



## Memorandum

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#16-053

**TO:** WIC Regional Directors  
WIC Local Agency Directors

**FROM:** Amanda Hovis, Director  
Nutrition Education/Clinic Services Unit  
Nutrition Services Section

**DATE:** June 30, 2016

**SUBJECT:** *Texas WIC Policy QA: 1.0 Local Agency Self Audit*

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This memo announces revisions to the *Texas WIC Policy QA:1.0 Local Agency Self Audit*. The policy is effective August 1, 2016. At that time it will be posted and you may update your *Policy and Procedures Manual* by accessing the *WIC Website* at:

[http://www.dshs.state.tx.us/wichd/policy/table\\_of\\_contents.shtm](http://www.dshs.state.tx.us/wichd/policy/table_of_contents.shtm)

### Summary of Revisions

#### *Texas WIC Policy QA: 1.0 Local Agency Self Audit*

1. Replaced the term “quality assurance” with “quality management” plan throughout the document.
2. Added to Procedures Section II: The quality management plan, at a minimum, shall identify:
  - a. A multi-disciplinary quality management committee...
  - b. Designated staff responsible...
  - c. Client satisfaction surveys to be conducted **annually**, at a minimum. **At all sites** in the appropriate languages and actions to be taken based on results of surveys.
3. Procedures Section II (F): Added “records” and “As stated in the DSHS Standards for Public Health Clinic Services” for clarification purposes and removed “at all clinic sites”. Clarification: clinical self-audits must be done twice each fiscal year but they do not have to be done at all sites twice each fiscal year.
4. Procedures Section III: Removed “food delivery...” because it’s covered in II. D. on page 2. Facility audits need to be done at All clinic sites each fiscal year (this has not changed)
5. Procedures Section IV: Moved to Procedures Section I., page 1: “The written quality assurance plan...”
6. Procedures Section VII: Changed “for a minimum of three years” to “according to the retention period per Policy GA:3.0”.

Monitoring of this policy will begin immediately as it was revised to say that self-audits do not have to be done twice a year at **all** sites.

If you have any questions or require additional information regarding *Texas WIC Policy QA:1.0 Local Agency Self Audit*, please contact Lisa Rankine, Clinic Services Program Coordinator, Nutrition Education/Clinical Services Unit, at [Lisa.Rankine@dshs.state.tx.us](mailto:Lisa.Rankine@dshs.state.tx.us) or (512) 341-4582.

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Effective August 1, 2016

Policy No. QA:01.0

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**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 management (QM) 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. The written quality management 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 management plan is acceptable if justified and documented.
- II. The quality management plan, at a minimum, shall identify:
  - A. A multi-disciplinary quality management committee to meet quarterly, at a minimum.
  - B. Designated staff responsible for implementation of the quality management plan.
  - C. Client satisfaction surveys to be conducted annually, at a minimum, at all sites in the appropriate languages and the actions to be taken based on the results of the surveys.

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- D. Food delivery audits to be conducted every six months at all sites using state agency (SA) worksheets FDA-1 and FDA-2.
- E. Financial management audits to be conducted annually using SA worksheet FA-1.
  
- F. Clinical self-audits (certification process, nutrition education, administrative policies and procedures, and records) to be conducted twice each fiscal year (As stated in the DSHS Standards for Public Health Clinic Services) using the SA Quality Management Core Tool, WIC Tool and all record review worksheets.
  - 1. The quality management tools are available on the web at <http://www.dshs.state.tx.us/qmb/>.
  - 2. 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 management tools.
  
- III. Traveling team staff is only required to be observed and have records reviewed at one of the travel team sites each fiscal year. The facility audits need to be done at ALL clinic sites each fiscal year.
- IV. The quality management plan shall identify the number of observations that shall be conducted and the number of records that shall be reviewed.
  
- V. 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.
  
- VI. 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.

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- 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 according to the retention period per Policy GA:03.0 following the date of the self-audits. All documentation shall be made available to an outside auditor and quality assurance monitoring review team.

**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.