

Alternate Procedures for Ensuring FMNP Check Security

Agency Number: _____

Agency Name: _____

**Local
Agency Site
Number(s)**

Local Agency Site Address(es):

_____	_____
_____	_____
_____	_____
_____	_____

(Additional sheets may be attached for multiple sites/addresses).

I. FMNP Check Quality Assurance Procedures

Identify a minimum of two (2) procedure(s) that will be implemented to ensure program integrity.

A manager, supervisor or designated lead staff will review the FMNP Check Booklet Issuance log to verify signature daily and reconcile the number of FMNP check booklet used with the number of check booklet serial number issued, number of voids produced, and participant records in ISIS to verify issuance of FMNP check booklets to the participants.

A manager, supervisor or designated lead staff will review the FMNP Check Booklet Issuance signature log daily to verify that all participants who received FMNP Checks signed the log, with the alternates noted appropriately. The manager, supervisor or designated lead staff will also compare the signature log with ISIS participant records, such as WIF folder, to validate that the participants were issued FMNP Check booklets.

The site has staff situated in such a manner that enables observation of all FMNP check booklet transactions.

Staff will be rotated into and out of this site on a regular basis as noted below:

Other/Explain:

II. Continuous Quality Improvement (CQI) Plan

The LA shall revise the LA's CQI plan to include the following:

- Processes of carrying out the FMNP Check Security quality assurance procedures selected on this form. These processes will provide assurances that appropriate internal controls are adequately in place and being followed.
- Training plan for staff on these procedures.
- Extensive, independent review of enrollments, daily files and FMNP Check distribution to be conducted periodically by a supervisor or other employee not directly related to the function.

By signing this form, we understand and will abide by the above mentioned procedures as required by the State WIC Program to ensure security and integrity of FMNP checks.

Requester's Information:

FMNP Coordinator's Name (Print)	Signature	Date
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WIC Director's Name (Print)	Signature	Date
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State Use Only:

Regional Advisor Name (Print)	Signature	Date
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State Agency Approval (Print)	Signature	Date
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