

Observations Checklist

REPORT IMMEDIATELY

Vendor TA ID:		TA Date:	
LVL Name:		LA #:	
LVL Phone #:			

I. Agreement Violations

Comment:

- (2) Closed store
- (3) Store open and vendor/vendor representative states no longer accepting WIC Food Instruments (FIs)
- (4) Non WIC-authorized store accepting FIs
- (5) Subcontracting for a WIC store within an existing store
- (6) Misuse of incentive items

II. Customer Service Offenses

Comment:

- (2) Soliciting for customers near a WIC clinic and/or local agency
- (3) Making home deliveries
- (4) Conducting WIC transactions at a place other than the store
- (5) Misuse of WIC Logo
- (6) Forcing WIC participants to purchase a less costly brand

III. Discrimination against Participants

Comment:

- (2) Charging WIC participants a higher price than other shoppers for the same foods
- (3) Forcing WIC participants to check out at a specific register

IV. Expired or Stale/Dated WIC Foods

Comment:

- (2) Expired infant formula
- (3) Stale/Dated Foods (e.g.; past the "best if used by" date)

V. Food Instrument Misuse

Comment:

- (2) Forcing participants to buy the full amount on the FIs (other than formula)

VI. Food Instrument Verification on Premises

Comment:

Type of Verification	Total # FIs	# FIs without Purchase Price	N/A
(2) <input type="checkbox"/> Transacted FI Review			
(3) <input type="checkbox"/> Observed FI Transaction			

VII. Food Instrument Abuse

Comment:

- (2) Buying and/or selling food instruments for cash
- (3) Selling non WIC-authorized foods with food instruments

VIII. Health Permit/Store Conditions

Comment:

- (2) Ask to see Health Permit (HP) if not posted in plain view:
 (2a) HP posted (2b) HP not posted (2c) If HP expired, provide expired date: _____
- (3) If unsanitary conditions exist, report the store to your Local Health Department:
 Telephone Number: _____ Report Date: _____

IX. Other - Comment:

X. Incomplete TA:

Enter a comment below for each applicable item

<input type="checkbox"/> Vendor/vendor representative refused Observations review.	
<input type="checkbox"/> I felt threatened by vendor/vendor staff actions/demeanor.	
<input type="checkbox"/> The physical facility is unsafe.	
<input type="checkbox"/> Other reason(s).	

How to Report Observations to State WIC

Fax to (916) 440-5575 or e-mail a scanned copy of this document to WICABUSE@cdph.ca.gov
 Except for items VI. and VIII., report all other findings immediately to the State WIC office as indicated above.