

Clinic Services Record Audit

Procedures

The purpose of the clinic services record audit is to assess WIC program compliance, data integrity and documentation. The clinic services record audit may be conducted as part of the office and/or clinic visits.

Local WIC agencies are encouraged to use this tool for self-assessment activities throughout the year.

The clinic services record audit begins on the next page.

Clinic Services Records Management

Agency:

Conducted by:

Date:

Terminated Participants

Select five terminated WIC participants from the “Terminated by System” report in the data system.

Determine if appropriate documentation was provided based on the type of termination. (See Policy Terminations).

Chart	FID/Person ID	Clinic #	Cert end date	Reason	Appropriate notice and documentation provided/documented
1					
2					
3					
4					
5					

Comments:

Ineligible Participants

Select three ineligible WIC participants from the “Ineligible by Income” report in the data system.

Determine date of ineligibility and verify that a comment/alert was put into the data system indicating that the form was printed and provided to the parent/guardian/participant (see Policy Processing Standards and Notice of Eligibility).

Chart	FID/Person ID	Clinic #	Application Date	Ineligibility Date	Reason	Appropriate notice and documentation provided/documented
1						
2						
3						

Active Participant Clinic Services Record Audit

Active Participants

Randomly select at least **five (5)** active WIC participants in the data system. Select a variety of participant types from several clinics to complete the audit.

Chart	FID/Person ID	Clinic #	Ppt Type	High Risk (Y/N)	Appt Type	Appt Date	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Clinic Services Screen	Key: Y = Yes, item is present and reasonable N = No, incomplete or not reasonable O = Not applicable									
	1	2	3	4	5	6	7	8	9	10
Family Panel										
Any proxies?										
Proxy cards/notes are electronically filed										
Preferred Spoken Language documented										
Identity Panel										
Proof of ID is reasonable										
Affidavit is documented if needed for ID and an appropriate "ID Affidavit Reason" is documented										
Signed statement is completed in full, supports the Affidavit reason, and is electronically filed on record and (if needed for ID)										
Physically Present documented and if not physically present, the reason documented is appropriate										
Other program participation noted										
Contact Address Panel										
Phone number(s) recorded										
Proof of residency documented										
Affidavit is documented if needed for residency and an appropriate "Affidavit Reason" is documented										
Signed statement is completed in full, supports the Affidavit reason and is electronically filed on record if Affidavit is documented for proof of residency										
Income Panel										
Proof of income is reasonable for each source										
Provisional certification completed if no proof of income documented										
Provisional certification completed if no proof of residency documented.										
Certification not completed if no proof of income (income or adjunctive income) and residency was documented.										
Affidavit is documented as proof if the source is documented as "No Income"										
Signed statement is completed in full, supports the Affidavit Reason, and is electronically filed (if needed for income – ex. for applicants declaring zero income										
Adjunct Eligibility Hyperlink										
Adjunct eligibility & proof is reasonable										
Anthropometric Panel										
Anthropometrics are documented appropriately and collected in the timeframes consistent with WIC regulations and policy										
Completed for health updates										

Clinic Services Screen	Key: Y = Yes, item is present and reasonable N = No, incomplete or not reasonable O = Not applicable									
	1	2	3	4	5	6	7	8	9	10
Blood Panel										
Testing meets recommended screening schedule										
Bloodwork documented appropriately										
Lead screening history documented										
If documented no lead testing, referral is documented										
Breastfeeding Panel										
Breastfeeding status updated at every contact with the infant or infant's mother until breastfeeding is terminated or the infant/child leaves the program										
Nutrition Interview										
Comprehensive for ppt's categorical status, age, stage of development										
Breastfeeding assessment is completed and documented										
Immunization status recorded appropriately										
Health Updates: An abbreviated assessment has been completed										
Risks										
All risks are assigned according to documented information and data										
Risks are assigned for Health Updates										
High risk										
Referrals										
Participant/Family referrals documented										
Referral from WIC form is electronically filed										
Nutrition Education Panel										
Document education provided										
Topics consistent with risk assignment, participant category, care plan and data collected										
Nutrition Care Plan Panel										
Present for high risk participants										
Present for other participants										
Care Plan is relevant to identified risk(s)										
Present for when breastfed infants receive formula for the first time or receive more formula										
Present for when a participant receives a soy-based beverage, tofu, or additional cheese as a substitute for milk										
Goals are specific, measureable, achievable, realistic and time specific										
BF Equipment Panel										
Breast pump information is documented										
Food Package Panel										
Food package issued is consistent with the participant category; nutrition risks; breastfeeding status; nutrition, dietary and medical needs; personal/cultural/religious food preferences; household conditions; and Care Plan										
Appropriate amount and physical form of formula are issued										

Clinic Services Screen	Key: Y = Yes, item is present and reasonable N = No, incomplete or not reasonable O = Not applicable									
	1	2	3	4	5	6	7	8	9	10
based on the nutrition and breastfeeding assessment										
Medical documentation is complete and is electronically filed										
Comment is documented if the food package issued is below the maximum nutritional benefit										
Returned Formula Panel										
Returned Formula documented appropriately										
Appointment History Panel										
Next appointment scheduled										
Other Documentation Electronically Filed or Signature Captured										
Rights and Responsibilities (Signature Captured)										
Rights and Responsibilities: If no electronic signature, the appropriate reason is captured and the Rights and Responsibilities document is scanned into the data system										
Authorization for Release of Information (Electronically Filed)										

Summary:

Signature/Date: