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| **Local Agency**: | Local County Health | **Biennial Review WIC Date(s)**: | | January 6-9, 2020 |
| **WIC Coordinator**: | Sonya Sample | **State Reviewer**: | Rachel Reviewer | |

**WIC PROGRAM**

| **Compliance Findings** | **Corrective Action** | **Detailed Corrective Action Plan:**   1. **Action steps that will be taken to achieve compliance** 2. **How evidence of completion/compliance will be demonstrated, and** 3. **Person responsible for ensuring completion** | **Timeline for resolution** |
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| **I. Program Management** | | | |
| **I.B.6.** Have outreach activities that meet policy requirements been conducted and documented at least annually to inform potential participants, particularly historically underserved populations, of WIC services?  *PPM* [*452*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/452.pdf)*: ¶5.0, PPM* [*470*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/470.pdf)*: ¶1.0, ¶3.0,* [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf)*: Health Equity and Cultural Responsiveness,* [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf)*: Communications* | Local program must conduct and document at least one media outreach activity per year. | 1. Sonya Sample will conduct a radio interview on the local radio station, K100.3 on 3/20/2020. This activity will be documented on the Local County Health outreach log. 2. Sonya Sample will email her updated outreach log to the assigned state nutrition consultant by 4/1/2020 3. Sonya Sample, WIC coordinator | 4/1/2020 |
| **I.C.1.** Is a “Moving?” notification posted in every clinic?  [*PPM 650*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/ppm/650.pdf)*: ¶1.0,* [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf)*: Communication*s | Local program must have a “Moving?” notification posted in every clinic. | 1. Sonya Sample hung the “Moving?” poster in the waiting room of the Main Clinic where it had not been displayed. Sonya will discuss why this is required at the staff meeting on 2/5/2020 and review procedures to assure it is consistently transported and displayed at satellite clinics. 2. Cited and resolved onsite with Rachel Reviewer. Sonya will continue to monitor for compliance by routine visual checks in the main and satellite clinics. 3. Sonya Sample, WIC coordinator | Cited and resolved onsite. 1/9/2020 |
| **I.E.1.** Have all staff who provide WIC services completed all required training modules and are these documented in TWIST?  *PPM* [[*440*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/440.pdf)](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/440.pdf): ¶4.0, PPM [*660*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/660.pdf): ¶3.2, [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf): Leadership and Organizational Competencies | All staff providing WIC services must complete required training modules. Once completed, training must be documented in TWIST. | 1. Merry Mentor will identify missing module completions for staff and coordinate time with each for completion by 6/1/2020. 2. Merry Mentor will document module completion in TWIST and notify the assigned state nutrition consultant by 6/1/2020. Merry will review training records quarterly to ensure all completion dates are entered in a timely manner. 3. Merry Mentor, training supervisor | 6/1/2020 |
| **II. Certification** | | | |
| **II.B.4.** Is the “No Proof” affidavit signed if all proofs are not provided?  *PPM* [*616*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/616.pdf) | When participants are missing or are unable to provide required documentation, WIC staff must have them sign the “No Proof” affidavit. These forms must be kept on file according to policy [426](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/ppm/426.pdf): Record Retention, and be available for review. | 1. Group training for all WIC staff will be provided by Sonya Sample at the 3/5/2020 WIC staff meeting. Staff will sign an attendance sheet to document staff training.    1. Training materials will be provided for staff not present to be completed within 1 week of the staff meeting. 2. On 4/13/2020, charts will be audited based on the Eligibility Pending report (date range: 03/13/20 to 04/10/20). The goal is that over 80% of the audited charts will have a completed No Proof affidavit on file. 3. If this goal is not met, Sonya Sample will provide one-on-one mentoring with staff within 1 week, then repeat chart audits within 1 month for targeted staff. 4. Audit results will be sent to the assigned state nutrition consultant by 5/1/2020. Sonya will include an audit of “No Proof” forms as part of the required biennial program self-evaluation. 5. Sonya Sample, WIC coordinator | 5/1/2020 |
| **II.E.4.** Did the CPA change the risk level from medium to high if required?  *PPM* [*661*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/661.pdf)***:*** *¶1.1* | WIC staff must manually change risk level from medium to high when indicated by policy. | 1. Group training for certifying staff on changing the risk from medium to high for very low hemoglobin results will be provided by the training supervisor Merry Mentor at the 3/5/2020 WIC staff meeting. Staff will sign an attendance sheet to document staff training.    1. Training materials will be provided for certifying staff not present to be completed within 1 week of the staff meeting.    2. One-on-one mentoring will be provided for each staff from 3/9 to 3/20 by Merry Mentor. 2. On 5/4/ 2020, charts with risk 201 will be audited based on a risk query from the Oregon State WIC program (date range: 03/23/20 to 04/30/20). The goal is that over 80% of the audited charts that meet high risk criteria will have the risk level changed to high (would like to look at 2 relevant charts per certifier, if possible).    1. If the goal is not met, Merry Mentor will provide one-on-one mentoring with staff within 1 week, then repeat chart audits within 1 month.    2. Results of the chart audits will be sent to the assigned state nutrition consultant by 5/15/2020. Sonya will include an audit of changing risk levels as part of the required biennial program self-evaluation. 3. Merry Mentor, training supervisor | 5/15/2020 |
| **Add II.E.7.** Is a connection made between the participant’s program eligibility and desired health outcomes?  *PPM* [[*820*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/820.pdf)](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/820.pdf)*: ¶1.0-1.3,* [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf)*: Leadership and organizational competencies,* [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf)*: Prevention and health promotion* | WIC staff should be consistently providing health outcome statements during each certification appointment. | 1. Group training for certifying staff on health outcome statements will be provided by Merry Mentor at the 4/2/2020 WIC staff meeting. Staff will sign an attendance sheet to document staff training. 2. Training materials will be provided for staff not present to be completed within 1 week of the staff meeting. 3. During the month of 5/2020, Merry Mentor will observe each certifier during a certification appointment (date range: 05/01/20 to 05/29/20). The goal is that 100% of the certifiers will include a connection between the participant’s program eligibility and desired health outcomes over 80% of the time. 4. If the goal is not met, Merry Mentor will provide one-on-one mentoring with staff with in 1 week, then repeat observations within 1 month. 5. Results of the observations will be sent to the assigned state nutrition consultant by 6/1/2020. Certification observations will be included as part of the required biennial program self-evaluation to confirm continued provision of health outcome statements. 6. Merry Mentor, training supervisor | 6/1/2020 |
| **II.F.1.** Are required referrals made and documented on behalf of participant? (*e.g. OHP and Drug and Alcohol*)  *PPM* [*880*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/880.pdf)*: ¶1.0, ¶4.0, PPM* [*885*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/885.pdf)*: ¶1.0, ¶2.0,* [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf)*: Access to Clinical Preventative Services,* [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf)*: Community Partnership Development* | WIC Staff must make required referrals per policy. | 1. Staff will receive training on making and documenting OHP referrals on 3/16/2020 at an all staff in-service. Staff will sign an attendance sheet to document staff training. 2. Sonya Sample will edit the local county health procedure for referrals to match compliance requirements and present to all WIC staff on 3/16/2020. 3. Following the training, all WIC Staff will offer OHP referral during check-in to all non-OHP participants regardless of insurance type. 4. Training materials will be provided to staff not present at the in-service to be completed within 1 week of the in-service. 5. Sonya Sample will email the new referral process to Rachel Reviewer for review on 3/2/2020. Tanya Teller, operations supervisor, will monitor the check-in process for compliance at all clinic sites and document in a chart review by 5/8/2020 6. Tanya Teller will complete chart audits on OHP referral documentation for all certification appointments during the week of 3/23/2020 and 4/20/2020. 7. If over 80% compliance is not met, Tanya will provide one on one mentoring with staff & monitor additional records of those staff 8. Audit results will be sent to the assigned state nutrition consultant by 5/15/2020. Sonya will include an audit of OHP referrals as part of the required biennial program self-evaluation. 9. Sonya Sample, WIC coordinator | 5/15/2020 |
| **III. Nutrition Education** | | | |
| **III.C.1.** Are high-risk participants referred to the Registered Dietitian Nutritionist (RDN)/WIC Nutritionist?  PPM [[661](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/661.pdf)](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/661.pdf): ¶4.0, PPM [[830](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/830.pdf)](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/830.pdf): ¶2.0, [PHMM](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf): Access to Clinical Prevention Services | All WIC participants identified as high-risk during assessment must be referred to the Registered Dietitian Nutritionist (RDN)/WIC Nutritionist. | 1. Group training on marketing high risk services and the procedure for RD referrals will be provided for all certifying staff by Darla Dietitian, WIC nutritionist, at the 4/2/ 2020 WIC staff meeting. Staff will sign an attendance sheet to document training. 2. Training materials will be provided for certifying staff not present to be completed within 1 week of the staff meeting. 3. One-on-one mentoring will be provided by Darla Dietitian for each certifier from 4/6 to 4/17. 4. During the week of 6/1/2020, Merry Mentor, training supervisor, will audit charts of high-risk participants seen for certification during April and May 2020 (identified using the High-Risk Appointment report in TWIST). The goal is for over 80% of the audited charts to have documentation in progress notes of a referral to the RD and to have a FD appointment scheduled or requested. 5. If the goal is not met, Merry Mentor will provide one-on-one mentoring with specific certifiers within 1 week, then repeat chart audits for those staff within 1 month. 6. Audit results will be sent to the state assigned nutrition consultant by 7/1/2020. Sonya will include an audit of high-risk referrals as part of the required biennial program self-evaluation. 7. Merry Mentor, training supervisor. | 7/1/2020 |
| **III.C.2.** Is the policy for high risk management followed?  *PPM* [[*661*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/661.pdf)](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/661.pdf)*: ¶4.0, PPM* [[*830*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/830.pdf)](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/830.pdf)*: ¶2.0,* [*PHMM*](https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf)*: Access to Clinical Prevention Services* | High risk participants must be offered an appointment with the Registered Dietitian Nutritionist (RDN)/WIC Nutritionist. Appropriate procedures must be followed if the appointment is declined. | 1. Group training on the new policy and procedure for High Risk Management (including how to handle declinations and updated job aides) will be provided for all WIC staff by Darla Dietitian at the 4/2/2020 WIC staff meeting. Staff will sign an attendance sheet to document training. 2. Training materials will be provided for certifying staff not present to be completed within 1 week of the staff meeting. 3. During the week of 6/1/2020, Merry Mentor, training supervisor, will audit charts of high-risk participants seen for certification during April and May 2020 (identified using the High-Risk Appointment report in TWIST). When RD services are declined, the goal is for over 80% of those audited charts to have RD guidance documented in progress notes for certifiers to use at the future contacts. When RD services are not declined, the goal is for at least 80% of those audited charts to have a plan for two RD contacts per one-year cert period. 4. If the goal is not met, Merry Mentor will provide one-on-one mentoring with the dietitian and specific certifiers within 1 week, then repeat chart audits for those staff within 1 month. 5. Audit results will be sent to the state assigned nutrition consultant by 7/1/2020. Darla will complete an audit of high-risk charts quarterly to confirm appropriate referral and management. 6. Merry Mentor, training supervisor | 7/1/2020 |
| **IV. Breastfeeding Promotion & Support** | | | |
| **IV.B.1.c.** Does the local program ensure security of breast pumps?  *PPM* [*712*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/712.pdf)*: ¶4.0* | WIC pumps must be stored in a secure location and accessible only to WIC staff. | 1. Sonya Sample will order purchase of a locked cabinet for the secure storage of breast pumps in the clinic breakroom. Installation to be completed by 3/1/2020. 2. Picture of the new breast pump storage area will be sent to the state assigned nutrition consultant by 3/13/2020. 3. Sonya Sample, WIC coordinator | 3/15/2020 |
| **V. Program Integrity** | | | |
| **V.B.1.** Does the local program ensure separation of duties? This includes: a. Income eligibility and risk determination are completed by different staff, when staffing allows  b. Local WIC coordinator (*or appropriate designee*) runs and audits separation of duties report every 2 weeks.  i. Appropriate designee completes audit when the WIC Coordinator is on the SOD report.  ii. The additional 10% audit is done when separation of duties is possible but not done. *PPM* [*595*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/595.pdf): ¶2.0 | Local agency must ensure that staff conducting income eligibility for a participant must be different from the staff responsible for risk determination for that participant. | 1. Sonya Sample will review the TWIST separation of duty reports every two weeks during February and March 2020 and audit all infants receiving formula and 20% of all other participants at all sites. 2. Audit results will be documented and reported to the state assigned nutrition consultant by 4/1/2020. 3. Sonya Sample, WIC coordinator | 4/1/2020 |
| **VI. Fiscal** | | | |
| **VI.A.1.** Do all staff paid for with WIC Funds accurately fill out quarterly time studies as outlined by policy?  *PPM* [*316*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/316.pdf)*: ¶1.4* | Local agency must have on file accurate time studies for all staff paid for with WIC funds. | 1. One-on-one staff training on accurate completion of time study forms (including reporting time in half hour increments and appropriate activities for each time study category) will be provided during March 2020 by Sonya Sample. 2. Completed April 2020 time study forms will be sent to the state assigned nutrition consultant on 5/1/2020. 3. Sonya Sample, WIC coordinator. | 5/1/2020 |

**FARM DIRECT NUTRITION PROGRAM (FDNP)**

| **Compliance Findings** | **Corrective Action** | **Detailed Corrective Action Plan:**   1. **Action steps that will be taken to achieve compliance** 2. **How evidence of completion/compliance will be demonstrated, and** 3. **Person responsible for ensuring completion** | **Timeline for resolution** |
| --- | --- | --- | --- |
| **E.** Does the FDNP check register match documentation in TWIST?  *PPM* [*1100*](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/ppm/1100.pdf)*: ¶13.0,* [*7 CFR 248.10*](http://www.fns.usda.gov/sites/default/files/FMNPRegulations-7CFR248.pdf) *(f)(1) — Control of FDNP checks.* | Ensure that all FDNP checks distributed to participants in the 2019 FDNP season are documented in TWIST. | 1. One-on-one training with an emphasis on ensuring check registers match TWIST documentation will be provided by Sonya Sample for all WIC staff issuing Farm Direct Nutrition Program (FDNP) checks by the end of May 2020. 2. Staff who did not receive training before the FDNP season starts will receive one-on-one training before starting to issue Farm Direct Nutrition Program checks. 3. During June and July 2020, 2 random FDNP register pages per month will be checked by Sonya Sample to verify that check registers match TWIST documentation. The goal is over 80% accuracy. 4. If the goal is not met, Sonya Sample will provide one-on-one mentoring with specific staff within 1 week, then repeat a targeted audit within 1 month. 5. Audit results will be sent to the assigned state nutrition consultant by 7/31/2020. 6. Sonya Sample, WIC coordinator | 7/31/2020 |

**BREASTFEEDING PEER COUNSELING PROGRAM (BFPC)**

| **Compliance Findings** | **Corrective Action** | **Detailed Corrective Action Plan:**   1. **Action steps that will be taken to achieve compliance** 2. **How evidence of completion/compliance will be demonstrated, and** 3. **Person responsible for ensuring completion** | **Timeline** |
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| Not applicable |  |  |  |

**Instructions for Completion of the Corrective Action Plan (CAP)**

* Submit your Corrective Action Plan (CAP) to the State WIC Office no later than the due date indicated in your WIC Biennial Review Report/Letter.
* All Compliance findings should be resolved no later than six months after the agency is notified of non-compliance. Some findings may require compliance much sooner or even immediately.
* **Compliance Findings:** The State WIC Office fills in this column with findings from your WIC Biennial Review Compliance Table.
* **Corrective Action:** The State WIC Office fills in this column with what the agency must do to resolve the finding.
* **Detailed Corrective Action Plan:** 
  + **Action Steps:** Include specific steps to be taken by your agency to assure full compliance. Include dates for any planned staff training. If staff are implementing a new procedure or way of doing something, include date of planned clinic observation of staff and/or chart audit to assure long-term compliance. Your State Nutrition Consultant can give you tools to use for clinic observation and chart audits.
  + **Evidence of Action Taken:** Documentation of action(s) that demonstrate the finding is resolved long-term. Examples: dated attendance sheet for staff training or quarterly in-services, completed chart audit, completed clinic observation tool, TWIST documentation of training module completion, etc.
  + **Responsible Person:** The staff person who oversees that area and is responsible for assuring full compliance.
* **Timeline:** The date the finding will be completely resolved.
* The State WIC Office will respond back to you **within 30 days of receipt** whether the CAP is accepted as written or if modifications are needed before approval is granted.