

**Michigan Dept. of Health and Human Services WIC Management Evaluation
Administration**

Agency: _____ Clinic ID: _____

Reviewer: _____ Date: _____

MPR	Facility	Yes or N/A	If no, need Action Plan
6.2f	Is the clinic and waiting area clean? (e.g., restrooms supplied with soap, toilet paper, etc.)		
6.2f	Is the clinic and waiting area safe for children? (e.g., covers on electrical outlets, safe changing table, no sharp edges, no open stairways, toys are large enough to prevent choking accidents)		
6.2f	Are there safe places to change diapers, with covered disposal container and handwashing facilities?		
2.1f	Is the clinic, waiting area and restroom barrier-free? (Handicapped accessible)		
2.3b	Do facilities afford privacy for income intake, anthro and lab procedures, medical history and counseling? (No personal information can be overheard or seen by unauthorized person?) (MI-WIC Policy 1.03)		
2.3a	The local agency protects the names and addresses of clients' confidential information. (MI-WIC Policy 1.03)		
6.5a	Does the facility provide a private space for breastfeeding and/or expressing milk that includes a comfortable chair with arms, electrical outlet, and a flat surface (table or counter)? (MI-WIC Policy 4.03)		
Local Agency Required Procedures			
9.1a	Are local agency procedures developed for the following areas completed and reflect current MDHHS/WIC policy?		
9.1 a	<u>Disaster Plan</u> (MI-WIC Policy 1.12) <i>a. The local agency shall develop a disaster plan that will include:</i> <i>i. A copy of the parent agency's disaster preparedness plan, if applicable.</i> <i>ii. Local governmental/community agency emergency contact information.</i> <i>iii. State and local WIC staff contact information.</i> <i>iv. A plan for notifying clients of service disruption, relocation and availability of WIC services.</i>		
7.4c	<u>Returned Formula</u> (MI-WIC Policy 8.05) If LA chooses to donate unused/returned formula to a non-profit agency, the LA must have a State approved policy (using the template), including signature from LA Admin and/or legal counsel.		
4.3c	<u>Hematological</u> (MI-WIC Policy 2.16-A. 8)-Specify, "retest" criteria for agency.		
9.1a	<u>Homeless Facility Agreement</u> - Are there Homeless Shelters/Facilities in the LA service area(s)? Y or N Has the agency contacted local facilities and signed the Agreement (Exhibit 2.22A)? (MI-WIC Policy 2.22)		

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MPR	Local Agency Required Procedures	Yes or N/A	If no, need Action Plan
12.1d	<p><u>Immunization Policy</u> (MI-WIC Policy 6.03) Only required if within a local health department.</p> <ol style="list-style-type: none"> 1. <i>Local agency immunization collaboration policies may include the following:</i> <ol style="list-style-type: none"> a. <i>Immunization promotion methods</i> b. <i>Coordination of services that addresses:</i> <ol style="list-style-type: none"> i. <i>Assessment of children who are not UTD</i> ii. <i>Provision of information to Pregnant women regarding needed vaccines</i> iii. <i>Provision of information on recommended vaccination schedules</i> iv. <i>Referral for services</i> v. <i>Administration of vaccines</i> c. <i>Provision of immunization training for WIC staff</i> 2. <i>Non-health department WIC agencies are encouraged to collaborate with local HD within their jurisdiction to increase immunization rates.</i> 		
9.1a	<p><u>Nutrition Education Collaboration/WIC Agreement</u> – Required if Collaborative Program, i.e. MSUE, provides Nutrition Education, including Project FRESH education. (MI-WIC Policy 5.08A – specifies activities performed, whom to contact, etc...)</p>		
	Cost to Client (MI-WIC Policy 2.01)		
4.1a	<p>The certification is performed at no cost to the applicant. - No medical referral <i>required</i> for enrollment—infers cost</p>		
	Certification Timeframes	Yes or N/A	If no, Action Plan needed
5.2a	<p>How does the agency assure that applicants are scheduled within 10 days for PG or Breastfeeding women and infants, homeless or migrant families? Or within 20 days for Non-lactating woman or Child? (MI-WIC Policy 3.01)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use 10/20 Day report (Clinic/Reports/Schedules/10/20 Day) <input type="checkbox"/> Scheduler contacts Coordinator for adjustments <input type="checkbox"/> Monitor ISD Referrals for contact within timeframes <input type="checkbox"/> Other: _____ 		
5.2	<p>Are all authorized persons asked to verify notification preferences?</p>		
5.2c	<p>Does the agency serve all categories? Y or N</p> <p>If not, has the agency notified MDHHS/WIC of a Waiting List? (MI-WIC Policy 3.02)</p>		

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5.3d	Does the agency schedule and/or perform IEVAL and CEVAL for infants and children certified for 8 months or more? Are clients who miss an IEVAL/CEVAL appointment offered another EVAL appointment? Are benefits NOT denied if clients do not complete IEVAL/CEVALs? (MI-WIC Policy 2.17)		
MPR	Policy Review	Yes or N/A	If No, need Action Plan
9.1a	How does Local Agency make staff aware of policy and procedure changes? (circle all that apply) <div style="display: flex; justify-content: space-around;"> staff meetings forward E-notice </div> <div style="display: flex; justify-content: space-around;"> circulate copies training </div> Ask staff where MI-WIC and LA Policies can be accessed.		
Returned Formula (MI-WIC Policy 8.05 & 8.05A)			
I	<i>Reviewer:</i> Identify local agency (LA) staff responsible for receiving and handling of formula:		
7.4c I, O	Ask or Observe and verify the process of formula return:		
7.4c	Verify returned formula matches the type issued in Food Package--obtain printed copy using Food Package Display screen in MI-WIC.		
7.4a	Is the formula stored securely in a locked area, with limited WIC staff access, out of view of clients and in appropriate conditions?		
7.4b	Does the WIC Local Agency (LA) provide replacement EBT formula benefits in accordance with MI-WIC Policy 8.05 (for example, proper amount, via EBT only, etc.)?		
7.4b	Does the agency require clients to return remaining formula before formula benefits are re-issued?		
7.4c	Is all returned formula examined to determine whether eligible for disposal or donation? Including client interview, inspected for dents/damage/tampering, checked for expiration date?		
7.4c	Is all returned formula that is not donated, properly disposed of on the day of receipt?		
7.4c	Does the agency donate returned formula only to non-profit (501(c)(3)) programs in the community?		
7.4c	Does the LA maintain a paper file with all required documents? <input type="checkbox"/> IRS Verification of 501(c)(3) <input type="checkbox"/> Where & how often donating <input type="checkbox"/> Class II & III proof of training/knowledge, if dispensing <input type="checkbox"/> Donation receipt with required info <input type="checkbox"/> Any other communications		

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7.4d NEW	Is the MI-WIC Formula Acceptance and Action Log (8.05A) appropriately completed and reviewed monthly? Reviewer: If <i>Action Taken</i> on log is not recorded, does quantity listed match stored formula?		
7.4c	Is MI-WIC Policy 8.05 & LA policy reviewed and training provided annually to all staff?		
MPR	Computer Security/Maintenance	Yes or N/A	If no, Action Plan needed
10.1b	Does the agency protect each computer with MILogin access with antiviral software? (MI-WIC Policy 10.03)		
10.1b	How does LA ensure that staff doesn't share MILogin access/accounts? (MI-WIC Policy 10.03)		
10.1b	Does the agency remove staff roles for staff who no longer work for WIC? (MI-WIC Policy 10.03) How is this monitored?		
2.3a	Does the agency protect client confidentiality through use of privacy screens or other means? (MI-WIC Policy 10.03)		
	Voter Registration (MI-WIC Policy 1.10)		
5.4d	Are clients who change their address offered to change their voter registration at that time?		
5.4 d	Are clients who change their address over the phone offered a mailed voter registration form or provided the website address? Michigan.gov/vote		
5.4d	Are all voter declination forms retained for 24 months after date on form? (Review file)		
5.4d O, I	Are voter registration forms sent to county or township clerk at least on a weekly basis, or as stated in policy? (Ask/observe)		
	Transfer (MI-WIC Policy 3.04)		
5.2b	All transfer applicants are scheduled as soon as possible, so as not to interrupt program benefits, or within 20 days. (MI-WIC Policy 3.04) Review TRANSFER REPORT		
5.3c	For transfer clients, is a current and valid WIC ID, VOC or proof of current enrollment in WIC/WIC Overseas and current proof of residency the documentation needed to obtain WIC certification? (MI-WIC Policy 2.03, 2.19, 3.04)		
5.3c	Are eligible transfer clients given 1-year certification periods (from original cert date) and scheduled for infant/child evaluations (IEVAL/CEVAL)? (MI-WIC Policy 3.04)		
5.2b	For clients who transfer to another WIC Program or WIC Overseas and who request certification information, are certification records or VOC provided to the new WIC Program without a written release (if bona fide WIC site)? (MI-WIC Policy 3.04) If not, provide consultation.		

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MPR	Breastfeeding Education, Promotion and Support	Yes or N/A	If no, need Action Plan
6.5a	<p>Does the agency have a clinic environment that promotes and support exclusive breastfeeding by displaying breastfeeding educational and promotional materials?</p> <ul style="list-style-type: none"> • Do materials reflect diversity of clients served? • Are materials free of formula names, images and/or bottles? • Are the materials prominently displayed in areas visible to clients? <p>(MI-WIC Policy 4.03)</p>		
6.5b	<p>Does the agency orient and train all staff on their roles and responsibilities in the support and promotion of exclusive breastfeeding? (MI-WIC Policy 1.07, 4.01, 12.01)</p> <ul style="list-style-type: none"> • Breastfeeding policies and agency goals? • Training requirements? • Breast pump issuance? 		
6.5d	<p>What breastfeeding promotion and support activities are available to clients prenatally and during the postpartum period? <u>How often?</u> <u>Location</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> BF classes <input type="checkbox"/> Support Groups <input type="checkbox"/> Peer Counselors <input type="checkbox"/> Other: _____ <p>(MI-WIC Policy 4.01, 4.03)</p>		
6.5d	<p>What are the after-hours availability of the Peer Counselor? (e.g. cell phone use, extended clinic hrs-evening, weekends, etc.)</p> <p>(MI-WIC Policy 12.02)</p>		
9.1a	<p>Does the agency maintain an up-to-date breast pump inventory? Physical inventory required.</p> <p>Who monitors? _____</p> <p>How often? _____</p> <p>(MI-WIC Policy 4.04)</p>		
(6.5a)	<p>Does the agency use the “Six Steps to Achieve Breastfeeding Goals” Checklist from the National WIC Association to evaluate Breastfeeding services?</p> <p>(MI-WIC Policy 4.01)</p>		If no, suggest they do

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MPR	Recordkeeping/Accountability Inventory and Log records	Yes or N/A	If no, need Action Plan
9.1a	Does the agency maintain full and complete records concerning program operations, including equipment purchases/Computer Inventory Log/loaner breastpumps /warranty documentation? Review computer inventory (computers, printers, scanners, signature pads)-inventory signed annually by coordinator. Review inventory of WIC purchased item \$2500 or more. (MI-WIC Policy 10.01)		
9.1b	Does the agency retain all records required for audit or litigation until completion of the audit or litigation process, or for specified periods? (MI-WIC Policy 1.06)		
Staff (MI-WIC Policy 1.07)			
2.3a	Does the agency require staff and volunteers to sign the Michigan WIC Employee Confidentiality and Compliance Agreement Signature Form annually? Review file. (MI-WIC Policy 9.02A)		
3.1i	Is required staff training ongoing and documented according to MI-WIC Policy 1.07?		
3.1i	Are staff providing nutrition services observed for competency-based nutrition services skills annually?		
Dual Enrollment/Participation (MI-WIC Policy 3.03)			
5.5a	Does the agency routinely search statewide for the Authorized Person AND the client record before "Pre-certifying" a new client/family to <i>prevent</i> dual enrollment?		
5.5a	Does the agency follow the WIC Dual Enrollment resolution process in MI-WIC Policy 3.03?		
10.1a	Does the agency review Dual Enrollment listings to determine if duplicate benefits were issued and mark <u>only</u> those clients for "investigate" (compliance)? (MI-WIC Policy 9.01)		
10.1a	Does the agency follow-up and document any compliance investigation pertaining to possible WIC/WIC dual participation? (MI-WIC Policy 9.01)		
MPR	Caseload	Yes or N/A	If no, need Action Plan
5.2	Utilize the Caseload Management Report/Migrant to monitor agency caseload and compliance with CPBC/contracted caseload. Is the agency averaging 97% of assigned caseload? (Commend if at or above 100%)		

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	Lead Screening (MI-WIC Policy 6.04)	Yes or N/A	If no, Action Plan needed
4.3c	Does the agency screen clients for lead testing and refer if they have not been tested or does the agency perform lead testing on all child clients? ___screen & refers ___tests all ___ tests MA clients		
9.1a	Ensure that billed funds are attributed to the WIC Program if WIC funded staff performs lead testing.		
12.1	If a record is not found in MCIR, are efforts made to link WIC/MCIR record to client? If not, suggest they do.		
	MIHP Outreach		
5.1b	Does the agency routinely provide referrals to MIHP/Healthy Start/Nurse Family Partnership/Great Start providers where available? (MI-WIC Policy 6.02) What programs are available: What is Referral process?		
9.1a	Review MIHP Billing Report or ask to ensure that billed funds are attributed to WIC Program if WIC staff performs assessments.		
	Fair Hearing (MI-WIC Policy 1.04)		
1.1b	Have you had any fair hearings in the past 2 years? Y or N Were policy and timeframes followed?		
1.1b	Ask staff (if no Fair Hearings have been held) what are the actions to be taken if an applicant or client asks for a Fair Hearing? (MI-WIC Policy 1.04) If not familiar, recommend staff training.		
1.1b	Are Fair Hearing requests from staff/clients handled according to MI-WIC Policy 1.04?		
1.1a	Observe that Fair Hearing flyers are available. (hard copy or MI-WIC) (MI-WIC Policy 1.04B)		
MPR	Annual Review/ME Process		
9.1a	Has the agency completed annual reviews of each clinic and subcontractor using MDHHS/WIC or agency developed monitoring tools? (MI-WIC Policy 1.11) Check what is used: <input type="checkbox"/> MDHHS Annual Review Tools <input type="checkbox"/> MDHHS/WIC ME tools <input type="checkbox"/> Agency developed		

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MPR	Annual Review/ME Process cont'd	Yes or N/A	If no, Action Plan needed
9.1a	Has the agency provided feedback, training and guidance to agency or sub-contractor staff regarding these annual reviews and findings? (MI-WIC Policy 1.11)		
11.1a	Has the agency completed the Corrective Action Plan (CAP) from their previous WIC Management Evaluation/ Annual review? (MI-WIC Policy 1.05, 1.11)		
11.1b	Has the agency allowed and facilitated access to all requested records and clinics during the current review?(MI-WIC Policy 1.05)		
High Risk Monitoring (MI-WIC 5.06)			
6.6d	<p>Does the agency review high risk records to ensure that clients are referred for counseling as required? How? Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> High Risk Record review (at least annually) <input type="checkbox"/> High Risk Report <input type="checkbox"/> Observations/client interviews (at least annually) <input type="checkbox"/> Other: _____ <p>How often? _____ (at least annually) <i>Review monitoring data</i></p>		
Quality Improvement Activities			
QI 1	<p>What Quality Improvement (QI) activities are WIC staff involved?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nutrition Services Plan <input type="checkbox"/> Breastfeeding Plan <input type="checkbox"/> Outreach Plan <input type="checkbox"/> Other data driven QI Project _____ 		
QI 2	<ul style="list-style-type: none"> <input type="checkbox"/> Staff are provided QI tools and/or methods to address identified improvements, <i>and</i> <input type="checkbox"/> Staff are involved in QI activities or projects, <i>and</i> <input type="checkbox"/> Staff are/have been involved in QI training/ technical assistance opportunities. <p>All three (3) actions are required.</p> <p>(Nutrition Service Standards, MLPH Accreditation Indicator)</p>		

Reviewed by: _____ Date: _____

Consultant: _____ Date: _____