

eWIC VENDOR ROUTINE MONITORING REPORT

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|---|---|
| Vendor Name _____ Store Number if Applicable _____ Address _____ City, State & Zip _____ | Vendor Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

Date of on-site visit _____

Reviewer _____
Name and Title

Store personnel contacted _____
Name and Title

Special Notes Regarding this Store:

_____.

Complete the Stocking Level portion of the Minimum Stocking and Food Price Record form.

Complete the Monitoirng Review.

Is the eWIC Window Decal displayed at each entrance to the store? Yes No

Is the eWIC Window Decal in good condition? Yes No

Is this store a full service retail grocery and/or pharmacy? Yes No

(If grocery, then does it minimally have produce, fresh or frozen meats, other foods and household goods?)

Is this store accessible to people with handicaps or disabilities? Yes No

If no, what arrangements have been made to accommodate persons with handicaps or disabilities?

Check the expiration dates of the foods stocked. Is stock fresh? Yes No

Comment _____

Have the vendor show you current file copies of:

Vendor Agreement Yes No

Vendor Manual Yes No

Has the Vendor read these documents? Yes No

Inquire if the vendor has any concerns or comments about:

- eWIC transaction processing _____
- WIC Participants _____
- The WIC Nutrition Program _____
- Other Vendors _____
- Other _____

eWIC VENDOR MONITOR REPORT (Continued)

If any of the food types do not meet the minimum stock requirement, ask the vendor, "Is this product typically in stock? What would you do if a WIC participant came into your store right now to buy WIC authorized foods and you could not provide the food for the transaction?"

Summarize the positive results of this monitoring visit.

Were there deficiencies, risk factors or other concerns identified? Yes No
If yes, please define.

Are there additional Reviewer's comments and recommendations? Yes No
If yes, list comments and recommendations.

Note: If there were deficiencies found, vendor must have a plan for correcting these deficiencies. Define the vendor's plan of action for correcting the deficiencies identified on this form, if applicable. (Discuss with the vendor staff a recommended plan of action for correction of the deficiency.)

X _____ _____
Reviewer's Signature Date

X _____ _____
Store Official's Signature Date

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| Estimated Staff time used to do Monitoring (include travel, visit & reporting time) Hrs. _____ Min. _____ |
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