

Annual Review of Agency

LA _____

Reviewed by _____

Date _____

Local Agency Procedures:

			<u>Indicator/Criteria</u>
Disaster Plan	Y	N	9.1a
Hematological Re-Test	Y	N	4.3c
Immunization (if within HD)	Y	N	12.1d
Nut Ed Collaboration/WIC Agreement (If using MSUE for PF)	Y	N	9.1a
Homeless Facility Agreement (Update agreement annually)	Y	N	9.1a
Returned Formula	Y	N	7.4a

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 Inventoried monthly if kept in Central location	Y	N	9.2b
Compliance allegations reviewed monthly	Y	N	10.1

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	Y	N	2.2a
Breastfeeding Training & Doc 4X/yr	Y	N	3.1i
CPA/RD WIC Nutrition Service Training 4X/yr	Y	N	3.1i
Training logged for all staff and up to date	Y	N	3.1i

Nutrition Education

- | | | | |
|---|---|---|------|
| - Group/Self-Directed NE Lesson plans/Modules reviewed every 2 yrs. (Exhibit 5.01D-2019) | Y | N | 6.4a |
| - NE material (locally developed/obtained) evaluated for appropriateness (Exhibit 5.01B-2019) (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 |

Follow-up Items: