Agency/Clinic: WICWIC **Audit Date:** 04-02-15 **Auditor:** Chris **Tier Size:** Small

Participant State ID Number	586372	598377	028411	631207	618206	618206	502771	500225
Household ID #/Pair Mom & Baby	613386	613386	579031	579031	063811	614998	000938	581819
Category	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**
Last Name, First Initial	Janes, M	Macy, M	Wannamaker K	Wannamaker I	Smithson, A	Cranston, T	Begay, B	Zemeda, A
Certification: Start/End	11/27/13- 09/30/14	11/27/13- 09/30/14	11/25/13 05/31/14	11/25/13 11/30/14	04/29/14 10/31/14	04/29/14 04/30/15	04/21/14 01/31/15	11/19/13 11/30/14
Date of Birth	10/19/1984	09/21/13	11/19/81	11/12/13	05/29/96	04/18/14	07/04/1985	10/31/12
CS # of Staff	CS2323	CS2323	990512	990512	CS6565	CS6565	C88746	C75309
Risk Code Assignment: • At least one code assigned • All appropriate codes assigned • No codes are mis-assigned	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	11/27 201	11/27 701 702 BF dyad code missing	11/25 303 not on as pg	11/25 701 04/28 135 add 07/25 135 drop 701 no doc	04/29 331	04/29 701 08/02 411 early intro cereal	04/21 111, 133, 311, 427 (runny eggs) 7/28 132, 131 both add 10/01 302 add 131, 132 drop	11/19 425 (juice in cup all day and karo in water bottle, still on bottle
Participant Referral: • High risk (per table) • Low risk • Follow-up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Family Planning MD, dcln OPA F/U -02/25/14	IZ, MD, declined OPA F/U 02/25/14	RD F/U 03-20	PHN-IZ F/U 4-28	Dentist F/U 8/02 No RD 331	Doctor F/u 8/02	Dentist F/U No RD or Doc referrals	Head Start F/U
Core Education Topics: • All topics covered at certification (per SP)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
								Alcohol, tobacco or drugs missing
Food Package: • Assignment • Issuance (over/under) • Tailoring	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
				RX for Similac Sensitive 4-28				Missed Feb, Mar, Apr
Documentation of BF and/or Nutrition Education: • Number of Contacts • Provided Quarterly (approx.) • Follow up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	11/27 – Y cert 02/25 – N 04/30 – Y MCA	11/27 – Y cert 12/17 – Y 02/25 – Y 04/30 – Y MCA	11/25 – Y cert 03/20 – Y	11/25 – Y cert 03/20 – Y 04/28 – Y 07/23 - Y	04/29 – Y cert 08/02 – Y	04/29 – Y cert 08/02 – Y	04/21 – Y cert 07/28 – Y 10/01 - Y	11/19 – Y cert Missed Feb, Mar, Apr 05/01 – Y 08/02 – Y

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Anthropometric or Hematological Measures/Follow Up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	11/27 – Y Disc Declined F/U Hgb	11/27 – Y Disc 12/17 – Y Disc 02/25 – Y Disc 04/30 – Y Disc	11/25 - N	11/25 – N 03/20 – N 04/28 – N 07/23 – N 10/30 – N	04/29 – Y 08/02 – Y	04/29 – Y 08/02 – Y	04/21 – Y 07/28 – Y 10/01 - Y	11/19 – Y 05/01 – Y
Goal: • Established at Certification • Follow Up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	BF infant successfully F/U - Y	Normal grwth F/U - Y	eat more vegies F/U - Y	Feed on demand, delay solids 6 mos, F/U - Y; 04/28 age appropriate foods F/U -Y	Receive ongoing health care F/U	Consume appro foods F/U	Recommended weight gain F/U	Achieving self-feeding F/Y
Nutrition Assessment Questions: • Completed at Cert • Completed at Mid-Cert (as needed)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Both	Both		Both		Both		
Nutrition Care Plan: • Completed at Cert and Mid-cert • Type (format) and timing of follow-up visit • What to follow-up on (referral, ed, goal) • Education to be provided	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Okay for 2014	Ed for each age noted,ok		No frequency of visits, just was to weigh and measure				

Discussion Topics:

Completed at monitoring visit, not requested at self-monitorings at this time.

OBSERVATION	
Customer Service	**Y** N Notes:
Anthro/Biochemical Technique	Y **N** Notes: Disc removing shoes and dry diaper for infant/young child; hgb use third drop for Hemocue
Required Posters Displayed	**Y** N Notes:
Confidentiality	**Y** N Notes: good office space with door to close
Outreach Plan on File	**Y** N Notes: Have checked off two of the planned activities
Nutrition & Breastfeeding Plans on file	**Y** N Notes: Plan was to attend CLC for CPA, but no close trainings and funding low this year.
Breast Pump Log	**Y** N Notes:
Breastfeeding orientation for new employees	**Y** N Notes: Discuss importance of breastfeeding promotion and support. WIC's philosophy for breastfeeding. Why no formula references/posters. References available in clinic and reputable resources online. Would send them to Loving Support Training and later if appropriate would send them to CLC and other training as offered.

Notes: Other notes I may have.