Division of Child and Family Well-Being
Community Nutrition Services Section
1914 Mail Service Center
Raleigh, NC 27699-1914

☐ Pre-Authorization ☐ Routine
☐ Second Pre-Authorization ☐ Follow-up
☐ Special Request

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 the NC WIC Authorized Product List (APL) for a listing of NC 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: _____

SAMPLE

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**.

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)

SAMPLE

WIC Vendor Name and Store#: _____ **Vendor Number:** _____ **Date:** _____

V. INVENTORY OF WIC APPROVED FOODS

Required Food Item, and Quantity[1]		Size and Type(s)[1]	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 **Variety 1:**		•				
		14 to 16-ounce can without added sugar, fats, oils, or salt **Variety 2:**		•				
Vegetables (Excludes Legumes category)	3 varieties 10 cans total Combined	14 to 16-ounce can without added sugar, fats, or oils **Variety 1:**		•				
		14 to 16-ounce can without added sugar, fats, or oils **Variety 2:**		•				
		14 to 16- ounce can without added sugar, fats, or oils **Variety 3:**		•				
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 **Variety 1:**		•				
		1-pound package or 4 15–16-ounce cans **Variety 2:**		•				
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 **Type Fruit:**	oz.	•				
		3.5 or 4-ounce container **Type Vegetable:**	oz.	•				
Cereals	2 varieties 6 packages total combined	Min. size: 12-oz (refer to UPC listing) Whole Grain Only **Variety 1:**		•				
		Min. size: 12-oz.(refer to UPC listing) Whole Grain Only **Variety 2:**		•				
Infant Cereal	6 boxes	8-ounce box		•				
Juice 64-oz.	2 varieties 6 containers total combined	Single strength, 64-ounce container **Variety 1:**		•				
		Single strength, 64-ounce container **Variety 2:**		•				
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