



RECORD REVIEW TRAINING

'Quality is about meeting requirements
– nothing more, nothing less.'

Philip B Crosby

Introductions

WIC staff

- Name
- Agency
- What do you struggle with in regard to Record Reviews?

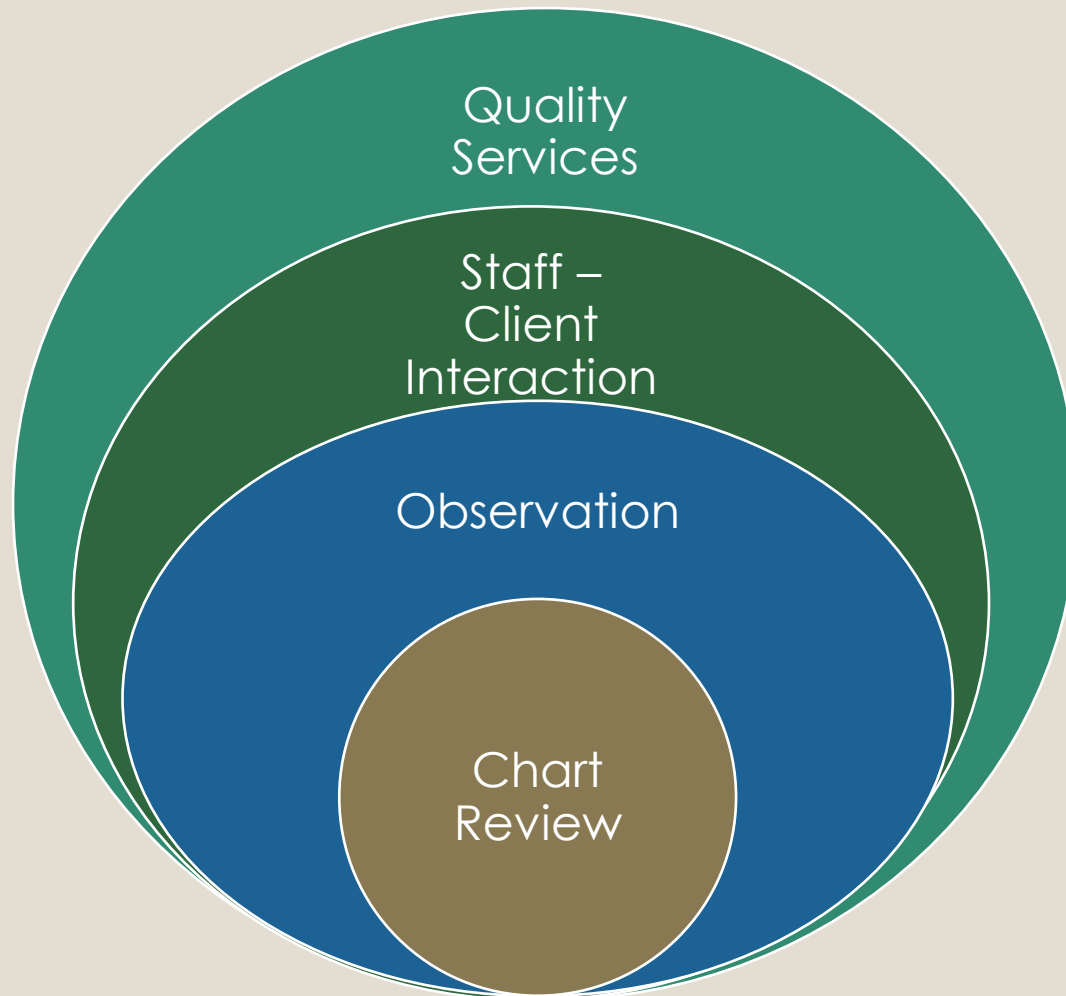
MDHHS/WIC Staff Trainers

- Nancy Erickson, MS, RD
- Tina Hickey, BS
- Meryl Smith, MS, RD

Purpose

- Improve quality WIC Services
- Obtain/Improve Skills in Chart Reviews
- Identify and use MIWIC Reports for quality assurance

Record Review- Just the Beginning



Active Record Review

MDHHS/WIC Management Evaluation	Active Record Review			Page 1 of 9
Agency/ClinicID:	Reviewer Name:		Date:	

Active Record Review Instructions-2025

The purpose of the record review is to determine whether the agency is following State WIC policy for documentation and recordkeeping and helps to identify issues regarding the quality of required documentation.

Pg.2. Active Records/Nutrition Education, etc.: Active records are clients currently eligible for WIC benefits. At each agency visited, the reviewer is to randomly select the active WIC records indicated. Use **Clients by Cert End Date Report** to randomly select client records in their current certification period of at least 5 months in length and have a current BVT (Benefits Valid Through) date.

Reviewing of Records

Enter client's ID number in the appropriate WIC status column. Then conduct the review of the record for each item in the column under that client's ID number entering **Y** (Met), **N** (Not Met) or **N/A** (Not Applicable). When all records have been reviewed, total each row. Formulas in Excel will total all N's in row.

Nutrition Education Contacts:

All clients must be offered nutrition education at a quarterly rate, based on their length of certification. See chart below for number of NE contacts required for length of certification period. NE offered =Missed appointments, Planned NE Method is wichealth.org or NE Mall, refused, or NE received. [WIC Fed Regs. 7 CFR Part 246, Section 246.11, (e), (2), (3)], MI-WIC Policy 5.02]

# Required Nutrition Ed. Contacts: All Women, Infants, Children	10-12 month cert period-4 NE	7-9 Months-3 NE	4-6 months -2 NE	1-3 months -1 NE
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Problems and Citations

■ Indicate the total number of errors or N's for each item. Cite if 2 or more errors per item line, unless noted. Note any review items or record which had a substantial number of errors or Not Mets. Additional files may need to be reviewed if problems are noted.

- Ineligible/Short Cert:** From WIC Ineligible and Expiring Short Cert reports, choose 5 records each that have been processed in the last year. Use Yes/No drop down boxes.
- Role Report/Credentials/Training:** Review Role reports to ensure all staff assigned meets required credentials and training. Review 20% of randomly selected staff (minimum of 5) if training requirements are met. Review 2 staff for certificates/documentation.
- Formula Approval:** From Formula Usage Report, choose the records from each formula category I (child over 1), II, & III - suggest choosing different food packages if possible. Verify that Class III clients are offered High Risk services.
- HR Ind Care Plan:** Select 5 records from different categories that have current Individual Care Plans to review for Care Plan documentation.
- High Risk Review:** From High Risk Report choose 10 high risk clients from a variety of WIC categories to determine if high risk clients are being offered RD services. Review each record. Note any pattern of declining High Risk Services.
- WIC Dual Participation Report:** Review from previous 2, 4, 8, & 12 months ago. Review for prompt resolution and follow up (within 45 days).
- Certification Timeframes:** Review next available appointments for High Priority (10 d) and all others (20 d), NCRD (30 d), and ISD Referrals.
- Compliance:** Review Client Compliance Log for past 12 months to determine if agency is adequately monitoring compliance and within timeframe.
- Breast pump Monitoring:** Review Overdue Breast pump report for pumps not returned by due date and if following retrieval procedures. Client List by Pump Model Issued Report (up to 12 records in each category, different pump models, and issued by different staff) for signed Releases, returned Receipts, and client contact requirements (2 day and monthly follow-up).

Finding records to evaluate

- Identify report-Clients by Cert End Date
- Generate report for selected period
- Select clients (PBNIC)
- Use clients *currently* on WIC and certified for at least 5 months, especially for NE
- BVT date should be current
- Select varied staff –unless you are reviewing new staff, then select records completed by that person

MI-WIC Reports for Management Evaluations

Report title/source	Purpose	Review/Comments
Active Record Review		
Clients by Cert End Date (Clinic/partic/clients by cert end date)	Identify clients who will be completing a cert period soon for record review.	Date range should be in future. Dates are cert ending dates.
WIC Ineligible Client Report (Clinic/participation/WIC ineligible client report)	Monitor if clients are receiving Ineligibility Notice when determined ineligible.	Report based if ineligibility status is assigned on Client Info screen or Cert Action. Review quarterly. Date of Ineligibility.
Expiring Short Certs Report (Clinic/participation/expiring short certs)	Monitor clients who were short certified to follow-up on required documentation.	Enter Termination Dates. Do <u>regularly-wkly/bi-wkly/</u> monthly for reminder phone calls.
Local Agency/State User Roles Report (admin/Roles Reports/ Local Agency-State User Roles)	Lists staff with MI-WIC access. Use to check who has MI-WIC access and credentials for CPA & RD.	Review restricted roles for credential and training requirements per Policy 1.0
Formula Usage Report (Clinic/participation/Formula Usage)	Identify clients who have been assigned a Class I, II, or III formula food pkg for record review.	Previous month and use la button: All Class I (excluding infants), II & III. Review Monthly/bimonthly
High Risk Report (Clinic/nutr & health summary/High risk report)	Identify clients who are high risk/received high risk services for record review. Determine if clients are being consistently offered/provided RD services. For Care plan monitoring, select records with different risks and categories, with CP Open Date recorded and CP Not Needed Date is blank.	CP Open Date -when Care is documented. CP Not Needed Date -date is checked and rationale in Assessment. CP Closed Date -when the checked box w/ rationale or Follow-up tab. Declined- client declined R services. Non-WIC RD- client is seei other RD.
WIC Dual Enrollment Report (Clinic/partic/WIC Dual Enrollment)	Identifies potential dual (WIC/WIC) enrollees for review and follow up.	Review to determine if age resolves within 45 days of identification of dual enroll
Client Compliance Log (Clinic/participation/client compliance log)	Monitors compliance activities.	Ensure complaints are foll up and resolved promptly. Date of complaint.
Overdue Loaner Breast Pump Report (Clinic/breast pumps/overdue loaner BP Report)	Monitors Breast Pumps due back to agency and allows for follow up.	Monitor overdue multuser breast pumps and required monthly follow ups.
Client List by Breast Pump Model Issued (Clinic/breastpumps/client list by breastpump model issued)	Lists clients issued breast pumps by model.	To review signed breast pu release and return receipts 1-2 day follow-up on pump.
Administration		
10/20 DAY REPORT (Clinic/Scheduler/Outside 10/20-day report)	For cert/ <u>partic</u> clients, indicates whether scheduled within required <u>time period</u> for cert.	Dates: Appt date range Review at least monthly. O appt listed.
Incoming Referral Work Queue (Clinic/scheduler/Incoming Referral Work Queue)	Review ISD Referrals for timely contact/scheduling.	

MI-WIC Reports

for Management Evaluations

MI-WIC Reports for Management Evaluations

Report title/source	Purpose	Review/Comments
Formula Acceptance & Action Log (Miscellaneous/Formula Acceptance-Action Log)	Review returned formula storage, log completion, & Review Notes	Verify flagged lines are routinely reviewed (check Pending Review).
Breast Pump Inventory Details (Admin/Breast Pumps/Inventory Details)	Review if completing quarterly breast pump inventory.	By pump model.
Hemoglobin Daily Summary Report (Clinic/ <u>nutr</u> & health summary/Hgb daily summary report)	Monitor clients tested during specified period to insure retest if <8 µg/dL.	Assess whether required testing & retesting is completed. NOTE: State retest policy <8 µg/dL.
Single Certifier Report (admin/reports/roles reports/single certifier report)	Report lists clients who were certified by a single staff member.	Monitor 100% IFF/IBP and 20% of remaining records for required scanned documents.
Lead Test Billing Report (Clinic/admin/lead testing report)	Provides list of clients who had Lead testing done in WIC.	Does LA apply reimbursement to WIC program if WIC staff performs testing?
MIHP Billing Report (Clinic/MIHP Billing report)	List PG & I clients who received MIHP & WIC services during same visit for MA billing.	Assess how agency reflects staff time if MIHP services are performed in WIC. Must check box.
Caseload Management Report (Clinic/caseload/caseload management report)	Utilize to monitor caseload.	If migrant caseload assigned look at non-migrant assignment and compare %.
Certification		
Communications (Print Docs) (At Family level- <u>Miscell</u> /Communications)	Lists what documents were provided for Family by Date.	Verifies required documents (Client Agreement, NE Plan and VOC) are provided.
Outreach & Referrals		
Families Count by Primary Language (Clinic/ <u>partic</u> /families count by language)	Number whose primary language is not English for determining need for interpreters.	Requires input of primary and secondary languages.
Local Agency Directory (Admin/administration/LA directory)	Lists LA address(es) and contacts.	
Recordkeeping and Accountability		
Benefit Over-Issuance Detail Report Admin/EBT Reports/benefit over issuance	Monitor clients who received additional benefits.	Check if reason documented.
Benefit Re-Issuance Admin/EBT Reports/benefit re-issuance by staff	Monitor clients who have been re-issued benefits by staff name.	Monthly
Clients Eligible for Benefits (Clinic/ <u>partic</u> /clients eligible for benefits)	Contact list for clients with no benefits or ending soon.	Dates=BVT
Online NE Completed (Clinic/education & referrals/online NE completed)	Identifies clients who completed a <u>wichealth.org</u> lesson during dates entered.	Resource for issuing benefits after education completed.

Individual staff or all

The image shows a screenshot of a web application interface. On the left, there is a vertical menu with the following items: Active Client, Administration, Auto Dialer Call Result, Breast Feeding, Breast Pumps, Caseload, EBS Action List, EBT, Education and Referrals, MIHP Billing Report, Monitoring (highlighted with a red arrow), Nutr and Health Summary, Participation, Scheduler, and WIC Health.org Error Report. The top navigation bar includes 'Reports', 'Help', and 'Messages'. The main content area is a yellow box titled 'Random Client Select' with the following fields: Clinic (dropdown), Cert End Month (dropdown), Cert End Year (dropdown), Staff Member (dropdown), Category (dropdown), and No. Of Records (text input). At the bottom right, there are 'Run Report' and 'Cancel' buttons. The window title is 'Report Parameters - Internet Explorer'.

Clients by Cert End Date

Michigan WIC Program
Clients by Cert End Date
LA: 970000 Test Agency 1

Generated Date: 10/08/2025 Cert End Dates: 10/29/2025 to 11/12/2025

979701 Test Clinic 1

Auth/Person/Info Client Full Name	Cat Code	Birth Date	Cert Start	Cert End	BVT Date	Term Date	Term Reason
Julie Release Test, Partial	BP	03/03/03	11/22/24	11/01/25			
Julie Release Test, Part Time	IDD	11/02/24	11/22/24	11/01/25			

520 S WASHINGTON ST , LANSING, MI 48913 -- (517) 651-6516	10/30/25	
123 SPRINGTIME LANE , PINCKNEY, MI 48169 -- (517) 545-3557	10/29/25	
1542 SIDE WAYS , LANSING, MI 48913	11/11/25	
102 MADDUX , PINCKNEY, MI 48169 -- (517) 582-8837	10/31/25	
320 S. WALNUT , LANSING, MI 48910 -- (517) 260-7639	11/11/25	06/23/22
54620 S. HALTON LEWIS CASS BLDG., 6TH FL., EAST LANSING	11/07/25	

Clients by Cert End Date

State

Local Agency

Clinic

970000 Test Agency 1

From Date 10/29/2025

Thru Date 11/12/2025

No future Appointments

All Clients

What does the Record Review tell us?

- Nutrition Education
- Referrals Provided
- Breastfeeding referral & support
- Food Packages/Benefit Issuance

Active Record Review

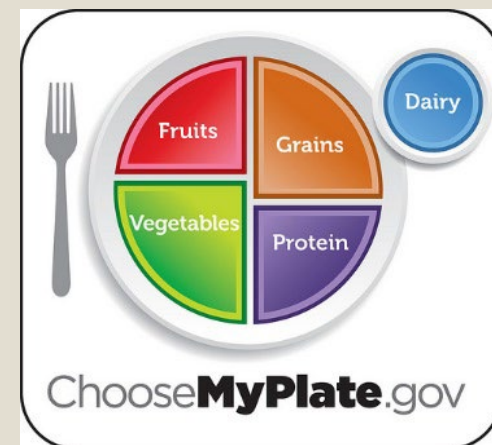
MDHHS/WIC Management Evaluation		Active Record Review														Page 2 of 9
		Client ID														Total Errors
Code: Y= Yes N = No/Error NA=Not Applicable																
MPR	Nutrition Ed/Referrals/Breastfeeding/Food Pkg	P	P	BE BP	IBE IBP	BE BP	IBE IBP	NPP	IFF	NPP	IFF	C1	C2	C3	C4	
	Record current length of client's certification period (mos.)															
5.3b	30-day extension applied? Note if routine	NA	NA	NA		NA		NA		NA						
	Number of contacts required for cert period? (# noted for full certification period) (Policy 5.02)	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	
	Number of contacts offered (NE received, refused or missed appts, wichealth.org or NE Mail in NE Method)?															
6.1a	Did the clinic offer the required number of contacts?															0
6.2d	Planned NE Method documented? Cert, Recert, Evals															0
6.2c	NE content documented?															0
6.2b	Previous NE reviewed at recert/evals? F/U Date/initials/eval															0
6.2d	NE Plan provided?															0
5.1a	Client without insurance referred to Medicaid?															0
5.1b	Other referrals documented, if applicable? (MIHP/Healthy Start, NFP/home visit program for IIPG, if available)															0
6.5d	PG client referred to PC services contacted during the prenatal period? (Policy 4.02)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
6.5d	Client contacted by PC or BF staff within 1-2 business days after notification of a baby's birth? (Policy 4.02)								NA		NA	NA	NA	NA	NA	0
6.5d	Client referred for BF assistance receive follow-up within 1-2 business days? (Policy 4.02)								NA		NA	NA	NA	NA	NA	0
8.1a	Food pkg issued does not exceed 3 complete months.															0
10.1b	Are staff ID on income tab and cert complete different or records scanned?															0
4.3c	"Pending" labs have documented follow-up.															0
5.3d	Infant/Child/BE/BP offered/received Evaluations for current cert?	NA	NA					NA		NA						0
7.2a	Food package assigned is appropriate for the client category and/or breastfeeding status (dyad)? C1 Notes/C2-4 & Pg Risk Code															0
7.2b	Appropriate formula amt. issued for current BF?															0

Nutrition Education (NE) Evaluation

- Length of cert period (in months)
- 30-day Extension?
- Number NE Contacts Required- 1/quarter
 - 10–12-month cert period-4 NE Contacts
 - 7-9 Months -3 NE
 - 4-6 months -2 NE
 - 1-3 months -1 NE

Nutrition Education: # Offered or Provided

- Scheduled Nutrition Ed
- If NE plan states Education Mall or Internet, constitutes offer of NE



Nutrition Education Contact:
One contact per date.
Multiple NE Topics on
ONE DATE is still ONE CONTACT.

Evaluation: Scoring

- Evaluate record using checklist:
 - **Y** met expectations/policy
 - **N** did not meet expectations/policy
 - **N/A** not applicable to record
- 'N' will auto-tabulate under Total Errors
-**Two** or more is a **CITATION** for ME's



Nutrition Education

- # months of cert
- Calculate expected NE
- # NE received
- Did this meet requirements?
- Content Documentation complete?

Active Record

[REDACTED]

Cat: PG (female) 

ID: 302 [REDACTED]

DOB: 9/15/1995

Age: 30 yrs, 0 mos

Cert: 03/06/25 - 10/29/25

Status: Certified

Nutrition Education

- **Past Appointments**
 - Offered=Scheduled
 - NE Plan-Mall or Internet not scheduled



Name	Cat	Sch Cat	Appt Type	Atte...	Language	Date Time
[REDACTED]	PG	PG	EDUO	<input checked="" type="checkbox"/>	English	08/25/2025 01:00...
[REDACTED]	PG	PG	EDUO	<input checked="" type="checkbox"/>	English	05/22/2025 02:00...
[REDACTED]	PG	PG	PCERT	<input checked="" type="checkbox"/>	English	03/06/2025 08:30...

Plus....

Nutrition Education

○ # NE received

Date*	Provider*	Topic*	Method*	Behavior Change/Goal	Behavior Change/Goal Notes
8/22/2025	WICHEALTH	Wichealth: Feeding Your 1 Year Old	Internet	Other	Offer my child the same foods w...
8/23/2025	WICHEALTH	Wichealth: Feeding Your 1 Year Old	Internet	Other	
5/21/2025	WICHEALTH	Wichealth: Preparing To Meet Your Newb...	Internet	Other	Plan to have skintoskin time wit...
5/21/2025	WICHEALTH	Wichealth: Help Your Baby Sleep Safe An...	Internet	Other	Always put my baby to sleep to ...
5/21/2025	WICHEALTH	Wichealth: Understanding Your Newborn:...	Internet	Other	Create a sleeptime routine and ...
5/21/2025	WICHEALTH	Wichealth: Getting The Support You Nee...	Internet	Other	Make time to rest
5/21/2025	WICHEALTH	Wichealth: Give You And Your Baby A Life...	Internet	Other	Choose a dentist andor set up a...
3/6/2025	...	Weight: Healthy Weight	Individual	My goal is to consider what I need to do to achieve ...	

Planned NE Method Documented?

Planned NE Method

		Date*	Method*
		03/06/2025	Internet

- Document at Certs, Recerts and Evals

NE Content Documented



Date*	Provider*	Topic*	Method*	Behavior Change/Goal	Behavior Change/Goal Notes
5/21/2025	WICHEALTH	Wichealth: Understanding Your Newborn:...	Internet	Other	Create a sleeptime routine and ...
5/21/2025	WICHEALTH	Wichealth: Getting The Support You Nee...	Internet	Other	Make time to rest
5/21/2025	WICHEALTH	Wichealth: Give You And Your Baby A Life...	Internet	Other	Choose a dentist andor set up a...
3/6/2025	[REDACTED]	Weight: Healthy Weight	Individual	My goal is to consider what I need to do to achieve a healthy...	


Previous NE Reviewed




Date*	Provider*	Topic*	Method*	Behavior Change/Goal	Behavior Change... Notes	Follow-up Date	Follow-up Initials	Evaluation	
8/25/2025	NOWINSKIS2...	Medical: Iron Deficiency Anemia	Individual	My goal is to eat/drink ...					
5/27/2025	GRANTB0731	Nutrition: Prenatal	Individual	My goal is to eat small, ...		08/25/2025	ne	Achieved Objectives	

NE Plan Provided?

Communications for Client:

	Date*	User ID*	Description*	
	3/6/2025		WIC Client Agreement	Print
	3/6/2025		Shopping List	Print
	3/6/2025		Client Vendor Listing	Print
	3/6/2025		Verification of Certification	Print
	3/6/2025		Shopping List	Print
	3/6/2025		NE Plan	Print
	3/6/2025		Referral	Print



Referrals



- **5.1a** Client without insurance referred to Medicaid? **Refer to Medicaid if Not Enrolled**

Medicaid Number:

Adjunct Eligibility Income Eligibility

Foster Care

Mother Not in Family

- **5.1b Other referrals documented, if applicable?**
 - High Risk: NCRD or Non-WIC RD, or refused
 - PG/Infant: MIHP/Healthy Start/Nurse Family Partnership if available
 - PG-BE-BP/Infant: BF assistance

Referrals verification

Family Referrals				
Add Disc	Disc	Ref	Currently Enrolled	Category
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	211
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Support Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child care centers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Health Worker
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Department of Human Services (DHS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double-Up Food Bucks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Food Pantry/Programs & TEFAP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Services (Housing, etc)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grief Counseling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health & Wellness EDU
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Healthy Families America
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Shelter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Aid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MSU Extension
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicaid Outreach
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicaid Programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Migrant Services

Individual Referrals				
Add Disc	Disc	Ref	Currently Enrolled	Category
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism Resources
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BF Community Support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BF Lactation Consultant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BF Lactation Specialist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BF Peer Counselor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby Pantry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birthing Center/Hospital
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast and Cervical Cancer Control Programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car Seat Program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children's Hosp of MI/Metabolic Clinic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children's Special Health Care Services (CSHCS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doctor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Great Start Readiness Program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV Testing/Counseling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Start/Early Head Start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Healthy Start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Screening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Visiting-MIHP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Visiting-non-MIHP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunizations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intermediate School District
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Training Employment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Screening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MIHP/ISS
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIHP/MSS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maternity Outpatient Medical Services Prog. (MOMS)

6.5d Breastfeeding referral



6.5d	PG client referred to PC services contacted during the prenatal period? (Policy 4.02)
6.5d	Client contacted by PC or BF staff within 1-2 business days after notification of a baby's birth? (Policy 4.02)
6.5d	Client referred for BF assistance receive follow-up within 1-2 business days? (Policy 4.02)

BF Info

BF Assessment

Prenatal - PG:

Hx 1. Have you had any breast/chestfeeding/pumping experience?* Yes No

Hx 4. How are you thinking about feeding your baby?*

- I want to feed my baby from my breast/chest. I want to provide both formula and human milk.
 I want to pump and feed from the breast/chest. I don't want to breast/chestfeed.
 I want to pump only. I don't know.
 Other

Hx 4a. What is your breast/chestfeeding goal?*

Hx 5. Are you interested in receiving more information about breast/chestfeeding?* Yes No Unknown/Refused

Notification of Birth

- PCert Screen

Birth Date*	Cat*	M/F*	Client ID	Foster	Application Date
11/01/2024	IBP	F	302 [REDACTED]	<input type="checkbox"/>	11/4/2024

- BF Support Screen

Breastfeeding Notes

Date*	Staff*	P.C. SUPPORT*	
11/18/2024	[REDACTED]	No	LVM and sent text offering breastfeeding support.
11/13/2024	[REDACTED]	Yes	going well, some latching issues so mom is pumping more

Benefit Issuance & Single Cert



- Verify client did not receive more than **3 completed months** of benefits at a time
- Verify certification performed by multiple staff or additional verifications scanned
(Income tab & Cert Complete)

8.1a	Food pkg issued does not exceed 3 complete months.
10.1b	Are staff ID on income tab and cert complete different or records scanned?

8.1a Benefit issuance

8.1a	Food pkg issued does not exceed 3 complete months.
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10/6/2025	11/5/2025				
Client	Benefit Issue Number	Re-Issue Reason			
Pkg. Size	Food Item	Qty.	Transac... Type	Transaction By	Re-Issue Reason
LB	CHEESE (\$8.00 MAX PER LB.)	1	Issue		08/25/2025 12:20:20 PM
DOZ	EGGS	1	Issue		08/25/2025 12:20:20 PM
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	Issue		08/25/2025 12:20:20 PM
OZ	CEREAL	36	Issue		08/25/2025 12:20:20 PM
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	2	Issue		08/25/2025 12:20:20 PM
LB	WHOLE GRAINS	1	Issue		08/25/2025 12:20:20 PM
\$\$\$	FRUITS AND VEGETABLES	47	Issue		08/25/2025 12:20:20 PM
OZ	Low Fat or Non Fat Yogurt	32	Issue		08/25/2025 12:20:20 PM
QT	1%, 1/2% or Skim Milk	18	Issue		08/25/2025 12:20:20 PM
9/6/2025	10/5/2025				

Client	Benefit Issue Number	Re-Issue Reason			
Pkg. Size	Food Item	Qty.	Transaction Type	Transaction By	Re-Issue Reason
LB	CHEESE (\$8.00 MAX PER LB.)	1	Issue		08/25/2025 12:20:20 PM
DOZ	EGGS	1	Issue		08/25/2025 12:20:20 PM
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	Issue		08/25/2025 12:20:20 PM
OZ	CEREAL	36	Issue		08/25/2025 12:20:20 PM
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	2	Issue		08/25/2025 12:20:20 PM
LB	WHOLE GRAINS	1	Issue		08/25/2025 12:20:20 PM
\$\$\$	FRUITS AND VEGETABLES	47	Issue		08/25/2025 12:20:20 PM
OZ	Low Fat or Non Fat Yogurt	32	Issue		08/25/2025 12:20:20 PM
QT	1%, 1/2% or Skim Milk	18	Issue		08/25/2025 12:20:20 PM

Benefit Issuance cont'd

3/6/2025		9/5/2025				
Client		Benefit Issue Number			Re-Issue Reason	
[REDACTED]		1032370749			[REDACTED]	
Pkg. Size	Food Item	Qty.	Transaction Type	Transaction By	Transaction Date	
QT	1%, 1/2% or Skim Milk	18	Issue	CONVERSION_2025_2	08/09/2025 02:04:13 AM	
[REDACTED]		[REDACTED]			[REDACTED]	
Pkg. Size	Food Item	Qty.	Transaction Type	Transaction By	Transaction Date	
LB	CHEESE (\$8.00 MAX PER LB.)	1	Issue	[REDACTED]	05/22/2025 08:41:10 AM	
DOZ	EGGS	1	Issue	[REDACTED]	05/22/2025 08:41:10 AM	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	Issue	[REDACTED]	05/22/2025 08:41:10 AM	
OZ	CEREAL	36	Issue	[REDACTED]	05/22/2025 08:41:10 AM	
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	2	Issue	[REDACTED]	05/22/2025 08:41:10 AM	
QT	or FOV Lact Free Skim 1/2% 1% Milk	18	Issue	LOCKWOOD01991	05/22/2025 08:41:10 AM	

Certification Staff

Family Information

Additional Information

Income Information

This is the Income for:

Family

Foster Child

Go

Family Size:

Number of Expected Infants:

Total:



Source*	Interval*	Amount*	Verification*	Annual*	Date*	User ID*
	Bi-Weekly (Every other week)	\$750.00		\$19,500.00	3/6/2025	1000000078

Certification Complete*

Completed By*:

Pickup Int



Description	Effect Date	End Date	Disable	Note	Created
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020	3/6/2025	10/29/2025	<input type="checkbox"/>		1000000091

10.1b

Are staff ID on income tab and cert complete different or records scanned?

Pending Lab Follow-up

Bloodwork



	Date of Bloodwork	Non-WIC Data	HGB	Hct	Re-Test	Notes	No Blood	Exemption Reasons
	03/06/2025	<input type="checkbox"/>	13.8		<input type="checkbox"/>		<input type="checkbox"/>	

5.3d EVALs for I/C/BE/BP

- Verify client completes or scheduled for Mid-cert EVAL

5.3d Infant/Child/BE/BP offered/received Evaluations for current cert?

Name	Cat	Sch Cat	Appt Type	Atte...	Language	Date Time	Clinic
	IFF	IFF	EDU	<input type="checkbox"/>	English	08/29/2025 01:00...	DHD WIC at Mich...
	IFF	IFF	EDUV	<input checked="" type="checkbox"/>	English	08/29/2025 01:00...	DHD WIC at Mich...
	IFF	IFF	IEVAL	<input checked="" type="checkbox"/>	English	05/01/2025 02:15...	DHD WIC at Mich...
	IFF	IFF	IEVAL	<input type="checkbox"/>	English	04/29/2025 01:15...	DHD WIC at Mich...
	IFF	IBP	EDUO	<input checked="" type="checkbox"/>	English	01/29/2025 01:45...	DHD WIC at Mich...
	NPP	BP	EDUO	<input checked="" type="checkbox"/>	English	01/29/2025 01:45...	DHD WIC at Mich...

File Scheduler Certification Benefits Miscellaneous Reports Help

Infant/Child Height/Weight

Anthropometric Data

Date*	Age	Height				Weight				Head Circum			
		in*	1/16*	Unk	?	lbs*	oz*	Unk	?	in*	1/16*	Unk	?
05/01/2025	6 m, 0 w	27	13	<input type="checkbox"/>	<input type="checkbox"/>	18	3	<input type="checkbox"/>	<input type="checkbox"/>	17	0	<input type="checkbox"/>	<input type="checkbox"/>
10/30/2024	1 days	20	8	<input type="checkbox"/>	<input type="checkbox"/>	7	11	<input type="checkbox"/>	<input type="checkbox"/>	14	8	<input type="checkbox"/>	<input type="checkbox"/>

7.2a Food Package



Authorized Person:
Assigned Clinic:

Family ID: 10

Appointments

Name	ID	Type	Date Time	Clinic	Alerts	Notes	Nutr
	302	RECERT	10/31/2025 10:00 AM	Detroit Health Department WIC			
	302						

Certifications

Name	Birth Date	Cat	Cert Start	Cert End	Term Date	Term Reason
	11/	IBP	1/22/2025	10/31/2025		
	3/1	BP	1/22/2025	10/31/2025		

Food Packages

Name	Food Package	Effect. Date	End Date	Ben. Start Date	BVT Date
	Custom - IBP STANDARD INFANT FORMULA PWD (6-11 MOS)	5/1/2025	10/31/2025	8/6/2024	11/5/2025
	PG/BP MAX (LOWFAT MILK/YOGURT) 2020	1/22/2025	10/31/2025	8/6/2024	11/5/2025

7.2a	Food package assigned is appropriate for the client category and/or breastfeeding status (dyad)? C1 Notes/C2-4 & Pg Risk Code
------	---

7.2a Food Package



Active Record

Cat: C4 (female)
 ID: 301
 DOB: 12/10/2014
 Age: 4 yrs, 9 mos
 Cert: 12/18/18 - 12/09/19
 Status: Certified

- Scheduling Tasks
- Guided Script
- Client Care

Current		History	
Authorized Person	Benefits Start Date	Pickup Interval	
	2/14/2008	Three Months	
Client Name:	Expected Infants: 0	<input type="checkbox"/> Needs LA RD Approval <input type="checkbox"/> Needs State RD Approval	
<input checked="" type="checkbox"/> Certification Complete*	Completed By:	Pickup Interval:	Three Months
Description	Effect Date	End Date	Disable
C1/C2/C3/C4 MAX (2% REDUCED FAT MI...	12/18/2018	12/9/2019	<input type="checkbox"/>
			Note
			risk code q...

- Packages
- Remove
- Customize

o 2% Milk

- o C1-Note
- o C2-4 & PG

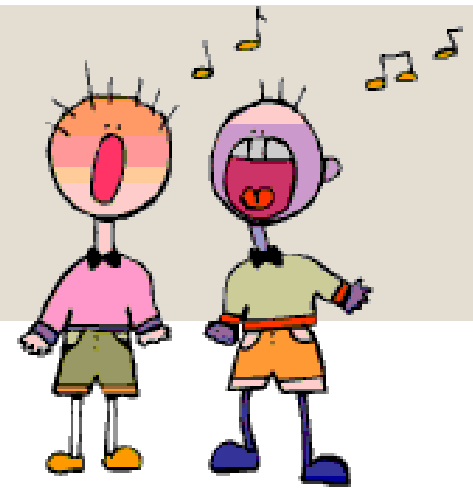
Risk Code

Growth pattern	
Date	Detailed Description
12/18/2018	High Risk Underweight (103.01)



REVIEW: STANDARD MILK PACKAGES & ALTERNATIVES

CHILDREN



Standard

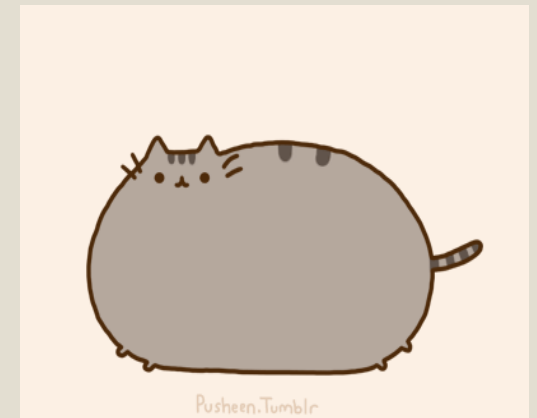
- Ages 1 to 2 years: whole milk*
- Ages 2 – 4 years: skim (fat free), 1/2% or 1% milk*
(unless they have a qualifying condition & require a WIC formula with medical documentation)

***2% milk** allowed if they meet certain criteria ...

2% Milk (C₁ 12-23 mos)

Criteria for 1 y.o. child:

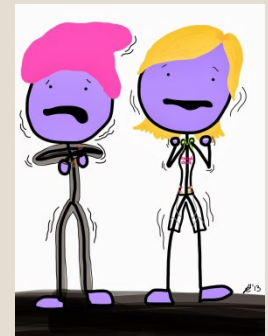
- **HCP** recommends 2% milk
- **Overweight** or **obesity** is a concern
- **Family History of obesity**



2% Milk (C₂ - C₄)

Criteria for a **2 - 4-year-old** child:

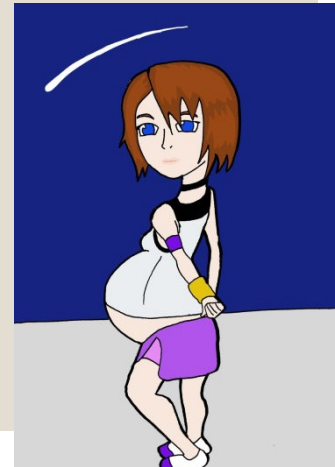
- **At-risk of underweight (103.02)**
- **High-risk underweight (103.01+♥)**



2% Milk (PG, BE, BP, NPP)

Criteria for a woman to receive:

- **Pre-pregnancy underweight (101)**
- **Postpartum underweight (102)**
- **Low maternal weight gain (131+ ♥)**
- **Maternal weight loss during pregnancy (132+ ♥)**



Soy Beverage

- For **Women:** A preference
- For **Children:** CPA can determine
 - **Criteria & Documentation for Children:**
 - Milk Allergy
 - Lactose Intolerance
 - Vegetarian/Vegan Diet
 - Cultural Practice
 - (includes religious practice)



7.2b Breastfeeding

7.2b

Appropriate formula amt. issued for current BF?

BF Info

BF Assessment

- Hx 1. Was this child ever fed human milk, even colostrum? Yes No Unknown/Refused
- Hx 2. Is this child currently being fed any human milk? Yes No
- Hx 3. Has this child been fed anything other than human milk? (i.e., formula, water, infant cereal, etc.): Yes No
- Hx 4. How old was this child when they were first fed something other than human milk? (i.e., formula, water, infant cereal, etc.):*

Age:* Months:* Weeks:* Days:* Unknown/Refused

1 0 0

- Hx 5. How much and how often is this child being fed in a 24-hour period of time?*

Number of feeds at breast/chest: # Times/24 hours

Bottles of human milk: # Times/24 hours # Ounces per feed

Bottles of formula: # Times/24 hours # Ounces per feed Total Ounces Formula/24 Hours

Food Package:

Custom - IBP STANDARD INFANT FORMULA PWD (6-11 MOS)

	Quantity	Package Size	Description
	24	OZ	INFANT CEREAL
	128	OZ	INFANT FRUIT OR VEGETABLES
	4	CAN	Similac Infant Formula PWD

You've finished the Active
Record Review!!



Now what?



- Once review is complete evaluate what are the concerns from the data...
 - Doing well in that area!
 - Lack of understanding of policy?
 - Need for clarification or training?
- Share results with staff
- Keep your documentation