

PREAUTHORIZATION 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>	
		_____	_____
		a.m.	p.m.

1. Does the vendor have invoices or other documentation for infant formula purchases? If yes, date of invoice: _____ Name of Supplier: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO									
2. Does the store appear clean and sanitary? If no, state reasons.	<input type="checkbox"/> YES	<input type="checkbox"/> NO									
3. 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									
4. Do WIC authorized food items appear to be fresh? If no, list outdated items. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><u>Item(s)</u></td> <td style="width:33%;"><u>Quantity</u></td> <td style="width:33%;"><u>Date Expired</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</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>									
_____	_____	_____									
_____	_____	_____									

5. What is the program that runs your cash register?

6. Who do you call if you have a problem with the registers not working? (List company name, name of contact, and phone number)

Additional Comments

Your signature indicates that the WIC representative has reviewed and discussed this report with you, and 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		Dried/Canned Beans ~ Peas	
2 jars (16 to 18 oz)		(2) 16 oz pkgs dry or 128 ozs canned	
Brand: _____		Brand: _____	
Size: _____		Type: _____	
Price: \$ _____		Price: \$ _____	
Quantity: _____		# of bags/ozs: _____	
<u>Min Stock</u>	<u>Prices</u>	<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>			

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: \$ _____
<u>2 Varieties</u>	<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

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: _____
<u>Whole Grain Cereal</u>	<u>3 Varieties</u>	<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>			

Whole Grains	
1 type of food, 64 ozs total, 16 oz pkgs only	
Brand: _____	Price: \$ _____
Bread / Brown Rice / Oatmeal / Corn or Whole Wheat Tortillas	
# of Containers: _____	X # of Ozs: _____ Total Ozs: _____
<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

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: \$ _____
<u>2 Varieties</u>	<u>Min Stock</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Eggs (store brand only)	Milk (store brand only)
2 dozen, Large, Grade A or AA, White only	4 gallons, 1%, 1/2%, or skim (fat-free) liquid in gallon containers only
Brand: _____	Brand: _____
Price: \$ _____	Type: 1% / 1/2% / skim
# of dozens: _____	# of Gallons: _____ Price: \$ _____
<u>Min Stock</u>	<u>Min Stock</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

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: \$ _____
<u>2 Varieties</u>	<u>Min Stock</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Gerber Infant Cereal	
(2) 8 oz boxes	
Rice / Barley / Oatmeal / Mixed / Whole Wheat	<u>Min Stock</u>
# Boxes: _____	Price: \$ _____
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Required Formula Stocking Combinations

Total number of 13 oz cans of concentrate vs. total number of 12.4 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

Similac Soy Isomil

# conc	Price	# pwd	Price
_____	\$ _____	_____	\$ _____

Similac Advance - Stage 1

# conc	Price	# pwd	Price
_____	\$ _____	_____	\$ _____

<u>Min Stock</u>	<u>Prices</u>	<u>Total conc</u>	<u>Total pwd</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____

Beech-Nut Infant Fruits ~ Infant Vegetables

Two varieties each, combined total of (16) 4 oz jars

Infant Fruits

<u>Type</u>	<u>Total #</u>	<u>Price</u>
_____	_____	\$ _____
_____	_____	\$ _____

2 Varieties Y N Prices Y N

Infant Vegetables

<u>Type</u>	<u>Total #</u>	<u>Price</u>
_____	_____	\$ _____
_____	_____	\$ _____

2 Varieties Y N Prices Y N

Min Stock Y N

ADDITIONAL COUNTED ITEMS TO MEET MINIMUM STOCKING REQUIREMENTS

Category: _____	Category: _____	Category: _____	Category: _____
Brand: _____	Brand: _____	Brand: _____	Brand: _____
Type: _____	Type: _____	Type: _____	Type: _____
# of Containers: _____			
# of Ounces: _____			
Total Ounces: _____	Total Ounces: _____	Total Ounces: _____	Total Ounces: _____
Price: \$ _____	Price: \$ _____	Price: \$ _____	Price: \$ _____