

# Chapter Fifteen

## Audits and Management Evaluations

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### Overview

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#### Policy

The State of Arizona Auditor General will conduct an annual, independent, agency-wide audit in compliance with OMB Circular A-133 annually for the Arizona Department of Health Services (ADHS), most County Health Departments, and with other non-profit agencies covered by certified public accounting firms. Non-Federal entities (sub-recipients) that expend \$500,000.00 or more a year in Federal awards must have a single audit conducted that year, and annually the sub-recipients receiving Federal funds through ADHS will provide the department with an independent, agency-wide audit in accordance with OMB Circular A-133. The Office of Audits and Special Investigations tracks single audits, incorporates findings into appropriate reports, determines ADHS overall compliance with A-133, and communicates with appropriate officials.

The ADHS Bureau of Nutrition and Physical Activity (BNPA) Audit Staff will perform contract compliance audits of expenditures and related activities pursuant to OMB Circular A-87 (Governmental Subdivisions), OMB Circular A 122 (Non-Profit Organizations), ADHS Accounting and Auditing Procedures Manual, and WIC Federal Regulations (Audit Program 15-11).

Bi-annually, the WIC Program shall monitor its Local Agencies. The monitoring and review of agencies is described in detail in this chapter and WIC Federal Regulations:

- WIC Financial Audits, 7 CFR § 246.19. The focus of the Audit is cost allowance, financial control improvement, and improved Local Agency service.
- WIC Management Evaluations, ADHS BNPA staff reviewing management processes, client Certification, food package determination, nutrition education, in coordination with the State Plan, 7 CFR § 246.19 (b). The focus of the ME is for the State Agency to ensure program regulations are being met, as well as provide mentoring to Local Agency staff on Participant Centered Education PCE skills, and other areas as needed.

#### In This Chapter

This chapter is divided into four (4) sections, which detail financial audit policies and procedures, including Management Evaluations, and two (2) appendices.

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# Chapter Fifteen

## Audits and Management Evaluations

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### Overview

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# Chapter Fifteen

## Audits and Management Evaluations

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### Section A Procedures

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#### **Notification of Audit**

Monitoring and review of Local Agencies is scheduled bi-ennially according to an established rotation. Management Evaluations for a Local Agency will be completed one year and the following year, they will receive a financial audit that includes evaluation of their corrective action plan. There are exceptions to the schedule, including management-requested reviews, previous audit follow-up, USDA special studies, or agency-requested support.

The ADHS BNPA auditor will notify the Local Agency of the audit date four (4) to six (6) weeks in advance of the audit. Copies of the notice with a detailed audit questionnaire will be sent to the Local Agency WIC Director and the Accounting Office. Telephone confirmation of the audit date, entrance conference time, audit requirements, necessary resources, and the auditor's name will be made approximately one to two weeks prior to the audit.

In the alternate years, the BNPA WIC Program Integrity team will notify the Local Agency of a Management Evaluation using appropriate policies and procedures.

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#### **Pre-Audit Conference With State Personnel**

The Local Agency WIC Director will be contacted prior to the audit to discuss problem areas that may be identified in the contract files, correspondence, WIC reports, information available from management, various WIC monitoring systems, and pertinent single audit results.

Copies of the Expenditure Reports covering the period of the audit will be summarized, purchase orders covering the audit period copied and reviewed, and WIC payments summarized.

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# Chapter Fifteen

## Audits and Management Evaluations

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### Section A

#### Procedures (Continued)

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#### **Audit of Financial Records**

The objective of an audit is to determine propriety and eligibility of expenditures pursuant to OMB Circulars A-87 and 122, ADHS Accounting and Auditing Manual, and the WIC contract in effect. In the event the Local Agency has subcontracts, the subcontractors' records may, if circumstances dictate, also be examined.

Auditors may review the following:

- Approved cost allocation plan
- Adequacy of the accounting system
- WIC funds separately accounted for
- Reconciliation of Local Agency's expenditure report with the Local Agency's books
- Detailed testing of transactions including: salaries and wages, fringe benefits, supplies, indirect cost pools and reasonability of expenditures for WIC. Statistical sampling will be used, with expanded sampling when problem areas are identified
- Results of the previous Corrective Action Plan will be evaluated to determine the level of compliance and resolution achieved by the Local Agency.

An audit of the Local Agency's performance records will be conducted to examine and verify the units of service provided and reported as specifically authorized in the contract. *The audit is not an evaluation of the quality of those services.*

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# Chapter Fifteen

## Audits and Management Evaluations

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### Section A

#### Procedures (Continued)

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#### Audit of Financial Records (Continued)

Statistical sampling techniques may be utilized to determine the specific units of service to be reviewed. Subcontractors' performance records may also be examined.

Auditors may review the following:

- Client charts and/or files
- Activity logs
- Documentation in support of Program progress reports
- Sign-in sheets

**Note:** Medical case records of the individuals will not be reviewed unless they are the only source of Certification data. All client records examined by the ADHS audit staff will be treated with complete confidentiality.

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# Chapter Fifteen

## Audits and Management Evaluations

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### Section A

#### Procedures (Continued)

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#### **Audit Follow-Up**

The Bureau Chief of Nutrition and Physical Activity or their designee is responsible for reviewing the audit recommendations to determine what specific action(s) should be taken and will set deadlines for implementation of corrective measures.

The Bureau Chief is responsible for forwarding a copy of the report and recommendations to both the Local Agency and the USDA/FNS/WRO. The State Agency will provide instructions or guidance, including implementation time frames for the Corrective Action Plan.

The Local Agency will reply to the Bureau Chief in writing as to what corrective action will be taken to satisfy each audit recommendation.

The Bureau Chief or designee will evaluate the corrective actions taken by the Local Agency and will then reply to the ADHS Office of Auditing. The reply should include the findings, the recommendations, the Local Agency's responses, and the Bureau Chief's response.

Upon receipt and acceptance of the audit response from the Bureau Chief, the audit staff will inform the Local Agency WIC program of the closure of the audit file.

The follow-up will be accomplished within 60 calendar days of the date of the audit report unless an extension date is justified and documented.

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#### **Monitoring**

State Agency WIC staff will monitor the implemented audit recommendations during their follow-up visits to the Local Agency.

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#### **Non-compliance**

If the Local Agency is unable to, or does not agree to, comply with the audit recommendations, the Bureau Chief of Nutrition and Physical Activity and the ADHS auditor will meet with the Local Agency. This meeting should be held within 20 calendar days of receipt of the Local Agency's reply. The meeting participants should attempt to resolve any problems relating to the audit recommendations.

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# Chapter Fifteen

## Audits and Management Evaluations

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### Section B

#### Audit Records and Other Policies

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##### Audit Records

State and Local Agencies will maintain records, easily retrieved for review during an audit, according to policies set forth in Chapter 14.

The Secretary of Agriculture, the Comptroller General of the United States, or any of their duly authorized representatives will have access to any books, documents, papers, and records of the State and Local Agencies and their contractors for the purpose of making surveys, audits, examinations, excerpts, and transcripts during normal business hours. Any reports or other documents resulting from the examination of such records that are publicly released may not include confidential applicant or participant information.

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##### Cost Allocation Guidelines

The Local Agency will assure that cost be deemed reasonable based upon the following criteria:

- Reasonable and necessary to carry out the program
- Treated consistently
- Consistent and allowable under Federal, state, and local laws, regulations, and policies
- Be determined in accordance with generally accepted accounting principles and adequately documented
- Net of applicable credits
- Charged in the correct accounting period
- Not be charged to more than one Federal grant or used to meet a matching or cost sharing requirement for more than one Federal grant, either in the current or prior accounting period
- A cost is allocable to a Federal grant only to the extent that it benefits the grant's objective
- Costs must be allocated equitably in terms of benefits derived

Costs necessary to the WIC program include providing WIC Program participants with supplemental food, nutrition education, breastfeeding promotion, support activities, and referral to related health services.

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# Chapter Fifteen

## Audits and Management Evaluations

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### Section B

#### Audit Records and Other Policies (Continued)

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##### Continuous Time Reporting

Continuous time reporting is the required documentation system because employees engaged in multiple programs or cost objectives must continuously generate documentation supporting the distribution of their time and effort. (OMB Circular A-87, Attachment B, paragraph 11.h.1-2, and A-122 Attachment B, Paragraph 7.m 1). The only exceptions are:

- Governmental agencies, single cost objectives, semi-annual certification indicating performance of work for one (1) cost objective (OMB circular A-87, Attachment B, paragraph 11.h.3)
- In Local Agencies that are hospitals (AZ WIC currently has none), staff is required to complete monthly estimates of their work time. The estimate must be completed within one (1) month of the actual activity completion date. The staff includes physicians, nurses, nutritionists, and other persons performing WIC responsibilities.

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##### Time Studies

The WIC Annual Cost Summary Report distributes WIC NSA cost to four (4) categories including Nutrition Education, Breastfeeding Promotion/Support, Client Services, and General Administration. WRO memorandum 807-Y, May 23, 2003, requires that time studies used to distribute cost to the four (4) categories need to be conducted one (1) week per month or one (1) month per quarter. Annual one (1) -month studies are not considered representative for the entire year. The Arizona WIC Program received approval for another option, which is two (2) weeks (one pay period) every other month.

For staff that works for one (1) or more programs in addition to WIC time studies, daily time records are required to separate WIC and non-WIC costs, unless the appropriate Federal agency has approved an alternative methodology.

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# Chapter Fifteen

## Audits and Management Evaluations

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### Section C

#### Management Evaluations

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#### Policy

The State Agency shall conduct Management Evaluations of each Local Agency at least once every two (2) years. Such evaluations shall include on-site reviews of a minimum of 20 percent of clinics in each Local Agency, or one (1) clinic, whichever is greater. The State Agency may conduct such additional on-site reviews as the State Agency determines to be necessary in the interest of the efficiency and effectiveness of the Program.

The State Agency shall develop a reporting process, which includes:

- Prompt notification to the Local Agency of deficiencies
- Timely development of Corrective Action Plans
- The monitoring of Local Agency implementation of such plans.

The State Agency shall require Local Agencies to establish Management Evaluation systems, quality assurance plans and/or continuous quality improvement plans to review their operations.

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#### Environment

Local Agency staff shall ensure the following information is in a place where it can be seen by all participants in each clinic:

- Civil rights (“And Justice for All”) poster
- WIC Complaint Hotline poster
- National Voter Registration Act poster
- 9-1-1 and other emergency numbers (see Appendix C)
- Emergency Exit signs
- Emergency clinic or agency WIC number(s) in case clinic is closed
- No smoking sign
- Breastfeeding promotional materials, videos or poster

# Chapter Fifteen

## Audits and Management Evaluations

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### Section D

#### Management Evaluations – Procedures

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<b>Procedure</b>	The State Agency will conduct Management Evaluations (ME) throughout the fiscal year.
<b>Time Frame</b>	<ul style="list-style-type: none"><li>• Local Agencies will be notified 60 days prior to ME visit.</li><li>• The Local Agency Pre-Management Evaluation Survey will be returned to State Agency 30 days prior to ME.</li><li>• The State Agency will have a draft report of the Management Evaluation written 20 days after the ME.</li><li>• The final report will be sent to the Local Agency 30 days after the ME.</li><li>• The Local Agency will submit their Corrective Action Plan 60 days after they receive the final written Findings Report.</li><li>• A follow-up by the Community Nutrition Services Team member assigned to the Local Agency will be done 45 days after the Local Agency submits the Corrective Action Plan.</li><li>• After adequacy of the Corrective Action Plan has been determined, the State Agency will send written notification of the closure to the Local Agency Health Officer and the Local Agency WIC Director.</li></ul>
<b>Prior Notification</b>	<p>The State Agency will advise the Local Agency Health Officer and the WIC Director in writing of the dates for the monitoring visit within 60 days of the visit. The State will provide the Pre-Management Evaluation Survey (Appendix B) to the Local Agency Health Officer and the Local Agency WIC Director.</p> <p>The Pre-Management Evaluation survey will be returned via email to the State Agency 30 days prior to the Management Evaluation. Prior to the visit, the State Agency will complete chart reviews (Appendix B) and run reports for each Local Agency clinic.</p>
<b>Electronic Filing System</b>	All corresponding ME documentation will be sent electronically by both the State Agency and the Local Agencies. The State Agency will keep all documentation gathered from the ME in an electronic filing system.

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# Chapter Fifteen

## Audits and Management Evaluations

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### Section D

#### Management Evaluations – Procedures (Continued)

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<b>Entrance Interview</b>	The State Agency will conduct an entrance interview with the Local Agency Health Officer and the Local Agency WIC Director to discuss preliminary findings. The entrance interview will also allow time for questions and answers on the ME process.
<b>Monitoring</b>	The State Agency will use the forms located in Appendix B during the ME. Participant Certifications, lab procedures and nutrition education will be monitored. Local Agency and Clinic Site Reviews will also be conducted.
<b>Mentoring</b>	State Agency staff will mentor Local Agency staff on PCE skills and practices, and other areas as needed, during the site visit.. The Local Agency's State consultant will also be involved in the mentoring piece, providing frequent follow-ups.
<b>Exit Interview</b>	<p>The State Agency will conduct an exit interview with the Local Agency Health Officer and the Local Agency WIC Director at the end of the Management Evaluation. The WIC Director and Health Officer may also decide to have the exit interview via telephone one week after the Management Evaluation.</p> <p>The State Agency will explain the preliminary results, address questions, respond to feedback, give an approximate date for the written Findings Report to be sent, and explain the Local Agency's requirements for follow-up.</p>
<b>Written Findings Report</b>	<p>The State Agency will compile a written Findings Report within 30 days of the date of the exit interview. The report will be provided to the Local Agency Health Officer and the WIC Director. The report will contain the date when the Corrective Action Plan is due to the State Agency.</p> <p><b>Note:</b> The time frame may be extended if arrangements are made prior to the evaluation and approved by the Local Agency WIC Director.</p>
<b>Corrective Action Plan Follow-up</b>	The State Agency will receive, log, evaluate, and respond to the Corrective Action Plan submitted by the Local Agency. After adequacy of the Corrective Action Plan has been determined, the State Agency will send written notification of the closure to the Local Agency Health Officer and the Local Agency WIC Director.

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# **Chapter Fifteen**

## **Audits and Management Evaluations**

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### **Appendix A: Financial Audit Forms**

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**See following pages**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF NUTRITION SERVICES  
WOMEN INFANTS AND CHILDREN (WIC) AUDIT PROGRAM**

Beginning Date \_\_\_\_\_  
Ending Date \_\_\_\_\_ Auditor \_\_\_\_\_  
\_\_\_\_\_  
Agency Name, address, and P O # \_\_\_\_\_

**OBJECTIVE:** To determine propriety and eligibility of expenditures pursuant to OMB Cir. #87 & 122, ADHS Accounting and Auditing Procedure Manual ([http://www.azdhs.gov/bhs/account\\_audit.htm](http://www.azdhs.gov/bhs/account_audit.htm)), the WIC contract in effect, WIC Policy and Procedure Manual, USDA Consolidated WIC Regulations, and Arizona Revised Statute references (11-952, 35-181.01-.03, 35-115, 35-211, 35.214, and 35-215) for the agency and period identified above.

**SCOPE:** We rely on the Bureau of Nutrition and Physical Activity audit of performance records to determine that the necessary Nutritional Activities are completed in concert with paragraph 246.11 of the WIC consolidated regulations. The performance review includes sampling of client charts or files, activity logs, program progress report documentation, and sign in sheets.

This financial audit will determine if the (1) financial information is presented in accordance with established or stated criteria, (2) the agency has adhered to specific financial compliance requirements, and (3) the agency's internal control structure over financial reporting and/or safeguarding assets is suitably designed to achieve the control objectives.

**W/P**  
**Ref.   By   Date**

**PLANNING**

**A. Prepare audit working papers file for the agency in concert with the overall audit plan and management input.**

- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | 1. The agency is notified in writing 2 to 4 weeks in advance of the audit date, carbon copy WIC management, and make telephone verification of the audit date approximately 1 week in advance of the audit.   |
| _____ | _____ | _____ | 2. At the beginning of the audit fieldwork, hold an entrance conference with the designated representatives, identifying key staff, review the audit questionnaire and pertinent single audit findings, outline the audit scope, review agency organization and ADHS payment patterns, and set up a tentative schedule. |

**B. The following documentation is necessary for the use in detail test work:**

- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | 1. Copies of the quarterly Contractor's Expenditure Report (CER) for the agency covering the period of the review.            |
| _____ | _____ | _____ | 2. Copies of the Purchase Order and Contracts covering the period of the audit.   |
| _____ | _____ | _____ | 3. Copies of other financial correspondence including technical explanations, requests for reports, or management guidelines. |

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
 DIVISION OF PUBLIC HEALTH SERVICES  
 BUREAU OF NUTRITION AND PHYSICAL ACTIVITY  
 WOMEN, INFANTS, AND CHILDREN (WIC) AUDIT PROGRAM (CONTINUED)**

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**W/P  
 Ref. By Date**

- |       |       |       |  |
|-------|-------|-------|--|
| _____ | _____ | _____ | 4. Arizona Financial Information System(AFIS) or USAS reports as necessary including vendor payment data, journal entries making adjustments, or Data Query financial extractions. |
| _____ | _____ | _____ | 5. Copies of budget documentation for the audit period for the Agency.   |
| _____ | _____ | _____ | 6. The most recent Management Evaluation Findings Report for the agency being reviewed.  |

**C. The following transaction summaries need to be completed.**

- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | 1. Prepare a spreadsheet (summary) of the Contractor’s Expenditure Report and the approved budget by budget categories. |
| _____ | _____ | _____ | 2. Prepare a summary of payments to the Agency for the entire period covered by the audits from Discover.               |

**D. The following reconciliation’s, detail testing, observations need to be completed.**

- |       |       |       |  |
|-------|-------|-------|--|
| _____ | _____ | _____ | 1. Review the detailed internal control questionnaire with Agency staff. Determine if the Agency identifies WIC Nutrition Services and administrative cost expenditures and revenue in a unique account, department, or other financial structure.   |
| _____ | _____ | _____ | 2. Verify the expenditure summary, fund balances, payments to the agencies financial reports. Review the recording of WIC funding at the beginning of the period.  |
| _____ | _____ | _____ | 3. Verify that reasonable salaries and wages are supported by the Agency time reporting practice, including payroll documents in accordance with the generally accepted practice of the unit and approved by the responsible official of the unit. Verify that personal activity reports, time reports, or equivalent documentation meets the following standards: <ul style="list-style-type: none"> <li>• The document reflects after-the-fact distribution of actual activity</li> <li>• The document must account for all employee activity</li> <li>• The document must be prepared at least monthly and coincide with one or more pay period</li> <li>• The document must be signed by the employee</li> </ul> |
| _____ | _____ | _____ | 4. Verify that reasonable fringe benefit expenditures are allocated to WIC in a manner consistent with the pattern of benefits attributable to the individuals or group(s) of employees whose salaries or wages are chargeable to WIC and other activities.  |

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF NUTRITION AND PHYSICAL ACTIVITY  
WOMEN, INFANTS, AND CHILDREN (WIC) AUDIT PROGRAM (CONTINUED)**

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**W/P**  
**Ref. By Date**

- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | 5. Verify that Contracts, Non-Capital equipment supplies, and materials expenditures are supported by an invoice denoting the date, vendor name, service or material provided, rate paid, receiving record and receiving signature if applicable, and total charges when charged to WIC Nutrition Services and Administrative costs.  |
| _____ | _____ | _____ | 6. Verify that travel claims include detailed mileage, subsistence including purpose, dates, time of departure and arrival, travel site, trip mileage etc. The travel claim must be certified by the employee and approved by the employee's supervisor.  |
| _____ | _____ | _____ | 7. Verify that the building space cost is reasonable in light of rental costs for comparable property, market conditions in the area, alternatives available, and allocations to WIC are on a reasonable basis.   |
| _____ | _____ | _____ | 8. Verify the indirect cost ratio calculation including activities included in the indirect pool, the reasonability of the rate, and the makeup of the other direct projects.   |
| _____ | _____ | _____ | 9. Determine if the expenditures reflected on the CER support nutrition education and breastfeeding promotion, program certification, outreach services, food delivery system, translators for materials and interpreters, the cost of fair hearings, rural participant transportation, contract performance monitoring, screening for drugs and other harmful substance abuse (exclude lab tests), and breastfeeding aids which directly support the initiation and continuation of breastfeeding. |
| _____ | _____ | _____ | 10. Determine if the required Nutrition Education is being provided, with the necessary time reporting, cost accounting, and appropriate internal controls in place.  |
| _____ | _____ | _____ | 11. Review food instrument security procedures for manual drafts, automated drafts, and voided food instruments to insure established WIC regulations are followed.   |
| _____ | _____ | _____ | 12. Review participant files to determine the adequacy of applicant screening to determine client eligibility.  |

**NOTE - PRELIMINARY FINDINGS/CONCERNS WILL BE DISCUSSED WITH APPROPRIATE PERSONNEL ON SITE AT THE AGENCY.**

**E. Review and Reporting**

- |       |       |       |  |
|-------|-------|-------|--|
| _____ | _____ | _____ | 1. Summarize findings and draft report.  |
| _____ | _____ | _____ | 2. Forward work papers to the Bureau of Nutrition and Physical Activity Chief. |
| _____ | _____ | _____ | 3. Clear review comments.  |
| _____ | _____ | _____ | 4. Forward the preliminary draft to appropriate personnel for response.        |
| _____ | _____ | _____ | <b>5. Prepare and issue the final report.</b>                                  |

## **Appendix B: WIC Management Evaluation Forms**

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**See following pages**

## Pre Management Evaluation (ME) Survey

Please provide the following information regarding the clinics in your Local Agency. It is understood that each response includes each clinic site in your Local Agency, unless you have noted an exception.

### **CLINIC OPERATIONS**

CLINIC PROCEDURE DOCUMENT	LOCATION IN CLINIC/AGENCY
WIC Federal Regulations	
Arizona State and Local WIC Program P&P	
Arizona WIC Program Laboratory Manual	
Staff Personnel Records and Training Logs	

### **SERVICE LEVELS**

	ELIGIBLE	SERVED	BARRIER FOR NOT SERVING
<b>WOMEN</b>			
<b>INFANTS</b>			
<b>CHILDREN</b>			

**Please outline the specific actions you are taking to reduce your no-show rates.**

### **VENDOR RELATIONS**

**Please outline steps taken when a client reports a problem with a Vendor.**

## **ATTACH LOCAL AGENCY DOCUMENTATION**

- ❑ Organizational Chart for Agency, **Including AIM user names for each staff member.**
- ❑ Procedures for Caseload Management, **Including Outreach Plan and Outreach Log.**
- ❑ Procedures for Translation. Including the resources you have identified to assist you with specific requests such as foreign language translation, American Sign Language, TTY utilization, Braille transcription services, etc.
- ❑ Any Civil Rights Complaints Processed In the Past 12 Months.  
(Include a copy of any civil rights complaints received in the last 24 months.)
- ❑ Nutrition Education Care Plan, Including Procedures For High Risk Referrals To Nutritionist.
- ❑ Staff Training Logs.
- ❑ Procedures for Separation of Duties.
- ❑ Procedures for Reporting Child Abuse.
- ❑ Procedures for Mailing Food Instruments.
- ❑ Confidentiality Agreements.
- ❑ Sharing Of Information Agreements.
- ❑ Procedures for Conflict Of Interest Regarding Employees, Vendors and/or Employee Family Members (Include signed copies of the forms.)
- ❑ Procedures for Breastfeeding Pump Loan/Release.



## **COMMENTS**

**Please share with us any comments, concerns or ideas you have regarding the current status of your Local Agency clinic operations and client health outcomes. For example:**

- ⇒ Facilities for providing client services.
- ⇒ Particular health outcomes in your client population.
- ⇒ State and Federal program developments.
- ⇒ Program Integrity measures for the prevention and detection of potential fraud and/or abuse.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

- Other than for an annual performance evaluation, how often are staff observed completing the following: certifications, nutrition education, health checks, and laboratory procedures?
- What steps has the Local Agency been taking to correct prior findings? If the Local Agency listed any goals in the previous Correct Action Plan, have they been met?
- How often are chart audits completed? How are charts selected?
- What is the Local Agency's procedure for reviewing the high risk report?
- Does the Local Agency practice mentoring? If so, please explain the process.
- Does the Local Agency annually calibrate anthropometric equipment?
- How many staff members does your agency have for each of the following positions? (Please list the names of the staff members)
  - Breastfeeding Coordinator-
  - Breastfeeding Authority(ies)-
  - Registered Dietitian(s)-
  - Medium Risk Nutritionist(s)-



- 3 -

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done



**Arizona WIC Program  
Chart Review**

REVIEWER: \_\_\_\_\_

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

AGENCY: \_\_\_\_\_

SITE: \_\_\_\_\_

	1	2	3	4	5
Participant Name and ID # (list)					
Category					
Date of Birth (list)					
<b>FAMILY INFORMATION</b>					
Family ID# (list)					
Phone Number					
Education Level					
<b>CLIENT REGISTRATION</b>					
Mothers ID on infant/child record					
Eligibility					
Documentation of Income					
Ethnicity Recorded					
<b>CERT ACTION</b>					
Cert Start –End (extended?) 246.7(g)(3)					
Previous Cert (extended?)					
Category- correct category					
CNW (Not EODADM)					
<b>MEDICAL 246.7(E)</b>					
Date (within 60 days of cert)					
Height- correct coding					
Weight- correct coding					
HGB- correct coding					
HGB – correct intervals for age and category					
Notes, if applicable					

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done



**Arizona WIC Program  
Chart Review**

HEALTH					
Assigned Risks (List) 246.7(e)					
Health History-Complete					
Immunizations					
Tobacco					
Infant Condition					
Nutrition Questionnaire					
CARE PLAN 246.11(E)(5)					
Goals Tailored					
Rights and Obligations (79)					
WIC Rules and Regulations (57)					
Lead Screening					
Mandatory Referrals (51 or MR)					
High Risk referred to nutritionist (appointment made)					
High Risk participant seen by nutritionist					
HISTORY FIELD					
Appropriate Nutrition Ed.					
# of Nutrition Education Contacts dates per Certification 2 Ed contacts per 6 month cert period documented (4 for 1 year cert periods) 246.11(e)(2) (check number of topics)					
Goals related to documented Nut Ed for each cert period					
FOOD PACKAGE					
Tailoring of Package- profile and check					
Formula Approval					
Appropriate package					
Appropriate pickup interval					

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done



**Arizona WIC Program  
Chart Review**

NOTES:	
Participant Name and ID #	Explanation of Findings



## Arizona WIC Program New Agency Review

REVIEWER: \_\_\_\_\_

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

AGENCY: \_\_\_\_\_

		Comments	Policy
<b>ADMINISTRATION</b>			
Federal Regulations			
WIC Program Manual			
Lab Manual			
Anthropometric Manual			
<b>LOCAL AGENCY POLICIES/PROCEDURES</b>			
Mailing of Food Instruments			
Breastfeeding			
✓ Breast pump loan/release			
Caseload Management including Outreach Plan			246.11(d)(2) Ch. 6 Sec. A 246.7(b)(5) 246.7(a)
✓ Designated staff member responsible for outreach			
✓ Outreach efforts to target the homeless/migrants			
✓ Outreach efforts to target eligible women in their first trimester			
✓ Efforts coordinated with other centers to eliminate barriers			
✓ Integration with community health services			
Nutrition Risk Protocol			Ch. 7
✓ High Risk			
✓ Nutrition Education Care Plans			
Separation of Duties			Ch. 5 Sec. F
✓ More than 1 person clinics			
✓ 1 person clinics			
Conflict of Interest			
✓ Current signed by all staff			
Confidentiality statements			
✓ Current signed by all staff			
Contacts for Missed Appointments			246.7(b)(5)
Media Contact			

✓ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done



## Arizona WIC Program New Agency Review

American's with Disabilities Act Policies including <ul style="list-style-type: none"> <li>○ Accommodations</li> <li>○ Translation Services             <ul style="list-style-type: none"> <li>✓ Foreign language</li> <li>✓ American Sign Language</li> <li>✓ Braille</li> <li>✓ TTY</li> </ul> </li> </ul>			
Information Sharing <ul style="list-style-type: none"> <li>✓ Does LA share WIC data with any other agency/organization other than the State Agency?</li> <li>✓ If yes, are State approved sharing agreements current?</li> </ul>			Ch. 14 Sec. C
Reporting Child Abuse			
Milk Policy (Whole or 2%)			
Lost or Stolen Food Instruments <ul style="list-style-type: none"> <li>✓ Reporting</li> <li>✓ Follow-up</li> </ul>			
Food Instrument Voids <ul style="list-style-type: none"> <li>✓ Storage</li> <li>✓ Stamped "void" immediately</li> <li>✓ Void Report reconciled and verified by supervisor weekly</li> <li>✓ Shredded</li> <li>✓ Separation of duties</li> </ul>			Ch. 5 Sec. J
FI Stock Inventory System <ul style="list-style-type: none"> <li>✓ Logged upon receipt</li> <li>✓ Maintained, balanced, and verified by a supervisor (initials)</li> <li>✓ Separation of duties</li> </ul>			Ch. 5 Sec. F & G
Control of Keys <ul style="list-style-type: none"> <li>✓ Who has keys, and how is control of keys maintained – issuance/copying/location/access?</li> </ul>			
Adequate Staffing Pattern <ul style="list-style-type: none"> <li>✓ Nutritionist visits all locations</li> <li>✓ Clinic staff meets needs of the community</li> </ul>			Ch. 1 Sec. A

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## Arizona WIC Program New Agency Review

LOGS			
Outreach Log			Ch. 6 Sec. C
Staff Training Logs			
Formula Sample Inventory Log (receiving and distribution)			Ch. 4 Sec. F
Prescriptions for special formulas/diets			Ch. 4 Sec. A
Breast pump inventory and distribution list			Ch. 7 Sec. H
Perpetual food instrument inventory			Ch. 5 Sec. G
Discrimination/Civil Rights Complaints			
Waiting List (if applicable) <ul style="list-style-type: none"> <li>✓ Minimum required info: date of application, name, address, phone, category, EDC, DOB</li> <li>✓ # people currently on waiting list</li> <li>✓ oldest entry on waiting list</li> </ul>			246.7(f)(1)
CIVIL RIGHTS			
Civil Rights Poster ("And Justice for All") posted			246.8
LA developed Outreach Materials (non-discrimination statement with same size font if stating benefits of WIC)			246.8(a) Ch. 9 Sec. B
Appropriate (multi-lingual) materials			Ch. 9 Sec. B
Multi-Lingual staff members to meet community needs			
Building Accessibility (ADA compliance)			246.8
LA Discrimination Log or File of Complaints received			246.8(b)
Clinic environment considers culture needs of participants with posters/handouts			246.11(b)(2)



## Arizona WIC Program New Agency Review

Materials Provided by the State
Federal Regulations
WIC Policy and Procedure Manual
WIC Policy Memos
Lab Manual
Anthropometric Manual
State Nutrition Education Care Plans
Sample Milk Policy
Conflict of Interest Policy
Confidentiality Policy
Product Order Form
**Other materials/technical assistance that may be needed will be provided



## Arizona WIC Program Local Agency Review

REVIEWER: \_\_\_\_\_

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

AGENCY: \_\_\_\_\_

SITE HELD: \_\_\_\_\_

		Comments	Policy
<b>ADMINISTRATION</b>			
Federal Regulations			
WIC Program Manual			
<b>LOCAL AGENCY POLICIES &amp; PROCEDURES</b>			
Mailing of Food Instruments <ul style="list-style-type: none"> <li>✓ Are FIs mailed?</li> <li>✓ What are the procedures?</li> <li>✓ Are mailed FIs documented?</li> </ul>			
Breastfeeding <ul style="list-style-type: none"> <li>✓ Breast pump loan/release</li> </ul>			
Caseload Management including Outreach Plan <ul style="list-style-type: none"> <li>✓ Designated staff member responsible for outreach</li> <li>✓ Outreach efforts to target the homeless/migrants</li> <li>✓ Outreach efforts to target eligible women in their first trimester</li> <li>✓ Efforts coordinated with other centers to eliminate barriers</li> <li>✓ Integration with community health / social services</li> </ul>			246.11(d)(2) Ch. 6 Sec. A 246.7(b)(5) 246.7(a)
Nutrition Risk Protocol <ul style="list-style-type: none"> <li>✓ High Risk Nutrition</li> <li>✓ Nutrition Education Care Plans</li> <li>✓ RD and/or Nutritionist visits all locations</li> <li>✓ Referral process for breastfeeding high risks (602/603)</li> </ul>			Ch. 7 Sec. D
Separation of Duties <ul style="list-style-type: none"> <li>✓ More than 1 person clinics</li> <li>✓ 1 person clinics</li> </ul>			Ch. 5 Sec. F
Conflict of Interest <ul style="list-style-type: none"> <li>✓ Current signed by all staff (required upon hire and annually thereafter)</li> </ul>			
Confidentiality statements <ul style="list-style-type: none"> <li>✓ Current signed by all staff required upon hire and annually thereafter)</li> </ul>			
Contacts for Missed Appointments			246.7(b)(5)

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## Arizona WIC Program Local Agency Review

Media Contact Policy			
American's with Disabilities Act Policies including <ul style="list-style-type: none"> <li>○ Accommodations</li> <li>○ Translation Services <ul style="list-style-type: none"> <li>✓ Foreign language</li> <li>✓ American Sign Language</li> <li>✓ Hearing Impaired</li> <li>✓ Visually Impaired</li> </ul> </li> </ul>			
Policy for Reporting Child Abuse			
Milk Policy (for 2% or Whole Milk)			
Lost or Stolen Food Instruments <ul style="list-style-type: none"> <li>✓ Reporting</li> <li>✓ Follow-up</li> </ul>			
Food Instrument Voids <ul style="list-style-type: none"> <li>✓ Storage</li> <li>✓ Void Report reconciled and verified by supervisor weekly</li> <li>✓ Separation of duties</li> </ul>			Ch. 5 Sec. J
FI Stock Inventory System <ul style="list-style-type: none"> <li>✓ Logged upon receipt</li> <li>✓ Maintained, balanced, and verified by a supervisor (initials)</li> <li>✓ Separation of duties</li> </ul>			Ch. 5 Sec. F & G
Control of Keys <ul style="list-style-type: none"> <li>✓ Who has keys, and how is control of keys maintained – issuance/copying/location/access?</li> </ul>			
✓			Ch. 1 Sec. A

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## Arizona WIC Program Local Agency Review

LOGS			
Outreach Log (contacts within one year of review)			Ch. 6 Sec. C
Training plans for CNWs			
Procedures for prescriptions for special formulas/diets			Ch. 4 Sec. A
Perpetual food instrument inventory			Ch. 5 Sec. G
Discrimination/Civil Rights Complaints			
Waiting List (if applicable) <ul style="list-style-type: none"> <li>✓ Minimum required info: date of application, name, address, phone, category, EDC, DOB</li> <li>✓ # people currently on waiting list</li> <li>✓ oldest entry on waiting list</li> </ul>			246.7(f)(1)
CIVIL RIGHTS			
Staff receives Civil Rights training annually			
LA developed Outreach Materials (non-discrimination statement with same size font if stating benefits of WIC)			246.8(a) Ch. 9 Sec. B
Appropriate (multi-lingual) materials			Ch. 9 Sec. B
LA Discrimination Log or File of Complaints received			246.8(b)

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**Arizona WIC Program  
Clinic Site Review**

REVIEWER: \_\_\_\_\_

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

AGENCY: \_\_\_\_\_

SITE: \_\_\_\_\_

Environment		Comments	Policy
Civil Rights Poster (“And Justice for All”) posted			246.8(a) (I)
Building Accessibility (ADA compliance)			246.8
Clinic environment considers culture needs of participants with posters/handouts			246.11(b)(3) 246.9(c)
WIC Complaint Hotline Poster in Clinic			
Appropriate (multi-lingual) materials			Ch. 9 Sec. B
Environment is comfortable for participants (i.e. seating, room space, friendly atmosphere, etc.)			
National Voter Registration Act forms/posters			WRO Policy memo 800-D
Emergency Phone #'s and Emergency Exits  ✓ 9-1-1 and other Emergency Numbers posted in a visible area ✓ Emergency Exits are accessible ✓ Emergency Exit signs posted in a visible area ✓ Emergency WIC number posted at entrance for participants (in case clinic is closed, etc.)			
No smoking sign posted			246.6(b)(4)
Appropriate TV or video programs in lobby			
Activities for kids (coloring books, toys, books)			
Clinic appointments outside normal business hours			
Paperwork		Comments	Policy

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**Arizona WIC Program  
Clinic Site Review**

Federal Regulations			
WIC Program Manual			
Outreach Log			Ch. 6 Sec. C
Staff Training Logs <ul style="list-style-type: none"> <li>✓ 36 hours nutrition education <ul style="list-style-type: none"> <li>○ 8 hours breastfeeding</li> </ul> </li> <li>✓ 12 hours WIC related education</li> </ul>			Ch. 7, 11, 19
Prescriptions for special formulas/diets			Ch. 4 Sec. A&F
Referral List (obtain copy) <ul style="list-style-type: none"> <li>✓ Updated at minimum annually</li> <li>✓ SNAP</li> <li>✓ TANF</li> <li>✓ AHCCCS</li> <li>✓ Immunizations</li> <li>✓ Child Support Enforcement</li> <li>✓ Folic Acid supplements and education</li> <li>✓ Universal lead screens for WIC</li> <li>✓ Breastfeeding Hotline</li> </ul>			Ch. 2 Sec. N
<b>Food Instrument (FI) Security</b>		<b>Comments</b>	<b>Policy</b>
Staff runs test print daily			
FI voids: <ul style="list-style-type: none"> <li>✓ Where are they kept?</li> <li>✓ Are they stamped "void" immediately?</li> <li>✓ Are they shredded?</li> </ul>			Ch. 5 Sec. J
Void Report: Reconciled and verified by supervisor weekly			Ch. 5 Sec. J
Separation of Duties: <ul style="list-style-type: none"> <li>✓ Who inventories voids?</li> </ul>			
FI Stock Inventory System: <ul style="list-style-type: none"> <li>✓ Logged upon receipt</li> <li>✓ Maintained</li> <li>✓ Balanced</li> <li>✓ Verified by a supervisor with separation of duties</li> </ul>			Ch. 5 Sec. F & G

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**Arizona WIC Program  
Clinic Site Review**

FI paper removed from printers at end of day and locked or kept in locking printers			Ch. 5 Sec. G
Inventory report reconciled and verified by a supervisor (initials)			
FI secured during breaks and lunch periods or kept in locking printers			
There is secure storage of FI stock (paper), MICR cartridges, program stamps, and ID folders			Ch. 5 Sec. G
Key Storage: Who has keys, and how is control of keys maintained – issuance/copying/location/access?			
<b>CNW Offices</b>		<b>Comments</b>	<b>Policy</b>
Staff Logs-in and/or passwords are not displayed			
Computers (including laptops) and printers are in a secure location within the clinic			
The WIC office door(s) has an internal lock on door/file cabinets			
Referral Service Program brochures available on site for participants			Ch. 6 Sec. F
<b>Anthropometrics</b>		<b>Comments</b>	<b>Policy</b>
Lab Manual			
Anthropometric Manual			
Recumbent length board with attached foot piece used for measuring infants			
Calibrated standing height board used for women and children.(Applicable if Digital)			
Scales calibrated annually			
Scales on hard/stable surface			

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**Arizona WIC Program  
Clinic Site Review**

MSDS data posted in clinic <ul style="list-style-type: none"> <li>✓ Employees know where it is</li> <li>✓ Employees know what it is</li> </ul>			Lab Man Ch 2
Lab surfaces cleaned daily with correct sanitizing solution <ul style="list-style-type: none"> <li>✓ Sanitizing solution disposed of properly after 7 days</li> </ul>			Lab Man Ch 2
Appropriate objects used with Hemocue analyzer (i.e. no sharp objects)			
Cuvette container(s) labeled with opened/expiration date (<90 days)			Lab Man Ch 3
<b>Breastfeeding Friendly</b>			
Breastfeeding Coordinator Name and Credentials			Ch. 19 Sec. A
Breast Pump Coordinator Name and Credentials			
Peer Program Manager Name and Credentials			
IBCLCs, CBCs, CLEs, CLCs on staff			
Breastfeeding friendly environment, such as breastfeeding promotional materials visible, videos, lactation room  No formula, samples, posters, handouts or promotional items on display or in sight of clients			Ch. 19 Sec. A
Required Resources: <ul style="list-style-type: none"> <li>✓ Medications and Mother's Milk</li> <li>✓ Breastfeeding Answers Made Simple</li> </ul>			Ch. 19
Peer Counselor Contact Log			
Hospital Grade Pump Log (correctly completed)			
Breast pump inventory and distribution list			
Hospital Grade Pump Release Form (obtain copy)			
Hospital Grade Pumps have ADHS ID Tag (on pump, not case)			Ch. 19 Sec. D

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done

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**Arizona WIC Program  
Clinic Site Review**

Personal Use Pump Log (correctly completed)			
Personal Use Pump Release Form (obtain copy)			
Pumps are only issued by LA Breastfeeding Authority(ies)			Ch. 19 Sec. D
Names of LA Breastfeeding Authority(ies)			
Breast pump issuance procedures followed			Ch. 19 Sec. D
Breast pump cleaning procedures followed			Ch. 19 Sec. D
Breast pump Quality Assurance testing performed			Ch. 19 Sec. D
Procedures for reporting lost or stolen breast pumps			Ch. 19 Sec. D
Annual evaluations of breastfeeding education, promotion, and support activities performed and documented			Ch. 19 Sec. A

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**Arizona WIC Program  
Clinic Site Review**

COMMENTS

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## Arizona WIC Program-Certification Observation

REVIEWER: \_\_\_\_\_

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

AGENCY: \_\_\_\_\_

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

	1	COMMENT	2	COMMENT
Certifier Name				
Lab Tech Name				
Participant ID No.				
Category				
<b>INTAKE</b>				
Wait time for client was reasonable				
Greeted Client/Introduced Self				
Opened Appointment/Explained purpose of the interview				
Asked permission to review and verify documents				
<b>FAMILY INFORMATION</b>				
Proof of address was provided and recorded correctly				
Marital Status				
Voter Status updated/ Offer of registration completed				
Education Level				
Staff verified confidentiality of participant address and phone number				
<b>CLIENT REGISTRATION</b>				
Accurate birth date & Gender				
Family size determination				
Proof of Identification provided and recorded accurately				
Foster Status Documented (if applicable)				
Client file linked to Mother's ID number				
Race and ethnicity data collected accurately (at initial cert only)				
Participation in adjunctively eligible programs (if applicable)				
Proof of Income provided and recorded accurately				
Documentation Waiver completed (if applicable)				
<b>CERTIFICATION (Cert Action)</b>				
Client being certified was physically present				



## Arizona WIC Program-Certification Observation

Accurate Actual Delivery Date, Expected Delivery Date or Last Menstrual period (if applicable)				
Accurate Completion of Rights & Obligations <ul style="list-style-type: none"> <li>• Type of Documentation provided consistent with AIM entry</li> <li>• Permission requested prior to completing anthropometrics and biomedical tests</li> <li>• Signed by representative(s), certifier, and income verifier</li> </ul>				
Client is given the opportunity to read the Rights and Obligations <ul style="list-style-type: none"> <li>• Staff checks for the client's understanding</li> </ul>				
<b>WIC ID Folder</b> <ul style="list-style-type: none"> <li>• Clients are informed that the Rules and Regulations are located in the folder</li> <li>• The ID folder must be filled out completely</li> <li>• WIC ID folder signed and provided to client</li> <li>• VOIDED second representative line (if applicable)</li> </ul>				
<b>HEALTH/ NUTRITION QUESTIONNAIRE (Assessment)</b>				
Assessment completed in an open and conversational manner	0 1 2 3		0 1 2 3	
Staff listened actively and allowed time for participant to talk	0 1 2 3		0 1 2 3	
Collected data in a unbiased and non-leading manner	0 1 2 3		0 1 2 3	
Asked probing questions to clarify responses, if needed	0 1 2 3		0 1 2 3	
Immunizations Recorded				
Tobacco Questions completed				
Infant Condition				
Staff conducted a full assessment before nutrition education				
<b>CARE PLAN</b>				
Risk factors offered as education topics				
Mandatory referrals and referrals needed by client were provided and documented				
Lead Screening				
<b>FOLLOW UP/NUTRITION EDUCATION</b>				
Offered choice of nutrition topic and tried to lead discussion based on nutrition assessment data if nothing was offered by the client	0 1 2 3		0 1 2 3	
Asked open-ended questions regarding client's knowledge and/or experience with topic of interest	0 1 2 3		0 1 2 3	



## Arizona WIC Program-Certification Observation

Used positive affirmations and reflective listening/summarizing during discussion	0 1 2 3		0 1 2 3	
Asked permission to offer nutrition education and provided a simple and accurate nutrition message with 0-2 handouts	0 1 2 3		0 1 2 3	
Offered Breastfeeding Education to all interested PG/BF participants. Provided referrals as appropriate	0 1 2 3		0 1 2 3	
Assisted client in establishing 1-3 goals that are specific and realistic for their culture and lifestyle (select in AIM)	0 1 2 3		0 1 2 3	
If client ready for change, summarized client's steps that lead to behavior change	0 1 2 3		0 1 2 3	
<b>FOOD PACKAGE</b>				
Food Package tailored appropriately for participant				
Prescription for special formulas contained all mandatory information (if applicable)				
<b>FI ISSUANCE/ON DEMAND</b>				
Appropriate issuance interval (High Risk, Forgot Documentation)				
Food Instrument/Cash Value Voucher education Provided authorized food list Provided a current list of authorized vendor/grower list Staff checked for clients understanding of WIC foods and using the WIC Food Instruments				
An explanation of the food package and foods received (new clients)				
Separation of duties is consistent with policy				
Client signed signature page (receipt) acknowledging receiving food instruments				
<b>APPOINTMENT SCHEDULER</b>				
High Risk clients referred to the Nutritionist				
Appropriate future appointment-Clients informed what to bring to follow up appointment				
<b>INTERVIEWING/CUSTOMER SERVICE</b>				
Accommodations were made to provide services/forms in participant's preferred language/ Focused on client when a translator was used				
Confidentiality/privacy maintained				
Staff logged out of AIM or locked computer when leaving the workstation				
Used positive manner with client throughout appointment, and displayed willingness to help/explain if problems	0 1 2 3		0 1 2 3	



## Arizona WIC Program-Certification Observation

DOCUMENTATION				
Education documented according to individual participant in Follow up/Nutrition Ed (not by family)				
Rights and Obligations (79)				
Rules and Regulations (57)				
Mandatory Referrals List Given (51)				
Nutrition Education Topic(s)				
Breastfeeding Education (if applicable)				
Formula Approval (if Applicable)				

PARTICIPANT NAME & ID	EXPLANATION OF FINDINGS

Discussion points with the certifier:  
 How do you feel the appointment went?  
 What areas do you feel you do well on?  
 What might you do different next time?

PARTICIPANT NAME & ID	EXPLANATION OF FINDINGS

Discussion points with the certifier:  
 How do you feel the appointment went?  
 What areas do you feel you do well on?  
 What might you do differently next time?



# Arizona WIC Program-Nutrition Education/Health Check Observation

REVIEWER: \_\_\_\_\_

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

AGENCY: \_\_\_\_\_

SITE: \_\_\_\_\_

	1	Comments	2	Comments
<b>CNW / Nutritionist (list)</b>				
<b>Participant Name/ID (list)</b>				
Type of Ed (Nut Ed or Health Check)				
Greeted Client/Introduced Self				
Opened the session in an engaging way and let the client know what to expect from the visit.	0 1 2 3		0 1 2 3	
Tailored the session to the client's goal(s) set at certification OR to what the client wants to discuss.  (Following up from previous appointment)	0 1 2 3		0 1 2 3	
Asked open-ended questions regarding client's knowledge and/or experience with current goal(s) and/or topic of discussion.	0 1 2 3		0 1 2 3	
Allowed for silence during the session, giving the client time to think and respond.				
Used positive affirmations and reflective listening/summarizing during discussion.	0 1 2 3		0 1 2 3	
Used probing questions to clarify information and gain a better understanding of the client's needs.	0 1 2 3		0 1 2 3	
Helped the client identify the benefits of reaching the current goal(s) and/or the topic of discussion for her and her child/family.	0 1 2 3		0 1 2 3	

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 0-Not attempted                      1-Beginning                      2-Intermediate                      3-Advanced



## Arizona WIC Program-Nutrition Education/Health Check Observation

Allowed client opportunity to voluntarily state next step (goal).				
Asked permission to offer nutrition education and/or provided a simple and accurate nutrition message with 0-2 handouts related to goal(s) and/or topic of discussion.	0 1 2 3	What tool(s) were used?	0 1 2 3	What tool(s) were used?
Closed the appointment by summarizing the discussion, thanking the client for their sharing, and setting the stage for the next visit.	0 1 2 3		0 1 2 3	
Plan for next appointment was addressed				
Appropriate referrals were made				
Length of appointment				
Staff focused on the client and not the computer.				
Did the Nutrition education provided meet the client's needs, concerns, household situation, cultural preferences, and if applicable, breastfeeding practices.				
Was the appointment appropriately documented in AIM?				

<b>Notes</b>
<b>Notes</b>

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 0-Not attempted                      1-Beginning                      2-Intermediate                      3-Advanced



## Arizona WIC – Anthropometric/Laboratory Observation

REVIEWER: \_\_\_\_\_

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

AGENCY: \_\_\_\_\_

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

ANTHROPOMETRICS	1	Comment	2	Comment
Certifier Name				
Lab Tech Name				
Participant ID No.				
Category				
Appointment Type				
<b>Medical data &lt;60 days old</b>				
<b>Height &amp; Weight</b>				
Scales are zeroed and balanced before weighing individual				
<b>Infant, child or adult weighed accurately</b>				
Dry diaper				
Light clothing				
Without shoes				
Weighed twice				
Weighed to nearest ounce				
<b>Infant or recumbent child measured accurately</b>				
Length board used for infants & children under 24 months or unable to stand unassisted				
Measured on a standardized length board with non-movable headboard and a non-flexible footboard				
Length measured twice				
Both legs are grasped and straightened for measurements				
Length measured to nearest 1/8 inch				
<b>Standing child or adult measured accurately</b>				
Standing height used for children over 24 months & women				
Measured using a standing height board or non-stretched tape with a flat headboard				



## Arizona WIC – Anthropometric/Laboratory Observation

Heels slightly apart				
Heels, buttocks and shoulder blades touching wall				
Eyes straight ahead with arms at sides				
Without top hair adornment				
Height measured twice				
Height is measured to nearest 1/8 inch				
<b>Blood Work Lab Procedure</b>				
<b>Site preparation techniques</b>				
Cleansed & gloved hands for each test				
Gloves remained on until cuvette was disposed				
Correct site chosen (middle or ring finger, cannot have ring, heel when appropriate)				
Cleansed & dried site, site held to distend skin				
Correct puncture site and depth, first 2 - 3 drops wiped, pressure / bandage applied (no bandage under 2 years)				
<b>Correct collection techniques</b>				
No squeezing / milking to collect blood, other method used				
<b>Correct cuvette techniques</b>				
Cuvette container with lid on and stored at room temp				
The sharp edge of the cuvette is pointed downward				
Filled in one step to front edge, excess blood wiped off				
Checked for air bubbles, discarded if present				
Disposed of used supplies properly in Biohazard / Sharps containers/trash can				
Disposed of gloves after each test & cleansed hands				
Blood values recorded accurately				
Appropriate alternate code used, if applicable: <ul style="list-style-type: none"> <li>• 99.5= pending (give one month);</li> <li>• 99.6= hemophilia or religion prevents draw;</li> <li>• 99.7= blood work is not required at this cert;</li> <li>• 99.8= draw will create safety hazard</li> </ul>				

## **Appendix C: 9-1-1 and other emergency numbers**

**See following page**

# [Local Agency] WIC



- Emergencies..... 911
- WIC Assistance..... 1-800-2525-WIC
- St. Mary's Food Bank..... 602-352-3640
- Westside Food Bank..... 602-242-3663
- United Food Bank..... 480-926-4897

This institution is an equal opportunity provider  
USDA es un proveedor que ofrece igualdad de oportunidadada todos