**Local Agency Internal Chart Review for One-Staff Certifications (SAMPLE)**

**Instructions:** The agency Coordinator (or designee) may use this form to monitor program integrity when Separation of Duties is not possible because one person is responsible for certifications, as per the agency’s approved Separation of Duties plan. *Choose a sample of certification records completed by staff.* Review documentation for **all non-breastfeeding infant certification records and a random sample of at least 20% of all other one-person certifications** based on the questions below.

Note any inconsistencies or any concerns that arise from this review. Follow-up must be indicated and completed by the reviewer to determine the validity of the certification. Any suspected fraudulent activities must be immediately reported to the State WIC Consultant. Put a SOD-Review note in the participant record that the review is completed. (See MOM Section 1.18)

|  | Date Reviewed | CPA who completed certification | If adjunctively eligible, is scanned proof of identity present? | If traditional income determination is made, is there scanned proof(s) of income present? | Has any record activity occurred outside regular clinic hours? | Is the participant’s certification signature collected? | ***If an infant record***, does the record correspond with a mother participant (if not in foster care)? | Are there missing or unreasonable height/weight/blood measurements in the record? | Is there an unusual number of like or similar height/weight measurements and/or blood test results contained in the record? |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |

| ***Summarize any findings from the review(s). What actions were taken?*** |
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4/2021

|  | Date Reviewed | CPA who completed certification | If adjunctively eligible, is scanned proof present? | If traditional income determination is made, is there scanned proof(s) of income present? | Has any record activity occurred outside regular clinic hours? | Is the certification signature collected? | ***If an infant record***, does the record correspond with a mother participant (if not in foster care)? | Are there missing or unreasonable height/weight/blood measurements in the record? | Is there an unusual number of like or similar height/weight measurements and/or blood test results contained in the record? |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Participant ID:\_\_\_\_\_\_\_\_\_\_\_Reviewed by:\_\_\_\_\_\_\_\_\_\_\_ |  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |