



# Participant Record Review Tool



Agency		Reviewer	
Clinic		Date	

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

<b>INSTRUCTIONS: REVIEW A REPRESENTATIVE SAMPLE OF CHARTS FOR YOUR AGENCY</b>	
<ul style="list-style-type: none"> <li>Using Daily Clinic Schedule, Food Package, Staff Schedule and High Risk Participants reports, select a sample of charts to review</li> </ul>	
<b>Chart Review Selection Criteria</b>	
<ul style="list-style-type: none"> <li>Review records entered by a variety of LA staff and a variety of criteria as listed below:</li> </ul>	
<i>Category</i>	2 from each category: WP, WE, WN, WB, IB, IE, IN, C1, C2
<i>Food Package</i>	5 with medical formula (FM) 5 infants receiving FVB (run Participants with Subcat 19-000)
<i>Language</i>	2 non-English
<i>2<sup>nd</sup> NE Contact</i>	3 with high risk follow up (1 from each category W, I, C) 3 with group NE (1 from each category W, I, C)
<i>Eligibility Pending</i>	Pick 5 records and check for No Proof form during onsite

WIC ID NUMBER →											# of NOs
Clinic →											
Cert Dates →											
Category/Criteria →											
Certifier Name →											
Intake											
1	C	Are proofs correctly documented?									
2	C	Was OHP referral documented when appropriate?									
Assessment											
3	C	Are hemoglobin values taken within required timelines?									
4	C	Are refusals of health procedures and reason for refusal documented?									

WIC ID NUMBER →													# of NOs
5	C	If health procedures are refused, are attempts to obtain measurements by other means documented.											
6	C	Are all appropriate risks identified?											
7	C	Is there appropriate documentation for manually added health and/or diet risks?											
8	C	Are measurements completed for mid-cert assessments?											
9	C	Is a health questionnaire completed for mid-cert assessments?											
10	C	Is a diet questionnaire completed for mid-cert assessments?											

**WIC ID NUMBER →** **# of NOs**

**Nutrition Education and Food Package Assignment**

11	C	Did the counseling topic(s) relate to the nutrition risk(s), category identified, or participant interests or concerns?												
12	C	Is there documentation that a quarterly NE contact was offered?												
13	C	If the quarterly NE was not attended, were benefits issued according to policy?												
14	C	If the quarterly NE was attended, was the NE documented appropriately?												
15	QA	Was the next step status updated, if appropriate?												

WIC ID NUMBER →													# of NOs
16	C	Is the correct food package assigned and documented, if required?											
High Risk Participants													
17	C	Was the high risk participant referred to the RDN/WIC Nutritionist?											
18	C	Are care plans documented for all high risk participants?											
19	C	Is the care plan written by the RDN/WIC nutritionist and are the required components included?											

**WIC ID NUMBER →** **# of NOs**

**Check During Onsite Review**

20	C	Is there medical documentation on file at the clinic?											
21	C	Was medical documentation reviewed by WIC Nutritionist or agency-designated health professional?											
22	C	Does medical documentation match the Food Package assignment?											
23	C	Is the "No Proof" form on file for applicable participants?											
24	C	Is the participant signature form on file? (check 5 records)											

