SFY25 WIC MEQA Pre-Visit Questionnaire and Checklist

Use this questionnaire and checklist to assist in preparing 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. Documentation reviewed will be for the completed fiscal years between reviews. For example, for a FY25 review- the RNC will need to review FY23 and FY24 documentation, unless otherwise noted.

Send the following documents at least one week prior to the review:

* Previsit questionnaire and checklist
* WIC / BFPC inventory
* Staff training and QA worksheet

|  |  |  |
| --- | --- | --- |
| **Agency:** |       | **Date**:       |
| **Completed by:** |       |
| 1. WIC Clinic Days & Hours of Operation (AD #6)
 |
| List All Clinic Sites1, 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

|  |  |
| --- | --- |
| 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 | WIC Job Title | Professional Credentials2 | WIC Experience *(years/ months)* | *Role Assigned in I-WIC**(RNC* [x]  *to confirm in IWIC)* | % FTE in WIC | WIC Clinic Site(s) *(identify staff by site)* |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| WIC Staff Name | WIC Job Title | Professional Credentials2 | WIC Experience *(years/ months)* | *Role Assigned in I-WIC**(RNC* [x]  *to confirm in IWIC)* | % FTE in WIC | WIC Clinic Site(s)*(identify staff by site)* |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]   |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |
|       |       |  |  |       [ ]  |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Staff Name**2 | **% FTE in Role** | **Email / Phone Number** |
| WIC Coordinator |       |  |       |
| Breastfeeding Coordinator |       |  |       |
| Designated Breastfeeding Expert |       |  |  |
| Peer Counselor Supervisor [ ]  N/A |       |  |       |
| Nutrition Coordinator [ ]  N/A |       |  |       |
| 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. 2Professional Credentials: RD, RN, IBCLC, CLC, CLS, etc.

|  |
| --- |
| **III. Administration** |
| 1. WIC Clinic appointment times (answer based upon typical clinic days): (#6)
2. How do you meet the requirement of offering appointment times outside of the standard

8:30- 4:30 Monday – Friday schedule?      1. How are applicants/participants made aware of these appointment times?

[ ]  Posted on agency website [ ]  Posted in agency clinic(s) [ ]  Posted on DHS office locator1. Does your agency offer Walk-in/Same-day Scheduling? [ ]  Yes [ ]  No
2. Are you serving all Illinois residents? (#4)[ ] Yes [ ] No
3. If your agency is a non-governmental entity, are you unionized? [ ]  Yes [ ]  No [ ]  N/A
4. Are there any charges for WIC services? (#7) [ ]  Yes [ ]  No

Caseload Goal: 90% Achievement (#9a) 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%. (#9b)1. Review agency’s Breastfeeding Tracking Log, quarterly and annual rates. Submit completed logs to RNC for the review period.

 1. **Breastfeeding Peer Counselor Performance Outcomes:** 40% of eligible women will have a PC

contact in the first week after delivery. (#9c)1. Review the I-WIC PC Contact First Week Summary report annual rates for the review period (ADD/EDD Date July 1-June 30). FY\_\_\_ Annual Rate:       FY\_\_\_ Annual Rate:
2. 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:
3. Where are WIC funded breast pumps stored? (#16c)       [ ]  N/A
4. Describe any special projects your agency is involved in that may impact WIC services. (#28, 29)

(e.g., participant related input and/or data: for research, surveys, grants, referral platforms such as IRIS, mobile sites, MOUs such as HeadStart, etc.) [ ]  N/A     1. How do you dispose of WIC records containing participant information? (#30)

[ ]  Shred [ ]  Incinerate [ ]  Other (please explain)      **Please have the following items available, if requested by the RNC:**[ ]  National Voter Registration Act: Random copies of the VRI cards and weekly transmittal forms will  be requested. Must have last two years on file. [ ]  Waitlist approval (AD #2) [ ]  N/A[ ]  WIC prior approval for purchases (AD #12) [ ]  N/A[ ]  Disposal of inventory approval(s) (AD #16b) [ ]  N/A[ ]  Written agreements or MOUs (AD #27, 28) [ ]  N/A[ ]  Special project approvals / renewals (AD#29) [ ]  N/A |
| **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 [ ]  X (formally Twitter) [ ]  Instagram [ ]  TikTok Other:       [ ]  N/A1. 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)      **Please have the following items available, if requested by the RNC:**[ ]  WIC Civil Rights Complaint Forms and Complaint Log (for the review period) (CR #6)[ ]  Civil Rights Training Log/Records (for the review period) and training material used:       (CR #8)[ ]  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*. |
| **V. Program Integrity** |
| 1. Unissued EBT Card Controls:
	1. Who monitors EBT card inventory and how often? (#1a)
	2. Has the agency had any lost, stolen, 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)
	4. Which staff has access to stored EBT cards?
	5. Are EBT cards removed from inventory and distributed to staff daily? (#1d) [ ]  Yes[ ]  No
		1. If no, please describe how EBT cards distributed:
2. Issued EBT Card Controls:
3. How do you ensure EBT cards reported lost, stolen, damaged, or destroyed are replaced within 7 days of the HOH notifying staff (#2)?
4. Have staff mailed, provided home delivery, or arranged for any other special pick-up of EBT cards (3a)? [ ]  Yes [ ]  No
5. 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 (for employee as participant or parent/guardian/caretaker/foster parent or proxy or when 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 planned / unplanned closures or system disruptions since the last review? (#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
10. Local agency follows State agency guidelines for participant abuse if an actual dual participant exists (IL WIC PM CS 13.2 & 14.1) [ ]  Yes [ ]  No

**Please have the following items available, as requested by the RNC:**[ ]  eWIC Card Inventory log[ ]  Daily eWIC Card Inventory log [ ]  N/A[ ]  WIC Employee Confidentiality and Compliance statements for all WIC staff [ ]  Employee Compliance reporting form (PI #5) [ ]  N/A[ ]  Participant Violations reporting form (PI#6) [ ]  N/A |
| **VI. Local Agency Procedures, Quality Assurance, and Training**  |
| **Please have the following items available, as requested by the RNC:**1. Local Agency Procedures for (#2-#6):

[ ]  Date last reviewed      [ ] General and enhanced outreach[ ] Outreach plan and log (paper or in IWIC) for the review period [ ] Follow-up on deferred bloodwork[ ] Referral list. List at least 1 resource from agency referral list that meets the requirement below:[ ] Medicaid / SNAP      [ ] Medical service(s)      [ ] Substance/drug abuse counseling/treatment      [ ] Smoking cessation program      [ ] Immunizations      [ ] Lead      [ ] Head Start/Early Head Start      [ ] Community food assistance (food pantries, etc)      [ ] Communicating abnormal values and health concerns to health care providers[ ] Providing WIC breast pumps to eligible clients[ ] List any additional local agency procedures (HeadStart, Off-site / Mobile WIC, etc)      1. Quality Assurance (P&QA #6; WPP #4):

[ ]  Training and QA Documentation worksheet sent to RNC with documentation of:[ ] Annual review of program operations (State’s MEQA tool)[ ] Annual observations of all staff providing direct services [ ]  Certification / Recertification[ ]  Secondary education[ ] Bi-Annual review of medically prescribed formula and ready-to-feed formula issuance[ ] Annual calibration / validation logs for measuring and hematological equipment.[ ] Employee full access QA worksheets [ ] N/A1. Staff Training (P&QA #7; WPP #2): Staff Training logs for the review period

[ ]  Training and QA Documentation worksheet sent to RNC with documentation of:[ ] CPA or CPA assistant credentials (AD #21-23; WPP #1)[ ] At least one WIC job specific training for all staff for the review period[ ] At least one breastfeeding training for all staff for the review period[ ] MPF and counseling training for CPA staff[ ] New employee orientation training checklist for staff hired since last review |
| **VII. 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 Boards1. How does your agency document what type of secondary education the participant prefers when scheduling the next appointment? (O & CS #23)

**Please have the following items available, as requested by the RNC:**[ ] 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 (NE #7-10)[ ] Group education lessons [ ] N/A[ ] Self-study modules [ ] N/A[ ] Interactive bulletin boards [ ] N/A[ ] Other:       |
| **VII. MPF & Food Issuance** |
| 1. Does your agency accept or issue donated formula? (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)

[ ]  Agency website [ ]  Facebook [ ]  X (formally Twitter) [ ]  Instagram [ ]  TikTok [ ]  Email/Text (messages and reminders) Other:       [ ]  N/A1. How is social media monitored? [ ] N/A

     1. Has your agency purchased any electronic equipment with PC funds (e.g., computer, laptops) (BFPC #2)? [ ]  Yes [ ]  No If yes, how is equipment kept secure?
2. What methods are used to evaluate the PCs work and to ensure they practice within their scope of practice? (BFPC #4 & 8)

[ ]  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? [ ] N/A (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 are new staff trained on the BFPC Program? BFPC #9a

**Please have the following items available, as requested by the RNC:**[ ] Annual PC observations (BFPC #4)[ ]  Training documentation including required USDA approved curriculum. |
| **IX. Other Documents** |
| [ ]  WIC Farmers’ Market education materials (FMNP #7) [ ]  N/A[ ]  WIC Farmers’ Market civil rights complaint log (FMNP #4) [ ]  N/A [ ]  Combined with WIC log[ ]  WIC Farmer’s Market monitoring and training forms (FMNP #8, #9)[ ]  Electronic record system consent form (Ob & CS #1) [ ]  N/A |