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| --- | --- |
| Reviewer’s Name: Click here to enter text. | Timeframe reviewed: *(monthly)*  From: Click here to enter a date.  To: Click here to enter a date. |
| Site: Click here to enter text. |
| # of files reviewed: Click here to enter text.  *5% of all certifications not meeting SOD requirements each month* |

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

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| --- | --- | --- | --- | --- |
| **File review** | | | | |
| Parent Guardian or Caretaker name  Participant name  Participant ID | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Date of review | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Certification date | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Staff who completed the certification | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Participant category:  If an infant:   * Is there a file for the mom? * Do the food packages match? | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Does income documentation appear accurate? | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Are weight, measures, and hemoglobin documented?  **(optional with COVID19 waiver)**   * Do the values appear accurate? (review graph) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Do the risk factors appear accurate? | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Is there a scanned Medical Documentation Form? (if therapeutic foods or formula issued) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Were food benefits issued on certification date? If not, when? | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Food or card issuance irregularities? | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Is the next appointment scheduled? | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Additional comments | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |