

Date:

Reviewer:

Agency:

Client File Review: Category _____

Certification							
	1	2	3	4	5	6	7
Client Name and/or ID #							
Application Date							
Certification Date							
R&R form signed - caregiver							
R&R form signed - alternate (when needed)							
Signed for Card							
Sign for card by another staff member?							
Benefit issuance is appropriate (tri, bi, monthly)							
Separation of Duties							
Complete WIC Certification performed by a qualified CPA							
Demographics							
Mother information on infant/child record							
Address/phone complete							
Income							
Income Determination							
Documentation of Income Sources Correct							
Proofs							
Residency							
Client Identity							
Caregiver ID							
Measurements							
Length/Height/Weight at certs							
Length/Height/Weight per care plan							
Height/Weight all visits (PG only)							
HGB/HCT correct intervals for age/category							
HGB/HCT- 6 months w/low hgb/hct							
Mid-cert evaluation including measurements and diet assessment (6-8mo after cert for BF & C, 6-8mo age for I)							
Health Interview: Infant/Child							
Breastfeeding (BF) questions complete							
BF status appropriate per diet assessment							
Medication and Supplement Use							
PMD noted							
Household environment and practices							
Health Interview: Woman							
Medication and Supplement Use							
Education/PMD noted /Health Information							
Most Recent Pregnancy and Delivery							
Pregnancy and Delivery History							
Birth Outcomes this Delivery							
ATOD complete							
BF Status/Category: Woman							
BF status/category appropriate per assessment							

	1	2	3	4	5	6	7
Risk Factors							
Assigned Risks Appropriate							
All Risks Identified							
Notes entered when appropriate							
High Risk Clients							
High Risks Clients referred to R.D.							
High Risk seen by R.D.							
'RD Visit' doc. in Nutrition Ed Screen							
FDAR note complete							
F/U Plan documented							
Nutrition Education							
Appropriate # of Nutrition Education contacts per certification							
Appropriate nutrition education topic							
Appropriate NE handout							
Documented goals/ways to meet goal reflect education provided during the visit and may achieve a positive health outcome							
Additional documentation provided to capture the information covered, reason for selected topic (if necessary) and anticipatory guidance for future appointments							
Secondary Nutrition Contact:							
Appropriate nutrition education topic							
Appropriate NE handout							
Documented goals/ways to meet goal reflect education provided during the visit and may achieve a positive health outcome							
Additional documentation provided to capture the information covered, reason for selected topic (if necessary) and anticipatory guidance for future appointments							
BF nutrition for PG							
Food Package							
Appropriate package, by CPA							
Special formula approval w/acceptable Dx							
Need for special formula doc'd every 6 mo							
Referrals							
Appropriate referrals							
Follow-up on previous referrals (if needed)							
Immunization screening							
Appropriate Next Appointment							

Standard = 90%

Legend: Yes or ✓ = Complete, done correctly; No or - = Missing; i = incorrectly done. (Provide support documentation for exception); NA = Not Applicable.

Comments:

Client Name/#	Explanation of Findings