

Employee Compliance Emergency Full Access (FA)* Post Review Worksheet

Agency/Site:	CPA:	Reviewer:
Number of Infant (non-BF) Certifications:	100% Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of Emergency FA:
Number of other Certifications:	20% Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No (# completed:)	Date of post review:

	Participant ID # and DOB	Category	Proofs Documented in I-WIC:			Copy of Proof(s) on file?	WIC Risk Factors Assigned (List)	Comments:
			Income	Residency	Identity			
1						Y N		
2						Y N		
3						Y N		
4						Y N		
5						Y N		
6						Y N		
7						Y N		
8						Y N		