|  |  |  |
| --- | --- | --- |
| Reviewer’s Name: | | Timeframe reviewed: *(monthly)* |
| Site: | | From: |
| # of files reviewed:  *5% of all certifications not meeting SOD requirements each month* |  | To: |

1. Attempt to call the participant, Parent Guardian or Caretaker once and document the attempt or completion of the phone call in the top section of the form.

* Completing and documenting the phone call meets the remote certification Separation of Duties file review requirement for the participant.
* If the participant, Parent Guardian or Caretaker doesn’t answer the call, staff must complete the file review listed on the next page.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Phone Call** | | | | |
| Participant ID |  |  |  |  |
| Date of call |  |  |  |  |
| Did you talk to the participant, Parent Guardian or Caretaker? |  |  |  |  |
| Confirm or ask:   * date of certification |  |  |  |  |
| * who the appointment was for |  |  |  |  |
| * describe the clinic experience. |  |  |  |  |
| Ask participant, Parent Guardian or Caretaker if they have purchased WIC foods.   * Describe shopping experience. * Any questions about WIC foods or the WIC Card? |  |  |  |  |

See next page for computer file review requirements when phone call can’t be completed.

1. Complete and document the file review when the participant, Parent Guardian or Caretaker doesn’t answer the phone call.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **File review** | | | | |
| Participant ID |  |  |  |  |
| Date of review |  |  |  |  |
| Certification date |  |  |  |  |
| Staff who completed the certification |  |  |  |  |
| Participant category:  If an infant:   * Is there a file for the mom? * Do the food packages match? |  |  |  |  |
| Does income documentation appear accurate? |  |  |  |  |
| Are weight, measures, and hemoglobin documented?   * Do the values appear accurate? (See graph) * If no measurements, did staff document efforts to obtain them? |  |  |  |  |
| Do the risk factors appear accurate? |  |  |  |  |
| Is there a scanned Medical Documentation Form? (if therapeutic foods or formula issued) |  |  |  |  |
| Were food benefits issued on certification date? If not, when? |  |  |  |  |
| Food or card issuance irregularities? |  |  |  |  |
| Is the next appointment scheduled? |  |  |  |  |
| Additional comments |  |  |  |  |

This institution is an equal opportunity provider.

A picture containing text, tableware, clipart

Description automatically generatedA close-up of a logo

Description automatically generated with low confidenceWashington State WIC Nutrition Program does not discriminate.

To request this document in another format, call 1-800-841-1410.

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DOH 960-998 September 2023