

PARTICIPANT: _____
 ID NUMBER: _____
 NRFs: _____

	PASS	FAIL	N/A	PASS	FAIL	N/A	COMMENTS
I. <u>ELIGIBILITY AND CERTIFICATION</u>							
Does the client live in the agency service area?							
Are the Master Records in the participant's WIC chart?							
Have they been signed and dated by the certified WIC authority?							
Is the information of the Master Record complete and accurate? (e.g., proof of income, identity, or address; number on WIC)							
Is the priority code for the postpartum woman correct?							
Is the Participant Documentation Form signed and dated at each certification?							
Was the length of the certification period documented on the Participant Documentation Form?							

PARTICIPANT: _____

	PASS	FAIL	N/A	PASS	FAIL	N/A	COMMENTS
II. <u>NUTRITIONAL ASSESSMENT FOR NRFs</u>							
Does the WIC chart contain a growth chart for the infant or child?							
Is it accurately plotted and dated?							
Are weights and heights from follow-up visits entered into ASPENS?							
Is the growth chart completed at least once each certification period, and at least twice for infants?							
Does the WIC chart of pregnant women contain a prenatal weight gain grid?							
Has BMI been assessed correctly?							
Are weights accurately plotted and dated?							
Are follow-up weights entered into ASPENS?							
Are they plotted at least once per trimester?							
Does the WIC chart contain a diet assessment at each certification period?							

PARTICIPANT: _____

		PASS	FAIL	N/A	PASS	FAIL	N/A	COMMENTS
II.	<u>NUTRITIONAL ASSESSMENT FOR NRFs (continued)</u>							
	Is the diet assessment accurately completed?							
	Have the correct numbers of servings for each food group been entered into ASPENS?							
	Does the WIC chart contain a completed, signed, and assessed Nutrition Questionnaire (NQ)?							
	Is an NQ completed each certification period (and at the six month mid-certification for infants)?							
	Are subjective NRFs from the Nutrition Questionnaire correctly assessed and assigned?							
	Are subjective NRFs related to growth or weight gain or loss correctly assigned?							
	Are subsequent certifications and follow-up appointments timely?							
	If the participant has been terminated, is the notification of termination form in the WIC chart and accurately completely?							
III.	<u>FOOD PACKAGE</u>							
	Is the food package appropriate for the participant's category/age NRFs?							

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	PASS	FAIL	N/A	PASS	FAIL	N/A	COMMENTS
IV. <u>DOCUMENTATION OF EDUCATION/COUNSELING</u>							
Are two contacts per certification period documented?							
Are participant concerns documented in the participant's education record? Was the follow up of the previous goal documented?							
Is the assessment of the participant accurate, appropriate, and documented?							
Was counseling documented?							
Was the counseling related to NRFs and appropriate for age and category?							
Did counseling focus on 1-2 issues of top priority?							
Was the plan appropriate and documented?							
Was a behavior change goal documented?							
Was the goal specific, time oriented, and outcome oriented?							
If the participant was high or moderate risk, was s/he referred to the RD or RN?							
Were other appropriate referrals made and documented?							
If pamphlets were given, were they documented correctly on ASPENS?							