

Agency and Site Reviewed: _____

Date: _____ Reviewers: _____

1. Client Identifying Information

	1	2	3	4	5
Client Identifier Number					
Date of birth					
Date of certification being reviewed					

2. Nutrition Assessment

Physically present									
Eco-social									
Anthropometric									
▪ Growth charts									
▪ Birth weight/length (to 24 mos of age)									
▪ Parental BMI									
Biochemical (hgb/hct)									
Clinical									
Diet & Physical Activity									
Required prescription (exempt infant formula/ medical food or food)									
Summary of nutrition status									
Medical/nutritional eligibility									

3. Plan of Nutrition Care

Client action steps reflect client input									
Nutrition education appropriate to need									
Required education topic									
▪ Substance abuse for parents/caretakers*									
Appropriate client referrals									
Food package assigned									
Appropriate plans for follow-up									
Certification dated w/signature & title									

4. Frequency of Nutrition Education

Required # of contacts**									
▪ Client refusal of nutrition education is documented									

5. Notifications *(Link findings with monitoring item 5.2)*

Required notifications given**									
▪ certification ineligibility, no longer eligible, recertification due, termination due									

* required once

** may be documented in the WIC ADP system