

VENDOR MONITORING SITE VISIT REPORT WISCONSIN WIC PROGRAM

The WIC program may monitor authorized vendors at any time during a contract period. On-site monitoring visits evaluate ongoing compliance with program requirements and determine the need for corrective actions.

Store Name	WIC Vendor Number
Store Street Address	Date of Site Visit
Store Address City and Zip Code	Local WIC Agency Number

Monitoring Visit Type:

☐ Routine Monitoring ☐ Corrective Action Monitoring ☐ State Requested Monitoring ☐ Other:

Monitoring Visit Results:

☐ No Violations ☐ Violations (no follow-up visit) ☐ Violations (follow-up visit required) ☐ Violations (needs state review)

SECTION I: VENDOR INTERVIEW QUESTIONS AND COMPLIANCE OBSERVATIONS

A. VENDOR INTERVIEW QUESTIONS

Attach a separate page if additional space is needed.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store have a WIC vendor binder and copy of the Vendor Manual? If NO , provide the vendor with the WIC Vendor Forms/Publications Request form (F-44444).
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store have a current Food Retail license to sell "potentially hazardous foods"? This license is issued by the city, county, or state. If NO , notify the WIC Vendor and Integrity Unit. License expiration Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has store personnel experienced any problems with the WIC Program they want to share? If YES , describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store purchase infant formula from a vendor listed on the Authorized Infant Formula Supplier List (P-40146)? If no, notify the WIC Vendor and Integrity Unit. Name of Infant Formula Supplier:

B. COMPLIANCE OBSERVATIONS

Attach a separate page if additional space is needed.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store appear to be maintained in a clean, orderly, and safe condition, including compliance with health protection laws and ordinances (Ex: inadequate refrigeration or cooler temperatures, indications of pests or rodents, safety hazards, etc.)? If NO , describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any indications the vendor may be allowing or exchanging non-approved WIC foods, or providing cash, alcohol, tobacco, or firearms in exchange for benefits? If YES , explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any indications the store is scanning UPC/ barcodes from a source other than the actual UPC attached to each food item (Ex: Scanning WIC food UPCs from a reference sheet or place card)? If YES , explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any eWIC cards on the vendor's premises? If YES , confiscate the card(s) and mail to the WIC Vendor and Integrity Unit. Provide the store with a completed Receipt for Confiscated eWIC Cards (F-01474).
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store display "WIC Accepted Here" door signs or stickers (large or small, required to be displayed in an area visible to participants)? If NO , provide the vendor with a WIC Vendor Forms/Publications Request form.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are WIC Shopping Guide booklets available at each register? If NO , provide the vendor with a WIC Vendor Forms/ Publications Request form.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the store using WIC shelf talkers to identify WIC-approved foods? If NO , discuss the benefits of using them.

SECTION II: FOOD STOCK INSPECTION**A. PRICES POSTED**

Attach a separate page if additional space is needed.

☐ Yes ☐ No

Are all WIC food prices marked on containers or posted near the shelf in the customer area of the store?

If **NO**, list each food brand, variety, and size that is missing prices.**FOOD BRAND, VARIETY, SIZE**

1.	5.
2.	6.
3.	7.
4.	8.

B. OUTDATED WIC FOODS

Attach a separate page if additional space is needed.

☐ Yes ☐ No

Are all WIC foods within the expiration date and fresh?


If **NO**, record each food brand, variety, and size; number of containers; and expiration date or freshness issue.

FOOD BRAND, VARIETY, SIZE	NUMBER OF CONTAINERS	EXPIRATION DATE OR DESCRIPTION OF ISSUE
1.		
2.		
3.		
4.		
5.		
6.		

C. MINIMUM STOCK REVIEW

Count all cash registers in the store, including customer service and self-checkout lanes to determine which set of minimum stock requirements apply (10 or fewer registers, or 11 or more registers). With the exception of infant formula at stores with 11 or more registers, the only minimum *quantity* needed to meet each requirement is one food item.

REQUIREMENTS FOR STORES WITH 10 OR FEWER REGISTERS

FOOD ITEM CATEGORY	MINIMUM STOCK REQUIREMENT	MINIMUM STOCK IN CUSTOMER AREA?	QUANTITY AND VARIETY AVAILABLE List food varieties and quantities if less than the minimum requirement.
Fruits and Vegetables	<ul style="list-style-type: none"> Two (2) fruit varieties; includes fresh, frozen and/or canned (minimum stock excludes lemons and limes). Two (2) vegetable varieties; includes fresh, frozen, and/or canned (minimum stock excludes onions, garlic, and ginger). 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Juice	<ul style="list-style-type: none"> 64 oz., one (1) flavor. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Peanut Butter and Peas, Beans, & Lentils	<ul style="list-style-type: none"> One (1) of three types: <ul style="list-style-type: none"> 16-18 oz. peanut butter; or 15-16 oz. canned beans; or 16 oz. dried peas, beans, or lentils. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cereal	<ul style="list-style-type: none"> 12 oz. or larger, two (2) varieties, must include one (1) whole grain  variety. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Milk	<ul style="list-style-type: none"> Gallon, unflavored 1% or skim (low fat or fat free). 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eggs	<ul style="list-style-type: none"> Dozen, any size egg, any grade. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

REQUIREMENTS FOR STORES WITH 11 OR MORE REGISTERS

FOOD ITEM CATEGORY	MINIMUM STOCK REQUIREMENT	MINIMUM STOCK IN CUSTOMER AREA?	QUANTITY AND VARIETY AVAILABLE List food varieties and quantities if less than the minimum requirement.
Fruits and Vegetables	<ul style="list-style-type: none"> Two (2) fresh fruit varieties (minimum stock excludes lemons and limes). Two (2) fresh vegetable varieties (minimum stock excludes onions, garlic, and ginger). 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Juice	<ul style="list-style-type: none"> 48 oz., two (2) flavors. 64 oz., three (3) flavors. 12 oz. frozen concentrate; one (1) flavor. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Peanut Butter and Peas, Beans, & Lentils	<ul style="list-style-type: none"> Two (2) of the three types: <ul style="list-style-type: none"> 16-18 oz. peanut butter; and/or 15-16 oz. canned beans; and/or 16 oz. dried peas, beans, or lentils. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cereal	<ul style="list-style-type: none"> Four (4) varieties, must include one (1) whole grain 🌾 variety. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Whole Grains	<ul style="list-style-type: none"> Two (2) of four types: <ul style="list-style-type: none"> 100% whole wheat bread, buns or rolls; and/or soft corn or whole wheat tortillas; and/or whole wheat pasta; and/or brown rice (14-16 oz. box, bag, or frozen prepared). 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Milk	<ul style="list-style-type: none"> Half-gallon, unflavored 1% or skim. Gallon, unflavored 1% or skim. Gallon, unflavored Vitamin D whole. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lactose-free Milk	<ul style="list-style-type: none"> Three-quart, half-gallon, or gallon container; unflavored 1% or skim. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Soy Beverage	<ul style="list-style-type: none"> Half-gallon, one brand, (original or vanilla). 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Yogurt	<ul style="list-style-type: none"> 32 oz., whole milk; plain or flavored; AND 32 oz., low-fat or nonfat; plain or flavored. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cheese	<ul style="list-style-type: none"> 16 oz., one variety. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eggs	<ul style="list-style-type: none"> Dozen, any size egg, any grade. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infant Cereal	<ul style="list-style-type: none"> 8 oz., two varieties. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infant Fruits & Vegetables	<ul style="list-style-type: none"> 4 oz. single or 8 oz. 2-packs, six (6) fruit varieties. 4 oz. single or 8 oz. 2-packs, six (6) vegetable varieties. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Infant Meats	<ul style="list-style-type: none"> 2.5 oz., two (2) meat varieties. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infant Formula	<ul style="list-style-type: none"> 12.4 oz. powder, twelve (12) cans Similac Advance®. 12.4 oz. powder, six (6) cans Similac Total Comfort®. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: CORRECTIVE ACTION PLAN (if applicable) <input type="checkbox"/> Not Applicable (mark if no violations)	
WIC Program Violation(s) This column must be completed by the WIC Representative for each type of violation found.	Vendor Identified Corrective Actions This column must be completed by the Vendor Representative for each corresponding violation found.
<input type="checkbox"/> Failed to maintain minimum stock requirements (describe):	<input type="checkbox"/> Increase stock level or shelf space for WIC foods. <input type="checkbox"/> Increase delivery frequency on WIC foods. <input type="checkbox"/> Train store personnel on minimum stock requirements. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Failed to post prices on or near WIC Foods in customer area of the store (describe):	<input type="checkbox"/> Routinely monitor WIC foods to verify prices are attached to WIC food items or posted on or near the food items. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Stocked authorized foods that were out of date or otherwise not fresh (describe):	<input type="checkbox"/> Routinely monitor expiration dates and train store personnel on product date coding and product rotation. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Store not kept in a clean, orderly, and safe condition, or possible health code violation (describe):	<input type="checkbox"/> Repair broken cooling and/or freezing units. <input type="checkbox"/> Remedy insect or rodent issues. <input type="checkbox"/> Properly secure doors and windows to reduce outside dust and dirt from entering the store. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Failed to comply with other WIC-required practices not listed above (describe):	<input type="checkbox"/> Other (describe):
SECTION III: ACKNOWLEDGEMENTS AND SIGNATURES Completion of this section is required.	
WIC Representative: I have reviewed and completed all areas of this form to the best of my knowledge. (If applicable) I have reviewed the vendor identified corrective actions above. <input type="checkbox"/> (If applicable) I notified the vendor that a follow-up Corrective Action Plan monitoring visit will be conducted at the store to determine whether violations have been corrected.	Vendor Representative: The results of the pre-authorization site visit have been explained to me. (If applicable) I understand it is my responsibility to implement the corrective action plan I completed above and that failure to do so may result in additional sanctions. <input type="checkbox"/> (If applicable) I understand a follow-up Corrective Action Plan monitoring visit will be conducted at the store to determine whether violations have been corrected.
Name - WIC Representative (print full name)	Name - Vendor Representative (print full name)
Job Title/Position – WIC Representative	Job Title/Position – Vendor Representative <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Cashier
Date Signed	Date Signed
SIGNATURE – WIC Representative	SIGNATURE – Vendor Representative