Participant Record Review Tool

Agency		*Reviewer*	
Clinic (if applicable)		*Date*	

Citations are made if a problem is found in > 20% of the records. ***C*** *= Compliance* ***QA*** *= Quality Assurance* ***N/A*** *= Not Applicable*

INSTRUCTIONS: REVIEW A REPRESENTATIVE SAMPLE OF CHARTS FOR YOUR AGENCY	
Using Daily Clinic Schedule, Food Package, Staff Schedule and High-Risk Participants reports, select a sample of charts to review	
Chart Review Selection Criteria	
Review records entered by a variety of LA staff and a variety of criteria as listed below:	
Category	2 from each category: WP, WE, WN, WB, IB, IE, IN, C1, C2 and 2 additional
Food Package	6 with medical formula/MDFs 6 infants receiving infant FVB (run Participants with Subcat 19-000) and/or milk types
Language	2 non-English
Eligibility Pending	Pick 6 records and check for temporary eligibility or unavailable proofs forms during onsite

WIC ID NUMBER →											**# of NOs**
Clinic →											
Cert Dates →											
Category/Criteria →											
Certifier Name →											
Intake											
1. Are proofs correctly documented?											
2. Participant attendance is documented for appointments.											
Assessment											
3. Are hemoglobin values taken within required timelines?											
4. Are anthropometric measurements documented correctly?											
5. If measurements/biochemical are from an outside source, are they documented correctly?											

WIC ID NUMBER →											# of NOs
6. Are all appropriate risks identified?											
7. Are all selected risks documented correctly, if additional documentation is required?											
8. Are measurements completed for mid-cert assessments?											
9. Is a health questionnaire completed for mid-cert assessments?											
10. Is a diet questionnaire completed for mid-cert assessments?											
Nutrition Education and Food Package Assignment											
11. Did the counseling topic(s) relate to the nutrition risk(s), category identified, or participant interests or concerns?											
12. Is there documentation that a quarterly NE contact was offered?											

WIC ID NUMBER →											# of NOs
13. If the quarterly NE was not attended, were benefits issued according to policy?											
14. Is NE documented appropriately for each appointment?											
15. Was the next step status updated, if appropriate? (QA only, not compliance)											
16. Was food package education documented per policy at certification?											
17. Is the food package assignment appropriate for the participant's category and nutritional risk?											
18. Is the food package documented correctly if required (e.g. Infant FVB, milk type)?											
19. Is there documentation of assessment and counseling when supplemental formula has been issued to breastfeeding participants?											

WIC ID NUMBER →											**# of NOs**
20. Are required (OHP, immunizations, substance use and lead screening) and other referrals documented as appropriate?											
High Risk Participants											
21. Was the high-risk participant referred to the RDN/WIC Nutritionist within 3 months?											
22. Were the minimum # of RD interventions for length of certification period met? (At least two/1 yr cert; one/cert < 1 yr)											
23. If referral to RDN/WIC Nutritionist declined, a) Was refusal documented in progress notes? b) Did the RDN/WIC nutritionist review the record and document guidance? c) Did staff follow the guidance at future appointment?											

WIC ID NUMBER →											# of NOs
24. Is the care plan written by the RDN/WIC nutritionist and are the required components included?											
25. Is there medical documentation on file?											
26. Was medical documentation reviewed by WIC Nutritionist or agency-designated health professional?											
27. Does medical documentation match the Food Package assignment?											
28. Is the Temporary Eligibility or Unavailable Proofs form on file if applicable? (check 6 records)											
29. Is the participant signature form on file? (check 6 records)											

WIC ID	Question #	Comment