

Agency Name: \_\_\_\_\_

PE Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**PRENATAL, BREASTFEEDING, NONBREASTFEEDING 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 P,B,N											

**BROWSE FAMILY**

a. Address Doc Code?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<i>[D, H, M codes – look for written statements on-site]</i>	
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?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<i>[C, D, H, M, T codes – look for written statements on-site]</i>	
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 “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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a. Identification Code?  <i>Note:</i> W – not acceptable for new enrollments.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	____ Number of times (W) used w/new enrollee <i>(Hint: Check app date)</i>  ____ Number 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										
Present at Certification Code?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
Hispanic/Latino documented with Y or N in ISIS	Y or N <input type="checkbox"/> R <input type="checkbox"/>	___/___ (Y or N) documented ___/___ (R) Ø documented										
Race documented in ISIS	Y <input type="checkbox"/> N <input type="checkbox"/>	___/___ (Y) documented ___/___ (N) Ø documented										
a. Application Date (M/D/Y or NA) <b>(new enrollments only)</b>												
b. Certification Start Date: M/D/Y												
c. Certification Start Date - Is the time frame appropriate? (Y/N/NA) (10d=P/Migrant and 15d=N/B/I/C) <b>(for new enrollments only)</b>	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ (Y) Cert start date in time frame ___/___ (N) Cert start date <b>not</b> 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		<b>SOURCE OF HEIGHT/LENGTH/WEIGHT DATA</b>
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				<b>MNT ready reference</b> 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) Ht/wt <b>not</b> present									
b. Date of weight within time frame and documented at cert? (Weight used can be up to 60 days prior to cert if within category)	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ (Y) Date within time frame ___/___ (N) Date <b>not within</b> time frame (NA if not present)									
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 <b>not</b> in ISIS									
a. Did Hgb/Hct come in during the cert?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ (Y) Hgb/Hct present ___/___ (N) <b>Not</b> present									
b. Was a 30 or 60 day "hold" for blood placed at cert?	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ (Y) holds are present ___/___ (N) holds <b>not</b> present									
Was a dietary code present at certification? <b>Select ONE choice:</b> I = Inappropriate: (D401 at cert w/o Hgb/Hct). Y= Dietary code used per policy N= No D code at all	I <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	___(I) Dietary code Inappropriate --D401 used at cert <b>w/o</b> Hgb/Hct ___/___(Y) Dietary code used per policy ___/___(N) D-code <b>not</b> present									

## 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		
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.	
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 <b>cannot</b> 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 12<sup>th</sup> 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?											
N = no questions answered	Y <input type="checkbox"/>	___/___ (Y) Health Qs answered									
I = one or more questions left unanswered (does not include questions left blank due to "no" response to previous question)	N <input type="checkbox"/>	___/___ (N) Health Qs <b>not</b> answered									
	I <input type="checkbox"/>	___/___ (I) Health Qs <b>incomplete</b>									

### BROWSE ADDITIONAL HEALTH QUESTIONS

a. Are all additional health questions answered?											
N = no questions answered	Y <input type="checkbox"/>	___/___ (Y) Add. Health Qs answered									
I = one or more questions left unanswered	N <input type="checkbox"/>	___/___ (N) Add. Health Qs <b>not</b> answered									
	I <input type="checkbox"/>	___/___ (I) Add. Health Qs <b>incomplete</b>									

### BROWSE SUPPLEMENTAL ALCOHOL & DRUG QUESTIONS

b. Are all applicable supplementary drug/alcohol questions answered?											
Ø nec= no current issues	Ø nec <input type="checkbox"/>	___/___ (Y) Drug/Alcohol Qs answered									
Y= all applicable questions answered	Y <input type="checkbox"/>	___/___ (N) Drug/Alc. Qs <b>not</b> answered									
N = <u>no</u> questions answered	N <input type="checkbox"/>	___/___ (I) Drug/Alcohol Qs <b>incomplete</b>									
I = one or more questions left unanswered.	I <input type="checkbox"/>	___/___ Ø determine.									
Ø determine = unable to tell if there are current issues due to incomplete answers to previous screen "Additional Health Questions")	Ø <input type="checkbox"/> determine	NOT a separate finding. Use to reinforce issues with the "additional health questions"  <i>(Don't tally Ø necessary)</i>									

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

<u>Minimum Contacts</u> Staff provides required number NEC's per certification period N= 2 per cert period P= 1 per quarter B= 1 per quarter	1	2	3	4	5	6	7	8	9	10	___/___ (Y) Had required # contacts  ___/___ (N) Did <b>not</b> have required # contacts
Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	
N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	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 <b>not</b> complete										
If codes <b>D, H, M</b> or <b>T</b> used for address, <b>are written statements present?</b>	Y <input type="checkbox"/>	___/___ (Y) Written statements present ___/___ (N) Written statements <b>not</b> present										
	N <input type="checkbox"/>											
	NA <input type="checkbox"/>											
If codes <b>C, D, H, M</b> or <b>T</b> used for income, <b>are written statements present?</b>	Y <input type="checkbox"/>	___/___ (Y) Written statements present ___/___ (N) Written statements <b>not</b> present										
	N <input type="checkbox"/>											
	NA <input type="checkbox"/>											
If codes <b>D, H</b> or <b>M</b> used for ID, <b>are written statements present?</b>	Y <input type="checkbox"/>	___/___ (Y) Written statements present ___/___ (N) Written statements <b>not</b> present										
	N <input type="checkbox"/>											
	NA <input type="checkbox"/>											