

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.
--	-----------------------------	--

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 If no, list outdated items.	<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: center; border-bottom: 1px solid black;"><u>Quantity</u></th> <th style="text-align: center; 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>	_____	_____	_____	_____	_____	_____	_____	_____	_____	<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

Peanut Butter
3 jars (16 to 18 oz)

Brand: _____

Size: _____

Price: \$ _____

Quantity: _____

Min Stock Prices
Y N Y N

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

Brand: _____

Size: _____

Price: \$ _____

of bags/ozs: _____

Min Stock Prices
Y N Y N

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: \$ _____

2 Varieties Min Stock Prices
Y N Y N Y N

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: _____

Whole Grain Cereal 3 Varieties Min Stock Prices
Y N Y N Y N Y N

Whole Grains
1 type of food, 96 ozs total, 16 oz pkgs only

Brand: _____ Price: \$ _____

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

of Containers _____ X # of Ozs: _____ Total Ozs: _____

Min Stock Prices
Y N Y N

Fruits (2 varieties)
combination of 240 ozs canned, fresh, or frozen

Brand: _____ Price: \$ _____

Canned / Fresh / Frozen

Variety: _____

of Containers: _____

X # of Ozs: _____

Total Ozs: _____ Price: \$ _____

2 Varieties Min Stock Prices
Y N Y N Y N

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

Brand: _____

Price: \$ _____

of dozens: _____

Min Stock Prices
Y N Y N

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: \$ _____

Min Stock Prices
Y N Y N

Vegetables (2 varieties)
combination of 240 ozs canned, fresh, or frozen

Brand: _____ Price: \$ _____

Canned / Fresh / Frozen

Variety: _____

of Containers: _____

X # of Ozs: _____

Total Ozs: _____ Price: \$ _____

2 Varieties Min Stock Prices
Y N Y N Y N

Gerber Infant Cereal
(4) 8 oz boxes

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

of Boxes _____ Price: \$ _____

Min Stock Prices
Y N Y N

Required Formula Stocking Combinations

Total number of 8.1 oz containers of concentrate vs. total number of 12.7 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

Gerber Good Start Soy - Stage 1

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

Gerber Good Start Gentle - Stage 1

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

Total conc Total pwd

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

Gerber Infant Fruits ~ Infant Vegetables

Two varieties each, combined total of (32) 8 oz packages

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"/>
--	---

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 Containers: _____	# of Containers: _____	# of Containers: _____
# of Ounces: _____	# of Ounces: _____	# of Ounces: _____	# of Ounces: _____
Total Ounces: _____	Total Ounces: _____	Total Ounces: _____	Total Ounces: _____
Price: \$ _____	Price: \$ _____	Price: \$ _____	Price: \$ _____