

Date:

Reviewer:

Agency

Clinic:

**ITCA WIC Program
Part B: Client File Review**

Part I: Certification					
	1	2	3	4	5
CNW certifying					
Is CNW certifying competent?					
If not, did supervisor sign-off?					
Client Name and ID # (list)					
Check Stubs found on site?					
R&R form in office? (During clinic review)					
Category					
Certification Date					
Birth Date/Age					
Demographics					
Mother information on infant/child record 8.1					
Address					
Flowsheet					
Flowsheet complete					
Income					
Income Determination (less than 30 days?) 246.7(v)(vi)(vii) 1.1					
Documentation of Income Correct 1.1					
Proofs					
Residency 1.2					
Client Identity 1.3					
Caregiver ID 1.3					
Measurements 246.7(e)					
Birth Measures (I & C only)					
Height/Weight 2.5 At certs					
Height/Weight 2.5 All visits- PG Only					
HGB – correct intervals for age and category 2.5, 3.1, 4.4					
HGB- 6-8 months BF w/anemia only 2.5					
Infant mid-cert evaluation (6-8 months)					
Health Interview: Infant/Child					
Breastfeeding questions complete 3.3					
TV/Video Viewing 3.3					
Household smoking 3.3					

Health Interview: Women					
Avg # Vitamins/wk in month before PG 3.2					
Education 3.2					
Number of Infants (PP and BF) 3.2					
Month Medical Care Began 3.2					
# Previous pregnancies 3.2					
Date last Pregnancy End 3.2					
Pregnancy Outcome (PP and BF) 3.2					
ATOD complete 3.2					
Risk Factors					
Assigned Risks (List) 246.7(e)					
All Risks Identified 3.7, 3.8					
Notes entered when appropriate 3.9					
High Risk Clients (use for those clients who meet high risk criteria)					
High Risks Clients referred to Nutritionist					
High Risk seen by Nutritionist within 60 days					
'RD Visit' doc. in Nutr Ed Screen.					
S.O.A.P note complete					
F/U Plan documented					
Nutrition Education					
# of mos on WIC- current cert					
# of visits- current cert					
# of Nutrition Education contact dates per certification					
1 st N.E. contact recorded within 4 mos. 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 10.9					
Additional documentation provided to capture the information covered, reason for selected topic (if necessary) and anticipatory guidance for future appts.					
2 nd NE contact within 6 mos. 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 10.9					
Additional documentation provided to capture the information covered, reason for selected topic (if necessary) and anticipatory guidance for future appts.					

BF nutrition for PG					
Exit counseling for PP & BF					
Food Package					
Appropriate package 7.1					
Special formula approval					
Referrals					
Appropriate referrals 5.1					
Appropriate Next Appointment 8.4					

Notes:

Client Name	Explanation of Findings

✓ = Complete, done correctly

- = Missing

i = incorrectly done

NA = Not applicable