

# 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

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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](http://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. The dates are usually established three to four months before the monitoring visit is to occur 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 require 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. (See Chapter 16)

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## Local Agency Self-Assessment

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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 reviews management practices, the certification process, nutrition education, civil rights compliance, procedures to ensure accountability, financial management systems, and food delivery systems. This process includes 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 reports and other information required to complete the self-assessment along with a copy of the tool used to complete the self-assessment.

- ▶ **Local Agency Responsibilities.** When designated for a self-assessment, the local agency must:
  - schedule time (usually two to four days) 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](http://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

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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**

All local agencies are required to have an annual audit performed in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 2 CFR 200. 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. If the Contract entity is a non-governmental 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. Audit requirements in §200.501 state a non-Federal entity that expends \$750,000 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.

Audit findings referred to the DHHS Controller's Office by LGC will be investigated and findings verified by the DHHS Controller's Office staff with assistance of the Division of Child and Family Well-Being Program staff.

■ **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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- Local agency self-assessment

# 1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p><b>1.1. Does the local agency follow required procedures for processing applications for the WIC Program?</b></p> <p><u>Minimum Standard:</u> 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. 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Ask staff for next available appointment for a pregnant woman, infant, child, breastfeeding, or postpartum woman.</li> <li>▪ Interview staff about their procedures for processing applications.</li> <li>▪ <b>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.</b></li> </ul>		

**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 are being followed 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  
 NC WIC Program Local Agency Monitoring Tool

# 1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p><b>1.2 Is physical presence of applicants/participants noted and documented at each certification (initial and subsequent)?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe physical presence for 3-5 clients using Appendix 1, item 3 to document findings.</li> <li>▪ Link findings of observations with those from the record review.</li> </ul>		
<p><b>1.3 Is proof of identification and proof of residence reviewed and documented according to guidelines?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe screening of proof of identification and proof of residence for 3-5 applicants using Appendix 1, items 5-6 to document findings.</li> </ul>		
<p><b>1.4 Is income eligibility screened and documented according to guidelines?</b></p> <p><u>Minimum Standard:</u> Income must be screened and documented at each certification in accordance with program policy. (WPM Chapter 6B)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ 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).</li> <li>▪ Interview staff about agency's procedure for determining income eligibility in various situations including adjunctive, full income screening and lack of proof.</li> </ul>		
<p><b>1.5 Do applicants/participants read the rights and responsibilities for program participation (or have staff read and explain to them) and then sign?</b></p> <p><u>Minimum Standard:</u> 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 client. The applicant/participant must sign and date the rights and responsibilities indicating their understanding of them. (WPM Chapter 6D)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 certifications using Appendix 1, item 9 to document findings.</li> </ul>		

\*\* N/A=Not Applicable      3=Satisfactory      2=Suggestion      1=Finding  
 NC WIC Program Local Agency Monitoring Tool

# 1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p><b>1.6 Does staff offer the participant/parent/guardian/caretaker the opportunity at each certification to appoint a proxy for pick-up?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 certifications using Appendix 1, item 10 to document findings.</li> </ul>		
<p><b>1.7 Does the local agency assist clients with transfer into and out of the agency?</b></p> <p><u>Minimum Standard:</u> Local agencies must ask clients 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 within a time to avoid a break in the provision of benefits to which a transfer is entitled.</p> <p>Is the “Are You Moving” poster (dated 3/2023, English &amp; Spanish versions) prominently displayed where it can be read by those who receive WIC services? (WPM Chapter 6E)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 certifications using Appendix 1, item 11 to document findings.</li> <li>▪ Interview staff about procedures for transferring participants into and out of the agency and, if possible, observe a client requesting transfer into or out of the agency.</li> <li>▪ View location(s) of posters.</li> <li>▪ Interview staff regarding use of posters in satellite clinics.</li> </ul>		
<p><b>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?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff about how the agency makes WIC services accessible to client.</li> <li>▪ Review clinic appointment schedules.</li> </ul>		

# 1. Application Process & Transfer of Certification

Review Area	Reviewers Notes	Status**
<p><b>1.9 Is the National Voter Registration Act (NVRA) being implemented in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> 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 &amp; Spanish versions) must be prominently displayed where it may be read by those who receive WIC services. (WPM Chapter 6A)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 certifications using Appendix 1, item 7 to document findings.</li> <li>▪ Interview staff about the procedure for completing the requirements of the NVRA.</li> <li>▪ 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.</li> <li>▪ View location(s) of posters.</li> <li>▪ Interview staff regarding use of posters in satellite clinics.</li> <li>▪ <b>Review local agency's written NVRA policy.</b></li> </ul>		

## 2. Electronic Benefit Transfer

Review Area	Reviewers Notes	Status**
<p><b>2.1 Does the local agency comply with policy for issuance of eWIC card and food benefits issuance?</b></p> <p><u>Minimum Standard:</u> 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 clients are not physically present only for reasons specified in program policy. (WPM Chapter 8)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe issuance to 3-5 participants using Appendix 1, item 15 to document findings.</li> <li>▪ Interview staff about procedures used for mailing an initial eWIC card.</li> <li>▪ Interview staff about procedures used for issuing benefits when a cardholder is not physically present.</li> <li>▪ Review documentation of a sample of issuance occurrences using the Food Benefits List screen of selected participants.</li> </ul>		
<p><b>2.2 Are clients educated on how to use the NC eWIC card at the initial certification or when first issued the eWIC card?</b></p> <p><u>Minimum Standard:</u> Staff must educate clients 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe issuance to 3-5 participants using Appendix 1, item 15 to document findings.</li> <li>▪ Interview staff about how they educate new and existing clients 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 clients on selecting a PIN and the shopping guide for educating about selecting WIC approved foods?</li> </ul>		

## 2. Electronic Benefit Transfer

Review Area	Reviewers Notes	Status**
<p><b>2.3 Are proxies asked to read or have read to them the rights and responsibilities at time of food benefit issuance?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff on the procedures for issuing food benefits to a proxy.</li> </ul>		

### 3. Security and Accountability

Review Area	Reviewers Notes	Status**
<p><b>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?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff about procedures they use when staff is limited.</li> <li>▪ Review the Separation of Duties Log for the past 12 months.</li> <li>▪ <b>Review the local agency's Separation of Duties policy.</b></li> </ul>		
<p><b>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?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe staff practices.</li> <li>▪ Interview staff about practices they use to secure access to the Crossroads system.</li> <li>▪ <b>Review Local Agency Texting/Digital Platform Policy.</b></li> </ul>		
<p><b>3.3 Does the local agency utilize a secure method for storing NC eWIC cards?</b></p> <p><u>Minimum Standard:</u> The local agency is responsible for keeping NC eWIC cards in a locked storage area when not in use. (WPM Chapter 8)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ View secure storage areas and interview staff about security measures practiced for NC eWIC cards.</li> </ul>		

### 3. Security and Accountability

Review Area	Reviewers Notes	Status**
<p><b>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?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe storage area of formulas/nutritionals.</li> <li>▪ Check expiration date of products in stock.</li> <li>▪ Review formula inventory logs, physical inventory of formulas/WIC-eligible nutritionals received from the manufacturer per CNSS order and the formula disposal log.               <ul style="list-style-type: none"> <li>○ Compare product in inventory with amount documented in Crossroads.</li> <li>○ If included in the monitoring packet of products shipped to the agency from CNSS, compare the inventory to the report(s).</li> </ul> </li> <li>▪ 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).</li> <li>▪ Interview staff about the formula disposal process.</li> </ul>		

## 4. Vendor Management

Review Area	Reviewers Notes	Status**
<p><b>4.1 Is documentation of the last annual vendor training on file?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review vendor training file.</li> </ul>		
<p><b>4.2 Is required documentation of vendor management activities on file?</b></p> <p><u>Minimum standard:</u> 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:</p> <ol style="list-style-type: none"> <li>1. Vendor Application</li> <li>2. Vendor Agreement</li> <li>3. Price Lists (new vendors only as of 10/1/18)</li> <li>4. Information Update form (non-reauthorization years)</li> <li>5. Verification of Attendance forms</li> <li>6. Above 50% Vendor Self-Declaration Form or Cost Containment Exemption Form as indicated in Table 4.2.</li> </ol> <p>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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ <b><i>Review the local agency's policy addressing the acceptance of vendor applications.</i></b></li> </ul>		

## 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).

Vendor Name/Number	October 1, 2024 - September 30, 2027 Reauthorization Period				Non-Reauthorization Year		Annually	Price List <i>(new vendors only as of 10/1/18)</i> <i>(noncorporate)</i>	Monitoring Reports <i>(all vendors)</i>
	Vendor Agreement <i>(non-corporate)</i>	Vendor Application <i>(all vendors)</i>	Above 50% Vendor Self-Declaration* <i>(non-corporate)</i>	Cost-Containment Exemption <i>(non-corporate free-standing pharmacy)</i>	Vendor Information Update <i>(non-corporate)</i>	Crossroads Vendor Portal Application <i>(corporate)</i>	Verification of Attendance <i>(all vendors)</i>		
1.									
2.									
3.									
4.									
5.									

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

## 4. Vendor Management

Review Area	Reviewers Notes	Status**
<p><b>4.3 Are vendors monitored in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> 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)</p> <ul style="list-style-type: none"> <li>▪ 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).</li> <li>▪ Monitor new vendors by the end of the federal fiscal year following the date of their authorization approval.</li> <li>▪ Perform a follow-up monitoring within 21 days of the date of a monitoring visit in which findings were identified.</li> <li>▪ 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.</li> <li>▪ Monitor a vendor within seven (7) days of a request to do so by the CNSS WIC Vendor Unit.</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review the vendor monitoring status report included in the local agency monitoring packet and discuss with staff. <ul style="list-style-type: none"> <li>○ <b><i>It is an <u>automatic finding</u> 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 assure 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.</i></b></li> </ul> </li> <li>▪ 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.</li> </ul>		

## 4. Vendor Management

Review Area	Reviewers Notes	Status**
<p><b>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?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview local agency WIC Director regarding the possibility of conflict of interest with any vendor/vendor applicants and local WIC agency staff.</li> </ul>		

## 4. Vendor Management

Review Area	Reviewers Notes	Status**
<p><b>4.5 Has the local WIC agency assured that confidential vendor information is only shared with appropriate entities?</b></p> <p><u>Minimum Standard:</u> 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:</p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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; and</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview local agency WIC Director regarding the procedures followed to ensure that confidential vendor information is only disclosed to the appropriate entities.</li> </ul>		

## 5. Civil Rights

Review Area	Reviewers Notes	Status**
<p><b>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?</b></p> <p><b>Do locally developed letters/notifications related to program eligibility include the nondiscrimination statement and the fair hearing notice?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review the local agency website and locally printed WIC publications.</li> <li>▪ Review copies of all submitted and published media releases, scripts and broadcast schedules for radio and television media releases.</li> <li>▪ If applicable, review locally developed notices used to inform applicants/participants of eligibility status.</li> </ul>		
<p><b>5.2 Do applicants/participants receive required notifications according to program policy?</b></p> <p><u>Minimum Standard:</u> Clients must receive required notifications and there must be documentation in the Crossroads record of the client receiving the notification. Required notifications include: application ineligibility, North Carolina WIC Program Notice, missed initial certification appointment and missed subsequent certification appointment. For families who speak languages other than English or Spanish, a multilingual tagline notice accompanies every required program notice (WPM Chapter 6D).</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review documentation of notices in Crossroads using the records that were accessed for the clinical review and document findings on Appendix 2 and 3, Item 5.</li> <li>▪ Determine if the multilingual tagline notice is readily available where services are provided and ensure provision of the multilingual tagline notice with every program notice as appropriate.</li> </ul>		

## 5. Civil Rights

Review Area	Reviewers Notes	Status**
<p><b>5.3 Has the local agency assured civil rights compliance according to federal requirements?</b></p> <p><u>Minimum Standard:</u> 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 5/2022) and the “Fair Hearing” poster (dated 3/2023 or 10/2024, English &amp; Spanish versions) 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ View location(s) of posters.</li> <li>▪ Interview staff regarding use of posters in satellite sites.</li> <li>▪ Interview staff about how they handle civil rights complaint(s) of discrimination               <ul style="list-style-type: none"> <li>○ <i>It is an <u>automatic finding</u> if/when the agency has unreported discrimination complaint(s). See NC DHHS Civil Rights Grievance Procedure and Chapter 4 for Civil Rights complaint procedures.</i></li> </ul> </li> </ul>		
<p><b>5.4 Is the local agency taking reasonable steps to ensure applicants/participants with limited English proficiency (LEP) have meaningful access to WIC?</b></p> <p><u>Minimum Standard:</u> Programs and services supported in whole or part with federal funds must provide qualified interpretation services at no charge to non-English speaking clients and those with LEP. (The Consolidated Agreement is located at <a href="https://www.dph.ncdhhs.gov/media/698/download?attachment">https://www.dph.ncdhhs.gov/media/698/download?attachment</a>). Qualified bilingual staff and written materials in primary languages of client base are other indicators of reasonable effort to serve clients with LEP. (WPM Chapter 4)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; 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.</li> <li>▪ Interview staff about efforts to provide language assistance LEP/non-English speaking clients.</li> <li>▪ Review availability of qualified interpreters and/or bilingual staff.</li> <li>▪ Determine whether staff utilize a participant’s family, friends, and children as interpreters rather than a qualified interpreter.</li> <li>▪ Determine whether written materials and nutrition education resources are translated into the most frequently encountered LEP languages.</li> </ul>		

## 5. Civil Rights

Review Area	Reviewers Notes	Status**
<ul style="list-style-type: none"> <li>▪ Determine whether staff record and track the language assistance services provided at the point of contact with clients with LEP.</li> <li>▪ 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.</li> </ul>		
<p><b>5.5 Is staff collecting race/ethnicity information from clients in a manner that complies with Federal guidelines?</b></p> <p><u>Minimum Standard:</u> Local Agencies must ensure that 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 participants being certified using Appendix 1, item 4 to document findings.</li> <li>▪ Interview staff about procedures they routinely use to collect ethnicity/race data.</li> </ul>		
<p><b>5.6 Do all staff receive annual civil rights training?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review the training materials used for most recent annual training session(s).</li> <li>▪ Review documentation of staff having completed the training.</li> <li>▪ Interview staff about how they apply their civil rights training.</li> </ul>		
<p><b>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?</b></p> <p><u>Minimum Standard:</u> 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,</p>		

## 5. Civil Rights

Review Area	Reviewers Notes	Status**
<p>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.</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review the records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. Access documentation of reasonable modifications or auxiliary aids and services provided to individuals with disabilities.</li> <li>▪ Interview staff about the type(s) of the types of auxiliary aids and services available in the local agency and the process for documentation.</li> <li>▪ 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.</li> <li>▪ Determine whether staff record and track the reasonable modifications and auxiliary aids and services provided at the point of contact with clients and companions with disabilities.</li> </ul>		

## 6. Caseload Management

Review Area	Reviewers Notes	Status**
<p><b>6.1 Does the agency submit the required annual media release publicizing the availability of WIC and program benefits?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review documentation and content of the submitted and published annual media release.</li> </ul>		
<p><b>6.2 Does the local agency have the Local Agency Retention and Outreach Plan on file for the current year?</b></p> <p><u>Minimum Standard:</u> Local agencies must develop an annual outreach plan to build and sustain caseload and improve delivery of service. At a minimum, the Local Agency Retention and Outreach 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review the current annual outreach plan (WPM Chapter 10, Attachment 5).</li> </ul>		
<p><b>6.3 Does the agency maintain documentation of all agency retention and outreach efforts?</b></p> <p><u>Minimum Standard:</u> Local agencies are required to maintain documentation (electronic or hard copy) of all retention and outreach 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review WIC Program Outreach Activity Log (Attachment 6) and compare it to the local agency Retention and Outreach 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.</li> <li>▪ Interview staff regarding the WIC Program Outreach activity results as relates to the Strategic Retention and Outreach Plan Goals.</li> </ul>		

\*\* N/A=Not Applicable      3=Satisfactory      2=Suggestion      1=Finding  
 NC WIC Program Local Agency Monitoring Tool

## 6. Caseload Management

Review Area	Reviewers Notes	Status**
<p><b>6.4 Does the local agency monitor no-show rates and use this information when evaluating program operations?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review two months of no-show rates in the master calendar.</li> <li>▪ Interview appropriate staff on what strategies are used to reduce no-show rates.</li> </ul>		

## 7. Fiscal Management

Review Area	Reviewers Notes	Status**									
<p><b>7.1 Have all sub-contracted services received prior approval from the Regional Nutrition Consultant?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Compare the date each agreement was initiated or renewed with the date it was approved by the Regional Nutrition Consultant.</li> </ul>											
<p><b>7.2 Does the local agency account for WIC Program expenditures according to program requirements?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Interview staff about process used to manage WIC Program expenditures including the coding of purchases to activity budgets.</li> </ul>											
<p><b>7.3 Does the local agency's cost allocation plan to determine WIC expenditures comply with WIC Program policy?</b></p> <p><u>Minimum Standard:</u> 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:</p> <table style="width: 100%; border: none;"> <tr> <td>○ duplicating</td> <td>○ internet services</td> <td>○ utilities</td> </tr> <tr> <td>○ printing</td> <td>○ office supplies</td> <td>○ equipment</td> </tr> <tr> <td>○ phone services</td> <td>○ janitorial &amp; maintenance services</td> <td>○ clinic costs</td> </tr> </table> <p>Source documentation must be available and be retained in accordance with the DHHS retention and disposition schedule. (WPM Chapter 12)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Compare cost allocation plan &amp; supporting documentation for each expense that is cost shared between programs.</li> <li>▪ Interview staff about cost allocation plans.</li> </ul>	○ duplicating	○ internet services	○ utilities	○ printing	○ office supplies	○ equipment	○ phone services	○ janitorial & maintenance services	○ clinic costs		
○ duplicating	○ internet services	○ utilities									
○ printing	○ office supplies	○ equipment									
○ phone services	○ janitorial & maintenance services	○ clinic costs									

\*\* N/A=Not Applicable      3=Satisfactory      2=Suggestion      1=Finding  
 NC WIC Program Local Agency Monitoring Tool

## 7. Fiscal Management

Review Area	Reviewers Notes	Status**
<p><b>7.4 Was prior approval obtained for any purchase within the past 2 years of equipment greater than \$500 and of any medical equipment, computers, and computer accessories (including software)?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff about the process for purchases which require CNSS approval.</li> <li>▪ 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.</li> </ul>		
<p><b>7.5 Does the local agency manage their WIC fixed assets in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> 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 surplus. (WPM Chapter 12)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff about the process of maintaining inventory of fixed assets purchased with local WIC funds.</li> <li>▪ View the locally maintained fixed asset inventory list, ensuring that all purchases of fixed assets with local WIC funds appear on the list.</li> <li>▪ Interview staff about the process they use to surplus equipment including the submission of equipment disposal forms to CNSS.</li> </ul>		

## 8. Policies and Procedures Management

Review Area	Reviewers Notes	Status**
<p><b>8.1 Are the North Carolina WIC Program Manual and local agency policies current and readily available to local agency staff?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review copy(ies) of WIC Program Manual to see if they are current.</li> <li>▪ Interview staff about their access to and use of the WIC Program Manual and local agency policies.</li> <li>▪ Interview WIC Director about protocol for local agency policy development and review.</li> </ul>		
<p><b>8.2 Does the local agency have a plan of alternate operating procedures, formerly the local agency disaster policy?</b></p> <p><u>Minimum Standard:</u> At a minimum, the local agency must develop, revise, and maintain a written plan of alternate operating procedures consistent with local and State operations. (WPM Chapter 1)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff about how they serve participants in the event of a disaster situation.</li> <li>▪ <b>Review the local agency plan of alternate operating procedures.</b></li> </ul>		

## 8. Policies and Procedures Management

Review Area	Reviewers Notes	Status**
<p><b>8.3 Does the agency conduct a local agency self-assessment of the WIC Program operations in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> 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 of non-compliance. 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff about the process they use to complete the local agency self-assessment.</li> <li>▪ Review report of findings, the CAP, correspondence, and all working papers from most recent local agency self-assessment.</li> </ul>		

End of Part I: Administrative Services Review

**Local Agency:** \_\_\_\_\_  
**Dates of Review:** \_\_\_\_\_  
**Review Team:** \_\_\_\_\_  
**Site(s) Reviewed:** \_\_\_\_\_

**WIC Program Monitoring Tool  
Part II: Nutrition Services  
Review Table of Contents**

**9. Nutrition Assessment**

- Documentation of nutrition assessment
- Risk assessment for nutrition eligibility
- Anthropometric equipment and weighing & measuring technique
- Required medical documentation

**10. Plan of Nutrition Care**

- Documentation of an individualized care plan
- Standards of documentation
- Food package prescription

**11. Nutrition Education**

- Frequency and documentation of nutrition education contacts
- Education resources and required topics
- Mini-lessons
- Group education

**12. Breastfeeding Promotion and Support**

- Local agency practices
- Breastfeeding training for WIC staff
- Inventory & issuance of breastfeeding supplies
- Breastfeeding peer counseling program

## 9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
<p><b>9.1 Are required nutrition assessments completed for each certification period?</b></p> <p><u>Minimum Standard:</u> 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.</p> <p>To complete a nutrition assessment, staff must collect and assess the following information per program guidelines:</p> <ul style="list-style-type: none"> <li>▪ Anthropometric</li> <li>▪ Clinical</li> <li>▪ Eco-social</li> <li>▪ Biochemical</li> <li>▪ Dietary &amp; Physical Activity</li> </ul> <p>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.</p> <p>Local agencies must have a written protocol for immunization screening and referral. (WPM Chapter 6C)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 individuals being certified using Appendix 1, item 13 to document findings.</li> <li>▪ Review the records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.</li> <li>▪ <b>Review local agency policy regarding immunization screening and referral.</b></li> </ul>		
<p><b>9.2 Are all eligible nutrition risk criteria for each participant identified and are criteria being used correctly?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings.</li> <li>▪ Review records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.</li> </ul>		

## 9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
<p><b>9.3 Does staff use correct procedures for weighing and measuring infants, children, and women on maintained equipment?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Interview staff to determine protocol/procedure for staff training.</li> </ul>		
<p><b>9.4 Does staff make sure the scales are tested and maintained annually based on policy?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Check stadiometers for accuracy of height (i.e. placement on the wall).</li> <li>▪ View all scales in agency.</li> <li>▪ Review receipt for annual test of scales.</li> <li>▪ 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.</li> </ul>		

## 9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
<p><b>9.5 When required, is medical documentation obtained for exempt infant formula, WIC-eligible nutritionals and whole milk per policy guidelines?</b></p> <p><u>Minimum Standard:</u> Medical documentation which 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review medical documentation records of at least five (5) clients receiving exempt infant formula, WIC-eligible nutritionals using Appendix 2 and Appendix 3 to document findings.</li> <li>▪ Review medical documentation found in the record review of any prescribed food package modifications using Appendix 2 and Appendix 3 to document findings.</li> <li>▪ Interview staff to determine whether the correct policy and procedures are being followed when issuing exempt infant formula and WIC-eligible nutritionals.</li> <li>▪ 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.</li> </ul>		

**10. Plan of Nutrition Care**

Review Area	Reviewers Notes	Status**
<p><b>10.1 Is an individualized Plan of Care documented for each client using standardized documentation practices?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings.</li> <li>▪ Review records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.</li> <li>▪ Review standard list of abbreviations or outside publication used by the agency.</li> <li>▪ Review procedures for documentation (coordinate with findings from record review &amp; review of administrative documents such as logs).</li> </ul>		
<p><b>10.2 Does the local agency maintain referral sources, refer as needed and document in the Care Plan?</b></p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> <li>▪ Local agencies must maintain a current list of local health and mental health referral resources for diagnosis and treatment of maternal depression.</li> <li>▪ 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)</li> <li>▪ Individuals not currently participating in Medicaid but who appear to be income eligible shall be referred to Medicaid. (WPM Chapter 6C)</li> <li>▪ Staff are required to document all referrals in the care plan.</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe &amp; document 3-5 individuals being certified using Appendix 1, item 14.</li> <li>▪ Review records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.</li> <li>▪ Review list of local health and mental health resources.</li> <li>▪ Review list of local resources for substance use counseling and treatment.</li> <li>▪ Review documentation of referrals in the care plan.</li> <li>▪ Interview staff about the process for referrals, ensuring that required Medicaid referrals are made.</li> </ul>		

\*\* N/A=Not Applicable      3=Satisfactory      2=Suggestion      1=Finding  
 NC WIC Program Local Agency Monitoring Tool

## 10. Plan of Nutrition Care

Review Area	Reviewers Notes	Status**
<p><b>10.3 Is the food package being prescribed in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> A CPA must prescribe the food package at each certification including when modifications to the food package are requested or required. (WPM Chapter 7)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 individuals having a food package prescribed to them using Appendix 1, item 15 to document findings.</li> <li>▪ Review records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.</li> </ul>		

## 11. Nutrition Education

Review Area	Reviewers Notes	Status**
<p><b>11.1 Do local agencies make available the required number of nutrition education contacts per certification?</b></p> <p><u>Minimum Standard:</u> During each certification period:</p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ If the client refuses to participate in nutrition education, the refusal must be documented. (WPM Chapter 5)</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.</li> </ul>		
<p><b>11.2 Is nutrition education accurate, relevant, and appropriate for the needs of the participants?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 educational sessions with participants using Appendix 1, item 15 to document findings.</li> <li>▪ Review records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.</li> <li>▪ Review nutrition education resources used by staff for accuracy, relevancy, and appropriateness.</li> </ul>		

## 11. Nutrition Education

Review Area	Reviewers Notes	Status**
<p><b>11.3 Do participants receive education on required topics based on participant category?</b></p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> <li>▪ Women must receive verbal and written information on the five (5) required education topics at least once during their WIC participation.</li> <li>▪ 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. (WPM Chapter 5)</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review written educational materials of the required topics used by local agencies.</li> <li>▪ Review records of at least 15 clients using Appendix 2 &amp; Appendix 3 to document findings. Record selection should include five (5) each of women, infants &amp; children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.</li> </ul>		
<p><b>11.4 Are mini-lessons being implemented in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe at least two mini-lessons, if used as a routine method of providing nutrition education to low-risk clients.</li> <li>▪ Review mini-lessons for required components and to confirm a CPA developed them.</li> <li>▪ Review documentation that management support staff and/or non-CPA staff was trained to provide mini-lessons, including date of training.</li> <li>▪ <b>Review local agency policy regarding mini lessons.</b></li> </ul>		

## 11. Nutrition Education

Review Area	Reviewers Notes	Status**
<p><b>11.5 Are class outlines on file when group education is provided?</b></p> <p><u>Minimum Standard:</u> 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)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review class outlines for required components, relevancy and accuracy.</li> <li>▪ Observe a group class, if available.</li> </ul>		

## 12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p><b>12.1 Does the local agency promote &amp; support breastfeeding?</b></p> <p><u>Minimum Standard:</u> There must be:</p> <ul style="list-style-type: none"> <li>▪ A designated individual, who meets training requirements, serving as the breastfeeding coordinator to manage breastfeeding promotion and support activities within the agency.</li> <li>▪ A positive clinic environment which endorses exclusive breastfeeding as the normal method of infant feeding and ensures that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.</li> <li>▪ Practices are followed to ensure families feel comfortable nursing within the agency and are informed of the availability of private space for nursing upon request. (WPM Chapter 9)</li> <li>▪ The maintenance of a breastfeeding support phone line with 24/7 message capability and messages are regularly checked and responded to within two (2) business days.</li> <li>▪ A written policy for breastfeeding consultation and referral for WIC staff when staff encounter breastfeeding situations outside their scope of practice. This plan must be reviewed at a minimum of once a year or as changes occur, dated at time of update. (WPM Chapter 9)</li> <li>▪ Participation of the WIC Director, Breastfeeding Coordinator, Peer Counselor Program Manager, and WIC Designated Breastfeeding Expert(s) in quarterly community engagement meetings as offered by the regional WIC Lactation Area Training Center for Health (LATCH).</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview designated breastfeeding coordinator and staff about procedures they use to support a breastfeeding friendly clinic environment and maintenance of internal and external partnerships to support breastfeeding.</li> <li>▪ Observe signage encouraging breastfeeding in the clinic and notifying that a private space is available. Ask a minimum of two WIC staff (other than the WIC Director, Breastfeeding Coordinator, Peer Counselor Program Manager) to direct you to the clinic's private space.</li> <li>▪ Call the advertised breastfeeding support line. Confirm that it is answered, if not check for message capability. Ask for a trained staff member to show you how to check the message system.</li> <li>▪ Observe offices, waiting areas, classrooms, and any other place where WIC participants may spend time to assess if the clinic environment supports breastfeeding. Review educational materials and incentive items that are displayed in the clinic or provided to WIC participant/applicants to ensure that they do not promote any food or supply that limits breastfeeding (i.e. formula bottles, pacifiers, etc.) Observe clinic to ensure that all formula education materials related to formula, bottles, nipples, and pacifiers are kept out of view of participants.</li> <li>▪ Analyze the integration of breastfeeding as routine part of clinic services. Observe staff and participant interactions to assure the breastfeeding is</li> </ul>		

## 12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p>presented positively and as the standard infant feeding method.</p> <ul style="list-style-type: none"> <li>▪ Confirm with the Regional Lactation Trainer that all required local agency staff have regularly attended the quarterly community engagement meetings.</li> <li>▪ Interview each: a processing assistant, a peer counselor (if applicable), a CPA, and a WIC-designated breastfeeding expert about the location of the consultation and referral policy and the referral process when a breastfeeding situation requires consultation and referral.</li> <li>▪ <b>Review the local agency consultation and referral policy.</b></li> </ul>		
<p><b>12.2 Do new WIC staff receive task-appropriate training in breastfeeding promotion and support as part of their orientation and ongoing training?</b></p> <p><u>Minimum Standard:</u> All WIC staff who provide direct services to WIC participants/applicants and their supervisors receive task-appropriate breastfeeding orientation to breastfeeding promotion and support activities and annual continuing education on breastfeeding as defined by State policy.</p> <ul style="list-style-type: none"> <li>▪ Staff completion of orientation for new employees, students, volunteers, and contractors to task-appropriate breastfeeding promotion and support activities.</li> <li>▪ Staff participation in task-appropriate annual continuing education on breastfeeding.</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Verify documentation of required WIC Breastfeeding Support curriculum training for all current staff.</li> <li>▪ Verify documentation of required annual breastfeeding continuing education for all WIC staff for the two previous fiscal years.</li> <li>▪ Verify documentation of required quarterly continuing education sessions for WIC Designated Breastfeeding Experts for the two previous fiscal years.</li> </ul>		

## 12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p><b>12.3 Does the local agency maintain inventory of breastfeeding supplies in accordance with program policy?</b></p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> <li>▪ The system must demonstrate current inventory, status, and maintenance of both required and optional breastfeeding supplies. Returned multi-user breast pumps must be checked immediately upon return and cleaned by WIC staff within one business day of their return.</li> <li>▪ Staff must reconcile the amount on hand of each type of breastfeeding supply with the inventory records in the Crossroads system. This reconciliation should be done quarterly. For purposes of the multi-user electric and pedal pumps, staff must assure the items are accounted for by being in the agency, on loan to a participant, or out-of-commission (e.g., damaged, lost, stolen).</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review the agency inventory for each required and optional (if available) breastfeeding supply and reconcile the inventory with the quantity available in the agency.</li> <li>▪ Interview staff about the process for checking and cleaning returned pumps before adding back to inventory.</li> <li>▪ Review cleaning logs to ensure pumps are cleaned within one business day of their return.</li> <li>▪ Review Quarterly Breastfeeding Supplies Inventory (February, May, August, and November).</li> </ul>		
<p><b>12.4 Does the local agency issue breastfeeding supplies in accordance with program policy?</b></p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> <li>▪ All clinics must maintain a minimum inventory of required breastfeeding aids or demonstrate that participants have access to the required breastfeeding aids without additional burden on the participant.</li> <li>▪ Breastfeeding participants are eligible for breastfeeding supplies based on the completion of a breastfeeding assessment conducted by a competent professional authority or WIC-designated breastfeeding expert.</li> <li>▪ All clinics must have one or more staff members who have completed the Community Nutrition Services Section (CNSS) training requirements for pump issuance available at each clinic.</li> <li>▪ Participants must receive the minimum education and follow-up required for breastfeeding supply issuance. (WPM Chapter 9)</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview the WIC staff to ensure that the local agency issues breastfeeding supplies to eligible WIC participants.</li> <li>▪ Observe at least 1 issuance of a breastfeeding supply, if possible.</li> </ul>		

## 12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<ul style="list-style-type: none"> <li>▪ Use the Breast Pump Issuance Detail Report to identify 2-3 multi-user electric pumps that have been issued and review the corresponding records of participants who were issued the multi-user electric breast pumps using Appendix 4 to document findings.</li> <li>▪ Use the detail report of non-serialized products to identify 3-5 single-user breastfeeding supplies and review the corresponding records of participants who were issued a single-user breastfeeding supply using Appendix 4 to document findings. Include at least two single-user electric breast pumps.</li> </ul>		
<p><b>12.5 Does the local agency’s Breastfeeding Peer Counseling Program meet the WIC Breastfeeding Model Components for Peer Counseling?</b></p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> <li>▪ Designate a Peer Counselor Program Manager</li> <li>▪ Peer counselors have regular, systematic contact with their supervisor.</li> <li>▪ Peer counselor(s) operates within their required scope of practice.</li> <li>▪ Training of local peer counselors and peer counseling management.</li> <li>▪ Timely access to a WIC Designated Breastfeeding Expert for assistance with problems outside peer counselor scope of practice.</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Conduct an interview with the Peer Counselor Program Manager and review their most recent performance plan template. Ensure that the roles and responsibilities detailed in the template align with those outlined in Chapter 9, Section 7 of the Peer Counselor Program guidelines. If using a standardized performance plan, review the most recent plan to confirm that the Peer Counselor Program Manager was appropriately assessed based on their specific responsibilities. Verify that the Peer Counselor Program Manager has been allocated sufficient time to fulfill their role functions effectively. According to USDA recommendations, a minimum of 0.25 Full-Time Equivalence (FTE) should be allocated for the supervision of every three (3) to five (5) peer counselors.</li> <li>▪ Review the “Breastfeeding Peer Counselor Monthly Report” and “Monthly Breastfeeding Activities Report” from Crossroads for the previous three (3) months. Assess that the peer counselor and their supervisor have dedicated and consistent meetings to review reports to debrief on their contacts, address questions, formulate solutions to challenges, and provide support and guidance. The reports must be complete and verify completion of spot checks to five (5) contacts. It is recommended that each report provide at least one (1) comment of praise.</li> <li>▪ Interview the Peer Counselor Program Manager and Peer Counselor (s) and review the job description and/or performance plan to assure that responsibilities and roles of the peer counselor align with responsibilities and roles outlined in Chapter 9, Section 7 for the Peer Counselor. Confirm</li> </ul>		

## 12. Breastfeeding Promotion & Support

### Complete Review Items 12.5– 12.7 Only for Local Agencies Using USDA Funds to Support a Breastfeeding Peer Counseling Program (BFPC Program)

Review Area	Reviewers Notes	Status**
<p>that there is sufficient staffing of peer counselors. According to the Agreement Addendum, there should be a minimum of 1.0 FTE for every 1,000 pregnant and breastfeeding participants.</p> <ul style="list-style-type: none"> <li>▪ Confirm completion training of peer counselors in Level 1 &amp; 2 of the WIC Breastfeeding Curriculum prior to the provision of peer counselor services.</li> <li>▪ Verify certificates of completion of the following trainings within one year of hire for Peer Counselor Program Managers: WIC Breastfeeding Curriculum</li> <li>▪ Staff Roles: Peer Counselor Management, Peer Counselor Care Plan, and DBE Boot Camp (WIC Breastfeeding Curriculum Level 4).</li> <li>▪ Verify regular attendance by peer counselors and peer counselor program managers in the Breastfeeding Peer Counseling Quarterly Continuing Education for the previous eight (8) offerings.</li> <li>▪ If peer counselors are dual-role, review job description and time sheets to ensure that adequate time is dedicated to the Breastfeeding Peer Counseling Program consistent with their job description.</li> </ul>		
<p><b>12.6 Do peer counselors complete breastfeeding care plans for required contacts for women enrolled in the breastfeeding peer counseling program?</b></p> <p><u>Minimum Standard:</u> Peer counselors must create a care plan that organizes the information gathered during the prenatal or postpartum contact and write a brief statement which summarizes the findings and plans to support participant's breastfeeding goals. The peer counselor is required to document in the Breastfeeding Peer Counselor Care Plan section in the Crossroads system.</p> <p>The Peer Counselor Care Plan must include the following information:</p> <ul style="list-style-type: none"> <li>▪ Breastfeeding education and support documentation is accurate, relevant and appropriate to meet the needs(s) of the participant.</li> <li>▪ Topics discussed are within the peer counselors' scope of practice.</li> <li>▪ Appropriate client referrals.</li> <li>▪ Appropriate plans for follow-up.</li> </ul> <p>To assess whether women enrolled in the breastfeeding peer counselor program are receiving the requirement number of contacts, review the following:</p> <ul style="list-style-type: none"> <li>▪ A Breastfeeding Peer Counseling Program Letter of Agreement must be signed by the participant and by the WIC staff person completing the enrollment. Women enrolled prenatally must receive their initial contact within 30 days.</li> <li>▪ A pregnant woman must receive a second prenatal contact between 37 and 38 weeks of the expected delivery date.</li> </ul>		

## 12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<ul style="list-style-type: none"> <li>▪ Breastfeeding women must receive two contacts in the first week post-delivery and one contact weekly for the remainder of the first month post-delivery. (WPM Chapter 9)</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review five (5) records of participants who have received breastfeeding peer counselor services through at least the first month post-delivery using Appendix 5 to document findings.</li> </ul>		
<p><b>12.7 Does the local agency provide consistent and quality breastfeeding peer counseling program services in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> A written policy outlining the local agency’s service delivery model that ensures the provision of consistent and quality breastfeeding peer counseling program services. Peer counselors must receive adequate supervision to ensure operation within the scope of practice. The service delivery model must be evaluated for effectiveness. (WPM Chapter 9)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review one month of record reviews or spot checks conducted by the peer counselor program manager.</li> <li>▪ Interview the local agency’s peer counselor program manager on how the peer counselor receives adequate supervision and how the service delivery model addressing evaluating the effectiveness of the peer counselor communication with enrolled participants.</li> <li>▪ Interview WIC staff about the local agency Service Delivery Model Policy.</li> <li>▪ <b>Review the local agency Service Delivery Model Policy.</b></li> </ul>		

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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**Client 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. Client 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					
<ul style="list-style-type: none"> <li>▪ NVRA question asked using exact wording</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Voter Registration Application provided</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Preference form provided</li> </ul>					
8. Income eligibility determined					
<ul style="list-style-type: none"> <li>▪ Proof of income/adjunct income eligibility viewed and documented</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Income eligibility determined correctly and “application ineligibility” notice issued if over income.</li> </ul>					
9. Rights & Responsibilities					
<ul style="list-style-type: none"> <li>▪ Read and signed by participant</li> </ul>					
10. Proxy offered					
11. Transfer documentation assessed					
<ul style="list-style-type: none"> <li>▪ Asked if client has plans to move during certification period</li> </ul>					
<ul style="list-style-type: none"> <li>▪ VOC issued to migrants and those who indicate plans to move</li> </ul>					
12. Language assistance services and/or reasonable modifications, auxiliary aids & services determined and documented					

NOTES:

	1	2	3	4	5
Family ID					
<b>13. Anthropometric measurements done according to standard procedures</b>					
▪ 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					
<b>14. Nutrition assessment completed</b>					
▪ Anthropometric/Biochemical/Clinical/Diet & Physical Activity/Eco-social					
▪ Summary of nutrition status completed					
▪ All eligible nutrition risk codes identified and assigned correctly					
<b>15. Plan of care developed and food package prescribed</b>					
▪ Goal(s) reflected client input					
▪ Accurate, relevant and appropriate nutrition education and breastfeeding support provided					
▪ Appropriate client referrals, including breastfeeding referrals are made and documented					
▪ Food package prescribed					
▪ Plans for follow-up noted					
<b>16. Food benefits issued</b>					
▪ Proof of identity viewed					
▪ eWIC card issued					
▪ Appropriate food package issued					
▪ Appropriate breastfeeding supplies issued or offered.					
▪ Client signature captured					
▪ Explanation of how to: <ul style="list-style-type: none"> <li>○ use NC eWIC card</li> <li>○ select WIC approved foods</li> </ul> <b>(initial eWIC card issuance)</b>					
▪ 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. Client Identifying Information	1	2	3	4	5
Family ID					
Date of birth					
EDD					
Date of delivery					
Date of certification being reviewed					
Ethnicity & Race					
Proof of ID					
Proof of Residence					
Income Eligibility					
Rights & Responsibilities					
Proxy					
Documentation of language assistance services and/or reasonable modifications, auxiliary aids & services					

2. Nutrition Assessment	1	2	3	4	5
Physically present					
Anthropometric					
<ul style="list-style-type: none"> <li>▪ Prenatal: pre-pregnancy BMI, weight &amp; height, prenatal weight gain chart</li> <li>▪ Postpartum: pre-pregnancy BMI, weight &amp; height, total wt. gain in pregnancy</li> </ul>					
Biochemical (hgb/hct)					
Clinical/Health History/Disease Status					
<ul style="list-style-type: none"> <li>▪ Pregnancy history</li> </ul>					
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					

NOTES:

**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 client referral(s), including breastfeeding support, peer counselors, and breastfeeding experts for complex breastfeeding situations.										
Appropriate food package prescribed and/or breastfeeding supplies offered, if eligible										
Appropriate food benefits issued										
Appropriate plans for follow-up										

**4. Frequency of Nutrition Education**

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

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

Required notifications given										
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NOTES:

Agency and Site Reviewed: \_\_\_\_\_

Dates: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_

**1. Client Identifying Information**

	1	2	3	4	5
Family ID					
Date of birth					
Date of certification being reviewed					
Ethnicity & Race					
Proof of ID					
Proof of Residence					
Income Eligibility					
Rights & Responsibilities					
Proxy					
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									

NOTES:

**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 client referral(s)										
Appropriate food package prescribed										
Appropriate food benefits issued										
Appropriate plans for follow-up										

**4. Frequency of Nutrition Education**

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

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

Required notifications given										
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\* Required once

NOTES:

Agency and Site Reviewed: \_\_\_\_\_

Dates: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_

**1. Client Identifying Information**

	1	2	3	4	5
Family ID					
Date of birth					
Date of certification being reviewed					
Ethnicity & Race					
Proof of ID					
Proof of Residence					
Income Eligibility					
Rights & Responsibilities					
Proxy					
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 client referral(s)					
Appropriate food package prescribed					
Appropriate food benefits issued					
Appropriate plans for follow-up					

NOTES:

**4. Frequency of Nutrition Education**

Required # of contacts										
<ul style="list-style-type: none"> <li>▪ Client refusal of nutrition education is documented</li> </ul>										

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

Required notifications given										
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\* Required once

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Agency and Site Reviewed: \_\_\_\_\_

Dates: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_

Multi-User Electric Pumps	1	2	3
Family ID			
Serial number			
Date pump was issued to participant			
Participant eligible for a multi-user electric pump (yes/no)			
The care plan detail includes a breastfeeding assessment completed by competent professional authority or a WIC designated breastfeeding expert documenting reason and type of pump			
Completed loan agreement/release of liability			
Documentation confirms that the staff member issuing the breastfeeding supplies has completed all required education for pump issuance including ensuring a proper fit.			
Documentation of issuance in record <i>(date of issuance, item(s) issued and reason(s) for issuance)</i>			
Documentation of follow-up <i>(within 72 hours of issuance)</i>			
Documentation of adherence to the process for overdue multi-user pumps <i>(within the timeframes)</i>			
Documentation shows evidence of pump cleaned within one (1) business day of return			

NOTES:

Single-User Breastfeeding Supply Items	Single User Electric Pump		Single User Manual Pump	Nipple Shield	Supplemental Feeding Device
Family ID					
Date supply was issued to participant					
Participant eligible for the supply (yes/no)					
Completed release of liability					
The care plan detail includes a breastfeeding assessment completed by competent professional authority or a WIC designated breastfeeding expert (DBE) documenting need and type of supply. <i>(Nipple shields and supplemental feeding devices breastfeeding assessment may be completed only by a DBE.)</i>					
Documentation confirms that the staff member issuing the breastfeeding supplies has completed all required training for supply including ensuring a proper fit. <i>(Nipple shields and supplemental feeding devices may only be issued by only a DBE.)</i>					
Documentation of issuance in record <i>(date of issuance, item(s) issued and reason(s) for issuance)</i>					
Documentation of follow-up <i>(within 72 hours of issuance and follow-up as needed.)</i>					

NOTES:

**NC WIC PROGRAM MONITORING TOOL**

**Agency and Site Reviewed:** \_\_\_\_\_

**Dates:** \_\_\_\_\_ **Reviewer(s):** \_\_\_\_\_

<b>a. Identifying Information</b>	1	2	3	4	5
Family ID					
EDD					
Delivery date					

<b>b. BFPC Program Enrollment</b>					
Date of signed BFPC Program Letter of Agreement					

<b>c. Prenatal Contacts*</b>										
Date of required contact										
Breastfeeding education and support is accurate, relevant and appropriate to meet need(s)										
Appropriate topics discussed										
Appropriate participant referral(s)										
Appropriate plans for follow-up										

<b>d. 1<sup>st</sup> Week Post-Delivery Contacts**</b>										
Date of required contact										
Breastfeeding education and support is accurate, relevant and appropriate to meet need(s)										
Appropriate topics discussed										
Appropriate participant referral(s)										
Appropriate plans for follow-up										

<b>e. 2<sup>nd</sup> through 4<sup>th</sup> Weeks Post-Delivery Contacts***</b>													
Date of required contact													
Discussed topics													
Appropriate topics discussed													
Appropriate participant referral(s)													
Appropriate plans for follow-up													

\*First prenatal contact is required within 30 days of BFPC program enrollment; second contact is required between 37 and 38 weeks gestation prior to the expected delivery date  
 \*\*Two (2) contacts within the 1<sup>st</sup> week post delivery  
 \*\*\*One (1) contact is required weekly for 2<sup>nd</sup> through 4<sup>th</sup> weeks post-delivery

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 by September 30, 2025; previously called the Local Agency Disaster Policy. **(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 outreach plan to build and sustain caseload and improve delivery of service. The Local Agency 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)**