



Routine Vendor Monitoring Report

Grocery or Special Purpose (circle one)

Type of visit: _____ Routine/Educational _____ High Risk Educational

____ 1st Visit ____ 2nd Visit ____ 3rd Visit ____ 4th Visit Date of Visit: _____

Violations Noted? Yes No Follow-up visit required? Yes No Attach Explanation of violations.

Print Name & Title of Store Associate Interviewed: _____

- | | | |
|--|-----|----|
| 1. Does the store have a WIC vendor decal displayed? | Yes | No |
| 2. Are the store's hours posted? | Yes | No |
| 3. Are the hours in compliance? | Yes | No |

(Open a minimum of two four-hour blocks of time on each of five days per week)

- | | | |
|---|-----|----|
| 4. Does store (Grocery Vendor) stock at least four of the following categories of items:
Canned and, frozen vegetables, dairy products, cereals and bread items? | Yes | No |
| 5. Does store have minimum quantities and/or varieties of WIC foods on display or in
on-premises storage? | Yes | No |
| 6. Is any of the stock listed on the Price Assessment Report outdated, stale, or moldy? | Yes | No |
| 7. Does the store have a pharmacy? | Yes | No |
| 8. If not, can the store order special needs formulas? | Yes | No |
| 9. Does the vendor require receipts for return of items purchased in store? | Yes | No |
| 10. How does the vendor handle problems or questions concerning the WIC program? | | |

____ Call toll free number ____ Call local agency ____ Use online comment form

11. Who is responsible for training store associates in eWIC procedures? _____

12. Does the store have scanning equipment? Yes No If yes, do registers "ID" WIC items? Yes No

13. What WIC training tools are used for employees?

____ WIC PowerPoint/Printed ____ State Audio/Visual ____ Individual Instruction Other: _____

14. WIC training tools and/or supplies requested by vendor:

____ Clerks PowerPoint/Printed ____ Store Training ____ Food Flyers ____ WIC Decals

----- **State WIC Program Use Only** -----

Print Name: _____

WIC Representative: _____

Store Signature: _____

State Signature: _____

Reviewed By: _____

Date Reviewed: _____

WIC Price Survey

Product Name	Container Size	Shelf Retail	Product Name	Container Size	Shelf Retail
Similac Adv.	13oz Conc.		Whole Milk	Gal.	
	32oz RTF			64oz	
	12.4oz Pwd		Skim Milk	Gal.	
Good Start Soy	12.1oz Conc.			64oz	
	12.9oz Pwd		1% Milk	Gal.	
Isomil Adv.	12.9oz Pwd			64oz	
Similac Sensitive for Spit Up	12.3oz Pwd		Large White Eggs	Dozen	
	32oz RTF		String Cheese	8oz/16oz	
Similac Expert Care Alimentum	16oz Pwd		Cheddar Cheese	8oz/16oz	
	32oz RTF		Pinto Beans	16oz	
Pregestimil	16oz Pwd		Campbell's V-8	64oz	
Nutramigen Enflora LGG	12.6oz Pwd		Juicy Juice	64oz	
Nutramigen	12.6oz Pwd		Welch's Grape Juice	64oz	
Boost	8oz RTF (6/8oz)		Sara Lee WW Bread	16oz	
PediaSure			Infant Cereal	8oz/16oz	
PediaSure w/ Fiber	8oz RTF (6/8oz)		Gerber Baby Foods	4oz Twin Pk	

Printed Name of person conducting survey: _____

Signature of person conducting survey: _____

Date of survey: _____

Special Purpose Vendors are not required to maintain a minimum formula inventory level.

Comments: _____

Additional comments on attached sheet.