

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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