



Colorado WIC Program Administrative Monitoring Form

Local Agency: Monitoring Date(s): Form Completion Date:

Clinics being monitored:

- 1.
- 2.
- 3.
- 4.
- 5.

Clinics	Days of the Week Open	Hours of Operation	ADA Accessible (Y/N)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Local Agency/Clinic Management

- 1. What is your total caseload (Participation with Benefits Report)?
- 2. Who is responsible for WIC caseload management in your agency?
- 3. Yes No Does your agency have a prioritized waiting list?
 - a. If yes, through what priority and age group is your agency currently serving?
 - b. How many women, infants and children are on the waiting list?
- 4. How often do you hold WIC staff meetings?

5. How do you communicate policy changes and updates from the State Office to your staff?

6. Who is responsible for updating local policies and procedures?

7. Describe how your agency follows the Separation of Duties policy:

8. What reports does your agency run on a regular basis?

9. When a signature cannot be captured on the Compass signature pad as required, what procedures are followed?

10. What is the procedure when there is a network outage and your agency cannot log into Compass?

Clinic Operations/Customer Service

1. Yes No Does your agency have efficient clinic flow (e.g. limited wait times, good use of staff time, and flow of visit)?

a. If no, please explain:

2. If any clinic does not meet the processing standards (Program Manual, Processing Standards), please explain:

3. How do you accommodate participants/applicants who are employed, are migrants and/or request lunch/evening/weekend appointments?

4. Yes No Does your agency have a policy for when a participant is late for their appointment?

a. If yes, please describe:

5. Yes No Does your agency offer walk-in appointments whenever possible?

6. Yes No Do you track your missed appointments?

a. If yes, please describe:

7. Yes No Can an applicant or participant reach a "live" person by phone?

a. If yes, between what hours?

8. If a participant leaves a voicemail message, how long does it usually take to return a participant's call?
9. Yes No Do you serve any non-English/Limited English proficient participants?
- a. If yes, what languages?
- b. Describe how you gather information and provide services to these participants:
10. What is your procedure for following up with pregnant women who miss their initial certification appointment? Check all that apply:
- Do nothing Wait for participant to call Send printed missed appointment notices
 Call to reschedule Send card Other (describe)
11. Yes No Does your agency conduct group nutrition education classes?
- a. If yes, what classes are offered?
12. Yes No Does your agency provide high risk counseling over the phone?
13. Yes No Does your agency provide low risk counseling over the phone?
14. Yes No Does your agency offer Education Choice (e.g. phone counseling, wichealth, and/or video chat?)
- a. If yes, briefly describe:
- b. Yes No (For Phone Counseling) Do you have records showing staff completion of training and observation?
15. Yes No Does your agency use the Colorado Immunization Information System (CIIS) to assess children's immunization status?

Eligibility Determination

1. When do you ask for proof of identification, income and residence?
2. Describe the agency's procedures when participants report zero income?
3. Describe the agency's procedures when participants do not have proof of identification, residence, or income?
4. When do you ask participants if their income has changed?
5. If participants are found ineligible during the recertification, what procedures are followed?

6. Describe the procedures followed if participants are found ineligible during mid-certification (e.g., they report their income changed putting them over income).
8. Yes No To determine adjunctive income eligibility, is every applicant asked if they or their family receives Medicaid, TANF, or SNAP benefits?
If no, please explain:
9. Yes No Are all breastfeeding women, including those who breastfeed as little as once/day certified on the program as breastfeeding?

Blood and Anthropometric Collection Procedures

1. Describe the type of equipment used for certification and how it is maintained:
- a. Infant: Length
 - b. Infant: Weight (include date of last inspection/calibration)
 - c. Adult: Height
 - d. Adult: Weight (include date of last inspection/calibration)
 - e. If HemoPoint H2 equipment is not used, list equipment type and manufacturer used for iron screening:
2. Who is responsible for equipment maintenance/calibration?
3. Yes No Is an equipment maintenance and calibration log kept in a central file?
4. Yes No Is all equipment in good working order?
- a. If no, please explain:
5. Describe universal precautions your agency uses for handling blood:
6. How does your agency dispose of used blood drawing equipment and supplies (cuvettes, lancets, etc.)?
7. Describe your agency's follow-up procedures for needle stick injury:

Training of Local Agency/Clinic Staff

1. Yes No Do you allow time on the job to complete the WIC Certification Program (Level I, Level II & Level III modules/checklists)?
2. Yes No Do you have records for all employees that show completion of the WIC Certification Program?
 - a. If no, please explain:
3. Yes No Do you track completion of the WIC Certification Program in Compass for all new employees?
4. How does your program provide training for staff beyond the WIC Certification Program?

 - a. Yes No Does your agency enter a minimum of two staff trainings per year in to Compass for all staff?
5. Who reviews participant records in Compass as the “Certified WIC Authority” for new employees during orientation and completion of the Level 1 modules (including the required observation and record review)?
6. How does your agency conduct performance appraisals on staff?

 - a. Which of the following are used for staff evaluation?
 - [WIC Visit Assessment & Counseling Evaluation Tool](#)
 - [Colorado WIC Participant Record Review](#)
 - [Colorado WIC Clinic Observation form](#)
 - Other: (please describe)
 - b. Describe the follow up process for issues identified during the staff performance appraisal:

Please list any staff members who have not completed the WIC Certification Program

	Staff Name	Date of Hire	Modules To Be Completed	Expected Completion Date
1				
2				
3				
4				
5				

Staffing

1. Yes No Is staffing adequate to provide all necessary services?

a. If no, please explain:

2. Yes No If an educator leaves or is absent, do you have anyone designated to fill in for that person until a replacement is hired or the person returns?

a. If yes, who is that person?

b. Yes No Has the above person completed the WIC Certification Program?

Please complete the table below for all staff being monitored (list all professional, paraprofessional, and/or clerical personnel).

Name & Title	# Hrs/week	FTE for WIC	Length of time of job	Supervised by (Name & Title)	Is the staff person a WIC LMS* (Y/N)	List two Nutrition Trainings in this Fiscal Year

Total FTE for this clinic =

How many hours equal a standard, full-time workweek in agency?

***All WIC Lactation Management Specialists must attend the Lactation Management Specialist training AND have passed the observation.**

Outreach and Targeting

1. How has your agency publicized the availability of the local WIC Program in the last 12 months?

2. Yes No Does your agency have a list of organizations in the WIC outreach network?

- a. If yes, how are they informed about WIC requirements and changes:

3. If there are migrants and/or homeless individuals in your community, how do you notify them of WIC services?

4. Yes No N/A Have evaluations been completed once every two years for WIC-eligible homeless shelters in your service area?

5. Yes No N/A Do you know of any shelters in your area that are not WIC-approved but may serve WIC-eligible families?

Program Coordination and Referral Systems

1. Yes No Have community resources been identified to provide medical and social services not available at your agency?

- a. If yes, how are participants referred to/from organizations:

- b. If no, please explain:

2. Yes No Are WIC adults provided information on health-related and public assistance programs such as Medicaid, SNAP, TANF and when appropriate, referred to such programs? If no, please explain:

3. Yes No Are all women advised to know their HIV status and given referral information for local HIV testing, treatment, and counseling services?

4. Yes No Are all WIC participants and/or caregivers provided information on the dangers of drugs and other harmful substances?

5. Yes No Is a list of local substance abuse counseling and treatment resources maintained and available for distribution?

- a. If no, please explain:

6. Yes No Does the agency/program coordinate with local alcohol and drug abuse treatment services?

- a. If no, please explain:

7. Describe the agency's referral policy for participants with suspected drug or other harmful substance abuse problems:

Fair Hearings/Civil Rights

1. Yes No Have you had any requests for fair hearings in the last two years?
 - a. If yes, please describe the situation and how it was handled:
2. Yes No Have you disqualified anyone from the Program in the last year?
 - a. If yes, please describe the situation and how it was handled:
3. Yes No Is the "And Justice For All" in all clinics?
4. Yes No Do all people have equal opportunity to participate in the Program regardless of race, color, national origin, sex, age or disability?
5. Yes No Is the nondiscrimination statement included on all printed materials, such as application, pamphlets (other than nutrition education), forms or any other materials distributed to the public that mention WIC or USDA?
6. Yes No Have you had any civil rights complaints?
 - a. If yes, where do you maintain documentation for all civil rights complaints?
7. Describe how customer service/civil rights complaints are handled and documented:
8. Yes No Have all staff members completed civil rights training annually?
9. Yes No Is annual civil rights training documented in Compass for all staff?
10. Yes No Do you maintain a civil rights file?
11. Yes No Have you received subpoenas for release of participant information in the last two years?
 - a. If yes, please describe the situation:

Program Integrity/Security

1. Yes No Have all staff been issued their own username to access Compass?
 - a. If no, please explain:
2. Yes No Is information entered into the Compass system under each user's own user ID?
3. Yes No Is the State Office notified when a staff member leaves so that their credentials can be deactivated?

4. Yes No Is anyone on your staff a WIC participant or related to a WIC participant?

a. If yes, how is eligibility determination and food benefit issuance handled:

5. How are eWIC cards stored?

6. Who is responsible for resolving dual participation?

Breastfeeding Promotion, Support and Coordination

1. Name the individual(s) on your staff who serve as the breastfeeding coordinator(s):

2. Yes No Is there at least one Colorado WIC Lactation Management Specialist available at each clinic every day?

3. How does your agency ensure that women have access to breastfeeding support programs/services in the early postpartum period (0-2weeks)?

4. What other programs/services do you collaborate with to provide breastfeeding education and support?

5. Yes No Does your agency operate the Breastfeeding Peer Counselor Program?

6. Yes No Does your agency participate in the Breastfeeding Peer Counselor Texting Program?

7. Yes No Has your agency completed the form [*Building A Supportive Structure For Breastfeeding*](#)?

a. If yes, when was this form complete and what are your agency's strengths and challenges?

Breastfeeding Pumps and Breastfeeding Aids

1. Who is responsible for managing the distribution of breast pumps/aids to WIC participants?

2. How does your agency assess a participant's need for a pump and the type of pump needed?

3. Yes No Is your agency tracking the issuance of breast pumps in Compass?

a. If not, how are pumps tracked?

4. Yes No Is the participant's required form of ID scanned into Compass or copied and maintained in a clinic file?

5. Yes No Are State asset tags affixed to each breast pump and pump case?

6. Yes No Does your agency review with the participant the *Breast Pump/Aid Release Form* for loaning or providing aids or pumps?

7. Yes No Do pump recipients receive follow up within 24-72 hours of receiving a pump/aid?

8. Yes No Are staff contacting the participant monthly to assess the ongoing need for the pump?

9. Yes No Have you ever had an electric pump reported as lost or stolen?

a. If yes, how did you handle the situation?

10. Yes No Are pumps loaned to agencies outside of WIC? If no, continue to question #11.

a. If yes, please list those agencies:

b. Yes No Do the above agencies have a Memorandum of Agreement with WIC?

c. Yes No Does the Memorandum of Agreement list the serial number of each pump loaned to the outside agency?

d. Who is responsible to teach WIC participants how to use the pump and who will provide follow up with the participant?

e. Yes No When the outside agency loans a pump to a WIC participant, does the participant complete and sign the *Breast Pump Aid Release Form*?

f. Yes No Is the *Breast Pump/Aid Release Form* and the required proof of ID scanned into Compass and attached to the participant's record?

g. Yes No Is there a procedure for participants to return the loaned pump to the outside agency?

11. Please complete the Pump Inventory table below:

Type of Pump	Total number in clinic inventory	Comments
Electric Lactina Pumps		
Symphony Pumps		
Pedal Pumps		
Electric Pump available to outside agencies		
Manual pumps		
Collection Kits		
Breast Shells		
Electric Single User pumps		
Supplemental Nursing Systems		

Other, please list:

Vendor Coordination

1. Name the individuals on your staff responsible for the local agency retailer coordination (LARC) duties?

2. Yes No Are all stores monitored at least once during their three year agreement period?

3. What is your agency's process for ensuring all stores are monitored?

4. Describe the process used for resolving complaints:

Form completed by (Local Agency):

Date:

Monitored by (State Office):

Date:

TO BE COMPLETED BY NUTRITION CONSULTANT

Budgeted caseload:

Current caseload (include month):

Comments:

Current FTE

Professional:

Paraprofessional:

TOTAL:

Current Participant/Staff Caseload Ratios

Participants/Professionals:

Participants/Paraprofessionals:

Participants/Total FTE:

Yes No Is staffing appropriate for agency size?