

PREAUTHORIZATION SITE VISIT REPORT

4 - 7 Registers

Store Name / Address / County / 4-Digit Store Number	Date of Visit	Time of Visit <hr style="width:100%; border: 0; border-top: 1px solid black; margin: 5px 0;"/>
		<input type="checkbox"/> a.m. <input type="checkbox"/> 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"/>	<input type="checkbox"/>									
	YES	NO									
2. Does the store appear clean and sanitary? If no, state reasons.	<input type="checkbox"/>	<input type="checkbox"/>									
	YES	NO									
3. Are prices clearly marked on WIC authorized food items, shelves, or coolers? If no, list items not priced.	<input type="checkbox"/>	<input type="checkbox"/>									
	YES	NO									
4. Do WIC authorized food items appear to be fresh? If no, list outdated items.	<input type="checkbox"/>	<input type="checkbox"/>									
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border-bottom: 1px solid black;"><u>Item(s)</u></td> <td style="width:33%; border-bottom: 1px solid black;"><u>Quantity</u></td> <td style="width:33%; border-bottom: 1px solid black;"><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> </table>	<u>Item(s)</u>	<u>Quantity</u>	<u>Date Expired</u>							<input type="checkbox"/>	<input type="checkbox"/>
<u>Item(s)</u>	<u>Quantity</u>	<u>Date Expired</u>									
	YES	NO									

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	Juice	
<i>3 jars (16 to 18 oz)</i>	<i>(3) 16 oz pkgs dry or 192 ozs canned</i>	<i>2 flavors, (3) 64 oz bottles or (3) 11.5 oz or 12 oz frozen (each flavor)</i>	
Brand: _____	Brand: _____	Brand: _____	Shelf Stable / Frozen / Refrigerated Carton
Size: _____	Type: _____	Flavor: _____	Quantity: _____ Price: \$ _____
Price: \$ _____	Price: \$ _____	Brand: _____	Shelf Stable / Frozen / Refrigerated Carton
Quantity: _____	# of bags/ozs: _____	Flavor: _____	Quantity: _____ Price: \$ _____
<u>Meets Requirement?</u>	<u>Meets Requirement?</u>	<u>Meets Flavor Requirement?</u>	<u>Meets Total Container Requirement?</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Cereal			
<i>3 types, 1 must be whole grain, 108 ozs total</i>			
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>Meets Whole Grain Requirement?</u>	<u>Does vendor have 3 types?</u>		<u>Meets Ounces Requirement?</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Whole Grains
<i>1 type of food, 96 ozs total, 16 oz pkgs</i>
Brand: _____ Price: \$ _____
Bread / Brown Rice / Oatmeal / Corn/Whole Wheat Tortillas
of Containers: _____ X # of Ozs: _____ Total Ozs: _____
<u>Meets Ounces Requirement?</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>

Fruits (2 varieties)
<i>combination of 240 ozs canned, fresh or frozen</i>
Brand: _____
Canned / Fresh / Frozen
Variety: _____
of Containers: _____
X # of Ozs: _____
Total Ozs: _____ Price: \$ _____
<u>Meets 2 Varieties?</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>

Eggs (store brand only)	Milk (store brand only)
<i>3 dozen, Large, Grade A or AA, White only</i>	<i>6 gallons, 1%, 1/2%, or skim (fat-free) liquid in gallon containers only</i>
Brand: _____	Brand: _____
Price: \$ _____	Type: 1% / 1/2% / skim
# of dozens: _____	# of Gallons: _____ Price: \$ _____
<u>Meets Requirement?</u>	<u>Meets Requirement?</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Vegetables (2 varieties)
<i>combination of 240 ozs canned, fresh or frozen</i>
Brand: _____
Canned / Fresh / Frozen
Variety: _____
of Containers: _____
X # of Ozs: _____
Total Ozs: _____ Price: \$ _____
<u>Meets 2 Varieties?</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>

Gerber Infant Cereal
<i>(4) 8 oz boxes</i>
Rice / Barley / Oatmeal / Mixed / Whole Wheat
Boxes: _____ Price: \$ _____
<u>Meets Requirement?</u>
YES <input type="checkbox"/> NO <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

		<u><i>Similac Soy Isomil</i></u>			
		# conc	Price	# pwd	Price
36 conc ~ 0 pwd	8 conc ~ 7 pwd				
32 conc ~ 1 pwd	4 conc ~ 8 pwd		\$ _____		\$ _____
28 conc ~ 2 pwd	0 conc ~ 9 pwd				
		<u><i>Similac Advance Early Shield - Stage 1</i></u>			
		# conc	Price	# pwd	Price
24 conc ~ 3 pwd					
20 conc ~ 4 pwd			\$ _____		\$ _____
16 conc ~ 5 pwd					
12 conc ~ 6 pwd					
<u>Meets Requirement?</u>		Total conc		Total pwd	
YES <input type="checkbox"/> NO <input type="checkbox"/>					

Beech-Nut Infant Fruits ~ Infant Vegetables

Two varieties each, combined total of (32) 4 oz jars

Infant Fruits

Type	Total #	Price
	_____	\$ _____
	_____	\$ _____
Meets 2 Types?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Infant Vegetables

Type	Total #	Price
	_____	\$ _____
	_____	\$ _____
Meets 2 Types?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Meets Total Jars Requirement?		YES <input type="checkbox"/> NO <input type="checkbox"/>

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: \$ _____