

PREAUTHORIZATION SITE VISIT REPORT

4-7 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 If no, list outdated items.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 border="0"> <tr> <td><u>Item(s)</u></td> <td><u>Quantity</u></td> <td><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? (New Vendor Only)
6. Who do you call if you have a problem with the registers not working? (New Vendor Only) (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
3 jars (16 to 18 oz)

Brand: _____

Size: _____

Price: \$ _____

Quantity: _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Dried/Canned Beans ~ Peas
(3) 16 oz pkgs dry or 192 ozs canned

Brand: _____

Size: _____

Price: \$ _____

of bags/ozs: _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Juice
2 flavors, (3) 64 oz bottles or (3) 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, 108 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"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Whole Grains
1 type of food, 96 ozs total

Brand: _____ Price: \$ _____

Bread / Brown Rice / Oatmeal / Corn Tortilla / Whole Wheat (Tortilla or Pasta)

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 240 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>	<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"/>

Eggs (store brand only)
3 dozen, Large, Grade A or AA, White only

Brand: _____

Price: \$ _____

of dozens: _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Milk (store brand only)
6 gallons, 1%, ½%, or skim (fat-free)
liquid in gallon containers only

Brand: _____

Type: 1% / ½% / skim

of gallons: _____ Price: \$ _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Gerber or Earth's Best Infant Cereal
(4) 8 oz containers

Rice / Barley / Oatmeal / Multi-Grain / Whole Wheat

of Boxes _____ Price: \$ _____

<u>Min Stock</u>	<u>Prices</u>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Required Formula Stocking Combinations

Total number of 13.0 oz containers of concentrate vs. total number of 12.4 or 12.5 or 12.9 oz containers of powder

Acceptable Combinations

36 conc ~ 0 pwd 8 conc ~ 7 pwd

32 conc ~ 1 pwd 4 conc ~ 8 pwd

28 conc ~ 2 pwd 0 conc ~ 9 pwd

24 conc ~ 3 pwd

20 conc ~ 4 pwd

16 conc ~ 5 pwd

12 conc ~ 6 pwd

Enfamil ProSobee Soy

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

Enfamil Infant / Enfamil Gentlease

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

<u>Total conc</u>	<u>Total pwd</u>
_____	_____

Min StockPricesY ☐ N ☐Y ☐ N ☐**Infant Fruits ~ Infant Vegetables**

Two varieties each, combined total of (256) oz

Gerber / Beech Nut / Tippy Toes / Earth's Best Infant Fruits

Type	Total #	Price
_____	_____	_____
_____	_____	_____

2 Varieties Y ☐ N ☐Prices Y ☐ N ☐Gerber / Beech Nut / Tippy Toes / Earth's Best Infant Vegetables

Type	Total #	Price
_____	_____	_____
_____	_____	_____

2 Varieties Y ☐ N ☐Prices Y ☐ N ☐Min Stock Y ☐ N ☐**Vegetables (3 varieties)**

combination of 240 ozs canned, fresh, or frozen

Brand: _____

Canned / Fresh / Frozen

Variety: _____

of Containers: _____

X # of Ozs: _____

Total Ozs: _____ Price: \$ _____

Brand: _____

Canned / Fresh / Frozen

Variety: _____

of Containers: _____

X # of Ozs: _____

Total Ozs: _____ Price: \$ _____

Brand: _____

Canned / Fresh / Frozen

Variety: _____

of Containers: _____

X # of Ozs: _____

Total Ozs: _____ Price: \$ _____

2 VarietiesY ☐ N ☐Min StockY ☐ N ☐PricesY ☐ N ☐**ADDITIONAL COUNTED ITEMS TO MEET MINIMUM STOCKING REQUIREMENTS**

Category: _____

Brand: _____

Type: _____

of Containers: _____

of Ounces: _____

Total Ounces: _____

Price: \$ _____

Category: _____

Brand: _____

Type: _____

of Containers: _____

of Ounces: _____

Total Ounces: _____

Price: \$ _____

Category: _____

Brand: _____

Type: _____

of Containers: _____

of Ounces: _____

Total Ounces: _____

Price: \$ _____

Category: _____

Brand: _____

Type: _____

of Containers: _____

of Ounces: _____

Total Ounces: _____

Price: \$ _____