

Pre-Monitoring Worksheet

	<u>Staff</u>	<u>Date</u>
Administrative Lead	_____	_____
Vendor Coordinator	_____	_____
Financial Specialist	_____	_____
Nutrition Coordinator	_____	_____
Breastfeeding Coordinator	_____	_____
Information Technology (IT)	_____	_____
Director	_____	_____

Monitoring Team: _____

Visit Date: _____ Date Last Monitored: _____

Grants Received (circle all that apply): Farmers Market Breastfeeding Peer Counselor Other

Specify "Other" Grant: _____

Lead Local Agency Information			
Program Code:			
Agency Name:			
Address (physical):			
Agency Director:			
Main Clinic Days Open:			
Main Clinic Office Hours:			
Current Ave. Participation (lead)		Previous Ave. Participation (lead)	
Staff (list all names and roles):			

Satellite Clinics					
Location/address:					
Days Open:					
Office Hours:					
Current Ave. Participation					
Previous Ave. Participation					
Staff (list all names and roles):					

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Contract/Fiscal Compliance

Contracts	Yes	No	Comments
Are current signed satellite contracts on file and submitted in a timely manner (if applicable)?			
Are there subcontracts?			

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

Expenditure Report Review	Yes	No	Comments
Are expenditure reports submitted on time in accordance with negotiated 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?			

Process for Review:

All charges to the grant or contract must be actual, necessary, reasonable, and obligated within the appropriate contract period.

Backup documentation includes: Invoices/Receipts, GL Reports, Check Registry, Timesheets, etc.

- Verify expenditures on the attached expenditure reports
- Compare the expenditure reports to the source documentation
- Trace each reported expense back to the source documentation

The WIC Financial Questionnaire was completed by local agency and submitted on (Date): _____

- Information from this form will be reviewed and any issues may be documented here

Finding _____ **Discussion Topic** _____

Explanation:

Pre-Monitoring Worksheet

Complaints (all types)

Participant Compliance

1. Has the local agency consistently returned Participant Compliance forms since the last monitoring visit? Yes _____ No _____ Other: _____
2. Has the local agency consistently followed up with participants who have repeatedly committed the same type of program violation to assess the appropriate sanction? Yes _____ No _____

Comments:

Finding _____ Discussion Topic _____

Explanation:

Retailer/Participant Complaints

1. Has the State Office received any complaints from area retailers about participants since the last monitoring visit? Yes _____ No _____
2. If yes, how many complaints have there been? _____
3. Has the local agency followed up with the participant(s) regarding the complaint(s)? Yes _____ No _____
4. Has the State Office received any complaints from participants about area retailers since the last monitoring visit? Yes _____ No _____
5. If yes, how many complaints have there been? _____
6. Has the local agency followed up with the retailer(s) regarding the complaint(s)? Yes _____ No _____

Comments:

Finding _____ Discussion Topic _____

Explanation:

Pre-Monitoring Worksheet

Other Complaints

1. Are there any complaints about the local agency on file since the last monitoring visit?
Yes _____ No _____

2. If yes, what was/were the nature of the complaint(s)

3. Are there any other complaints on file (FMNP, Civil Rights, etc.) since the last monitoring visit?
Yes _____ No _____

4. If yes, what was/were the nature of the complaint(s)

Comments:

Finding _____ Discussion Topic _____

Explanation

Time Study

1. Are local agency staff completing Time Studies on time and correctly? (i.e. recording activity in correct section, late submittal of TS). Yes _____ No _____

2. Are there any trends (individual or agency) of time study completion or discrepancies?

Finding _____ Discussion Topic _____

Explanation

Pre-Monitoring Worksheet

Quarterly Integrity Audits

1. Has the state office completed a quarterly integrity audit? Yes _____ No _____ N/A _____

2. If yes, are there any recommendations/concerns as a result of the audit findings?

Civil Rights Training

1. Is the Local Agency Civil Rights Sign-In Sheet submitted on time? Yes _____ No _____

2. Did all required staff sign? Yes _____ No _____

Comments:

Finding _____ Discussion Topic _____

Explanation:

Nutrition

1. Review of local agency training (NET, CEUs, Staff Training form) - document results on Observation form.

2. Nutrition Education Plan submitted on time, completed: Yes _____ No _____

Comments:

Finding _____ Discussion Topic _____

Explanation

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Breastfeeding

1. Are Breastfeeding Peer Counselor reports submitted on time? Yes _____ No _____
2. Breastfeeding Plan submitted on time, completed: Yes _____ No _____

Comments:

Finding _____ Discussion Topic _____

Explanation:

Information Technology

Inventory Attached: Yes No Agency: Off Network On Network

Issued Identified by IT Staff:

Finding _____ Discussion Topic _____

Explanation:

Summary of Previous Monitoring

Review of previous Monitoring:

Tier (Circle one): 1 2 3 Score Sheet Attached: Yes No

Nutrition Comments:

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Administrative Comments:

CAP: Submitted on time? Yes____ No____ Completion Verified (Tier 3): Yes____ No____

Self-Monitoring Review:

1. Are self-chart audits submitted on time for Tier 2 and Tier 3 agencies? Yes____ No____

Comments/concerns regarding self-monitoring results (attach final letter):

Finding _____ **Discussion Topic** _____

Explanation: