

Monitoring Visit – Colorado WIC Participants Record Review

AGENCY _____

DATE _____

CLINIC _____

Place a check (✓) when the answer to the question is accurately documented in the participant's WIC chart or ASPENS record. Place a comment in the box if the information is missing, incomplete, or a discussion is needed. Write "N/A" if the question is not applicable to the participant. In most instances, reviews will be limited to the most recent certification period for each participant.

WIC STAFF NAME						
PERSON ID						
	P/B/N	I	C	P/B/N	I	C
A. FAMILY/INTAKE						
1. Referred to WIC by completed at initial certification visit						
2. Expected DOB completed for infants and children < 24 months (Enrollment Screen on Family panel)						
3. Appropriate proof of identity recorded per policy						
4. If participant is not physically present for appointment, appropriate reason given from drop down and all policies followed.						
5. Other Program Participation field completed						
6. Contact/Address panel completed						
7. Proof of residency recorded per policy						

COMMENTS:

	P/B/N I C				
8. Proof of income recorded per policy					
9. Adjunctive eligibility correctly documented					
10. Proper use of the Affidavit for no proof of income					
11. Voter Registration panel completed					
B. ASSESSMENT					
<u>Women</u>					
1. For pregnant/postpartum women – pregnancy panel is completed appropriately (e.g., EDD updated, pregnancy record edited to add infant information, etc.)					
2. Height and weight recorded at certification/recertification visits					
3. Prenatal weight recorded at least once per trimester					
4. Prenatal weight gain risk factors assigned appropriately if applicable (NRF 131, 133)					
5. Hemoglobin test done (if required)					

COMMENTS:

	P/B/N I C				
6. Completed a thorough Nutrition Interview <ul style="list-style-type: none"> a. Health Care Provider field completed per policy b. Bolded questions are answered for data reporting for certification and recertification c. Radio buttons have been completed 					
7. All appropriate risks have been assigned on the Risk panel based on data gathered in the Anthropometric panel, Blood panel and Nutrition Interview					
<u>Infant/Child</u>					
1. Infant added to pregnancy record					
2. Measurements are entered for child/infant for certification, recertification and mid-certification					
3. Growth/weight gain risks are appropriately assigned if applicable (NRF 135)					
4. Hemoglobin test done (if required) <ul style="list-style-type: none"> a. Completed documentation of lead screening if applicable 					

COMMENTS:

	P/B/N I C				
5. Completed a thorough Nutrition Interview <ul style="list-style-type: none"> a. Health Care Provider field completed per policy b. Bolded questions are answered for data reporting b. Radio buttons have been completed c. BF Description/Info is appropriate (updated as needed at subsequent appts.) 					
6. All appropriate risks have been assigned on the Risk panel based on data gathered in the Anthropometric panel, Blood panel and Nutrition Interview.					
C. CERTIFICATION/TERMINATION <ul style="list-style-type: none"> 1. Signature was collected for certification <ul style="list-style-type: none"> a. If signature not completed, the General Signature document is completed and scanned into Compass. 					
D. EDUCATION & CARE <u>Initial contact (Cert/Recert) – Nutrition Education and Care Plan panel:</u> <ul style="list-style-type: none"> 1. Nutrition Education panel completed to record required nutrition education contact. 					
<ul style="list-style-type: none"> 2. Participant comments/concerns recorded in the care plan 					

COMMENTS:

	P/B/N I C				
3. Assessment is accurate/appropriate <ul style="list-style-type: none"> a. Addresses weight gain/growth/blood b. Considers stage of change c. Addresses environment d. BF Description/Info is appropriate (updated as needed at subsequent appts.) 					
4. Adequate documentation is provided in care plan to support assignment of nutrition practice NRFs					
5. Counseling: <ul style="list-style-type: none"> a. Related to NRFs and/or participant's concerns b. Focused on 1-2 issues of top priority c. Baby Behavior messages shared as appropriate 					
6. Pamphlets provided are appropriate and related to counseling topics					
7. Behavior change goal: <ul style="list-style-type: none"> a. Appropriate b. Specific c. Relates to NRFs/counseling provided 					
8. Referrals are appropriate and relate to participant concerns and/or counseling points					
9. High risk participants are referred/scheduled with the high risk counselor at the appointment the High Risk NRF was identified.					

	P/B/N I C				
<u>Subsequent contact:</u>					
1. Nutrition Education panel completed to record required nutrition education contact					
2. Participant comments/concerns recorded in the care plan					
3. Follow-up on previous goal/referrals					
4. Assessment accurate/appropriate if applicable <ul style="list-style-type: none"> a. Addresses weight gain/growth/blood b. Considers stage of change c. Addresses environment e. BF Description/Info is appropriate (updated as needed at subsequent appts.) 					
5. Adequate documentation is provided in the care plan to support assignment of additional risk factors <ul style="list-style-type: none"> a. Any new NRFs have been added to Risk panel 					
6. Counseling: <ul style="list-style-type: none"> a. Related to NRFs and/or participant's concerns b. Focused on 1-2 issues of top priority a. Baby Behavior messages shared as appropriate 					
7. Pamphlets provided are appropriate and relate to counseling topics					

COMMENTS:

	P/B/N I C				
8. Behavior change goal: a. Appropriate b. Specific f. Relates to NRFs/counseling provided					
9. Referrals are appropriate and relate to participant concerns and/or counseling topics					
10. High risk participants are referred/scheduled with the RD/RN at the appointment the High Risk NRF was identified.					
<u>Mid-Certification Visit for Infant or Child:</u>					
1. Completed at 5-7 months of age for infants or approximately 5-7 months after certification/recertification children.					
2. Completed a thorough Nutrition Interview a. Health Care Provider field completed per policy b. Bolded questions are answered for data reporting d. Radio buttons have been completed e. BF Description/Info is appropriate (updated as needed at subsequent appts)					
3. Anthropometrics information recorded					
4. Nutrition Education panel completed to record required nutrition education contact					
5. Participant comments/concerns recorded in the care plan					

COMMENTS:

	P/B/N I C				
6. Follow-up on previous goal/referrals					
11. Assessment accurate/appropriate if applicable a. Addresses weight gain/growth/blood b. Considers stage of change c. Addresses environment g. BF Description/Info is appropriate (updated as needed at subsequent appts)					
7. Adequate documentation is provided in care plan to support assignment of nutrition practice NRFs a. Any new NRFs have been added to Risk panel					
8. Counseling: a. Related to NRFs and/or participant's concerns b. Focused on 1-2 issues of top priority					
9. Pamphlets provided are appropriate and relate to counseling topics					
10. Behavior change goal: a. Appropriate b. Specific h. Relates to NRFs/counseling provided					
11. Referrals are appropriate and relate to participant concerns and/or counseling topics					

COMMENTS:

	P/B/N I C				
12. High risk participants are referred/scheduled with the RD/RN at the appointment the High Risk NRF was identified.					
<u>Exit Counseling:</u> 1. Provided towards the end of a pregnant woman's certification period and again towards the end of the postpartum or breastfeeding certification period. Exit Counseling pamphlet, <i>Focus on You</i> , is documented at the prenatal visit.					
<u>Breastfeeding Education:</u> 1. Adequately/appropriately provided for pregnant woman at each prenatal contact a. Referral to BFPC if applicable					
1. Adequate/appropriate support provided for breastfeeding woman a. Referral to BFPC if applicable					
<u>High Risk Participants:</u> 1. Nutrition Education panel completed and noted as a High Risk follow-up					
2. High risk participant received high risk counseling by RD/RN within appropriate timeframe					
3. Compass care plan completed by RD/RN and counseling/follow-up are appropriate					
E. FOODS 1. Assigns/tailors food package to meet the participant's needs					

COMMENTS:

	P/B/N I C				
<p>2. For Special Diets:</p> <p>a. Physician Authorization Form/Rx is complete and contains RD/RN signature and the PAF has been scanned into Compass</p> <p>b. Documentation link is complete and appropriate</p>					
<p>3. Correct number of checks are issued:</p> <p>a. 3 months for low risk participants</p> <p>b. 1 month for high risk participants except those children with NRF 113 Overweight may be issued 3 months.</p>					
<p>4. Signature collected for food benefits.</p> <p>a. If signature was not captured on signature pad, the General Signature Document was completed and scanned into Compass.</p> <p>b. If checks were mailed, a signature was obtained for receipt of checks and the document containing the signature was scanned into Compass.</p>					
<p>F. SCHEDULER</p> <p>1. Gives participant an appropriate return appointment according to the type of appointment needed, length of time, and date to prevent proration of food instruments (if applicable).</p>					

COMMENTS: