

MONITORING SITE VISIT REPORT

1 - 3 Registers

Store Name / Address / County / 4-Digit Store Number	Date of Visit	Time of Visit
		<hr style="width: 100%;"/> a.m. p.m.

1. Is the "WIC Accepted Here" sign displayed in a prominent place?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
2. Does the vendor have the WIC contract available for review?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
3. Does the vendor have a copy of the current Ohio WIC Authorized Foods List? If no, provide a copy.	<input type="checkbox"/> YES <input type="checkbox"/> NO												
4. Does the vendor have invoices or other documentation for infant formula purchases? If yes, date of invoice: _____ Name of supplier: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO												
5. Review WIC transactions and/or WIC food instruments during the store visit. (If your response is "NO" to questions A - D below, record the food instrument number(s) in the space titled, "Additional Comments.")													
A. Do WIC food instruments have actual amount of sales recorded?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
B. Are all food instruments signed?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
C. Were the food instruments transacted during the valid periods?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
D. Do WIC food instruments have any unauthorized corrections?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
6. Does the store appear clean and sanitary? If no, state reason(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO												
7. Are prices clearly marked on WIC-authorized food items, shelves or coolers? If no, list items not priced.	<input type="checkbox"/> YES <input type="checkbox"/> NO												
8. Do WIC-authorized food items appear to be fresh? If no, list outdated items.	<input type="checkbox"/> YES <input type="checkbox"/> NO												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Item(s)</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Quantity</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Date Expired</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table>	<u>Item(s)</u>	<u>Quantity</u>	<u>Date Expired</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	
<u>Item(s)</u>	<u>Quantity</u>	<u>Date Expired</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
9. Does the vendor have any WNCs that were found in the store?	<input type="checkbox"/> YES <input type="checkbox"/> NO												

Additional Comments

Vendor Representative's signature indicates that the WIC Representative has reviewed and discussed this report with them, and that the vendor understands the findings. The vendor may receive a letter from the Department of Health as a result of this report.

Print Name of Vendor Representative		
Signature of Vendor Representative	Title	Date
Signature of WIC Representative	Title	Date

Peanut Butter		Dried/Canned Beans ~ Peas	
2 jars (16 to 18 oz)		(2) 16 oz pkgs dry or 128 ozs canned	
Brand: _____		Brand: _____	
Size: _____		Type: _____	
Price: \$ _____		Price: \$ _____	
Quantity: _____		# of bags/ozs: _____	
<u>Min Stock</u>	<u>Prices</u>	<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>			

Juice		
2 flavors, (2) 64 oz bottles or (2) 11.5 oz or 12 oz frozen (each flavor)		
Brand: _____	Shelf Stable / Frozen / Refrigerated Carton	
Flavor: _____	Quantity: _____	Price: \$ _____
Brand: _____	Shelf Stable / Frozen / Refrigerated Carton	
Flavor: _____	Quantity: _____	Price: \$ _____
<u>2 Varieties</u>	<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Cereal			
3 types, 1 must be whole grain, 72 ozs total			
Whole Grain Brand: _____	Price: \$ _____	# of Boxes: _____	Size: _____ oz Total Ounces: _____
Brand: _____	Price: \$ _____	# of Boxes: _____	Size: _____ oz Total Ounces: _____
Brand: _____	Price: \$ _____	# of Boxes: _____	Size: _____ oz Total Ounces: _____
<u>Whole Grain Cereal</u>	<u>3 Varieties</u>	<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>			

Whole Grains	
1 type of food, 64 ozs total, 16 oz pkgs only	
Brand: _____	Price: \$ _____
Bread / Brown Rice / Oatmeal / Corn or Whole Wheat Tortillas	
# of Containers: _____	X # of Ozs: _____ Total Ozs: _____
<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Fruits (2 varieties)	
combination of 160 ozs canned, fresh or frozen	
Brand: _____	Brand: _____
Canned / Fresh / Frozen	Canned / Fresh / Frozen
Variety: _____	Variety: _____
# of Containers: _____	# of Containers: _____
X # of Ozs: _____	X # of Ozs: _____
Total Ozs: _____	Price: \$ _____ Total Ozs: _____ Price: \$ _____
<u>2 Varieties</u>	<u>Min Stock</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Eggs (store brand only)	Milk (store brand only)
2 dozen, Large, Grade A or AA, White only	4 gallons, 1%, 1/2%, or skim (fat-free) liquid in gallon containers only
Brand: _____	Brand: _____
Price: \$ _____	Type: 1% / 1/2% / skim
# of dozens: _____	# of Gallons: _____ Price: \$ _____
<u>Min Stock</u>	<u>Min Stock</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Vegetables (2 varieties)	
combination of 160 ozs canned, fresh or frozen	
Brand: _____	Brand: _____
Canned / Fresh / Frozen	Canned / Fresh / Frozen
Variety: _____	Variety: _____
# of Containers: _____	# of Containers: _____
X # of Ozs: _____	X # of Ozs: _____
Total Ozs: _____	Price: \$ _____ Total Ozs: _____ Price: \$ _____
<u>2 Varieties</u>	<u>Min Stock</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Gerber Infant Cereal	
(2) 8 oz boxes	
Rice / Barley / Oatmeal / Mixed / Whole Wheat	<u>Min Stock</u>
# Boxes: _____	Price: \$ _____
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Required Formula Stocking Combinations

Total number of 13 oz cans of concentrate vs. total number of 12.4 oz cans of powder

Acceptable Combinations

24 conc ~ 0 pwd

20 conc ~ 1 pwd

16 conc ~ 2 pwd

12 conc ~ 3 pwd

8 conc ~ 4 pwd

4 conc ~ 5 pwd

0 conc ~ 6 pwd

Similac Soy Isomil

conc Price # pwd Price

_____ \$ _____ _____ \$ _____

Similac Advance - Stage 1

conc Price # pwd Price

_____ \$ _____ _____ \$ _____

Min Stock Prices Total conc Total pwd
 Y N Y N _____ _____

Beech-Nut Infant Fruits ~ Infant Vegetables

Two varieties each, combined total of (16) 4 oz jars

Infant Fruits

Type Total # Price

_____ _____ \$ _____

_____ _____ \$ _____

2 Varieties Y N Prices Y N

Infant Vegetables

Type Total # Price

_____ _____ \$ _____

_____ _____ \$ _____

2 Varieties Y N Prices Y N
Min Stock Y N

ADDITIONAL COUNTED ITEMS TO MEET MINIMUM STOCKING REQUIREMENTS

Category: _____	Category: _____	Category: _____	Category: _____
Brand: _____	Brand: _____	Brand: _____	Brand: _____
Type: _____	Type: _____	Type: _____	Type: _____
# of Containers: _____			
# of Ounces: _____			
Total Ounces: _____	Total Ounces: _____	Total Ounces: _____	Total Ounces: _____
Price: \$ _____	Price: \$ _____	Price: \$ _____	Price: \$ _____