

**Chapter Fifteen**  
**Audits and Management Evaluations**

## Contents

Chapter Fifteen	Audits and Management Evaluations .....	1
Overview .....		15-4
Policy .....		15-4
In This Chapter .....		15-4
Section A Procedures .....		15-5
Notification of Audit.....		15-5
Pre-Audit Conference With State Personnel .....		15-5
Audit of Financial Records .....		15-5
Audit Follow-Up .....		15-6
Monitoring .....		15-7
Non-compliance.....		15-7
Section B Audit Records and Other Policies.....		15-8
Audit Records.....		15-8
Cost Allocation Guidelines .....		15-8
Continuous Time Reporting .....		15-8
Time Studies.....		15-9
Section C Management Evaluations .....		15-10
Policy.....		15-10
Environment.....		15-10
Section D Management Evaluations – Procedures.....		15-11
Procedure.....		15-11
Time Frame .....		15-11
Prior Notification.....		15-11
Electronic Filing System .....		15-11
Entrance Interview.....		15-12
Monitoring .....		15-12
Mentoring.....		15-12

Exit Interview .....	15-12
Final Report.....	15-12
Corrective Action Plan Follow-up.....	15-12
Section E Local Agency Self-Assessment.....	15-13
Procedure.....	15-13
Time Frame .....	15-13
Monitoring .....	15-13
Staff Observations.....	15-13
Chart Reviews .....	15-13
Summary .....	15-14
Record Retention .....	15-14
Section F Local Agency Compliance Investigations.....	15-15
Policy.....	15-15
Procedure.....	15-15
Written Findings Report.....	15-15
Corrective Action Plan.....	15-15
Appendix A Financial Audit Forms .....	15-16
Appendix B WIC Management Evaluation/Local Agency Self-Assessment Forms .....	15-22
Appendix C 9-1-1 and Other Emergency Numbers.....	15-42
Index.....	15-44

## Overview

### Policy

The State of Arizona Office of the Auditor General conducts an annual independent, audit of the Arizona Department of Health Services (ADHS) and approximately half of the county health departments in compliance with OMB Super Circular. The remaining subrecipients are audited by independent Certified Public Accountants. Subrecipients that expend \$750,000 or more a year in federal awards must have a Single Audit conducted. Subrecipients receiving federal funds through ADHS must provide the department with a copy of its Single Audit packet. The Office of Auditing (Auditing) tracks Single Audits, incorporates relevant findings into reports, determines ADHS compliance with OMB Super Circular, and communicates results with appropriate stakeholders.

Auditing will perform contract compliance audits of expenditures and related activities pursuant to the OMB Super Circular and the Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs, and WIC Federal Regulations (Audit Program 15-11).

The WIC Program shall monitor its Local Agencies annually. The monitoring and review is described in detail in this chapter and in WIC Federal Regulations:

- WIC Financial Audits, 7 CFR § 246.19. The focus of the Audit is cost allowance, financial control improvement, and improved Local Agency service.
- WIC Management Evaluations, ADHS BNPA staff reviewing management processes, client certification, food package determination, nutrition education, in coordination with the State Plan, 7 CFR § 246.19 (b). The focus of the ME is for the State Agency to ensure program regulations are being met, as well as provide mentoring to Local Agency staff on Participant Centered Education (PCE skills), and other areas as needed.

### In This Chapter

This chapter is divided into five (5) sections, which detail financial audit policies and procedures, including Management Evaluations, and three (3) appendices.

## Section A Procedures

### Notification of Audit

Monitoring and review of Local Agencies is scheduled annually according to an established rotation. A Management Evaluation will be completed one year and a financial audit the following year. There are exceptions to the schedule that include management-requested reviews, previous audit follow-up, USDA special studies, or agency-requested support.

Auditing will notify the Local Agency of the audit date four (4) to six (6) weeks in advance of the audit. Copies of the notice with a detailed audit questionnaire will be sent to the Local Agency WIC Director. Telephone confirmation of the audit date, entrance conference time, audit requirements, necessary resources, will be made approximately one to two weeks prior to the audit.

The BNPA WIC Program Integrity team will notify the Local Agency of a Management Evaluation using appropriate policies and procedures.

### Pre-Audit Conference With State Personnel

The ADHS Nutrition Program Consultant will be contacted prior to the audit to discuss problem areas that may be identified in the contract files, correspondence, WIC reports, information available from management, various WIC monitoring systems, and pertinent Single Audit results.

Copies of the Contractor's Expenditure Reports (CERs) covering the period of the audit will be summarized, purchase orders covering the audit period copied and reviewed, and WIC payments summarized.

### Audit of Financial Records

The objective of the audit is to determine propriety and eligibility of expenditures pursuant to the OMB Super Circular, Accounting and Auditing Manual for Contractors of ADHS Funded Programs, and the WIC contract in effect.

In the event the Local Agency has subcontracts, the subcontractors' records may, if circumstances dictate, also be examined.

The auditor's review may include, but is not limited to, the following:

- Approved cost allocation plan
- Adequacy of the accounting system

- WIC funds separately accounted for
- Reconciliation of Local Agency's CERs with the Local Agency's books
- Detailed testing of transactions including: salaries and wages, fringe benefits, supplies, indirect cost pools and reasonability of expenditures for WIC. Appropriate sampling methodology will be used with expanded sample size when deemed necessary.
- Results of the previous Corrective Action Plan (CAP) will be evaluated to determine the level of compliance and resolution achieved by the Local Agency.

An audit of the Local Agency's performance records will be conducted to examine and verify the units of service provided and reported as specifically authorized in the contract. **The audit is not an evaluation of the quality of those services.**

Statistical sampling techniques may be utilized to determine the specific units of service to be reviewed. Subcontractors' performance records may also be examined.

Auditors may review the following:

- Client charts and/or files
- Activity logs
- Documentation in support of Program progress reports
- Sign-in sheets

**NOTE:** Medical case records of the individuals will not be reviewed unless they are the only source of certification data. All client records examined by Auditing will be treated with complete confidentiality.

### **Audit Follow-Up**

The Bureau Chief of Nutrition and Physical Activity or his/her designee is responsible for reviewing the audit recommendations to determine what specific action(s) should be taken and will set deadlines for implementation of corrective measures.

The Bureau Chief is responsible for forwarding a copy of the audit report and recommendations to the USDA/FNS/WRO. Auditing is responsible for forwarding a copy of the audit report and recommendations to the Local Agency. The audit report cover letter will provide instructions or guidance, including implementation time frames for the Corrective Action Plan.

The Local Agency will reply to Auditing in writing as to what corrective action will be taken to satisfy each audit recommendation. Auditing will evaluate the CAP and will attach it to the final audit report. The final audit report should include the findings, recommendations, the Local Agency's response, and the Bureau Chief's response.

Once the final audit response has been issued to the Bureau Chief, Auditing will inform the Local Agency WIC program of the closure of the audit file.

The follow-up will be accomplished within 60 calendar days of the date of the audit report unless an extension date is granted.

### **Monitoring**

Auditing will monitor the implemented audit recommendations during their follow-up visits to the Local Agency.

### **Non-compliance**

If the Local Agency is unable to, or does not agree to, comply with the audit recommendations, the Bureau Chief of Nutrition and Physical Activity will meet with the Local Agency. This meeting should be held within 20 calendar days of receipt of the Local Agency's reply. The purpose of the meeting is to resolve any issues relating to the audit recommendations.

## Section B Audit Records and Other Policies

### Audit Records

State and Local Agencies will maintain records, easily retrieved for review during an audit, according to policies set forth in Chapter 14.

The Secretary of Agriculture, the Comptroller General of the United States, or any of their duly authorized representatives will have access to any books, documents, papers, and records of the State and Local Agencies and their contractors for the purpose of making surveys, audits, examinations, excerpts, and transcripts during normal business hours. Any reports or other documents resulting from the examination of such records that are publicly released may not include confidential applicant or participant information.

### Cost Allocation Guidelines

The Local Agency will ensure that costs are reasonable based upon the following criteria:

- Reasonable and necessary to carry out the program
- Treated consistently
- Consistent and allowable under federal, state, and local laws, regulations, and policies
- Be determined in accordance with generally accepted accounting principles and adequately documented
- Net of applicable credits
- Charged in the correct accounting period
- Not be charged to more than one federal grant or used to meet a matching or cost sharing requirement for more than one federal grant, either in the current or prior accounting period
- A cost is allocable to a federal grant only to the extent that it benefits the grant's objective
- Costs must be allocated equitably in terms of benefits derived

Costs necessary to the WIC program include providing WIC Program participants with supplemental food, nutrition education, breastfeeding promotion, support activities, and referral to related health services.

### Continuous Time Reporting

Continuous time reporting is the required documentation method where employees work on multiple programs or cost objectives. Documentation supporting the distribution of their time and effort must be continuously generated. Standards for documentation of personnel expenses CFR 2 200.430 –Employee Compensation (8). The only exception is:



- In Local Agencies that are hospitals (Arizona WIC Program currently has none), staff is required to complete monthly estimates of their work time. The estimate must be completed within one (1) month of the actual activity completion date. The staff includes physicians, nurses, nutritionists, and other persons performing WIC responsibilities.

### Time Studies

The WIC Annual Cost Summary Report distributes WIC Nutrition Services and Administrative costs to four (4) categories: Nutrition Education, Breastfeeding Education and Promotion, Client Services, and Program Management. Time studies used to distribute cost to the four (4) categories need to be conducted one (1) week per month or one (1) month per quarter. Annual one (1) -month studies are not considered representative for the entire year. The Arizona WIC Program received approval for another option, which is two (2) weeks (one pay period) every other month.

For staff that works for one (1) or more programs Personnel Activity Reports (PARs) are required to separate WIC and non-WIC costs unless the appropriate Federal agency has approved an alternative methodology.

## Section C Management Evaluations

### Policy

The State Agency shall conduct Management Evaluations (MEs) of each Local Agency at least once every two (2) years. Such evaluations shall include on-site reviews of a minimum of 20 percent of clinics in each Local Agency, or one (1) clinic, whichever is greater. The State Agency may conduct such additional on-site reviews as the State Agency determines to be necessary in the interest of the efficiency and effectiveness of the Program.

The State Agency shall develop a reporting process, which includes:

- Prompt notification to the Local Agency of deficiencies
- Timely development of Corrective Action Plans
- The monitoring of Local Agency implementation of such plans.

The State Agency shall require Local Agencies to establish Management Evaluation systems, quality assurance plans and/or continuous quality improvement plans to review their operations.

### Environment

Local Agency staff shall ensure the following information is in a place where it can be seen by all participants in each clinic:

- Civil rights (“And Justice for All”) poster
- National Voter Registration Act poster
- 9-1-1 and other emergency numbers ( emergency clinic or agency WIC number(s) in case clinic is closed ) (see Appendix C)
- Emergency Exit signs
- No-Smoking sign
- Breastfeeding promotional materials, videos or poster

## Section D Management Evaluations – Procedures

### Procedure

The State Agency will conduct Management Evaluations (ME) throughout the fiscal year.

### Time Frame

- Local Agencies will be notified 60 days prior to ME visit.
- The Local Agency Pre-Management Evaluation Survey will be returned to State Agency 30 days prior to ME.
- The State Agency will have a draft report of the ME written 20 days after the ME.
- The final report will be sent to the Local Agency 30 days after the ME.
- The Local Agency will submit their Corrective Action Plan 60 days after they receive the final report.
- After adequacy of the Corrective Action Plan has been determined, the State Agency will send written notification of the closure of the ME to the Local Agency Health Officer, CEO, or equivalent and the Local Agency WIC Director.
- A follow-up by the WIC Nutrition Consultant assigned to the Local Agency will be done 45 days after the Local Agency Corrective Action Plan is accepted.

### Prior Notification

The State Agency will advise the Local Agency Health Officer, CEO, or equivalent and the Local Agency WIC Director in writing of the dates for the monitoring visit within 60 days of the visit. The State will provide the Pre-Management Evaluation Survey (Appendix B) to the Local Agency Health Officer, CEO, or equivalent and the Local Agency WIC Director.

The Pre-Management Evaluation survey will be returned via email to the State Agency 30 days prior to the Management Evaluation. Prior to the visit, the State Agency will complete chart reviews (Appendix B) and run reports for each Local Agency clinic.

### Electronic Filing System

All corresponding ME documentation will be sent electronically by both the State Agency and the Local Agencies. The State Agency will keep all documentation gathered from the ME in an electronic filing system.

### **Entrance Interview**

The State Agency will conduct an entrance interview with the Local Agency Health Officer, CEO, or equivalent and the Local Agency WIC Director to discuss preliminary findings. The entrance interview will also allow time for questions and answers on the ME process.

### **Monitoring**

The State Agency will use the forms located in Appendix B during the ME. Participant Certifications, lab procedures and nutrition education will be monitored. Local Agency and Clinic Site Reviews will also be conducted.

### **Mentoring**

State Agency staff will mentor Local Agency staff on PCE skills and practices, and other areas as needed, during the site visit.

### **Exit Interview**

The State Agency will conduct an exit interview with the Local Agency Health Officer, CEO, or equivalent and the Local Agency WIC Director at the end of the Management Evaluation. The Local Agency WIC Director and Health Officer, CEO, or equivalent may also decide to have the exit interview via telephone one week after the Management Evaluation.

The State Agency will explain the preliminary results, address questions, respond to feedback, give an approximate date for the final report to be sent, and explain the Local Agency's requirements for follow-up.

### **Final Report**

The State Agency will compile a final report within 30 days of the date of the exit interview. The report will be provided to the Local Agency Health Officer, CEO, or equivalent and the Local Agency WIC Director. The report will contain the date when the Corrective Action Plan is due to the State Agency.

### **Corrective Action Plan Follow-up**

The State Agency will receive, evaluate, and respond to the Corrective Action Plan submitted by the Local Agency. After the Corrective Action Plan has been accepted, the State Agency will send written notification of the closure of the ME to the Local Agency Health Officer, CEO, or equivalent and the Local Agency WIC Director.

## Section E Local Agency Self-Assessment

### Procedure

Each Local Agency will complete a self-assessment.

### Time Frame

Using the ME tools in Appendix B, Local Agencies are required to:

- Complete one (1) self-assessment on the years they have an ME.
- Complete two (2) self-assessments on the years they do not have an ME.

### Monitoring

The Local Agency will use the same forms (staff observations, chart reviews, clinic operations) the State Agency uses for MEs. Local Agencies are only required to complete the areas highlighted in yellow, but are highly encouraged to complete and review all areas.

At the time of the observations and chart reviews for staff, the Local Agency will provide one-on-one mentoring to staff that will include feedback and guidance.

### Staff Observations

- The observations are to include:
- Observations of one (1) Certification for each category (women, infant, child), including anthropometric and hematology components;
- Observations of one (1) secondary nutrition education contact for each category (five (5) total);
- The observations may be completed by either supervisors or staff members.

### Chart Reviews

- Chart reviews of certifications for:
  - 1 infant clients
  - 1 child clients
  - 1 pregnant client
  - 1 breastfeeding client
  - 1 postpartum client
- The chart reviews may be completed by either a supervisor or staff members.

### **Summary**

The Local Agency will submit a summary of the observations with their annual contract.

### **Record Retention**

The Local Agency will keep observation forms on file for review during site visits and/or MEs.

## **Section F**

### **Local Agency Compliance Investigations**

#### **Policy**

The Department or its authorized contractor shall conduct covert investigations to determine the Local Agency's compliance with WIC Program requirements.

Local Agency compliance investigations may be conducted on a random basis or on those agencies suspected of violating WIC Program requirements and/or federal, state and local laws.

Execution of the contract by the Local Agency authorizes the Department to perform covert investigations.

#### **Procedure**

The compliance investigation involves an undercover (covert) on-site visit in which an individual poses as a WIC participant/authorized representative/proxy/ applicant to determine compliance by the agency with WIC Program requirements.

#### **Written Findings Report**

The State Agency will compile a written Findings Report within 45 days of the date of the compliance investigation. The report will be provided to the Local Agency Health Officer, CEO, or equivalent and the Local Agency WIC Director.

#### **Corrective Action Plan**

The Local Agency will submit their Corrective Action Plan 60 days after they receive the final written Findings Report.

**Appendix A**  
**Financial Audit Forms**

	<b>Pre-Audit Deliverables</b>			
	<b>Fieldwork Executables</b>			
	<b>Reporting Requirements</b>			
	<b>Add-In Findings (If Applicable)</b>			
<b>Audit Step</b>	<b>Instructions for Step Execution</b>	<b>WP Support Required</b>	<b>Completed by</b>	<b>Date</b>
<b>A</b>	The subrecipient is to be notified of the scheduled timing of the audit in writing (via e-mail) 2 to 4 weeks in advance of the audit date, carbon copy WIC management, and make telephone verification of the audit date approximately 1 week in advance of the audit.	Attach a copy of the notification letter (in column D) for the WP file. Also indicate when the telephone verification of the audit timing with the subrecipient was performed in column e.		
<b>B</b>	At the beginning of the audit fieldwork, hold an entrance conference with the auditee and their designated representatives, identify key staff, outline the audit scope, and set up a tentative audit review schedule.	Provide an explanation of the discussion held (in column D).		
<b>C</b>	Secure copies of the quarterly Contractor’s Expenditure Report (CER) for the subrecipient covering the period under review from Program management (the Office of Internal Auditing should contact the program to secure these documents)	Secure copies of the CERs for the period under review from Program management. Attach hyperlinks (in columns D, E, F, etc...) to the documents for further reconciliation.		
<b>D</b>	Obtain copies of the Purchase Orders and Contracts covering the period of the audit review for the subrecipient from Procure AZ. The link to procure AZ is listed here: <a href="https://www.procure.az.gov">https://www.procure.az.gov</a> .	Access Procure AZ and save the relevant files in a PDF format. Attach hyperlinks to these documents (in columns D, E, F, etc...)		



<b>E</b>	The Program also performs compliance and control reviews in the field. Secure from Program management, the most recent Management Evaluation Finding Report for the subrecipient being reviewed.	Attach the most recent Management Evaluation Report via a hyperlink (in column D). If problems were noted in the report, document discussion held with subrecipient as to the status of correction (in column E).		
<b>F</b>	Review the most recent Single Audit Report kept on file by the Office of Auditing.	From the "G" Drive, attach the most recent Single Audit file maintained by OIA. The most recent report can be located here: G:\AUDITING\Brian\Single Audit Reports.		
<b>G</b>	Prepare a spreadsheet (summary) of the Contractor Expenditure Report and the approved budget by budget categories for the period under review for the subrecipient.	Using the schedule in column D, populate the schedule from the secured CERs for the sample period and populate the budget schedule with the information contained on the price sheet(s) secured in audit step D.		
<b>H</b>	Prepare a summary of payments to the subrecipient for the entire sample period covered by the audit from BREAZ.	From BREAZ, pull the payment data from the state to the subrecipient for the entire duration of the sample period. Export the files to excel and attach them as hyperlinks (in column D, E, F, etc...)		
<b>J</b>	Review the Internal Control Questionnaire with subrecipient staff. Follow-up to unusual or incomplete answers in order to ascertain if additional probing may be needed in other operational areas.	Once on-site at the subrecipients facility. Review the completed ICQ with appropriate staff and follow-up to any unanswered or incomplete question answers. Include a summary of the documented discussion points in column D. Also, include a scanned copy of the completed ICQ for the WPs in column E.		

<p><b>K</b></p>	<p>The pass-through entity is required to account for all program funds in a separate account. In addition, warrant receipt verification should be conducted to ensure that state provided funds were placed into the appropriate account for future offset of program expenditures.</p>	<p>Provide the entities finance area with a copy of the warrant receipt information secured in step H above from Discoverer. Ask the passthrough entity to provide General Ledger documentation which shows these receipts posted to the appropriate general ledger account designated for WIC. Attach copies of the documentation supplied by the pass-through entity in column D. Provide a narrative in column E of the work performed and conclusions reached from the testing performed.</p>		
<p><b>L</b></p>	<p>Verify that personnel activity reports, time reports, or equivalent documentation meets the following standards: The documents reflect after-the-fact distribution of actual activity. The documents must account for all employee activity. The documents must be prepared at least monthly and coincide with one or more pay periods. The documents must be signed by the employee and the employee’s supervisor. In addition, reconcile the two months sampled from the 2 year time frame to the reported amount on the CER for the selected months.</p>	<p>Use schedule 'SCH PAY' to document the reconciliation processes performed. Attach hyperlinks to the documentation supplied from the subrecipient (in Column E, F, etc...). If schedule does not suffice (in column D), alter accordingly to include all pertinent information needed in the reconciliation processes.</p>		

<b>M</b>	Verify that Contracts, Non-Capital equipment supplies, and materials expenditures are supported by an invoice denoting the date, vendor name, service or material provided, rate paid, receiving record and receiving signature, and total charges when charged to WIC Nutrition Services and Administrative costs. (Verify the costs for Professional and Outside Services, Other Operating and Capital Equipment expenditures to the amounts reported on the subrecipients on the CER).	Use the schedule 'Other' provided to document these charges. Use column E to provide an explanation of what was located during the reconciliation processes. Use column F, G, H, etc.. to attach scanned supporting documentation etc....		
<b>N</b>	Verify that travel claims include detailed mileage, subsistence including purpose, dates, time of departure and arrival, travel site, trip mileage, etc. The travel claim must be certified by the employee and approved by the employee's supervisor.	Use the 'SCH Travel' to document these charges. Provide an explanation in column E of the reconciliation processes performed and any noted issues or irregularities. Attach any needed documentation in support of travel claims in column F.		
<b>O</b>	Verify that the building space cost is reasonable compared to rental costs for comparable property, market conditions in the area, alternatives available, and allocations to WIC are on a reasonable basis (if applicable). Ensure that when billed for occupancy charges that the amounts billed to the grant are reasonable in nature and have been allocated on a fair and consistent basis. For instance, if WIC is billed for 15% of total occupancy, then WIC would have only expected their usage of the facilities to be at 15% of the total space available.	Use the 'SCH OCCUPANCY' to document charges are fair and reasonable and allocated on a fair and consistent basis. Provide an explanation of the reconciliation processes performed and any noted items of concern in column E. Attach any needed documentation in support of occupancy claims in column F.		

<p><b>P</b></p>	<p>Verify the indirect cost ratio calculation, including costs in the indirect cost pool, the reasonability of the rate, and the composition of direct projects. Also verify that when WIC was billed for indirect costs that a formal indirect cost agreement has been submitted and approved. If claiming the 10% De Minimus Rate, verify the 10% billing rate.</p>	<p>Use 'SCH INDIRECT' to document the cost billed from the indirect cost pool from the months sampled. Include an explanation of the reconciliations performed and the results of the reconciliations in column E. Attach any needed support documents in column F.</p>		
<p><b>Q</b></p>	<p>WIC requires that at least 16.67% of all program expenditures be spent on Nutrition Education Services. In addition, 4% of all program expenditures are to be spent on breast feeding promotion and support activities.</p>	<p>Secure the Annual Cost Summary Reports for the two years under review from the Program or pass-through entity. Using the Annual Cost Summary Report, ensure that the percentage requirements at the left were met. Use 'SCH Cost SUMM' to complete the assessment and populate the schedule accordingly from data off the Annual Cost Summary Report. Attach supporting Annual Cost Summary Reports in Column E. Provide an explanation in column F regarding the reconciliations performed and the results and conclusions that were determined from testing.</p>		
<p><b>R</b></p>	<p>With the release of the OMB's Omni Circular on 12/26/2014; there was an attestation added in the appendix sections for the CFO or equivalent to sign-off on the established indirect rate, that it is reasonable and has been approved by the cognizant oversight agency for indirect costs. Verify the cognizant agency from the FAC <a href="https://harvester.census.gov/facweb/Default.aspx">https://harvester.census.gov/facweb/Default.aspx</a> and verify the existence of the signed attestation in the applicable appendix of the Omni Circular provided an indirect rate was established.</p>	<p>Verify that when an indirect cost agreement has been made with the cognizant agency for indirect costs, that the attestation in the applicable appendix was signed by the CFO or equivalent. Take a photo of the signed document as support for the WP's. Provide an explanation of the work performed and testing results in column D.</p>		

<b>S</b>	Prepare Draft Audit Report of the findings for presentation to applicable program management and schedule consultation meeting with the program.			
<b>T</b>	Submit Final Report for distribution			
<b>U</b>	If Needed			
<b>V</b>	If Needed			
<b>W</b>	If Needed			

## **Appendix B**

### **WIC Management Evaluation/Local Agency Self-Assessment Forms**

The areas in yellow are a requirement of the Local Agency-Self Assessment. For copies of these documents, please visit [www.azwic.gov](http://www.azwic.gov)



Revised 03/2016

REVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

SITE: \_\_\_\_\_

	1	2	3	4	5
Participant Name and ID # (list)					
Category					
<b>Certification</b>					
Cert Start Date					
Cert Created By					
<b>Family</b>					
Address documented correctly					
Signature obtained for "No proof exists- ID/Address/Income" (if applicable)					
<b>Income</b>					
Adjunctive Eligibility documented (if applicable)					
Signature obtained for "Zero income, Forgot Documentation, or No Proof Exists" (if applicable)					
<b>Medical</b>					
Signature collected for Consent					
Signature collected for Rights & Obligations					
2 <sup>nd</sup> AR signature obtained (if applicable)					
HGB – correct intervals for age and category					
<b>WIC Codes</b>					
High Risk Code(s)					
Were additional WIC Codes manually assigned?					
<b>Care Plan/Nutrition Discussion</b>					
Certification Contact Checked (on date of cert)					
Nutrition Education Checked (if applicable)					

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done



Care Plan/Referrals					
High Risk referred to RD/nutritionist (appointment made or noted in HANDS)					
High Risk participant seen by RD/nutritionist; if client missed appointment, were they rescheduled appropriately?					
Date of Appointment					
User Name of Nutritionist					
Food Package					
Infant (141/142) appropriate package; (Rx scanned or notes for powder)					
Notes					
Was the TGIF note completed on the date of certification?					
T (Tool)					
G (Goal)					
I (Information)					
F (Follow up)					
Is the TGIF note complete?					
Rights and Obligations Checked on date of certification					
Rules and Regulations on date of certification					
Education for 2 <sup>nd</sup> AR/Proxy (if applicable)					

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done





NOTES:	
Participant Name and ID #	Notes

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done



REVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

SITE: \_\_\_\_\_

Environment		Comments
Civil Rights Poster ("And Justice for All") posted		
Building Accessibility (ADA compliance)		
Clinic environment considers culture needs of participants with posters/handouts		
Appropriate (multi-lingual) materials		
Environment is comfortable for participants (i.e. seating, room space, friendly atmosphere, etc.)		
National Voter Registration Act forms/posters		
Emergency Phone #'s and Emergency Exits <ul style="list-style-type: none"> <li>• 9-1-1 and other Emergency Numbers posted in a visible area</li> <li>Emergency WIC number posted at entrance for participants (in case clinic is closed, etc.)</li> <li>• Emergency Exits are accessible</li> <li>• Emergency Exit signs posted in a visible area</li> </ul>		
No smoking sign posted		
Appropriate TV or video programs in lobby (family friendly)		
Activities for kids (coloring books, toys, books)		
Clinic appointments outside normal business hours		
Staff Logs-in and/or passwords are not displayed		
Computers (including laptops) and printers are in a secure location within the clinic		
The WIC office door(s) has an internal lock on door/file cabinets		

√ = Complete, done correctly

N/A = Not applicable  
1 of 4 Revised 03/16

Ø = Incorrectly done or not done



Referral List (obtain copy) <ul style="list-style-type: none"> <li>• Updated at minimum annually</li> <li>• SNAP</li> <li>• TANF</li> <li>• AHCCCS</li> <li>• Immunizations</li> <li>• Child Support Enforcement</li> <li>• Folic Acid supplements and education</li> <li>• Universal lead screens for WIC</li> <li>• Breastfeeding Hotline</li> </ul>		
<b>Food Instrument (FI) Security</b>		<b>Comments</b>
Staff runs test print daily		
FI voids: Where are they kept?		
FI voids: Are they stamped "void" immediately?		
Void Report: Reconciled and verified weekly?		
Void Report: Are they shredded after reconciliation is complete?		
Separation of Duties: Who inventories voids?		
FI Stock Inventory System: <ul style="list-style-type: none"> <li>• Logged upon receipt</li> <li>• Maintained</li> <li>• Balanced</li> <li>• Verified by a supervisor with separation of duties</li> </ul>		
FI paper removed from printers at end of day and locked or kept in locking printers		
Inventory report reconciled and verified by a supervisor (initials)		
FI paper secured during breaks and lunch periods or kept in locking printers		
There is secure storage of FI stock (paper), MICR cartridges, program stamps, and ID folders		

√ = Complete, done correctly

N/A = Not applicable  
2 of 4 Revised 03/16

∅ = Incorrectly done or not done



Key Storage: Who has keys, and how is control of keys maintained – issuance/copying/location/access?		
<b>Anthropometrics</b>		<b>Comments</b>
Lab Manual (most recent version, electronic version allowed)		
Anthropometric Manual (most recent version, electronic version allowed)		
Recumbent length board with attached foot piece used for measuring infants		
Calibrated standing height board used for women and children.(Applicable if Digital)		
Scales calibrated annually		
Scales on hard/stable surface		
MSDS data posted in clinic <ul style="list-style-type: none"> <li>✓ Employees know where it is</li> <li>✓ Employees know what it is</li> </ul>		
Lab surfaces cleaned daily with correct sanitizing solution <ul style="list-style-type: none"> <li>✓ Sanitizing solution disposed of properly after 7 days</li> </ul>		
Cuvette container(s) labeled with opened/expiration date (<90 days)		

✓ = Complete, done correctly

N/A = Not applicable  
3 of 4 Revised 03/16

∅ = Incorrectly done or not done





**Arizona WIC Program-Certification Observation**



REVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

CLINIC: \_\_\_\_\_

		Notes
Certifier Name		
Participant ID No.		
Category		
<b>Intake/Family Information</b>		
<u>Invest in the Interaction</u>	0 1 2 3	
Greeted Client/Introduced Self		
Explained purpose of the interview		
Asked permission to review and verify documents		
Proof of ID was provided and recorded correctly		
Proof of address was provided and recorded correctly		
Voter Status updated/ Offer of registration completed		
Education Level Collected/Updated		
Staff verified confidentiality of participant address and phone number		
Proxy policies followed (signatures collected, if applicable)		
Client being certified physically present (physical presence policy being followed)		
Signature obtained for "No proof exists- ID/Address/Income" (if applicable)		
Rights & Obligations Form; the certifier read (at minimum):		
• Healthful Information		
• Fair Treatment		
• Honesty		
• Accurate Information		
• Good Use of the Program		
• Protect Your Benefits		
Signed by representative(s)		
Clients are informed the R&O are located in the folder		

√ = Complete, done correctly

N/A = Not applicable

∅ = Incorrectly done or not done

0\* 1\* 2\* 3\*

\*See Scale Rubric for Arizona WIC appointments

Revised 4/16

VOIDED 2 <sup>nd</sup> Authorized Rep signature line on WIC ID Folder (if applicable)		
<b>Client</b>		
Accurate birth date & Gender collected and documented correctly		
Proof of Identification provided and recorded accurately		
Child linked to mother's ID or reason not linked selected		
Foster Status Documented (if applicable)		
Race and ethnicity data collected accurately (at initial cert only)		
<b>Income</b>		
Family size determined correctly		
"Unborn counted" determined correctly		
Participation in adjunctively eligible programs documented correctly (if applicable)		
Proof of Income provided and recorded accurately		
Signature obtained for Zero Income (if applicable)		
Signature obtained for Forgot Documentation (if applicable)		
Signature obtained for No Proof Exists (if applicable)		
Signature obtained for Income Ineligible & copy provided to Authorized Rep (if applicable)		
<b>Certification</b>		
Date(s) correctly recorded for last menstrual period/expected delivery date/actual delivery date (if applicable)		
<b>Anthropometric/Laboratory</b>		
Signature obtained for consent		
Medical data <60 days old entered correctly (if applicable)		
<b>Weight/Length/Height</b>		
Scales are zeroed and balanced before weighing individual		
Dry diaper		
Light clothing		
Without shoes		
Weighed twice (n/a if digital equipment is used)		
Weighed to nearest ounce		

√ = Complete, done correctly

N/A = Not applicable  
0\* 1\* 2\* 3\*

Ø = Incorrectly done or not done

\*See Scale Rubric for Arizona WIC appointments

Revised 4/16

Length board used for infants & children under 24 months or unable to stand unassisted		
Both legs are grasped and straightened for measurements (length)		
Length/Height measured twice (n/a if digital equipment is used)		
Standing height used for children over 24 months & women		
Measured using a stadiometer or non-stretched tape with a flat headboard		
Heels slightly apart		
Ankles, hips, and shoulder blades aligned		
Eyes straight ahead with arms at sides		
Without top hair adornment		
Length/Height is measured to nearest 1/8 inch		
<b>Hemocue Lab Procedure</b>		
Cleansed & gloved hands for each test		
Gloves remained on until cuvette was disposed		
Correct site chosen (middle or ring finger, cannot have ring, heel when appropriate)		
Cleansed & dried site, site held to distend skin		
Correct puncture site and depth, first 2 - 3 drops wiped, pressure / bandage applied (no bandage under 2 years)		
No squeezing / milking to collect blood, other method used		
Cuvette container with lid on and stored at room temperature		
The sharp edge of the cuvette is pointed downward		
Filled in one step to front edge, excess blood wiped off		
Hold cuvette to light to check for air bubbles, discarded if present		
Disposed of used supplies properly in Biohazard / Sharps containers/trash can as appropriate		
After each test, dispose of gloves, and cleanse hands		

√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrectly done or not done

0\* 1\* 2\* 3\*

\*See Scale Rubric for Arizona WIC appointments

Revised 4/16





The nutrition education was appropriate to the client's cultural preferences and consideration to household situation, educational background		
Follow up appointment addressed appropriately Appropriate referrals were made (Including nutritionist)		
Additional notes, if needed:		
<b>Food Package and Issuance</b>		
Food Package tailored appropriately		
Appropriate issuance interval (High Risk, Forgot Documentation)		
Food Benefit/Cash Value Voucher education provided, including lost/stolen policy		
Provided authorized food list		
Provided a current list of authorized vendors (and Farmers' Markets for CVVs as appropriate)		
Staff checked for clients understanding of WIC foods and using the WIC Food Benefits		
An explanation of the food package and foods received (new clients)		
Signature obtained for receipt of food benefits		
Separation of duties is consistent with policy		
<b>Notes</b>		
<u>Documentation</u>	0 1 2 3	
Uses TGIF note structure appropriately		
<b>Immunizations/Breastfeeding Surveillance</b>		
Immunizations documented correctly (if applicable)		

√ = Complete, done correctly

N/A = Not applicable

∅ = Incorrectly done or not done

0\* 1\* 2\* 3\*

\*See Scale Rubric for Arizona WIC appointments

Revised 4/16

Breastfeeding surveillance documented correctly (if applicable)		
<b>Customer Service</b>		
Staff logged out of HANDS or locked computer when leaving the workstation		
Clinic environment ensures confidentiality and privacy is maintained		
Accommodations were made to provide services/forms in participant's preferred language/ Focused on client when a translator was used		
Staff focused on the client and not the computer		
Staff informed client of the right to complain/ complaint hotline number on ID Folder		
<b>Farmers Market Food Instruments</b>		
Participant Guides are provided to clients when FMNP checks are issued		
Proper use and redemption of FMNP checks, and CVVs, including lost/stolen and valid dates are reviewed Maps, names and locations of approved markets in the area		
Eligible and non-eligible foods explained		
Prohibition against cash exchange		
Right to complain/ FMNP complaint hotline number		
Information is available for non-English speaking participants		
Nutrition education is relevant to participant's ethnic and cultural background		

√ = Complete, done correctly

N/A = Not applicable  
0\* 1\* 2\* 3\*

Ø = Incorrectly done or not done

\*See Scale Rubric for Arizona WIC appointments

Revised 4/16

NOTES:	
Participant Name and ID #	Discussion points with the certifier:
	<p>How do you feel the appointment went?</p> <p>What areas do you feel you do well on?</p> <p>What might you do different next time?</p>



√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrectly done or not done

0\* 1\* 2\* 3\*

\*See Scale Rubric for Arizona WIC appointments

Revised 4/16



**Arizona WIC Program-Nutrition Discussion Observation**



REVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

SITE: \_\_\_\_\_

DRAFT	1	Comments
CNW / Nutritionist (list)		
Participant Name/ID (list)		
Reviewed TGIF note and client file before meeting with client		
<u>Invest in the Interaction</u> Greeted Client/Introduced Self Explained purpose of the interview Asked permission to review and verify documents	0 1 2 3	
<u>Assessment</u> Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the appointment (if applicable)	0 1 2 3	
<u>Nutrition Discussion</u> Offers appropriate, relevant, and accurate counseling and advice	0 1 2 3	
<u>Support Health Outcomes</u> Encourages success by closing the conversation	0 1 2 3	
The nutrition discussion was appropriate to the client's cultural preferences and consideration to household situation, educational background		
<b>Customer Service</b>		
Staff logged out of HANDS or locked computer when leaving the workstation		
Confidentiality/privacy maintained		
Accommodations were made to provide services/forms in participant's preferred language/ focused on client when a translator was used (interpreter used appropriately)		
Staff focused on the client and not the computer		

Y = Complete, done correctly

N = Incorrectly done or not done

N/A = Not applicable

0\* 1\* 2\* 3\*

\*See Scale Rubric for Arizona WIC appointments



**Arizona WIC Program-Nutrition Discussion Plus Medical Observation**



REVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

SITE: \_\_\_\_\_

DRAFT	1	Notes
CNW / Nutritionist (list)		
Participant Name/ID (list)		
Reviewed TGIF note and client file before meeting with client		
<b>Invest in the Interaction</b> Greeted Client/Introduced Self Explained purpose of the interview Asked permission to review and verify documents (if applicable)	0 1 2 3	
<b>Assessment</b> Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the appointment	0 1 2 3	
<b>Nutrition Discussion</b> Offers appropriate, relevant, and accurate counseling and advice	0 1 2 3	
<b>Support Health Outcomes</b> Encourages success by closing the conversation The nutrition discussion was appropriate to the client's cultural preferences and consideration to household situation, educational background	0 1 2 3	
<b>Anthropometric/Laboratory</b>		
Medical data <60 days old entered correctly (if applicable)		
<b>Weight/Length/Height</b>		
Scales are zeroed and balanced before weighing individual		
Dry diaper		
Light clothing		
Without shoes		
Weighed twice (n/a if digital equipment is used)		
Weighed to nearest ounce		

Y = Complete, done correctly

N = Incorrectly done or not done  
0\* 1\* 2\* 3\*

N/A = Not applicable

\*See Scale Rubric for Arizona WIC appointments  
Revised 01/15



**Arizona WIC Program-Nutrition Discussion Plus Medical Observation**

Length board used for infants & children under 24 months or unable to stand unassisted		
Both legs are grasped and straightened for measurements (length)		
Length/Height measured twice (n/a if digital equipment is used)		
Standing height used for children over 24 months & women		
Measured using a stadiometer or non-stretched tape with a flat headboard		
Heels slightly apart		
Ankles, hips, and shoulder blades aligned		
Eyes straight ahead with arms at sides		
Without top hair adornment		
Length/Height is measured to nearest 1/8 inch		
<b>Hemocue Lab Procedure</b> (if applicable)		
Cleansed & gloved hands for each test		
Gloves remained on until cuvette was disposed		
Correct site chosen (middle or ring finger, cannot have ring, heel when appropriate)		
Cleansed & dried site, site held to distend skin		
Correct puncture site and depth, first 2 - 3 drops wiped, pressure / bandage applied (no bandage under 2 years)		
No squeezing / milking to collect blood, other method used		
Cuvette container with lid on and stored at room temperature		
The sharp edge of the cuvette is pointed downward		
Filled in one step to front edge, excess blood wiped off		
Hold cuvette to light to check for air bubbles, discarded if present		
Disposed of used supplies properly in Biohazard / Sharps containers/trash can as appropriate		
After each test, dispose of gloves, and cleanse hands		
Blood values recorded accurately		

Y = Complete, done correctly

N = Incorrectly done or not done

N/A = Not applicable

0\* 1\* 2\* 3\*

\*See Scale Rubric for Arizona WIC appointments

Revised 01/15



**Arizona WIC Program-Nutrition Discussion Plus Medical Observation**

Masimo Pronto Procedure (if applicable)		
Cleansed hands (hand sanitizer okay for Pronto)		
Used on a client 2 years old or older		
Cleansed & dried site		
Correct digit gauge used (adult, pediatric)		
Correct finger used (middle or ring, thumbs for small children, no rings or tight jewelry on hand being tested)		
Sensor is aligned on finger correctly		
Sensor is shielded from excessive light		
Cable runs flat with no kinks or twists		
If unable to obtain reading, HemoCue machine is used		
Blood values recorded accurately		
<b>Customer Service</b>		
Staff logged out of HANDS or locked computer when leaving the workstation		
Confidentiality/privacy maintained		
Accommodations were made to provide services/forms in participant's preferred language/ focused on client when a translator was used (interpreter used appropriately)		
Staff focused on the client and not the computer		

Y = Complete, done correctly

N = Incorrectly done or not done

N/A = Not applicable

0\* 1\* 2\* 3\*

\*See Scale Rubric for Arizona WIC appointments

Revised 01/15





**Arizona WIC Program-Nutrition Discussion Plus Medical Observation**


**Notes**

How do you feel the appointment went?

What areas do you feel you do well on?

What might you do different next time?

What was the client educated on?



Y = Complete, done correctly

N = Incorrectly done or not done

N/A = Not applicable

0\* 1\* 2\* 3\*

\*See Scale Rubric for Arizona WIC appointments

Revised 01/15

**Appendix C**  
**9-1-1 and Other Emergency Numbers**

# [example] WIC



Emergencies.....	911
WIC Assistance.....	1-800-2525-WIC
St. Mary's Food Bank.....	602-352-3640
Westside Food Bank.....	602-242-3663
United Food Bank.....	480-926-4897

This institution is an equal opportunity provider.  
USDA es un proveedor que ofrece igualdad de oportunidadada  
todos.

## Index

And Justice for All, 15-10  
anthropometric, 15-13  
Audits, 1, 15-4  
chart reviews, 15-11, 15-13

Management Evaluations, 1, 15-4, 15-10, 15-11  
mentoring, 15-13  
Pre-Management Evaluation Survey, 15-11