

Date: _____ To: _____ Email: _____

Pages: _____ From: _____ Phone #: _____

DOCUMENTATION OF DISASTER PROBLEMS AND RESOLUTIONS

Local Agency Director: _____

WIC Clinic(s) Affected: _____

Date and Description of Disaster: _____

Location where Water is provided: _____

Location where Food is provided: _____

List all disaster problems including WIC clinic, WIC staff, vendor, and participant. Write “Resolved” and the date of resolution on the line of the problem when it is resolved. Once a problem is marked as “Resolved”, omit the problem from the following lists.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signed: _____ Date: _____

Email daily to the State Agency Disaster Coordinator or Designee to report ongoing problems and resolutions until all problems are resolved or addressed