

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

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. 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 CVV/CVB)
- Procedure for reporting problem participants and eWIC transactions
- Ensure that equipment used to transact eWIC is accessible to the WIC participant

IV. 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.

V. QUALITY OF SERVICE (To be completed after Section IV, 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: _____

VI. 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 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
5601 Six Forks Road
Raleigh, NC 27699-1914
Courier 54-42-01
(Use DHHS 2507)

SAMPLE

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

IV. INVENTORY OF WIC APPROVED FOODS

Required Food Item, Size and Quantity ¹		Type(s) ¹	Quantity In Stock	Current Shelf Price 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
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	Gerber® Good Start® Gentle, Powder, 11.0 to 14.0-ounces					
	4 cans	Gerber® Good Start® Soy, Powder, 11.0 to 14.0-ounces					
Infant Fruits & Vegetables	64 ounces	3.5 or 4-ounce container					
		1 type fruit and 1 type vegetable	oz				
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 to 16 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 can without added sugar, fats or oils					

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

- 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
5601 Six Forks Road
Raleigh, NC 27699-1914
Courier 54-42-01
(Use DHHS 2507)