STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH COMMUNITY HEALTH AND PREVENTION SECTION WIC PROGRAM

CONNECTICUT WIC PROGRAM MANAGEMENT EVALUATION REPORT ADMINISTRATIVE (PROGRAM OPERATIONS) REVIEW

CONTRACTOR:	SITE(S):
PROGRAM STAFF:	
REVIEWERS:	
DATES (Specific dates for each location):	
DATE OF EXIT CONFERENCE:	
STAFF PRESENT AT EXIT CONFERENCE: (State and Local)	
DATE OF FINAL REPORT:	
REVIEWED BY SUPERVISOR:	DATE:

ADMINISTRATION: Staffing, Organization and Caseload Management
The local agency ensures that staffing is appropriate for the amount and types of services provided.

	affing structure is appropriate and staff education and	STA	NDAI	RD MET	Comments:
	ence are appropriate for assigned responsibilities				
Indica		* 7		D	
1.	There are written job descriptions for each staff position. CT State Plan: 100-Administration, WIC 100-01 Local WIC	Yes	No	Partial	
	Agency Staffing 7 CFR 246.2; NSS Standard #3				
2.	There is a current organizational chart	Yes	No	Partial	
3.	Staffing pattern at all sites, including satellites is periodically assessed to ensure effective delivery of services. 7 CFR 246.3(e); NSS Standard #4	Yes	No	Partial	
4.	Staff is equitably assigned to work staggered lunch, evenings, weekends.	Yes	No	Partial	
5.	The local agency WIC staff racial/ethnic profile matches the population served. <i>FN Instruction 113-1 Appendix D</i>	Yes	No	Partial	5. Connecticut State agency and local agencies use racial and ethnicity data for internal civil right monitoring to guarantee that DPH and recipient agencies are equal
6.	Each job duty is performed by the appropriate staff member.	Yes	No	Partial	opportunity providers and employers.
	s trained appropriately.				
	w staff is oriented to the program. 7 CFR 246.11(c)(2); NSS S	tandare	d #5		
Indica		3.7	NT	D (1.1	
1.	New staff attends State orientation training. CT State Plan: 100-Administration, WIC 100-06 State Office	Yes	No	Partial	
	Sponsored Meetings NSS Standard #5				
2.	New staff receives timely local agency orientation.	Yes	No	Partial	
3.	There is documentation that the Orientation Checklist is used as part of new staff orientation.	Yes	No	Partial	
		2			Paying 1/2022

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	WIC Numbered Memo 16-013, 19-002			
4.	There is evidence of attendance at Statewide meetings. CT State Plan: 100-Administration, WIC 100-06 State Office Sponsored Meetings	Yes	No	Partial
5.	The local agency has a current Staff Training plan and there is evidence of local agency in-service training of staff. <i>CT Memo 17-016</i>	Yes	No	Partial
6.	There is evidence of regular staff meetings. CT State Plan 100-Administration, WIC 100-07 Communications	Yes	No	Partial
7.	Local agency records include documentation of staff review of WIC numbered MEMOS. CT State Plan 100-Administration, WIC 100-14 Documentation of local Agency staff review of WIC numbered MEMOS	Yes	No	Partial
8.	There is evidence that Program Coordinator directs and maintains oversight of new and current staff development and training, and as needed of dietetic students and interns.	Yes	No	Partial
9.	There is documentation that the local agency coordinator spends at least (8) hours per month at each permanent site and four (4) hours per quarter at each satellite site. CT State Plan: 100 – Administration, WIC 100-01 Local Agency Staffing CT Memo 18-005	Yes	No	Partial
	ganizational structure reflects adherence to good manageme	_		
	ng standards are in accordance with Federal regulations and	State	policie	S
Indicar 1.	Budgeted staff in the approved annual budget matches current staffing.	Yes	No	Partial
2.	Time studies are conducted as specified in the current state WIC Procedure Manual.	Yes	No	Partial

CT State Plan: 100-Administration, WIC 100-11 Submission of Local Agency Reports, 102 Financial Management, WIC 102-08 Cost Accounting		
3. The State agency is promptly notified when vacancies occur. Also, the State is notified timely when the local has difficulty filling vacancies. CT State Plan: 100-Administration, WIC 100-01 Local Agency Staffing	Yes No Partial	al

ADMINISTRATION: Management, Self-Evaluation, Monitoring 7CFR 246.19 (b)

The Local agency management practices reflects adherence quality improvement of standards	STANDARD MET	Comments:
 There is evidence that the local agency uses the following tools as a part of the local agency self-evaluation: Clinic Observation Tool Program Operations review tool Nutrition Education Services & Certification review tool CT State Plan: 100-Administration, WIC 100-15 Local Agency Monitoring 	Yes No Partial Yes No Partial Yes No Partial	
2. The local agency has submitted a summary of the off year self-evaluation in the current Local Agency Plan CT State Plan: 100-Administration, WIC 100-15 Local Agency Monitoring	Yes No N/A	
3. There is evidence of management review of Employee Participant files. CT State Plan: 200-Certification, 200-32 Separation of Duties	Yes No Partial	
4. The Local Agency has completed Chart Audits according to State guidelines. <i>WIC Contract</i>	Yes No Partial	

ADMINISTRATION: Staffing, Organization and Caseload Management

Caseload management supports effective food fund management.	STANDARD MET	Comments:
Indicators: 1. Participants are encouraged to purchase all WIC benefits issued to them.	Yes No Partial	
 The redemption rate for benefits issued to Participants is above the acceptable State limit (75%). (Threshold determined based on the analysis of Benefit Issuance and Redemption Data) 	Yes No Partial	

ADMINISTRATION: Records

ADMINISTRATION: Records				
Retention of records is handled according to Federal and State pol	icy			
Indicators:				
1. The local program maintains full and complete records of the following type: food delivery, certification, outreach, vendors, civil rights, and fair hearings. 7 CFR 246.25; CT State Plan, 100-Administration, WIC 100-05 Local Agency Records	Yes	No	Partial	
2. Records are retained for a minimum of three years. 7 CFR 246.25 CT State Plan, 100-Administration, WIC 100-05 Local Agency Records	Yes	No	Partial	
Destruction of records is conducted in a manner that protects conf	identia	lity		
Indicator:				
1. Copy of the written request and the Public Records Administration approval to destroy outdated files/records is on file in the local agency or there is evidence that records are destroyed in a confidential manner. CT State Plan, 100-Administration, WIC 100-05 Local Agency Records	Yes	No	Partial	
Record of Confidentiality Agreement				
Indicator: 1. All WIC staff has a signed Confidentiality Agreement on file. 7CRF §246.26 CT State Plan: 100-Administration, WIC 100-	Yes	No	Partial	

16 Confidentiality of Applicant and Participant, and Vendor information		
Sub recipient Audit Report OMB Circular A-133		
Indicator: 1. The local program has submitted to the state office the A-133 audit report within the 9 months of the end of the fiscal year.	Yes No Partial	

CLINIC SCHEDULING AND CLIENT FLOW

Clinic schedules and site operations are designed to effectively	STANDARD MET	Comments:
serve caseload. Indicators:		
1. Extended hours are made available to facilitate client access such as early and late hours, lunchtime and weekend. 7 CRF 246.7(b) CT State Plan: 100-Administration, 100-09 Local Agency Office Hours and Scheduling. CT WIC Memo 17-019	Yes No Partial	
2. Local agency regular/extended/weekend office hours are prominently displayed and reflect actual program hours of operation at main site and satellites. CT State Plan, 100 Administration, WIC 100-09 Local Agency Office Hours and Scheduling	Yes No Partial	
3. Efficient client flow- waiting time limited, smooth transitions. CT State Plan: 100-Administration, 100-02 Caseload Mgmt.	Yes No Partial	
4. There is an established appointment policy for late shows and walk-ins. The policy is visibly displayed in the service area. Participants are informed of the policy. CT State Plan: 100-Administration, WIC 100-02 Caseload Management CT Memo: 17-021	Yes No Partial	
5. There are established follow-up procedures for participants who miss appointments.	Yes No Partial	

	CT State Plan: 100-Administration, 100-02 Caseload Mgmt. One Call Report	Yes	No	Partial	
6.	The local agency tracks no show rate and there is supportive documentation. CT State Plan: 100-Administration, 100-02 Caseload Mgmt. CT MEMO No. 13-033; CT-WIC, Clinic-Reports-CASE 10.5				
7.	The local agency considers client input on appointment times for certification and nutrition education contacts or class.	Yes	No	Partial	

CLINIC ENVIRONMENT AND CUSTOMER SERVICE

The local agency ensures that nutrition services are provided in an environment that promotes the health and well-being of their participants. The local agency ensures that WIC services are customer-friendly and responds to meet the individual needs of clients. NSS Standard #2

The clinic and staff is client centered.			D MET	Comments:
Indicators: 1. Clinic space is clean, attractive, comfortable and safe; the waiting area is child friendly (activities/play area) and is conducive to learning.	Yes	No	Partial	
2. Participants are triaged appropriately and communicated with in a timely manner upon entering the WIC service area.	Yes	No	Partial	
3. Appropriate information is provided during a WIC inquiry. Program Assistants/clerks clarifies detail e.g. appointment time, pertinent documents.	Yes	No	Partial	
4. WIC staff use good interpersonal skills (are polite and use a customer-friendly manner, deals effectively with upset/emotional participant, and is sympathetic to participant's challenges/interests).	Yes	No	Partial	
 Participant confidentiality is protected. There is privacy for income verification, intake, screening, referral and counseling. 7 CFR 246.26 (d)(1)(i) 	Yes	No	Partial	

 6. Information on health and social services is available in different languages and reflects the interests of different cultures. 7 CFR 246.11.(c)(3) 	Yes	No	Partial
7. There are restrooms, a diaper changing area and drinking water. 7 CFR 15b.18	Yes	No	Partial
8. The local agency has an announced public policy against smoking where WIC program functions are performed. CT State Plan: 100-Administration, WIC 100-10 Smoking Policy	Yes	No	Partial

CERTIFICATION PROCESS

The local agency follows Federal and State regulations and policies for participant certification.

The intake procedure from curr	ent State Plan policies is	STANDA	ARD MET	Comments:
followed.				
Indicators:				
1. Medical Referral/Cert form staff, are signed, dated and applicant/participant's CT-7CFR 246.4 (a)(26) (i)-(iii) CT State Plan: 200- Certification Forms and Section 1.	scanned into the WIC record) and §246.7 (i) and (j) ication, WIC 200-13 Completion of	Yes No	Partial	
2. 185% of the Federal Pover evaluate an applicant's elig 7CFR 246.7(d)(1), 7CFR p		Yes No	Partial	
3. Adjunctively income eligible according to policy. 7CFR 246.7 (d) (2) (vi) (A) Certification WIC 200-06 I	(B) (C). CT State Plan: 200	Yes No	Partial	

4.	The identity requirement is verified at (re) certification. 7CFR 246.7 (c) (2) (i) CT State Plan: 200 Certification WIC 200-03 Identity Requirement, CT WIC Program Identity and Residency Documentation form	Yes	No	Partial			
5.	The residency requirement is verified at (re) certification & change of address. 7CFR 246.7 (c) (2) (i) CT State Plan: 200 Certification WIC 200-04 Residency Requirement, CT WIC Program Identity and Residency Documentation form	Yes	No	Partial			
6.	Applicants found ineligible during a (re) certification <u>visit</u> are given a copy of a completed and signed Notice of Participant Action Form, informing their right for a Fair Hearing and how to proceed, if requested. Verbal notification is given when ineligibility is determined over the phone. 7CFR246.7(j)(6) CT State Plan: 200-Certification, WIC 200-21 Applicant/Participant Ineligibility, Termination and Disqualification	Yes	No	Partial			
7.	An "Ineligible Applicant File" containing the income documentation, certification form and Notice of Participant Action is kept at the local agency for applicants that are found ineligible after applying for benefits in person at the clinic. 7CFR246.7(j)(6) CT State Plan: 200-Certification, WIC 200-07 Income Eligibility Documentation	Yes	No	Partial			
8.	The certification procedure is performed at no cost to the applicant. $7CFR\ 246.1;246.12\ (h)\ (3)(x)$	Yes	No	Partial			
9.	The appropriate procedure for issuance or reissuance of the eWIC card is followed. 7CFR 246.2 and 246.12(r)(1) CT State Plan: 400 Food Delivery, WIC 400-04 EBT Account Setup and Maintenance	Yes	No	Partial			

10. Staff gives the opportunity to clients to designate a caretaker. Staff explains the caretaker role appropriately and stresses the role of the authorized person in WIC participation. CT State Plan: 200 Certification, WIC 200-23 Request for Caretaker	Yes	No	Partial	
11. The selection or declination of a caretaker is documented in the participant file in CT-WIC, Family Information Screen and the completed caretaker form (when applicable) is scanned into CT-WIC, Images. CT State Plan: 200 Certification, WIC 200-23 Request for Caretaker	Yes	No	Partial	
12. At least two people are involved in the certification process for each participant. 7 CFR 246.4 (a)26(iii)CT State Plan: 200-Certification, WIC 200-13 Completion of Certification Forms and Separation of Duties	Yes	No	Partial	

Local agency takes actions to identify suspected instances of dual participation 7CFR 246.7 (1)(1); WIC State Plan: WIC 103 Dual Participation WIC 103-01 Dual Participation Report and Follow up; WIC 104 Civil Rights, WIC 104-04 WIC Participant Abuse of the WIC Program; 200 Certification, WIC 200-16 WIC Program Orientation.

	STA	STANDARD MET		Comments:
 Local agency utilizes the Dual participation report generated electronically to identify and resolve dual participation. Local agency shall describe upon request the process for resolving suspected dual participation in accordance with State policies and regulations. CT-WIC, Reports, OPER 11.4,11.17 WIC Dual Enrollment/Participation Report 	Yes	No	Partial	
2. A participant found in violation due to dual participation is terminated immediately from participation in one of the programs. 7CFR 246.7(l)(3)	Yes	No	Partial	
	Yes	No	Partial	

3. Local agency submits instances of suspected intentional dual	
participation to State Agency to determine action to be taken	
in accordance with federal and state regulations.	
7CFR 246.7(1)(4); 246.23(c)(1); 246.12(u)(2). WIC 104 Civil	
Rights, WIC 104-04 WIC Participant Abuse of the WIC	
Program	

CERT	TIFICATION PROCESS: New Client Orientation				
	certified participants are oriented to the Program, and nation is reviewed with (re) certified clients.	STANDARD MET		RD MET	Comments:
Indica	tors:				
1.	General purpose and scope of WIC is explained to participants. CT State Plan: 200-Certification, 200-16 WIC Program Orientation	Yes	No	Partial	
2.	The use of WIC benefits is explained to the participant. CT State Plan: 200-Certification, WIC 200-16 WIC Program Orientation and 400-Food Delivery, WIC 400-02 Initial Enrollment in the Food Delivery System	Yes	No	Partial	
3.	Each participant, parent or guardian reads/is read the Rights & responsibilities section of the certification form. At service delivery point, applicants and participants are advised of their right to file a discrimination complaint, how to file a complaint and complaint procedures. 7 CFR 246,7(j), State Plan: 200-Certification, WIC 200-13 Completion of Certification Forms and Separation of Duties; 7CFR 246.8 (b), FNS Instruction 113-1; State Plan 104-Civil Rights, WIC 104-03 Discrimination Complaints	Yes	No	Partial	

4.	A list of authorized WIC vendors/retailers is provided to participants.	Yes	No	Partial				
5.	The WIC Approved Food Guide is explained and provided to Applicant/Authorized Person/Caretaker. CT State Plan: 400-Food Delivery, WIC 400-03 Approved Food Guide	Yes	No	Partial				
6.	Participants are provided an explanation as to why they may not have benefits available to them. Failure to recertify. 7 CFR 246.7 (3)(i) CT State Plan: 200-Certification, WIC 200-16 WIC Program Orientation	Yes	No	Partial				
7.	Participants are given an opportunity to ask questions.	Yes	No	Partial				

VERIFICATION OF CERTIFICATION (VOC) - Transfers

Participants who relocate during a certification period are provided with the opportunity to continue to receive program benefits. 7CFR 246.7(k), 246.26(d) CT State plan 200 Certification, 200-20 Transfer of Verification of Certification (VOC)	STA	NDA]	RD MET	Comments:
Indicators: 1. Connecticut WIC Program CT-WIC generated out of State VOC form is printed out, completed, and issued in accordance with current policy. (Transfer out) CT State plan 200 Certification, 200-20 Transfer of Verification of Certification (VOC)	Yes	No	Partial	
2. Participants transferring out of State are issued a completed Notice Of Participation Action Form; with 'Other' checked and 'Out of State Transfer' or 'OST' written in the space provided, and a scanned copy kept in the participant file in CT-WIC.* CT State plan 200 Certification, 200-20 Transfer of Verification of Certification (VOC)	Yes	No	Partial	
	Yes	No	Partial	

3. Out of State VOC forms/cards are accepted as proof of eligibility for program benefits for participants who have been receiving program benefits. (Transfer in) CT State plan 200 Certification, 200-20 Transfer of Verification of Certification (VOC)	

INELIGIBILITY, TERMINATION AND DISQUALIFICATION

If Participants are terminated during the certification period or	STANDARD MET	Comments:
not re-certified it is done in accordance with federal regulations		
and procedures in the current state WIC plan.		
Indicators:		
1. A person who is about to become <u>no longer categorically</u> <u>eligible</u> , or disqualified is advised in writing not less than 15 days before the termination or disqualification suspension. A Notice of Participant Action is completed, signed and saved in the participant's CT-WIC file. A copy is given to the participant. The participant is informed of right for a Fair Hearing and how to proceed, if requested. CT State Plan: 200-Certification, 200-21 Applicant/Participant Ineligibility, Termination and Disqualification; 7CFR246.7(j)(6)	Yes No Partial	
2. WIC participants whose family income exceeds the income guidelines prior to their eleventh month of having been certified are terminated. 7 CFR 246.7(h) (1) CT State Plan: 200-Certification, 200-21 Applicant/ Participant Ineligibility, Termination and Disqualification	Yes No Partial	
3. WIC participants who are adjunctively income eligible are terminated only after their income eligibility has been reassessed based on the income screening procedures used for applicants who are not adjunctively eligible. 7 CFR 246.7 (h) (1) (ii) CT State Plan: 200-Certification, WIC 200-21	Yes No Partial	

Applicant/ Participant Ineligibility, Termination and Disqualification		
4. Follow up via phone/mail is provided to participants who fail to recertify (Termination Process). <i>CT-WIC</i> , <i>Reports</i> , <i>CERT17.18</i> (<i>Terminated Participants</i>)	Yes No Partial	

CIVIL RIGHTS:

The local agency actively informs applicants and participants of their Rights and Responsibilities.

The local agency informs persons of the nondiscrimination	STANDA	RD MET	Comments:
policy and of their rights to file a complaint of discrimination.			
7 CFR 246.8 and 246.9			
Indicators:			
1. The USDA non-discrimination poster "And Justice for All" and the State poster "Discrimination is Illegal" are displayed at each local agency and satellite site. CT State Plan: WIC 104-Civil Rights, WIC 104-01 Nondiscrimination Clause	Yes No	Partial	
2. The USDA non-discrimination statement is included on all publications, outreach materials, handouts, referral materials, leaflets and brochures. CT State Plan: WIC 104-Civil Rights, WIC 104-01 Nondiscrimination Clause	Yes No	Partial	
3. During the certification process participants are informed of their Rights and Responsibilities (R&R), and given a signed copy of the R&R form. <i>CFR 246.8 CT State Plan: 200-Certification, WIC 200-31 Participant Rights and Responsibilities</i>	Yes No	Partial	
4. Participants are informed of their right to file a discrimination complaint, how to file a complaint, and the	Yes No	Partial	

		1		
	complaint procedures when requested. <i>CFR</i> 246.8(b), <i>FNS Instruction</i> 113-1CT State Plan 104-03 Discrimination			
	Complaints			
	Complaints			
5.	During a certification/re-certification <u>visit</u> in which an applicant is found ineligible, or a participant is going to be categorically terminated or disqualified from the WIC program, the individual is informed of right for a Fair Hearing and how to proceed, if requested.7 CFR 246.7(h) (1)] CT State Plan: 200-Certification, 200-21 Applicant/Participant Ineligibility, Termination and Disqualification	Yes	No	Partial
6.	The local agency follows established procedures for handling civil rights complaints. 7 CFR 246.9; CT State Plan: 104-Civil Rights, WIC WIC104-03 Discrimination Complaints	Yes	No	Partial
7.	Have there been any discrimination complaints/hearing requests during the last 2 fiscal years?	Yes	No	Partial
8.	All participants are offered the opportunity to register to vote. Voter Registration forms are available. Voter Registration status is documented in CT-WIC. CT State Plan: 105-Voter Registration, WIC 105-01 Compliance with the National Voter Registration ACT of 1993	Yes	No	Partial

CIVIL RIGHTS:

Local WIC agencies and vendors comply with nondiscrimination laws and regulations.

noted the agencies and temporal comply with nondiscrimination is	***** ********************************	
Local agency staff receives training in civil rights enforcement.	STANDARD MET	Comments:
Indicators: 1. All new employees receive Civil Rights training as part of staff orientation procedures.	Yes No Partial	
2. Local Agency staff receives an annual Civil Rights training. All staff not in attendance of Statewide training is trained	Yes No Partial	

		16			Revised 1/2022
Indica		Yes	No	Partial	
	WIC vendors serve all persons equally and treat WIC am participants the same as other customers.	STA	NDAR	D MET	Comments:
Indica	l and ethnic participation data are collected as required by (tors: Participants' race/ethnicity information is collected in accordance with OMB standards. 7 CFR 246.8 (a)(3); CT State Plan: 104-Civil Rights, WIC 104-02 Racial/Ethnic Data Collection and Reporting	Yes	No	Partial	
Indica	tors: The local WIC program complies with local agency/host agency employment nondiscrimination policies and procedures. 7CRF §246.8 (b), FNS Instruction 113-1 CT State Plan: 104-Civil Rights, WIC-104-03 Discrimination Complaints	Yes	No	Partial	
	There is a LA person responsible for coordinating civil rights procedures.	Yes	No	Partial	
4.	Staff is aware of procedure in the event of a complaint. CT State Plan: 104-Civil Rights, WIC 104-03 Discrimination Complaints	Yes	No	Partial	
3.	Local Agency keeps records of completion of Civil Rights training.	Yes	No	Partial	
	locally within 30 days and documentation is available. FNS Instruction 113-1 (XI)				

2. Participant complaints about customer service against area vendors are promptly submitted to the State Office for review	Yes	No	Partial	
CIVIL RIGHTS: Services are not denied to any qualified applicar 7CRF §246.8 (b), FNS Instruction 113-1 CT State Plan: 104-Civil Right				2 , 3 ,
Where a significant number or proportion of the population eligib				
in order to be effectively informed of or to participate in the progr				
appropriate languages to such persons. CFR 246.8 (b), FNS Instru			NPP Civil	Rights Policy Notice No. 2013-3 CT State Plan: 104-Civil
Rights, WIC 104-06 Limited English Proficiency (LEP)Other Language	ge Servi	ces		
Indicators:				
1. Translated versions of written materials are available if needed.	Yes	No	Partial	
2. Interpreter services are available when needed.	Yes	No	Partial	
Operational procedures, site locations, appointment scheduling an	nd hour	s of op	peration do	not have the effect of discrimination against persons
based on race, color, national origin, sexual orientation or handical	ap.			
CFR 246.8 (a); 7CFR Part 15b; CT State Plan 104-Civil Rights WIC	104-01	Non -	-Discrimina	ution clause
Indicators: 1. Handicapped persons have access to WIC local agency.	Yes	No	Partial	
2. The location of the WIC clinic is accessible via public transportation, on bus route, etc.	Yes	No	Partial	
3. There is available parking for WIC clients.	Yes	No	Partial	

OUTREACH: The local agency has an effective outreach program.

partic minor availa langua	participation and inform all potential participants, particularly minorities and women in the early stages of pregnancy, of the availability of the Program and made available in different languages.		STANDARD MET		Comments:
Indica				~	
1.	The local agency has an effective outreach plan, which addresses their agency specific goals for outreach.	Yes	No	Partial	
2.	The local agency <u>annually</u> publicizes the availability of WIC benefits including eligibility criteria and the location of local agency offices in newspapers serving that program's area. <i>CFR 246.4 (a) (7); CT State Plan: 101 Outreach, WIC 101-01 Publicity</i>	Yes	No	Partial	
3.	There is documentation that participants are informed of any significant program changes such as revisions in income eligibility standards, revised hours of service, locations of new clinics, changes in formula policy, etc.	Yes	No	Partial	
4.	Outreach materials are available in the appropriate language when a substantial number of persons in the service area speak that language. CT State Plan: 101 Outreach, WIC 101-06 Materials Development and Tracking of Outreach Activities	Yes	No	Partial	
	All outreach materials promote the WIC Program as a community nutrition program and are targeted to potentially eligible individuals. Materials reflect the ethnic and cultural groups in the community and include the non-discrimination statement. CT State Plan: 101 Outreach, WIC 101-06 Materials Development and Tracking of Outreach Activities	Yes	No	Partial	

OUTREACH: The local agency has established 'collaborative relationships' with appropriate community agencies for the purpose of improving access to services.

There is regular on-going contact with physicians' office, medical	STANDARD MET	Comments:
clinics, public health clinics, and other major referral sources in		
the community.		
Indicators:		
1. Updated written program information is distributed at a minimum twice a year to hospitals, private physicians, local clinics, social agencies, faith-based organizations, neighborhood centers, welfare agencies, unemployment offices, farm worker organizations, homeless facilities, and other organizations in the service area that serve potential WIC eligible persons. CT State Plan: 101 Outreach, WIC 101-04 Coordination of Services-Referrals to the WIC Program	Yes No Partial	

Where appropriate, written agreements are in place between the long $7CFR\ 246.6\ (b)\ (1)\ (3)\ (5),\ (f)\ (1)(2)$	ocal agency and other health and social service agencies in the community.
Indicators: 1. There are written or service agreements with other appropriate community agencies or organizations.	Yes No Partial
2. WIC services are coordinated with other community services. CT State Plan: 300-Nutrition Services, 300-07 Coordination with other Community Resources	Yes No Partial
3. Agreements are in place between WIC and the host agency in order to allow access to or share WIC participant information. <i>7CFR 246.26</i>	Yes No Partial

OUTREACH: Local Agency Captures Outreach impact

The local agency monitors its outreach activities for impact and effectiveness	STANDARD MET	Comments:
Indicators:		
1. Local agency captures outreach impact by looking at the "How heard about WIC" in CT-WIC Precertification screen and /or the Referral pop-up in the Family Information Screen. CT-WIC, Clinic, Reports, CERT 17.3- State Referrals From	Yes No Partial	
The local agency has an established method of measuring outreach impact	Yes No Partial	

FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY:

Unissued eWIC card stock receipt, storage, security and inventory procedures assure adequate control of eWIC card stock.

Receipts of card stock are thoroughly tracked.	STANDARD MET	Comments:
Indicators:		
1. All eWIC card stock shipped to the local agency is verified		
with the packaging slip/transaction report listing the first and		
last number of the eWIC cards in the sleeve.	Yes No Partial	
2. The State Agency is sent confirmation of receipt of eWIC		
cards within 3 days of delivery.		
CT State Plan: 400 Food Delivery, WIC 400-09 Unused	Yes No Partial	
eWIC Card Stock Inventory		
3. Any discrepancies are noted on the receiving report.		
	Yes No Partial	
Card storage & inventory procedure protocol are followed.		

Indicators:	
 Unused eWIC card stock is kept in a secured storage unit at all times except when opened for issuance, restocking or inventory. CT State Plan: 400 Food Delivery, WIC 400-09 Unused eWIC Card Stock Inventory 	Yes No Partial
2. Access to eWIC card storage is restricted to authorized staff only.	Yes No Partial

FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY:

eWIC Cards are issued to participants in accordance with Federal regulations and state policies.

tive curies are assured to pure parties are accordanced with a curie.	· Survivoro array state por or or or
eWIC Cards are issued according to Federal regulations and state procedures.	
Indicators:	
 eWIC Cards are issued at the same time as notification of certification. CT State Plan:, 400 Food delivery, WIC 400-01 Food delivery Statewide System 	Yes No Partial
2. eWIC card usage is clearly explained to the Authorized Person (card activation, safety, PIN, fraud etc.)	Yes No Partial

	CT State Plan: WIC 400-04 eWIC Card Issuance, EBT Account Setup and Maintenance				
3.	The food package is reviewed and participants are allowed to request allowable substitutions at the time of benefit issuance	Yes	No	Partial	
4.	Participants are issued benefits for one to three months at the time of appointment, except under extenuating circumstances (e.g Special Formula documentation)	Yes	No	Partial	
5.	Authorized persons or their authorized caretakers are present for the WIC appointment. CT State Plan: 200 Certification WIC 200-23, Request for Caretaker. WIC 200-03 Identity.	Yes	No	Partial	
6.	The Family Benefits List is signed by the Authorized Person or Caretaker. Remote benefit issuance for completion of WICSmart is documented at the time of issuance. CT State Plan 400 Food delivery, WIC 400-02 Initial enrollment in the Food Delivery System, WIC 400-05 Benefit Issuance, Prorating, Voiding and Reissuance, CT State Plan 300 Nutrition Services, WIC 300-15 Online Nutrition Education Opportunities: WICSmart	Yes	No	Partial	
7.	Food package changes are issued by CPA only. CT State Plan: 400 Food delivery, WIC 400-01 Food delivery Statewide System	Yes	No	Partial	
8.	Benefits are issued with the eWIC card or appropriate identification. CT State Plan: 200 Certification, WIC 200-03 Identity Requirement	Yes	No	Partial	

FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY:

There are adequate controls for lost, stolen or damaged cards.

Lost, voided and damaged cards are handled according to state policy. CT State 400 Food delivery, WIC 400-08 Theft or Loss of eWIC cards Indicators: 1. eWIC cards are replaced per policy. First occurrence is replaced immediately and any replacements there after shall be replaced within 48 hours after the card has been reported lost or stolen. CT State Plan: 400 Food Delivery, WIC 400-08 Theft and/or Loss of eWIC Cards; 200 Certification, WIC 200-03 Identity Requirement	Yes No Partial	Comments:
Reissuance of Benefits is handled according to state policy. CT State 400 Food delivery, WIC 400-08 Theft or Loss of eWIC cards and WIC 400-05 Benefit Issuance, Prorating, Voiding and Reissuance Indicators: 1. Used Benefits are reissued in accordance with State Policy with appropriate documentation.	Yes No Partial	

VENDOR RELATIONS:

There is an appropriate number and distribution of authorized WIC retailers to assure adequate participant convenience and access.

The local agency maintains a vendor file which contains the following:	STANDARD MET		STANDARD MET Comments:		
Indicators: 1. A list of authorized vendors including store name, address, WIC vendor number and contact name.	Yes	No	Partial	1. Maintained in CT-WIC	
2. Other pertinent information such as documentation of the telephone conversations with the vendor and complaints received about the vendor. <i>See also Civil Rights</i>	Yes	No	Partial		
No conflict of interest exists between WIC staff and vendors.					
Indicators:	Yes	No	Partial		

	There is no evidence that participants are being inappropriately instructed to use only certain vendors.	Yes	No	Partial
2.	The local agency feels that they have enough authorized vendors.			
		Yes	No	Partial
3.	If a relationship exits, such as a WIC person working part-time for a vendor or relatives of a WIC staff person owning a grocery authorized as a WIC vendor, the relationship is disclosed in writing and is on file at the local agency. CT State Plan: 400 Food Delivery, WIC 400-19 Conflict of Interest with Vendors			

PARTICIPANT FEEDBACK

Participant opinions of services are used to improve program operations. (Cross-reference with nutrition services).					
Indicators:					
1. A Local Agency developed Participant Satisfaction survey is done each fiscal year. Number of surveys administered is representative of 5% of active participants. CT State Plan: 300-Nutrition Services, WIC 300-08 Participant Feedback	Yes	No	Partial		
2. There is documentation that feedback from surveys is used to improve services. CT State Plan: 300-Nutrition Services, WIC 300-08 Participant Feedback. Local Agency Plan	Yes	No	Partial		

FARMERS' MARKET:

Farmers' Market Nutrition Program (FMNP) is promoted in areas where farmers' markets are available to improve intake of fruits and vegetables among WIC participants between June and October of each year. When outside the FMNP season, then WIC State reviews documents and procedural plans.

7 CFR 246.12 (v) 7CFR 248.17 Management evaluations and reviews; Farmers' Market Reference Guide CT Department of Agriculture Bureau of Marketing

Marketing		
Farmers' Market orientation is provided to eligible WIC	STANDARD MET	Comments:
participants.		
Indicators:		
1. All staff is appropriately trained in Farmers' Market procedures.	Yes No Partial	
2. Farmers' Market recipients receive information about location, FM coupon replacement, eligible FM items, FM coupon redemption procedures, including use, FM coupon value, time frames, etc., and FM nutrition education material.	Yes No Partial	
3. FM nutrition education is provided. <i>7CFR 248.9 (a)</i>	Yes No Partial	
Allocation and Distribution Procedures are being followed as stated checks. 7CFR 248.6, 248.8 (b)	in WIC Staff Adminis	trative Procedures for issuing Farmers' Market
Indicators:		
1. Only one set of FM coupons is issued to participants.	Yes No Partial	
2. FM coupons are issued only to eligible recipients.	Yes No Partial	
Farmers' Market vouchers are secure and issuance is documented.	1 7 CFR 248.10: 248.4 (a	1)
Indicators:		
1. Coupons are stored in a locked location.	Yes No Partial	
2. Signatures from the registers match dated and authorized signatures in participant record.	Yes No Partial	
3. Check security procedures are followed as stated in the WIC Staff Administrative Procedures.	Yes No Partial	
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4. Procedures for voided coupons are followed as stated in the WIC Staff Administrative Procedures.	Yes No Partial				
Promotion and outreach is conducted on Farmers' Market.	STANDARD MET	Comments:			
Indicators:					
1. Coordination with other agencies to promote farmers' market is conducted.	Yes No Partial				
2. Outreach activities such as newspaper/radio spots are conducted to promote the farmers' market.	Yes No Partial				
Monitoring and evaluation of the Farmers' Market is conducted yearly. 7 CFR 248.10 (e) (2); 248.18 (c) (i)					
Indicators:					
1. Farmers Market participant satisfaction survey is conducted yearly.	Yes No Partial				