**Oregon WIC Program**

**Local Agency Biennial Review**

**Pre-visit Checklist**

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| **Instructions:**   * Please review the following pages and submit the requested materials in preparation for your upcoming WIC Program, Farm Direct Nutrition Program, and/or Breastfeeding Peer Counseling Program reviews. * If you have questions, please contact your assigned nutrition consultant, «ANC\_Full\_Name». * Please note that pages 3-4 specify items that need to be available during your on-site visit and do not need to be submitted prior to the on-site visit. * Please submit the requested materials no later than **«LA\_Materials\_Due\_by»**. * Send all requested materials to Caroline Tydings at:  |  |  | | --- | --- | | E-mail *(preferred)*: | [Caroline.d.tydings@state.or.us](mailto:Caroline.d.tydings@state.or.us) | | Mail: | Oregon WIC Program  800 NE Oregon St, Suite 865  Portland, OR 97232 | | Fax: | 971-673-0071 | |

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| Please e-mail the following materials 30 Days BEFORE your on-site visit: |
| WIC Program materials: |
| Copies of any local policies that are more restrictive than state WIC policy   Our clinic does not have any local policies that are more restrictive than state WIC policy  Copies of any locally developed WIC forms that replace state-developed forms   Our clinic does not have any locally developed WIC forms that replace state-developed forms  WIC Personnel Summary (enclosed) completed by the Business Manager for your health department, non-profit, or tribal organization—including employees paid with Breastfeeding Peer Counseling Funds (if applicable). Do not include personnel paid through indirect costs.  A copy of your completed Pre-visit Checklist. (Please check off each item as it is returned and submit the pre-visit checklist once all other items have been sent in)  An electronic copy of your program’s procedures/policies for the following:  High-risk protocol: referring high-risk participants to the WIC RD/Nutritionist  (Policy 661, 4.0)  If applicable:  WIC services delivered in the home (Home Visiting Policy 621, 4.0)  N/A  Quarterly Nutrition Education using online and/or self-paced lessons (Policy 820, 7.0)  N/A  Alternative Hemoglobin Screening Procedure (Policy 626 18.0)  N/A  Electronic Record Policy and Procedure (Policy 426 2.3)  N/A  NOTE: These are the only local procedures you are required to submit. |

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| BEFORE your on-site visit: Please ensure certification and/or recertification appointments are scheduled for observation during the review. |
| Certification and/or recertification appointments are scheduled during review dates. |

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| Please fax, mail or email the following Farm Direct Nutrition Program  materials 30 Days BEFORE your on-site visit: |
| 10 pages of check registers from the most recent, complete Farm Direct Nutrition Program season. |

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| If you have a Breastfeeding Peer Counseling Program (BFPC), please submit the following materials 30 Days BEFORE your on-site visit: |
| A copy of your BFPC program’s procedures/protocols (Policy 716, 10.0)  Electronic copies of any locally developed BFPC forms   Our clinic does not have any locally developed BFPC forms  BFPC Staff Continuing Education/Training Log. Include all continuing education and training beyond required training listed in Policy 440 – Staff Training Requirements. Include special training courses, conferences, workshops and in-services.  List of lactation referral resources available in your community.  BFPC Monthly Meeting Log documenting attendees, dates, and main topics discussed.  Daily time sheet(s) for BFPC Coordinators who split time/pay between the BFPC Program and WIC Program. Send time sheets covering 1 month and which coincides with the most current quarterly time study. |

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| Please have the following Farm Direct Nutrition Program  materials available DURING your on-site review: |
| Farm Direct class outline with learning objectives  FDNP Check Stock Physical Inventory form  Be prepared to explain how you verify FDNP eligibility prior to issuance (if applicable). |

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| Please review and have the following materials available DURING your on-site review: |
| Group nutrition education lesson plans with and learning objectives. This includes all types of group education including health/nutrition fairs and those led by partners.  Documentation of completed program self-evaluation  Locally developed participant education and outreach materials  Log of outreach activities  USDA non-discrimination and “Moving?” poster in each clinic  Lab equipment cleaning and temperature log and CLIA certificate or waiver.  Files for:   * Medical Documentation * Participant Signature Forms * Breast Pump Forms * Employee Signature Forms   Documentation of staff training:   Module completion in TWIST  Quarterly in-services   Civil Rights training  Copies of any written agreements your program has with other agencies for WIC-related services (such as):   * Non-WIC Nutrition Education (provided by non-WIC staff) * WIC breast pump partnerships * Data sharing agreements/MOU’s * WIC Requirements for Homeless Facilities   Be prepared to explain how you handle security and inventory for:   * eWIC Cards * Breast Pumps * Formula cans returned to the clinic * Farm Direct checks |