

Texas WIC Health and Human Services Commission

Effective September 1, 2021

Policy No. QA:02.0

Local Agency Self-Audit

Purpose

To ensure the delivery of quality services meets the needs of participants and is in compliance with federal, state and local regulations, policies and procedures.

Authority

7 CFR Part 246.19; OSHA 29 CFR Part 1910.38 and 1910.157

Policy

The Local Agency (LA) must create a Quality Management Plan and conduct self-audits that encompass an evaluation of its clinical operations, fiscal management, and food delivery systems to ensure that WIC services are provided in accordance with federal, state and local regulations, policies and procedures.

Definitions

Error – An identified criterion that is out of compliance with federal, state and local regulations, policies and procedures.

Quality Management Plan – A documented comprehensive internal process that ensures quality services, staff/participant safety, compliance with federal, state and local regulations, policies and procedures.

Corrective Action Plan (CAP) – a step by step plan of action that is developed by the Local Agency to achieve targeted outcomes for identified errors.

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Procedures

- I. The Quality Management Plan must be developed and implemented in coordination with the parent agency for the internal review and evaluation of services provided.
 - A. Deviation from the quality management plan is acceptable if justified and documented.
 - B. The Quality Management Plan must be saved electronically.

- II. The quality management plan, at a minimum, must include:
 - A. A multi-disciplinary quality management committee to meet twice per fiscal year. One must be after the completion of a self-audit, and after the State Agency Monitoring Review. The self-audit and self-audit CAP must be shared with the Parent Agency Chief Executive Officer (CEO) or their designee.
 - B. A designated position responsible to implement the quality management plan.
 - C. A Disaster and Safety plan must be developed and include at a minimum:
 - 1. Procedures for reporting a fire and other emergencies.
 - 2. Procedures for emergency evacuation, including type of evacuation, exit route assignments, and accounting for all employees after evacuation.
 - 3. Emergency Evacuation drill frequency. The LA must keep records of dates and times of completion.
 - 4. Development of evacuation floorplans which must include:
 - a. Location of exit routes, assembly points, and equipment Posting in prominent areas
 - b. Accurate information and correct orientation for the posted location.
 - 5. First Aid Kit locations to be known and readily available.
 - 6. Annual inspections of fire extinguishers.
 - 7. Mounting fire extinguishers so that they are readily accessible to employees without subjecting employees to possible injury.
 - 8. Requirements per local Fire Marshal guidelines.

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- 9. If the LA follows their Parent Agency safety plan, it must include the above criteria, at a minimum.
 - D. Job descriptions must be created and maintained by the LA for all positions that provide direct client services.
 - E. Qualtrics Customer Satisfaction Surveys must be closed within a reasonable timeframe as directed by State Agency per Policy [GA: 25.0](#).
 - 1. Actions must be documented at the time of closure and address the customer's specific concerns.
 - F. Self-Audits must be completed as outlined below:
 - 1. Financial management self-audit must be conducted biennially on the year the Local Agency is not monitored by State Agency using SA worksheet FA-1 and the Quality Management Fiscal Monitoring Tool.
 - 2. Food delivery self-audits must be conducted once each fiscal year at all sites using State Agency (SA) worksheets FDA-1 and FDA-2.
 - 3. Administrative self-audit must be conducted biennially on the year the Local Agency is not monitored by State Agency using the Quality Management Administrative Monitoring Tool.
 - 4. Clinical self-audit must be conducted biennially on the year the Local Agency is not monitored by the State Agency using the SA Quality Management Administrative and Clinical Monitoring Tools.
 - a. The Local Agency must select 20% of clinic sites, and if possible, they should not include the same sites the SA conducted the monitoring review on the previous fiscal year. The sites must be selected on a rotation schedule.
 - b. At the minimum, the Local Agency must conduct five observations and ten record reviews for the selected sites.
 - c. LA staff that operate out of more than one site must be observed, at a minimum, at one of their sites.
 - 5. Facility audits must be conducted at all clinic sites each fiscal year.
 - 6. The LA may conduct additional self-audits to ensure compliance, if needed.
 - 7. If LAs use different forms/monitoring tools for the clinical and fiscal self-audits, then the forms/monitoring tools must include

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all review criteria listed on the current fiscal year Quality Management Monitoring Tools.

- G. A Corrective Action Plan must be developed and approved within 14 business days of a self-audit.
 - 1. The Director must identify a position responsible for approving CAPs.
 - 2. The CAP must be specific to the identified errors out of compliance.
 - 3. All identified tasks must be completed within 90 days of approved CAP.

III. The quality management plan, self-audits, CAP and outcomes from the CAP must be clearly documented and kept on file electronically at the LA according to the retention period per Policy [GA: 03.0](#) following the date of each self-audit.

IV. All documentation must be made available to an outside auditor and the quality management monitoring team within the requested time period.

Self-Audit Monitoring Tool/Worksheet	Minimum Frequency of Self-Audit	Minimum Number of Sites Reviewed Fiscal Year
QMB Fiscal		
Local Agency Self-Audit Fiscal Review	Biennially	LA
FA-1	Biennially	LA
Inventory FDA-1 and FDA-2	1 set per Fiscal Year	All Sites in LA
QMB Administrative		
Local Agency Self-Audit Administrative Review	Biennially	LA
Record Reviews	Biennially	20% of sites on a rotating schedule
QMB Clinical		
Local Agency Self-Audit Clinical Review	Biennially	20% of sites on a rotating schedule
Facility Reviews	1 per Fiscal Year	All Sites in LA