# Pre-Visit Worksheet

| State Staff Sign-Off | | |
|---|---|---|
| *Role* | *Staff Name & Signed Initials* | *Date* |
| Financial Specialist | | |
| Vendor Services | | |
| Integrity | | |
| Breastfeeding Coordinator | | |
| Civil Rights | | |
| Nutrition Coordinator | | |
| Outreach Coordinator | | |
| Information Technology (IT) Specialist | | |
| State Director | | |

Agency Name: _____ Date of On-site Visit: _____ Monitoring Staff: _____

Grants Received (separate forms for monitoring must be completed): FMNP ☐  BFPCP ☐

Participation (most recent funding formula): _____ Agency Size: Small ☐ Medium ☐ Large ☐

| Lead Local Agency Information | | |
|---|---|---|
| Address (physical): | | |
| Agency Director: | | |
| Main Clinic Days Open: | | Hours: |
| Staff (list all names and roles): | | |
| **Satellite Clinics (If applicable)** | | |
| Location/address: | | |
| Days Open: | | |
| Office Hours: | | |
| Staff (list all names and roles): | | |
| **Results from Previous Monitoring (attach score sheet and CAP)** | | |
| Date of Last Monitoring: | Tier: 1 ☐  2 ☐  3 ☐ | |
| Tier 2/3: Are self-chart reviews submitted on time?  Y ☐    N ☐ | Tier 3: CAP Completion Verification Submitted?  Y ☐    N ☐ | |
| Comments: | | |

Pre-Visit Finding Areas:_____

Pre-Visit Discussion Areas_____

# Pre-Visit Worksheet

## Contract/Fiscal Compliance (Financial Specialist)

| Contracts | Yes | No | Comments |
|---|---|---|---|
| Are current signed satellite or sub-contracts on file and submitted in a timely manner? | ☐ | ☐ | |
| Are Services Contracts or Task Orders Submitted on time? | ☐ | ☐ | |

Expenditure Reports Reviewed (list month(s)/year(s)): _____

| Expenditure Report Review | Yes | No | Comments |
|---|---|---|---|
| Has all back-up documentation been received? | ☐ | ☐ | |
| Are expenditure reports submitted on time in accordance with executed contract? | ☐ | ☐ | |
| Are expenditure reports accurate? | ☐ | ☐ | |
| Do the payroll documents confirm the amounts listed in the expenditure reports? | ☐ | ☐ | |
| Is there any line item that is not accounted for with appropriate documentation? | ☐ | ☐ | |
| Are expenses accounted for in the correct fiscal year? | ☐ | ☐ | |
| Were there capital expenditures? Was it pre-approved by FNS? | ☐ | ☐ | |
| Were all expenses reasonable, necessary and actual to the MT WIC program? | ☐ | ☐ | |

WIC Financial Questionnaire Received (date):_____ Complete:   Y   ☐   N ☐

Comments:_____

Finding:  ☐    Discussion Topic:   ☐

## Timestudy (Financial Specialist)

Are local agency staff submitting on time?    Y ☐  N ☐

Comments:_____

_____

Finding:  ☐    Discussion Topic:  ☐

# Pre-Visit Worksheet

## Integrity

**Separation of Duties (SOD)**

Is the Local Agency in compliance with SOD policy?   Y ☐   N ☐

Have there been any concerns related to SOD audits since the last monitoring?   Y ☐   N ☐

Comments:_____

_____

**Over-issuance**

Has this Local Agency had any instances of over-issuance during this period? Y ☐   N ☐

Was the Agency required to repay the State Office?  Y ☐  N ☐     Received within 30 days:  Y ☐  N ☐

Comments:_____

_____

Finding: ☐   Discussion Topic: ☐

## Local Agency Clinic Roles- Assessment

Nutrition Coordinator:

Comments: _____

_____

Breastfeeding Coordinator:

Comments: _____

_____

Local Agency Retail Coordinator:

Comments: _____

_____

Finding: ☐   Discussion Topic: ☐

## State Office Compliance Checks (Nutrition Services)

Has the local agency shown improvements in state-office compliance checks over the past 2 years?

   Y ☐   N ☐   N/A ☐

Comments: _____

Finding: ☐   Discussion Topic: ☐

# Pre-Visit Worksheet

## Training (Nutrition Coordinator)

Staffing Ratio: Participant #'s: _____   Full Time Staff (> 20hrs/wk.): _____   Part Time Staff (<20 hrs./wk.): _____

Staff Roles: CPAs_____   Aides _____   Other _____

Ratio: (FTE/Participation #s): _____

Staff Training Form completed and submitted within 60 days for all new staff:   Y ☐ N ☐
New Employee Training completed for all new staff within 12 months:   Y ☐ N ☐
Continuing Education Credits completed by all staff annually:   Y ☐ N ☐
Annual Civil Rights Training completed:   Y ☐   N ☐
Comments:_____

_____

Finding: ☐   Discussion Topic: ☐

## Complaints (Vendor Coordinator/Integrity)

Has the local agency received any program complaints since the last monitoring visit? Select one:

Retailer Complaints ☐     Participant Complaints ☐     No complaints ☐

Were there any occurrence(s) of the local agency not responding/following up on complaints received since the last monitoring visit?  Yes ☐  No ☐

If there were occurrences of a participant committing the same type of WIC program violation, did the local agency provide the appropriate response?   Yes     No

Has the State Office received any complaints about the Local Agency since the last monitoring?

Yes ☐ (If yes, how many:_____ )     No ☐

Comments:_____
Finding: ☐   Discussion Topic: ☐

## Nutrition/Breastfeeding- (Nutrition and Breastfeeding Coordinators)

Is the annual Nutrition and Breastfeeding Education Plan completed and submitted on time:  Y ☐ N ☐

Is the Plan appropriate to the Local Agency assessed needs and aligned with State goals and objectives?
Y ☐ N ☐

Comments:_____
Finding: ☐   Discussion Topic: ☐

# Pre-Visit Worksheet

## Breast Pump Inventory (Breastfeeding Coordinator)

Pump  Log received on time:  Yes ☐    No ☐

Are the *Breast Pump Log* and MIS inventory being used according to policy?        Y ☐        N ☐

Is the documentation of assessment for pump issuance according to policy?  Y ☐ N ☐

Is there a 3 day follow-up once a pump is issued? Y ☐ N ☐

*Review at least 3 charts from pump log

| HHID/Participant ID | Comments |
|---|---|
|  |  |
|  |  |
|  |  |

Comments:_____

_____

Finding:  ☐    Discussion Topic:  ☐

## Outreach (Outreach Coordinator)

Participation % change (increase vs. decrease since last monitoring): _____

Outreach Plan/Log Reviewed: Yes ☐  No ☐

Outreach Plan Approved (including yearly newspaper published): Yes ☐  No ☐

Outreach to target population met: Yes ☐  No ☐

Local Agency Website reviewed: Yes ☐ No ☐

Comments:_____

_____

Finding:  ☐    Discussion Topic:  ☐

## Information Technology- IT Specialist

Network:    Off ☐    On ☐

IT equipment survey was returned, and inventory was updated:    Yes ☐    No ☐

Comments:_____

_____

Finding: ☐ Discussion Topic:  ☐

# **Pre-Visit Worksheet**

## **Civil Rights Log: Monitoring Lead**

Civil Rights Log received on time: Yes ☐     No ☐

Civil Rights Log reviewed:

Comments:

Finding: ☐   Discussion Topic: ☐

## **eWIC Card Log: Monitoring Lead**

eWIC Card Log received on time: Yes ☐   No ☐

eWIC Card Log reviewed:

*Review at least 3 charts from log

| HHID/Participant ID | Comments |
|---|---|
|  |  |
|  |  |
|  |  |

Comments:

Finding: ☐   Discussion Topic: ☐

## **Formula Log: Monitoring Lead**

Formula Log received on time: Yes ☐     No ☐

Formula Log reviewed:

*Review at least 3 charts from log

| HHID/Participant ID | Comments |
|---|---|
|  |  |
|  |  |
|  |  |

Comments:

Finding: ☐   Discussion Topic: ☐