

SEPARATION OF DUTIES FILE REVIEW FORM

Reviewer's Name: Click here to enter text.	Site: Click here to enter text.
# formula-fed infant files reviewed: Click here to enter text. <i>100% of formula fed infant certifications</i>	Timeframe reviewed: From: Click here to enter a date. To: Click here to enter a date.
# of other files reviewed: Click here to enter text. <i>20% of all other certifications every 2 weeks</i> <i>Additional 10% every 6 months required in some cases, see policy</i>	

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:	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
• date of certification	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
• 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.

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

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: <ul style="list-style-type: none"> • Does the baby have a corresponding mom record? • 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? <ul style="list-style-type: none"> • 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 copy of the Medical Documentation Form if therapeutic formula was 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.
Any 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.