
370.10a

Clinic Services Record Audit

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

Review tool The clinic services record audit begins on the next page.

Clinic Service Records Management

Agency:
 Conducted by:
 Date:

Terminated participants Select five terminated WIC participants from the “Terminated by System” report in the data system. Determine date of termination and verify that a comment/alert was put into the data system indicating that the notice was printed and provided to the parent/guardian/participant (see Policy 215.30).

Chart	FID/Person ID	Clinic #	Cert end date	Date term notice printed	Reason	Note provided to participant (Comment/alert found in data system)
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 215.08).

Chart	FID/Person ID	Clinic #	Appl date	Inelig date	Reason	Form provided to participant (Comment/alert found in data system)
1						
2						
3						

Comments:

Active Participant Clinic Services Record Audit

Active participants

Randomly select ten (10) 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	Appt Type	Appt Date	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Continued on next page

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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?										
Identity Panel										
Proof of ID is reasonable										
Signed statement on record (if needed for ID)										
Other program participation noted										
Contact Address Panel										
Phone number(s) recorded										
Proof of residency documented										
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.										
Signed statement electronically filed (if needed for income and/or address)										
Adjunct Eligibility Hyperlink										
Adjunct eligibility & proof is reasonable										
Anthropometric Panel										
Completed for health updates										
Blood Panel										
Testing meets recommended screening schedule										
Lead screening history documented										
If documented no lead testing, referral is documented										
Nutrition Interview										
Comprehensive for ppt's categorical status, age, stage of dev										
Immunization status recorded										
Health Updates: An abbreviated assessment has been completed										
Risks										
Manually assigned risks are reasonable and supported by data										
High risk										
Referrals										
Participant/Family Referrals Documented										
Nutrition Education Panel										
Document education provided										

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
Topics consistent with risk profile, care plan and data collected										
Nutrition Care Plan Panel										
Present for high risk clients										
Present for other clients										
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 is consistent with risk profile and care plan										
Medical documentation is complete and reasonable										
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										
Customer Service Log										
Customer Service Log documented appropriately										
Documentation Electronically Filed or Signature Captured										
Rights and Responsibilities (Signature History)										
Medical Documentation (Electronically Filed)										
Proxy notes (Electronically Filed)										
Referral form (Electronically Filed)										
Violation (Signature History)										

Active Participant Clinic Services Record Audit, Continued

Summary

Signature/date:
