

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 is conducted as part of the **WIC Agency** Office and Clinic Visits.

State Office staff will complete the Clinic Services Record Audit as a part of the Clinic Visit. This includes five terminated WIC participants, three ineligible participants, and five active participants.

Local WIC Agencies must complete and have available the Clinic Services Record Audit for the Agency Office Visit. This includes five terminated WIC participants, three ineligible participants, and ten active participants).

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	Termination Reason	Appropriate notice and documentation provided/document
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 or Appointment Date	Ineligibility Date	Reason	Appropriate notice and documentation provided/document
1						
2						
3						

Active Participant Clinic Services Record Audit**Active Participants**

Randomly select at least five (5) **or ten (10)** (see page 1) active WIC participants in the data system. Select a variety of participant and appointment 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 (if needed for ID)											
Physical Presence 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											
Provisional certification completed if no proof of residency documented											
Income Panel											
Proof of income is reasonable for each source											
Provisional certification completed if no proof of income 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											

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
Anthropometric Panel										
Anthropometrics are documented appropriately and collected in the timeframes consistent with WIC regulations and policy										
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										
Referrals										
Participant/Family referrals documented										
Referral from WIC form is electronically filed										
Nutrition Education Panel										
Document education provided										
Topics consistent with participant interest as indicated by the care plan and other data collected with consideration given to risk assignment and participant category										
Nutrition Care Plan Panel										
Present for high-risk participants										
Present for when breastfed infants receive formula for the first time or receive more formula										
Present for when contract non-exempt and non-contract non-exempt Infant formula is authorized										
Present for when cans of formula are returned and formula benefits										

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
reissued										
Present for when regression is assigned as the qualifying risk										
“Other” is selected as the nutrition education topic for a completed or planned contact										
Breast shells or a supplemental nursing system are issued										
Present for other participants										
Care Plan is relevant and easily understood for continuity of care										
Goals are documented										
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 based on the nutrition and breastfeeding assessment										
Medical documentation is complete and is electronically filed										
Comment is documented if the food package issued is tailored from the standard package listed in regulations										
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 when required by policy, a copy of the Rights and Responsibilities document is signed and scanned into the data system										
Authorization for Release of Information (Electronically Filed)										

Summary:

Signature/Date: