

Chart Audit Form

CPA _____
 Date of Review _____
 Reviewer _____
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WIC Type	Pg, PP, BF, I, C					
Type of Visit (Cert, Recert, Midcert, Additional Ed.)						
Participant ID Number						
Date of Contact						
A. Medical						
1. Height and weight recorded						
2. Hematological result recorded (or "Reason Blood Work was not Collected" used correctly)						
3. Referral medical data, if used, was collected within acceptable timelines						
4. Nutrition Assessment completed						
5. Risk Code Assignment a. Assigned risk codes meet criteria						
b. Support for risk code assigned is apparent in the chart						
6. Participant and CPA Signatures obtained for certification						

*Quality Assurance items. Other items (those without *) are part of the WIC Federal Regulations.

B. Nutrition and Breastfeeding Education						
1. Initial Education a. Initial education is documented.						
b. INCP documentation is apparent.						
2. Substance Abuse Education is documented.						
3. Documentation of Breastfeeding promotion present for pregnancy certification (or reason breastfeeding was not promoted).						
4. Additional Education a. "Other" additional education contact is documented.						
b. Infant contacts at quarterly rate are documented.						
c. INCP follow-up documentation apparent.						
5. Nutrition Ed. a. Nutrition Education is related to nutritional need.						
b. Nutrition Education reflects integration of information collected during assessments.*						
6. For participants with many education needs, education reflects the highest priority needs.*						
7. Documentation of Nutrition Education a. Documentation of each nutrition education contact is complete, capturing necessary details.*						
b. Documentation provides for continuity of care.*						
8. Referrals for health, social and food resources are documented and appropriate.						

*Quality Assurance items. Other items (those without *) are part of the WIC Federal Regulations.

C. Food Prescription						
1. Food package does not exceed federal maximums.						
2. Food prescription tailored to participant's needs/risk codes.						
3. Medically-Prescribed Formula a. Health Care Provider Documentation of need for medically-prescribed formula present for participants with FP3.						
b. Follow-up for medically-prescribed formula as needed.						
4. Medically-Prescribed Foods a. Health Care Provider Documentation of appropriateness for supplemental foods present for participants with FP 3.						
b. Follow-up for supplemental foods as needed.						
5. Milk Substitutes – Health Care Provider Documentation of need for milk-substitutes present .						

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