

MONITORING SITE VISIT REPORT

4-7 Registers

<u>Store Name / Address / County / 4-Digit Store Number</u>	<u>Date of Visit</u>	<u>Time of Visit</u> _____ a.m. _____ p.m.
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1. Is the "WIC Nutrition Card 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
5. Does the store appear clean and sanitary? If no, state reason(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO												
6. 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												
7. Do WIC-authorized food items appear to be fresh? If no, list outdated items. <table border="0"><thead><tr><th><u>Item(s)</u></th><th><u>Quantity</u></th><th><u>Date Expired</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></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>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
8. 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

(Rev. 6-10-2024)

Peanut Butter
3 jars (16 to 18 oz)

Brand: _____

Size: _____

Price: \$ _____

Quantity: _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Dried/Canned Beans ~ Peas
(3) 16 oz pkgs dry or 192 ozs canned

Brand: _____

Size: _____

Price: \$ _____

of bags/ozs: _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	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"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Whole Grains
1 type of food, 96 ozs total

Brand: _____ Price: \$ _____

Bread / Brown Rice / Oatmeal / Corn Tortilla/ Whole Wheat (Tortilla or Pasta)

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>	<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"/>

Eggs (store brand only)
3 dozen, Large, Grade A or AA, White only

Brand: _____

Price: \$ _____

of dozens: _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Milk (store brand only)
6 gallons, 1%, ½%, or skim (fat-free)
liquid in gallon containers only

Brand: _____

Type: 1% / ½% / skim

of gallons: _____ Price: \$ _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Gerber or Earth's Best Infant Cereal
(4) 8 oz containers

Rice / Barley / Oatmeal / Multi-Grain / Whole Wheat

of Boxes _____ Price: \$ _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Required Formula Stocking Combinations

Total number of 13.0 oz containers of concentrate vs. total number of 12.4 or 12.5 or 12.9 oz containers 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

Enfamil ProSobee Soy

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

Enfamil Infant /Enfamil Gentlease

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

<u>Total conc</u>	<u>Total pwd</u>
_____	_____

Min StockPricesY ☐ N ☐Y ☐ N ☐**Infant Fruits ~ Infant Vegetables**

Two varieties each, combined total of (256) oz

Gerber / Beech Nut / Tippy Toes / Earth's Best Infant Fruits

Type	Total #	Price
_____	_____	_____
_____	_____	_____

2 Varieties Y ☐ N ☐Prices Y ☐ N ☐**Gerber / Beech Nut / Tippy Toes / Earth's Best Infant Vegetables**

Type	Total #	Price
_____	_____	_____
_____	_____	_____

2 Varieties Y ☐ N ☐Prices Y ☐ N ☐Min Stock Y ☐ N ☐**Vegetables (3 varieties)**

combination of 240 ozs canned, fresh, or frozen

Brand: _____

Canned / Fresh / Frozen

Variety: _____

of Containers: _____

X # of Ozs: _____

Total Ozs: _____ Price: \$ _____

Brand: _____

Canned / Fresh / Frozen

Variety: _____

of Containers: _____

X # of Ozs: _____

Total Ozs: _____ Price: \$ _____

Brand: _____

Canned / Fresh / Frozen

Variety: _____

of Containers: _____

X # of Ozs: _____

Total Ozs: _____ Price: \$ _____

2 VarietiesY ☐ N ☐Min StockY ☐ N ☐PricesY ☐ N ☐**ADDITIONAL COUNTED ITEMS TO MEET MINIMUM STOCKING REQUIREMENTS**

Category: _____

Brand: _____

Type: _____

of Containers: _____

of Ounces: _____

Total Ounces: _____

Price: \$ _____

Category: _____

Brand: _____

Type: _____

of Containers: _____

of Ounces: _____

Total Ounces: _____

Price: \$ _____

Category: _____

Brand: _____

Type: _____

of Containers: _____

of Ounces: _____

Total Ounces: _____

Price: \$ _____

Category: _____

Brand: _____

Type: _____

of Containers: _____

of Ounces: _____

Total Ounces: _____

Price: \$ _____