

| |
|---|
| <p style="text-align: center;">Nutrition Services Department of State Health Services</p> |
|---|

Effective October 1, 2015

Policy No. QA:01.0

Local Agency Self Audit

Purpose

To ensure the delivery of high quality services that meet the needs of participants and that are in compliance with state policies and federal regulations.

Authority

7 CFR Part 246.19

Policy

As part of a written quality assurance plan, each local agency (LA) shall conduct a self-audit that encompasses an evaluation of its certification process, nutrition education, financial management, administrative policies and procedures, facility, and food delivery systems to ensure that WIC services are provided in accordance with State Agency (SA) WIC policies and federal regulations.

Procedures

- I. Food delivery audits shall be conducted once every six months using state agency (SA) worksheets FDA-1 and FDA-2.
- II. Financial management audits shall be conducted annually using SA worksheet FA-1.
- III. Clinical self-audits (certification process, nutrition education, administrative policies and procedures, and facility) shall be conducted twice each fiscal year at all clinic sites using the SA Quality Assurance Core Tool, WIC Tool and all record review worksheets.
 - A. The quality assurance tools are available on the web at <http://www.dshs.state.tx.us/qmb/>.

| |
|---|
| <p style="text-align: center;">Nutrition Services Department of State Health Services</p> |
|---|

Effective October 1, 2015

Policy No. QA:01.0

- B. If LAs use different forms/tools for the clinical self-audit, then the forms/tools shall include all of the review criteria, which pertain to WIC services, listed on the quality assurance tools.

- IV. Traveling team staff is only required to be observed and have records reviewed at one of the travel team sites each fiscal year. The food delivery and facility audits need to be done at ALL clinic sites each fiscal year.

- V. The written quality assurance plan shall be developed and implemented in coordination with the parent agency for the internal review and evaluation of services provided. Deviation from the quality assurance plan is acceptable, if justified and documented.

- VI. The quality assurance plan shall identify the number of observations that shall be conducted and the number of records that shall be reviewed.
 - A. Once a self-audit has been conducted, a corrective action plan shall be developed to correct the findings/deficiencies. The corrective action plan may include staff training and/or technical assistance from the SA.

 - B. The corrective action plan shall be appropriate for the findings. For example: (1) If only one staff member is having problems plotting, it is appropriate to make a corrective action plan to work individually with that one staff member.; (2) If several Certifying Authorities (CAs) are having difficulty with counseling, it is appropriate to plan a staff training on counseling.

- VII. Self-audits, the corrective action plan and implementation of the corrective action plan shall be clearly documented and kept on file at the LA for a minimum of three years following the date of the self audits. All documentation shall be made available to an outside auditor and quality assurance monitoring review team.

| |
|---|
| <p style="text-align: center;">Nutrition Services Department of State Health Services</p> |
|---|

Effective October 1, 2015

Policy No. QA:01.0

Guidelines

- I. Self-audits are an opportunity to develop or improve systems for the delivery of WIC services. Training provides one way to disseminate information to staff; however, additional ongoing methods of ensuring improved service delivery should be considered.

- II. The corrective action plan should include staff training and technical assistance, timelines for correction of problems, follow up activities, and coordination with the host agency on systemic issues.