

Date:

Reviewer:

Agency:

Clinic:

ITCA WIC Program Client File Review

Certification					
	1	2	3	4	5
CNW completing certification					
Client Name and ID #					
Checks signed					
Sign for checks by another staff member					
R&R form signed					
Category					
Certification Date					
Birth Date/Age					
Demographics					
Mother information on infant/child record					
Address					
Flowsheet					
Flowsheet complete					
Income					
Income Determination					
Documentation of Income Correct					
Proofs					
Residency					
Client Identity					
Caregiver ID					
Measurements					
Birth Measures (I & C only)					
Height/Weight at certs					
Height/Weight every 3 months (I only)					
Height/Weight all visits (PG only)					
HGB – correct intervals for age and category					
HGB- 6-8 months BF w/low hgb only					
Mid-cert evaluation (6-8 months for BF, C, I)					
Health Interview: Infant/Child					
Breastfeeding questions complete					
TV/Video Viewing					
Household smoking					
Health Interview: Woman					
Avg # Vitamins/week in month before PG					
Education					
Diabetes/Hypertension questions					
Month Medical Care Began					
# Previous pregnancies					
Date last Pregnancy Ended					
ATOD complete					

Risk Factors					
Assigned Risks (List)					
All Risks Identified					
Notes entered when appropriate					
MD Diagnosis box marked as appropriate					
High Risk Clients					
High Risks Clients referred to R.D.					
High Risk seen by R.D. within 60 days					
'RD Visit' doc. in Nutrition Ed Screen					
S.O.A.P note complete					
F/U Plan documented					
Nutrition Education					
# of months on WIC- current cert					
# of visits- current cert					
# of Nutrition Education contact dates per certification					
NE contact recorded within 3 months of certification					
Topic name					
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					
NE contact recorded within 4- 6 months of certification					
Topic name					
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					
Finger Foods for Infants 9-11 Months (if FVC issued)					
BF nutrition for PG					
Exit counseling for PP & BF					
Food Package					
Appropriate package					
Special formula approval					
Referrals					
Appropriate referrals					
Follow-up on previous referrals					
Appropriate Next Appointment					

Comments:

Client Name	Explanation of Findings

✓ = Complete, done correctly

- = Missing

i = incorrectly done

NA = Not applicable