|  |  |
| --- | --- |
| **Reviewer’s Name:** Click to enter text. | **Site:** Click to enter text. |
| **Timeframe reviewed:** *Monthly* | |
| From: Click to enter a date. | To: Click to enter a date. |
| **# fully formula-fed infant files reviewed:**  *100% of fully formula fed infant certifications not meeting SOD requirements* | Click to enter text. |
| **# of other files reviewed:**  *10% of all other certifications not meeting SOD requirements each month* | Click to enter text. |

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 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 | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Date of call | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| Did you talk to the participant, Parent Guardian or Caretaker? | Click to enter text. | Click here to enter text. | Click to enter text. | Click to enter text. |
| Confirm or ask:   * date of certification | Click to enter text. | Click here to enter text. | Click to enter text. | Click to enter text. |
| * who the appointment was for | Click to enter text. | Click here to enter text. | Click to enter text. | Click to enter text. |
| * describe the clinic experience. | Click to enter text. | Click here to enter text. | Click to enter text. | Click to enter text. |
| Ask participant, Parent Guardian, or Caretaker if they purchased WIC foods.   * Describe shopping experience. * Any questions about WIC foods or the WIC Card? | Click to enter text. | Click here to enter text. | Click to enter text. | Click to enter text. |

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 | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Review date | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| Certification date | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| Staff who completed the certification | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Participant category:  If an infant:   * Is there a corresponding adult record? * Do the food packages match? | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Does income documentation appear accurate? | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Are weight, measures, and hemoglobin documented?   * Do the values appear accurate? (review graph) | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Do the risk factors appear accurate? | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Is there a scanned copy of the Medical Documentation Form if therapeutic formula was issued? | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Were food benefits issued on certification date? If not, when? | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Any food benefit or card issuance irregularities? | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Is the next appointment scheduled? | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Additional comments | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

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