

X. MONITORING AND AUDITS

(Please indicate) State Agency: Arkansas for FY 2016

Monitoring and Audits involves State agency efforts to review local agency activities on an ongoing and timely basis, and to track all audits involving WIC Program activity.

A. Monitoring-246.19(b): requires State agencies to establish a management evaluation system.

B. Audits-Subpart F to 2 CFR Part 200, or under 7 CFR 3052, as applicable: describe State agency audit responsibilities.

X. MONITORING AND AUDITS

A. MONITORING

DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Local Agency Monitoring Activity (to be updated each year)

a. Local agencies/clinics monitored:

_____ Number of local agencies monitored last annual period
10 _____ Number of clinics monitored last annual period
_____ Number of local agencies to be monitored this current annual period
10 _____ Number of clinics to be monitored this current annual period

Specify last annual period, from: 10/01/2013 to 09/30/2014 (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: 10/01/2014 to 09/30/2015 (month/day/year – month/day/year; must be applied consistently)

b. Number of local agencies required to submit Corrective Action Plans (CAPs) to redress deficiencies identified during monitoring last year: 10 _____ (Number)

c. The State agency uses a tracking device, such as a chart or spreadsheet, which summarizes the reviews of all local agencies.

Yes No

If the State agency uses a tracking device, it shows (check all that apply):

- Date of most recent review for each local agency
- Number of clinics reviewed in most recent review for each local agency
- Listing of findings for most recent review of each local agency
- Date of State agency notice of findings in most recent review for each local agency
- Date of local agency corrective action plan in most recent review for each local agency and/or clinics
- Outcome of corrective action plan

d. In preparing to conduct a local agency review, the State agency reviews data reports on:

- No-shows by category
- Administrative costs claimed
- Financial reports
- Priorities served
- Caseload
- Racial/ethnic
- Staff/participant ratios
- Participant nutrition surveillance data for participants in that local agency
- Other (specify): Outreach; Breastfeeding & Nutrition Ed. Plans; Complaints; Administrator Questionnaires; Training

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

WIC-130 through WIC-131

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A. MONITORING

2. Local Agency Monitoring Procedures

a. The State agency uses an established protocol when it monitors local agencies.

- Yes No

If yes, attach in Monitoring and Audits Appendix or specify location in Procedure Manual below:

This monitoring protocol includes:

- Advance notification of monitoring visit
- Determination of timeframes for conducting the review
- Designation of local agency staff to assist State agency staff during review
- Discussion of review findings on-site with local agency
- Specified time frame for providing written review report
- Specified time frame for local agency submission of corrective action plan, not to exceed 60 days from receipt of State agency's report
- Instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
- Evaluation of adequacy of corrective action
- Follow-up with local agency to ensure corrective action measures are implemented
- Written notification of closure of the review
- Other (specify): _____

b. Monitoring of local agencies is conducted by (check all that apply):

- State WIC staff
- District or regional staff
- Other health programs
- Other (specify): _____

c. Specialists in the following areas monitor the areas of their expertise:

- Certification and eligibility determination
- Caseload management
- Nutrition services
- Breastfeeding promotion and support
- Targeting and outreach policies
- Financial management of administrative funds
- Food delivery system
- Vendor management
- Civil rights
- Information Systems security
- Other (specify): _____

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A. MONITORING

If the State agency uses reviewers to monitor areas in which they do not have expertise and/or prior knowledge, describe how the State agency trains or equips its reviewers to conduct the review:

d. The State agency uses a standard local agency/clinic review form.

Yes No

(If yes, please ensure that it is included in the monitoring and audits appendix if it is not included in the procedure manual or elsewhere in the State Plan.)

If yes, the review form covers the following areas:

- An assessment of local agency management
- An assessment of patient flow
- Certification case file reviews, including procedures for determining adjunctive income eligibility
- Caseload management
- Training of local agency and clinic staff
- Nutrition education
- Breastfeeding promotion and support
- Targeting and outreach policies
- Financial management of administrative funds
- Validation of staff time spent on WIC
- Food instrument accountability
- Vendor training and monitoring, if these functions are delegated to local agency
- Civil rights compliance
- Other (specify): ID folder, formula, breast pump and food instrument security; formula issuance, inventory, & security

e. The State agency has developed procedures for local agencies to use when they evaluate:

- Their own operations
- Subsidiary/satellite operations (e.g., county health department clinic)
- Subcontractors (e.g., community action program, hospital)
- Homeless facilities/institutions
- Other (specify): Regional WIC Staff conduct local Management Evaluations using the same tools as the State Office Staff

If yes, these procedures include a monitoring tool.

Yes No

If yes, all local agencies are required to follow these procedures.

Yes No (specify basis for exemptions): _____

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

Appendix I, Appendix II, Appendix III, Appendix IV, and Appendix V

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B. AUDITS

b. Entities not audited and reason (e.g., local office is not a subrecipient local agency, entity did not expend \$500,000 or \$750,000 , as applicable, or more in Federal funds during the fiscal year, etc.)

Entities not audited (includes both State and local agencies)	Reason Entity Not Audited
N/A	No findings in previous audit

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

2. Audit Management Decision

a. Methods used by the State agency to ensure that corrective action is taken on audit findings include (check all that apply):

- State agency has a copy of the corrective action plan on file.
- State agency tracks audits to determine if the same problems are recurring from year to year.
- Local agency must file periodic reports.
- State agency contacts local agency by phone or in writing periodically.
- State agency visits local agency.
- Other (specify): N/A

b. State agency actions taken to ensure that all claim amounts are recovered include (check all that apply):

- Local agency files periodic reports.
- State agency contacts local agency by phone or in writing.
- State agency monitors receipt of a check in the amount of an audit claim.
- State agency establishes and employs billing/offsetting of account procedures.
- Other (specify): N/A

c. State agency accounting procedures for claim amounts recovered:

- Recovered claim amounts from prior fiscal years are returned to FNS.
- Recovered claim amounts are reallocated if collected within the same fiscal year.
- Claim amounts are verified with local agency.
- Other (specify): N/A

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

X. MONITORING AND AUDITS

B. AUDITS

3. Availability of Audit Reports

a. **The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.**

Yes No, copies are retained by: _____

b. **Procedures used for maintaining files to reflect the trail from the receipt of the audit to final action include:**

Detailed breakdown of each audit finding is tracked separately.

Individuals are assigned to monitor each audit.

One individual is assigned to monitor all audits.

Other (specify): _____

c. **The State agency maintains a listing of all planned audits for the coming Fiscal Year.**

Yes No

(Indicate recent FYs which included WIC in A-133 audits): _____

d. **The State agency ensures WIC participation in A-133 and other audits by (check all that apply):**

Developing a tracking system that monitors the status of each audit

Establishing a contact person for each audit

Including this audit requirement in the local agency contract

Other (specify): _____

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

ADMINISTRATOR'S QUESTIONNAIRE

County Health Unit _____

Date _____

Administrator's Name & Title _____

Please send the following documentation with this questionnaire or specify N/A if not applicable:

_____ Copies of the Special Formula Logs for the last two months. (Please return ASAP)

_____ Documentation of participant abuse or complaints *

_____ Documentation of vendor complaints *

_____ Printed list of county resources from SPIRIT and provide date of last update

_____ Documentation of the **current Federal Fiscal Year Nutrition Education Plan

_____ Documentation of the **current Federal Fiscal Year Breastfeeding Plan

_____ Documentation of community breastfeeding outreach project

_____ Documentation of the **current Federal Fiscal Year Outreach Plan

_____ Documentation of all outreach performed for the **current Federal Fiscal Year and the ***prior Federal Fiscal Year

_____ Documentation of local media efforts and/or outreach materials developed with documentation of WIC central office approval *

_____ Documentation of complaints of discrimination and disposition *

_____ Completed " Required Training Checklist"

_____ List of all WIC staff with job title, sex and race.

_____ List of any WIC employees who are proxies or have relatives on WIC. Please document the relative's name and their State WIC ID # next to the employee.

* **If applicable**

** **Current Federal Fiscal Year = FFY 2015** (October 2014 – September 2015) Update Yearly

*** **Prior Federal Fiscal Year = FFY 2013** (October 2013 – September 2014) Update Yearly

Please complete the following questions and return with the above documentation.

I. Caseload Management

1. How frequently do you schedule WIC certifications?
2. On certification day, what is the average time a participant spends in the local health unit?
1 hour or less _____ 1-2 hours _____ 2-4 hours _____ More than 4 hours _____
3. What is your current caseload?
4. How many applicants/participants are scheduled per CPA per hour?
5. When an appointment is requested for the following, when would it be scheduled? (Number of calendar days):

	<u>In person/Walk-in</u>	<u>Request by Telephone</u>
VOC	_____	_____
Pregnant woman	_____	_____
Infant	_____	_____
Migrant	_____	_____
Breastfeeding	_____	_____
Postpartum	_____	_____
Child	_____	_____
Homeless	_____	_____

6. What days and times can participants pick up checks?
7. How are WIC applicant/participants reminded of appointments?
8. What procedures do you have in place to contact each pregnant applicant who misses her first appointment in order to reschedule the appointment?
9. What do you do if WIC applicant/participants come early, are late or miss their appointment?
10. What is your current show rate over the past three months? Please add justification if this is not a typical show rate.
 - a. Certifications _____
 - b. High Risk Nutrition Education _____
 - c. Non-High Risk Nutrition Education _____

Justification:

11. What efforts are made to maximize show rates for certification/nutritional assessment, High Risk NE, Non-High Risk NE, and WIC check pick up?
12. How do you assure employed persons and rural residents are accommodated for WIC services?

13. Are there migrant* service agencies within the region? If yes, please list and explain how you coordinate with them. * *Please note: Ethnicity does not necessarily indicate migrant status. Migrants are persons whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of employment, a temporary home.*
- Has the local agency developed any special initiatives or activities to serve migrants, such as special hours, on-site clinics, distribution of food instruments, use of interpreters, Etc. Describe.
14. Who are your regional and local breastfeeding coordinators? Please list names and credentials.
15. How is a mother who needs help with breastfeeding put in contact with this person?
16. What breastfeeding resources are available to breastfeeding moms in your community? Do any provide access to help after hours?

II. Outreach

1. Have you developed any outreach materials that include WIC services or used any local media to promote WIC services?

III. Policy Manual

1. How do you insure all staff is informed about new policy, memos or transmittals?

IV. Civil Rights

1. How would you recognize that a complaint was a civil rights complaint?
2. What procedure would you follow if you received a civil rights complaint?
3. Were there any complaints of discrimination received at the local health unit during the past year? If so, what action was taken on the complaint?

4. How is annual Civil Rights Training for all staff tracked?
5. Is there any face-to-face Civil Rights Training provided to WIC Staff”?
6. Does this local health unit use interpreters? If so, what type/language do you have available (Spanish, hearing impaired etc.)?
 - How are they contacted when needed?
 - How does this affect the applicant? (e.g., access to services, convenience etc.)
7. How much interpreter time do you have available? Is this contract interpreter or use of bilingual staff?
8. If the LHU doesn’t have interpreters, how does the LHU accommodate for non-English speaking, and hearing impaired participants? What do you do if you need an interpreter and one is not available on-site?
9. List any problems due to lack of interpreters.
10. How does the LHU accommodate disabled participants?
11. If the applicant does not disclose their racial/ethnic identity, how does the local health unit determine this information?
12. How do you ensure all participants have the opportunity to register to vote?

V. Security and Accountability

1. Who has access to check/CVB stock, MICR toner and Farmer’s Market Checks? Please list names and titles. _____

2. How many people issue WIC checks/ CVBs or Farmer’s Market checks? Please list names and titles. _____

3. What is the procedure for reporting lost/stolen checks/CVBs/Farmer's Market checks from local health units or reported by participants?

4. List the person (and their back-up) who is responsible for the following: **Please list names and titles for each.**
 - Special formula ordering _____

 - Receiving formula _____

 - Special formula Inventory _____

 - Breast pump Inventory _____

 - WIC check/CVB stock/MICR toner ordering _____

 - WIC check/CVB stock/MICR toner
inventory _____

 - Farmers' Market checks (if
applicable _____

VI. Nutrition Services

1. Does the county Cooperative Extension office provide any materials or nutrition education?

2. How is WIC Check pick-up coordinated with nutrition education?

3. Are checks/CVBs/Famers' Market checks provided to participants who refuse nutrition education?

4. How often is the Nutritionist scheduled in the local unit?

5. How many high risk participants are scheduled per hour for the Nutritionist?

6. Does the Nutritionist also provide Non-High Risk NE while she is there?

7. Are High Risk appointments always available within 45 days?

8. Who is responsible to key attendance for Non-High Risk NE? How often is it keyed?

9. How are participants reminded of Non-High Risk NE and high risk appointments? If not, why?

VII. Vendors

1. If a local vendor calls with questions, who is responsible for answering the questions or who are those calls referred to?
2. If a local vendor reports participant abuse, who are those calls referred to?

VIII. Complaints/Abuse

1. How are complaints from or about participants or vendors handled?
2. Have you received any complaints in the previous year from:
 - Participants? **Yes**_____ **No**_____
 - Vendors? **Yes**_____ **No**_____

IX. Commendations

1. Has the clinic received commendations for WIC services within the past year?

LHU OBSERVATION

County: _____

City: _____

Date: _____

GENERAL OBSERVATIONS	Points	Yes	No	Notes
Adequate equipment/materials/space for Nutrition Education	1			
Participants cordially greeted by staff	2			
Valid identification required for check issuance (ID folder must be presented. Only Authorized Rep. can be issued a new folder and must have ID)	2			
All info collected at appt. request (address ____; phone # ____; potentially eligible household members ____)	2			
Participants asked about voter registration status	1			
Participants asked for updated address and phone number at each visit	2			
The pamphlet "Do You Need These Services" given to each applicant or household	2			
Transfers handled according to policy				
Instate: __ assess residency; __ income(if changed); __ issue checks same day if not issued in current cert.	2			
Out-of-state: __ Call for VOC if not available; __ current cert? __ assess residency, __ proof if ID, __ issue checks same day if current cert; No verification of income for out of state. Release of Information (ROI) not needed.				
Yellow ID folders/check stock/toner stored in secure area, both during & after clinic hrs. Two or more staff examine/verify ID folders/check stock/MICR toner (not same staff who issue checks)	2			
Copies of completed WIC-34-B (Blank Check Stock Order Form and Receipt) and WIC 34-C (MICR Printer Toner Order Form and Receipt) kept on file and match WIC State Office copy	1			
Voided checks filed according to policy	1			
Processing standards are met according to policy <ul style="list-style-type: none"> • Processing standards begin when individual calls/visits during clinic hrs to make oral/written request for WIC services • Time limits within 10 calendar days for pregnant women eligible as Priority 1 participants; infants under 6 mo.; BF women & members of migrant farmworker households who plan to leave area served by LHU • Time limits within 20 calendar days for all other applicants • WIC certification process complete when: <ul style="list-style-type: none"> A. All eligibility criteria have been met _____ B. Applicant has been notified of eligibility _____ C. Applicant has received WIC checks _____ 	5			
NOTE: Above must be complete before processing standards are met. So, the first WIC check for the cert. period should be issued on the same day A & B are completed. EXCEPTION = Exclusively breastfed infant				
LHU displays current FDL provided WIC authorized vendor list for their county or provides written list	2			
Anthropometric equipment has been calibrated at least annually and documented on CHS-61. Date = _____	3			

LHU OBSERVATION

GENERAL OBSERVATIONS (Cont.)	Points	Yes	No	Notes
Denials are per policy. Review income using current income guidelines. Review all denials due to lack of risk for appropriate denial. Documentation of Denial notification given -keep copy for 3yr + current yr.	1			
SPECIAL AND RETURNED FORMULA				
No formula stored on floor, in areas of potential contamination, or where leaking formula could damage other items. Outdated/damaged/contaminated formula destroyed per WIC policy. Inventory rotated with oldest dates in front. Issuance Log and inventory match.	2			
Formula logs & packing slips kept/filed according to policy, including retention	1			
Two or more LHU staff order, maintain inventory, and issue. Check formula log for receipt and issuance.	2			
Formula inventory stored in a secure area, both during & after clinic hrs.	2			
Formula logs are up-to-date and match current stock with system for reordering upon issuance in place.	2			
BREASTFEEDING				
Breast pumps stored in a secure area, both during & after clinic	2			
Breast pump inventory matches Drug Formulary Accountability Sheet (PHA:CPS-5)	2			
Breastfeeding promotion is visible.	2			
DME/formula promotion is <u>not</u> visible.	1			
CIVIL RIGHTS				
Interpreter services available when needed	2			
No Charge for WIC Services poster (English and Spanish)	1			
And Justice for All poster (dated 12/99)	1			
Right to a Fair Hearing poster (English and Spanish) dated 6/14	1			
Complaint Forms available (WIC-14, English dated 6/15 & Spanish dated 4/15)	1			
Disability access to services	1			
"Register to Vote Here!" sign from Arkansas Secretary of State posted	1			
CLINIC FLOW				
WIC checks/CVBs/FMNP checks issued timely. Time in clinic from arrival to pickup = _____minutes.	1			
WIC staff utilized according to clinic needs	1			
Scheduling of patients contributes to clinic flow:	1			
Certifications - Time in clinic from arrival to certification = _____ minutes	1			
High Risk - Time in clinic from arrival to when called back for appointment= _____minutes	1			
Non-High Risk - Time in clinic from arrival to when called back for appointment = _____minutes	1			

Participant Name: _____ MANAGEMENT EVALUATION CHART REVIEW

State ID# _____ HH ID# _____

Date: _____

Clerk: _____

Health Unit: _____

CPA: _____

Participant Category: _____

Reviewer: _____

	Points	YES	NO	N/A	NOTES
DEMOGRAPHICS					
Complete address entered	1				
Mailing address complete	1				
WIC Category appropriately marked	1				
Race/Ethnicity documented	1				
If participant indicates homelessness, it's marked & fixed nighttime residence is identified	1				
ID Proof marked (Pending Proof is NOT acceptable; proof per Arkansas policy)	1				
Residency Proof marked (Pending Proof is NOT acceptable); proof per Arkansas policy	1				
Telephone number complete with area code or "None" indicated	1				
Physical presence of applicant marked. If marked "no", reason is recorded	1				
If a hardship is documented, the type of hardship has been selected	1				
Type of Medical Home indicated	1				
Household language identified	1				
Language correspondence preference identified	1				
Authorized rep listed	1				
Marital status indicated	1				
Educational level indicated	1				
Voter registration status indicated	1				
Proxy(ies) identified or "None" indicated	1				
HEALTH INFORMATION					
Infant					
Birth height and weight recorded and plausible	1				
Weeks gestation indicated	1				
Mother's birthdate recorded	1				
Chart indicates mother's WIC status	1				
Breastfeeding infant linked to mom	1				
"Feeding" section complete	1				
Health Information/Medical Condition sections complete and accurate	2				

Participant Name: _____ MANAGEMENT EVALUATION CHART REVIEW
 State ID# _____ HH ID# _____

Child	Points	YES	NO	N/A	NOTES	
Birth height and weight recorded and plausible	1					
Weeks gestation indicated (under 2 yrs. of age)	1					
If applicable, prematurity indicated (under 2 yrs. of age)	1					
"Feeding" section complete	1					
Health Information/Medical Condition sections complete and accurate	2					
Pregnant						
"Current Pregnancy Information" section complete	1					
"Previous Pregnancy Information" section complete	1					
"Multivitamin Consumption" section complete	1					
"Cigarette/Alcohol Intake" sections complete	2					
"Any Pregnancy History" section complete	1					
Breastfeeding or Non-Breastfeeding Post -partum						
"Postpartum Information" section complete	1					
"Cigarette/Alcohol Intake" sections complete	2					
"Most Recent Pregnancy History" section complete	1					
"Any History Of" section complete	1					
INCOME HISTORY						
Income documented for current certification per Arkansas policy	1					
HT/WT/BLOOD						
Ht/Wt/Blood work entered and plausible	1					
Percentiles reflect risk code assignments (ex: underweight, overweight, short stature)	1					
Hemoglobin performed according to policy	1					
VENA/NUTRITION ASSESSMENT						
Medical history assessed/documented completely	1					
Medical care assessed/documented completely	1					
Dental care assessed/documented completely	1					
Immunizations assessed/documented completely	1					
Weight/development assessed/documented completely	1					
Eating routine/habits assessed/documented completely	1					
Food storage/preparation assessed/documented completely	1					
Safety concerns assessed/documented completely	1					
Smoking assessment documented completely	1					

Participant Name: _____ MANAGEMENT EVALUATION CHART REVIEW

State ID# _____ HH ID# _____

	Points	YES	NO	N/A	NOTES
Substance abuse documented completely	1				
Breastfeeding assessment documented completely	1				
Nutrition concerns/goals/plans assessed and documented completely	1				
RISK FACTORS					
All applicable risk factors assigned correctly	1				
Risk factors updated as needed (ex: Special formula change, food rx change, etc.)	1				
FOOD PRESCRIPTION					
Food prescription was entered at certification	1				
Food prescription tailored based on risk factors	1				
Food prescription tailored based on participant request/preferences & documented in notes	1				
If applicable, prescription for foods are scanned into record WITHIN 2 DAYS	1				
Correct amount of food/formula issued	1				
REFERRALS					
Referrals for needs identified during assessment or participant request (Medicaid, SNAP, food banks, shelters, etc.) were made	1				
NUTRITION EDUCATION					
High-Risk Nutrition Education appointment scheduled correctly	1				
Missed High-Risk Nutrition Education appointment rescheduled correctly	1				
Non-High Risk Nutrition Education appointment scheduled correctly	1				
Missed Non-High Risk Nutrition Education appointment rescheduled correctly	1				
Nutrition Education contact documented	1				
Missed Nutrition Education documented correctly as "no show" under Nutrition Ed. Tab	1				
BFPC County: Referral to BFPC checked for all prenatal & breastfeeding participants.	1				
APPOINTMENTS					
Appropriate follow-up appointments made (ex. 9-12 Hgb, weight checks, etc.)	1				
BENEFITS HISTORY					
Checks issued at certification	1				
If "voided", date and reason are indicated	1				
Signature captured (electronically or WIC-58 scanned into record)	1				
If checks were mailed, policy was followed	1				
SPECIAL FORMULA					
Special formula prescription/required forms are <u>complete and scanned</u> into participant folder within 2 days of receipt (includes any formula after 1 yr. of age)	1				

Participant Name: _____ MANAGEMENT EVALUATION CHART REVIEW

State ID# _____ HH ID# _____

	Points	YES	NO	N/A	NOTES
Length of special formula approval appropriate for diagnosis per policy	1				
Prescription approved by region-approved nutritionist	1				
Prescribed foods are indicated	1				
Food pkg. tailored according to prescription (formula and amounts, food and amounts, etc.)	1				
Special Formula issued on 1 month cycle	1				
No partial packages of special formula issued unless approved by WIC/Nutrition Coordinator and documented in participant record	1				
Special Formula is not issued before "First Date to Use"	1				
BREASTFEEDING DYADS					
Breastfeeding dyads were certified at the same time if possible	1				
Breastfeeding dyads correctly linked	1				
Breastfeeding dyads offered weekly/monthly weight checks for first three months	1				
Applicable risk factors for breastfeeding marked	1				
NOTES/DOCUMENTATION					
Assessment complete	1				
Plan complete	1				
Goal documented in SPIRIT SOAP note or in Goal Setting Button under Nutrition Ed. Tab	1				
Notes documented regarding changes to participant record, food prescription, status, formula change, pump issuance, incorrect system assignment of risk	1				
Information that must remain permanent in a record is documented in a General or SOAP note; should not be documented only in an Alert	1				
Alerts deleted when no longer applicable	1				
Legal and/or supporting documents scanned into participant record within 2 days of receipt (ex: include \$0 income, directions to home if P.O. Box, custodial papers, etc)	1				
BFPC COUNTY ONLY: BFPC NOTES/DOCUMENTATION					
BFPC SOAP note is complete	1				
BFPC SOAP note at certification includes reasonable, measurable goal	1				
SOAP notes document evidence of participant tracking.	1				
SOAP notes document evidence of BFPC YIELDING appropriately for situations outside BFPC scope of practice	1				

Participant Name _____

PARTICIPANT OBSERVATION

State ID# _____

HH ID# _____

Date: _____

Reviewer: _____

Clerk: _____

Health Unit: _____ Site: _____

CPA: _____

Participant Category: _____ HH ID# _____

BFPC: _____

Appointment type (circle one): Initial Certification Recertification Non-High Risk Other **Arrival time to clinic:** _____**Appt. time:** _____ **Time appt. started:** _____ **Time appt. ended** _____ **Intake:** _____**Measurements:** _____ **Nutrition Assessment:** _____ **Food Checks/CVBs:** _____ **Total Time in Clinic:** _____**CLERICAL FUNCTIONS**

Intake/Demographics	Points	Yes	No	N/A	Notes
Participant greeted by clinic staff	1				
Participant information gathered & services provided in a private manner	1				
Income & household size assessed sources documented	1				
Residency assessed & sources documented	1				
Identity assessed & sources documented	1				
Additional info. collected (e.g., TV viewing, hardship, language, etc.)	1				
Participant asked about voter registration status and appropriate action was taken	2				
Participant given written ineligibility notice or 15-day notice of certification expiration	1				
"Do You Need These Services" given to participant	1				
Income Checklist for WIC Participants given to participant	1				
Interpreter services available when needed	1				

CPA FUNCTIONS**Measurements**

Anthropometrics obtained correctly	1				
Anemia screen completed per policy	1				

VENA/Nutrition Assessment

Established rapport with participant	1				
Reviewed past SOAP Notes, nutrition risk factors, Non-High Risk Nutrition Ed. scheduled & received, etc.	1				
Reviewed/discussed results from Demographics, Health Info.; Ht/Wt/Blood (prenatal wt. gain chart, growth chart, appropriate wt. gain, etc.)	1				

Participant Name _____

State ID# _____

HH ID# _____

PARTICIPANT OBSERVATION

HH ID# _____

	Points	Yes	No	N/A	NOTES
Asked all applicable VENA/Nutrition Assessment questions as open-ended questions	1				
Asked probing questions as needed to clarify responses	1				
Documentation reflects responses from participant	1				
Explained to participant why they are eligible for WIC	1				
Reviewed all system assigned nutrition risk factors. Assigned and reviewed additional risk factors as applicable.	2				
Documented additional assessment information, as appropriate	1				
Referred to outside services (e.g., social work, food pantry, etc.) and explained services to participant when necessary	2				
Nutrition Education					
Provided primary nutrition education contact with appropriate materials given	1				
Provided breastfeeding promotion if applicable	1				
Asked the participant about additional concerns or questions and provided information addressing those additional concerns or questions	2				
Worked with participant to set goal(s) and documented goals in SPIRIT SOAP note or Goal Setting Button under Nutrition Ed. Tab	2				
Appropriate appointments scheduled and documented (e.g., high risk, NE, breastfeeding peer counselor, etc.) to assist participant with meeting goal(s) or other needs	2				
Food Prescription and Check Issuance					
Correct food prescription prescribed and explained to participant	1				
Food package tailoring offered to fit individual needs and preferences	1				
Notice of Eligibility issued to participant	1				
Rights and Responsibilities explained to participant	1				
Signature captured for Rights and Responsibilities (electronic or WIC-59)	1				
Checks & CVBs issued with instructions per Food Check & CVB Redemption Policy	1				
Checks printed for appropriate monthly cycle	1				
Checks printed for entire household as appropriate	1				
Signature captured for check/CVB issuance (electronic or WIC-58)	1				
Authorized food list issued and explained	1				
Formula Issuance					
Correct formula and amount issued for participant type according to policy	2				

Participant Name _____
 State ID# _____

PARTICIPANT OBSERVATION
 HH ID# _____

BREASTFEEDING PEER COUNSELOR FUNCTIONS BFPC Counties Only:	Points	Yes	No	N/A	Notes
BFPC Breastfeeding Promotion & Support					
Established method to ensure all prenatal/breastfeeding participants are referred to BFPC when BFPC not available at certification.	1				
BFPC uses open ended questions to elicit participant concerns	1				
BFPC provides basic education appropriate to participant concerns	1				
BFPC affirms participant concerns	1				
BFPC appropriately YIELDS concerns outside her scope of practice	1				
BFPC makes arrangements with participant for future contacts	1				
ADDITIONAL NOTES					

FFY 2015

Date of Last ME	MEs Scheduled for FFY 2015	Date Original Summary Sent
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CENTRAL

Faulkner	Jun-09
Garland	Aug-07
Grant	Jun-11
Lonoke/Cabot	Aug-11
Lonoke/Lonoke	Feb-12
Perry	Feb-14
Pulaski/Central	Jan-14
Pulaski/JAX	Feb-12
Pulaski/NLR	May-08
Pulaski/Southwest	Feb-13
Saline	Jul-10

NORTHEAST

Clay/Piggott	May-12		
Cleburn	Apr-07		
Craighead	Dec-12		
Crittenden/West Memphis	Jul-08		
Cross	Jul-07		
Fulton	Jul-07		
Greene	Jul-09		
Independence	Jan-06	3/6/2015	6/19/2015
Izard	Aug-12		
Jackson	Apr-08		
Lawrence	Jul-08		
Mississippi/Blytheville	Sep-07		
Mississippi/Osceola	Jul-08		
Poinsett/Harrisburg	Apr-10		
Poinsett/Marked Tree	Apr-06	3/5/2015	5/7/2015
Poinsett/Trumann	Dec-12		
Randolph	Apr-13		
Sharp	Dec-13		
Stone	Jun-14		
White/Beebe	Nov-11		
White/Searcy	Nov-06		
Woodruff	Dec-11		

NORTHWEST

Baxter	Jan-15		
Benton/Rogers	May-07		
Benton/Lowell	Jul-10		
Benton/Siloam Springs	Jul-06		
Boone	Jul-06		
Carroll	Jul-14		
Conway	Feb-06	7/14/2015	
Crawford	Jul-07		
Franklin	Mar-07		
Johnson	Aug-09		
Logan/Booneville	Jun-12		
Logan/Paris	Jun-12		
Madison	Sep-13		
Marion	Aug-11		
Newton	Aug-13		
Pope	Sep-09		
Searcy	Oct-05	8/3/2015	
Sebastian/Ft. Smith	Aug-10		
Sebastian/WIC Clinic	Jul-11		
Scott	Mar-08		
Van Buren	?	8/4/2015	
Washington/Fayetteville	Jul-10		
Washington/Springdale	Sep-09		
Washington/Outreach	Initial ME	12/2/2014	1/23/2014
Yell/Danville	April-07		
Yell/Dardanelle	May-08		

SOUTHEAST

Arkansas/De Witt	Feb-08	6/24/2015	
Arkansas/Stuttgart	Apr-09	6/23/2015	
Ashley/Crossett	Mar-12		
Ashley/Hamburg	Mar-12		
Bradley	Mar-09		
Chicot/Lake Village	May-14		
Cleveland	Jul-11		
Desha/Dumas	May-09		
Desha/McGehee	Jun-09		
Drew	Sep-08		
Jefferson	Aug-12		
Lee	Aug-09		
Lincoln	Mar-10		
Monroe	Aug-09		
Phillips	Mar-10		
Prairie	Feb-13		

St. Francis

Jun-14

SOUTHWEST

Calhoun	Sep-06		
Clark	May-12		
Columbia	Mar-13		
Dallas	Feb-08	6/3/2015	6/11/2015
Hempstead	Jun-07	6/2/2015	
Hot Spring	Jul-09		
Howard	Apr-07		
Lafayette	Apr-08		
Little River	Jul-14		
Miller	May-10		
Montgomery	Apr-08		
Nevada	Jul-12		
Ouachita	Mar-13		
Pike	Feb-10		
Polk	Mar-14		
Sevier	Sep-11		
Union	Jul-12		

Eligibility, Nutrition Ed, Nutrition
Assessment, Special Formula, Training,
Chart Review

5/22/2014 In compliance

Accountability, Nutrition
Assess., Training, Income Hx, Risk
Factor, Food Rx, Benefits hx
