

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

Vendor Number – Use vender stamp

WIC VENDOR MONITORING REPORT

Program No.: _____ WIC Program Name: _____ WIC Vendor Name and Store #: _____
 Vendor Number: _____ Date of Visit: _____ Current Store Manager's Name: _____

I. FOOD INSTRUMENT / CASH-VALUE VOUCHER (CVV) TRANSACTION

Review a sample of food instruments and CVVs present in the store for accuracy of completion.
 Were food instruments and cash-value vouchers completed for:

	Yes	No	None Available	Comments: (Include food instrument / CVV number for those not transacted properly)
Date transacted	<input type="checkbox"/>	<input type="checkbox"/>		_____
Pay exactly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signature	<input type="checkbox"/>	<input type="checkbox"/>		_____

II. PHARMACY SERVICES (where applicable)

Vendor agrees to supply Exempt Formula within 24 to 48 hours of request from local Agency.

- Yes No Not Applicable

III. INFANT FORMULA SUPPLIER(S) (View sample of receipts for last quarter)

- Approved supplier Not approved supplier
 Vendor unable to produce infant formula receipts Explain: _____

IV. VENDOR PROCEDURES Monitor Reviewed:

- cashier procedure for food instrument and CVV transactions
 procedure for reporting problem participants, problem food instruments and problem CVVs

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

¹See vendor manual for listing of N.C. WIC-authorized foods.
²Do not include expired foods in "Quantity in Stock" column. ³Coded

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

- Does the vendor permit WIC customers to buy non-WIC food items with WIC Food Instruments or CVVs?
 Yes No
- Are the WIC customers allowed the same courtesies as non-WIC customers?
 Yes No
- Problems/complaints/comments expressed by vendor?

- 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, pursuant to 10A NCAC 43D.0706 (h) (3), a vendor who accumulates 15 or more points shall be disqualified as a WIC vendor; that this store will be remonitored within two weeks; and that a finding of noncompliance during remonitoring 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 as to 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

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

V. INVENTORY OF WIC AUTHORIZED FOODS

Required Item and Quantity ¹	Type(s) ¹	Size ¹	Quantity In Stock ²	Current shelf price marked Yes/No	Shortage (Number and/or Type)	Valid Expiration Dates Yes/No/C ³	Expired Foods: Size, Type, Quantity and Expiration Dates and any Additional Comments
Fluid milk							
2 gallons	Whole	Gal.					
4 gallons	Skim/Low Fat	Gal.					
Cheese: 16 oz. only - 2 lbs.		16 oz.					
Eggs – 2 dozen	Grade A Large - White	dozen					
Cereals: 2 types; 6 pkgs. Combination (12 oz. min. size)		____ oz.					
Whole Grain Only		____ oz.					
Juices - Single Strength		64 oz					
4 containers 64 ounce							
4 containers 48 ounce		48 oz					
Dried peas/beans 2 - 1lb packages		1 lb.					
Peanut butter - 2 containers		16 to 18 oz.					
Infant cereal - 6 boxes		8-oz box					
Infant Formula							
34 cans Enfamil LIPIL w/iron	Concentrate	13 oz.					
17 cans ProSobee LIPIL	Concentrate	13 oz.					
10 cans Enfamil LIPIL w/iron	Powder	12.9 - 14.3 oz.					
5 cans ProSobee LIPIL	Powder	12.9 - 14.3 oz.					
Fruit		14 to 16 oz.					
2 varieties – 6 cans		14 to 16 oz.					
Vegetable		14 to 16 oz.					
2 varieties – 6 cans		14 to 16 oz.					

¹See vendor manual for listing of N.C. WIC-authorized foods. ²Do not include expired foods in “Quantity in Stock” column. ³Coded

- Purpose:** To record findings on required on-site store visit to N.C. approved vendors or to those vendors requesting WIC-approved status.
- Preparation:** To be completed by local WIC agency staff as instructed in the WIC Program Manual, Chapter 11, Section 7.
- 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 agency (White copy is forwarded to the State WIC office).
- Disposition:** This form may be destroyed in accordance with Section 11 *WIC Records Disposition Schedule*, published by the Division of Archives and History and the Division of Public Health.
- Reorder:** This form may be obtained from:

Nutrition Services Branch
1914 Mail Service Center
Raleigh, NC 27699-1914
Courier 54-42-01
(Use DHHS 2507)