

Nutrition and WIC Services Management Evaluation Tool Vendor Record Review

Agency / Clinic: _____ Date of ME: _____

Evaluator(s): _____ Contract Renewal Year: Yes No

Vendor Name & ID #	Date of most recent training recorded in KWIC	Date of most recent monitoring recorded in KWIC	Number of complaints recorded in KWIC	Note fields used for entries in KWIC	Vendor Exemption Form
1)					<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA
2)					<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA
3)					<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA
4)					<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA
5)					<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA