

## **Operations Monitoring Forms Internal and External Monitoring**

### **Clinic Observation**

#### **Certification and Eligibility – Observation of Intake Process**

Categories of Participants Observed: (Use tally marks to show how many participants were seen.) P B N I C

During clinic observation, are rights and responsibilities verbally explained and Participant Agreement electronically signed? Is the signature legible and belonging to the proper parent/guardian or caretaker of the family?

Is correct documentation used to verify income, identification and residency?

Is racial and/or ethnic data collected and properly documented in the computer?

Are applicants who receive SNAP, AFDC, and/or Medicaid certified as adjunctively eligible?

Is applicant/participant physically present during certification?

Are infants and children screened for immunization status?

Are referrals to other agencies appropriate and properly documented during clinic observation?

The following documents are scanned into the participant's record if applicable:

- a) Custody papers
- b) VOC for transfers into West Virginia (WV)
- c) Photo Release Form
- d) Prescription Formula Form (WIC-53)
- e) Sanction Letters

Are VOC cards accepted if certification period is valid, or previous clinic contacted to verify that a valid certification period is in effect?

Is Voter Registration offered at each certification, sub-certification appointment and when an address change is reported? Is the proper form completed for documentation?

Is every effort made to coordinate appointments within a family if the family has multiple WIC participants?

Is EBT card use and responsibility explained to parent/guardian or caretaker prior to card issuance?

Is each participant provided a current list of WIC vendors and a current food list?

Are women certified without proof of pregnancy and given 60 days to provide documentation of pregnancy, if pregnancy cannot be visually verified?

## **Civil Rights**

Clerk and/or supervisor: describe the procedure for handling a civil rights complaint.

Staff demonstrate ability to locate approved Civil Rights Complaint Form on WIC website.

How are other types of complaints handled?

Describe the procedure when a non-English speaking participant is enrolled or otherwise contacts your clinic?

What do you do to ensure ease of access to the clinic for persons with disabilities?

Describe any alternate method(s) of providing services when your clinic site is not accessible to persons with disabilities.

## Clinic Accountability

### Documentation which is required to be accessible:

<b>Clerk demonstrates ability to access:</b>	Yes	No	Comments
Crossroads User Manual within the Application			
Policy and Procedure Manual (may be electronic)			
Vendor Manual (may be electronic)			
Quarterly Vendor Listing (may be electronic)			
Motor Voter Declination forms			

Are all required public notices present and prominently displayed during clinic observation?

- a) Emergency Escape Plan
- b) *“And Justice for All”*, USDA Form AD-475A (Revised 3/98)
- c) USDA Hotline poster
- d) *“Don’t Fall for the Trap”* WV fraud poster
- e) No Smoking Policy

Is the Food List explained at an initial certification or if changes to the Food List have occurred?

Is EBT equipment kept secure?

Who in the clinic approves WIC-53 forms?

When there is not a Competent Professional Authority (CPA) onsite, how are WIC-53 and food package changes handled?

Are comment forms readily available to participants in the waiting room or prominent location?

## **Facility Evaluation**

Is WIC in its own building or does the clinic share space with other entities? If shared, what other entities share the facility?

Is participant confidentiality protected by providing private areas for breastfeeding, intake, medical history and nutrition counseling?

Are WIC offices separated by lockable doors? Who has keys to the clinic? Who is responsible for locking WIC office?

Is the building clean, safe, and does it have adequate space?

Are participant areas safe for children?

If laptops are used in the clinic, where are they stored when not in use? Do they ever leave the clinic, and if so, for what reasons?

Is there a detailed inventory of all equipment maintained? Where is it kept and who is responsible for updating it?

How are computers protected against the busy hands of toddlers in the WIC offices?

Is clinic equipped with smoke detectors, fire extinguishers, fire alarms, and/or sprinkler system? Has staff been trained on proper use of this equipment?

Are current inspection tags visible on extinguisher units? Who is responsible for verifying their operability?

**Food Delivery/Food Benefit Issuance Accountability**

	Yes	No	Comments
EBT cards are stored in a secure area when not in use (per Policy 3.02)			
Unissued EBT cards are not left unattended at any time (per Policy 3.02)			
Access to EBT card storage cabinets/drawers is limited to designated staff members			
Benefits are not issued and the Benefit Shopping List not printed in advance of appointments.			

**Review of Termed or Ineligible records**

<b>Family Identification number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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<b>WIC Condition</b>					
Written Notice to Participant					
Minimum 15 day Notice Provided					
Reason for Termination Stated					
Notification signed by participant if applicable					
Notification of right to request a fair hearing if applicable					
Fair hearing requests handled per established policies and procedures					
Sanction letters scanned into system for currently sanctioned participants (on Income Screen)					

Notes:

## Clinic Chart Review

The \_\_\_\_\_ clinic has a current caseload of \_\_\_\_\_, and is classified as (small, medium, or large). Per policy, a random sample of \_\_\_\_\_ records was reviewed in the Crossroads system. Note: Make copies of this page as needed to review the required number of charts based on established clinic size.

<b>Family ID Number WIC Condition (P-N-B-I-C)</b>					
Custody papers scanned into Crossroads, if applicable					
Proper documentation of VOC transfers into the state					
Photo release forms signed/scanned into Crossroads, if applicable					
Parent/Guardian or Caretaker signature captured for certification/subsequent certification					
When WIC staff sign (name may be printed) for food instrument issuance, proper radio button selected and reason for signing noted					
If CTads were used for certification, a hard copy Participant Agreement signed and scanned into Crossroads					
All applicable screens fully completed for all participants, whether required for certification or not, at each certification or sub-certification					

## Review of Scanned Custody Papers for Foster Children

Per Policy 2.07.B.3.a. and b., Certification of Foster Children, foster parents must physically take guardianship papers to the WIC clinic and those must be scanned into the participant's record. In cases where siblings are both listed on one custody document, that information must be scanned into each child's record. Records for foster children to be reviewed will be drawn from the Crossroads Clinic Report, Detail Report of Infants and Children in foster Care. The number of charts to be reviewed will be based on the size of the clinic under review. Clinics classified as large, over 1,500 caseload, will have fifty (50) records reviewed; clinics classified as medium, 501 – 1,499 caseload, will have thirty (30) records reviewed, and clinics classified as small, less than 500 caseload, will have twenty (20) records reviewed.

<b>Family ID#</b>					
Child's Name					
Foster Care Status Properly Documented					
Custody or Guardianship Papers Properly Scanned into Chart					
Description of Findings, if any					

<b>Family ID#</b>					
Child's Name					
Foster Care Status Properly Documented					
Custody or Guardianship Papers Properly Scanned into Chart					
Description of Findings, if any					

## **Farmers' Market Nutrition Program Monitoring**

Are eWIC cards with FMNP QR codes stored under double lock and key? Observed or per staff?

Is clinic personnel reviewing first/last dates to spend with participants, parent/guardians and caretakers?

Is nutrition education being provided and, if so, how?

Has the participant, parent/guardian or caretaker signed into the Farm Market Direct portal to ensure access prior to spending benefits?

Are clinic staff maintaining the card replacement log to capture the number of FMNP participants needing new cards?