WIC ME Communication Log:

WIC Grantee: _____

Reviewer(s): _____

Pre-review

- Teleconference Date: _____
- Attendees: _____
- Review schedule: include state staff travel time, entrance conference, clinic/finance staff/vendor/partner program visits, and exit conference

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9 AM					
9-10 AM					
10-11 AM					
11-12					
12-1 PM					
1-2 PM					
2-3 PM					
3-4 PM					
4-5 PM					

- Items of concern by the state for this review:

_____

_____

- Items to submit to the state prior to the review: Due Date

1._____

2._____

3. _____

Entrance Conference:

- Date: _____
- Attendees: _____
- Items of concern by the state for this review:_____

_____

_____

Pre or Final Exit Conference (circle one):

- Date: _____
- Attendees: _____
- Program kudos: _____

  _____

  _____

- Program Concerns: _____

  _____

  _____

State staff signatures: _____

LA staff signatures: _____