DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-44746 (05/2022)

STATE OF WISCONSIN

Bureau of Family and Community Health WIC Program Federal Reg., 7 CFR 248

FARMERS' MARKET NUTRITION PROGRAM (FMNP) SITE OBSERVATION WORKSHEET

INSTRUCTIONS

Document vendor monitoring activity thoroughly and accurately on this worksheet. Record findings at the time of the monitoring visit on the worksheet.

Email the completed WIC FMNP Site Observation Worksheet to: dhswisconsin.gov or mail it to the following address: State of Wisconsin, DHS, WIC FMNP Coordinator, PO Box 2659, Madison WI 53701-2659.

Contact the WIC FMNP Coordinator if there are any questions or concerns about the monitoring visits at (608) 609-8240

Name of Observer					
Agency	Agency Name				
Name o	of Farmers' Market or Farmstand				
Address	s of Farmers' Market or Farmstand				
Data af	(Street Address and City)				
	Site Observation (include day of week for example: Saturday, August 6, 2022):				
	Site Observation: weather at the time of visit (Circle one): 5 4 3 2 1				
reate the	Pleasant Poor				
SITE RE	VIEW				
1.	How many WIC and Non-WIC farmers were at the site? (Check one)				
	☐ More than 20 ☐ 10 – 20 ☐ 3 – 10 ☐ Less than 3				
2.	How many WIC and Non-WIC customers were at the site? (Check one)				
	☐ More than 20 ☐ 5 – 20 ☐ Less than 5				
3.	What types of WIC FMNP eligible foods were being sold by WIC FMNP farmers? (Check one)				
	☐ Large Variety of fruit and vegetables (more than 5 types)				
	☐ Minimal Variety of fruit and vegetables (5 or less types)				
	If Minimal Variety is checked, specify the WIC FMNP eligible foods being sold.				
4.	Was non-Wisconsin grown produce, i.e., oranges and bananas, available at the site? (Check one)				
5	☐ Yes ☐ No Was Wisconsin grown produce the main product sold at the site? (Check one)				
5.					
	 Yes ☐ No If No, what is the main product being sold? (Check which one below) ☐ Plants ☐ Crafts ☐ Dairy Products ☐ Non-Wisconsin grown produce ☐ Other, list below (specify) 				

FARMER REVIEW

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Complete	tne	Tollowing	questions

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2	Liet the vender num	har of each MIC EMNIE) former where a M/IC EMN	P transaction was observed.
∠.	LIST THE ACTION HOTH	DEL OLEACH VVIC I MINE	Talliel Wilele a VVIC I WIN	r ii ai isaciioi i was obsci ved.

The following questions in this section are regarding farmer violations. If no violations were observed, proceed to **OTHER COMMENTS** on Page 4 of this worksheet.

- 3. List the vendor number of each WIC FMNP farmer who violated or attempted to violate the program. List the violation code next to the vendor number. Violation Codes are as follows:
 - A Exchanged ineligible items for FMNP drafts
 - B Redeemed FMNP drafts for another vendor
 - C Charged WIC customer prices greater than other customers
 - D Accepted FMNP drafts at an unapproved site
 - E Failed to accept FMNP drafts for the purchase of eligible produce (applies only for certified WIC FMNP farmers with their sign posted.)
 - F Issued change or gave cash to WIC customer in exchange for FMNP draft
 - G Failed to allow the purchase of the full amount specified on the FMNP draft
 - H Failed to post a FMNP sign
 - I Abusive or discriminatory treatment of WIC customer for FMNP staff
 - J Failed to separate and label non-Wisconsin grown produce
 - K Accepted drafts before becoming certified

Example: 5999 - A		

F-44746 (05/2022) Page 3

Provide a description of each observed violation or attempted violation as follows. Attach a separate piece of paper if needed for additional violations:					
Violation 1					
Vendor Violation					
Description of Farmer (gender, age, height, weight, race/ethnic group, color of hair and eyes):					
Description of Vehicle (color, type i.e. truck, brand name i.e. Ford, license plate number):					
Description of Violation:					
Violation 2					
Vendor Violation Description of Farmer (gender, age, height, weight, race/ethnic group, color of hair and eyes):					
Description of Vehicle (color, type i.e. truck, brand name i.e. Ford, license plate number):					
Description of Violation:					
Violation 3					
Vendor Violation Description of Farmer (gender, age, height, weight, race/ethnic group, color of hair and eyes):					
Description of Vehicle (color, type i.e., truck, brand name i.e., Ford, license plate number):					
Description of Violation:					

Page 4

F-44746 (05/2022)