SFY24 WIC MEQA Pre-Visit Questionnaire / Checklist

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| **Agency:** | |  | | | | | **Date**: | | |
| **Completed by:** | |  | | | | | | | |
| 1. WIC Clinic Days & Hours of Operation (AD #6) | | | | | | | | | |
| List All Clinic Sites1 along with Days & Hours of WIC Clinic Operation | | | | | | | | | |
| **1** | **/** | | **2** | **/** | **3** | **/** | | **4** | **/** |
| **5** | **/** | | **6** | **/** | *\*add additional rows and/or page as needed* | | | | |
| *Example: “Site name” / Mon.-Fri. 8:00-5:00; Sat. 9:00-1:00* | | | | | | | | | |

* Review IDHS Office Locator to ensure your clinic sites information is correct: (AD #25) <http://www.dhs.state.il.us/page.aspx?module=12>. List any changes needed:  N/A

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| II. | WIC Staffing | | | | | |
|  | Current WIC Staff - List by SiteInclude ALL staff paid with WIC funds (Coordinators, Frontline, CPA/CPA Asst L1/L2, BFPC, DBE, Administration)*\*Add additional rows and/or page as needed.* | | | | | |
| WIC Staff Name | | Job Title/Credentials2 | WIC Experience *(years/ months)* | *Role(s) in I-WIC* *(ADMIN and CLINIC Modules)* | % FTE in WIC *(all staff paid with WIC funds)* | WIC Clinic Site(s)*(identify staff by site,**if multiple sites)* |
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| **Job Title** | **Staff Name**2 | **% FTE in Role** | | **Email / Phone Number** | |
| WIC Coordinator |  |  | |  | |
| Breastfeeding Coordinator3 |  |  | |  | |
| Peer Counselor Supervisor3  N/A |  |  | |  | |
| Designated Breastfeeding Expert3 |  |  | |  | |
| Fiscal Liaison |  | N/A | |  | |
| Other DHS Program(s) Provided:  (check all that apply): | WIC Paraprofessional | | Peer Counselor | | Farmers Market |

1Indicate with an asterisk “\*” if clinic subcontracts for WIC services. 2Title/Credentials: please also include IBCLC, CLC, CLS, BFPC, etc. 3. If staff do not meet new program requirements, be prepared to discuss plans to meet them by July 1, 2024.

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| III. | Administration |  |
| 1. WIC Clinic appointment times (answer based upon typical clinic days): (#6)   a. How do you meet the requirement of offering appointment times outside of the standard 8:30-4:30 Monday – Friday schedule?  b. How are applicants/participants aware of these appointment times?  Posted on agency website  Posted in agency clinic(s) c. Does your agencies offer Walk-in/Same-day Scheduling?  Yes  No  d. Are you serving all Illinois residents? (#4)Yes No   1. Does your agency follow staffing standards established by unions or local governmental authorities?  Yes  No  Are there any charges for WIC services? (#7)  Yes  No | | |
| WIC Program Contractual Performance Goals (#9) *Be prepared to discuss with your RNC.* Caseload Goal: 90% Achievement*Review agency’s Caseload Management Report, Closeout Participation and Enrollment rates*Current Year Caseload assignment:      Previous Year Caseload assignment: Current Year Average:       and/or Last Year’s Base % (Closeout Participation): Breastfeeding Performance Outcomes: Exclusivity 15% and Total Breastfeeding 40%. *Review agency’s I-WIC Breastfeeding Tracking Log, quarterly and annual rates.*   |  |  |  | | --- | --- | --- | |  | Exclusivity | Total Breastfeeding | | FY22 Annual Rate |  |  | | FY23 Annual Rate |  |  |      1. **Breastfeeding Peer Counselor Performance Outcomes:** 40% of eligible women will have a PC contact in the first week after delivery.   *Review the I-WIC PC Contact First Week Summary report annual rates (ADD/EDD Date July 1-June 30).*  FY22 Annual Rate:       FY23 Annual Rate:   1. Do WIC staff have adequate equipment to participate in training such as microphones and cameras? (#16)  Yes  No If no, plans to enhance training equipment: 2. Where are the WIC funded breast pumps stored? (#16c)        N/A 3. Agency provides a breastfeeding supportive environment, including: (#26)   Staff that support and promote breastfeeding.  Using materials that are positive, up-to-date, and culturally appropriate.  Not displaying formula/bottle feeding images visible to participants.  Encouraging mothers to breastfeed anywhere in WIC clinic and offers a private space.  Other (please describe)        1. Describe any special projects your agency is involved in that may impact WIC services. (#28)   (e.g., participant related input and/or data for research, surveys, grants, IRIS, mobile sites)  N/A   1. How do you dispose of WIC records containing participant information? (#29)   Shred  Incinerate  Other (please explain) | | |
| **IV. Civil Rights** | | |
| 1. Has your agency had a request to a fair hearing since your last review? (#2)  Yes  No 2. Which of the following types of social media does your agency use to promote WIC services? (#3)   Agency website  Facebook  Twitter  Instagram  TikTok Other:        N/A   1. Based on the annual State report of Limited English Proficiency (LEP) participants, what are your agency translation and interpretation needs (e.g., LEP participants >100)? (#4)        N/A 2. How do you accommodate LEP potentially eligible persons, applicants, and participants? (#4)   Staff who speak their language interpret when necessary  Interpreters (other than staff) work with staff to provide translation  Interpretation services by phone  Offer printed materials to non-English speaking participants in the appropriate language  Other (please describe) | | |
| **V. Program Integrity** | | |
| 1. EBT Card Controls:    1. Who monitors EBT card inventory and how often? (#1a)    2. Has the agency had any lost or unusable unissued EBT Card(s)? (#1b)  Yes  No    3. Where are EBT cards maintained after receipt, during issuance and during transportation from one site to another? (#1c)       Which staff has access to stored EBT cards?    4. Are EBT cards removed from inventory and distributed to staff daily? (#1d)  Yes  No   If no, please describe how EBT cards distributed: | | |
| 1. Since the last review, has your agency had Department approval to replace benefits due to custody changes or natural disaster? (#4a)  Yes  No   If yes, please describe:   1. Who monitors over-issuance of benefits and how often? (#4b) 2. What is your agency's process to follow the conflict of interest policy (employee as participant or parent/guardian/caretaker/foster parent or proxy or certifying relatives and close Friends)? (#5) 3. Has your agency had any possible violations of selling WIC benefits? (#6)  Yes  No 4. Has your agency had any computer system security incidents, disruptions or information misuse, theft or abuse? (#8d)  Yes  No If yes, please explain: 5. Has your agency had any unplanned closures or systems disruptions since the last review that interrupted WIC services? (#8h, #9)  Yes  No If yes, please explain: 6. Agency takes preventative measures to avoid dual enrollments: (#11) 7. State-wide search is performed prior to enrolling applicants  Yes  No 8. If a potential duplicate record is found during completion of the Precertification screen, staff evaluates and reconciles as appropriate?  Yes  No 9. Designated staff review and resolve actual dual enrollments weekly  Yes  No | | |
| **VI. Nutrition Education** | | |
| 1. What types of Secondary Education do you offer at your agency? (NE #7-10) *(check all that apply)*   Group  Individual In-Person  Individual Telephone  WIChealth  Self-Study Modules / Interactive Bulletin Boards  1. How does your agency document what type of secondary education the participant prefers when scheduling the next appointment? (O & CS #23)  |  | | --- | | **VII. MPF & Food Issuance** |  1. Does your agency accept or issue donated formula from a distributer? (MPF #7)  Yes  No | | |
| **VIII. Breastfeeding Peer Counselor (PC) Program** N/A | | |
| 1. Which types of social media or communication methods does your PC(s) use? (BFPC #1)   Facebook  Blogs (or other breastfeeding networks, e.g., IL BFPC Network)  Agency website (posting messages)  Email/Text (messages and reminders)  N/A   1. Has your agency purchased any electronic equipment with PC funds (e.g., computer, laptops) (BFPC #2)?  Yes  No If yes, please describe: 2. What methods are used to evaluate the Peer Counselors (PCs) work? (BFPC #4)   Observations  Participant Record Review  Participant Surveys  Other (please describe): | | |
| 1. How does your agency’s PC(s) meet program qualifications? (BFPC #5)   Upon hire, breastfed a baby within the past 5 years  Available to work in WIC clinic and outside usual business hours  Paraprofessional, woman of the community w/ similar characteristics of WIC participants  Other (please describe):   1. Which of the following ways is your PC(s) compensated? (BFPC #6)   For all job duties including contacts made outside of usual clinic hours  For personal phone use or agency phone provided  Mileage for travel to home or hospital visits, trainings and meetings  Other (please describe):   1. How does your PC(s) provide services beyond usual hours? (BFPC #5, #6)   Phone  Home Visits  Email  Text  Hospital Visits  Other (please describe)   1. How does your PC(s) document contacts in the WIC MIS? (BFPC #7)   Contact History  Breastfeeding Referral  Breastfeeding Notes  Other:   1. How do you ensure that your PC(s) is practicing within their scope of practice? (BFPC #8) | | |

Use this checklist to assist in preparing the necessary documents needed for the WIC MEQA Review. Having these materials ready prior to the start of the review will help in streamlining the review process and on-site time. Items are marked with an “\*” may be sent by email to the RNC to be reviewed remotely. If an item is not applicable to your agency, please check the “N/A” box.

Documentation reviewed will be for the completed FY between reviews. For example, for a FY24 review- the RNC will need to review FY23 and FY22 documentation, unless otherwise noted.

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| **Items to be completed and sent to RNC at least one week prior to your review:** | |
|  | \*Pre-visit Questionnaire: Enter Date Sent |
|  | \*WIC and BFPC Program Inventory List(s) (ensure listing is current, dated and identifies items listed). (AD #16): Enter Date Sent |
| **Breastfeeding** (AD #9) | |
|  | \*I-WIC Breastfeeding Tracking Logs (FY23 and FY22) |
| **National Voter Registration Act** (AD #17-#20) | |
|  | Random copies of the Voter Registration Information (VRI) cards and Weekly Transmittal forms for selected months will be requested. Must have last two years on file. |
| **Civil Rights** | |
|  | \*Copy of all Agency developed materials used to promote the WIC program (educational materials, outreach flyers/ brochures) WIC specific and agency wide. (CR #3) |
|  | \*Screen shots of social media sites (e.g., Agency Website, Facebook) promoting WIC. Ensure it includes the current, full Non-Discrimination Statement per policy and *PPS Civil Rights Notification & Social Media Guidance*. |
|  | \*Civil Rights Complaint Forms and Complaint Log (FY23 and FY22) (CR #6) |
|  | Civil Rights Training Log/Records (FY23 and FY22) available upon request by RNC- documented on Training and QA Documentation worksheet\* and list training material used:       (CR #8) |
| **\*Local Agency Procedures** (P&QA #2-#6) *Ensure current and includes date last reviewed.* | |
|  | Outreach Plan and Log (paper or in I-WIC) (FY23 and FY22) |
|  | Follow up on deferred bloodwork |
|  | Providing appropriate referral information and Referral List (paper or in I-WIC) |
|  | Communicating abnormal values and health concerns to health care providers |
|  | Providing breast pumps to eligible clients |

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| **Program Integrity** | |
| \*Required Logs per Addendum PPS eWIC Card Management (PI #1) | |
|  | eWIC Card Shipment Log (most current) |
|  | Daily eWIC Card Stock Log (if Cards are removed from inventory and distributed to issuing staff.) (last full month) N/A |
|  | WIC Employee Confidentiality and Compliance Agreement Signature Forms (for all new WIC/PC staff since the last review and/or 2.21 version) available upon request by RNC – documented on Training and QA Documentation worksheet\*. (PI #10) |
| **Other Documents** | |
|  | \*WIC Farmers’ Market education materials provided to participants (FMNP #7) N/A |
| \*Local Agency letters of prior Department approval on file*,* since last WIC MEQA *(if applicable)*: | |
|  | Waitlist status (AD #2) N/A  WIC prior approval for purchases per policy (AD #12) N/A  Disposal of WIC Equipment (AD #16b) N/A  Written Agreements or Memorandum of Understanding (MOU) (AD #27) N/A  Approval and renewals of WIC special projects (e.g., IRIS) (AD #28) N/A  Electronic Record System consent form (Ob &CS #1) N/A  EBT card issuance by mail, home delivery, or special pick up (PI #3a) N/A |
|  | Employee Compliance Report Form(s) (PI #5) N/A |
|  | Participant Violation Reporting Form(s) (PI #6) N/A |
| **Local Agency Quality Assurance (QA) and Training** (FY22 and FY23) | |
|  | \*Training and QA Documentation worksheet (documents QA and training since last WIC MEQA) |
| \*Local Agency QA Documentation (P&QA #7, WPP #4) | |
|  | Annual review of Program Operations (State Agency’s MEQA Tool) |
|  | Annual observations of each staff (Certifications and Secondary Education visits) |
|  | Bi-Annual review of Medically Prescribed Formula issuance |
|  | Annual review of anthropometric equipment (Calibration Logs) |
|  | Employee Full Access QA worksheets N/A |
| Staff Training (P&QA #8, WPP #2) – requests for documentation from the list below will be made by the RNC. | |
|  | \*Training and QA Documentation worksheet (documents QA and training since last WIC MEQA) |
|  | Documentation of CPA or CPA Assistant credentials (AD #21-#23, WPP #1) |
|  | Documentation of at least one WIC job specific training for all staff |
|  | Documentation of at least one breastfeeding training for all WIC/PC staff |
|  | Documentation of MPF and Counseling Training for CPA staff |
|  | Documentation of all new employee’s orientation training per position (completed Checklist) |
| **Nutrition Education** | |
|  | Be prepared to discuss progress on your current Nutrition Education Plan (NEP) (NE #3) |
|  | \*Nutrition Education materials created by local agency and those from outside resources (NE #1-#2) |
|  | \*Educational and/or outreach materials used to promote and support breastfeeding. (AD #26) |
| Secondary education offered *(if applicable)* (NE #7 -#10) – RNC will request | |
|  | Secondary Education resources utilized by agency on file for review  Group Education Lesson Plans  Self–Study Modules  Interactive Bulletin Boards  Other resources: |
| **Peer Counselor Program** N/A | |
|  | \*Annual PC Observations (BFPC #4) |
|  | \*Peer Counselor Training (documentation of completion of Breastfeeding Peer Counselor training using USDA approved curriculum) (BFPC #9) |

*\*Items are marked with an “\*” may be sent by email to the RNC to be reviewed remotely.*