



Participant Record Review Tool



Agency		Reviewer	
Clinic (if applicable)		Date	

Citations are made if a problem is found in $\geq 20\%$ 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
Food Package	5 with medical formula (FM) 5 infants receiving FVB (run Participants with Subcat 19-000)
Language	2 non-English
2 nd NE Contact	3 with high risk follow up (1 from each category W, I, C) 3 with group NE (1 from each category W, I, C)
Eligibility Pending	Pick 5 records and check for No Proof form during onsite

WIC ID NUMBER →												# of NOs
<i>Clinic →</i>												
<i>Cert Dates →</i>												
<i>Category/Criteria →</i>												
<i>Certifier Name →</i>												
Intake												
1. Are proofs correctly documented?												
2. Was OHP referral documented when appropriate?												
Assessment												
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.												

WIC ID NUMBER →												# of NOs
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?												
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. 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)?												
High Risk Participants												
18. Was the high-risk participant referred to the RDN/WIC Nutritionist within 3 months? (IIC1)												
19. Were the minimum # of RD interventions for length of certification period met? (At least two/1 yr cert; one/cert < 1 yr) (IIC2)												

WIC ID NUMBER →											# of NOs
20. 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? (IIIC2)											
21. Is the care plan written by the RDN/WIC nutritionist and are the required components included? (IIIC3)											
22. Is there medical documentation on file at the clinic?											
23. Was medical documentation reviewed by WIC Nutritionist or agency-designated health professional?											
24. Does medical documentation match the Food Package assignment?											
25. Is the "No Proof" form on file for applicable participants?											
26. Is the participant signature form on file? (check 5 records)											

