

Active Chart Review

- Attach printout of all 4 pages of certification form
- Look up nutrition education contacts

ID# _____
 Status _____
 Date of Cert _____

Local Agency _____
 Clinic Name _____
 Reviewer _____
 Date _____

	Yes Item is present & complete	No Item is in- complete or not present	NA	Comments
1. Rights and Responsibilities signed by participant or responsible party				
2. Second authorized representative listed on form matches 2 nd RP listed in WIC computer system				
3. Applicant presence in clinic documented				
4. Adult identification documented (responsible party)				
5. Minor identification documented				
6. Residency documentation seen				
7. Income documented and signed by staff <ul style="list-style-type: none"> • No proof form • Adjunct eligibility 				
8. Signature of CPA				
9. Notification form given (benefits are about to expire)				
10. Enrollment proxy card completed when applicable				
11. WIC Certification Data form in chart				
12. Client recertified within appropriate timeframes				
13. Mid-certification completed for infants				
14. Growth chart/ prenatal weight gain grid complete and accurate				
15. Assessment/Care plan form complete				
16. Goals written on assessment/care plan				
17. Diet recall/food frequency form in chart				
18. Diet assessment complete and accurate				

	Yes	No	NA	Comments
19. Risk codes – correctly assigned based on assessment/care plan, growth grid, &/or diet recall - explain				
20. Prescription / documentation for special formula				
21. Food package appropriate for client status				
22. Bimonthly issuance appropriate for client status				
23. Appropriate # of ed contacts provided for current certification period <ul style="list-style-type: none"> Record the number of contacts given to the participant compared to the number required as a fraction. For example "2/2", "1/2", or "2/4". 				
24. Appropriate # of ed contacts for prior certification period				
25. High-risk nutrition education procedure followed				
26. Nutrition education contacts documented in WIC computer system				
27. Notes documented in WIC computer system				
28. Referrals documented in WIC computer system				
29. Immunizations documented in WIC computer system				
30. WIC computer system breastfeeding fields (page 2) updated for infants and BF/PP women <ul style="list-style-type: none"> BF fields correspond on both infant and mother's chart 				
Other:				
Comments:				

Active Chart Review – Summary Form

Total # of Charts Reviewed _____
 Local Agency _____

Reviewer(s) _____
 Clinic(s) _____

	Yes Item is present & complete	No Item is in- complete or not present	NA	Comments
1. Rights and Responsibilities signed by participant or responsible party				
2. Second authorized representative listed on form matches 2 nd RP listed in WIC computer system				
3. Applicant presence in clinic documented				
4. Adult identification documented (responsible party)				
5. Minor identification documented				
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7. Income documented and signed by staff <ul style="list-style-type: none"> • No proof form • Adjunct eligibility 				
8. Signature of CPA				
9. Notification form given <ul style="list-style-type: none"> • benefits are about to expire 				
10. Enrollment proxy card completed when applicable				
11. WIC Certification Data form in chart				
12. Client recertified within appropriate timeframes				
13. Mid-certification completed for infants				
14. Growth chart/ prenatal weight gain grid complete and accurate				
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21. Food package appropriate for client status				
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	Yes	No	NA	Comments
23. Appropriate number of education contacts provided for current certification period				
24. Appropriate number of education contacts provided for prior certification period				
25. High-risk nutrition education procedure followed				
26. Nutrition education contacts documented in WIC computer system				
27. Notes documented in WIC computer system				
28. Referrals documented in WIC computer system				
29. Immunizations documented in WIC computer system				
31. WIC computer system breastfeeding fields (page 2) updated for infants and BF/PP women <ul style="list-style-type: none"> • BF fields correspond on both infant and mother's chart 				
Other:				

Chart audit comments:

Strengths:

Recommendations:

Requirements:

Signature of Local Agency Representative

Signature of Reviewer