

## WIC VENDOR MONITORING REPORT

WIC Program Name (no abbreviations): \_\_\_\_\_ WIC Vendor Name & Store #: \_\_\_\_\_

Vendor Number: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ Current Store Manager's Name: \_\_\_\_\_

### I. PHARMACY SERVICES *(where applicable)*

(Free-standing pharmacies complete page one only)

Vendor agrees to supply exempt formula within 24 to 48 hours of request from Local WIC Agency.

Yes  No  Not Applicable

### II. INFANT FORMULA SOURCE(S) (View sample of receipts for last quarter)

Approved source (supplier)  Not approved source (supplier)

Vendor unable to produce infant formula receipts Explain: \_\_\_\_\_

### III. VENDOR PROCEDURES Monitor Reviewed:

Cashier procedure for eWIC transactions

Cashier procedure for split tender transactions (procedures that allow the participant, authorized representative or proxy to pay the difference when a fruit or vegetable purchase exceeds the value of the cash-value benefit)

Procedure for reporting problem participants and eWIC transactions

### IV. eWIC EQUIPMENT (See criteria listed on back of this page)

Ensure that equipment used to transact eWIC is accessible to the WIC participant

Number of eWIC POS terminals:

Meets minimum lane coverage criteria

Does not meet minimum lane coverage criteria

### V. INVENTORY OF WIC AUTHORIZED FOODS (See page 2)

<sup>1</sup> Refer to your current NC WIC Vendor Transaction Guide for a listing of N.C. WIC-approved foods.

### VI. QUALITY OF SERVICE (To be completed after Section V, page 2)

1. Does the vendor permit WIC customers to buy non-WIC food items with eWIC benefits?

Yes  No

2. Are the WIC customers allowed the same courtesies as non-WIC customers?

Yes  No

3. Problems/complaints/comments expressed by vendor.

4. Vendor needs follow-up training.  Yes  No

If yes, date scheduled: \_\_\_\_\_

### VII. MONITORING VISIT FINDINGS Complete Section A OR B

#### A. No deficiencies found

I verify that this store was monitored on this date. The findings in this report have been discussed by both representatives signing this form.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized Vendor Representative Title Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
WIC Monitor Title Date

#### B. Deficiencies found

I, the Authorized Vendor/Representative, verify that this store was monitored on this date and that the WIC Monitor discussed the findings in this report with me prior to my signing. I understand that the WIC Monitor determined that this store is not in compliance with certain WIC Program requirements: that this report serves as a warning regarding compliance with those requirements, that this store will be re-monitored and that a finding of noncompliance during re-monitoring could result in this store being disqualified from the WIC Program. The following is my plan and time frame to correct deficiencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized Vendor Representative Title Date

I, the WIC Monitor, verify that I monitored this store on this date; found it not to be in compliance with certain WIC Program requirements specified in this report; and explained to the Authorized Vendor/Representative the statements contained in paragraph VII. B. of this report.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
WIC Monitor Title Date

Contact Phone # ( ) \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

## Redemption Threshold Terminal Guide:

### Superstores and Supermarkets

# Of Terminals	Monthly Redemption Threshold
1	\$0 - \$11,000
2	\$11,001 - \$22,000
3	\$22,001 - \$33,000
4	\$33,001 and above

### All Other Vendors

# Of Terminals	Monthly Redemption Threshold
1	\$0 - \$8,000
2	\$8,001 - \$16,000
3	\$16,001 - \$24,000
4	\$24,001 & above

- Purpose:** To record findings on required on-site store visits to N.C. authorized vendors or to those vendor applicants requesting WIC-authorization.
- Preparation:** To be completed by Local WIC Agency staff as instructed in the WIC Program Manual, Chapter 11, Section 5.
- Distribution:** After signature of both WIC vendor and Local WIC Agency staff representative, the yellow copy is given to the vendor. The white copy is returned to the Local WIC Agency. **The white copy should be emailed to your WIC Vendor Consultant and to the WIC Vendor Unit Mailbox at: [NCWICVendorQuestions@dhhs.nc.gov](mailto:NCWICVendorQuestions@dhhs.nc.gov).**
- Retention and Disposition:** This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.
- Reorder:** This form may be obtained from:
- Community Nutrition Services Section  
1914 Mail Service Center  
Raleigh, NC 27699-1914  
Courier 54-42-01  
(Use DHHS 2507)

**V. INVENTORY OF WIC APPROVED FOODS**

Required Food Item, and Quantity <sup>1</sup>		Size and Type(s) <sup>1</sup>	Quantity in Stock	Current Shelf Price		Shortage (Quantity and/or Type)	Valid Expiration Dates Yes/No/C	Expired Foods: Size, Type, Quantity, Expiration Dates Additional Comments
				Price of Product	Marked Yes/No			
Fruits	2 varieties 10 cans total Combined	14 to 16-ounce can without added sugar, fats, oils, or salt <b>Variety 1:</b>		.				
		14 to 16-ounce can without added sugar, fats, oils, or salt <b>Variety 2:</b>		.				
Vegetables (Excludes Legumes category)	3 varieties 10 cans total Combined	14 to 16-ounce can without added sugar, fats, or oils <b>Variety 1:</b>		.				
		14 to 16-ounce can without added sugar, fats, or oils <b>Variety 2:</b>		.				
		14 to 16-ounce can without added sugar, fats, or oils <b>Variety 3:</b>		.				
Rice	2 packages	14 to 24-ounce package, whole grain		.				
Bread/Tortillas	2 loaves or 2 packages OR 1 loaf and 1 package	16 to 24-ounce loaf of bread or package of tortillas		.				
Fluid Milk - Whole	2 gallons	Whole fluid: gallon		.				
Fluid Milk - Skim/low fat	6 gallons	Skim/low fat fluid: gallon		.				
Cheese	2 packages	1-pound package		.				
Eggs	2 dozen	Grade A Large – White 1 dozen size carton		.				
Legumes	2 varieties 2 packages or 8 cans OR 1 package and 4 cans	1-pound package or 4 15-16-ounce cans <b>Variety 1:</b>		.				
		1-pound package or 4 15-16-ounce cans <b>Variety 2:</b>		.				
Peanut Butter	2 containers	16 to 18-ounce container		.				
Tuna	6 cans	5 to 6-ounce can		.				
Infant Fruits and Vegetables	64 ounces total combined	3.5 or 4-ounce container <b>Type Fruit:</b>	oz.	.				
		3.5 or 4-ounce container <b>Type Vegetable:</b>	oz.	.				
Cereals	2 varieties 6 packages total combined	Min. size: 12-oz (refer to UPC listing) Whole Grain Only <b>Variety 1:</b>		.				
		Min. size: 12-oz.(refer to UPC listing) Whole Grain Only <b>Variety 2:</b>		.				
Infant Cereal	6 boxes	8-ounce box		.				
Juice 64-oz.	2 varieties 6 containers total combined	Single strength, 64-ounce container <b>Variety 1:</b>		.				
		Single strength, 64-ounce container <b>Variety 2:</b>		.				
Infant Formula	8 cans	Similac® Advance®, Powder, 11.0 to 14.0-ounces		.				
Infant Formula	4 cans	Similac® Soy Isomil®, Powder, 11.0 to 14.0-ounces		.				

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