

VENDOR PRE-AUTHORIZATION SITE VISIT REPORT WISCONSIN WIC PROGRAM

Pre-authorization site visits are required for all WIC vendor applicants to determine whether minimum stock requirements are being met, prices are posted, prices are substantially the same as submitted on the Stock Price Survey, the store is maintained in a clean, orderly, and safe condition, and foods are fresh and within their best by date.

INSTRUCTIONS: Complete all sections of this form documenting findings of store conditions at the time of the pre-authorization site visit inspection. Only foods in the customer area of the store (on shelves or in coolers) and within the expiration or best by date may be counted towards minimum stock requirements. Infant formula may be stored in a separate, secure location with a sign posted notifying customers where it is located.

Upon completion of Sections I and II of this form, you must contact the WIC Vendor and Integrity Unit to discuss the results and receive approval to proceed with vendor authorization training.

Store Name	WIC Vendor Number	
Store Street Address	Date of Site Visit	
Store Address City and Zip Code	Local WIC Agency Number	Trade Area (Milwaukee only)

Site Visit Results:

☐ Pass ☐ Pass (Warning Letter and CAP) ☐ Fail (Abbreviated Denial) ☐ Fail (six-month DQ)

SECTION I: VENDOR INTERVIEW QUESTIONS AND COMPLIANCE OBSERVATIONS

A. VENDOR INTERVIEW QUESTIONS

Attach a separate page if additional space is needed.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store take any of the following types of orders? <input type="checkbox"/> Phone <input type="checkbox"/> Online <input type="checkbox"/> Delivery
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store stock or provide any of the following types of items or services? <input type="checkbox"/> Gas <input type="checkbox"/> Lottery <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Beer <input type="checkbox"/> Mobile phones <input type="checkbox"/> Money transfers
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a food storage area in the building outside of the sales floor (i.e.: on-site back stock storage areas)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store have an off-site overflow food storage location for foods already purchased by the vendor? (Do not include food distribution centers where vendors order food from.) If YES , provide location and details:

B. COMPLIANCE OBSERVATIONS

Attach a separate page if additional space is needed.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the store appear to be maintained in a clean, orderly, and safe condition, including compliance with health protection laws and ordinances? (Examples of violations include: foods kept at inadequate temperatures, indications of pests or rodents, and unaddressed safety hazards.) If NO , describe:
Only complete this question if the state WIC office has notified you this is a conditional authorization:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe the vendor is in violation of the conditional authorization and/or a disqualified person is involved in the operation of the store? If YES , provide details:

SECTION II: FOOD STOCK INSPECTION**A. PRICES POSTED**

Attach a separate page if additional space is needed.

☐ Yes ☐ No Are all WIC food prices marked on containers or posted near the shelf in the customer area of the store? If **NO**, list each food brand, variety, and size that is missing prices.

LIST BRAND, VARIETY, AND CONTAINER SIZE

1.	5.
2.	6.
3.	7.
4.	8.

B. OUTDATED WIC FOODS

Attach a separate page if additional space is needed.


☐ Yes ☐ No Are all WIC foods fresh and within the expiration or best by date? If **NO**, complete the fields below for each outdated food item.

LIST BRAND, VARIETY, AND CONTAINER SIZE	NUMBER OF CONTAINERS	EXPIRATION OR BEST BY DATE
1.		
2.		
3.		
4.		
5.		
6.		

C. MINIMUM STOCK REVIEW

Count all cash registers in the store, including customer service and self-checkout lanes to determine which set of minimum stock requirements apply (10 or fewer registers, or 11 or more registers). With the exception of infant formula at stores with 11 or more registers, the only minimum *quantity* needed to meet each requirement is one food item.

REQUIREMENTS FOR STORES WITH 10 OR FEWER REGISTERS

FOOD ITEM CATEGORY	MINIMUM STOCK REQUIREMENT	MINIMUM STOCK IN CUSTOMER AREA?	QUANTITY AND VARIETIES AVAILABLE List food varieties and quantities if less than minimum stock requirement.
Fruits and Vegetables	<ul style="list-style-type: none"> Two (2) fruit varieties; includes fresh, frozen and/or canned (minimum stock excludes lemons and limes). Two (2) vegetable varieties; includes fresh, frozen, and/or canned (minimum stock excludes onions, garlic, and ginger). 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Juice	<ul style="list-style-type: none"> 64 oz., one (1) flavor. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Peanut Butter and Peas, Beans, & Lentils	<ul style="list-style-type: none"> One (1) of three types: <ul style="list-style-type: none"> 16-18 oz. peanut butter; or 15-16 oz. canned beans; or 16 oz. dried peas, beans, or lentils. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cereal	<ul style="list-style-type: none"> 12 oz. or larger, two (2) varieties, must include one (1) whole grain  variety. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Milk	<ul style="list-style-type: none"> Gallon, unflavored 1% or skim (low fat or fat free). 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eggs	<ul style="list-style-type: none"> Dozen, any size egg, any grade. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

REQUIREMENTS FOR STORES WITH 11 OR MORE REGISTERS

FOOD ITEM CATEGORY	MINIMUM STOCK REQUIREMENT	MINIMUM STOCK IN CUSTOMER AREA?	QUANTITY AND VARIETIES AVAILABLE List food varieties and quantities if less than minimum stock requirement.
Fruits and Vegetables	<ul style="list-style-type: none"> Two (2) fresh fruit varieties (minimum stock excludes lemons and limes). Two (2) fresh vegetable varieties (minimum stock excludes onions, garlic, and ginger). 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Juice	<ul style="list-style-type: none"> 48 oz., two (2) flavors. 64 oz., three (3) flavors. 12 oz. frozen concentrate; one (1) flavor. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Peanut Butter and Peas, Beans, & Lentils	<ul style="list-style-type: none"> Two (2) of the three types: <ul style="list-style-type: none"> 16-18 oz. peanut butter; and/or 15-16 oz. canned beans; and/or 16 oz. dried peas, beans, or lentils. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cereal	<ul style="list-style-type: none"> Four (4) varieties, must include one (1) whole grain 🌾 variety. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Whole Grains	<ul style="list-style-type: none"> Two (2) of four types: <ul style="list-style-type: none"> 100% whole wheat bread, buns or rolls; and/or soft corn or whole wheat tortillas; and/or whole wheat pasta; and/or brown rice (14-16 oz. box, bag, or frozen prepared). 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Milk	<ul style="list-style-type: none"> Half-gallon, unflavored 1% or skim. Gallon, unflavored 1% or skim. Gallon, unflavored Vitamin D whole. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lactose-free Milk	<ul style="list-style-type: none"> Three-quart, half-gallon, or gallon container; unflavored 1% or skim. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Soy Beverage	<ul style="list-style-type: none"> Half-gallon, one brand, (original or vanilla). 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Yogurt	<ul style="list-style-type: none"> 32 oz., whole milk; plain or flavored; AND 32 oz., low-fat or nonfat; plain or flavored. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cheese	<ul style="list-style-type: none"> 16 oz., one variety. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eggs	<ul style="list-style-type: none"> Dozen, any size egg, any grade. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infant Cereal	<ul style="list-style-type: none"> 8 oz., two varieties. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infant Fruits & Vegetables	<ul style="list-style-type: none"> 4 oz. single or 8 oz. 2-packs, six (6) fruit varieties. 4 oz. single or 8 oz. 2-packs, six (6) vegetable varieties. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Infant Meats	<ul style="list-style-type: none"> 2.5 oz., two (2) meat varieties. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infant Formula	<ul style="list-style-type: none"> 12.4 oz. powder, twelve (12) cans Similac Advance®. 12.4 oz. powder, six (6) cans Similac Total Comfort®. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: CORRECTIVE ACTION PLAN (if applicable) <input type="checkbox"/> Not Applicable (mark if no violations)	
WIC Program Violation(s) This column must be completed by the WIC Representative for each type of violation found.	Vendor Identified Corrective Actions This column must be completed by the Vendor Representative for each corresponding violation found.
<input type="checkbox"/> Failed to maintain minimum stock requirements	<input type="checkbox"/> Increase stock level or shelf space for WIC foods. <input type="checkbox"/> Increase delivery frequency of WIC foods. <input type="checkbox"/> Train store personnel on minimum stock requirements. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Failed to post prices on or near WIC Foods in customer area of the store	<input type="checkbox"/> Routinely monitor WIC foods to verify prices are attached to WIC food items or posted on or near the food items. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Stocked authorized foods that were out of date or otherwise not fresh	<input type="checkbox"/> Routinely monitor expiration dates and train store personnel on product date coding and product rotation. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Posted prices significantly higher than those submitted with application.	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Store not kept in a clean, orderly, and safe condition, or possible health code violation (describe):	<input type="checkbox"/> Repair broken cooling and/or freezing units. <input type="checkbox"/> Properly secure doors and windows to reduce outside dust and dirt from entering the store. <input type="checkbox"/> Remedy insect or rodent issues. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Failed to comply with WIC program rules or regulations not otherwise listed above (describe):	<input type="checkbox"/> Other (describe):
SECTION IV: ACKNOWLEDGEMENTS AND SIGNATURES Completion of this section is required.	
WIC Representative: I have reviewed and completed all areas of this form to the best of my knowledge. (If applicable) I have reviewed the vendor identified corrective actions above. <input type="checkbox"/> (If applicable) The vendor was not authorized as a result of the pre-authorization site visit. I explained to the vendor representative they will be provided with additional information about whether they may request a second site visit, or if there will be a disqualification period.	Vendor Representative: The results of the pre-authorization site visit have been explained to me. (If applicable) I understand it is my responsibility to implement the corrective action plan I completed above and that failure to do so may result in additional sanctions. <input type="checkbox"/> (If applicable) I understand the store was not authorized as a result of the pre-authorization site visit inspection. I understand I will be sent further information about whether I may request a second site visit, or if the store is subject to a disqualification period.
Name - WIC Representative (print)	Name - Vendor Representative (print full name)
Job Title/Position – WIC Representative	Job Title/Position – Vendor Representative <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Cashier
Date Signed	Date Signed
SIGNATURE – WIC Representative	SIGNATURE – Vendor Representative