

**Internal Review Operations Monitoring  
Clinic Observation**

**County served:**

**Address:**

**Caseload as of date (enter last completed month) (date)** \_\_\_\_\_

**W** \_\_\_\_\_ **I** \_\_\_\_\_ **C** \_\_\_\_\_ **Total =**

**Clinic Staffing: (Number of FTE's)**

**CPAs** \_\_\_\_\_ **Clerks** \_\_\_\_\_ **Lab (if different)** \_\_\_\_\_

**Clinic Supervisor Name:**

**Clinic Hours**

Week Day	Office Hours	Clinic Hours	Class Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Describe major site operation changes since the previous review:

## **Certification and Eligibility**

**Describe how participants move through the application process - who sees them first, second, etc., and what do they do? (Clinic Flow)**

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## **Procedural Manuals, Logs Review for accuracy and timeliness:**

STORC Manual -

Policy and Procedure Manual –

Vendor Manual

Quarterly Vendor Listing –

Motor Voter Declination forms -

## **Civil Rights/ Comment Forms/ Hearings**

Describe procedure for handling a civil rights complaint.

Other complaints?

Describe procedure when a non-English speaking participant is enrolled or otherwise makes contact with the Clinic.

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

**Facility Evaluation**

Responsibility	Yes	No	Comments
Facility is adequate (space, clean, safe)			
Smooth clinic flow			
Private breastfeeding area			
Private income intake area			
Private medical history intake area			
Private nutrition counseling area			
Participant areas safe for children			
Clinic is equipped with smoke detector/fire alarm and extinguisher/sprinkler system			
Emergency escape plan posted			
No smoking policy is posted/enforced			
<i>And Justice for All</i> poster posted and readily visible to participants			

**MIS security review**

The monitor will verify the conditions reported on the security checklist

**Food Delivery/Food Instrument Accountability – Observation**

Who handles food instruments?

Were FI’s voided? Describe procedure observed /documentation completed when voiding FIs:

Describe procedure observed /documentation completed for replacement of lost, stolen, damaged FIs/ID folders:

**Local Agency Director to complete the following; FOR EACH CLINIC SITE SCHEDULED FOR MONITORING REVIEW: (Make copies as needed)**

**A. Physical Security of ADP Equipment**

Describe the physical setting.

Is WIC in its own building Yes  No

In larger building with others Yes  No

What other entities share the facility? \_\_\_\_\_

Are the WIC offices separated by lockable doors? Yes  No

Who is responsible for locking WIC offices? \_\_\_\_\_

How many others have keys? \_\_\_\_\_

Is there any record of keys issued? Yes  No

How are keys accounted for when someone leaves the Agency?  
\_\_\_\_\_

Does anyone outside WIC, such as other county staff, cleaning crews etc., have access to WIC facilities? Yes  No  If yes, please specify:  
\_\_\_\_\_

Have any security concerns surfaced in the past 2 years? How were they handled? By whom? How is documentation kept? \_\_\_\_\_

**B. Equipment Security**

If laptops are used at your sites, where are they stored when not in use?  
\_\_\_\_\_

Who has responsibility for them? \_\_\_\_\_

Is there a system for checkout and return? If Yes, describe it. \_\_\_\_\_

What are the allowable reasons for them to leave the office?  
\_\_\_\_\_

**Is there a detailed inventory of all equipment maintained?** \_\_\_\_\_

Where is it kept? \_\_\_\_\_

Who is responsible for updating it? \_\_\_\_\_

What agency or entity is responsible for insurance and other valuables at the WIC local agency clinics? \_\_\_\_\_

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

**C. Personnel Security**

**Are lists maintained of all persons who have access to WIC facilities and equipment?**

Yes  No  Who is responsible for maintaining such a list? \_\_\_\_\_

What procedures are in place to change passwords, change locks, remove access, retrieve keys, etc., when a person leaves the job?  
\_\_\_\_\_

**D. Contingency Plans and Emergency Preparedness**

**Does the local agency have a plan in place to get "clinic back up and running" in the event of a crisis?** \_\_\_\_\_

Is the plan familiar to everyone in the office? \_\_\_\_\_

Where are backups stored? \_\_\_\_\_

Who should you call? \_\_\_\_\_

Where is the nearest neighboring agency or other computer or laptop you could share or borrow?

Where would WIC operate if the site was damaged by fire, flood, etc.? Unknown \_\_\_\_\_

Are fire extinguishers readily accessible? Yes  No

Do staff know how to use them? Yes  No

Who is responsible for verifying their operability? \_\_\_\_\_

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

Number Scheduled:

Number Showed:

Identification Number WIC Condition									
Rights and responsibilities explained w/signing of Participant Agreement									
VOC cards accepted if certification period is valid regardless of priority									
Racial/ethnic data is collected and documented in the computer									
Applicants with Food Stamps, AFDC, and/or Medicaid adjunctively eligible									
Correct documentation used for verification of identification									
Correct documentation used for verification of income									
Correct documentation used for verification of residency									
Applicant/participant is physically present during certification									
Women are certified without having written proof of pregnancy									
Voter Registration is offered and recorded appropriately.									
Participants are screened for immunization status									
Referral to other agency appropriate and documented									
Coordination of appointments when multiple participants in one family									
Participant is All participants are treated equitably, with courtesy									
Certification at no cost to participant									
Food List explained if new certification									

Approved Vendor List given, if new certification									
FI responsibility and use is discussed with payee/proxy prior to issuance									
FI identification checked for issuance									
FIs issued with VOC card if certification period is valid									
FI stubs are signed and dated correctly									
FI red and black numbers match									
Proxy form completed if necessary, or proxy form in chart is checked for correctness against computer entry and ID folder									
<i>What is a Proxy</i> pamphlet used if new proxy									
Help Desk is contacted when necessary									
how was policy applied - of Local Agency if a participant is late or misses a Certification or High Risk appointment:									
Separation of duties is observed during FI issuance.									

Notes

**Food Delivery/Food Instrument Accountability**

Responsibility	Yes	No	Comments
FI receipt to site is acknowledged			
FIs are not printed in advance of appointments			
FIs are stored under double lock when office is closed (for day or lunch)			
Printers and draft stock are stored under double lock when draft stock is left in printers overnight			
FIs are secured during transportation			
ID Folders are stored separately from stored FIs			
FIs are not left unattended at any time			
FI storage locations are not left unlocked or unattended at any time			
Access to FI storage cabinets/drawers is limited to designated staff members			
Staff who determine eligibility do not issue FIs or ID folders, with third party reviews when separation of duties is not possible			
FI History Reconciliation is not conducted by staff who issue/void FIs, or responsibility is rotated among staff			
Reconciliation reports are stored in a locked area inside the clinic.			
FI stubs are stored in a locked area inside the clinic and maintained for 3 years 150 days			
Inspection of blank FI stock is conducted			
LA stamp is used/stored correctly			
VOC issuance record and VOC inventory numbers up to date.			

**Completed Reconciliation Reports**

FI History Report is reconciled daily with all stubs and voided drafts accounted for Yes/No

Date	Site	Problems Identified

**Clinic Chart Review**

Identification Number WIC Condition									
Signed Participant Agreement in chart									
Signed Proxy Form in chart matches computer entry									
Proof of pregnancy in chart									
Priority II infants are certified in clinic.									

Note: Make copies of this page as needed

**Certification and Eligibility - Termination/Ineligibility**

Identification Number WIC Condition								
Written notice								
At least 15 days notice								
Reason stated								
Notification signed by participant or box checked if mailed								
Notified of right to request fair hearing								
Fair Hearing requests handled according to established procedures								

Sanction letters on File for currently sanctioned participants?

**Special Formula Distribution System Documentation**

Identification Number WIC Condition								
WIC-54 in chart for formula warehouse special formula issuance								
WIC-54 bottom half completed, has proper initials and is dated								
Participant signature is on all formula drafts issued								
Subsequent months order form is faxed to the warehouse approximately one week prior to the "first date to spend"								
FIs and WIC-54 is mailed same day order is faxed to distribution center								
Signed FIs in tickler file are stored under double lock and key								
WIC-55 yellow copy is maintained by Local Agency in a central file and the pink copy is filed in the participant's chart if damaged/Broken or Out-of Date Formula								
WIC-56 maintained in tickler file								
Voided WIC-54 file in chart if special formula is replaced								

WIC staff person (or persons) designated to maintain tickler file: