



## State Review Tool – Local Agency Clinic Site Review

<b>Agency:</b> Choose an item.	<b>Date(s):</b> <a href="#">Click here to enter a date.</a> <a href="#">to Click here to enter a date.</a>	<b>Reviewer:</b>
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1.	Civil Rights & LEP	Clinic (Main): 308		Clinic (#2): Choose an item.		Clinic (#3): Choose an item.		Comments		
		Observation Result	Up-to-Date?	Observation Result	Up-to-Date?	Observation Result	Up-to-Date?			
	Building has easily visible “smoke-free” signage and no-smoking policy. [WRO 802-A/ASM 94-54]	Choose an item.		Choose an item.		Choose an item.		<div style="display: flex; justify-content: space-between;"> <span style="color: blue;">Click here to enter text.</span> <span style="color: green;">Click here to enter text.</span> <span style="color: red;">Click here to enter text.</span> </div>		
	Civil Rights Poster (“And Justice for All”) posted and clearly visible. [7 CFR 246.8, FNS Instruction 113-1]	Choose an item.		Choose an item.		Choose an item.				
	Staff receives Civil Rights Training annually and is documented. [FNS Instruction 113-1] <b>(#20 Req Doc)</b>	Choose an item.								
	Clinic is accessible for persons with physical limitations. If not, what accommodations are made available? [7 CFR 246.8, FNS Instruction 113-1 ]	Choose an item.		Choose an item.		Choose an item.				
	The civil rights (non-discrimination) statement is included, as appropriate, on all materials used. [7 CFR 246.8, WIC Policy Memo #2016-2]	Choose an item.		Choose an item.		Choose an item.				
	Civil Rights complaints received per State policy and retains file of complaints. [FNS Instruction 113-1; 7 CFR 246.8; IDHW – policy memo 04-05] <b>(#25 Req Doc)</b>	Choose an item.								
	Collection of racial/ethnic data from applicants/participants; allows participant to select as many racial categories as he/she chooses. [WRO Policy Memo 818-E; ASM 04-34]	Choose an item.		Choose an item.		Choose an item.				
	Policy established for serving Limited English Proficiency (LEP) persons and followed. [7 CFR 246.8, FNS Instruction 113-1] <b>(#11 Req Doc)</b>	Choose an item.		Choose an item.		Choose an item.				

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	Access for Limited English Proficiency (LEP) persons available in the clinics (i.e visible notifications to availability of interpretation services such as the language line, websites have a translate function [7 CFR 246.8(c), FNS Instruction 113-1]	Choose an item.		Choose an item.		Choose an item.				
2.	<b>Customer Service</b>	<b>Clinic (Main):</b>		<b>Clinic (#2):</b>		<b>Clinic (#3):</b>		<b>Comments</b>		
		Observation Result	Up-to-Date?	Observation Result	Up-to-Date?	Observation Result	Up-to-Date?			
	Clinic areas clean and free of hazards.	Choose an item.		Choose an item.		Choose an item.		Click here to enter text.	Click here to enter text.	Click here to enter text.
	Certification area provides confidentiality and privacy. [7 CFR 246.26 (d)]	Choose an item.		Choose an item.		Choose an item.				
	Follows policy for release of participant information. [7 CFR 246.26 (d)(4)] <b>(#4 Req Doc)</b>	Choose an item.		Choose an item.		Choose an item.				
	Follows policy for contacting prenatal applicants who miss the first certification appointment. [7 CFR 246.7 (b)(5)] <b>(#5 Req Doc)</b>	Choose an item.		Choose an item.		Choose an item.				
	Follows policy for processing VOC's [7 CFR 246.7 (k)]	Choose an item.		Choose an item.		Choose an item.				
	Applicants are given certification appointments within specified time frames. (processing standards) [7CFR 246.7(f)] Fill in date of next appointment:	Choose an item.	Click here to enter a date.	Choose an item.	Click here to enter a date.	Choose an item.	Click here to enter a date.			
3.	<b>Breastfeeding Friendly</b>	<b>Clinic (Main):</b>		<b>Clinic (#2):</b>		<b>Clinic (#3):</b>		<b>Comments</b>		
		Observation Result	Up-to-Date?	Observation Result	Up-to-Date?	Observation Result	Up-to-Date?			
	Formula and BF equipment storage is secure.	Choose an item.		Choose an item.		Choose an item.		Click here to enter text.	Click here to enter text.	Click here to enter text.
	Clinic environment is positive and endorses BF as the preferred method of infant feeding. [7 CFR 246.11(c)(7)(i)]	Choose an item.		Choose an item.		Choose an item.				

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	Incorporates task-appropriate BF promotion and support training into orientation programs. [7 CFR 246.11(c)(7)(iii)]	Choose an item.								
	A person is designated as the BF coordinator for the agency/clinic [7 CFR 246.11 (c)(7)(ii)]	Choose an item.								
	Plans for prenatal and postpartum breastfeeding promotion and support are in use. {7 CFR 246.11(c)(7)(iv) <b>(#7 Req Doc)</b>	Choose an item.								
4.	<b>Logs/Files</b>	<b>Clinic (Main):</b>		<b>Clinic (#2):</b>		<b>Clinic (#3):</b>		<b>Comments</b>		
		Observation Result	Up-to-Date?	Observation Result	Up-to-Date?	Observation Result	Up-to-Date?			
	Calibration of scales/equipment schedule posted and current. (Quarterly) <b>(#28 Req Doc)</b>	Choose an item.	<a href="#">Click here to enter a date.</a>	Choose an item.	<a href="#">Click here to enter a date.</a>	Choose an item.	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
	Waiting List log (verify minimum required information, # of people, oldest entry) [7 CFR 246.7(f)(1)]	Choose an item.		Choose an item.		Choose an item.				
	Non-Eligible Applicants file with written notification with reason. [7 CFR 246.7(j)(5)] <b>(#26 Req Doc)</b>	Choose an item.		Choose an item.		Choose an item.				
	Conflict of Interest Forms File [2-D-1; 7 CFR 246.4 (a)(26)(i-iii)] <b>(#14 Req Doc)</b>	Choose an item.								
	Semi-Annual Certification File [OMB A-87] <b>(#15 Req Doc)</b>	Choose an item.								
	Documentation of staff training [7 CFR 246.2] <b>(#20 &amp; 21 Req Doc)</b>	Choose an item.								
	An annual NEP is available and in use. [7 CFR 246.11(d)(2)]	Choose an item.								
5.	<b>Participant Abuse/ Complaints</b>	<b>Clinic (Main):</b>		<b>Clinic (#2):</b>		<b>Clinic (#3):</b>		<b>Comments</b>		
		Observation Result	Up-to-Date?	Observation Result	Up-to-Date?	Observation Result	Up-to-Date?			

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	Fair hearing request file. [7 CFR 246.8(b), IDHW Policy Memo 01-1] <b>(#27 Req Doc)</b>	Choose an item.						<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
	Address complaints (other) received against participants and/or vendors per state policy and retains a file of complaints. [chapter 2, section D] <b>(#25 Req Doc)</b>	Choose an item.		Choose an item.		Choose an item.				
6.	<b>Food Instrument Issuance</b>	<b>Clinic (Main):</b>		<b>Clinic (#2):</b>		<b>Clinic (#3):</b>		<b>Comments</b>		
		Observation Result	Up-to-Date?	Observation Result	Up-to-Date?	Observation Result	Up-to-Date?			
	Check/cash value voucher register done correctly. <b>(#22 Req Doc)</b>	Choose an item.		Choose an item.		Choose an item.		<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
	Follows policy for proxies and authorized signers. [7 CFR 246.2, 7 CFR 246.12, IWWPM Ch 7]	Choose an item.		Choose an item.		Choose an item.				
	Local agency does not allow applicants who are also agency staff, close friends with agency staff or immediate family members with agency staff to certify one's self or relatives or close friends. [7 CFR 246.4(a)(i)(ii); ASM 99-94, IWPPM 2-D-2] (Obtain a copy of procedure) <b>(#14 Req Doc)</b>	Choose an item.								
	Is there a list which indicates any relatives of staff, or staff working for the local clinic that are receiving WIC benefits? <b>(#3 Req Doc)</b>	Choose an item.								
	Ensures separation of benefit activities. (Procedure for clinic with one staff person) [7 CFR 246.4(25)(iii), ASM 99-94] <b>(#6 Req Doc)</b>	Choose an item.		Choose an item.		Choose an item.				
7.	<b>Clinic Environment and Financial</b>	<b>Clinic (Main):</b>		<b>Clinic (#2):</b>		<b>Clinic (#3):</b>		<b>Comments</b>		
		Observation Result	Up-to-Date?	Observation Result	Up-to-Date?	Observation Result	Up-to-Date?			
	Measurement boards in good condition.	Choose an item.		Choose an item.		Choose an item.		<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

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During each six-month certification, at least 2 nutrition education contacts are made available to all. (2 contacts for each six months for certs longer than six months) [7 CFR 246.11(e)(2)(3)]	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>		<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Provide drug and other harmful substance abuse information to all clients. [7 CFR 246.11(a)(3)]	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>				
Provide applicants/participants with referral(s) to: Medicaid, SNAP, CHIP, TANF, Immunizations, and others as needed. [7 CFR 246.7(b)]	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>				
Children under the age of two are screened for immunization status using a documented record and referrals are provided to immunization services if needed. [WRO Policy Memo 803-AT]	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>				
Does the agency conduct immunization screening and referral that goes beyond the minimum protocol outlined? [WRO policy Memo 803-AT] ( <b>#8 Req Doc</b> )	<a href="#">Choose an item.</a>								

Clinic	Best Practices	Needs Improvement
Clinic (Main): <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Clinic (#2): <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Clinic (#3): <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

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Date: [Click here to enter a date.](#)

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## State Review Tool – Local Agency Class Observations

<b>Agency:</b> Choose an item. <b>Clinic:</b> Choose an item.	<b>Date:</b> Click here to enter text.
<b>Reviewer:</b> Choose an item.	<b>Staff Name:</b> Click here to enter text.
<b>Class:</b> Click here to enter text.	<b>Attendance:</b> Click here to enter text.

  

1.	Facilitated Discussion	Result	Comments
	Class is facilitated by a qualified, trained staff member	Choose an item.	Click here to enter text.
	Class utilized a facilitated discussion model: 1. Interactive 2. Learners and facilitator share concerns, knowledge, and experiences 3. Supportive group leader style <small>x= Complete, done correctly</small>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>	
	Class utilized relevant supportive training and education materials i.e. videos, handouts, visual aids	Choose an item.	
	Audiovisuals were properly used to reinforce information	Choose an item.	
	Room set-up was conducive to group learning	Choose an item.	
	Participants were scheduled for appropriate classes taking into account preferences, category, risk conditions, cultural identity, etc	Choose an item.	
<b>Best Practices</b>		<b>Needs Improvement</b>	
Click here to enter text.		Click here to enter text.	

**Electronically Signed:** Click here to enter text.

**Date:** Click here to enter a date.



## State Review Tool – Local Agency Chart Reviews

<b>Agency:</b> Choose an item.		<b>Date:</b> <a href="#">Click here to enter a date.</a>					
<b>Clinic:</b> Choose an item.		<b>Reviewer:</b> Choose an item.					
1.	Application	Chart <small>Choose an item.</small>	Chart <small>Choose an item.</small>	Chart <small>Choose an item.</small>	Chart <small>Choose an item.</small>	Chart <small>Choose an item.</small>	Comments
	Family (client) No:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<b>C:</b> Click here to enter text. <b>G:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>C:</b> Click here to enter text.
	Participant Category:	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Initial date of program inquiry served within timeframe (processing standards)	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Authorized signer/proxy procedures followed	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Collection of racial/ethnic documented	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Right, Responsibilities and Consent signed by participant	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Documentation of Name, DOB is accurate (Application information matches WISPr if applicable)	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
2.	Family Information						Comments
	Documentation of Income (No proof Form)	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<b>C:</b> Click here to enter text. <b>G:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>C:</b> Click here to enter text.
	Proof of Residency Documented	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Family history of homeless or migrant	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
3.	Participant Information						Comments
	Client is a VOC or in Foster care	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<b>C:</b> Click here to enter text. <b>G:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>C:</b> Click here to enter text.
	Proof of ID Documented	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Proof of Pregnancy	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Immunization documented for infant/child under 24 m/o	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
4.	Nutrition Assessment/ Education						Comments
	Anthropometric data collected for all participants (at cert or within 60 days of cert)	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<b>C:</b> Click here to enter text. <b>G:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>C:</b> Click here to enter text.
	Biochemical data collected correctly for age and category (at cert or within 60 days of cert )	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	Health Screening for all applicable catg	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	
	All applicable risk codes are correctly assigned and	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	

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	required documentation is present						
	Nutrition Education Documented	Choose an item.					
	Handouts documented (documented if given or not)	Choose an item.					
	Low- risk care plan written by CPA	Choose an item.					
	High-risk care plan written by RD (referral) or Note by RD (route/review)	Choose an item.					
	Encouraged to breastfeed (pregnant)	Choose an item.					
	Nutrition education contact (2 x 6 m, 4 x 1 yr)	Choose an item.					
5.	<b>Food Package Assignment</b>						<b>Comments</b>
	Appropriateness of Food Package	Choose an item.	<b>C:</b> Click here to enter text. <b>G:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>O:</b> Click here to enter text. <b>C:</b> Click here to enter text.				
	MDF obtained for exempt formulas or Medical food pkg/direct bills.	Choose an item.					
6.	<b>Follow-up</b>						<b>Comments</b>
	Progress notes generally up to date	Choose an item.	<b>C:</b> Click here to enter text. <b>G:</b> Click here to enter text. <b>C:</b> Click here to enter text. <b>O:</b> Click here to enter text. <b>C:</b> Click here to enter text.				
	High risk referral (if applicable)	Choose an item.					
	Referrals documented	Choose an item.					
	Appointment schedule realistic	Choose an item.					

Chart	Best Practices	Needs Attention/Feedback
<b>Chart</b> Choose an item.	Click here to enter text.	Click here to enter text.
<b>Chart</b> Choose an item.	Click here to enter text.	Click here to enter text.
<b>Chart</b> Choose an item.	Click here to enter text.	Click here to enter text.
<b>Chart</b> Choose an item.	Click here to enter text.	Click here to enter text.

<b>Chart</b> Choose an item.	Click here to enter text.	Click here to enter text.
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