

Annual Review of Agency

LA: _____

Reviewed by: _____

Date: _____

Local Agency Procedures:

Indicator/Criteria

Emergency/Disaster Plan	Y	N	9.1a
Anthro & Hematological Data Collection & documentation	Y	N	4.3c
Immunization (if within HD)	Y	N	12.1d
Nut Ed Collaboration/WIC Agreement (MSUE for FMNP)	Y	N	9.1a
Homeless Facility Agreement (Update annually)	Y	N	9.1a
Returned Formula	Y	N	7.4c
Transportation Costs (if applicable)	Y	N	9.1a

Inventory/Logs

Equipment purchases documented w/ WIC Funds	Y	N	9.1a
WIC Computer Inventory maintained	Y	N	9.1a
Audit or Litigation Records kept for required time?	Y	N	9.1b
EBT cards recorded in MI-WIC upon receipt?	Y	N	9.2b
Compliance allegations reviewed monthly?	Y	N	10.1
Single Certifier staff/clinics audited as required?	Y	N	10.1b
Courtesy/Sample Formula documented? (8.10A)	Y	N	7.5a,b

Staffing

Credentials maintained and copies available	Y	N	3.1
Employee Confidentiality and Compliance Agreement Signature Form- Sign annually	Y	N	2.3a
Civil Rights Training Module (new & annually)	Y	N	2.2a
Breastfeeding Training & Document 4X/yr (All staff)	Y	N	3.1i
WIC Nutrition Service Training 4X/yr (CPA/RD)	Y	N	3.1i
Training logged for all staff and up to date	Y	N	3.1i
Observe staff annually	Y	N	3.1i

Nutrition Education

- | | | | |
|--|---|---|------|
| - Group/Self-Directed NE Lesson plans/Modules reviewed every 2 yrs. (Exhibit 5.01D) | Y | N | 6.4a |
| - NE material (locally developed/obtained) evaluated for appropriateness (5.01B) (See State Exempt Publications) | Y | N | 6.4b |

Outreach

- | | | | |
|---|---|---|------|
| -Announce publicly (annually) WIC eligibility criteria & locations? | Y | N | 5.6a |
| -Documents Outreach efforts | Y | N | 5.6b |
| -Current nondiscrimination statement or link on website (5/22) | Y | N | 2.1b |

Other

- | | | | |
|---|---|---|------|
| -Current CLIA Certificate? (See Lab Manual) Exp Date_____ | Y | N | 4.3c |
|---|---|---|------|

Follow-up Items: