



Maine WIC Nutrition Program

Monitoring Visit - Store Evaluation

Appendix VM 4

Transaction, Inventory, and Interview

<https://forms.office.com/g/w1hCB4EgBn>

Name of Store: _____

Vendor #: _____

Entered By: _____

Date: _____

eWIC Card number used, last six digits: # _____

1. Educational Buy/ WIC Transaction

Yes, No, N/A

VM6-3.13 WIC Accepted Here Sticker Posted? _____

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

Any item unable to purchase according to eligible benefits & 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? _____

VM6-3.10 Did cashier request bottle deposit/bag fee? _____

VM6-3.8 Did cashier provided all 3 receipts (BI, Mid-Point, Ending Balance)? _____

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

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

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

Did cashier scanned all UPC's individually? _____

WIC Transaction deficiencies found?

Transaction Comments: _____

2. WIC Inventory *= required stock

VM-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					Page 5
Formula	UPC	Price	Expiration	Stocked	
Similac Advance powder 12.4oz	7007455958	\$			
Standard Milk Based Formula Powder		\$			
Standard Milk Based Formula Powder		\$			
Similac Sensitive powder 12oz	7007457541	\$			
Sensitive Milk Based Formula Powder		\$			
Sensitive Milk Based Formula Powder		\$			
Similac for Spit-Up powder 12oz	7007450960	\$			
Formula for Spit-Up Powder		\$			
Formula for Spit-Up Powder		\$			
Similac Total Comfort powder 12oz	7007462600	\$			
Gentle Milk Based Formula Powder		\$			
Gentle Milk Based Formula Powder		\$			
Similac Isomil powder 12.4oz	7007455964	\$			
Other:		\$			
*Sufficient Formula					

*Beech-Nut, Earth's Best or Gerber Baby Cereal WIC Stocking Requirement 6 boxes					Page 5
Baby Cereal - 8 or 16 oz. box	UPC	Price	Expiration	Stocked	
Multigrain or Barley		\$			
Oatmeal or Whole wheat		\$			
Rice or Millet Quinoa		\$			
*Sufficient Baby Cereal					

Beech-Nut, Earth's Best, Gerber Stage 1 Meats <i>additional WIC food</i>					Page 5
Baby Meats 2.5 oz. jar or multipack	UPC	Price	Expiration	Stocked	
Turkey & Turkey Broth or Chicken		\$			
Ham & Ham Broth		\$			
Beef & Beef Broth		\$			

*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 & Vegetables & Mix WIC Stocking Requirement 72 containers					Page 5
Baby Food Fruits 2 or 4oz jars, pouches, or tubs (single or multipacks)		Price	Expiration	Stocked	
		\$			
		\$			
*Sufficient Baby Food Fruits					

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

***Fruits** WIC Stocking Requirement **10 Lbs or \$25 retail value of Fruits, 2 varieties of fresh Fruits** Page 6

Fresh	Type	Price	Expiration	Stocked
		\$		
		\$		
*Sufficient Fruits				

***Vegetables** WIC Stocking Requirement **10 Lbs or \$25 of Vegetables, 2 varieties of fresh Vegetable** Page 6

Fresh	Type	Price	Expiration	Stocked
		\$		
		\$		
*Sufficient Vegetables				

Tofu additional WIC food Page 8

Type of Tofu	Size	Price	Expiration	Stocked
	16 oz.	\$		
	8oz.	\$		

Fish Canned (Pouches or cans 3.75-15 oz containers) Page 15

Fish	Brand	Size	Price	Expiration	Stocked
Pink Salmon			\$		
Chunk or Light Tuna			\$		
Sardines 3.75 oz.			\$		

Peas, Beans, & Lentils Page 14
8- 15 to 16 oz. cans or 2- 16 oz. bags of dry beans

Peas Beans & Lentils	Brand	Price	Expiration	Stocked
Fat-Free Refried Beans		\$		
Canned		\$		
Dried		\$		

***100% Juice Bottle WIC Stocking Requirement 10- 64 oz. bottles 2 flavors** page 11

100 Juice Bottle	Brand	Price	Expiration	Stocked
64 oz Bottled Juice		\$		
64 oz Bottled Juice		\$		
*Sufficient Juice Bottled				

***100% Juice Concentrate WIC Stocking Requirement 5- Cans of Concentrate 2 flavors** page 10

100 Juice Concentrate	Brand	Price	Expiration	Stocked
11.5-12 oz Frozen or Liquid		\$		
11.5-12 oz Frozen or Liquid		\$		
*Sufficient Juice Concentrate				

Whole Milk 4: Gallons Skim or 1% Milk: 8 Gallons; in any of the following sizes

Milk Types	Quart = 32 oz.	Half Gallon = 64 oz.	Gallon = 128 oz.	Stocked	
No fat (skim) or Lowfat ½% or 1% Milk	\$	\$	\$		
1.5% or 2% Milk	\$	\$	\$		
Whole Milk	\$	\$	\$		
Nutrish	X	\$	\$		
Lactose Free Skim or 1% (Highest priced)	\$	\$			
Lactose Free 2%	\$	\$			
Lactose Free Whole	X	\$			
Silk Soy refrigerated	X	\$			
8 th Continent Soy Original refrigerated	X	\$			
Pacific Ultra Soy Original shelf stable	\$				
Powdered Milk 9.6 oz.	\$				
Powdered Milk 25.6 oz.	\$				
*Sufficient Milk					

Cheese Brand	Type	Size	Price	Expiration	Stocked
		32oz.	\$		
		24oz.	\$		
		16oz.	\$		
		8oz.	\$		
*Sufficient Cheese					

Brand	Type (whole/Lowfat)	Size	Price	Expiration	Stocked
			\$		
			\$		
			\$		

Size (Medium/Jumbo)	Price	Expiration	Stocked
	\$		
*Sufficient Eggs			

*Breakfast Cereals WIC Stocking Requirement 6 -12oz. boxes or larger 2 kinds on must be whole grain				page 12
Breakfast Cereals	Brand	Price	Expiration	Stocked
Whole Grain		\$		
Whole Grain		\$		
		\$		
*Sufficient Breakfast Cereal				

*Whole Grain WIC Stocking Requirement 6 – 16 oz loaves and or packages				Page 9
Whole Grain	Brand	Price	Expiration	Stocked
Bread 16 oz.		\$		
Bread 24 oz.		\$		
Brown Rice 14-16 oz	Any	\$		
Oatmeal 16 oz.		\$		
Tortillas 16 oz.		\$		
Whole Wheat Pasta 16 oz		\$		
*Sufficient Whole Grain				

*Peanut Butter WIC Stocking Requirement 4 jars Creamy or Crunchy 16-18oz jar				Page 14
Brand	Price	Expiration	Stocked	
	\$			
*Sufficient Peanut Butter				

Insufficient Food Categories

- Cereal Formula Infant Fruits and Vegetables Milk
- Cheese Fruits & Vegetables Juice Bottled Peanut Butter
- Eggs Infant Cereal Juice Concentrate Whole Grains Bread

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	N/A
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.

Notes: _____

Summary Deficiency(ies) Found Yes No

- If yes, the following is my plan and time frame to correct deficiencies:
- 1. WIC Transaction** Update cashiers with WIC transaction procedures. Send Training Log within **2 weeks**.
Due Date _____
 Balance Inquiry Mid Transaction Receipt Purchase
 Current APL Produce Mapping Void
 - 2. Inventory** Correct inventory deficiency and send verification invoice/ receipts/ PO within 72 hours= **3 days**
Due Date _____
See page 5 for marked insufficient food categories.
 - 3. Interview** Provide formula supplier information with License Wholesaler Number within **2 weeks**.
Due Date _____
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 were discussed by both representatives prior to signing this form.

Vendor Print _____ Vendor Representative Signature _____ Date _____
Carla Salerno _____
WIC Staff Print _____ WIC Representative Signature _____ Date _____



Maine WIC Nutrition Program

Deficiency & Corrective Actions 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.
 Balance Inquiry Mid Transaction Receipt Purchase
 Current APL Produce Mapping 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: _____