

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

Vendor Number – Use vendor stamp

## WIC VENDOR MONITORING REPORT

Program No.: \_\_\_\_\_ WIC Program Name (no abbreviations): \_\_\_\_\_ WIC Vendor Name & Store #: \_\_\_\_\_  
 Vendor Number: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ Current Store Manager's Name: \_\_\_\_\_

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

Review a sample of FIs and CVVs present in the store for accuracy of completion.  
 Were FIs and CVVs completed for:

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

### II. 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

### III. 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: \_\_\_\_\_

### IV. VENDOR PROCEDURES Monitor Reviewed:

- cashier procedure for FI and CVV 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 CVV)
- procedure for reporting problem participants, problem FIs and CVVs

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

<sup>1</sup>Contact your Local WIC Agency for a listing of N.C. WIC-approved foods.  
<sup>2</sup>Do not include expired foods in "Quantity in Stock" column. \_\_\_\_\_

### 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 WIC FIs or CVVs?  
 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 report.

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

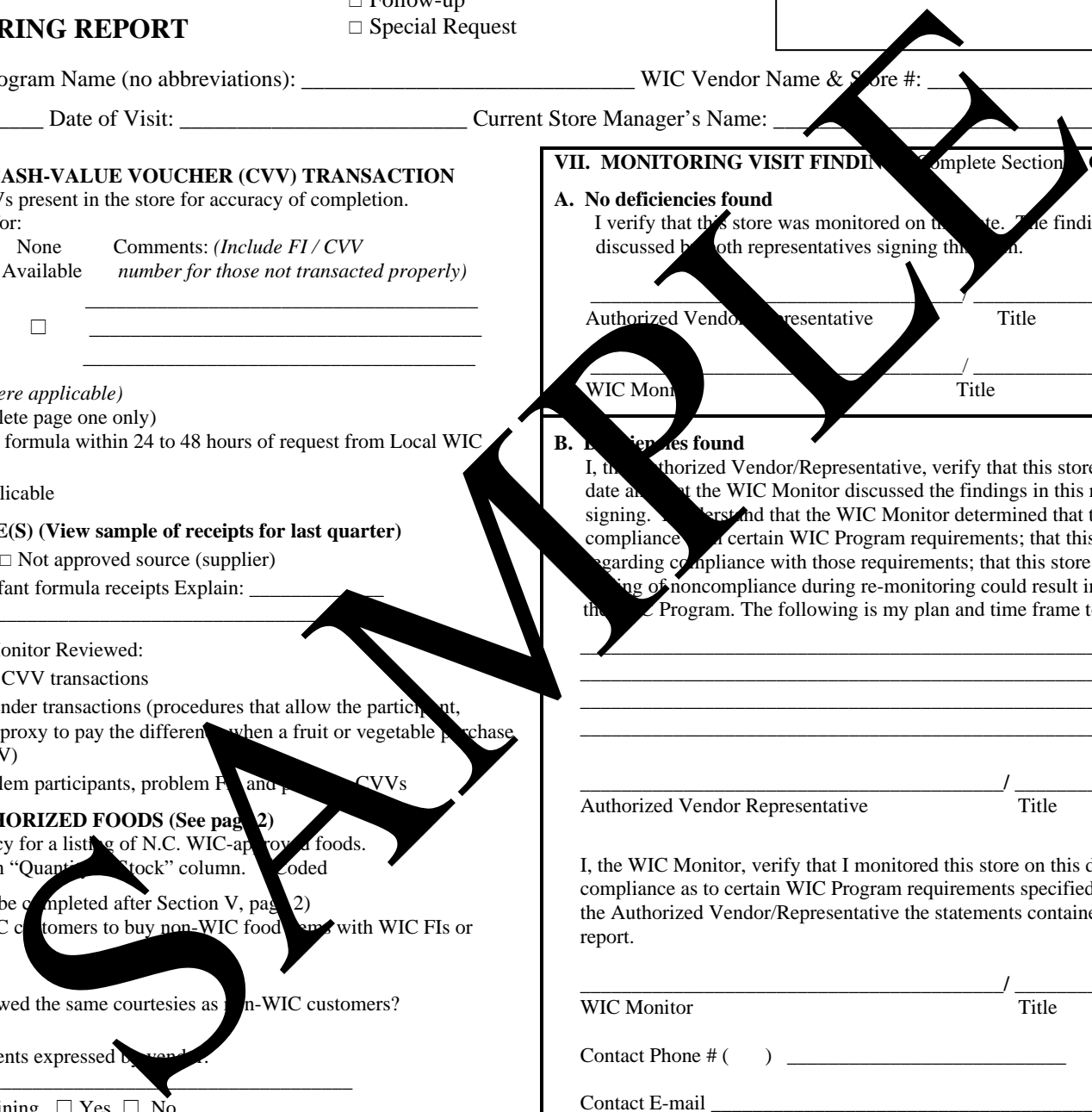
#### B. Deficiencies found

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 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  
 Contact Phone # ( ) \_\_\_\_\_  
 Contact E-mail \_\_\_\_\_



**Purpose:** To record findings on required on-site store visit to N.C. authorized vendors or to those vendors requesting WIC-authorization.

**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 WIC Agency (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:

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

**SAMPLE**

**V. INVENTORY OF WIC APPROVED FOODS**

Required Food Item, Size and Quantity <sup>1</sup>	Type(s) <sup>1</sup>	Quantity In Stock <sup>2</sup>	Current Shelf Price Marked Yes/No	Shortage (Quantity and/or Type)	Valid Expiration Dates Yes/No/C <sup>3</sup>	Expired Foods:
						Size, Type, Quantity and Expiration Dates and any Additional Comments
Fluid milk	2 gallons	Whole fluid: gallon				
	6 gallons	Skim/Low Fat fluid: gallon				
Cheese	2 packages	1 pound package				
Eggs	2 dozen	Grade A Large - White				
Cereals	6 packages total combined	2 types, Min. size: 12-ounces (refer to UPC listing) Whole Grain Only				
Juices	4 containers	Single strength, 64-ounce container				
	4 containers	Single strength, 48-ounce container				
Dried peas and beans	2 packages	1 pound package				
Peanut butter	2 containers	16 to 18-ounce container				
Infant cereal	6 boxes	8-ounce box				
Infant Formula	8 cans	Similac Advance, Powder, 11.0 to 14.0-ounces				
	4 cans	Similac Soy Isomil, Powder, 11.0-ounces				
Infant Fruits & Vegetables	64 ounces	3.5 or 4-ounce container 1 type fruit and 1 type vegetable				
Tuna	6 cans	5 to 6-ounce can				
Rice	2 packages	14 to 16-ounce package				
Bread/Tortillas	2 loaves or packages OR 1 loaf and 1 package	16-ounce loaf of bread or package of tortillas				
Fruit	10 cans total combined	2 varieties- 14-ounce can without added sugar, fats, oils or salt				
Vegetable (Excludes foods in Dried Peas and Beans category)	10 cans total combined	2 varieties- 14 to 16 ounce without added sugar, fats or oils				

<sup>1</sup>Contact your Local WIC Agency for a listing of N.C. WIC-approved foods <sup>2</sup>Do not include expired foods in "Quantity in Stock" column. <sup>3</sup>Coded

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Reorder: This form may be obtained from:

Nutrition Services Branch  
1914 Mail Service Center  
Raleigh, NC 27699-1914  
Courier 54-4  
(Use DHHS 2500)

SAMPLE