

MONITORING SITE VISIT REPORT

1-3 Registers

| | | |
|---|----------------------|--|
| <u>Store Name / Address / County / 4-Digit Store Number</u> | <u>Date of Visit</u> | <u>Time of Visit</u> <div style="text-align: center;">_____ a.m. _____ p.m.</div> |
|---|----------------------|--|

| | | | | | | | | | | | | | |
|--|--|---------------------|---------------------|--|--|--|--|--|--|--|--|--|--|
| 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 If no, list outdated items.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 style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"><u>Item(s)</u></td> <td style="width: 33%; text-align: center;"><u>Quantity</u></td> <td style="width: 33%; text-align: center;"><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> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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
2 jars (16 to 18 oz)

Brand: _____

Size: _____

Price: \$ _____

Quantity: _____

Min Stock Prices
 Y ☐ N ☐ Y ☐ N ☐

Dried/Canned Beans ~ Peas
(2) 16 oz pkgs dry or 128 ozs canned

Brand: _____

Size: _____

Price: \$ _____

of bags/ozs: _____

Min Stock Prices
 Y ☐ N ☐ Y ☐ N ☐

Juice
2 flavors, (2) 64 oz bottles or (2) 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, 72 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, 64 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 160 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: \$ _____ |

2 Varieties Min Stock Prices
 Y ☐ N ☐ Y ☐ N ☐ Y ☐ N ☐

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

Brand: _____

Price: \$ _____

of dozens: _____

Min Stock Prices
 Y ☐ N ☐ Y ☐ N ☐

Milk (store brand only)
4 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 160 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: \$ _____ |

2 Varieties Min Stock Prices
 Y ☐ N ☐ Y ☐ N ☐ Y ☐ N ☐

Gerber Infant Cereal
(2) 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 cans of concentrate vs. total number of 12.7 or 12.9 oz cans of powder

Acceptable Combinations

24 conc ~ 0 pwd

20 conc ~ 1 pwd

16 conc ~ 2 pwd

12 conc ~ 3 pwd

8 conc ~ 4 pwd

4 conc ~ 5 pwd

0 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 pwdMin StockPricesY ☐ N ☐Y ☐ N ☐**Gerber Infant Fruits ~ Infant Vegetables**

Two varieties each, combined total of (16) 8 oz packages

Infant FruitsType Total # Price

2 Varieties Y ☐ N ☐Prices Y ☐ N ☐**Infant Vegetables**Type Total # Price

2 Varieties Y ☐ N ☐Prices Y ☐ N ☐Min Stock Y ☐ N ☐**ADDITIONAL COUNTED ITEMS TO MEET MINIMUM STOCKING REQUIREMENTS**

3 types, 1 must be whole grain, 72 ozs total

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: \$ _____