

Date:

Reviewer:

WIC Local Agency:

ITCA LA

Institutions On-Site Review

Name of Facility: _____

Address: _____ Phone #: _____

Contact Person: _____

Visit Type:

- Initial**
- Follow-up**

ITEM	RESPONSE	COMMENTS
How are food service expenditures changed when your residents receive WIC benefits?		
How are the WIC foods stored? (Labeled w/ client's name, keep separately, out of access of others)		
Who consumes the WIC foods?		
When do the clients have access to their WIC foods?		
Do WIC clients participate in nutrition education and other WIC services?		