Site Visit Report

- Formal Training or Informal Visit-

Date of Visit_____ WIC ID#_____
Retailer Name & Chain Number:_____
City/Town_____
Local WIC Staff_____ Clinic Number_____

____**Yes** ____**No** Issues/ Questions/ Problems**: Is the retailer experiencing any issues with the WIC Program? Explain any issues and/or customer complaints and follow-up/solutions planned.**
Comments:_____
_____
_____

____**Yes** ____**No** New Employee Training**: Is training of new employees conducted and documented? How?**
Comments:_____
_____
_____

____**Yes** ____**No** Stocking**: Review store's stock. Is the retailer maintaining sufficient quantities of WIC items as listed on the "Minimum WIC Foods Stocking Requirements?"**
Comments:_____
_____

____**Yes** ____**No** Topics**: Were the following training topics reviewed & completed during the visit?**

- Purpose of WIC and WIC food packages
- Allowable WIC foods
- Program policies & procedures (including minimum variety & quantity of foods that must be stocked; required sources of infant formula; and use of incentive items)
- WIC transactions and WIC check redemption procedures (including the steps in taking a WIC check)
- Vendor violation point system and sanctions for non-compliance
- Vendor complaint process and how to handle special circumstances
- Claims procedures
- Changes to the WIC Program

Comments/Follow-Up:_____
_____
_____

Other items as relevant:
Comments:_____
_____

Name of Store Representative (printed)_____

_____
Signature of Store Representative Title Date

_____
Signature of Local Agency Staff Date