

# Administration ME Tool

MPR	Facility	Yes	N/A	Action Plan
#	How many <b>clinics/sites/mobile units</b> does the agency have?			
	Does this match the <b>MI-WIC LA Directory</b> ?			
6.2f	Is the clinic and waiting area clean?			
	Restrooms supplied with soap, toilet paper, etc.			

Confirm number of clinics, sites, and mobile units.

Agency / Clinic Setup ▾ Breast Pumps ▾ PC ▾ Data Maint. ▾ Reports ▾

- Demographics ←
- Caseload Assignment
- Resource Management
- Community Resources by Referral Category
- Nutrition Services Plan
- Closing Clinic Transfer
- LA Equipment Inventory
- Clinic Notifications Preferences
- On Demand Notifications

Status: Open ▾

Street Line 1\*: Test County

Street Line 2:

Zip/City/State\*: 48001 ... Russell Island, MI

County St. Clair

# Admin Module

Breast Pumps ▾ PC ▾ Data Maint. ▾ Reports ▾ Help ▾

- Administration ▾
- EBT Reports ▾
- Local Agency Survey
- NSP Planning and Tracking Logs ▾
- Produce Connection ▾
- Risk Factor Rules
- Role Reports ▾
- Staff Compliance ▾
- Time Study Report
- User Access Request Report

- LA Equipment Inventory Details
- LA Equipment Inventory Review
- Local Agency Directory ←

# LA Required Procedures

1. Emergency/Disaster Plan
2. Returned Formula (if donating)
3. Anthro & Hematological Data Collection & Documentation
4. Homeless Facility Agreement
5. Immunization Policy
6. Nutrition Education Collaboration/WIC Agreement
7. Transportation Costs (if providing client transportation)

# Certification Timeframes

## 10/20-day report

- ▶ Lists clients (Cert/PCert) who are scheduled outside of 10/20-day allowance
  - ▶ “Yes” (OK clicked) means that client was scheduled for this date at their request, even though sooner appointments were available.
  - ▶ “No” (Cancel clicked) means that clients were scheduled for this date because no sooner appointments were available.
  - ▶ If rescheduled, the client will still display on the list as over 10/20 day.

# 10/20 day report

## Michigan WIC Program

Page 1 of 1

Clients scheduled outside 10/20 day limit

LA: [REDACTED] Health Department

Appointment Date Range: 10/14/2025 to 10/31/2025

Generated Date: 10/14/2025

1 [REDACTED]

Client Name	Client ID	Sched. Cat	10 Day		20 Day		Authorized Person	Date Scheduled	Appointment Date/Time
			Yes	No	Yes	No			
[REDACTED]	30 [REDACTED]	IFF		X			[REDACTED]	10/02/2025	10/15/2025 8:30:00 AM
[REDACTED]	30 [REDACTED]	IBE	X				[REDACTED]	10/03/2025	10/15/2025 10:00:00 AM
[REDACTED]	30 [REDACTED]	PG	X				[REDACTED]	10/08/2025	10/23/2025 10:30:00 AM
<b>Total</b>			<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>			

# Returned Formula

- Following LA Policy?
- Storage-Limited Access
- Out of site of clients
- Logs completed and sent to State WIC
- Replace returned formula with EBT benefits

# Formula Acceptance and Action Log

	Date Returned*	Client ID*	Client Name	Formula Name*	Qty*	Staff (Received)	Action Taken
⌵	On...	search ...	search ...		Eq		
	05/07/2025	302		Similac Advan...	3		
!	05/16/2025	302		Similac Total ...	1		
+	05/16/2025	302		Similac Sensiti...	2		
	06/11/2025	302		Similac Advan...	3		
	06/11/2025	302		Similac Sensiti...	2		

Notes	Review	Review Completed
search	search	
		<input type="checkbox"/>
		<input type="checkbox"/>

# Staffing

# MI-WIC Policy 9.02A

-Complete annually

## Michigan WIC Employee Confidentiality And Compliance Agreement Signature Form

Employee Name \_\_\_\_\_ Agency \_\_\_\_\_

### Confidentiality

I understand that verbal, written and/or computerized information regarding applicants or staff received during the course of employment with the WIC Program will be kept confidential and not disclosed to unauthorized persons. Records and reports containing confidential client information with which I am working will be kept locked or under my supervision at all times. I understand that in some cases, the WIC program may provide client information to health and service programs from which the client may benefit.

All state and local program staff shall adhere to the confidentiality guidelines as outlined in MI-WIC Policy 1.03 Confidentiality.

Initial Here

# MI-WIC POLICY

## 1.0 Administration

### 1.07A Staff Training Plan

## Eligibility/Certification

Effective Date: 08/05/2024

Staff Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Clerk	Technician	Call Center Staff	CPA	RD/RDN	Health Educator	WIC Coordinator	NE Coordinator	BF Coordinator	PC Coordinator	PC	Senior PC	IBQCLC	Date Completed
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Training Types

Staff Roles

Interactive Trainings	Clerk	Technician	Call Center Staff	CPA	RD/RDN	Health Educator	WIC Coordinator	NE Coordinator	BF Coordinator	PC Coordinator	PC	Senior PC	IBQCLC	Date Completed	Key
Anthropometric Training		1		•	•	•	1	•							
Laboratory Training		1		•	•	•	1	•							0.5 = Required within 6 Mos
Clerical Training	1	•	•	•		•	1								1 = Required within 1 Year
CPA Training				1	1		1	1							2 = Required within 2 Years
Mentors Among Us: The Advanced CPA				•	•		2	2							A = Required Annually
Record Review Training				•	•		1	•	•	•					• = Recommended
Advanced Breastfeeding Clinical Skills Training				•	•			•	1	1					
Advanced Lactation Certification Training				•	•				1	1					
Breastfeeding Basics	1	1	1	1	1	1	1	1	1	1	0.5	1			
Breastfeeding Coordinator Training								1							

RR: Section 3

# Dual Enrollment



- Only WIC-WIC
- Questions asked on how you process.

Benefits ▾ Miscellaneous ▾ Reports ▾

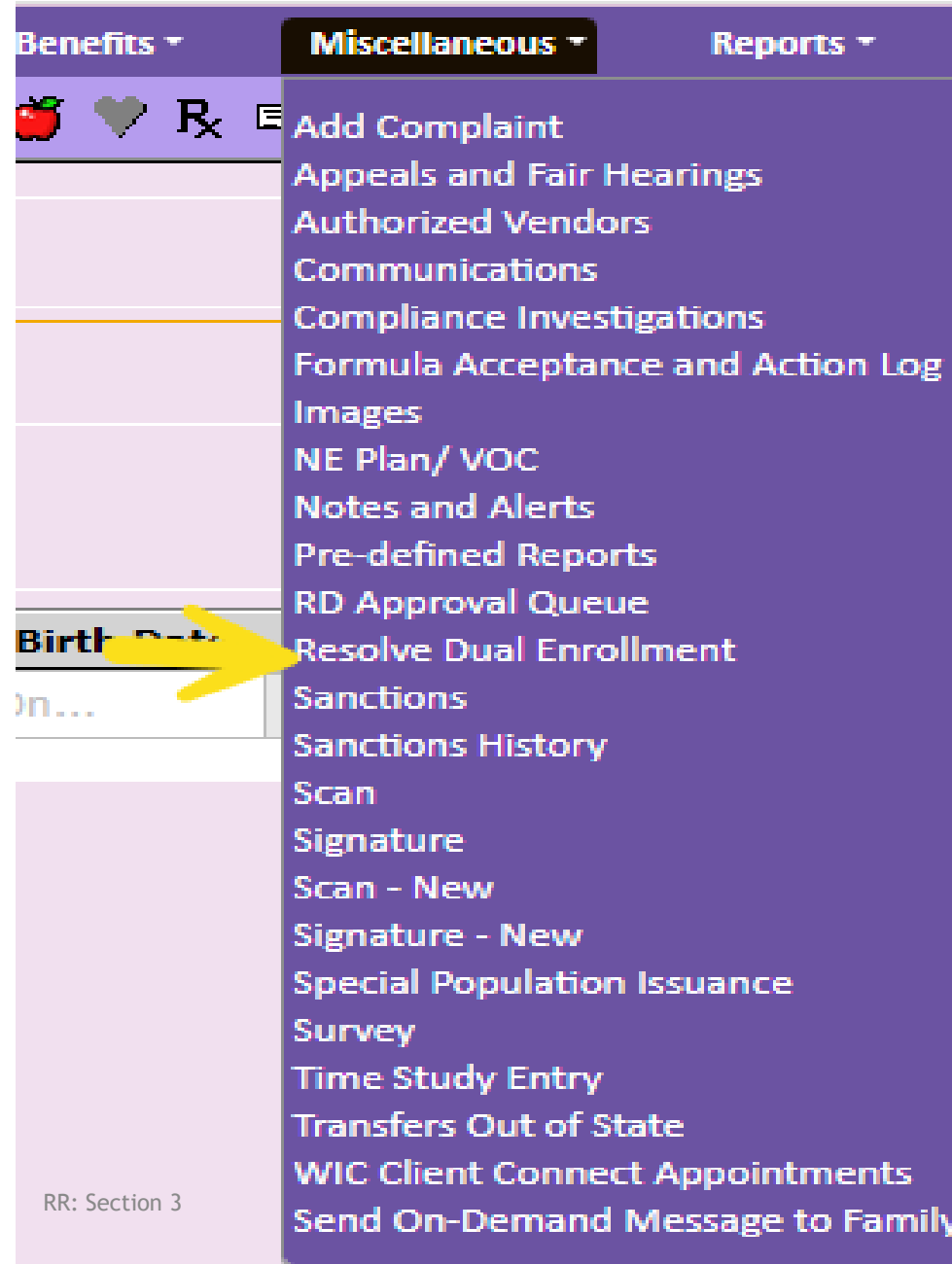
🍎 ❤️ Rx 📧

- Add Complaint
- Appeals and Fair Hearings
- Authorized Vendors
- Communications
- Compliance Investigations
- Formula Acceptance and Action Log
- Images
- NE Plan/ VOC
- Notes and Alerts
- Pre-defined Reports
- RD Approval Queue
- Resolve Dual Enrollment
- Sanctions
- Sanctions History
- Scan
- Signature
- Scan - New
- Signature - New
- Special Population Issuance
- Survey
- Time Study Entry
- Transfers Out of State
- WIC Client Connect Appointments
- Send On-Demand Message to Family

Birth Date

on...

RR: Section 3



# Resolving Dual Enrollment

-Do monthly

Clinic:

Note:

Client:

Agency Identifier:

Agency Identifier:

Client ID:

Client ID:

Client Name:

Client Name:

Date of Birth:

Date of Birth:

Foster:

Foster:

Gender:

Gender:

Medicaid ID:

Medicaid ID:

Auth Person Name:

Auth Person Name:

Client Address:

Client Address:

Cert Start Date:

Cert Start Date:

Cert End Date:

Cert End Date:

BVT Date:

BVT Date:

Term Date:

Term Date:

Term Reason:

Term Reason:

Resolution:

Resolution\*:

# Single Cert Audit Requirements

The WIC Coordinator or designee shall conduct an audit of:

1. **All infant formula fed (IFF/IBP) certification records within 14 days of the certification**
2. **And At Least 20% of a random sample of the remaining records within 14 days of the certification**

*Use Exhibit 9.03A, WIC Single Certifier Audit Tool,  
Exhibit 9.03B WIC Single Certifier Audit Tool Instructions and  
Exhibit 9.03C WIC Single Certifier Audit Evaluation Tool*



**Michigan WIC Program**  
**Single Certifier Report**  
 [Redacted] WIC Office  
 10/08/2018 - 10/19/2018

Generated Date: 10/17/2018

**IFF/IBP Clients**

[Redacted] WIC Office

Row #	Date Certified	Client Category	Client ID	Client Name	Staff ID/Name	Authorized Staff Roles at Certification	Clinic	Clinic Status at Certification
1	10/16/2018	IFF	30 [Redacted]	[Redacted]	[Redacted]	SOM-Permanent Single Certifier	[Redacted] WIC Office	Permanent Single Staff Clinic
2	10/16/2018	IFF	30 [Redacted]	[Redacted]	[Redacted]	SOM-Permanent Single Certifier	[Redacted] WIC Office	Permanent Single Staff Clinic

IFF/IBP Total Record Count:

2



**Non-IFF/IBP Clients**

[Redacted] WIC Office

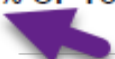
Row #	Date Certified	Client Category	Client ID	Client Name	Staff ID/Name	Authorized Staff Roles at Certification	Clinic	Clinic Status at Certification
1	10/09/2018	[Redacted]	30 [Redacted]	[Redacted]	[Redacted]	SOM-Permanent	[Redacted] WIC Office	Permanent Single Staff
17	10/16/2018	NPP	[Redacted]	[Redacted]	[Redacted]	SOM-Permanent Single Certifier	[Redacted] WIC Office	Permanent Single Staff Clinic

Non-IFF/IBP Total Record Count:

17

20% OF Total Non-IFF/IBP Count:

3



16

# Policy 9.03A WIC Single Certifier Audit Tool

**9.0 Program Compliance**  
**9.03A WIC Single Certifier Audit Tool**

**Effective Date: 05/18/17**

Review Date: \_\_\_\_\_ Reviewer Name: \_\_\_\_\_ Agency/Clinic: \_\_\_\_\_

Date Certified	Client Category	Client ID	Proof of Income	Proof of Residency	Proof of Auth Person ID	Proof of Identity (initial certification only)	Proof of Pregnancy (if applicable)	Completed within 14 days	Comments:	Follow up:

Note: Scan or copy and scan verification of Medicaid eligibility (card or screen print) into client record for adjunctively eligible clients. This will verify Income and Residency for client and, if card scanned, Identity.

See Exhibit 9.03B for instructions to complete this form

# MI-WIC POLICY

## Program Compliance

### 9.0 Program Compliance

Draft Date: 10/12/16

### 9.03B WIC Single Certifier Audit Tool Instructions

9.03A WIC Single Certifier Audit Review Date: 12/1/16 Reviewer Name: Cama Coordinator

Client ID	Date of Cert	C, R, T Cert, recert, transfer	Certifier Initials	Income	Residency	Auth Person ID	ID (initial certification only)	Pregnancy (if applicable)	EBT Signature form – issued	Comments:	Follow up:
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)
301147258	11/29/16	C	WIC	+	+	+	+	na	+	good!	
301149632	11/29/16	C	WIC	+	+	+	+	0	+	<u>Preg proof missing</u>	Alert in record

Figure 1-Sample

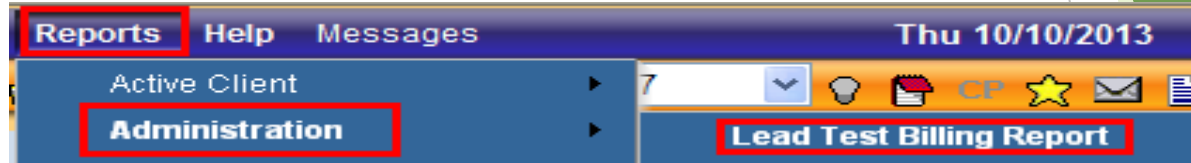
Record the following information for each client record reviewed.

- (a) Client ID: Record the client's ID# (30XXXXXX).
- (b) Date of Cert: Record the date of certification.
- (c) C, R, T: Record if Cert (C), Recert (R) or Out of State Transfer (T)
- Certifier Initials: Record the initials of the certifier who certified the client.



# Lead Test Billing Report

- ▶ Identifies clients who received lead testing in WIC
- ▶ Assists in billing
- ▶ Used in MEs to determine need to review budget for Funding sources for Lead.



Page 1 of 1

**Michigan WIC Program**  
**Lead Test Billing Report**  
CLINIC: ██████████ County Hlth Dept  
From: 9/30/2025 To: 10/14/2025

Generated Date: 10/14/2025

Testing Agency: ██████████ County Hlth Dept

Client ID	Birth Date	Method	Medicaid ID
30: ██████████	11/08/2020	Lead Care II	██████████
30: ██████████	12/29/2020	Lead Care II	██████████
30: ██████████	05/06/2021	Lead Care II	██████████
30: ██████████	10/17/2021	Lead Care II	██████████
30: ██████████	07/12/2022	Lead Care II	██████████
30: ██████████	10/05/2023	Lead Care II	██████████
30: ██████████	10/02/2023	Lead Care II	██████████

# Annual Review

## Every clinic-including subcontracts

- Clinic safety, privacy, accessible, breastfeeding environment

- ”...And Justice For All” poster(s)

- Appointment times

- Formula storage & logs

- EBT card security and logs

# Annual Review cont'd

## Each staff

- Observations
  - Certs, evals, nutrition ed, HR counseling (RDs)
  - Intake, Anthro, lab
- Record Review
- Provide feedback

# High Risk Monitoring

- Are all High Risk (HR) clients being referred?
  - HR Record Review
  - Class III Formula clients
  - Observe staff (see Nutrition & BF Ed Tool)
  - Appointments available in 30 days
  - Annually Review (minimally)

# Quality Assurance for Lab and Anthro

MPR	Quality Assurance	Yes	If No, need Action Plan
	Laboratory Procedures (interview lab staff and review logs) (MI-WIC Policy 2.16)		
4.3c	Copy of the MDHHS/WIC Laboratory Procedure Manual in the WIC Clinic or do staff know how to access from the MDHHS/WIC website? (DCH-476-12/16)		
	Hemocue machine Self-test results (P/F) recorded each day that the machine is used?		
	Hemoglobin analyzer cleaned each day it is used (outside & microcuvette holder)?		
	Are high and low control solutions run each week that the machine is utilized and when a new lot number of Microcuvettes is opened?		
	Control solutions stored in the refrigerator (containing no food) until opened and then used and stored properly, according to manufacturer's directions?		
	Does the quality control log contain a record of the lot number, expiration date and acceptable ranges of the controls used?		
	Microcuvettes dated when opened and recorded on QC and Daily log?		
	Microcuvettes or control solutions used before their expiration date?		
	Are testing work surfaces decontaminated with germicide (or freshly prepared 10% bleach solution) at the close of each day and anytime there is evidence of contamination?		
	Are QC logs retained for 3 years and 150 days past the end of the fiscal period?		
	Is there a CLIA Certificate of Waiver for the WIC lab? (Lab Manual pg. 5)		

# Quality Assurance for Lab and Anthro

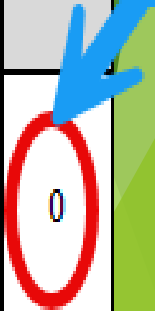
<b>Anthropometric Equipment (MI-WIC Policy 2.15)</b>			
4.3b Infant Scale/ board	Is a copy of the Anthropometric Measurement Procedures in the WIC Clinic or do staff know how to access from the MDHHS/WIC website? <i>(If not, suggest they do.)</i> DCH - 0730, revised 2/18		
	Does a recumbent length board have a stable headboard and moveable foot piece?		
	Check the recumbent board for accuracy with the standardized rod. Is the board accurate?		
	Is an approved scale with at least 1 oz. sensitivity used? Is the balance beam scale zero-balanced at least once daily? Is the digital scale zero balanced between each weighing (unless has reweigh feature)? (If digital scale used, is it a "clinic quality" scale?)		
	Has the Infant scale been calibrated within the past 12 months?		
Adult+ child scale	Is an approved scale with at least ¼ pound increments used?		
	Is the scale on a firm surface?		
	Has the scale been calibrated within the past 12 months?		
	Is the balance beam scale zero-balanced at least once daily? Is the digital scale zero balanced between each weighing? (Unless scale has reweigh feature for confirmation).		
	Scales and measurement equipment cleaned on a regular basis?		
	Height board accurate using the standardized rod?		
	Does the measurement board go down far enough so that the small child is measured standing straight and the footboard is aligned with the upper board?		
	Right-angle headboard used? (either separate or part of a fixed board)		
Firm surface used for standing?			

RR: Section 3

# Certification Observation

MPR	Certification/Recert C-Eval	IFF	NPP	C1	C2, C3, or C4	BE/BP	IBE/ IBP	New PG	Eval/ Other	# Not MET
<b>Instructions:</b> I=Interview S=System O=Observe D=Discuss	<b>Observe certs/recerts/ mid-cert health evaluation for clients indicated:</b> <div style="border: 2px solid green; padding: 5px; margin: 10px 0;"> <b>Y = meets policy</b>  <b>N = does not meet policy</b>  <b>NA = does not apply to client observed</b> </div>	D	D	D	D	D	D	D	D	
<b>Family Info/Proxy Designation</b> (Policy 8.03)										
O 10.1b	Clerk: Observe that user matches username in status bar in MI-WIC (Policy 10.03)  Staff Initials:									0
RR: Section 2 5.4b	Are all new clients informed about proxy availability and responsibilities? (Policy 8.03)									0

Auto-Adds





# CPA & Clerk/Tech Observation Tools

## Quality Assurance Checklists to use in staff observations

- ▶ Peer to Peer
- ▶ Supervisor
- ▶ Feedback to staff
- ▶ Identify training needs

WIC CPA Observation Tool										
Place X in appropriate box. "No" column will auto add at bottom.										
<b>Staff:</b>										
<b>Reviewer:</b>							<b>Date:</b>			
<b>Client Category:</b>										
<b>Family Number:</b>										
<b>NUTRITION ASSESSMENT/EDUCATION:</b>	Yes	NA	NO	Yes	NA	NO	Yes	NA	NO	
Are laboratory tests and IMM status reviewed?										
-PG women informed of flu & 3 <sup>rd</sup> trimester Tdap?										
Are all health and nutrition questions asked?										
Is the Medical Conditions & Illnesses list available to review v										

WIC Clerk/Technician Observation Tool									
Place X in appropriate box. "No" column will auto add at bottom.									
<b>Staff:</b>	#Review if Mid-cert Eval observed								
<b>Reviewer:</b>	<b>Date:</b>								
<b>Client Category:</b>									
<b>Family Number:</b>									
<b>Client Certification:</b>	Yes	NA	No	Yes	NA	No	Yes	NA	No
#Rapport established, introduction and summary of services?									
#Family information & proxy is updated?									
#Non-English speaker is offered translation services?									
Client agreement is read by/to client in their own language?									
Client is given a copy of Client Agreement after review. (Initial Cert)									
Client is offered copy of Client Agreement after review. (All subsequent certs/recerts)									
Ask if client is having problems using their EBT card?									

# Nutrition and Breastfeeding Education Tool

Management Evaluation Tools

## WIC Lesson Plan

**Title or topic area:**

**Learning Objective(s):**

**Target Group:**

**Learning Activities or  
Methods:**

**Materials:**

**Outline of Content:**

**Evaluation Method(s) and  
Material(s):**

**Reference(s):**

## ▶ Lesson Plans

- Group Education
- Self-Directed Modules
- Take Home Nutrition Ed

# Nutrition Ed Materials

## MI-WIC POLICY

Michigan Department of Health and Human Services

### 5.0 Nutrition Services

#### 5.01B Nutrition Education Materials Evaluation Form

Effective Date: 02/11/2019

Implementation Date: 10/14/2019

**Purpose:** Evaluate nutrition education materials that effectively communicate nutrition and health related topics in appealing, creative, and interactive ways to clients and/or their caregivers.

Title	Publisher/Producer
Contact information of Publisher/Producer	Website (file path)

Media Type:  Print  Internet  Software (DVD, CD-ROM)  
 Other: \_\_\_\_\_

Target Audience:  Pregnant women  Infants – 0-6 months  Children – ages 1-2  
 Breastfeeding women  Infants – 6-12 months  Children – ages 3-5  
 Post-partum women

Languages Available:  English  Spanish  Arabic  
 Other: \_\_\_\_\_

Free from product endorsements.  Yes  No  
Includes current non-discrimination statement on locally developed materials.  N/A  Yes  No

#### CONTENT

1. Is current, accurate and consistent with USDA Dietary Guidelines and standards of practice.  Yes  No

# List of State approved publications (No review of materials required by LA)

- Brush Art, WIC publications
- Coffective
- Centers for Disease Control (CDC)
- Fresh Baby
- Michigan Department of Health & Human Services' (MDHHS) programs (including WIC)
- National WIC Association
- Noodle Soup
- Nutrition Matters
- USDA
- Visualz (formerly Learning Zone)
- WIC Works
- wichealth.org

## Specific Publications developed by these organizations:

- United Dairy Industry of Michigan – Feeding Your 2-5 Year Old booklet
- K. Hoover/B. Wilson-Clay – (DCH-1210) Diapers of a Breastfed Baby
- All self-directed education binders created by MDHHS WIC Division

# Education Mall/Self Directed Modules

- How are topics offered?
- Easy to understand, current, appropriate for client?
- Evaluation of client learning?
  - Behavior change based?
- Clients not denied benefits if not participating in Nutrition Ed

# Interim Nutrition Ed Contact

Observe Group or Individual education

- Client Centered
- Attainable goals
- Interaction positive?
- Evaluation?

# Breastfeeding Education and Support

## Breastpump Issuance

- Education on Manual Expression?
- Importance of skin-to-skin
- Pump Assembly and Cleaning?
- Milk Handling and Storage?
- Documentation
  - Pump
  - Education

# Breastfeeding Education and Support

## Breastfeeding Peer Counseling Observations

- Client Centered?
- Questions/Concerns Answered?
- Contact Documented?
- Referral Procedure to IBCLC

# Nutrition Counseling/Care Plan Observation

## -Nutrition Assessment

- Client's nutrition problem/concern/needs/motivation
- Client's input

## -Intervention Plan

- Identified Behavior Change/Goal(s) identified by client & RD
- Documented

## -Monitoring/Evaluation Plan

- Next Appt type
- Indicator to monitor client progress toward goal
- **What to follow-up on**

## Follow-ups?

For wichealth.org

- ▶ At recert and mid-cert evaluation appointment

For High Risk NCRD

- ▶ CPA or RD at the next scheduled appointment

# OUTREACH/CIVIL RIGHTS Tool



## Referrals

- Info on Medicaid
- Other health services

## Outreach

- Annually public announce
  - WIC eligibility
  - Clinic locations and phone numbers
  - Institutions-group homes, shelters, etc.

# Civil Rights

## Non-Discrimination Statement (NDS)

- Outreach materials
- Website
- WIC Newsletters
- NE material-LA developed and mentions WIC
- Current (2022)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: "<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>", from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**1. mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider. (2022)**

## “...And Justice for All” poster

- Green
- Dated 9/19
- Prominent place
- Minimum 1

# Racial/Ethnic

- Complaints forwarded to USDA
- Language availability
  - Families Count by Primary language
  - Materials
  - Bi-lingual staff

# Civil Rights Training

- New staff
- All staff annually
- mihealth.org online course
- Certificate & Score

# Interviews

## Ask clients:

- ▶ Know how to use benefits?
- ▶ Understand purpose of WIC?
- ▶ Provided language assistance?
- ▶ Treated Fairly?
- ▶ Not have to pay for WIC services?
- ▶ Nutrition Education Experience
- ▶ Shopping experience

# Produce Connection Tool

- ▶ Use as checklist to cover required items.
- ▶ Reminder that WIC Cash Value Benefits (CVB) can be used at Growers Markets all year round.

# Recordkeeping & Accountability Tool



# EBT Card Security and Inventory-pg 2

MPR	EBT Card-Security and Inventory (Policy 8.08)	Yes	N/A	If No, Action Plan needed
O	9.2c <u>Are EBT cards stored in a safe or locked storage area with limited access? If no, describe storage arrangements:</u>			
O, D	9.2a Verify that all EBT cards are recorded in MI-WIC as "in-stock" upon receipt?			
O, D	9.2a Verify that all Active EBT cards are inventoried on at least a monthly basis by non-issuance personnel?			





# EBT Card Issuance Log

Review 6 pages of EBT Card Issuance logs from various staff and for different time periods. Are logs completed, as required?

(Policy 8.09 Michigan WIC EBT Card Issuance)

Exhibit 8.09A

WIC EBT Card Issuance Log							
Local Agency: (Enter Local Agency Name)				Clinic #: (Enter Clinic Number)			
Card Number	Check Digit	Date of Issuance	Auth. Person/Proxy Cardholder Name	WIC Family ID Number	Staff Name Card Issued By	New Card	Replacement Card (L, S, D, B, O)
5077118	00000001						
5077118	00000002						
5077118	00000003						
5077118	00000004						
5077118	00000005						
5077118	00000006						
5077118	00000007						
5077118	00000008						
5077118	00000009						



# EBT Card Security



EBT DAILY USE Cards - Inventory & Issuance (Policy 8.08, 8.09)		
D	9.2b	Review 6 pages of Michigan WIC EBT Card Issuance logs from various staff and for different time periods. Are logs completed, as required? (Policy 8.09 Michigan WIC EBT Card Issuance)
O	9.2c	Are <b>daily use EBT cards and logs stored securely</b> , with limited staff access, and returned to storage at the end of the day? (Policy 8.08, WIC EBT Card Security)
O	9.2c	Are the <b>WIC EBT cards/logs assigned to individual/staff stored in secure area</b> that is not accessible to clients or unauthorized staff? (Policy 8.08, WIC EBT Card Security)
O	9.2c	Are supplies of <b>WIC EBT cards assigned to individual/staff in increments of 20 cards or a reasonable amount</b> based on daily client activity? (Policy 8.08, WIC EBT Card Security)
O	9.2b	Verify that the current WIC EBT Card Issuance Log reflects the cards issued to clients and those cards unassigned. (Policy 8.09 Michigan WIC EBT Card Issuance)

# Annual Reviews

## Annual Review of Agency

LA: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

### Local Agency Procedures:

			Indicator/Criteria
Emergency/Disaster Plan	Y	N	9.1a
Anthro & Hematological Data Collection & documentation	Y	N	4.3c
Immunization (if within HD)	Y	N	12.1d
Nut Ed Collaboration/WIC Agreement (MSUE for FMNP)	Y	N	9.1a
Homeless Facility Agreement (Update annually)	Y	N	9.1a
Returned Formula	Y	N	7.4c
Transportation Costs (if applicable)	Y	N	9.1a

### Inventory/Logs

Equipment purchases documented w/ WIC Funds	Y	N	9.1a
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WIC Clinic Inventory Log	Y	N	1
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RR: Section 3

## WIC Clinic Annual Review Tool

Clinic: \_\_\_\_\_ **I**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

### Clinic Facility/appointments/equipment/logs

### Indicator/Criteria

1. Clinic and waiting area clean?	Y	N	6.2f
2. "...And Justice for All" poster displayed prominently?	Y	N	2.1a
3. Are they safe? (Covered outlets, no sharp edges, toys are large enough)	Y	N	6.2f
4. Diaper changing close by w/handwashing facilities?	Y	N	6.2f
5. Handicap accessible?	Y	N	2.1f
6. Privacy for:			
Intake	Y	N	2.3b
Medical History/Counseling (w/ CPA)	Y	N	2.3b
7. Breastfeeding			
BF encouraged anywhere in the clinic?	Y	N	6.5a

# Questions & Wrap up

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