crossroads, including the required pump issuance/reservation reason (if applicable). ▪ Issuance is documented in Crossroads including a completed and signed Breastfeeding Supplies Release of Liability and Loan Agreement is on file and provided to the participant. ▪ Breastfeeding supplies are issued by staff who meet required training and competency requirements for the supply. ▪ Documentation reflects that participants received appropriate education based on the supply, including the use, fit, care, and ongoing breastfeeding support. ▪ Documented follow-up includes initial follow-up documented within 24-72 hours of issuance and ongoing follow-up appropriate to the supply. ▪ Local agencies ensure that required breastfeeding supplies are available at all clinic sites or accessible without requiring additional travel by participant. Method of Review: ▪ Refer to and complete Appendix 4: Breastfeeding Supplies to verify compliance with assessment, selection, issuance documentation, participant education, and follow-up utilizing the same sample of breastfeeding supplies (at least two multi-user pumps and two single-user supplies). ▪ Interview the Breastfeeding Coordinator to describe how the local agency ensures breastfeeding supplies are issued in accordance with program policy, including staff decision-making, training and competency, participant education, follow-up practices, and access across clinic sites. ▪ Observe at least one breastfeeding supply issuance to assess whether the supply is consistent with the overall plan of care and appropriate procedures are followed (if possible).		

12. Breastfeeding Promotion & Support

Only local agencies using USDA funds to support a Breastfeeding Peer Counseling Program (BFPC Program): Complete Review Items 12.5 – 12.7.

Review Area	Reviewer Notes	Status**
12.5 Does the local agency's Breastfeeding Peer Counseling Program meet the WIC Breastfeeding Model Components for Peer Counseling? Minimum Standard: The local agency Breastfeeding Peer Counseling (BFPC) Program is implemented in accordance with the WIC Breastfeeding Model Components for Peer Counseling, including appropriate staffing, training, supervision, and program infrastructure. ▪ Program Staffing and Oversight: o A designated Peer Counselor Program Manager (PCPM) is assigned, meets required qualifications, and provides ongoing supervision of Peer Counselors, including regular meetings. o Peer counselors meet required qualifications and participate in ongoing supervision, including regular meetings. ▪ PCPM and Peer Counselor(s) have participated in required quarterly continuing education sessions. ▪ A structured system is used to track current caseload and service delivery, is updated regularly, and is routinely reviewed to inform program oversight, performance monitoring, and decision-making. ▪ The local agency can outline a clear referral process for participant enrollment in the BFPC program. Method of Review: ▪ Review PCPM job description and/or performance plan to confirm designation of the PCPM role and allocation of sufficient time to oversee the BFPC Program. ▪ Review documentation of required PCPM and PC continuing education ▪ Review three (3) months of the "Monthly Peer Counselor Review Guide" to ensure worksheets are completed and meetings are occurring monthly and tied to reports. ▪ Interview PCPM to verify: o Supervision structure (monthly meetings, documentation) o Oversight of caseload and program operations ▪ Interview at least one PC to verify understanding of support and escalation pathways. ▪ Ask PCPM (and one additional staff member) to describe the referral and enrollment process and verify alignment with policy. ▪ Request demonstration of caseload tracking system and confirm it is current, organized, and reviewed and referenced during monthly PCPM–Peer Counselor meetings to support caseload management and service delivery.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.6 Do peer counselors complete and document care plans in Crossroads for each required and optional contact in accordance with policy? Minimum Standard: Peer counselors must complete and document care plans in Crossroads for each required and optional contact for all enrolled participants. The care plan must include documentation that is: ▪ Accurate, relevant, and appropriate to the participant's breastfeeding stage, concerns, and needs ▪ Reflective of education and support provided within the peer counselor's scope of practice ▪ Inclusive of appropriate referrals to a CPA or DBE when indicated ▪ Inclusive of a clear plan for follow-up, including the purpose and timing of the next contact. Method of Review: ▪ Refer to and complete Appendix 5: Review five (5) participant records of women enrolled in the Breastfeeding Peer Counseling Program who have received services. Select a variety of participants including pregnant, postpartum, opted after a couple of contacts, and participants with limited interaction. ▪ Review care plans to verify services provided are consistent with the local agency's Service Delivery Model Policy.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.7 Does the local agency implement and evaluate a Breastfeeding Peer Counseling Program Service Delivery Model that ensures consistent, high-quality peer counseling program services in accordance with program policy? Minimum Standard: The local agency has a written Service Delivery Model Policy that outlines how Breastfeeding Peer Counseling Program (BFPC) services are delivered in a consistent and high-quality manner, in accordance with program requirements. At a minimum: ▪ The Service Delivery Model Policy defines how services are provided, including referrals, service locations, hours of availability, and approved communication methods. ▪ The local agency implements the Service Delivery Model Policy in practice to ensure consistent service delivery to participants. ▪ PCs receive ongoing supervision from a qualified PCPM to support effective service delivery and ensure adherence to scope of practice. ▪ The local agency evaluates the effectiveness of the Service Delivery Model and makes updates as needed. ▪ The Service Delivery Model Policy is reviewed at least annually and dated at time of update. Method of Review: ▪ Review and verify inclusion in the local agency's Service Delivery Model Policy: o required components (referrals, service locations, hours of availability, and approved communication methods), and o date and evidence of annual review and/or updates. ▪ Review three (3) months of Peer Counselor Program Manager (PCPM) supervision documentation, including: o Spot Check Worksheets o Monthly Peer Counselor Meeting Worksheet o Feedback and/or follow-up actions are documented, as applicable ▪ Interview the PCPM to determine: o How supervision is provided to support PCs in their role and ensure adherence to scope of practice. o How the Service Delivery Model Policy is evaluated for effectiveness (e.g., contact completion, participant engagement, referral timeliness) o How finding from supervision or program review are used for program improvements. ▪ ***Review the local agency Service Delivery Model Policy.***		

End of Part II: Nutrition Services Review

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider.

Nondiscrimination Statement

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Participant Observation: Observe 3–5 individuals as they move through the process of applying for WIC and/or being certified or subsequently certified and of receiving program benefits. Observe at least one woman, one infant, and one child, if possible.

Agency and Site Reviewed: _____

Dates:_____**Reviewer(s)**: _____

	1	2	3	4	5
Family ID					
1. Date of birth					
2. Date of certification being reviewed					
3. Participant is physically present					
4. Ethnicity & race data explained & collected (initial application only)					
5. Proof of ID viewed & documented					
6. Proof of residence viewed & documented					
7. National Voter Registration Act (NVRA) completed					
▪ NVRA question asked using exact wording					
▪ Voter Registration Application provided					
▪ Preference form provided					
8. Income eligibility determined					
▪ Proof of income/adjunct income eligibility viewed and documented					
▪ Income eligibility determined correctly and “application ineligibility” notice issued if over income.					
9. Rights & Responsibilities					
▪ Read and signed by participant					
10. Proxy offered					
11. Transfer documentation assessed					
▪ Asked if participant has plans to move during certification period					
▪ VOC issued to migrants and those who indicate plans to move					
12. Language assistance services and/or reasonable modifications, auxiliary aids & services determined and documented					

NOTES:

	1	2	3	4	5
Family ID					
13. Anthropometric measurements done according to standard procedures					
▪ Scales zeroed prior to obtaining weight					
▪ Infants weighed in dry diapers					
▪ Children and women weighed in light clothing & w/out shoes					
▪ Heights measured w/out shoes					
14. Nutrition assessment completed					
▪ Anthropometric/Biochemical/ Breastfeeding/Clinical/Diet & Physical Activity/Eco-social					
▪ Summary of nutrition status completed					
▪ All eligible nutrition risk codes identified and assigned correctly					
15. Plan of care developed and food package prescribed					
▪ Goal(s) reflected participant input					
▪ Accurate, relevant and appropriate nutrition education and breastfeeding support provided					
▪ Appropriate internal and external participant referrals are made and documented					
▪ Breastfeeding supplies are offered or issued when indicated based on observed participant need (if applicable)					
▪ Food package prescribed					
▪ Plans for follow-up noted					
16. Food benefits issued					
▪ Proof of identity viewed					
▪ eWIC card issued					
▪ Appropriate food package issued					
▪ Participant signature captured					
▪ Explanation of how to: o use NC eWIC card o select WIC approved foods (**initial eWIC card issuance**)					
▪ Next issuance appointment made such that all entitled benefits are provided					
▪ Required notifications given (multilingual tagline notice)					

NOTES:

Agency and Site Reviewed: _____

Dates: _____ **Reviewer(s)**: _____

1. Participant Identifying Information

	1		2		3		4		5	
Family ID										
Date of birth										
EDD										
Date of delivery										
Date of certification being reviewed										
Documentation of language assistance services and/or reasonable modifications, auxiliary aids & services										

2. Nutrition Assessment

Physically present										
Anthropometric										
▪ Prenatal: pre-pregnancy BMI, weight & height, prenatal weight gain chart										
▪ Postpartum: pre-pregnancy BMI, weight & height, total wt. gain in pregnancy										
Biochemical (hgb/hct)										
Clinical/Health History/Disease Status										
▪ Pregnancy history										
Eco social										
Diet & Physical Activity										
Required Medical Documentation (exempt infant formula/ WIC-eligible nutritionals or whole milk)										
Summary of nutrition/breastfeeding status										
Nutrition risk criteria/code(s) correctly identified										

3. Plan of Nutrition Care

Goal(s) identified										
Nutrition education accurate, relevant and appropriate to meet need(s)										
Required education topics										
▪ importance of nutrition										
▪ breastfeeding										
▪ substance use										
▪ folic acid										
▪ immunizations for children										
Appropriate internal and external participant referral(s) were made and documented, including peer counselor										
Complex breastfeeding concerns are addressed in the plan of care, when indicated										
Appropriate food package prescribed and/or breastfeeding supplies offered, if eligible										
Appropriate food benefits issued										
Appropriate plans for follow-up										

NOTES:

4. Frequency of Nutrition Education

Required # of contacts ▪ Participant refusal of nutrition education is documented										

5. Notifications *(To be completed and reported as part of monitoring item 5.2)*

Required notifications given										

NOTES:

Agency and Site Reviewed: _____

Dates:_____ **Reviewer(s)**: _____

1. Participant Identifying Information	1		2		3		4		5	
Family ID										
Date of birth										
Date of certification being reviewed										
Documentation of language assistance services and/or reasonable modifications, auxiliary aids & services										

2. Nutrition Assessment										
Physically present										
Anthropometric										
▪ Growth charts										
▪ Birth weight/length (to 24 mos of age)										
▪ Parental BMI										
Biochemical (hgb/hct)										
Clinical/Health History/Disease Status										
▪ Immunizations										
Eco social										
Diet & Physical Activity										
Required medical documentation (EXF, WEN, or whole milk)										
Summary of nutrition status										
Nutrition risk criteria/code(s) correctly identified										

3. Plan of Nutrition Care										
Goal(s) identified										
Nutrition education accurate, relevant and appropriate to meet need(s)										
Required education topic										
▪ Substance abuse for parents/caretakers*										
▪ Infant CVB education (as appropriate)										
Appropriate participant referral(s)										
Appropriate food package prescribed										
Appropriate food benefits issued										
Appropriate plans for follow-up										

NOTES:

4. Frequency of Nutrition Education

Required # of contacts ▪ Participant refusal of nutrition education is documented										

5. Notifications *(To be completed and reported as part of monitoring item 5.2)*

Required notifications given										

** Required once*

NOTES:

Agency and Site Reviewed: _____

Dates:_____ **Reviewer(s)**: _____

1. Participant Identifying Information

	1		2		3		4		5	
Family ID										
Date of birth										
Date of certification being reviewed										
Documentation of language assistance services and/or reasonable modifications, auxiliary aids & services										

2. Nutrition Assessment

Physically present										
Anthropometric										
▪ Growth charts										
▪ Birth weight/length (to 24 mos of age)										
▪ Parental BMI										
Biochemical (hgb/hct)										
Clinical/Health History/Disease Status										
▪ Immunizations										
Eco social										
Diet & Physical Activity										
Required medical documentation (exempt infant formula/ WIC-eligible nutritionals or whole milk)										
Summary of nutrition status										
Nutrition risk criteria/code(s) correctly identified										

3. Plan of Nutrition Care

Goal(s) identified										
Nutrition education accurate, relevant and appropriate to meet need(s)										
Required education topic										
▪ Substance abuse for parents/caretakers*										
Appropriate participant referral(s)										
Appropriate food package prescribed										
Appropriate food benefits issued										
Appropriate plans for follow-up										

NOTES:

4. Frequency of Nutrition Education

Required # of contacts ▪ Participant refusal of nutrition education is documented										

5. Notifications *(To be completed and reported as part of monitoring item 5.2)*

Required notifications given										

** Required once*

NOTES:

NC WIC PROGRAM MONITORING TOOL

	Appendix 4: Breastfeeding Supplies		Dates:		
			Reviewer(s):		
			Agency and Site Reviewed:		

Requirements	Multi-User Pump #1	Multi-User Pump #2	Overdue Multi-User Pump	Single-User Supply #1	Single-User Supply #2
Enter Family ID					
Enter Serial Number					
Enter Manufacturer/Type					
Enter Date of Issuance					
Eligibility & Assessment					
CPA/DBE assessment completed					
Direct breastfeeding support attempted*					
Issuance Documentation					
Pump Issuance/Reservation Reason aligns with plan of care					
Signed *Release of Liability/Loan Agreement* on file					
Staff Competency & Participant Education					
Issued by trained staff					
Applicable education documented					
Proper flange fit addressed*					
Contact information provided					
Participant Follow-Up					
Initial follow-up deadline					
Initial follow-up date (24-72 hours)					
Required follow-up completed based on breastfeeding supply type					
Multi-User Pump Requirements					
Loan & Active Use					
Follow-up at least every 3 months					
Return date communicated & documented					
Extension & continued need documented*					
Return & Intake					
Return receipt completed					
Pump inspected upon return					
Cleaned within one (1) business day					
Cleaning documented in log					
Overdue Pump Procedures*					
Overdue contact documented					
Overdue notification sent					
Crossroads alert documented					
**if applicable*					

NC WIC PROGRAM MONITORING TOOL	Appendix 4: Breastfeeding Supplies	Dates:	
		Reviewer(s):	
		Agency and Site Reviewed:	

Notes

Chart 1 | Chart 2 | Chart 3 | Chart 4 | Chart 5 | Notes

Appendix 5: WIC Record Review
Breastfeeding Peer Counseling Program

Dates:	
Reviewer(s):	
Agency and Site Reviewed:	

Contacts	1st Prenatal	2nd Prenatal	Week 1 (a)	Week 1 (b)	Week 2	Week 3	Week 4	Follow-Up
Chart #1: Participant Information	Family ID		Estimated Due Date		Delivery Date		Welcome Letter Date	
Contact Deadline:								
Contact Status:								
Date Completed:								
Education & Support: Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Chart #1

Chart #2: Participant Information	Family ID		Estimated Due Date		Delivery Date		Welcome Letter Date	
Contact Deadline:								
Contact Status:								
Date Completed:								
Education & Support: Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Chart #2

CODE: N/A=Not Applicable ✓=Present M=Missing I=Incomplete/Inaccurate

Notes

Chart 1 | Chart 2 | Chart 3 | Chart 4 | Chart 5 | Notes

Appendix 5: WIC Record Review
Breastfeeding Peer Counseling Program

Dates:	
Reviewer(s):	
Agency and Site Reviewed:	

Contacts	1st Prenatal	2nd Prenatal	Week 1 (a)	Week 1 (b)	Week 2	Week 3	Week 4	Follow-Up
Chart #3: Participant Information	**Family ID**		**Estimated Delivery Date**		**Delivery Date**		**Welcome Letter Date**	
Contact Deadline:								
Was the Contact Completed?								
Date Completed:								
Education & Support: Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Chart #4								
Chart #4: Participant Information	**Family ID**		**Estimated Delivery Date**		**Delivery Date**		**Welcome Letter Date**	
Contact Deadline:								
Was the Contact Completed?								
Date Completed:								
Education & Support: Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Notes

Chart 1 | Chart 2 | Chart 3 | Chart 4 | Chart 5 | Notes

Appendix 5: WIC Record Review
Breastfeeding Peer Counseling Program

Dates:	
Reviewer(s):	
Agency and Site Reviewed:	

Contacts	1st Prenatal	2nd Prenatal	Week 1 (a)	Week 1 (b)	Week 2	Week 3	Week 4	Follow-Up
Chart #5: Participant Information	**Family ID**		**Estimated Delivery Date**		**Delivery Date**		**Welcome Letter Date**	
Contact Deadline:								
Was the Contact Completed?								
Date Completed:								
Chart #5 — **Education & Support:** Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Code for Table	
✓	Present
M	Missed
I	Incomplete/Inaccurate
N/A	Not Applicable

Contact Completion	
Completed	Two-way communication was successfully completed, regardless of whether it occurred within or outside the required timeframe.
Attempts	At least two contact attempts were made and documented, with attempts occurring at least 2 hours apart.
Missed	The contact was not completed and does not meet the criteria for Attempts or N/A
N/A	The contact was not completed due to a documented, valid reason consistent with program policy (e.g., late enrollment, contact absorbed due to timing.

Notes

Use this checklist to track if each required policy has been addressed by the local agency.

Administrative Services Policies

1. General Program Operation

_____ Local agencies must have a written policy that addresses the strategy used when separation of duties is not possible. The policy must identify a designated staff that will monitor and review certification record. (**WPM Chapter 1)**

_____ Local agencies must develop, revise, and maintain a written Plan of Alternate Operating Procedures consistent with local and State operations. **(WPM Chapter 1)**

2. Application Process and Transfer of Certification

_____ Local agencies must have a written policy for handling applications within processing standards when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed. **(WPM Chapter 6A)**

_____ Local agencies must have a written policy that identifies the Point Person position and alternate Point Person position responsible for the management and retention of the NVRA Agency Transmittal Forms, Voter Registration Preference Forms, and Voter Registration Applications. **(WPM Chapter 6A)**

3. Security and Accountability

_____ Local agencies must have a written policy guiding the clear expectations for secure communication when using a texting or digital platform in the provision of WIC Program services and conversation between staff and applicants/participants. **(WPM Chapter 6A)**

4. Vendor Management

_____ Local agencies must have a written policy addressing when they accept vendor applications. **(WPM Chapter 11)**

5. Program Outreach

_____ Local agencies must develop an Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan to build and sustain caseload and improve delivery of service. The Outreach, Retention and Outreach Plan must include the agency's plans to target services to the highest priority groups. **(WPM Chapter 10)**

Use this checklist to determine if each required policy has been addressed by the local agency.

Nutrition Services Policies

1. Nutrition Assessment

_____ Local agencies must have a written protocol for immunization screening and referral. **(WPM Chapter 6C)**

2. Nutrition Education and Counseling

_____ Local agencies that use non-CPA staff to provide mini lessons must have a written policy. **(WPM Chapter 5)**

_____ Local agencies that provide group education must have written class outlines on file. **(WPM Chapter 5)**

3. Breastfeeding Promotion and Support

_____ Local agencies must have a policy for breastfeeding consultation and referral for WIC staff. The policy must identify the point of contact, contact information, and contact method for each breastfeeding situation based on the WIC staff role as well as a list of both local and non-local resources available to WIC Participants. Refer to Attachment 1 for a consultation and referral policy template. (**WPM Chapter 9)**

_____ Local agencies that administer a Breastfeeding Peer Counseling Program (BFPC) funded in whole or part with WIC program funds must have a written policy outlining the local agency's service delivery model that assures the provision of consistent and quality BFPC program services. **(WPM Chapter 9)**