



# Participant Record Review Tally Sheet



Agency		Reviewer	
Review Date		Total Records Reviewed	

An item will be cited as a compliance issue if the % NO column is  $\geq 20\%$ .

**C** = Compliance      **QA** = Quality Assurance      **N/A** = Not Applicable

	TOTAL NOS	TOTAL RELEVANT CHARTS	% NO	COMMENTS
<b>Intake</b>				
1. Are proofs correctly documented?				
2. Was OHP referral documented when appropriate?				
<b>Assessment</b>				
3. Are hemoglobin values taken within required timelines?				
4. Are refusals of health procedures and reason for refusal documented?				
5. If health procedures are refused, are attempts to obtain measurements by other means documented.				
6. Are all appropriate risks identified?				
7. Is there appropriate documentation for manually added health and/or diet risks?				
8. Are measurements completed for mid-cert assessments?				

	TOTAL NOS	TOTAL RELEVANT CHARTS	% NO	COMMENTS
9. Is a health questionnaire completed for mid-cert assessments?				
10. Is a diet questionnaire completed for mid-cert assessments?				
<b>Nutrition Education and Food Package Assignment</b>				
11. Did the nutrition counseling topic(s) relate to the nutrition risk(s), category identified or the participant's interests or concerns?				
12. Is there documentation that a quarterly NE contact was offered?				
13. If the quarterly NE was not attended, were benefits issued according to policy?				
14. If the quarterly NE was attended, was the NE documented appropriately?				
15. Was the next step status updated, if appropriate? (QA only, not compliance)				
16. Is the food package assignment appropriate for the participant's category and nutritional risk?				
17. Is the food package documented correctly if required (e.g. Infant FVB)?				
<b>High Risk Participants</b>				
18. Was the high-risk participant referred to the RDN/WIC Nutritionist within 3 months? (IIC1)				

	<b>TOTAL NOS</b>	<b>TOTAL RELEVANT CHARTS</b>	<b>% NO</b>	<b>COMMENTS</b>
<b>19.</b> Were the minimum # of RD interventions for length of certification period met? (At least two/1 yr cert; one/cert < 1 yr) (IIC2)				
<b>20.</b> 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? (IIC2)				
<b>21.</b> Is the care plan written by the RDN/WIC nutritionist and are the required components included? (IIC3)				
<b>22.</b> Is there medical documentation on file at the clinic?				
<b>23.</b> Was medical documentation reviewed by WIC Nutritionist or agency-designated health professional?				
<b>24.</b> Does medical documentation match the Food Package assignment?				
<b>25.</b> Is the "No Proof" form on file for applicable participants?				
<b>26.</b> Is the participant signature form on file? (check 5 records)				