

LVL Technical Assistance: Incentives Review Tracking Log

PLEASE COMPLETE ALL INFORMATION IN THIS SECTION

Vendor TA ID (8-digit number) <input type="text"/>	Date of visit: (mm/dd/yyyy) (Select or type a date)
Vendor Store Name (including store #)	Vendor or Vendor Representative
Vendor Store Address (Include City and Zip Code)	
LVL Name	LVL Phone Number (10-digit number) (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LA # (3-digit number) <input type="text"/> <input type="text"/> <input type="text"/>	

Materials Reviewed with Vendor	Copy left with vendor?		
Authorized WIC Incentive Items for Peer Group A	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> </table>	Yes	No
Yes	No		
Authorized WIC Incentive Items for Peer Groups B & C	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> </table>	Yes	No
Yes	No		

Comments:

Possible Program Violations

Closed Store

Store open and vendor/vendor representative states no longer accepting WIC Food Instruments (FIs)

Comments:
(Limit 250 Characters)

Request for On-site Vendor Staff Training from the CDPH/WIC Division Vendor Training Unit

Vendor Contact Name	Vendor Contact Phone Number (10-digit number) (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ext.
Vendor Contact Title	Requested topics for training (Limit 100 Characters)	

Incomplete Visit (Check and enter a comment where applicable)

Vendor/vendor representative refused visit – Comment:
(Limit 250 Characters)

I felt threatened by vendor/vendor staff actions/demeanor – Comment:
(Limit 250 Characters)

The physical facility is unsafe – Comment:
(Limit 250 Characters)

Other reason(s) – Comment:
(Limit 250 Characters)

Instructions for Submission of Completed Incentives Review Tracking Log Forms

- 1) When you complete a site visit, use the following naming convention for naming the PDF document:

Document Abbreviation	Vendor TA ID	period	YYYY-MM-DD
↑↓	↑↓	↑↓	↑↓
TA	30812345	•	2016-07-24 (Date of visit)

The complete file name for the example is TA30812345.2016-07-24.
- 2) Send the completed electronic PDF document via email to LVLTAReports@cdph.ca.gov on a flow basis throughout the quarter.
- 3) Save a paper or electronic copy for your records.