

- 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  
 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. <sup>3</sup>Contact your Local WIC Agency for a listing of N.C. WIC-approved foods.

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

- Does the vendor permit WIC customers to buy non-WIC food items with WIC FIs 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 representative and signing the 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

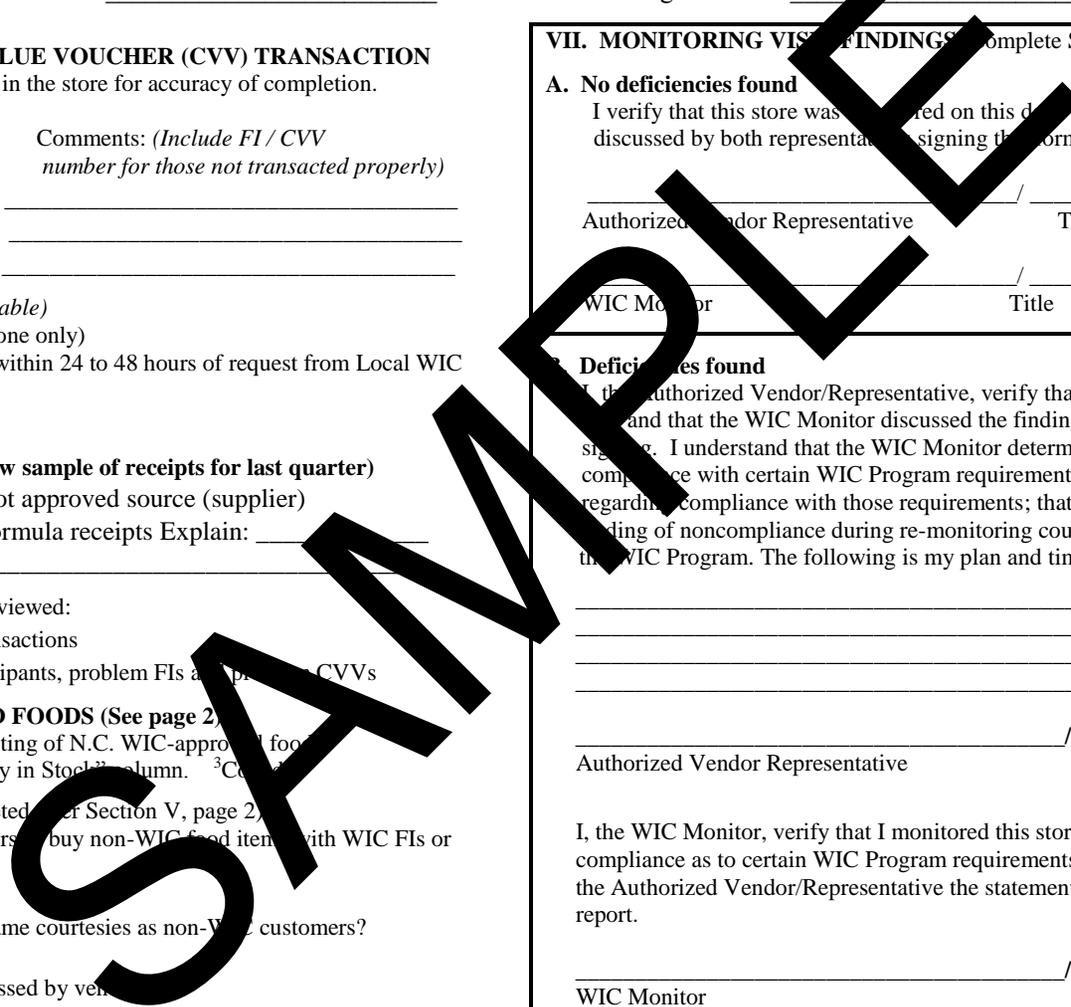
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized Vendor Representative Title Date

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 \_\_\_\_\_



**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					
	4 gallons	Skim/Low Fat fluid: gallon					
Cheese	2 pounds	1 pound package					
Eggs	2 dozen	Grade A Large - White					
Cereals	6 packages total combined	2 types, Min. size: 12 ounce (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	One pound package					
Peanut butter	2 containers	16 to 18 ounce container					
Infant cereal	6 boxes	8 ounce					
Infant Formula	34 cans	Similac Advance, Concentrate, 12-1/2 ounce					
	17 cans	Similac Soy Isomil, Concentrate, 13 ounce					
	10 cans	Similac Advance, Powder, 14 ounces					
	5 cans	Similac Soy Isomil, Powder, 11 ounce					
Fruit	6 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)	6 cans total combined	2 varieties- 14 to 16 ounce can without added sugar, fats or oils					

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