

## MONITORING SITE VISIT REPORT

4-7 Registers

<b>Store Name / Address / County / 4-Digit Store Number</b>	<b>Date of Visit</b>	<b>Time of Visit</b> <hr style="border: none; border-top: 1px solid black; margin: 0;"/> a.m.                      p.m.
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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 If no, list outdated items. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"><u>Item(s)</u></td> <td style="width: 33%; border-bottom: 1px solid black;"><u>Quantity</u></td> <td style="width: 33%; border-bottom: 1px solid black;"><u>Date Expired</u></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> <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> </table>	<u>Item(s)</u>	<u>Quantity</u>	<u>Date Expired</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<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

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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.

<b>Print Name of Vendor Representative</b>		
<b>Signature of Vendor Representative</b>	<b>Title</b>	<b>Date</b>
<b>Signature of WIC Representative</b>	<b>Title</b>	<b>Date</b>

Peanut Butter		Dried/Canned Beans ~ Peas	
3 jars (16 to 18 oz)		(3) 16 oz pkgs dry or 192 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, (3) 64 oz bottles or (3) 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, 108 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, 96 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 240 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)
3 dozen, Large, Grade A or AA, White only	6 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 240 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	
(4) 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

36 conc ~ 0 pwd    8 conc ~ 7 pwd  
 32 conc ~ 1 pwd    4 conc ~ 8 pwd  
 28 conc ~ 2 pwd    0 conc ~ 9 pwd  
 24 conc ~ 3 pwd  
 20 conc ~ 4 pwd  
 16 conc ~ 5 pwd  
 12 conc ~ 6 pwd

Similac Soy Isomil

# conc	Price	# pwd	Price
_____	\$ _____	_____	\$ _____

Similac Advance - Stage 1

# conc	Price	# pwd	Price
_____	\$ _____	_____	\$ _____

<u>Min Stock</u>	<u>Prices</u>	<u>Total conc</u>	<u>Total pwd</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____

**Beech-Nut Infant Fruits ~ Infant Vegetables**

Two varieties each, combined total of (32) 4 oz jars

*Infant Fruits*

<u>Type</u>	<u>Total #</u>	<u>Price</u>
_____	_____	\$ _____
_____	_____	\$ _____
<u>2 Varieties</u> Y <input type="checkbox"/> N <input type="checkbox"/>		<u>Prices</u> Y <input type="checkbox"/> N <input type="checkbox"/>

*Infant Vegetables*

<u>Type</u>	<u>Total #</u>	<u>Price</u>
_____	_____	\$ _____
_____	_____	\$ _____
<u>2 Varieties</u> Y <input type="checkbox"/> N <input type="checkbox"/>		<u>Prices</u> Y <input type="checkbox"/> N <input type="checkbox"/>
<u>Min Stock</u> Y <input type="checkbox"/> N <input type="checkbox"/>		

**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: \$ _____