

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)

¹ 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 visit 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 pink copy is given to the vendor. The yellow and white copies are returned to the Local WIC Agency. The white copy is forwarded to the State WIC Agency.
- 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
 5601 Six Forks Road
 Raleigh, NC 27699-1914
 Courier 54-42-01
 (Use DHHS 2507)

V. INVENTORY OF WIC APPROVED FOODS

Required Food Item, Size and Quantity ¹		Type(s) ¹	Quantity in Stock	Current Shelf Price Price of Product	Marked Yes/No	Shortage (Quantity and/or Type)	Valid Expiration Dates Yes/No/C	Expired Foods: <u>Size, Type, Quantity and Expiration Dates</u> and any Additional Comments
Fruits Variety 1	10 cans total combined	14 to 16 ounce can without added sugar, fats, oils, or salt Type:		.				
Fruits Variety 2		14 to 16 ounce can without added sugar, fats, oils, or salt Type:		.				
Vegetables Variety 1 (Excludes foods in Dried Peas and Beans category)	10 cans total combined	14 to 16 ounce can without added sugar, fats, or oils Type:		.				
Vegetables Variety 2 (Excludes foods in Dried Peas and Beans category)		14 to 16 ounce can without added sugar, fats, or oils Type:		.				
Rice	2 packages	14 to 16-ounce package		.				
Bread/Tortillas	2 loaves or 2 packages <u>OR</u> 1 loaf <u>and</u> 1 package	16-oz. loaf of bread or 16-oz. package of tortillas		.				
Fluid Milk - Whole	2 gallons	Whole fluid: gallon		.				
Fluid Milk - Skim/Lowfat	6 gallons	Skim/Lowfat fluid: gallon		.				
Cheese	2 packages	1-pound package		.				
Eggs	2 dozen	Grade A Large - White		.				
Dried Peas and Beans	2 packages	1-pound package		.				
Peanut Butter	2 containers	16 to 18-ounce container		.				
Juice 48-oz.	4 containers	Single strength, 48-ounce container		.				
Tuna	6 cans	5 to 6-ounce can		.				
Infant Fruits and Vegetables	64 ounces total combined	3.5 or 4-ounce container Type Fruit:	oz.	.				
		3.5 or 4-ounce container Type Vegetable:	oz.	.				
Cereals	6 packages total combined	Min. size: 12-oz. (refer to UPC listing) Whole Grain Only Type 1:		.				
		Min. size: 12-oz. (refer to UPC listing) Whole Grain Only Type 2:		.				
Infant Cereal	6 boxes	8-ounce box		.				
Juice 64-oz.	4 containers	Single strength, 64-ounce container		.				
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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SAMPLE