Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Program Support	**Pre-ME Questionnaire**	7.011	Maintains the monthly average show rates for each of your sites for the previous year		
Program Support	**Pre-ME Questionnaire**	7.010	Tracks the caseload monthly		
Program Support	**Pre-ME Questionnaire**	7.003 7.005B 7.010	LA is able to identify driving forces for the show rates and puts together strategies to increase the over-all show-rate		
Program Support	**Pre-ME Questionnaire**	11.001	Prints the appropriate nondiscrimination statement on all WIC- related materials that are disseminated to applicants, participants, outreach/referral contacts, and the general public (leaflets, brochures, bulletins, news media PSAs, application forms, nutrition education materials).		
Program Support	**Pre-ME Questionnaire**	11.001	Reviews and monitors activities to ensure compliance with nondiscrimination laws and regulations		
Program Support	**Pre-ME Questionnaire**	11.001 11.002	Provides interpreter services free of charge to the participants who need or request them		
Program Support	**Pre-ME Questionnaire**	9.002 10.002 10.006	Reviews operations at least annually including certification procedures and participant record audit		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Program Support/IT	**Pre-ME Questionnaire**	3.001 9.006	Implements reasonable precautions to safeguard food instruments against theft or loss, if they are transported to other clinics or distribution sites		
Program Support	**Pre-ME Questionnaire**	8.028	Designs and implements policy to distribute food instruments to homeless and transitional housing individuals		
Program Support	**Pre-ME Questionnaire**	9.018	Local Agency has policy to prevent employee fraud, conflict of interest and theft		
Program Support	**Pre-ME Questionnaire**	12.007	Makes voter registration forms available, visible and accessible in the clinics		
Program Support	**Pre-ME Questionnaire**	12.007	Provides regular, visible means for collecting voter registration applications		
Program Support	**Pre-ME Questionnaire**	12.013	Documents participants who requested a Fair Hearing before the date entered on Ineligibility Notice and continues to provide WIC benefits until the Hearing officer reaches a decision or the certification period expires, whichever occurs first		
Program Support	**Pre-ME Questionnaire**	10.001	Maintains files of the required documents for at least a period of 3 years		
Program Support	**Pre-ME Questionnaire**	8.006	Ensures that staff check the household's income before determining participant's eligibility		
Program Support	**Pre-ME Questionnaire**	8.006	LA staff check adjunctive eligibility before entering the information in CARES		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Nutrition	Pre-ME Questionnaire	2.021	Keeps log of all returned and donated formulas, including formula brand and number of cans. Documents in MIS all formula returned, donated and destroyed and the reason for the return.		
Nutrition	Pre-ME Questionnaire	2.021	Documents donated formula one- month prior to expiration to designated organizations or entities		
Nutrition	Pre-ME Questionnaire	2.005	Documents refusals of a participant or a participant's caregiver, to attend or participate in nutrition education in the participant's CARES record		
Nutrition	Pre-ME Questionnaire	2.004	Provides an updated list of community agencies that provide substance abuse counseling and treatment		
Nutrition	Pre-ME Questionnaire	2.004	Provides substance abuse information to women participants at certification/mid-certification, or recertification		
Nutrition	Pre-ME Questionnaire	2.001	Trains staff on the correct use and maintenance of the equipment (scales, standiometer, and hemocue)		
Nutrition	Pre-ME Questionnaire	9.002	Ensures separation duties at all times during clinic operations		
Nutrition	Pre-ME Questionnaire	2.016	LA has a process in place for approving and monitoring special formula prescriptions		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Nutrition	Pre-ME Questionnaire	8.025 8.042	Staff review and document immunization status of children under 2 and also document referrals made in the certification form		
Nutrition	Pre-ME Questionnaire	8.017	Staff follow anthropometric measurement guidelines for infants and children under 2		
Nutrition	Pre-ME Questionnaire	2.001	Staff always review and discuss children's growth chart with parents, guardians or caretakers.		
Nutrition	Pre-ME Questionnaire	2.005	Staff document all nutrition education and high risk contacts		
Nutrition	Pre-ME Questionnaire	7.004	Staff appropriately schedule follow-up and subsequent appointments for participants		
Certification Eligibility & Coordination of Services	Pre-ME Questionnaire	12.014	Adheres to policies and procedures for releasing participant records to the participant, parent or legal guardian of a child participant, healthcare providers, and external organizations		
Certification Eligibility & Coordination of Services	Pre-ME Questionnaire	8.023	Ensures continued quality of care for infants between the initial certification and the first birthday by scheduling an Infant Six (6)-Month Mid-Certification Assessment appointment		
Staffing & Organization	Pre-ME Questionnaire	4.001	Staff-to-participant ratio meets the recommended ratio of 1:300		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Breastfeeding	Pre-ME Questionnaire	2.018	Endorses breastfeeding as the normal and preferred infant feeding method and encourages the prenatal participant to choose breastfeeding unless contraindicated		
Breastfeeding	Pre-ME Questionnaire	2.019	Maintains accurate inventory of breast pump supplies in CARES breast pump log(s)		
Breastfeeding	Pre-ME Questionnaire	2.018	Hosts Beautiful Beginning Club meetings on a monthly basis		
Breastfeeding	Pre-ME Questionnaire	2.019	Ensures that staff members who give out breastfeeding aids are trained in their appropriate use and are able to effectively educate participants		
Breastfeeding	Pre-ME Questionnaire	2.018	Developed plan for training new staff on breastfeeding policy and support		
Breastfeeding	Pre-ME Questionnaire	2.020	Recruits and hires peer counselors based on job descriptions developed by the State Agency		
Breastfeeding	Pre-ME Questionnaire	2.020	Trains peer counselors using the FNS WIC Breastfeeding Model Training		
Breastfeeding	Pre-ME Questionnaire	2.020	Keeps accurate records of all contacts made with WIC participants; completes and submit monthly contact logs to the State Agency		
Breastfeeding	Pre-ME Questionnaire	2.020	Provides peer counseling services during off hours and weekends to answer calls from participants and provide breastfeeding information		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Financial Management	**Pre-ME Questionnaire**	13.007	Follows the approval processes for budgets, modifications and invoice approvals as it relates to the WIC program. What personnel is involved in this process?		
Financial Management	**Pre-ME Questionnaire**	13.007	Do you have WIC Staff that work on other federal/nonfederal programs other than WIC? If so, what are the methods used to allocate time and compensation to programs in which they work? (i.e. cost allocation method, time sheets or 100% time).		
Financial Management	**Pre-ME Questionnaire**	13.006	Provide a list of staff and their assigned percentages to the DC State WIC office. Provide an updated organization chart. (Attachment)		
Financial Management	**Pre-ME Questionnaire**	13.006	LA certifies that staff time is accurate		
Financial Management	**Pre-ME Questionnaire**	13.006	How is cost determined for personnel across the four WIC cost categories? (*Client Services, Nutrition, Breastfeeding, Program Management)*		
Financial Management	**Pre-ME Questionnaire**		What is the timeframe to determine outstanding program obligations at closeout? What methods are used to determine this?		
Financial Management	**Pre-ME Questionnaire**		Was income generated by the WIC program for the previous year**?** **If yes, how is income generated and reported to the State agency?**		
Financial Management	**Pre-ME Questionnaire**		Does your organization have contracts/agreements with any other entities that perform programmatic functions? If yes, list organizations involved.		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Financial Management	**Pre-ME Questionnaire**		Describe the process for paying sub-grantees, contractors or other payee's claims/invoices? Does the process require the involvement of more than one person or office?		
Financial Management	**Pre-ME Questionnaire**		Are costs distributed between WIC and Non-WIC programs for shared resources? (*i.e. printers, copier leases, supportive services)*		
Financial Management	**Pre-ME Questionnaire**		At the time of this review, what is the status of each audit finding/corrective action from the most recent reported audit?		
Financial Management	**Pre-ME Questionnaire**		What procedures are in place at the Local Agency to ensure the accuracy of information submitted to the State Agency on expenditures and cost allocated to the program?		
Financial Management	**Pre-ME Questionnaire**		Does your organization have its own procurement rules or are Federal procurement rules being utilized? please specify. What coordination takes place between program, purchasing and/or legal offices to ensure that rules are followed?		
Financial Management	**Pre-ME Questionnaire**		How does your organization ensure competition when procuring goods and services?		
Financial Management	**Pre-ME Questionnaire**		Are receipts of goods and services from vendors evidenced by receiving reports or equivalent records? Is each vendor's invoice matched with a receiving report?		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Financial Management	**Pre-ME Questionnaire**		What are the procedures for following up with vendors and contractors when goods or services are not delivered or rendered when promised?		
Financial Management	**Pre-ME Questionnaire**		Are procurements approved by organizational officials with the authority to do so? Authorization should be evidenced by a properly executed requisition or equivalent document.		
Financial Management	**Pre-ME Questionnaire**		What processes are in place to determine the accuracy of a contractor or vendor's billings prior to approving them for payment?		
Financial Management	**Pre-ME Questionnaire**		Was any equipment or capital expenditure purchased this year that cost $5,000.00 or more with program funds? Was there any prior approval received?		
Financial Management	**Pre-ME Questionnaire**		Prior to new acquisitions, does your organization consider the availability of property already in its possession?		
Financial Management	**Pre-ME Questionnaire**		Is access to the property/equipment restricted to persons who need to use it in performing their official duties?		
Financial Management	**Pre-ME Questionnaire**		Has any property or equipment belonging to the program been stolen or broken within this last fiscal year? If so, please elaborate.		
Financial Management	**Pre-ME Questionnaire**		How does your organization ensure that property acquired with Federal funds is used only for program purposes?		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Financial Management	**Pre-ME Questionnaire**		Are property inventory records maintained? What data elements are maintained on each item? Please provide a copy.		
Financial Management	Pre-ME Questionnaire		What are the local agency's disposition policies and procedures for equipment and/or property acquired with federal funds?		
Financial Management	**Pre-ME Questionnaire**		Describe the procedure for the development of the annual budget submitted as part of the Grant Process.		
Financial Management	**Pre-ME Questionnaire**		Does your organization have a negotiated indirect cost rate agreement from the federal government? If so, what is the rate? (please attach document). If not, describe the method for calculating indirect cost.		
Financial Management	**Pre-ME Questionnaire**		Describe your organization's process in breaking out expenditures according to the four functions/activities? (*i.e. program management, breastfeeding promotion support, and nutrition education and client services)*		
Financial Management	**Pre-ME Questionnaire**		How does your organization ensure that costs are appropriately categorized?		
Financial Management	**Pre-ME Questionnaire**		Provide a description of cost charged to the indirect cost acquired from WIC funds.		
Financial Management	**Pre-ME Questionnaire**		Describe the Local agency's policy and procedures for ensuring expenditures financed with Program funds are authorized and properly chargeable to the Program.		

Unit	Pre-ME Questionnaire	P&P #	Management Evaluation Question	(Yes/No/NA)	Describe your Procedure
Financial Management	**Pre-ME Questionnaire**		Does your organization charge occupancy cost to the WIC program? If so please specify what is charged, if these are shared costs and spaces? And- how they are determined and charged to each program?		
Financial Management	**Pre-ME Questionnaire**		Were any items purchased for WIC client distribution/outreach such as nutrition education materials? If so - do they contain the Local Agency name and contact information? (*telephone number or website)*		
Financial Management	**Pre-ME Questionnaire**		Does your organization ensure that all purchased items have a WIC specific message that targets the potentially eligible population?		
Financial Management	**Pre-ME Questionnaire**		Were incentives items purchased? If so - please provide a copy of the order and invoice.		
Financial Management	**Pre-ME Questionnaire**		Please describe the travel request and reimbursement process?		
Financial Management	**Pre-ME Questionnaire**		What method is determined to calculate meal allowances for staff on authorized travel?		