



INSTRUCTIONS: Review a representative sample of charts for your agency

- **Using Daily Clinic Schedule, Food Package, Staff Schedule and High Risk Participants reports, select a sample of charts to review**

CHART REVIEW SELECTION CRITERIA

- **Review records entered by a variety of LA staff and a variety of criteria as listed below:**

Category	2 from each category: WP, WE, WN, WB, IB, IE, IN, C1, C2
Food Package	2 with medical formula (FM) 2 infants receiving FVB (run Participants with Subcat 19-000)
Language	2 non-English
2 nd NE Contact	3 with high risk follow up (1 from each category W, I, C) 3 with group NE (1 from each category W, I, C)
Eligibility Pending	Pick at least 2 and check for No Proof form during onsite



Oregon WIC Program — Participant Record Review Tool



WIC ID Number →		# of NOs
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NUTRITION EDUCATION & FOOD PACKAGE ASSIGNMENT

6	C	Did the counseling topic(s) relate to the nutrition risk(s), category identified, or participant interests or concerns?											
7	C	Did the CPA change the risk level from medium to high if required?											
8	C	Is there documentation that a second NE contact was offered?											
9	C	If second NE was not attended, were benefits issued according to policy?											
10	QA	Was the next step status updated, if appropriate?											
11	C	Is the correct food package assigned and documented, if required?											

HIGH RISK PARTICIPANTS

12	C	Was the high risk participant seen by or referred to a qualified nutritionist?											
13	C	For high risk participants, is the high risk care plan documented in the progress notes?											
14	C	Is the care plan accurate and related to participant's high risk?											

