



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

SEPARATION OF DUTIES EXCEPTION LOG

Local WIC Agency Name and Number:	Period of Review: _____ TO _____ MO/YR MO/YR	Date of Record Review: / /
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Pull the "Last Certification Date" report in Crystal to determine which records to review.

		1	2	3	4	5	6	7	8	9	10
	State WIC I.D.										
1	Does Cert History tab show two different User I.D.'s?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<i>If the answer to #1 is "yes" stop here, no further questions are required to be answered.</i>											
2	Checks were issued with missing proofs?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
3	Missing data (Hemoglobin, measurements, scanned medical documentation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
4	Participant signature is present?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
5	General note indicates 2 nd person verified a proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No									

The log must be signed by the reviewer, stored in a central location and made available during the local agency WIC monitoring. See Missouri WOM for the complete Program Integrity (1.07000) policy.

I have reviewed the MOWINS participant records listed above.

Please check one of the boxes below:

I have not detected any indication of fraud or abuse.

I have detected potential fraud and/or abuse and submitted a written summary of findings to the State WIC office.

SIGNATURE: X	Printed Name:	Date: / /
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