

Local Agency Chart Review Form

4 / 2023

Date of Review: _____ CPA: _____
 Reviewer: _____ Clinic: _____

Appointment Information	Participant 1	Participant 2	Participant 3
State WIC ID			
WIC Type (P = Pregnant, B = Breastfeeding, N = Non-breastfeeding, I = Infant, C = Child)			
Date of Certification and/or Midcertification (if applicable)			

A. Program Requirements

Appointment criteria	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)
1. Initial Contact <ul style="list-style-type: none"> First appointment offered within required timeframe; If it is offered outside of the required timeframe, reason is documented. 			
2. Separation of Duties (SOD) <ul style="list-style-type: none"> SOD is evident in notes or certification history; For one-person certifications, SOD-Review note is completed per approved SOD plan. 			
3. Eligibility <ul style="list-style-type: none"> Adjunctive eligibility or income is accurately recorded; When applicable: Income is documented for presumptive Eligibility (PE). PE procedure is evident in notes. 			

B. Medical

Appointment criteria	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)
1. Height and weight is recorded <ul style="list-style-type: none"> Pertinent to participant category; Within required timeline, including any referral data used; If "Unknown Ht/Wt" present, reason is documented 			
2. Hematological result is recorded <ul style="list-style-type: none"> Pertinent to participant category; Within required timeframe, including any referral data used; "Reason Blood Work was not Collected" is used correctly. 			
3. Nutrition Assessment completed and documented.			
4. Risk Factor assignment <ul style="list-style-type: none"> List Risk Factors (*) if High Risk. Assigned risk factors meet criteria and justified in the chart. 			
5. Assigned Risk Factor Code(s):			

C. Nutrition Education

Appointment criteria	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)
1. Initial Education is documented (at cert and recert appointments)			
2. Substance Abuse Education is documented , to include education about risks of use and the counseling resources provided (new families).			
3. Additional Education contact(s) (including postpartum exit counseling) are documented. Note missing contacts.			
4. High Risk - if applicable a. High risk care plan documentation apparent and addresses the high-risk condition(s). (i.e., assessment, healthcare/referral, education/goal, plan for follow-up)			
4. High Risk – (continued) b. High risk care plan Follow-up documentation is apparent for the high risk condition(s). (i.e. Address status of high risk condition, review plan from High Risk Care Plan, and establish goals and future follow-up)			
5. Nutrition Education <ul style="list-style-type: none"> ▪ is related to nutritional need; ▪ reflects integration of information collected during assessment;* ▪ reflects the highest priority need if there are many education needs.* 			
6. Documentation of Nutrition Education <ul style="list-style-type: none"> ▪ is complete, capturing necessary details; ▪ provides for continuity of care.* 			

* Quality Assurance Items. Other items (those without *) are part of WIC Federal Regulations.

D. Breastfeeding

Appointment criteria	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)
1. Documentation of breastfeeding promotion present for Pregnancy certification (or reason breastfeeding was not promoted).			

E. Referrals

Appointment criteria	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)
1. Referrals for health, social, and food resources are documented and appropriate			

F. Food Prescription

Appointment criteria	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)
1. Medically prescribed formula: Medical documentation verifies a qualifying condition and all medical documentation requirements are met			
2. Food Package 3: Medical documentation form supports increased formula amounts (infants) or issuance of supplemental foods (all categories).			

G. Signatures

Appointment criteria	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)	Criteria met (Yes/No/NA)
1. Participant and CPA signatures obtained for certification.			
2. Participant signature for WIC Card.			

Comments/Notes:

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975;
 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format,
 call: 1-800-657-3942.

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