

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: W – not acceptable for new enrollments.</i>											____ 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) (new enrollments only)											
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) (for new enrollments only)	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	___/___ (Y) Cert start date in time frame ___/___ (N) Cert start date not in time frame									

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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 not 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 not within 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 not 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) Not 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 not present									
Was a dietary code present at certification? Y= Dietary code used per policy N= Dietary code NOT used per policy	Y <input type="checkbox"/> N <input type="checkbox"/>	___/___(Y) Dietary code used per policy ___/___(N) Dietary code not used per policy									
<i>If No - WHY?</i> No Code	<input type="checkbox"/>	<input type="checkbox"/> No Code									
D401 with another D Code	<input type="checkbox"/>	<input type="checkbox"/> D401 with another D Code									
D401 without required Blood	<input type="checkbox"/>	<input type="checkbox"/> D401 without required Blood									

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BROWSE HEALTH QUESTIONS

Are all Health questions answered?											
N = no questions answered	Y <input type="checkbox"/>	___/___ (Y) Health Qs answered ___/___ (N) Health Qs not answered ___/___ (I) Health Qs incomplete									
I = one or more questions left unanswered (does not include questions left blank due to "no" response to previous question)	N <input type="checkbox"/>										
	I <input type="checkbox"/>										

BROWSE ADDITIONAL HEALTH QUESTIONS

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

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 ___/___ (N) Drug/Alc. Qs not answered ___/___ (I) Drug/Alcohol Qs incomplete ___/___ Ø determine. NOT a separate finding. Use to reinforce issues with the "additional health questions" <i>(Don't tally Ø necessary)</i>									
Y= all applicable questions answered	Y <input type="checkbox"/>										
N = <u>no</u> questions answered	N <input type="checkbox"/>										
I = one or more questions left unanswered.	I <input type="checkbox"/>										
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										

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

INEP present for each individual "S" contact	Y <input type="checkbox"/>	___/___ (Y) Had INEP(s) for "S" contacts ___/___ (N) did not have INEP(s) for "S" contacts										
	N <input type="checkbox"/>											
Minimum Contacts Staff provides required number NEC's per certification period N= 2 per cert period P= 1 per quarter B= 1 per quarter	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"/>											

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
V	Aid Verification Letter/Notice of Action	V	Aid verification letter/Notice of Action	V	Aid Verification Letter/Notice of Action		A= already receiving MNT Y=Yes, MNT referral was made U=Unnecessary, document reason in INEP X=MNT not available Blank= Pending RD review
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

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 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).