FY 2019 Self Evaluation Tool – Local Agency Self Auditing

To complete the Self Evaluation Tool, please download and save a copy of this document to your computer in Microsoft Word format (available on SharePoint in the Forms tab). Do not directly edit the document posted on SharePoint. Complete this tool underlined electronically by typing your answers into the document. E-mail the completed Word document to the State WIC Operations Manager, rwardle@utah.gov 30 days prior to the scheduled on-site visit. Please note that certain logs and files need to be sent via email to the State Nutrition Coordinator at pcrowley@utah.gov (module completion, in service, evaluation of new classes) or post in SharePoint 30 days prior to any scheduled management evaluation site visit.

PLEASE COMPLETE THE FOLLOWING:

Local Agency:	
Clinic:	
Date due (30 days before site visit):	
Date self evaluation was completed:	
Completed by:	
Scheduled on-site visit date(s) for this clinic:	
Clinic operating hours on the scheduled date(s):	
Anticipated number of certification appointments to be scheduled during the on-site visit:	
Clinic staff that will not be present at the clinic during the visit:	
Is the WIC Director planning to be present?	
List any files or other items to be reviewed that will not be available on site and list their location.	
Present Caseload:	
Total # FTE hours:	
Do you feel your staff/participant ratio is adequate, manageable, or inadequate? Explain why.	

Clinic Staff

Please list all staff members currently working for the WIC program in this clinic:

Name	WIC Title (CPA, CA, Clerk, etc.)	Credentials	Date Hired Month/Year	Number of hours per week worked in WIC

Local Agency/Clinic Management

Please list the staff persons working in the following roles or with the listed credential:

Position	Staff Member
WIC Director	
Clinic Supervisor/Team Lead	
Breastfeeding Coordinator	
Office Supervisor/Lead Clerk	
Vendor Coordinator	
Peer Counselor Supervisor	
Module Preceptor	
Nutrition Class Preceptor	
Outreach Coordinator	
Registered Dietician(s)	
IBCLC(s)	
Peer Counselor(s)	

Please answer the questions for each functional area:

I. Vendor Management

When did the local vendor coordinator last complete the Vendor Management Module?	
Has state vendor management staff visited the current local vendor coordinator to go together to provide training and/or monitoring at a local store? When did this last occur?	
Where is the current authorized vendor list posted?	
Does the vendor coordinator upload documentation for vendor training and monitoring to the appropriate SharePoint location?	
Does the vendor coordinator document vendor training in VISION?	
Is the vendor coordinator documenting communication with the vendor in the Vendor Log in VISION?	
How are complaints about vendors and complaints from vendors about clients documented and resolved?	
Which vendors have been monitored during the current and previous fiscal year? Were they monitored before the deadline set by the state?	
Which vendors still need to be monitored this fiscal year?	
Which vendors received 3 year training from local staff during the current and previous fiscal year? Were they trained within the deadline set by the state?	
Which vendors still need 3 year training before the end of the current 3 year vendor agreement period?	
Are current vendor training materials and forms used to provide vendor training and monitoring? Is the 3 Year Interactive Training Presentation always used for training?	
What are some of the continuing problems the clinic is having with vendors? How does your vendor management staff attempt to correct these problems?	

II. Nutrition Services - Breastfeeding

Breastfeeding Promotion and Support	
How does the clinic let the public know WIC supports breastfeeding? (i.e. posters, health fairs, etc.) Does the clinic have a comfortable private room with a door that can be locked if mothers ask for a private space to breastfeed?	
What is used to make the WIC clinic environment breastfeeding friendly?	
When new staff is hired, what breastfeeding training is included?	
How are referrals made to Lactation Educators? In what circumstances?	
What breastfeeding resources are on your referral list?	
How do you ensure all prenatal and postpartum participants receive breastfeeding information at all visits, when applicable? How do you include friends and family members in this education?	
How and when are participants assigned/referred to a Peer Counselor? Where is this documented in VISION?	
How early are you providing breastfeeding support postpartum for a recertification appointment? (Approximately how many days after delivery are postpartum women being seen?)	
Who issues breast pumps and supplies in this clinic?	
Where are breastfeeding aids stored?	
When issuing electric breast pumps & aids: • Is the issuance documented in the computer? If not, why not? • Are the follow up calls being made according to policy? If not, how will this be corrected? • Who cleans the pump when it is returned? Where is the cleaning documented?	
Who issues the Single User Pumps and are the release forms signed?	
Where is the reason for issuance of all breastfeeding aids documented?	
What did you do during World Breastfeeding Week or Month?	

Food Package Prescriptions

Who is responsible for tracking and following medical formulas ordered through the state office?	
How are medical formulas ordered through the state office being tracked? How often?	
Explain your procedure when participants do not have a valid FAFAF.	
When a 6 – 11 month old participant is medically unable to consume solid foods and the physician has ordered a higher amount of formula (4 – 5 month amount) it is important to document this in the Comments area of the SharePoint medical formula order form. Is this being done?	

Health Care Referrals

Is your staff printing out the Smoking Cessation referral form when it is applicable? If not, why not?	
Are smoking cessation informational updates being provided annually? How are these provided?	
Are staff referring to Medicaid and providing participants with Medicaid's current income guidelines when applicable at each certification (New USDA requirement)?	
How does the agency provide drug and other harmful substance abuse information to all pregnant, postpartum and breastfeeding women and to the parents and caretakers of WIC infants and children?	

Nutrition Education and Counseling

Have training modules been completed by all staff members? If no, why not? Send via email a copy of the Module Completion logs for the previous year and current year for all staff members to the State Nutrition Coordinator. Or, post these in the local agency folders in SharePoint 30 days prior to the scheduled ME visit.	
Who is responsible for the area of inservices and CEU completion?	
How many hours of nutrition inservices were	

provided to the staff during the last year? List the topic and date of the inservice. (Send via email a copy of the Nutrition Inservice logs with signatures for all staff who attended for the previous year and current year to the State Nutrition Coordinator. Or, post these in the local agency folders in SharePoint 30 days prior to the scheduled ME visit.). Also, please post the required staff evaluations of each inservice training in your local agency folder in SharePoint.	
How do you determine your staffs' nutrition inservice and training needs?	
Were all inservices evaluated? If not, why not and how will this be corrected?	
Date of breastfeeding inservice(s). Did ALL staff members attend? If not, why not and who did not attend (please list)	
Date staff was inserviced on the Nutrition Education and Evaluation Plan. Did all staff members attend?	
List all full time CPAs/CAs who did not receive 12 hours of inservices/CEUs in the last year. Why not and how will this be corrected?	
Who is responsible for coordinating nutrition education classes?	
How are nutrition education classes assigned for participants?	
How does the agency ensure that nutrition education provided to each participant will be personalized based on needs and interest identified in the nutrition assessment?	
What are the categories of classes that are routinely provided?	
Is nutrition education given at each clinic visit? If not, why not? Add regulation requirement	
Besides traditional classes, what other education approaches are you using? Please post in your local agency folder in SharePoint, all non-state approved lesson plans being used, including interactive bulletin boards, self-paced modules, and web based education.	
How frequently are classes evaluated? By whom? Please post evaluations in your local agency folder in SharePoint 30 days prior to	

ME visit.	
Who teaches classes?	
If you use videos, how are you using them?	
What do you do for participants who refuse nutrition education?	
Where are nutrition education contacts being routinely documented including documentation of providing pamphlets?	
How are health outcomes being assessed?	
What data reports are used?	

Participant Screening and Assessment

Who is responsible for lab procedures?	
Does the staff follow Utah WIC Program Laboratory Procedures Module or local health department procedures?	
Why and when is referral information used? Where is the source of medical data documented?	
How do you verify that all anthropometric data are collected according to the recommended and preferred methods?	
How do you verify that all blood tests are performed according to the recommended and preferred methods?	
How do you ensure that blood work used at certification has been taken within 90 days?	
Are you using a hemoglobin/hematocrit instrument that requires calibration? If so, where is this calibration documented?	
What procedures are used to ensure all pregnant women are weighed at each visit?	
When did the Utah Dept. of Agriculture and Food, Bureau of Weights and Measures last check the scales?	
When was the last time measuring boards were checked for accuracy?	
How often are the scales, centrifuges, HemoCues and measuring boards cleaned? Where is this documented?	
Are mid-certification health assessments being conducted for infants?	
Mid-certification health assessments for children must be done; these cannot be waived. Are the required mid-certification health assessments being conducted for	

children (VOC and Regular Certifications)? What type of appointment is being used to schedule these (Mid-cert, Follow Up, Nutrition Education)? How do you ensure that these are always completed	
How is it determined that all CPAs use the VENA approach to conduct a complete nutrition assessment at each certification? Do you or your staff need training on VENA?	
How is a dietary assessment conducted?	
How are high risk participants scheduled?	
Who writes the initial care plan? The follow-up care plan? How is the overall care and follow up for high risk participants managed by the Registered Dietitian?	
Are there any risk factors you need clarification on during the ME visit?	
Are nutrition interviews completed on all participants and routinely done for all certs, especially for pregnant, breastfeeding postpartum women and VOC participants?	
Do pregnant women only have one pregnancy record for each pregnancy and postpartum information is added by editing the applicable pregnancy record?	
In any visit after the initial certification, if new risks are identified, were these addressed with education and/or follow up and documented in VISION?	
If a child participant is due or late for vaccinations, what is the clinic protocol?	
How is immunization screening and referral documented?	
Are participants asked to sign separate consent forms to release immunization information to the immunization registry?	

III. Information System

Documentation	
Are goals, comments and alerts used appropriately?	
Are documents scanned and saved appropriately under the family's record in	

VISION?	
Planning	
No questions	
Reports	
What VISION reports do you use? What frequency are they reviewed?	
What ad hoc (SharePoint) reports do you use? What frequency are they reviewed?	
Is the Active WIC Staff ad hoc report being reviewed monthly at an agency level?	
System Security & Training	
Has clinic staff completed the required information security/privacy training?	
Has a Security Access Request been submitted for all employees who have terminated from WIC or for employees who should have their security permissions changed?	
How are you training new staff on the VISION system?	

IV. Organization and Management

Administrative Staffing	
What training has the staff person handling participant violations received?	
Confidentiality	
When, if ever, is confidential WIC information shared with persons outside of the WIC program?	
Emergency Planning	
What basic steps has your agency taken to prepare for emergencies and disruption to WIC services? Do you have plans that include clinic operations during a pandemic, contingency plans during a building closure, and evacuation plans?	
Equipment	

Is furniture and equipment tagged with a permanent ID number or serial number?	
Is all furniture and equipment listed in the inventory file?	
Is the inventory list being checked for accuracy and reconciled at least once every two years?	

Homeless and Domestic Violence Shelters

What homeless and domestic violence shelters serve your area? If no shelters, what agencies serve these individuals?	
Has an MOU been set up with all domestic violence and homeless shelters that serve your WIC participants?	
Have all shelters been monitored for compliance within the last three years? Please provide the date(s) of monitoring.	

Policy and Information Sharing

Are the P&P changes reviewed annually by all staff?	
What is your procedure in disseminating policy and informational memos to staff? What documentation do you have that staff has reviewed each memo?	
Is clinic staff using SharePoint on a regular basis on WIC clinic days?	
Is all WIC staff reading the *WIC Wire* newsletter monthly?	

Record Retention

Have all old paper participant charts been destroyed appropriately?	
Are all clinic records being retained for at least four years? (electronic or paper records)	

Supplies and Materials

How do you verify that you are using current clinic forms and staff training modules?	
Have obsolete forms and materials been discarded?	
Who tracks your inventory of forms, nutrition education pamphlets and miscellaneous materials?	
Who completes the UCI order form?	

V. Nutrition Services and Administration Expenditures

Allowable Expenditures	
No questions	
Local Agency Funding	
No questions	
Reporting	
No questions	

VI. Food Funds Management

No questions	

VII. Caseload Management

Outreach	
How much has your caseload increased or decreased in the past 12 months? (number and percentage)	
How much has your caseload increased or decreased in the past 5 years? (number and percentage)	
What specific activities do you do in order to try to retain your participants until they are no longer eligible?	
Where do you document your annual outreach activities?	
Does your outreach target health care providers, schools, agencies and other programs that likely serve potentially eligible women, infants and children?	
Does your outreach include agencies and programs that serve homeless, migrant, refugee and other low income individuals?	
How do you conduct outreach directly to the public? (i.e. health fairs, public events, posting of fliers, advertising, etc.)	
Has your agency issued any WIC related	

public service announcements or press releases in the past year?	
Have all locally created WIC outreach materials, PSAs and press releases been approved by the state?	
Does all outreach materials contain the clinic's address, phone number, clinic hours and the nondiscrimination statement? If not, why not?	
Is your outreach plan appropriate based on the racial and ethnic make-up of your clinic area? Run the ad hoc report: *Race and Ethnicity* to determine the racial and ethnic percentages of those now participating in your clinic.	
Do you have any suggestions for new or improved state-wide outreach?	
Waiting Lists	
No questions	

VIII. Certification, Eligibility and Coordination of Services

Appeals	
How do you handle clients who disagree with eligibility determinations?	
Have any applicants/participants asked to appeal a decision?	
Certification Procedures	
What procedure is in place to ensure that your clients have time to read the Rights & Responsibilities at each certification appointment?	
Is the R&R, including points of emphasis, discussed with the client before asking them to sign the signature pad?	
Is a take home copy of the R&R given to clients?	
How are appointments offered outside normal business hours of 8am-5pm?	
Where are the clinic hours and/or the availability of afterhours appointments posted?	
Are all applicants served within processing	

standard timeframes unless they choose a later appointment? Run the VISION report: Processing Standards Non-Compliance Report.	
How often is the Processing Standards Non-Compliance report reviewed?	
What is the average wait time in the clinic that participants and applicants spend waiting for their appointment to begin or in between the different stages of their appointments? How long have the maximum wait times been recently?	
How long do the average first time certification appointments take? Recertification?	
What special efforts, if any, has the clinic made to improve customer service?	
Are the physical address, phone number and other required data entered for each applicant prior to scheduling the certification appointment?	
Are you verifying the phone number at each appointment to ensure appointment reminder messages can be received?	
Are there enough appointments to serve all applicants and participants in a timely manner? If no, why not and what steps will be taken to correct this?	
Are certification periods shortened or extended by a month when needed for approved reasons?	
What is required of proxies prior to receiving checks?	
Are proxies being allowed to certify children in place of an endorser (parent, guardian or caretaker)?	
When is proof of guardianship/caretaker required?	
How is this proof documented?	
What is done when this proof cannot be provided?	
Are missed appointments marked in the VISION system on the same day so that an automatic reminder call or text can be made?	
What percentage of your enrolled clients have current benefits? (See Participation with Benefits Report in VISION). What efforts are	

you making to increase this percentage?	
How do you handle participants who are late for class or certs? Is this a formal policy?	
If the participant cannot provide proof of income, identity or residency, what steps are followed?	
When is "Provisional Certification" used? Review the VISION report: *Termination by System Pending* to find families with provisional certifications to review. Ensure a *Signed Statement* form is found in the scanned documents for these families	
When is the "Affidavit" used in place of required proofs? Run the Ad hoc report: *Affidavit by Proof Type* to find families where an affidavit has been used in place of a proof. Ensure a *Signed Statement* form is found in the scanned documents for these families.	
Are VOC's received from out of state transfers scanned?	
What are you doing to advertise the availability of VOCs to those who may move out of state?	
Homeless & Migrant Applicants	
Are Homeless, Migrant and Refugee applicants recorded on the address screen? Run the ad hoc report: *Migrant Homeless Refugee* to find families where these boxes have been marked in the Physical Address screen.	
Identity and Residency	
How are applicants told they need to provide proof of identity, residency and income when they call for an appointment, walk in for an appointment, or schedule a recertification appointment?	
What staff completes this screening of these proofs?	
Do any of your participants reside outside the jurisdiction of your health department? If yes, do you have permission from the state to serve them? Was the request to serve them submitted through SharePoint?	
How do you ensure that children who were	

previously certified as an infant who are now being certified for the first time as a child have provided acceptable proof of ID?	
Are WIC ID packets issued according to proper procedures?	

Income Eligibility

How are you explaining the definition of "Household Size" to applicants to ensure that income is determined according to policy?	
Has staff been trained on what is included as income and what is excluded?	
When proof of income is required, is the applicant expected to bring proof of the last 30 days income? (4 paystubs for weekly pay, 2 stubs for bi-weekly or semi-monthly).	
Is staff asking about additional sources of income in the family?	
Is adjunct eligibility verified according to policy?	
Are adjunct eligible families asked to self declare income? Run the ad hoc report: *Adjunct Eligibility* to review various records to ensure self declared income is used in appropriate circumstances.	
When an applicant reports that no income is earned what steps are followed? Run the ad hoc report: *Proof of Income* for proof type "0 Income Signed Statement" to ensure that a *Signed Statement* form is found in the scanned documents for these families.	
Is the clinic reassessing income during the certification period when information is received that the participant may no longer be income eligible or adjunctively eligible? (Not required in the last 90 days of a cert period if checks have already been issued)	

Ineligibility and Termination

Is the Notice of Ineligibility printed and given to applicants found to be ineligible at the certification appointment? Is this documented? Run the VISION report: *Ineligible* to find applicants who have been determined to be ineligible.	
Is the Notice of Termination printed and given	

to those who are terminated during a certification period? Is this documented? Run the ad hoc report: *Terminated by Reason* for the reasons of Over Income, Stopped BF, Part BF out of range, and Participant Violation.	
When are participants given 15 days benefits prior to being terminated?	

Participant Violations	
Who handles participant violations in this clinic?	
Are participants with alleged violations contacted within 10 days?	
Is the participant violation screen completed appropriately and participants given appropriate sanctions? Run the ad hoc report: *Participant Violations.*	
Are participants given printed notice of participant violations and a signature collected?	
How are complaints that are not alleged participant violations documented and resolved? Run the VISION report: *Family Customer Service Log.*	
Are there any unresolved complaints?	
Who is responsible to resolve possible duals?	
Is the Intrastate Dual Participation Screen being checked and resolved each day? Review the *Intrastate Dual Participation* screen within the Operations section of VISION to see if any "unresolved" potential duals are listed. Review "resolved" duals to see that they are being resolved properly.	
Are all duals reported to the WIC Help Desk?	

IX. Food Delivery – Food Instrument Accountability and Control

Check Printing	
Are checks ever printed before the participant arrives at the clinic?	
Are checks ever mailed?	
Is clinic staff tearing the check perforations and placing checks in the packet for the	

client?	
Is clinic staff verifying the checks printed properly including the proper MICR line?	
Is the clinic allowing VISION to prorate food packages according to policy?	
Is the clinic capturing a signature each time checks are printed and given to the client? Run the ad hoc report *No Signature by Reason* report.	
How are blank checks stored and secured under a double locking system?	
Is the clinic completing a monthly inventory of check stock and making needed adjustments?	
If the clinic has more than one MICR printer, is the printer log being documented properly?	
Instructions to Participants	
Who is responsible for providing education to each applicant at every certification on how to redeem WIC checks?	
Who hands out and explains the Authorized WIC Foods booklet? Where is this being documented?	
Reconciling Checks	
Are checks "reprinted" when appropriate and voided using the void process only when the food package must be changed?	
Is the clinic documenting all formula returned in VISION and on the Returned Formula and Foods Tracking Sheet? Run the ad hoc report: *Returned Formula.*	
What is done with returned formula or other foods?	
Are lost checks replaced according to policy with a seven day waiting period and only one set of checks being replaced within a year?	
What steps are followed to research the VISION report: *Voided FIs That Have Been Redeemed or Rejected* report that is sent out to clinics by the state? Has this report shown that clinic errors have been made within the past six months regarding the voiding of checks?	

X. Monitoring and Audits

Fiscal Audits	
When was your last fiscal audit for WIC and who was it completed by?	
Local Agency Self Evaluation and Monitoring	
Is there any conflict of interest between the WIC program and clinic staff?	
Are any WIC staff participants, endorsers or proxies in the same clinic where they work?	
Does any WIC staff complete records for their immediate family, close relatives or friends?	
How is the separation of duties handled in this clinic to determine eligibility and issue checks?	
Are there any employees within the local agency that have State WIC Director approved security access in VISION to complete all eligibility criteria, assessments and print checks?	
Is the Separation of Duties report being researched each time it is received from the state?	
Management Evaluations	
Have all findings from your previous management evaluation been closed with the state?	
Based on comments or observations from your previous management evaluation report, what changes or improvements have you made?	
Are there any particular best practices you do that you would like to make the state aware of?	
Has your clinic or staff received any special recognition or awards within the past two years? If so, please explain.	
Technical Assistance	
Does your clinic need a visit from state staff to provide technical assistance or training? If so, what type of training is desired?	

XI. Civil Rights

When was the Civil Rights module last completed? Was it completed as a group or individually? Did all staff members complete the training?	
Is the clinic accessible to the disabled?	
What accommodations are made for participants with disabilities?	
Are parking spaces for disabled persons provided?	
Are you able to provide a sign language interpreter upon request? If not, how will you respond to such a request?	
What percentage of your current caseload does not speak English? What languages do they speak? Run the ad hoc report: *Language Totals.*	
How does the clinic communicate with non-English speaking participants when they call the clinic? At appointments?	
Which staff members are proficient at speaking Spanish? What percentage of the staff speaks Spanish?	
Are the "Preferred Spoken Language" and "Printouts Language" being properly input into the system for each family? Run the ad hoc report: *Language Spoken Report* to see how many families do not have the preferred language marked.	
What contracts or other plans are in place to communicate with participants who do not speak English or Spanish?	
Does the clinic use any forms or informational materials not provided by the State? Do they contain the current non-discrimination statement?	
Is the local agency's WIC website or webpage maintained with current information? Does it contain the current non-discrimination statement?	
Is the WIC clinic building marked with a "WIC" sign and hours of operation?	
Where is the current (green) "And Justice for All" poster located?	

Is staff explaining the reason for asking about ethnic and racial information before it is being collected?	
Are all applicants asked to self identify their ethnicity and race(s) according to policy?	
Have there been any complaints of discrimination made at the clinic? How were they handled?	

Quality Assurance Component of Self Evaluation Tool
(Submit at least 30 days prior to the State ME visit.)
Random Chart Review – Nutrition and Breastfeeding

Select Records in the Year Previous to the ME Year

Supplemental Foods

For all premature infants up to one year of age, the default formula issued shall be a sterile liquid if produced by the manufacturer. If the supervising health care provider specifically prescribes powder, the WIC clinic may provide powder. If the supervising health care provider has not prescribed a sterile liquid and the parent/endorser request powder, then powder may be provided after obtaining signed parental agreement.

➢ Run Follow-Up Nutrition Risk Assessment (VISION – Choose 142 Prematurity Risk Factor)
- Enter ID numbers for waivers/FAFAF signed and scanned
- Review 10 records or as many as applicable from the previous fiscal year

Person ID	Waiver Signed or FAFAF scanned

Exempt formula, Non-contract Formula and Medical Food Issuance

➢ Run Food Benefits Reports-Formula and Medical Food Issuance (VISION) for non-contract formulas.

- Review to make sure FAFAFs were complete.
- Enter ID numbers reviewed for non-contract formula issuance:
- Review 10 records or as many as applicable from the previous fiscal year

Person ID	FAFAF complete

State Ordered Formula from Pharmacy

Correct procedure followed

Review Special Formula Database in WIC SharePoint

- Include a variety of products
- List participant IDs below receiving Special Medical Formula and determine correct ordering and receiving procedures
- In computer, look for:
    - o Current prescription (FAFAF) including all required elements of medical documentation
    - o Approved/acknowledged by appropriate staff
    - o Care plan documentation, if applicable
- Enter ID numbers reviewed for state ordered formula
- Review 5 records or as many as applicable from the previous fiscal year

Person ID	FAFAF complete	Approved by CPA	Care Plan Documented

VENA/Nutrition Education/High Risk

➢ Run <u>All Nutrition Risk Factors-Ad Hoc</u>
   • Enter ID numbers reviewed for High Risk Care Plans
In computer, look at high risk care plans for:
   • correct assignment of risk factors
   • care plan at cert for High Risk
   • individualized assessment and overall management by RD
   • appropriate follow-up/education/referral
   • appropriate food package
   • Review 10 records or as many as applicable from the previous fiscal year

   o As you review computer files, look to see if participants receive appropriate education/classes for category and risk
   o Are participants being offered the federally mandated number of education contacts? (2 offered per certification for the family or at least quarterly for those participants certified for a period greater than 6 months)
   o Review all nutrition education and care records for the family

Person ID	Care Plan at Certification	Managed by RD	Correct Assignment of Risk Factor/Food Package/Appropriate follow-up/education/referral

Electric Breast Pumps

➢ Run Breast Pump By Issue Date (AdHoc)
➢ Review 10 records or as many as applicable from the previous fiscal year

Review:
- Documentation
- Were pumps issued appropriately?
  - Appropriate pump type for reason issued
  - Issued by trained staff
  - Provided instructions
  - At least 1 contact recorded
  - Signature obtained
- Were follow up calls made according to policy?

Breast Pump Type	1st Contact	After 1st Contact
Hospital Grade Electric (e.g., Lactina, Symphony, Lact-E)	24-72 hours	Monthly
Multi-User (e.g., Nurture III)	1st week	Monthly
Pedal	1st week	Monthly
Single User	Within 2 weeks	WIC appointments

Electric Breast Pumps

Person ID	Issued Appropriately (lactation reason & pump type)	At least 1 contact person Recorded in BF Equip Screen	Follow-up Calls Made	Cleaned Pump/Location of Documentation

Breastfeeding aids

Indicate if the breastfeeding aids don't meet the following:

- Supplies stored in a secure location
- Complete and current inventory

➢ Run Participant Non-Serialized Issuance Report (AdHoc)

- Issued appropriately by trained staff
- Reason appropriate for aid type
- Signature obtained
- Instructions and any follow-up needed
- Review 10 records or as many as applicable from the previous fiscal year

Breastfeeding Aids

Person ID	Issued Appropriately	Reason Documented	Signature

Quality Assurance Component of Self Evaluation Tool
(Submit at least 30 days prior to the State ME visit.)
Random Chart Review – Certification (Operations)

Please select random active families and review records from the past 12 months. In a small clinic (less than 500 participants) review records from 10 families, in a medium size clinic (500 to 1,999 participants) review 15 family records, in a large clinic (2000 or more participants) review 20 records. Ensure all categories of participants are reviewed (P, B, N, I, C). Below is space for 5 records. Please make copies for additional chart review. Fill in **actual data** unless a Yes or No is applicable. **Use red font for all deficiencies.**

What to Review	Chart #1	Chart #2	Chart #3	Chart #4	Chart #5
Family ID #					
Categories in family (P, B, N, I, C)					
Certified within processing standard timeframes?					
Names recorded appropriately?					
Preferred spoken language selected?					
Proof of ID documented correctly?					
Address, phone #, proof of residency documented correctly?					
Proof of income/adjunct eligibility documented correctly?					
Education on authorized food booklet and how to use/redeem checks provided and documented?					
Signatures collected as required?					
Required documents scanned and named appropriately?					
Necessary comments documented?					
Any violations or complaints resolved?					

Self-Evaluation Tool – Terminated Participants (Operations)

Review 10 records, if available, of participants terminated in the past 12 months for the reasons of: Over Income, Stopped breastfeeding 6 months postpartum, Part BF out of range, Participant Violation. Use the Ad hoc report Terminated by Reason to find families terminated for these reasons to conduct record review.

Below is space for 5 files. Please make copies for additional chart review. Fill in **actual data** unless yes/no question. **Use red font for all deficiencies.**

What to Review	Chart #1	Chart #2	Chart #3	Chart #4	Chart #5
Family ID #					
Participant first name					
Termination reason					
Effective date appropriate?					
Notice of Termination issued and documented?					
Were those terminated as Over Income given 15 days benefits before they were removed from the program?					