

Agency Name _____

PE Date: _____

Reviewer: _____

CHILD AND INFANT ISIS RECORD REVIEW CHECKLIST

ISIS RECORDS	1	2	3	4	5	6	7	8	9	10	TOTALS <i>(Don't tally N/A records)</i>
PPT's Initials											
Category (I, C)											

BROWSE FAMILY

a. Address Doc Code?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	D, H, M, codes – look for written statements on-site]	
b. If code is O, are family comments present in ISIS for source of address?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) use of "O" code includes reason/comments ___/___(N) use of "O" code w/o reason/comments										
c. If code is N, was an address-specific "hold" placed?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) use of "N" code includes HOLD ___/___(N) use of "N" code w/o HOLD										

BROWSE INDIVIDUAL - O Record

a. Income Doc Code?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	[C, D, H, M, T codes – look for written statements on-site]	
b. If code is O, are family comments present in ISIS for source of income?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) use of "O" code includes comments ___/___(N) use of "O" code w/o comments										
c. If code is N, was an income-specific "hold" placed?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) use of "N" code includes HOLD ___/___(N) use of "N" code w/o HOLD										
d. If code is A, was it used appropriately?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) use of "A" code appropriately ___/___(N) use of "A" code incorrectly										

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Category (I, C)												
a. Identification Code? <i>Note: W – not acceptable for new enrollments.</i>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	___ # of times (W) used w/ new enrollee <i>(Hint: check app date)</i> ___ # of new enrollees	
b. If code is O , are family comments present in ISIS for source of ID?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) use of "O" code includes comments ___/___(N) use of "O" code w/o comments										
a. Present at cert code?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
b. If code is W , was child present at previous certification?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) Child was present at previous cert ___/___(N) Child was not present at previous cert										
c. If code was "I" was an IPC hold placed at cert?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) IPC hold placed at cert ___/___(N) Hold not placed at cert										
d. If code is "I", is there documentation that the infant is present within 8 weeks of birth?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___(Y) Infant present w/in 8 weeks ___/___(N) Infant not present w/in 8 weeks										
Hispanic/Latino documented with Y or N in ISIS	Y or N <input type="checkbox"/> R <input type="checkbox"/>	___/___ (Y or N) documented ___/___ (R) \emptyset documented										
Race documented in ISIS	Y <input type="checkbox"/> N <input type="checkbox"/>	___/___ (Y) documented ___/___ (N) \emptyset documented										
a. Application Date <i>(new enrollments only)</i>												
b. Cert Start Date												
c. Cert Start Date - Is the time frame appropriate? (10d=P/Migrant and 15d=N/B/I/C) <i>(for new enrollment only)</i>	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	(Don't tally NA records) ___/___ (Y) Cert start date in time frame ___/___ (N) Cert start date not in time frame										

USDA DOCUMENTATION CODES (revised 7-22-09)

INCOME DOCUMENTATION CODES		ADDRESS DOCUMENTATION CODES		ID DOCUMENTATION CODES		PRESENT AT CERT CODES	
A	Adjunctive Eligibility (via MEDS Interface)	A	Mail/Postcard	A	Medi-Cal Card	Y	Present
B	Disability	B	Any Bill	B	Birth Certificate/Hospital Birth Verification/Crib Card	D	Not present–Disabled- ‘O’ hold with Family Comments
C	Cash payment (signed statement required)					H	Not present at recert– ongoing health care (I/C) ‘O’ hold w/FamilyComments
D	Disaster Victim (signed statement required)	D	Disaster Victim (signed statement required)	D	Disaster Victim (signed statement required)	I	Infant, < than 8 weeks old, not present at enrollment. P = Hold, Infant Presence at Cert
H	Homeless (signed statement required)	H	Homeless (signed statement required)	H	Homeless (signed statement required)	W	Not present at recert – working parents (infant/child) ‘O’ hold with Family Comments
I	Income Tax Form	I	Income Tax Return	I	Immunization Record		
		L	California Drivers’ License or ID Card	L	California Driver’s License or ID Card		SOURCE OF HEIGHT/LENGTH/WEIGHT DATA
M	Migrant (if self declare signed statement required)	M	Migrant (signed statement required)	M	Migrant (signed statement required)	R	Referral Form
N	Documentation Unavailable at Cert (place hold; obtain within 30 days)	N	Documentation Unavailable at Cert (place hold; obtain within 30 days)			I	Referral Form – Incorrect Data
O	Other (document the type ISIS family comments)	O	Other (document the type in ISIS family comments)	O	Other (document the type in ISIS family comments)	M	Medical/Clinical Records
P	Pay stub	P	Pay stub/checks w/pre-printed address	P	Photo ID	N	Medical/Clinical Records – Incorrect Data
		R	Rent receipt/mortgage statement/lease agreement	R	Medical referral form	W	WIC Office Measurement
S	SSI	S	SSI	S	Social Security Card	O	Other: explain source w/ISIS family comment
T	Pregnant teen(signed statement required)	T	Pregnant teen(signed statement required)			C	Crib Card (Infants only)
U	Unemployment Benefits Card/Letter	U	Unemployment Benefits Card/Letter				MNT ready reference A= already receiving MNT Y=Yes, MNT referral was made U=Unnecessary, document reason in INEP X=MNT not available Blank= Pending RD review
V	Aid Verification Letter/Notice of Action	V	Aid verification letter/Notice of Action	V	Aid Verification Letter/Notice of Action		
W	Worker’s Compensation			W	WIC Information Folder (WIF) –NOT if new enrollee		

Requires signed statement in daily file

Requires SPECIFIC ISIS hold

Requires ISIS family comment

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BROWSE HEALTH INFORMATION

a. Height and Weight Present?	Y <input type="checkbox"/> N <input type="checkbox"/>	___/___ (Y) Ht/wt present ___/___ (N) Not present									
b. Date of weight within time frame? (Must be documented at cert. Weight 60 days prior to cert appt.is OK) (NA if not present)	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ (Y) Date within time frame ___/___ (N) Date not within time frame									
c. If 'O' code for ht/wt source, is there an explanation in ISIS individual comments?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ explanation in ISIS ___/___ explanation not in ISIS									
a. If required, did Hgb/Hct come in during the cert? Note: If not required, then check NA.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ (Y) Hgb present ___/___ (N) Not present									
b. Was a 30 or 60 day "hold" for blood <u>placed</u> at cert?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ (Y) Holds present ___/___ (N) No hold									
Was a dietary code present at certification? Select ONE: I = Inappropriate: (D401/428 at cert w/o Hgb/Hct). Y= Dietary code used per policy. N= No D code at all N/A= N/A for some infants under 4 months	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	___(I) Dietary Inappropriate: D401/428 used at cert w/o Hgb/Hct ___/___(Y) Dietary code used per policy ___/___(N) D-code not present <i>Do not tally-N/A for infants under 4 months</i>

WIC Bloodwork Requirements

REMEMBER If bloodwork is needed *it is to be brought in within 90 days of the certification start date.*

AND not bringing bloodwork cannot be a barrier to participation. *However, it is very important to get the bloodwork in because the USDA can revoke the 90 day "grace" period if they find that missing data is a significant problem.*

IF	THEN	AND	BUT
Pregnant	Blood can be from ANY time during the pregnancy		
Breastfeeding or Post-partum	Blood can be from any time after the most recent pregnancy		Breastfeeders between 6 to 12 months post partum do not need NEW blood for the next cert period if there is <u>any</u> post partum blood in the record. (Even if they have an anemia risk).
Enrolling an Infant 8 months or younger	No blood is needed		If bloodwork is brought in from when the baby was as young as 6 months old it can be used for the one year recert. Therefore, it needs to be recorded in ISIS.
Enrolling an infant 9 months or older	Blood is needed	It is OK if it is from when the baby was between 6 to 12 months old.	

IF	THEN	AND	BUT
A one year recert	Blood is needed	It is OK if it is from when the baby was between 6 to 12 months old.	If the blood is from when the baby was <u>under</u> 12 months old then it cannot be used at any recert <u>after</u> the one year recert. See example below.
A child recert between 12 and 24 months	Blood is needed only one time if recertifying between 12 and 24 months, <u>as long as tests are normal.</u>		If results are <u>abnormal</u> , follow-up blood test is required in 6 months. See example below.
A child recert age 2 and older	Blood is needed only once every 12 months		If results are <u>abnormal</u> , follow-up blood test is required in 6 months.

Example 1: *One Year Recertification* - A one-year-old in recertified in the 12th month without bloodwork. WIC staff places holds and the blood results are brought in when the baby is 15 months old. However, the blood test was done when the baby was only 8 months old. The bloodwork is good for the one-year recert in spite of how old the data is. Staff needs to enter the bloodwork into ISIS and “credit it” towards the one year recert only.

Example 2: *Child Recertification at 18 months old* – The one year recert bloodwork for this child was never completed in spite of the numerous holds placed by the WIC staff. Now it is time for the next recertification for the child. However, the blood test that was brought in was done when the child was only 8 months old. This bloodwork cannot be used for this recertification because infant blood cannot be applied to a recert that is past the 1 year recert! This 18 month-old child must have new bloodwork within 90 days of the cert start date. (But, again, the participant cannot be penalized if it is **not** brought in within 90 days).

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BROWSE HEALTH QUESTIONS

Are all Health questions answered?	Y <input type="checkbox"/>	___/___ (Y) all answered ___/___ (N) none answered ___/___ (I) incomplete									
N = no ques answered	N <input type="checkbox"/>										
I = one or more ques unanswered	I <input type="checkbox"/>										

BROWSE NUTRITION EDUCATION HISTORY & BROWSE INDIVIDUAL NUTRITION EDUCATION PLANS (INEP)

Minimum Contacts Staff provides required number NEC's per certification period I = 1 per quarter C = 1 per quarter (midcert @ 5-7 MOs)	Y <input type="checkbox"/>	___/___ (Y) Had required # contacts ___/___ (N) Did not have required # contacts									
	N <input type="checkbox"/>										

LOCAL AGENCY – ONSITE VERIFICATION - Verify the following information with onsite documentation.

R & R complete? (family ID, ppt signature & date)	Y <input type="checkbox"/>	___/___ (Y) R & R complete ___/___ (N) R & R not complete									
	N <input type="checkbox"/>										
If codes D, H, M or T used for address, are written statements present?	Y <input type="checkbox"/>	___/___ (Y) Written statements present ___/___ (N) Written statements not present									
	N <input type="checkbox"/>										
	NA <input type="checkbox"/>										
If codes C, D, H, M or T used for income, are written statements present?	Y <input type="checkbox"/>	___/___ (Y) Written statements present ___/___ (N) Written statements not present									
	N <input type="checkbox"/>										
	NA <input type="checkbox"/>										
If codes D, H or M used for ID, are written statements present?	Y <input type="checkbox"/>	___/___ (Y) Written statements present ___/___ (N) Written statements not present									
	N <input type="checkbox"/>										
	NA <input type="checkbox"/>										