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Program Integrity – Conflict of Interest

POLICY
Local WIC agencies will not perform certification duties or issue benefits or eWIC cards to themselves, any person related to them or to friends.

PURPOSE
To prevent and detect conflicts of interest and employee fraud/abuse and avoid situations that are or appear to be a potential conflict of interest. To assure program integrity Local WIC Agency Staff will not determine eligibility or issue food benefits or eWIC cards to themselves, any person related to them, or friends.

RELEVANT REGULATIONS
7CFR 246.4(a) (25), (26) & (27) State plan, Requirements
7CFR 246.12(t) Food delivery methods
7CFR 246.2 Definitions

DEFINITION
Employee fraud and abuse: An intentional and deliberate action that violates the program, employee regulations, policies, or procedures. Actions include, but are not limited to, misappropriating benefits; altering benefits; entering false or misleading information in case records; or creating fictitious or nonexistent client files.

GENERAL POLICIES
To prevent a conflict of interest, an employee shall not:
A. Certify oneself;
B. Certify a relative, household member, or close friend;
C. Determine eligibility for all certification requirements (income and risk) and issue food instruments for the same participant;
D. Refer participants to a grocery store or pharmacy owned by a family member;
E. Have any personal, business, or financial interest/relationship between Local WIC Agency staff and grocery store or pharmacy.

PROCEDURES
A. Each local WIC agency will meet the following criteria to address situations of staff certifying and/or issuing benefits or eWIC cards to themselves, family members, other relatives, or friends. Employees shall not provide services to any person that may present a possibility of, or an appearance of favoritism or preferential treatment.
B. WIC staff members must inform their WIC coordinator or clinic manager before the certification process begins that they (the staff member), a member of their family or other relative, or a friend, is applying for WIC.
C. WIC staff members cannot determine any components of the eligibility for themselves, their family members, other relatives, or friends.
D. WIC staff members will not issue benefits or eWIC cards to themselves, members of their family, other relatives, or friends.
E. A procedure must be developed to ensure a conflict of interest does not exist when providing WIC services. The procedure must include a tracking method to document individuals who may pose a conflict of interest. Documentation of the procedure used must be available for review. See below for Local Agency Conflict of Interest & Separation of Duties Tracking Log.
F. If separation of duties cannot be performed within the limitations of a clinic and circumstances cannot be prevented; the medical record(s) must be reviewed to ensure no conflict has occurred. The reviewer must document on the tracking log and in the medical record(s), sign and date within two weeks of WIC service(s) being provided.

G. Local WIC agencies must review 100 percent of Conflict of Interest/Separation of Duties medical records on a monthly basis and sign medical record and tracking log. See below for Local Agency Conflict of Interest/Separation of Duties Tracking Log.

H. The State WIC Office will review 100 percent of Conflict of Interest / Separation of Duties medical records and tracking log during each onsite Management Evaluation.
### Local Agency WIC Program Conflict of Interest/Separation of Duties Tracking Log

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Accountability of local WIC agencies to ensure Separation of Duties reviewed and monitored.</th>
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<tr>
<td>When To Use</td>
<td>When WIC services are provided to employees, relatives and household members, or close friends.</td>
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Local Agency WIC Program Conflict of Interest/Separation of Duties Tracking Log
<table>
<thead>
<tr>
<th>PATIENT COI/LABEL WITH DATE</th>
<th>EMPLOYEE, TITLE and RELATIONSHIP</th>
<th>EMPLOYEE DETERMINING INCOME</th>
<th>EMPLOYEE DETERMINING RISKS</th>
<th>EMPLOYEE ISSUING BENEFITS</th>
<th>COI POLICY FOLLOWED Y/N</th>
<th>DATE AND INITIAL OF 2 WK REVIEW (IF APPLICABLE)</th>
<th>DATE (S) AND INITIAL OF MONTHLY REVIEW(S)</th>
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Policy 302
Program Integrity – Separation of Duties

POLICY
Local WIC agencies shall separate the duties for determining participant income eligibility and risk eligibility.

PURPOSE
To ensure program integrity and prevent program abuse by assigning certification duties to more than one staff member.

RELEVANT REGULATIONS
7CFR 246.4(a) (25), (26) and (27) State plan, Requirements
7CFR 246.12(t) Food delivery methods
WIC Policy Memorandum #2016-5 – Separation of Duties at WIC Local Agencies

PROCEDURES
Separation of Duties
A. Local agencies shall establish and maintain a standard procedure for separation of staff duties at the clinic level to prevent program abuse.
B. The procedure must include a tracking method to ensure management and supervisory staff are aware of any participant who may be a conflict of interest. Refer to Policy 301 for the Local Agency Conflict of Interest/Separation of Duties Tracking Log.
C. It is critically important to target efforts in areas that may be susceptible to fraud or abuse. Therefore, at a minimum, the staff person who determines income eligibility and medical or nutritional risk cannot be the same person. Either person may issue food benefits. Further, having one staff person check identification or residency and another staff person conduct the remainder of the certification does not meet the regulatory intent of separation of duties requirement.
D. If separation of duties cannot be performed within the limitations of a clinic and circumstances cannot be prevented; the medical record(s) must be reviewed to ensure no conflict has occurred. The reviewer must document on the tracking log and in the medical record(s), sign and date within two weeks of WIC service(s) being provided. Local agencies must review 100 percent of Conflict of Interest/Separation of Duties medical records on a monthly basis and sign medical record and tracking log. Refer to Policy 301 for the Local Agency Conflict of Interest/Separation of Duties Tracking Log.
E. Retain copies of tracking logs for 4 years.
F. The State WIC Office will review 100 percent of Conflict of Interest / Separation of Duties medical records and tracking log during each onsite Management Evaluation.
Policy 303
Program Integrity – Participant Violations

POLICY
Action shall be taken on all reports of misuse of WIC services/benefits.

PURPOSE
To ensure WIC program integrity and provide guidance regarding program participant violations and subsequent sanctions.

RELEVANT REGULATIONS
7 CFR 246.7 (l) – Dual Participation
7 CFR 246.23 (c)(1) – Claims against participants
KRS 194A.505 – The Assistance Program Fraud Law
KRS 194A.990 – Penalties
Administrative Regulation 902 KAR 18:031 Participant abuse
Administrative Regulation 902 KAR 4:040
WIC Program Notice of Ineligibility, (WIC-54)

PROCEDURES
General Policies
Penalties may be imposed against any intentional action of a cardholder, participant, parent or caretaker of an infant or child participant, or a proxy that violates Federal or State statutes, regulations, policies or procedures governing the Program.

A. Participants, or the parent, caretaker or authorized proxy must be informed of rights and responsibilities in the Program, how to properly use food instruments, and authorized stores where food instruments may be redeemed. The eWIC Cardholder, Kentucky eWIC Benefits Card pamphlet, along with a current list of local authorized stores, must be provided at the time of certification.

B. A Program violation may be committed by the participant, the participant’s parent, caretaker or authorized proxy. Any suspension, disqualification or termination for violation is imposed on the participant.

C. If a WIC Program violation is suspected or a complaint of violation is made against a participant, parent, caretaker or authorized proxy, or violation is determined, the agency/site shall:
   1. Obtain as much information as possible concerning the violation and attempt to obtain the complaint in writing. An optional form is available for a participant complaint made by a vendor. Refer to Section 900 - Vendor Management.
   2. Determine and/or document if the violation actually occurred.
   3. Discuss the violation with the participant, parent or caretaker.
   4. Document the discussion, the date of the discussion, and all other pertinent information in the participant’s medical record.
   5. Provide any required written notice(s) to the participant, parent, caretaker or authorized proxy. Place a copy of the notice(s) in the participant’s medical record.

D. Participants determined to have committed a program violation including, but not limited to, the violations outlined in this section cannot be suspended for more than three (3) months.

E. If a second program violation is suspected or has occurred, all action for the first offense must be completed and documented before any action is taken on the second offense.

F. The State WIC Office may refer participants who repeatedly violate the WIC Program to the Office of the Inspector General (OIG) for prosecution under applicable statutes.

G. Administrative Regulation 902 KAR 4:040 outlines the applicable sanctions for WIC program violations as well as the fair hearing procedure for persons who are terminated, suspended or disqualified from the Program. Additionally, refer to Administrative Reference, Section: Training Guidelines and Program Descriptions, “WIC Program Applicant/Participant Fair Hearing Procedures.”
Types of Actions for Program Violations
In all actions listed below, the WIC-54 shall serve as the notice of action and fair hearings rights. Refer to 200 Certification Appendices for more information on the WIC-54.

A. Written Warning – A letter stating the type of violation and action that will be taken for any future violation.

B. Suspension - The loss of food benefits for a specified period.
   1. The participant is not terminated from the program during the suspension.
   2. Must be notified in writing by providing a WIC 54, “Notice of Ineligibility,” fifteen (15) days in advance with the following information:
      a. Reason for the suspension
      b. The time period of the suspension
      c. The right to a fair hearing.

C. Disqualification - Removal from WIC Program participation.
   1. Terminated from the WIC program when the disqualification is imposed.
   2. Must be notified in writing by providing a WIC 54, “Notice of Ineligibility,” fifteen (15) days in advance with the following information:
      a. Reason for the disqualification
      b. The time period of the disqualification
      c. The right to a fair hearing.

D. Termination – Removal from the WIC Program
   1. Terminated from the program without fifteen (15) days advance notice.
   2. Must be notified in writing by providing a WIC 54, “Notice of Ineligibility,” with the following information:
      a. Reason for the termination
      b. The right to a fair hearing.

E. Claim - A request for reimbursement of the dollar amount of over issued or improperly received WIC foods determined by the value of the redeemed food benefits.
   1. The agency/site is responsible for the collection of a claim. For a violation that results in a claim:
      a. Contact the State WIC Office to determine the amount of the claim and if collecting the claim is cost effective. Copies of supporting information shall be obtained.
      b. If a claim is to be made, provide written notice to the participant, parent, caretaker or authorized proxy of:
         i. The reason for the claim and the action against the participant. The WIC-54 shall serve as the notice of action and fair hearing rights.
         ii. The dollar amount to be repaid for the over issued or improperly received foods. A check or money order payable to the Kentucky State Treasurer must pay the amount.
         iii. The date the claim is to be paid.
      c. The check or money order received from the participant, parent, caretaker or authorized proxy must be forwarded to the State WIC Office.
      d. If the claim is not paid, the participant will be denied application to the Program for the number of months of food benefits that were used to calculate the claim amount, not to exceed three (3) months.

Types of Violations and Action to Be Taken
A. Suspected Violation: A written warning shall be given for the following suspected violation for which a complaint is received concerning a participant or the participant’s parent, caretaker or authorized proxy:
   1. Purchasing unauthorized foods;
   2. Redeeming food benefits at an unauthorized store;
   3. Making a verbal offer of sale or exchange supplemental food or eWIC card with food benefits to another individual, group or a vendor;
4. Returning supplemental foods to a vendor for cash.
5. Posting WIC foods, benefits and/or eWIC cards for sale in print or online, or allowing someone else to do so.
6. Posting a WIC issued breast pump for sale in print or online, or allowing someone else to do so.

B. Proven or Documented Violation: The following specified action shall be taken for a proven or documented violation by a participant or the participant’s parent, caretaker or authorized proxy:

1. Redeeming food benefits before the “first day to use” or after the “last day to use.” Copies of redeemed food benefits must support this.
   a. First offense: Written warning
   b. Second offense: Monthly pick-up of food benefits
   c. Third offense: One month suspension
   d. Reinstatement of two or three month issuance is at professional discretion.
2. Redeeming food benefits which have been previously reported to the WIC agency/site as being lost or stolen and which were replaced with other food benefits. Copies of redeemed food benefits must support this.
   a. First offense: Written warning
   b. Second offense: Claim for the amount of improperly redeemed food benefits.
3. Purchasing unauthorized foods.
   a. First offense: Written warning
   b. Second offense: One (1) month suspension
4. Redeeming food benefits at an unauthorized store. Copies of redeemed food benefits shall support this.
   a. First offense: Written warning
   b. Second offense: One (1) month suspension
5. Threatening physical abuse or verbal abuse of clinic staff or store staff.
   a. First offense: Written warning. If possible, another person in the clinic may serve the participant.
   b. Second offense: One (1) month suspension
6. Physical abuse of clinic staff or store staff.
   a. First offense: Three (3) month suspension
   b. Second offense: Three (3) month suspension
7. Exchanging and/or selling WIC food or food benefits with other individuals, groups or stores.
   a. First offense: Three (3) month suspension
   b. Second offense: Three (3) month suspension
8. Exchanging food benefits or supplemental foods for credit, nonfood items or supplemental food in excess of those listed on the food benefits /cash value benefit.
   a. First offense: Three (3) month suspension
   b. Second offense: Three (3) month suspension
9. Posting WIC foods, benefits and/or eWIC cards for sale in print or online, or allowing someone else to do so.
   a. First offense: Written warning.
   b. Second offense: Three (3) month suspension
10. Dual participation in more than one (1) WIC Program or participation in both the WIC Program and Commodity Supplemental Food Program (CSFP) at the same time. Possible dual participation information is provided on-line and/or in a report. The other agency/site must be contacted immediately if dual participation is suspected. Actual participation in two (2) WIC sites shall be supported by system documentation of redeemed food benefits, if possible.
    a. First offense: Written warning and termination from one (1) Program immediately. The continuing WIC agency shall be chosen based upon the participant’s residence and/or services.
    b. Second offense: One (1) year disqualification and termination from one (1) Program immediately and claim for the food benefits redeemed.
11. Knowingly and deliberately giving false or misleading information, or misrepresenting, concealing or withholding facts to obtain WIC foods. Must have verification to impose a claim.
   a. First offense: Claim for improperly redeemed food benefits. Disqualifies the participant for three (3) months.
   b. Second offense: Claim for improperly redeemed food benefits. Disqualifies the participant for one (1) year.

C. Disqualification for one year
   1. A participant is disqualified for one (1) year when the following is assessed:
      a. A claim of $100 or more; or
      b. A claim for dual participation; or
      c. A second or subsequent claim of any amount.
   2. The disqualification may not be imposed if, within thirty (30) days of receipt of the claim letter requiring repayment:
      a. Full restitution is made; or
      b. A repayment schedule is agreed on; or
      c. When a participant is under eighteen (18) a proxy is designated and approved.
   3. A participant may reapply for the WIC Program before the end of the disqualification period if:
      a. Full restitution is made; or
      b. A repayment schedule is agreed on; or
      c. When a participant is under eighteen (18) a proxy is designated and approved.

D. All other forms of WIC Program violations or suspected violations shall be referred to the State WIC Office for guidance on appropriate action.
Policy 304
Program Integrity – Dual Participation

POLICY
A participant must not be enrolled/participating in more than one (1) WIC Local Agency site at the same time (either in-state or out-of-state) nor in WIC and Commodity Supplemental Food Program (CSFP) at the same time.

PURPOSE
To ensure program integrity by preventing dual enrollment/participation in WIC or with the CSFP.

RELEVANT REGULATIONS
246.7(l) (1) (i) – Certification of WIC Participants
246.2 Definitions – Dual Participation
246.2 Definitions – Participant Violations

DEFINITIONS
Dual Participation – simultaneous participation in the WIC Program in one or more than one WIC clinic, or participation in the Program and in the CSFP during the same period of time.

PROCEDURES
Dual Enrollment/Participation
A. A participant must not be enrolled/participating in more than one (1) WIC Local Agency site at the same time (either in-state or out-of-state) nor in WIC and Commodity Supplemental Food Program (CSFP) at the same time.
B. In order to prevent dual enrollment/participation, the system performs a statewide search based on certain data to ensure the participant is not enrolled and/or receiving food benefits at another agency/site.
C. When data entered at a site is the same as information in another site, this is a “match”.
   1. If there is a match on last name, first name, sex and date of birth an error message will be received.
   2. Each match must be reviewed to determine if it is the same person; there may be “false matches,” i.e., same pseudo numbers, ID number entered wrong.
D. The system performs the check for dual enrollment/participation between WIC Sites:
   1. At the time a certification appointment is made;
   2. At the time a certification is indicated as an anticipated service; and
   3. At the time the issuance is requested.
E. If there is a match, determine if the match is the same person.
   1. If not, continue certification, enrollment, and/or food benefit issuance.
   2. If the match is the same person, determine where the person(s) should be enrolled/participating.
F. If actual ongoing Dual Participation between WIC sites (either in-state or out-of-state) has been determined, see Policy 303 Program Integrity: Participant Violations for required actions.
G. The system performs the check for dual enrollment/participation between WIC Sites and the CSFP when a participant’s data is received from CSFP.
   1. A report, “Possible Dual Participation between the WIC Program and CSFP” is produced which lists potential dual participants between WIC and CSFP.
   2. The report is to be reviewed. Possible dual participants are to be investigated and if dual participation is determined. Refer to Policy 303 Program Integrity: Participant Violations.
Policy 305
Program Integrity – Internal Review

POLICY
Local WIC Agencies will conduct internal WIC operations reviews at each site at a minimum of once every two years. Local WIC Agencies will identify and correct deficiencies promptly.

PURPOSE
To ensure Program Integrity and quality WIC services by completing timely Internal Reviews of WIC operations.

RELEVANT REGULATIONS
7 CFR 246.19 (b)(6) Management Evaluation and Monitoring Reviews
902 KAR 8:160 Local Health Department Operations Requirements
Administrative Reference, Training Guidelines and Program Descriptions, WIC

PROCEDURES
In conjunction with quality assurance reviews, local WIC agency staff must review WIC operations in all sites. This internal review must be done a minimum of every two (2) State Fiscal years and include review of the following:

A. Local Management  
B. Certification  
C. Nutrition Education  
D. Breastfeeding Promotion/Support  
E. Participant Services  
F. Civil Rights  
G. Food Delivery  
H. eWIC Card accountability  
I. Program Integrity  
J. WIC Equipment Inventory  
K. Financial Management

Documentation
A. A form is available from the State WIC Office to document the review and findings. The local agency may develop review forms for this purpose or request State WIC Office Forms.
   1. The approved Local Agency Internal Review form is available on the Website in Section 300 Appendices.
B. Findings will be reviewed by the State WIC Office.
C. Identified deficiencies must be corrected promptly by the local WIC agency.
D. Documentation of the internal reviews must be maintained for five (5) years and available for review during onsite Management Evaluations. Refer to the Administrative Reference, Training Guidelines and Program Descriptions, WIC, for additional information.
Kentucky WIC Program
Local Agency Internal Review

Findings from previous state and/or local reviews:

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<th>Finding</th>
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General Program Operations & Clinic Environment

1. Are clinic hours posted in each of your clinics? □ yes □ no

2. What procedures are in place to provide services to individuals who cannot come to clinic during regular business hours? (check all that apply)
   □ Extended hours. Specify extended days/hours: Click here to enter text.
   □ Open during lunch. If open, patients are seen by: □ appointment □ walk-in
   □ Food Benefit Issuance without being physically present?
     □ yes □ no
     If yes, is documentation made in the medical record and proof code 50 (Other)
     used for the ID for pick-up? □ yes □ no
   □ Proxies
   □ Other (specify): Click here to enter text.

3. Is the clinic environment welcoming, supportive of breastfeeding and nutrition education?
   a. Are mothers encouraged to breastfeed anywhere in the clinic. □ yes □ no
   b. Is there a private area upon request of the mother for breastfeeding or pumping. □ yes □ no
   c. Is all formula kept in a storage closet out of view of clients. □ yes □ no
   e. No formula advertising visible to clients, including pens, pads and other “giveaways”. □ yes □ no
   f. Posters and pictures in the clinic shall be of breastfeeding multi-cultural mothers and
      are not produced by formula companies. □ yes □ no
   g. Refuse samples from formula representatives for use by local WIC agency staff. □ yes □ no
   h. Agency has a written breastfeeding policy that is routinely communicated to all health
      department staff that is posted in the clinic for staff and clients to review. □ yes □ no
4. Does the agency have policies to include provisions to clearly identify biohazard containers for medical waste and keep them out of the reach of children?  ☐ yes  ☐ no

5. Our agency offers the following WIC Program and related services:
   ☐ WIC FMNP  ☐ WIC BF Peer  ☐ WIC Regional BF Coordinator  ☐ RD provides MNT

6. How do staff access the manuals:
   WIC and Nutrition Manual?  ☐ CHFS Website  ☐ Downloaded on computer  ☐ Printed copy
   Date of version: Click here to enter text.
   Administrative Reference?  ☐ CHFS Website  ☐ Downloaded on computer  ☐ Printed copy
   Date of version: Click here to enter text.

7. Do appropriate WIC staff have access to e-reports system for working WIC reports?  ☐ yes  ☐ no

8. Are WIC policy memos discussed or reviewed with staff?  ☐ yes  ☐ no
   Are findings from WIC reviews shared with staff?  ☐ yes  ☐ no
   How is this information conveyed to staff?  Click here to enter text.

9. Are Internal Reviews performed?
   If yes, how often?  ☐ Quarterly  ☐ Every 6 months  ☐ Annually  ☐ Every 2 years  ☐ Other: Click here to enter text.
   Are findings from the review shared with staff?  ☐ yes  ☐ no

10. Does staff code time:
   a. To 700 when issuing food benefits?  ☐ yes  ☐ no
   b. To 899 for making appointments, intake, data entry, working reports, etc.?  ☐ yes  ☐ no
   c. To 700 for nutrition assessment and counseling?  ☐ yes  ☐ no
   d. To 804 for group nutrition education sessions?, if applicable  ☐ yes  ☐ no

11. When travel is coded to WIC:
   Is the purpose documented?  ☐ yes  ☐ no
   Is time also coded to WIC for the same day?  ☐ yes  ☐ no

12. Is any review done to ensure that reporting of time and travel by staff is appropriate?  ☐ yes  ☐ no

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**Caseload Management**

1. Is monitoring or review done of:
   Caseload increases/decreases?  ☐ yes  ☐ no
   Participation rates?  ☐ yes  ☐ no
   Voter registration compliance?  ☐ yes  ☐ no
   Monthly physical inventory of eWIC cards and FMNP FIs?  ☐ yes  ☐ no
   Actions Due?  ☐ yes  ☐ no
1. Complete the chart below for your agency. Record enrollment for the previous three (3) months. Record participation for those months. Compute participation rate by dividing final participation by enrollment. The data can be found in the e-reports folder. As a reminder, the monthly report is for the activity that occurred in the prior month(s).

**Agency:** Click here to enter text.

<table>
<thead>
<tr>
<th>Current Month:</th>
<th>Previous Month</th>
<th>2 months Prior</th>
<th>3 months Prior</th>
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<tbody>
<tr>
<td>Month:</td>
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<tr>
<td>Enrollment (Report 1902)</td>
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<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
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<tr>
<td>Participation (Report 1930)</td>
<td>Provisional: Click here to enter text.</td>
<td>Final: Click here to enter text.</td>
<td>Final: Click here to enter text.</td>
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<tr>
<td>% Participation ((\frac{\text{Participation}}{\text{Enrollment}}) *100)</td>
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**Comments:** Click here to enter text.

**See example below:**

**Kentucky State Wide Enrollment and Participation**

<table>
<thead>
<tr>
<th>Current Month:</th>
<th>Previous Month</th>
<th>2 months Prior</th>
<th>3 months Prior</th>
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<tbody>
<tr>
<td>Month:</td>
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<tr>
<td>Enrollment:</td>
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<tr>
<td>Provisional:</td>
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<td>Final: 106,945</td>
<td>Final: 106,450</td>
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<tr>
<td>Provisional participation data found in October 1930 Participation Summary - Provisional report</td>
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</tr>
<tr>
<td>Final:</td>
<td>106,945</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final participation data found in October 1930 Participation Summary - Final report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Participation ((\frac{\text{Participation}}{\text{Enrollment}}) *100)</td>
<td>((106,709/108,267) * 100 = 98.56%) **</td>
<td>((106,945/108,463) * 100 = 98.6%)</td>
<td>((106,450/107,909) * 100 = 98.64%)</td>
</tr>
</tbody>
</table>

**Note that due to auto-issuance during COVID-19 the participation rates are running above our typical state average.**

E-reports to review are highlighted in yellow for enrollment and participation data.
## WIC Data – Breastfeeding Rates

### Breastfeeding Rates (Report 1596)

<table>
<thead>
<tr>
<th>Breastfeeding Rates</th>
<th>Month/Year</th>
<th>Agency Rate</th>
<th>State Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever BF (initiation)</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>3 months Exclusive BF</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

## WIC Data – Non-Contract Formula Rates

Who reviews your agencies’ formula reports? [Click here to enter text.]

### Infant Non-Contract Formula Rates (Report 1925)

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Agency Rate</th>
<th>State Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

| 3 Month Average | % | % |

Agency’s (3 month average) non-contract formula rate was above:

- **↑ 5%**  
  - ☐ yes  ☐ no
- **↑ 10%**  
  - ☐ yes  ☐ no

If yes, has anything been done to address this issue? Explain: [Click here to enter text.]

Appointments

1. Is the appointment system set up at least 3 months into the future? ☐ yes ☐ no
   If no, why? Click here to enter text.

2. How many days from today does it take to get an initial certification appointment? Click here to enter text.
   Can pregnant women receive an initial certification appointment within 10 calendar days? ☐ yes ☐ no
   Can migrant families receive an initial certification appointment within 10 calendar days? ☐ yes ☐ no
   Can infants receive an initial certification appointment within 10 calendar days? ☐ yes ☐ no

3. Is the patient asked to bring immunization records to each certification and recertification? ☐ yes ☐ no
   Are immunization screenings and referrals documented in the patient’s medical record? ☐ yes ☐ no

4. Are appointments coordinated for household members? ☐ yes ☐ no

5. Are patients offered a return appointment for future WIC services before they leave the clinic? ☐ yes ☐ no
   If no, why? Click here to enter text.

6. Are patients reminded of upcoming appointments? ☐ yes ☐ no
   Which system is being used? Click here to enter text.
   If yes, how: ☐ Autodialer ☐ Personal phone call ☐ Reminder card ☐ Other Click here to enter text.

7. Are walk-in patients seen:
   For certification if proof requirements can be met? ☐ yes ☐ no
   For food benefit issuance? ☐ yes ☐ no
   For food package changes? ☐ yes ☐ no
   If no, explain: Click here to enter text.

8. Are patients that miss their appointment, but come to clinic that day, provided food benefits? ☐ yes ☐ no

9. Are patients contacted when they miss an appointment for certification or food benefit issuance?
   When are they contacted?
   ☐ same day ☐ 7 day report ☐ 30 day report ☐ other Click here to enter text.
   How are they contacted?
   ☐ missed appointment notice (WIC-51) ☐ phone call ☐ other Click here to enter text.

10. Is documentation made in the patient’s chart for:
    Missed appointments? ☐ yes ☐ no
    Follow-up missed appointments? ☐ yes ☐ no

11. What is the timeframe for rescheduling a:
    Missed certification appointment: Click here to enter text.
    Missed food benefit issuance appointment: Click here to enter text.

12. Is the Actions Due listing (562 report) used to contact patients for recertification appointment? ☐ yes ☐ no

13. If a patient is terminated for non-participation but returns before the certification expires, is a reinstatement done? ☐ yes ☐ no

Fair Hearings

1. Is the Fair Hearings poster displayed? ☐ yes ☐ no
   Revision date: Click here to enter text.
   Is it in the lobby/reception area? ☐ yes ☐ no
Civil Rights and Fair Hearings

1. Is the “And Justice and for All” posted displayed?  □ yes □ no
   Revision date: Click here to enter text.
   Is it in the lobby/reception area?  □ yes □ no
   If no, where? □ NA Click here to enter text.

2. Does agency maintain a Civil Rights Complaint File? [FR]  □ yes □ no
   Review Civil Rights Complaint File.
   Have there been any complaints alleging discrimination? [FR/KR]  □ yes □ no
   If yes, what was done? Click here to enter text.

3. Is the WIC Participation by Race/Status report (Report 1986) requested and reviewed for racial representation?  □ yes □ no

4. Have any outreach materials (excluding nutrition education materials) been developed?  □ yes □ no
   If yes, is the nondiscrimination statement present on materials for the public?  □ yes □ no

5. Do all people have equal opportunity to participate in the Program regardless of race, color, national origin, sex, age or disability?  □ yes □ no

6. How is the race and ethnicity category of applicants/participants determined: [FR/KR]  □ yes □ no
   Staff determines and enters on the screen?  □ yes □ no
   Staff asks the applicant/participant to declare race and ethnicity?  □ yes □ no
   Is the applicant/participant informed that more than one race can be declared?  □ yes □ no
   Staff visually determines if applicant/participant refuses?  □ yes □ no

7. Do staff offer free language or other aids and services to applicants to ensure service are provided to non-English speaking, limited English proficiency (LEP), or persons with disabilities?  □ yes □ no

8. What initiatives are used to serve non-English individuals, limited English proficiency (LEP) individuals? [FR/KR]  □ yes □ no
   □ Language interpreters □ Translated materials □ Bilingual staff
   □ Telephone language assistance □ Other: Click here to enter text.

9. What initiatives are used to serve persons with disabilities? [FR/KR]  □ yes □ no
   □ Sign Language interpreter □ Large Font Print Materials □ Braille
   □ Telephone language assistance (Relay) □ Wheelchair/mobility aid accessible clinic
   □ Service Animal welcome □ Other: Click here to enter text.

10. Does staff document the type of services or aids provided to non-English individuals, limited English proficiency (LEP) individuals, and persons with disabilities?  □ yes □ no

11. Is Civil Rights training provided for new employees?  □ yes □ no

12. Is Civil Rights training provided annually each state fiscal year for front-line staff and front-line supervisors?  □ yes □ no
   If yes, how is training provided: □ State TRAIN module □ Other: Click here to enter text.
13. Review documentation for Civil Rights training for the last 2 state fiscal years and status of the current fiscal year.
Record dates of the Civil Rights training for the last 2 trainings.
FY 22 Click here to enter text.
FY 21 Click here to enter text.
FY 20 Click here to enter text.

Has Civil Rights training been done each state fiscal year for this site?  
☐ yes ☐ no
For most recent training, how was training done? Check one:
☐ State TRAIN module
Is there documentation to ensure that all staff required to have training viewed the module?  
☐ yes ☐ no
☐ Other (specify): Click here to enter text.
If other, is documentation present for:
  Collection and use of data?  
☐ yes ☐ no
  Effective public notification systems?  
☐ yes ☐ no
  Complaint procedures?  
☐ yes ☐ no
  Compliance review techniques?  
☐ yes ☐ no
  Resolution of noncompliance?  
☐ yes ☐ no
  Requirements for reasonable accommodation of persons with disabilities?  
☐ yes ☐ no
  Requirements for language assistance?  
☐ yes ☐ no
  Conflict resolution?  
☐ yes ☐ no
  Customer service?  
☐ yes ☐ no

WIC Program Operations Screening and Required Information

14. Is a fee charged for any part of the certification process?  
☐ yes ☐ no

15. Is Medicaid Presumptive Eligibility done for pregnant women?  
☐ yes ☐ no
  Are women determined presumptively eligible for Medicaid certified that day if possible?  
☐ yes ☐ no
  When adjunct eligible due to Medicaid Presumptive Eligibility, is proof seen for residence and identity?  
☐ yes ☐ no

16. Is Medicaid eligibility verified through the KY Health Net System?  
☐ yes ☐ no
  If the system is not available, what is done:
    Certify based on income with proof?  
☐ yes ☐ no
    Verify eligibility with DCBS?  
☐ yes ☐ no
    Reschedule certification appointment?  
☐ yes ☐ no
    Certify based on self-declaration?  
☐ yes ☐ no

17. When a pregnant woman or infant has Medicaid, is it used to certify other household members?  
☐ yes ☐ no

18. Is the applicant screened for adjunctive eligibility prior to income assessment?  
☐ yes ☐ no

19. When the applicant is determined eligible based on adjunctive eligibility, is self-reported Income requested and documented on the Member Screen in the system for federal reporting purposes?  
☐ yes ☐ no

20. When the applicant is determined eligible based on adjunctive eligibility, is 0.00 entered in the income field on the Member Screen?  
☐ yes ☐ no
21. When the applicant is determined eligible based on adjunctive eligibility, is self-reported Income requested and documented on the Income/Proofs Screen in the system? □ yes □ no

22. If a KCHIP III participant is identified, is income assessed? □ yes □ no

23. Is the Statement of No Proof (WIC-NP) allowed for patients that cannot obtain proof for:
   - Residence? □ yes □ no
   - Identity? □ yes □ no
   - Income? □ yes □ no
   - Patients that report zero income? □ yes □ no
   - Is documentation made to explain how household expenses are being met? □ yes □ no
   - If patient has proof but did not bring it to clinic? □ yes □ no

24. When a person is determined ineligible:
   At a certification or recertification is:
   - CH5-WIC/CH-5/CH-5B completed? □ yes □ no
   - Is voter registration (WIC-53) offered to participants 18 years of age or older? □ yes □ no
   - Is CH5-WIC complete for proxies/caretakers? □ yes □ no
   - WIC-75 completed, if applicable? □ yes □ no
   - Documentation made in the medical record? □ yes □ no
   - Data entered for ineligibility on the PEF (W0203 or W0204)? □ yes □ no
   During a certification period is a:
   - T-action done? □ yes □ no
   - Reason documented in the medical record? □ yes □ no
   - Written notice (WIC-54) given to the ineligible patient? □ yes □ no
   - Copy of WIC-54 placed in the medical record? □ yes □ no

25. If new income information is received and more than 90 days remain in the current certification period, and there is no adjunct eligibility, is the participant’s income reassessed? □ yes □ no
   If found to be ineligible, is the participant and all household members terminated? □ yes □ no
   Is the reason for termination documented in the medical record? □ yes □ no

26. Is the CH-5B used to document income eligibility and proof codes when the system is down or unavailable? □ yes □ no

27. Are the KY eWIC Benefit Pamphlet (eWIC-1) and eWIC Cardholder booklet used to provide the required information on Participant Rights and Responsibilities and other services at every certification and recertification? □ yes □ no
   Who provides this information? □ Support Staff □ Health Professional
   When is it provided? □ Check-in □ Check-Out □ during Nutrition Education

28. At certification of new participants, are they provided:
   - Approved food list? □ yes □ no
   - Approved vendor list? □ yes □ no
   - Explanation of how to use eWIC card? □ yes □ no

29. Does staff routinely ask participant about naming or updating proxies during the registration process and are they using the proxy form? □ yes □ no

30. Is proof of the adult’s identity checked when issuing food benefits for infants and children? □ yes □ no

31. At the first certification, is “staff recognition, medical record or eWIC Cardholder” used for
the applicant’s identity? □ yes □ no

32. Is staff verifying benefits have been transferred to the eWIC card before the participant leaves clinic? □ yes □ no

33. Does staff advise participants to swipe their eWIC card for a balance inquiry before leaving the clinic? □ yes □ no

Transfers

1. For patients transferring from your site, is a VOC provided? □ yes □ no
   Are food benefits issued, if due, for either in state and out of state VOC? □ yes □ no

2. For patients transferring into your site, who enrolls? □ Support Staff □ Health Professional
   If a VOC is not provided or if information is needed, is the transferring site contacted? □ yes □ no
   Do you keep the issue date on the VOC for in-state transfers? □ yes □ no
   Is the proof of residence and ID seen and documented? □ yes □ no
   Is income assessed? □ yes □ no
   Is voter registration (WIC-53) offered to women over age 18? □ yes □ no

3. Are WIC-17 (VOC forms) available for use if the system cannot be accessed? □ yes □ no

4. What is the timeframe to add a VOC? Click here to enter text.

Voter Registration

1. Are WIC-53 forms kept for two calendar years? □ yes □ no

2. Are women provided a copy of the WIC-53? □ yes □ no

3. When are Voter Registration Application forms submitted?
   □ Daily □ Weekly □ Monthly □ Other Click here to enter text.
   Where are the Voter Registration applications submitted?
   □ County Clerk □ State Board of Elections

Anthropometric Screening

1. Shoes, hats and outer clothing routinely removed when obtaining measurements. □ yes □ no

2. Is the infant weighed in minimal clothing? □ yes □ no

3. Are scales calibrated and checked by outside provider annually? □ yes □ no

4. For children and women with low hemoglobin level, test is repeated at six-month intervals until normal. □ yes □ no

5. For infants and children up to age 2, gestational age which is less than 40 weeks is entered on the automated growth chart. □ yes □ no
Nutrition Assessment

1. At certification/recertification is the WIC-75 completed in the system or on paper if the system is down? □ yes □ no

2. Are immunization screenings and referrals documented in the participant’s medical record? □ yes □ no

3. Staff perform a comprehensive nutrition assessment using Value Enhanced Nutrition Assessment (VENA) policy and guidance to provide quality nutrition services in a participant-centered framework and to determine program eligibility. □ yes □ no

4. Counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child’s nutrition, and/or infant’s nutrition. □ yes □ no

5. Individualized nutrition education counseling is provided to address the participant’s identified questions, concerns and goals. □ yes □ no

Comments: Click here to enter text.

Nutrition and Breastfeeding Education

1. The agency provides nutrition education that:
   a. Is delivered in appealing, creative, and interactive ways that engage the participant, and, as appropriate, other family members. □ yes □ no
   b. Incorporates community/national nutrition messages (e.g., Fruits & Veggies-More Matters, folic acid, and Eat Well Play Hard). □ yes □ no
   c. Uses nationally recognized, effective strategies, methodologies, and techniques. □ yes □ no
   d. Facilitates behavior change. □ yes □ no

2. Are group nutrition education sessions provided? □ yes □ no
   If yes, are sessions mandatory? □ yes □ no
   If a group session is missed, is the participant:
   a. Required to attend the next session □ yes □ no
   b. Offered an individual session. □ yes □ no
   c. Issued food benefits. □ yes □ no

3. Is online nutrition education allowed for children? □ yes □ no
   If yes, are sessions mandatory? □ yes □ no
   If the online lesson is not completed, is the participant:
   a. Required to complete online nutrition education □ yes □ no
   b. Offered an individual session. □ yes □ no
   c. Issued food benefits and rescheduled for nutrition education. □ yes □ no

4. Is phone nutrition education allowed for children? □ yes □ no
   If yes, are sessions mandatory? □ yes □ no
   If the phone nutrition education is not completed, is the participant:
   a. Required to complete phone nutrition education □ yes □ no
   b. Offered an individual session. □ yes □ no
   c. Issued food benefits and rescheduled for nutrition education. □ yes □ no
5. Are paraprofessionals utilized for nutrition education counseling? ☐ yes ☐ no
   If yes, has this staff been trained? ☐ yes ☐ no
   Is a RD overseeing the paraprofessional? ☐ yes ☐ no

6. The agency coordinates with other agencies and programs to:
   a. Provide nutrition education to WIC participants. ☐ yes ☐ no
   b. Ensure the provision of accurate and consistent nutrition education and health messages. ☐ yes ☐ no
   c. Promote WIC as an adjunct to good health care. ☐ yes ☐ no

7. Agency staff who provide nutrition education:
   a. Staff providing nutrition education qualified health professionals? ☐ yes ☐ no
   b. Determine nutritional risk of participants. ☐ yes ☐ no
   c. Appropriately use nutrition education materials and other teaching aids. ☐ yes ☐ no
   d. Use appropriate methods to deliver nutrition education by considering participants' age, nutritional needs, preferences, culture, and lifestyles. ☐ yes ☐ no
   e. Provide nutrition education that is family-centered and responsive to the identified needs/interests of participants. ☐ yes ☐ no
   f. Prescribe food packages. ☐ yes ☐ no
   g. Identify, develop and implement an individual care plan during High Risk visits and Certification. ☐ yes ☐ no
   h. Document the provision of nutrition education. ☐ yes ☐ no
   i. Appropriately refer participants to other health and social services. ☐ yes ☐ no
   j. Document referrals. ☐ yes ☐ no
   k. Provide and document appropriate follow-up to referrals. ☐ yes ☐ no

### Food Package Tailoring and Assignment

1. Package for fully breastfeeding woman is changed when her infant begins receiving formula. ☐ yes ☐ no

2. The Certifying Health Professional individually tailors the partially breastfeeding infant food package amount of formula based on the assessed needs of the breastfeeding infant and provides the minimal amount of formula that meets the infant's nutrition needs. ☐ yes ☐ no

3. When special circumstances warrant, additional assessment and counseling regarding food package includes “Milk & Milk Substitutions Nutrition Assessment Protocols” as specified in the WIC and Nutrition Manual is provided. ☐ yes ☐ no

4. Agency collaborates with other programs to ensure the provision of the foods and infant formula, exempt infant formula, and WIC nutritionals to participants, when nutritional needs exceed the Federal made in the chart? ☐ yes ☐ no

### Documentation/Coding

1. At certification/recertification is the WIC-75 completed in the system or on paper if the system is down? ☐ yes ☐ no

2. Are immunization screenings and referrals documented in the participant's medical record? ☐ yes ☐ no

3. Is chart documentation done at the time the service is provided? ☐ yes ☐ no
4. Is the chart available when issuing benefits?  [☐] yes  [☐] no
   If no, why? Click here to enter text.

3. Are PEFs or reports reviewed to assess coding of clinic services?  [☐] yes  [☐] no
   If yes, how are any concerns addressed? Click here to enter text.

4. **Breast Pump Issuance**
   Breast pump issuance provided by a health professional.  [☐] yes  [☐] no
   Reason for issuance documented in the medical record.  [☐] yes  [☐] no
   Kentucky WIC Program Breast Pump Assessment and Information Checklist completed.  [☐] yes  [☐] no
   Issuance documented on appropriate breast pump inventory log sheet.  [☐] yes  [☐] no
   If a pump is issued, is follow-up conducted and documented.  [☐] yes  [☐] no
   Are the pumps stored in a secure location?  [☐] yes  [☐] no

Comments: Click here to enter text.

---

**Breastfeeding Promotion and Support**

1. **Staff Training**
   Local WIC agency staff are trained by the local WIC agency Breastfeeding Coordinator or designee or State Agency approved training to be breastfeeding advocates and ensure access to competently trained breastfeeding staff. This training includes:
   a. Train all staff in the importance of breastfeeding and the clinic’s policies and services to promote, protect and support breastfeeding.  [☐] yes  [☐] no
   b. Train WIC Certifying Health Professionals by State Approved training (WIC-USDA Required Training) to provide assessment, referrals and appropriate support of the mother’s breastfeeding plans and education needs throughout the prenatal and postpartum period.  [☐] yes  [☐] no
   c. Train appropriate health professional staff on assembly, cleaning and issuance of breast pumps.  [☐] yes  [☐] no

2. Breastfeeding Support
   a. All breastfeeding issues/concerns shall be referred to an International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS) or Breastfeeding Peer Counselor and allow adequate time for assessment, evaluation and assistance to resolve breastfeeding problems during the clinic visit, as appropriate.  [☐] yes  [☐] no
   b. Address all breastfeeding concerns in a timely manner.  [☐] yes  [☐] no
   c. For agencies with the Breastfeeding Peer Counselor Program, utilize the Breastfeeding Peer Counselors to support WIC prenatal and breastfeeding women.  [☐] n/a  [☐] yes  [☐] no

3. Breastfeeding Aids
   Does agency issue any other breastfeeding aids?  [☐] yes  [☐] no
   If yes, provide details: Click here to enter text.
   **Does agency have a State WIC Office approved policy for Breastfeeding Aids?**  [☐] n/a  [☐] yes  [☐] no
   Does agency issue Nipple Shields?  [☐] yes  [☐] no
Chart Review


1. Click on CDP Report Viewer link.


3. Click on magnifying glass.

4. After clicking on magnifying glass beside report 710, select your clinic and the number of samples per type from the drop down field in the Parameters box, then hit view to generate your report.
## Certification Record Review – Women

<table>
<thead>
<tr>
<th>Household Number*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Status*</td>
<td></td>
</tr>
<tr>
<td>Certification Date (Listed on Random Sample Report)*</td>
<td></td>
</tr>
<tr>
<td>Appropriate proof code for residence* (1st Registration label)</td>
<td></td>
</tr>
<tr>
<td>Appropriate proof code for identity*(1st Registration label)</td>
<td></td>
</tr>
<tr>
<td>Adjunct eligibility documented, if eligible*</td>
<td></td>
</tr>
<tr>
<td>For an Adjunct Eligible participant, is a self-reported estimated household income recorded on HH Member Screen</td>
<td></td>
</tr>
<tr>
<td>If not adjunctive eligible, Household income assessed and documented*</td>
<td></td>
</tr>
<tr>
<td>Primary language spoken documented</td>
<td></td>
</tr>
<tr>
<td>Financial certification box checked</td>
<td></td>
</tr>
<tr>
<td>Financial Cert. area signed/dated</td>
<td></td>
</tr>
<tr>
<td>Rights &amp; Responsibilities signed/dated</td>
<td></td>
</tr>
<tr>
<td>Proxy documentation appropriate</td>
<td></td>
</tr>
<tr>
<td>Date of initial contact (DIC) meets processing standards</td>
<td></td>
</tr>
<tr>
<td>Appropriate proof code for issuance*</td>
<td></td>
</tr>
<tr>
<td>Eligibility supported for income</td>
<td></td>
</tr>
<tr>
<td>Certifying risks*</td>
<td></td>
</tr>
<tr>
<td>Certified for all risks**</td>
<td></td>
</tr>
<tr>
<td>If certifying risks included the following codes: 201, 211, 358, 361, 371, 372, 602, 801, 802, 901, 902, 903, was a referral documented?</td>
<td></td>
</tr>
<tr>
<td>NEPP documented</td>
<td></td>
</tr>
<tr>
<td>Goal(s) established</td>
<td></td>
</tr>
<tr>
<td>Dietary assessment completed</td>
<td></td>
</tr>
<tr>
<td>Growth chart plotted &amp; filed in chart (If appropriate; P-none; PP &amp; BF&lt;20)</td>
<td></td>
</tr>
<tr>
<td>Medical provider/Medical home documented</td>
<td></td>
</tr>
<tr>
<td>Health Professional signed/dated (WIC-75)</td>
<td></td>
</tr>
<tr>
<td>Type of Secondary Nutrition Education visit offered/documentated*</td>
<td></td>
</tr>
<tr>
<td>MCHA visit performed &amp; MC-NEPP documented*</td>
<td></td>
</tr>
<tr>
<td>Progress toward certification goal documented at MCHA visit</td>
<td></td>
</tr>
<tr>
<td>Appropriate number of nutrition education/secondary contacts</td>
<td></td>
</tr>
<tr>
<td>WIC High Risk Nutrition Visit provided (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Plan of Care documented at High Risk Visit (if applicable)</td>
<td></td>
</tr>
<tr>
<td>If currently receiving formula and/or WIC nutritional, chart has a valid WIC-300 or prescription.</td>
<td></td>
</tr>
<tr>
<td>When circumstances warrant, “Milk and Milk Substitutions” protocols are followed and documented</td>
<td></td>
</tr>
<tr>
<td>If Woman received a breast pump, documentation complete</td>
<td></td>
</tr>
</tbody>
</table>

* Record Actual information/proof code
**Record risk code that is not supported
# WIC Internal Review Form FY 2022

## Certification Record Review – Infants

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Number*</td>
<td></td>
</tr>
<tr>
<td>Certification Date*</td>
<td></td>
</tr>
<tr>
<td>Certification Date (Listed on Random Sample Report)*</td>
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<tr>
<td>Appropriate proof code for identity* (1st Registration label)</td>
<td></td>
</tr>
<tr>
<td>Adjunct eligibility documented, if eligible*</td>
<td></td>
</tr>
<tr>
<td>Primary language spoken documented</td>
<td></td>
</tr>
<tr>
<td>Financial certification box checked</td>
<td></td>
</tr>
<tr>
<td>Financial Cert. area signed/dated</td>
<td></td>
</tr>
<tr>
<td>Rights &amp; Responsibilities signed/dated</td>
<td></td>
</tr>
<tr>
<td>Proxy documentation appropriate</td>
<td></td>
</tr>
<tr>
<td>Date of initial contact (DIC) meets processing standards</td>
<td></td>
</tr>
<tr>
<td>Appropriate proof code for issuance *</td>
<td></td>
</tr>
<tr>
<td>Certifying Risks *</td>
<td></td>
</tr>
<tr>
<td>Certified for all risks**</td>
<td></td>
</tr>
<tr>
<td>If certifying risks included the following codes: 152, 201, 211, 358, 361, 801, 802, 901, 902, 903 was a referral documented?</td>
<td></td>
</tr>
<tr>
<td>NEPP documented</td>
<td></td>
</tr>
<tr>
<td>Goal(s) established</td>
<td></td>
</tr>
<tr>
<td>Dietary assessment completed</td>
<td></td>
</tr>
<tr>
<td>Growth chart plotted &amp; filed in chart (if appropriate)</td>
<td></td>
</tr>
<tr>
<td>Gestational age documented</td>
<td></td>
</tr>
<tr>
<td>Bloodwork done at appropriate intervals (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Immunization status documented</td>
<td></td>
</tr>
<tr>
<td>Medical provider/Medical home documented</td>
<td></td>
</tr>
<tr>
<td>Health Professional signed/dated (WIC-75)</td>
<td></td>
</tr>
<tr>
<td>Type of Secondary Nutrition Education visit offered/documentated*</td>
<td></td>
</tr>
<tr>
<td>MCHA visit performed &amp; MC-NEPP documented*</td>
<td></td>
</tr>
<tr>
<td>Progress toward certification goal documented at MCHA visit</td>
<td></td>
</tr>
<tr>
<td>Appropriate number of nutrition education/secondary contacts</td>
<td></td>
</tr>
<tr>
<td>WIC High Risk Nutrition Visit provided (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Plan of Care documented at High Risk Visit (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

* Record Actual information/proof code

**Record risk code that is not supported
<table>
<thead>
<tr>
<th>Certification Records Review - Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Number*</td>
</tr>
<tr>
<td>Certification Date*</td>
</tr>
<tr>
<td>Certification Date (Listed on Random</td>
</tr>
<tr>
<td>Sample Report)*</td>
</tr>
<tr>
<td>Appropriate proof code for residence*</td>
</tr>
<tr>
<td>(1st Registration label)</td>
</tr>
<tr>
<td>Appropriate proof code for identity*</td>
</tr>
<tr>
<td>(1st Registration label)</td>
</tr>
<tr>
<td>Adjunct eligibility documented, if</td>
</tr>
<tr>
<td>eligible*</td>
</tr>
<tr>
<td>For an Adjunct Eligible participant, is a self-reported estimated household income recorded on HH Member Screen</td>
</tr>
<tr>
<td>Primary language spoken documented</td>
</tr>
<tr>
<td>Financial certification box checked</td>
</tr>
<tr>
<td>Financial Cert. area signed/dated</td>
</tr>
<tr>
<td>Rights &amp; Responsibilities signed/dated</td>
</tr>
<tr>
<td>Eligibility supported for income</td>
</tr>
<tr>
<td>Proxy documentation appropriate</td>
</tr>
<tr>
<td>Date of initial contact (DIC) meets</td>
</tr>
<tr>
<td>processing standards</td>
</tr>
<tr>
<td>Appropriate proof code for issuance *</td>
</tr>
<tr>
<td>Certifying Risks *</td>
</tr>
<tr>
<td>Certifying risks supported **</td>
</tr>
<tr>
<td>Blood work at appropriate intervals</td>
</tr>
<tr>
<td>Gestational age documented (if &lt; 2)</td>
</tr>
<tr>
<td>Growth charts documented</td>
</tr>
<tr>
<td>Immunization status documented</td>
</tr>
<tr>
<td>NEPP documented</td>
</tr>
<tr>
<td>Health Professional signed/dated</td>
</tr>
<tr>
<td>(WIC-75)</td>
</tr>
<tr>
<td>Type of Nutrition Education/Secondary</td>
</tr>
<tr>
<td>visit offered/documentedor*</td>
</tr>
<tr>
<td>MCHA visit performed &amp; MC-NEPP</td>
</tr>
<tr>
<td>documented*</td>
</tr>
<tr>
<td>Progress toward certification goal</td>
</tr>
<tr>
<td>documented at MCHA visit</td>
</tr>
<tr>
<td>Appropriate number of nutrition</td>
</tr>
<tr>
<td>education/secondary contacts</td>
</tr>
<tr>
<td>WIC High Risk Nutrition Visit provided</td>
</tr>
<tr>
<td>(if applicable)</td>
</tr>
<tr>
<td>Plan of Care documented at High Risk</td>
</tr>
<tr>
<td>Visit (if applicable)</td>
</tr>
<tr>
<td>Appropriate number of nutrition</td>
</tr>
<tr>
<td>education contacts – for previous cert.</td>
</tr>
</tbody>
</table>

* Record Actual information/proof code
** Record risk code that is not supported
## Ineligibles Records Review (Participant Random Samples)

* Record actual information

<table>
<thead>
<tr>
<th>Household Number</th>
<th>First Name</th>
<th>Race</th>
<th>Screening Date</th>
<th>Ineligibility Supported</th>
<th>Reason for Ineligibility Documented</th>
<th>Signature &amp; Date of Person Determining</th>
<th>WIC-54 Given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## WIC Medical Records Review

1. Review medical records of all categories from Participation Random Sample. Complete the Certification Records Review.

2. From the review of certification records, does it appear:
   - a. Nutrition education contacts are coordinated with food benefit issuance pick-up? □ yes □ no
   - b. Missed appointments are documented? □ yes □ no
   - c. Terminations are documented? □ yes □ no
   - d. Issuance of non-contract infant formula, exempt infant formula, and WIC nutritionals is documented? □ yes □ no
   - e. WIC is coordinated with other services? □ yes □ no
   - f. Staff recognition, medical record or eWIC cardholder are used as proof of identity at recertification and pick-up when appropriate? □ yes □ no
   - g. Exceptions to the physical presence requirements are allowed? □ yes □ no
   - h. Documentation is made for follow-up for missed appointments? □ yes □ no

3. For hospital certifications: □ N/A
   - a. Are proof requirements met within 30 days? □ yes □ no
      Appropriate food benefits given? □ yes □ no
   - b. Issue dates coordinated? □ yes □ no
**Clinic Observations**

1. Complete the following chart for each patient observed and indicate if required information was provided/discussed. Indicate N/A if not applicable.

<table>
<thead>
<tr>
<th>Patient Status/Type Visit</th>
<th>Household Number</th>
<th>Certification</th>
<th>MCHA/Secondary Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate proof code for residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate proof code for identity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjunct eligibility documented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household income documented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labels affixed to the registration forms (CH-5/CH-5WIC) prior to obtaining signatures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Cert. area checked/signed/dated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rights &amp; Responsibilities signed/dated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proxy documentation appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Income documented for Adjunct eligible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred spoken language identified free communication services offered, if appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nutrition and Health Assessment: See Certification, MCHA or Follow Up Visit sections**

<table>
<thead>
<tr>
<th>Certification Visit</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthropometric Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measures taken appropriately (remove hats and outer clothing, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gestational age entered (as appropriate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth chart completed/printed (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation of hemoglobin or hematocrit (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-invasive device used (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilization of referral data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization screening &amp; referral (as appropriate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional risks reviewed with participant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling provided per protocol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals, as appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding Questions answered</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MCHA visit**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Follow-up on established goals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthropometric Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measures taken appropriately</td>
<td></td>
<td></td>
<td></td>
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<td>Non-invasive device used (if applicable)</td>
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<tr>
<td>Utilization of referral data</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Health assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization screening &amp; referral (as appropriate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update and review of nutritional risks</td>
<td></td>
<td></td>
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<tr>
<td>Follow-up visit</td>
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<td></td>
</tr>
<tr>
<td>Follow-up on established goals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum requirements met</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseled by risk and category</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthropometric Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measures taken appropriately (remove hats and outer clothing, etc.)</td>
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<td></td>
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<tr>
<td>Gestational age entered (as appropriate)</td>
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<tr>
<td>Evaluation of hemoglobin or hematocrit (if applicable)</td>
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<tr>
<td>Non-invasive device used (if applicable)</td>
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<td></td>
</tr>
<tr>
<td>Utilization of referral data</td>
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<tr>
<td>Dietary assessment</td>
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<td></td>
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<tr>
<td>Health assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization screening &amp; referral (as appropriate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of nutritional risks/goals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling provided (as appropriate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other referrals as appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Check out

| eWIC Cardholder and eWIC Benefits pamphlet provided appropriately |  |
| Proof of adult ID receiving benefits |  |
| Return appointment provided |  |
| Benefits verified in account and shopping list and shopper app reviewed |  |
| Was participant asked to swipe their card for a balance prior to leaving? |  |

1. Indicate observed equipment used for WIC measurements:
   - Measuring board with flat surface to place on top of head for infant and children up to 36 months
   - Pediatric table
   - Height rod on scales
   - Balance beam scales
   - Non-invasive device (Pronto)
   - Spring-type scales
   - Digital scales
   - Other Click here to enter text.
**Conflict of Interest/Separation of Duties**

1. For family, household members or friends of staff that are receive WIC services, do:
   - Other staff determine income eligibility, including Medicaid? [ ] yes [ ] no
   - Other staff perform screening and determine nutritional risk? [ ] yes [ ] no
   - Other staff prescribe food package? [ ] yes [ ] no
   - Other staff issue food benefits? [ ] yes [ ] no
   If no, is each certification and issuance record being reviewed and signed by a supervisor? [ ] yes [ ] no
   Is there a tracking method in place? [ ] yes [ ] no

2. Does one person determine income and risk eligibility and issue food benefits for the same participant? [ ] yes [ ] no
   If yes, is each certification and issuance record reviewed within two weeks and signed by a supervisor? [ ] yes [ ] no

3. Conflict of Interest.
   - Are the log and charts reviewed monthly? [ ] yes [ ] no
   - Is there a tracking method in place? [ ] yes [ ] no

**eWIC Card and WIC FMNP Management**

1. Indicate specific storage locations for:
   - eWIC cards [ ] Click here to enter text.
   - FMNP FI's [ ] Click here to enter text.
   - FI stamps [ ] Click here to enter text.

   Are these areas locked? [ ] yes [ ] no

2. Are unusable FMNP FI's marked void immediately? [ ] n/a [ ] yes [ ] no

3. Is the serial number on the screen verified against those on the eWIC card each time before issuing the card? [ ] yes [ ] no

4. When a participation is added to an existing household, are issuance dates coordinated? [ ] yes [ ] no

**Outreach**

1. Is WIC Outreach performed? [ ] yes [ ] no
   - If yes, by whom: [ ] Sites [ ] Administrative Office
   - When is outreach performed? [ ] Annually [ ] On-going [ ] Other: [ ] Click here to enter text.
   - Is outreach documented? [ ] yes [ ] no
   - If yes, review the outreach file. Reviewed timeframe/FY [ ] Click here to enter text.

   Is there documentation of information provided annually to:
   - Medical doctors, health and medical organizations? [ ] yes [ ] no
   - Hospitals (including rural health clinics) and clinics? [ ] yes [ ] no
   - Welfare/unemployment offices (DCBS)? [ ] yes [ ] no
   - Social services agencies? [ ] yes [ ] no
   - Migrant organizations/agencies? [ ] n/a [ ] yes [ ] no
   - Homeless organizations/agencies? [ ] n/a [ ] yes [ ] no
   - Religious organizations? [ ] yes [ ] no
   - Community organizations? [ ] yes [ ] no

   Public announcements (newspaper, radio, etc.)? [ ] yes [ ] no
1. Review the handwritten VOC (WIC-17) inventory and log. Does it include:
   - Serial number received? □ yes □ no
   - Serial number issued to participant? □ yes □ no
   - Are all forms accounted for? □ yes □ no

2. Review the Voter Registration report (495) for the month prior to today’s visit. Verify that each name appearing on the report has a signed WIC-53 form.

<table>
<thead>
<tr>
<th>Month Reviewed</th>
<th>Number of Women added over age 18</th>
<th>Number with WIC-53 signed</th>
<th>Compliance Rate</th>
<th>Previous Compliance (Month/Year/%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If not 100%, has it ever been? Click here to enter text.

Review documentation of the physical count of unused eWIC cards and FMNP food instruments.
- Is a monthly inventory kept on eWIC cards and WIC FMNP FIs? □ yes □ no
- Is the inventory conducted by a person who does not issue food benefits? □ yes □ no

3. Are WIC FMNP FI’s posted to the system on the date of issuance? □ n/a □ yes □ no
   If not routinely posted on the same day, how soon are WIC FMNP FIs posted? Click here to enter text.

4. Is a formula inventory form maintained?
   Review the formula inventory form. Does it include:
   - Date formula is received? □ yes □ no
   - Name of formula? □ yes □ no
   - Can size? □ yes □ no
   - Quantity received? □ yes □ no
   - Type of formula (powdered, concentrate, ready-to-feed)? □ yes □ no
   - Date discarded? □ yes □ no
   - Staff initials/name? □ yes □ no
   When formula is returned, is it documented in the participant’s medical record? □ yes □ no

5. Agency maintains an inventory on:
   - Manual breast pumps □ n/a □ yes □ no
   - Electric breast pumps □ n/a □ yes □ no
   - Hospital grade electric breast pumps □ n/a □ yes □ no

6. Agency maintains an inventory on:
   - Nipple Shields □ n/a □ yes □ no
   - Additional Breastfeeding Aids □ n/a □ yes □ no
   - Has state approval for issuance of nipple shields or other breastfeeding aids? □ n/a □ yes □ no

Homeless Shelters and Institutions
1. Has any effort been made to identify and provide services to the homeless? □ n/a □ yes □ no

2. Have any services been provided to persons in homeless facilities and institutions? □ yes □ no
   If yes:
Was the facility determined to meet the three required conditions?
WIC foods will not be used in communal feeding
☐ yes  ☐ no
The facility will not restrict the participant’s use of WIC services
☐ yes  ☐ no
No financial or in-kind benefit shall be accrued from a person’s participation in WIC Program
☐ yes  ☐ no
Are periodic contacts made to ensure the three conditions continue to be met?
☐ yes  ☐ no

Property Management
1. Is WIC equipment inventory over 500 dollars being tracked and kept up to date?
☐ yes  ☐ no
2. Is the equipment documented in the inventory being utilized for WIC and on site?
☐ yes  ☐ no
3. Is there WIC equipment not in use by the WIC Program?
☐ yes  ☐ no
4. Is the WIC equipment secure with controls in place to prevent theft or damage?
☐ yes  ☐ no
WIC Farmers’ Market Nutrition Program (FMNP)

Does this agency/site participate in the Farmers’ Market Nutrition Program? □ yes □ no
*If yes, review policy and complete the following questions.*

1. Who is the FMNP contact? (Provide name and title)
   Click here to enter text.

2. Which staff performs the following functions?
   Food Instrument (FI) Issuance: Click here to enter text.
   Review of FMNP reports: Click here to enter text.
   Nutrition Education regarding fresh fruits and vegetables: Click here to enter text.

3. Are participants provided: [FR/KR]
   The “Kentucky WIC Farmers’ Market Nutrition Program” brochure? □ yes □ no
   WIC FMNP market(s) location and hours? □ yes □ no

4. FMNP agreements are: [FR/KR]
   Reviewed prior to being sent to the State Office? □ yes □ no
   Maintained for three (3) federal fiscal years at agency? □ yes □ no

5. Does agency have a FMNP complaint file? [FR/KR] □ yes □ no

6. Have any materials been developed by the local agency?
   If yes, have any been developed in languages other than English? □ yes □ no

7. What efforts have been made to provide nutrition education concerning the use of fresh fruits and vegetables for participants? Click here to enter text.

FMNP Redemption Data

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Agency Rate</th>
<th>State Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
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<td>%</td>
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<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

8. What efforts have been made to increase FMNP redemption rates?
   Click here to enter text.

9. Review Accountability Section for WIC FMNP FI posting and inventory, note any concerns:
   □ No Concerns
   Click here to enter text.

10. Does agency have a Farmers Market Nutrition Program (FMNP) Complaint File? □ yes □ no
    Are FMNP agreements reviewed prior to being sent to the State WIC Office? □ yes □ no
    Are FMNP agreements maintained for three federal fiscal years at the agency? □ yes □ no

Comments: Click here to enter text.
Breastfeeding Peer Counselor Program

Complete this section only for agencies that have the BF Peer Counseling Program.

1. Did the Supervisor and Peer Counselor complete all USDA mandatory training? [FR/KR] □ yes □ no
   *Please indicate the date each individual complete this training*: Click here to enter text.
   Comments: Click here to enter text.

2. Does each Supervisor have a file for each Peer Counselor containing the: [FR/KR]
   a. Peer Counselor Training Checklist? □ yes □ no
   b. Peer Counselor Equipment and Materials Log? □ yes □ no
   Comments: Click here to enter text.

3. Are Peer Counselors provided shadowing opportunities of other Peer Counselors and/or Lactation Specialist during the orientation and training period? [FR/KR] □ yes □ no

4. Does the Peer Counselor Supervisor observe Peer Counselor interactions of two (2) pregnant women and two (2) breastfeeding mothers during the first month of employment and every six (6) months thereafter? [FR/KR] □ yes □ no
   Comments: Click here to enter text.

5. Does the Peer Counselor Supervisor provide evaluation of each Peer Counselor after the first month of employment and every six (6) months thereafter? □ yes □ no
   Comments: Click here to enter text.

6. Does the Peer Counselor Supervisor complete the Participant Phone Feedback Survey for each Peer Counselor every six (6) months? [FR/KR] □ yes □ no
   Comments: Click here to enter text.

7. Does the Peer Counselor Supervisor provide routine monitoring of client contact logs for each Peer Counselor to ensure that contacts are being made based on the Breastfeeding Peer Counselor Protocol for Contacting WIC Mothers? [FR/KR] □ yes □ no
   Comments: Click here to enter text.

8. Does the Peer Counselor Supervisor review the weekly activity report for each Peer Counselor? □ yes □ no
   Comments: Click here to enter text.

9. Based on the master contact list, what is the Peer Counselor(s) current client caseload number?

   | Breastfeeding Peer Counselor Program Designated Staff |
   |-----------------|-----------------|-----------------|
   | Name            | Role            | Caseload        |
   | Click here to enter text. | Click here to enter text. | Click here to enter text. |
   | Click here to enter text. | Click here to enter text. | Click here to enter text. |
   | Click here to enter text. | Click here to enter text. | Click here to enter text. |
   | Click here to enter text. | Click here to enter text. | Click here to enter text. |
   | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Does the agency have a Designated Breastfeeding Expert/Lactation Specialist for breastfeeding Referrals and support? □ yes □ no

Lactation Specialist’s Name: Click here to enter text.
Qualifications:
1. A nurse (RN or LPN) or nutritionist (RD or RDN). □ yes □ no
2. Has current certification as:
   a. International Board Certified Lactation Consultant (IBCLC) □ yes □ no
      If yes, year certified: Click here to enter text.
b. Certified Lactation Counselor (CLC)  
   If yes, year certified: Click here to enter text.

☐ yes ☐ no

c. Certified Lactation Specialist (CLS)  
   If yes, year certified: Click here to enter text.

☐ yes ☐ no

3. Has maintained continuing education?  
4. Estimate annual continuing education hours completed: Click here to enter text.
5. Accepts BF referrals from the following site(s): Click here to enter text.

Comments: Click here to enter text.
Complete the chart below if this site provides WIC services in either of the settings.

- Not Applicable

<table>
<thead>
<tr>
<th>Services offered</th>
<th>Satellite Clinic</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days/Hours of operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CH-5B used and retained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face contact</td>
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<tr>
<td>30-day provisional certs done</td>
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<tr>
<td>eWIC card issuance</td>
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<tr>
<td>FMNP FI’s issuance</td>
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<tr>
<td>FMNP FI’s storage on-site</td>
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<tr>
<td>Storage secure</td>
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<td>Issue date/appointments coordinated with household</td>
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<tr>
<td>Timeframe for data entry</td>
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<tr>
<td>Primary reason for visit</td>
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<tr>
<td>One staff member does certification and issuance</td>
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<td></td>
</tr>
<tr>
<td>Supervisor reviews and signs certification and issuance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>