

PLAN FOR CORRECTION

_____ Health District
(DATE)

Satisfactory = S
Satisfactory, Needs Improvement = SN
Unsatisfactory = U
Required Action/Recommendation = R
Not Applicable = NA
Value Enhancement Nut. Assoc. = VENA

Nutrition Services = NS
Nutrition Services Standards = NSS
Breastfeeding = BF
Monitoring Tool = MO
Organization & Management = OM
Nutrition Services Adm. = NSA

Certification = CT
Information System = IS
Food Delivery - FD
Caseload Mgmt. = CM
Civil Rights = CR
Code of Fed. Regs. = CFR

DISTRICT Administrative Management Evaluation:	Reference	S	SN	U	R	NA
PART I – OPERATIONS						
Internal Communication Internal communication was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)						
Separation of Duties The district does not currently have clinics where a staff member performs both nutrition and clerical functions.	CT 840.06					
Training Training was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	NS 220.01					
Self-Reviews Self- reviews were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	MO 1000.02					
Fair Hearings This district did not have any fair hearings request during this review period.	CT.860.04					
Processing Standards Processing standards reporting were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	CT.800.09					
Civil Rights/New clinic Civil rights/new clinic were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	OM 410.02					
Employee Relative Form Employee relative forms were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	FD.910.05					
Packing List Packing list was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	FD 900.06					
Lost, Stolen and Destroyed Voucher Report Lost, stolen, destroyed voucher report was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	FD 920.01					

DISTRICT Administrative Management Evaluation:		S	SN	U	R	NA
PART I – OPERATIONS						
Dual Participation/Participant Abuse Dual participation /participant abuse follow-up was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	CT 860.02					
Cumulative Unmatched Redemption (CUR) Cumulative Unmatched Redemption (CUR) was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	IS 320.01					
Voucher Management and Reporting System (VMARS) Override Reports Override reports were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	FD 910.03					
Caseload Management Caseload management was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one)	CM 700.03					
DISTRICT Administrative Management Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Secondary Nutrition Education Provided Secondary Nutrition Education xx.x% of participants received a secondary nutrition education contact. High Risk Care Plan xx.x% of high risk participants received a high risk nutrition education contact. Required Action: See chart review section for requirements.	NS 200.03 NS 200.09					
Breastfeeding Promotion and Support Breastfeeding promotion and support was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) The district received xx of 30 points. (List items with descriptions for items where full points were not given) Required Action: (required for unsatisfactory rating) Recommendation:	BF 220.01 BF 260.07 NS 210.07 NS 220.01					

DISTRICT Administrative Management Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Tailoring Breastfeeding Packages xx.x% of all standard infant formula packages created were a mostly breastfeeding package. The district met, did not meet (choose one) the goal of >10%. <i>(If the district did not meet, note any progress made)</i> xx.x% of all standard infant formula packages created were a fully formula fed package. The district met, did not meet (choose one) the goal of <85%. xx.x% of all standard infant formula packages, plus exclusively breastfeeding packages created were for an exclusively breastfeeding package. The district met, did not meet (choose one) the goal of >9%. <i>(If the district did not meet, note any progress made)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 210.07 NS 210.07 NS 210.07					
District-Created 999 Food Package Review The district-created 999 food package table was satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) <i>(include extra description/requirements as needed)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 210.16					
Nutrition Education Materials/Class Outlines The district-created nutrition materials and class outlines were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) <i>(include extra description/requirements as needed)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 200.07 NS 200.08					
District Self Reviews - Nutrition The nutrition portion of district self-reviews was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) <i>(include extra description/requirements as needed)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	MO 1000.02					

DISTRICT Administrative Management Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Orientation Checklist Orientation checklists were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) <i>(include extra description/requirements as needed)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 200.02					
Continuing Education Competent Professional Authority (CPA's) For FY 20XX, XX% (xx/xx) of CPA's received the required twelve hours of nutrition specific continuing education. Nutrition Assistant (NA's) For FY 20XX, XX% (xx/xx) of NA's received required twelve hours of continuing education. For FY 20XX, XX% of the required NA observations were conducted. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 200.03					
Nutrition Staffing Standards District has xx% of required CPAs. District has xx% of required RDs. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	OM 420.01					
Peer Counseling Xx% of peer counselor observations were conducted. Xx% of peer counselor surveys were conducted. Xx% of peer counselors' caseload is prenatal women. Xx% of peer counselors' required contacts were conducted. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	BF 1290.01 BF 1290.02 BF 1290.03					
Strong4Life Observations Xx% of required Strong4Life observations were conducted. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	Action Memo 16-20					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART I – OPERATIONS						
SUPPORTING DOCUMENTATION						
Ineligibility/Termination Ineligible/termination record review was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	CT-860.01					
Transfer/VOC/EVOC VOC/EVOC processes were rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	CT- 850.01 CT- 850.02 CT- 850.03					
Clinic Facility Evaluation Voter Registration Voter registration declaration forms were rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Reference Materials Reference materials was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Civil Rights Local agency compliance with civil rights coding and non-discrimination statement was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Environment Xx% clinic facilities were accessible to persons with special needs Xx% clinic facilities were accessible during power failure.	CT-820.04 CR 111.01 CR1110.01 CR1110.02 CM 730.01 OM 430.01					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART I – OPERATIONS						
SUPPORTING DOCUMENTATION						
Wait Times/Clinic Flow Xx% of clients with waiting times of < 1 hour from arrival to intake. Xx% of clients with service times of < 2 hours from arrival to discharge. At Xx% of the clinics participants flowed through the clinic smoothly. Required Action: <i>(required for unsatisfactory rating)</i> Recommendations:	NSS2 7CFR 246.7					
Thirty-Day Thirty-day record review was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	CT-840.02					
No Proof No proof record review was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	CT 800.03					
Employee/Relative Employee/relative record review was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	FD-910.05					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART I – OPERATIONS						
SUPPORTING DOCUMENTATION						
CUR CUR record review was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	IS-320.01					
Record Review Highlighted with Black or Red font - Requires Corrective Action Training <ul style="list-style-type: none"> One clinic average <90% requires Clinic Specific Training (satisfactory needs improvement when district average > 90%) Two highlighted clinics <100% requires Clinic Specific Training (satisfactory needs improvement when district average > 90%) Three or more highlighted clinics <100% requires district-wide Training (satisfactory needs improvement when district average > 90%) District-wide average <90% requires district-wide Training (unsatisfactory) See Attachment 2A						
Demographics xx.x% of the demographic information was recorded correctly. Required Action: Recommendations:	CT 840.03					
Initial Contact Date xx.x% of the initial contact dates were recorded correctly. Required Action: Recommendations:	CT 800.09					
Processing Standards Xx% of processing standards information was recorded correctly. Required Action: Recommendations:	CT 800.09					
Proofs Xx% of proof documentation was recorded correctly. Required Action: Recommendations:	CT 800.01, 02, 05 & 06					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART I – OPERATIONS						
SUPPORTING DOCUMENTATION						
Income Verification Xx% income verification dates were recorded correctly. Xx% of presumptive eligibility requirements were recorded correctly. Xx% of records had single/multiple income identified correctly. Xx% of records had the number of people in household recorded correctly. x% of incomes were documented correctly. Required Action: Recommendation:	CT 800.03 CT 800.04					
Physical Presence XX% of records had physical presence recorded correctly. Required Action: Recommendation:	CT 800.13					
Certification Signatures Xx% of records had administrative staff's and participant's signatures/titles recorded. Required Action: Recommendation:	CT 840.03					
Choice of Disclosure Xx% of records had choice of disclosure recorded correctly. Required Action: Recommendation:	CT 800.16					
Eligibility Recording xx.x% of participants were documented as categorically eligible.	CT 840.01					
Immunization Status xx.x% of participants' immunization status was recorded correctly. Required Action: Recommendation:	CT 820.03					
Error Corrections xx.x% of charts followed state procedures for error corrections. Required Action: Recommendation:	CT 800.14					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART I – OPERATIONS (CLINIC OBSERVATIONS)						
Certification Observation Rapport Building Xx% of staff were warm, friendly and approachable throughout the service. Xx% of clerical staff introduced themselves to the participant. Xx% of clerical staff used the participant's name during the certification. Xx% of the clerical staff summarized the reason for the visit.	VENA					
Confidentiality Xx% of clerical staff provided privacy for the interview. Xx% clinics ensured the privacy of patient records during the certification.	OM 400.03					
Certification Procedures (Check-in) Xx% clinic staff followed appropriate procedures for assessing and documenting physical presence.	CT 800.13					
Xx% of staff used interview script to determine race and ethnicity. Xx% of participants' race was recorded correctly.	CR1130.01					
Xx% of participants were informed of their Rights and Obligations, and signed the Certification form.	CT 860.03					
Xx% of participants were informed of "How to File a Complaint".	CR1140.01					
Xx% of participants were offered an opportunity to register to vote.	CT820.04					
Special Population/Interpreters Xx% of English as a second language or non-English speaking populations, appropriate interpretation and/or translation services were offered and when the participant brings own interpreter, the waiver is signed.	CM 730.01					
Proofs/Income Xx% of participant's proofs for ID, residency and income were accepted, verified and documented correctly.	CT 800.01 CT 800.02 CT 800.03 CT 800.04					
Xx% of participant's income was assessed prior to risk assessment.	CT 800.03					
Xx% of participant's income was assessed accurately for family size and reported income.	CT 800.08					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART I – OPERATIONS (CLINIC OBSERVATIONS)						
Closure of Certification Certification statement was ready by or to the participant during xx.x% of certifications. xx.x% of applicants were asked to make a selection of their preference in authorizing disclosure. xx.x% of participants were offered the opportunity to designate a proxy.	CT 800.06 CT 800.16 CT 800.12 CT 860.03					
Check-Out Dual participation was explained to Xx% of participants. Approved food list was explained to xx% of participants. Xx% of participants received an explanation on how to use their vouchers. Xx% of participants were told what to expect at their next visit. Xx% of participants were given an opportunity to ask questions and express their concerns. Xx% of participants were thanked for choosing Georgia WIC.	NSS2 NSS2 NSS2 NSS2 NSS2					
Data Entry Xx% of clinic WIC staff are entering time into PARS. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NSA500.17					
Observation: Voucher Pick-Up Rapport Building Xx% of staff were warm, friendly and approachable throughout the service. Xx% of clerical staff introduced themselves to the participant. Xx% of clerical staff used the participant's name during the certification. Xx% of the clerical staff summarized the reason for the visit. Special Population/Interpreters Xx% of English as a second language or non-English speaking populations, appropriate interpretation and/or translation services were offered and when the participant brings own interpreter waiver is signed. Check-Out Xx% of participant's signature or ID was verified before vouchers issued. Xx% of participants received an explanation of vouchers, when applicable. Xx% of participants were told what to expect at their next visit. Xx% of participants were given an opportunity to ask questions and express their concerns. Xx% of participants were thanked for choosing Georgia WIC.	VENA NSS2 CM 730.01 CM 730.03 CM730.04 CM730.05 FD910.01 VENA VENA VENA VENA NSS2					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART I – OPERATIONS						
APPOINTMENT SECTION						
Processing Standards/Prenatal Logs Processing standards/prenatal logs were rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	CT- 800.09					
Clinic Staff Questions The staff were knowledgeable of the procedures required to serve WIC applicants/participants was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	CT-800.01 CT 800.12					
Food Instrument Accountability	Reference	S	SN	U	R	NA
PART I – OPERATIONS						
Manual Vouchers Accountability Packing List Packing lists were rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Manual Vouchers/TAD Inventory Log The manual voucher inventory logs and TAD inventory were rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) <i>(List clinics and descriptions of manual voucher inventory logs that were not completed accurately.</i> Manual Voucher Copies Manual Vouchers were rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Vouchers Management and Reporting System (VMARS Vouchers) Receipts VMARS receipts were rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Lost/Stolen/Destroyed Voucher Report Lost/Stolen/Destroyed voucher reports rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	FD 930.01 FD 930.01 FD 930.01 FD-910.01 FD-910.02 FD 920.01					

Food Instrument Accountability	Reference	S	SN	U	R	NA
PART I – OPERATIONS						
Security Measures Security Measures were rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	FD 900.02					
VMARS Accountability Voucher Override Reports Override Reports were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) Daily Activity Reports Daily Activity Reports were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	FD 910.03 IS 320.02					
Participant Abuse/Dual Participation Dual participation was rated satisfactory, satisfactory needs improvement, or unsatisfactory. (choose one) Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	CT 860.01 CT 860.02 CT 860.03 CT 860.04 CT 860.05					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Breastfeeding - Clinic Evaluation Breastfeeding clinic evaluation was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) The district received xx of 30 available points. <ul style="list-style-type: none"> Established Clinic Environment that Supports Breastfeeding: (x of 5 points) <ul style="list-style-type: none"> <i>Describe clinics not receiving full credit.</i> Designated Space for Nursing Mothers: (xx of 5 points) <i>Describe space at clinics not receiving full credit.</i> Breastfeeding Peer Counselors Available: (x of 4 points) <i>Describe access at clinics not receiving full credit.</i> Prenatal/Breastfeeding Classes Offered: (x of 4 points) <i>Describe access at clinics not receiving full credit.</i> Breastfeeding Referral system: (x of 3 points) <i>Describe access at clinics not receiving full credit.</i> Breast Pump Policies followed: (x of 3 points) <i>Describe access at clinics not receiving full credit.</i> Breast Pump/Accessory inventories Maintained: (x of 3 points) <i>Describe access at clinics not receiving full credit.</i> Breast Pump Follow-up Documented: (x of 3 points) <i>Describe access at clinics not receiving full credit.</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendations for improving breastfeeding promotion and support at the clinic level:	BF 1220.01 BF 1240.01 BF 1260.06 BF 1260.07 BF 1290.01 NSS 2					
Anthropometric/Hemoglobin Equipment Anthropometric/Hemoglobin equipment was rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) <i>(Using bullets list clinics with problems addressed during review or still needing to be addressed by name and clinic code, followed by a description of the problem)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	Risk Handbook					
Formula Tracking/State Ordered Formula Tracking Log Formula tracking and state ordered formula tracking logs were rated satisfactory, satisfactory needs improvement, unsatisfactory. (choose one) <i>(Using bullets list clinics where procedures did not follow best practice protocols by name and clinic code, followed by a description of the problem)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 210.13					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Nutrition Observation This section is a summary of how the district did with meeting specific observation criteria for certifications. xxx certification observations were completed during the review. xxx classes or low risk observations were completed during the review. xxx high risk observations were completed during the review.						
Establishing and Maintaining Rapport Xxx% of counselors made appropriate eye contact.	NSS 7					
Xxx% of counselors displayed respect for other cultures and used translator used appropriately.	NSS 7					
Xxx% counselors used appropriate non-verbal communication.	NSS 7					
Xxx% of counselors ensured privacy.	NSS 7					
Xxx% 100% of counselors used praise and encouragement, and they completed a follow-up plan.	VENA					
Accuracy of Assessment and Certification Xxx% of counselors asked probing questions to clarify and understand information on the Nutrition Questionnaire.	VENA					
Xxx% of counselors correctly identified, documented and reviewed all nutrition risks.	Risk Handbook					
Xxx% of counselors correctly assessed, plotted and counseled on anthropometric measurements.	Risk Handbook					
Counseling Skills/Topics Covered Counselors asked open-ended questions xx.x% of the time to gain information and determine participant's concerns and feelings related to the nutrition assessment.	VENA					
Counselors utilized reflective listening skills xx.x% of the time to clarify what was heard and assure understanding.	VENA					
xx.x% of counselors evaluated progress/success towards previous goal(s) set.	NNS 7					
xx.x of counselors asked permission prior to sharing their concerns with the participant.	VENA					
Xxx% of counselors made mandatory and appropriate referrals (Children's First, TANF, SNAP, Medicaid, Housing Authority, Food Bank, etc.).	NS 200.06					
Xxx% of counselors covered mandatory exit topics.	NS 200.10					
Xx.x% discussed food package.	NSS 13					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Accuracy of Nutrition Education and Counseling	NSS 7					
xx.x% of counselors shared findings about weight gain, weight loss or growth rate appropriately and accurately using the appropriate tools.						
xx.x% of counselors shared findings about nutrition risk factors appropriately and accurately using appropriate tools.	NSS 7					
Xxx% of counselors provided accurate nutrition education and appropriately documented education provided.	NSS 7					
Xxx% of nutrition education materials provided matched the specific education of the session or were referenced during the session.	NSS 7					
Goal Setting	NSS 7-A.3.a NSS 14					
Xxx% of counselors worked with participant to create achievable goal(s) using client's ideas and language including identification of strengths or barriers to achieving the goal.						
xx.x% of counselors assured the participant verbalized their goal prior to leaving.	NSS 7					
Xxx% of the documented goal(s) matched the goal that was worked on during the assessment and the goal was written in SMART format.	NSS 7					
Care Plans	NS 200.09					
Xxx% of care plans included a diagnosis (risk criteria) and an assessment of diet, food/formula intake and/or physical activity.						
Xxx% care plans included nutrition education/counseling related to the assessment and high risk criteria.	NS 200.09					
Xxx% of the care plans included a summary or follow-up plan.	NS 200.09					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
High Risk Participant Record Review Summary Highlighted with Black or Red font - Requires Corrective Action Training <ul style="list-style-type: none"> One clinic average <90% requires Clinic Specific Training (satisfactory needs improvement when district average > 90%) Two highlighted clinics <100% requires Clinic Specific Training (satisfactory needs improvement when district average > 90%) Three or more highlighted clinics <100% requires district-wide Training (satisfactory needs improvement when district average > 90%) District-wide average <90% requires district-wide Training (unsatisfactory) See Attachment 1A for clinic details						
High Risk Education for Participants on Special Formulas Nutrition Education xx.x% of participants received appropriate nutrition education. Care Plan xx.x% of high risk participants had a fully developed care plan. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 200.03 NS 200.09					
Medical Documentation Forms (MDF) Completion xxx% of the medical documentation forms were filled out correctly. Valid Dates xxx% of the medical documentation forms had valid dates. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 210.12 NSS 13					
Diagnosis xx.x% of prescribed formulas had a diagnosis that matched the manufacturers intended use for the formula. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 210.19					
Food Authorization xx.x% WIC food authorization is clear without conflicting information. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 210.12			re		

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Issuance Formula xx.x% of the participant's formula issuance matched the prescribed formula type and amount on the Medical Documentation Form. Food xx.x% of the participant's food issuance matched the allowed foods on the Medical Documentation Form. Food Package Changes xx.x% of food packages were adjusted correctly. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 210.12 NS 210.12 NSS 13					
Record Review Summary Highlighted with Black or Red font - Requires Corrective Action Training <ul style="list-style-type: none"> One clinic average <90% requires Clinic Specific Training (satisfactory needs improvement when district average > 90%) Two highlighted clinics <100% requires Clinic Specific Training (satisfactory needs improvement when district average > 90%) Three or more highlighted clinics <100% requires district-wide Training (satisfactory needs improvement when district average > 90%) District-wide average <90% requires district-wide Training (unsatisfactory) See Attachment 1B for clinic details						
Anthropometric/Hemoglobin Measurements/Plotting Plotting xx.x% of the growth records and prenatal weight grids were plotted correctly. Weight Recorded xx.x% of weights were recorded correctly. Length/Height Recorded xx.x% of length/heights were recorded correctly. Hct/Hgb Recorded xx.x% of hct/hgb measurements were recorded correctly. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation for training: <i>(required for unsatisfactory rating)</i>	Risk Handbook CT 810.05 CT 810.05 CT 810.05 CT 810.04					
Breastfeeding Encouraged Breastfeeding encouraged was documented in xx.x% of the prenatal records. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NSS 8					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Breastfeeding Weeks Recorded Breastfeeding weeks was documented in xx.x% of the infant, child and breastfeeding women's records. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NSS 15					
Inappropriate Nutrition Practices Inappropriate nutrition practices were used and documented correctly in xx.x% of the records. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	Risk Handbook					
Nutrition Risk Checked Nutrition risks were assigned correctly in xx.x% of the records. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	Risk Handbook					
Nutrition Risk Documented Nutrition risks were documented correctly in xx.x% of the records. Required Action: <i>(List risk code and name of risk documented incorrectly)</i> Recommendation:	Risk Handbook					
Referrals/Enrollment Documented xx.x% of the records had all mandatory referrals documented. <i>(describe any consistent issue)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 200.06					
Exit Counseling xx.x% of participants received required exit counseling. <i>(describe any inconsistent issue)</i> Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 200.10					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Nutrition Education (Medical Record Review) Certification Nutrition Education xx.x% of the participants received nutrition education at certification, mid-certification, half certification or mid-Assessment. Secondary Nutrition Education xx.x% of participants received a secondary nutrition education contact. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 200.03 NS 200.03					
High Risk Nutrition Education High Risk Nutrition Education Documented xx.x% of high risk participants received a high risk follow-up. High Risk Care Plan xx.x% of high risk participants had a well-developed care plan. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 200.09					
Goals xx.x% of the participants had a SMART (Specific, Measurable, Attainable, Realistic, and Timely) goal documented. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NSS 7 & 14					
Medical Data Date xx.x% of the records had the medical data date recorded correctly. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	CT 810.05					
Priority Correct xx.x% of records had priority recorded correctly. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	Risk Handbook					
High Risk Identified Correctly xx.x% of the records had high risk status identified correctly. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	Risk Handbook					
Food Package/Change Documented xx.x% of the records had food package assigned correctly and food package changes were documented. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NS 210.05					

Clinic Evaluation:	Reference	S	SN	U	R	NA
PART II – NUTRITION						
Today's Date xxx% of the records had today's date documented. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NSS 14					
Professional's Signature/Title xx.x% of the records had a legible CPAs signature with title. Required Action: <i>(required for unsatisfactory rating)</i> Recommendation:	NSS 14					

CORRECTIVE ACTION SUMMARY
OPERATIONS SUMMARY
NUTRITION SUMMARY
<p>Required District Specific Corrective Action(s)</p> <ul style="list-style-type: none"> <i>(List all unsatisfactory district findings)</i> <p>Required Clinic Specific Corrective Action(s)</p> <ul style="list-style-type: none"> <i>(List all unsatisfactory clinic findings. Include clinic names and codes)</i> <p>Recommended Corrective Action Training Topics</p> <ul style="list-style-type: none"> <i>(List any training topics identified during the review)</i>
CORRECTIVE ACTION SUMMARY
ACCOMPLISHMENTS
<ul style="list-style-type: none"> <i>(List any positive findings identified during the review)</i>
CHALLENGES AND OPPORTUNITIES
<ul style="list-style-type: none"> <i>(List any challenges identified during the review)</i>

**GEORGIA WIC PROGRAM
NUTRITION HIGH RISK RECORD REVIEW SUMMARY**

DISTRICT:	Clinic #	Clinic #	Clinic #	Clinic #	District Total
DATE:					
NUMBER OF RECORDS REVIEWED:					
1. Nutrition Education Completed					
2. Care Plan					
3. Medical Documentation Form Complete					
4. WIC Food Authorization/Restriction is Clear w/out Conflict					
5. Valid Date for Intended Certification					
6. Diagnosis					
7. Issuance - Formula					
8. Issuance - Food					
9. Appropriate Referrals Made					
10. Food Package Changes Adjustments					

**GEORGIA WIC PROGRAM
NUTRITION RECORD REVIEW SUMMARY**

DISTRICT: DATE: NUMBER OF RECORDS REVIEWED:	Clinic #	Clinic #	Clinic #	Clinic #	District Total
1. Medical Data Date					
2. Length/Height Recorded					
3. Weight Recorded					
4. Hct/Hgb Recorded					
5. Age Recorded					
6. All Nutritional Risks Checked					
7. All Nutritional Risks Documented					
8. Priority Correct					
9. High Risk Identified Correctly					
10. Food Package/Change Documented					
11. Ref/Enrollment Documented					
12. Today's Date					
13. Professional's Signature/Title					
14. Breastfeeding Weeks Recorded					
15. Breastfeeding Encouraged					
16. Inappropriate Nutrition Practices					
17. Primary NE Contact					
18. Goal(s) Documented					
19. Secondary NE Contact					
20. HR NE Documented					
21. Care Plan					
22. Exit Counseling Documented					
23. Plotting (Infant/Child/Women)					

**GEORGIA WIC PROGRAM
OPERATIONS RECORD REVIEW SUMMARY**

DISTRICT: DATE: NUMBER OF RECORDS REVIEWED:	Clinic #	Clinic #	Clinic #	Clinic #	District Total
1. Demographics					
2. Initial Contact Date					
3. Processing Standards					
4. Proofs					
5. Date Recorded for Income Verification					
6. Presumptive Eligibility					
7. Number in Family					
8. Income Recorded					
9. Single/Multiple Income					
10. Physical Presence					
11. Signatures					
12. Choice of Disclosure					
13. Eligibility Recorded					
14. Immunization Status					
15. Error Correction					