



Maine WIC Nutrition Program On-Site Monitoring

Transaction, Inventory, and Interview



Name of Store: _____

Vendor #: _____

Entered By: _____

Date: _____

1. Educational Buy/ WIC Transaction

Yes, No, N/A

eWIC Card number used, last four digits: _____

VM6-3.13 Does the store display a “WIC Accepted Here” sticker? _____

VM6-3.15 Store has the prices on WIC food items, container, shelf or sign? _____

Did any foods ring up as not allowed but should have according to APL: _____

Fresh produced eligible for purchase PLU mapped/ 4469 _____

VM6-3.2 Store able to accept valid eWIC card? _____

VM6-3.4 Any WIC food provided expired? _____

VM6-3.5 Any sales tax on WIC purchase? _____

Cashier scanned all UPC’s individually _____

VM6-3.10 Cashier request bottle deposit/bag fee: _____

VM6-3.8 Cashier provided all 3 receipts: _____

Did the printed categories on BI match the benefits assigned to the card? _____

VM6-3.9 Was the cashier able to perform correct WIC transaction? _____

If no, was there a WIC procedure or instructions given at register? _____

WIC Transaction deficiencies found? _____

Transaction Comments: _____



WIC Inventory *= required stock

2VM-1: 7 .1.1. Expired foods are not counted toward meeting minimum inventory.

* Similac Powder formula WIC Stocking Requirement Peer A: 24 cans Peer C: 2 cans					
ID	Formula	UPC	Price	Expiration	Stocked
1153	Similac Advance powder 12.4oz	7007455958	\$		
21-082	Standard Milk Based Formula Powder		\$		
21-082	Standard Milk Based Formula Powder		\$		
1150	Similac Sensitive powder 12oz	7007457541	\$		
21-072	Sensitive Milk Based Formula Powder		\$		
21-072	Sensitive Milk Based Formula Powder		\$		
1151	Similac for Spit-Up powder 12oz	7007450960	\$		
21-085	Formula for Spit-Up Powder		\$		
21-085	Formula for Spit-Up Powder		\$		
1152	Similac Total Comfort powder 12oz	7007462600	\$		
21-088	Gentle Milk Based Formula Powder		\$		
21-088	Gentle Milk Based Formula Powder		\$		
1149	Similac Isomil powder 12.4oz	7007455964	\$		
	Other:		\$		
Sufficient Formula					

*Beech-Nut,Earth’s Best or Gerber Baby Cereal WIC Stocking Requirement 6 boxes					
ID	Baby Cereal - 8 or 16 oz. box	UPC	Price	Expiration	Stocked
330	Multigrain or Barley		\$		
330	Oatmeal or Whole wheat		\$		
330	Rice or Millet Quinoa		\$		
Sufficient Baby Cereal					

Beech-Nut , Earth’s Best, Gerber Stage 1 Meats <i>additional WIC food</i>					
ID	Baby Meats 2.5 oz. jar or multipack	UPC	Price	Expiration	Stocked
1135	Chicken		\$		
1135	Turkey		\$		
1135	Ham		\$		
1135	Beef		\$		

*Beech-Nut,Earth’s Best,Gerber,Happy Baby, Nature’s Promise, Once Upon a Farm, O organics, Parent’s Choice or Plum Organics, Tippy Toes Fruits WIC Stocking Requirement 36 containers of, 2 Flavors					
ID	Baby Food Fruits 2 or 4oz jars, pouches or tubs (single or multipacks)	Price	Expiration	Stocked	
1134		\$			
1134		\$			
Sufficient Baby Food Fruits					

*Beech-Nut, Earth’s Best,Gerber,Happy Baby, Nature’s Promise,Once Upon a Farm, O Organics, Parent’s Choice, or Plum Organics , Tippy Toes Vegetables WIC Stocking Requirement 36 containers, 2 Flavors					
ID	Baby Food Vegetables 2 or 4 oz. jar, pouches or tubs (single or multipacks)	Price	Expiration	Stocked	
1134		\$			
1134		\$			
Sufficient Baby Food Vegetables					

Types of produce in store	Fresh	Frozen	Canned	Dried
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Fruits WIC Stocking Requirement 15 Lbs of Fruits, 2 varieties of fresh Fruits					
ID	Fresh	Type	Price	Expiration	Stocked
280			\$		
280			\$		
Sufficient Fruits					

*Vegetables WIC Stocking Requirement 15 Lbs of Vegetables, 2 varieties of fresh Vegetable					
ID	Fresh	Type	Price	Expiration	Stocked
280			\$		
280			\$		
Sufficient Vegetables					

*Milk WIC Stocking Requirement						
<i>Whole Milk 4: Gallons Skim or 1% Milk: 8 Gallons;</i>						
ID	Milk Types	Quart = 32 oz.	Half Gallon = 64 oz.	Gallon = 128 oz.	Stocked	
1126	No fat (skim) or Lowfat ½% or 1% Milk	\$	\$	\$		
1129	1.5% or 2% Milk	\$	\$	\$		
60	Whole Milk	\$	\$	\$		
80	Nutrish	X	\$	\$		
100	Lactose Free Skim or 1% (Highest priced)	\$	\$			
1133	Lactose Free 2%	\$	\$			
110	Lactose Free Whole	X	\$			
1122	Silk Soy refrigerated	X	\$			
1122	8 th Continent Soy Original refrigerated	X	\$			
1123	Pacific Ultra Soy Original shelf stable	\$				
140	Powdered Milk 9.6 oz.	\$				
130	Powdered Milk 25.6 oz.	\$				
Sufficient Milk						

*Cheese WIC Stocking Requirement 5 Lbs. in 8,16, 24 or 32 oz. package						
ID	Cheese Brand	Type	Size	Price	Expiration	Stocked
210			16oz.			
210			8oz.			
Sufficient Cheese						

*Eggs WIC Stocking Requirement 5 cartons <i>Grade A- Any Size Brown or White Shells</i>				
Eggs Type (White/ Brown)	Size (Medium/Jumbo)	Price	Expiration	Stocked
		\$		
Sufficient Eggs				

*Breakfast Cereals WIC Stocking Requirement 12 boxes 12oz. or larger, 6 brands 3 must be whole grain					
ID	Breakfast Cereals	Brand	Price	Expiration	Stocked
310	Whole Grain		\$		
310	Whole Grain		\$		
310	Whole Grain		\$		
310			\$		
310			\$		
310			\$		
Sufficient Breakfast Cereal					

*Whole Grain WIC Stocking Requirement 16 oz 6 loaves &/or packages					
ID	Whole Grain Bread	Brand	Price	Expiration	Stocked
320	Bread 16 oz.		\$		
320	Bread 24 oz.		\$		
320	Brown Rice 14-16 oz	Any	\$		
320	Oatmeal 16 oz.		\$		
320	Tortillas 16 oz.		\$		
320	Whole Wheat Pasta 16 oz		\$		
Sufficient Whole Grain					

*100% Juice Bottle WIC Stocking Requirement 10- 64 oz. bottles 2 flavors					
ID	100 Juice Bottle	Brand	Price	Expiration	Stocked
300	64 oz Bottled Juice		\$		
300	64 oz Bottled Juice		\$		
Sufficient Juice Bottled					

*100% Juice Concentrate WIC Stocking Requirement 5- Cans of Concentrate 2 flavors					
ID	100 Juice Concentrate	Brand	Price	Expiration	Stocked
290	11.5-12 oz.Frozen or Liquid		\$		
290	11.5-12 oz.Frozen or Liquid		\$		
Sufficient Juice Concentrate					

*Peanut Butter WIC Stocking Requirement 4 jars Creamy or Crunchy					
ID	Brand	Price	Expiration	Stocked	
240		\$			
Sufficient Peanut Butter					

Peas, Beans, & Lentils <i>additional WIC food</i> 15 to 16 oz. cans or 16 oz. bags of dry beans					
Peas Beans & Lentils	Brand	Price	Expiration	Stocked	
Fat-Free Refried Beans		\$			
Canned		\$			
Dried		\$			

Fish Canned (Pouches or cans 3.75-15 oz containers) <i>additional WIC food</i>						
ID	Fish	Brand	Size	Price	Expiration	Stocked
270	Pink Salmon			\$		
270	Chunk or Light Tuna			\$		
270	Sardines 3.75 oz.			\$		
Sufficient Canned Fish						

Tofu <i>additional WIC food</i>						
ID	Type of Tofu	Brand	Size	Price	Expiration	Stocked
220			16 oz.	\$		
220			8oz.	\$		

Yogurt 32 oz quart <i>additional WIC food</i>						
ID	Type	Brand	Size	Price	Expiration	Stocked
1147	Lowfat/ Nonfat		32 oz.	\$		
1148	Whole Milk		32 oz.	\$		

This store is deficient in the following marked food categories:

- | | | | |
|---------------------------------|--|---|--|
| <input type="checkbox"/> Cereal | <input type="checkbox"/> Formula | <input type="checkbox"/> Infant Fruits and Vegetables | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Fruits & Vegetables | <input type="checkbox"/> Juice Bottled | <input type="checkbox"/> Peanut Butter |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Infant Cereal | <input type="checkbox"/> Juice Concentrate | <input type="checkbox"/> Whole Grains |

WIC Inventory deficiencies found? _____	Safety buttons popped up found: _____
Out of 3 or more WIC food categories? _____	Expired dates on WIC Food: _____

Does this store meet Policy VM-1 Vendor Selection and Authorization?	Yes/No
7.6 . Obtain infant formula from authorized supplier.	_____
7.8 Have a fixed location that includes refrigeration and freezer equipment in the retail area.	_____
7.9 Carry foods intended for home preparation and consumption	_____
7.10 Open to the public for business at least ten hours per day, six days per week	_____
7.11 At least 1000 square feet of space devoted to the sale of grocery items	_____
7.12 Clearly mark all items for sale in the store with prices, or clearly indicate prices with shelf labels or other signage	_____

3. Manager Interview

General Information

Store Manager: _____ Email: _____ Cell: _____
 Store Contact: _____ Email _____ Cell _____

Understand inventory records are to be kept for a period of at least three years? Yes No
 Number of Registers: _____ Other form of payment accepted by vendor Yes No
 Knowledgeable on WIC Training Log Yes No Training log on site Yes No
 Training Log Up to Date Yes No Any problem with GovDelivery Newsletters? Yes No
 Store's interactive trainings type preference Face to Face Webinars Both
 Best Days for trainings: Mon Tue Wed Thu Fri
 Material needed Training Guide Shelf Sticker Shelf Magnet WIC Accepted Here Sticker
 Are there any eWIC cards on premises (lost and found)? Yes No
 If yes confiscate and provide receipt for confiscated eWIC card.
 Copy of On-Site Monitoring Visit Provided Send to Vendor Representative/ Corporate Office Unwanted
 Notes: _____

Summary	Deficiency(ies) Found <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, the following is my plan and time frame to correct deficiencies:

<input type="checkbox"/> 1. WIC Transaction	Update cashiers with WIC transaction procedures. Send Training Log within 2 weeks .		
Due Date	<input type="checkbox"/> Balance Inquiry	<input type="checkbox"/> Mid Transaction Receipt	<input type="checkbox"/> Purchase
	<input type="checkbox"/> Current APL	<input type="checkbox"/> Produce Mapping	<input type="checkbox"/> Void
<input type="checkbox"/> 2. Inventory	Correct inventory deficiency and send verification invoice/ receipts/ PO within 72 hours= 3 days <i>See page 5 for marked food category (ies)</i>		
Due Date			
<input type="checkbox"/> 3. Interview	<input type="checkbox"/> Provide formula supplier information with License Wholesaler Number within 2 weeks .		
Due Date	<input type="checkbox"/> Newsletter - Update Staff send Training Log within 2 weeks		

Other: _____

I verify that this store was monitored on this date. State WIC Program provided guidance on meeting WIC requirements. The findings in this report have been discussed by both representatives prior to signing this form.

Vendor Print	Vendor Representative Signature	Date
WIC Staff Print	WIC Representative Signature	Date



Maine WIC Nutrition Program

Tel: (207) 287-3991 Website: Maine.gov/WIC

On-Site Monitoring Deficiency & Corrective Action Form



I understand that the State WIC Program determined that this store is not in compliance with certain WIC Program requirements and that this serves as a warning regarding compliance with WIC Program requirements. A finding of noncompliance during a future review(s) could result in this store being disqualified from the WIC Program.

Store Name: _____ V #: _____ Date: _____

Maine WIC Cards Confiscate

Inventory Correct inventory deficiency and send verification invoice/ receipts/ PO within 72 hours= 3 days

1. Refer to the *Maine WIC Shopper* for WIC Allowable Foods in each food category.
2. Refer to the *WIC Minimum Stocking Requirement*—effective May 17, 2022

- | | | | |
|---------------------------------|--|---|--|
| <input type="checkbox"/> Bread | <input type="checkbox"/> Eggs | <input type="checkbox"/> Infant Cereal | <input type="checkbox"/> Juice |
| <input type="checkbox"/> Cereal | <input type="checkbox"/> Fresh Fruits & Vegetables | <input type="checkbox"/> Infant Formula | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Fruits & Vegetables | <input type="checkbox"/> Infant Fruits & Vegetables | <input type="checkbox"/> Peanut Butter |

Note: _____

Infant formula Supplier Provide formula supplier information with License Wholesaler Number.

Invoice Provide infant formula invoice, receipt, or PO within 2 weeks.

For time frame of _____

WIC Transaction Update cashier with WIC transaction procedures. Send Training Log within 2 weeks.

<input type="checkbox"/> Balance Inquiry	<input type="checkbox"/> Mid Transaction Receipt	<input type="checkbox"/> Purchase
<input type="checkbox"/> Current APL	<input type="checkbox"/> Produce Mapping	<input type="checkbox"/> Void

Note: _____

Fax documents to 207-287-3993 or email to WICVendor@maine.gov Due date: _____

I verify that this store was reviewed on this date. State WIC Program provided guidance on meeting WIC requirements. The findings have been discussed by both representatives prior to signing this form.

V Rep: _____ WIC Rep: _____