

# Colorado WIC Program

## Pre-Authorization Report Review

Store Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Local Agency Retail Coordinator: \_\_\_\_\_

New Store: **YES** **NO** Estimated Date of Opening: \_\_\_\_\_

*The above store has requested to participate in the WIC Program as a WIC-authorized retailer.*

### Selection Criteria:

1. Yes / No Does the retailer appear to be a full service grocery store and the primary business is to provide staple foods? If no, please describe main items sold: \_\_\_\_\_.
2. Does the retailer sell the following items?  
Yes / No At least 3 varieties of fresh meats—prepackaged luncheon meats do not qualify (e.g., ham, fish, poultry)  
Yes / No At least 3 varieties of grains (e.g., bread, cereal, rice)  
Yes / No At least 3 varieties of dairy products (e.g., milk, cheese, butter)  
Yes / No At least 2 varieties of fresh fruits (e.g., apples, oranges, pears)  
Yes / No At least 2 varieties of fresh vegetables (e.g., beets, onions, lettuce)
3. Does the retailer sell the following items?  
Yes / No Gasoline and/or automotive supplies  
Yes / No Alcoholic beverages and/or tobacco products
4. Yes / No Prices of WIC-approved foods are clearly marked on the product or shelf?
5. Yes / No Does the retailer maintains and post regular business hours? (This includes a minimum of two four-hour blocks of time on each of five days per week; daily operating hours are consistent from week-to-week, and hours are posted.)  
Hours of operation: \_\_\_\_\_ Days of operation: \_\_\_\_\_
6. Yes / No Does the store have reasonable accommodations for shoppers who have disabilities?
7. Yes / No Is there any outdated infant formula on the shelf? If yes, list: \_\_\_\_\_.

### Additional Criteria:

8. Yes / No Has the manager/owner read the current *Retailer Handbook* and *Retailer Agreement*?
9. Yes / No Does he/she understand the federal regulations and the Program's policies and procedures they must comply with in order to be a WIC-authorized Retailer?  
If no, review the information with the manager/owner.

10. To determine if the store meets the “Minimum WIC Food Stocking Requirements” as described in the *Retailer Handbook*, please: 1) complete the Shelf Survey and return it with this report, and 2) write the number of items stocked in each category. If more than 10 items, simply put a “Y” for yes in the column “>10”.

WIC-Approved Item	# Stocked	Or >10
Infant Cereal- Boxes		
Baby Food Fruits and/or Vegetables- Jars		
Baby Food Meat- Jars		
Cheese- Pounds		
Eggs- Dozen		
Milk- Gallons		
Breakfast Cereal- Boxes		
Peanut Butter- Jars		
Beans- Dry Bags or Cans		
Fish- Canned		
Bread		
Brown Rice & Corn Tortillas		
Store Brand Frozen OJ Juice- Cans		
64-oz Juice- Bottles		
Fruit- Fresh		
Fruit- Frozen		
Vegetables- Fresh		
Vegetables- Frozen		

**WIC Evaluation:**

\_\_\_\_\_ This store meets the above criteria.

\_\_\_\_\_ This store does not meet the above criteria for the following reasons (include details below and any plans for correction): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Store Representative (print): \_\_\_\_\_

Signature of Store Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of WIC Representative (print): \_\_\_\_\_

Signature of WIC Representative: \_\_\_\_\_

Clinic/Local Agency: \_\_\_\_\_