

**INSTITUTION/HOMELESS FACILITY COMPLIANCE CONTACT**

Date: \_\_\_\_\_ Phone Contact or Site Visit: \_\_\_\_\_

Institution Name: \_\_\_\_\_

WIC participant(s) currently at facility? Yes/No      How many: \_\_\_\_\_      WIC Clinic number: \_\_\_\_\_

How does the participant attend WIC appointments? \_\_\_\_\_

How does the participant purchase WIC foods? \_\_\_\_\_

How is the participant's WIC food stored/prepared? \_\_\_\_\_

Description of facility compliance/noncompliance: \_\_\_\_\_

Date warning letter sent to facility for noncompliance: \_\_\_\_\_

Date and description of resolution of facility noncompliance, if applicable: \_\_\_\_\_

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