

# Alaska WIC Vendor Monitoring Instructions & Report Form

## Instructions for Local WIC Agency – (please review before going to the store)

Before visiting the store, review the vendor file or contact Vendor Staff at the State Office (907-465-3100) to see if there are problem areas or training needs; for instance, problems with warrant redemption, stocking requirements, authorized foods or other issues that may have resulted in warnings or sanctions. Information on vendor warnings or sanctions may also be viewed on the AK WIC report # 602.

Review your Vendor Training Schedule. Vendors must receive interactive training at least once every three years after initial authorization. Interactive training may be conducted during a routine monitoring visit, scheduled at another time or coordinated with the State WIC agency. Documentation must be provided of the topics covered and the names of attendees. During a routine monitoring visit, vendor staff may request training on particular issues such as authorized foods or warrant transactions. You should bring a copy of the vendor manual with you to help answer any vendor questions or concerns.

In rural areas, be prepared to provide store manager with information regarding current participation levels and estimated stock of WIC foods required to meet their needs.

### The following procedure is recommended for the store visit:

- 1) It is suggested that you contact the store manager and advise them of your plan to review the store on a certain date/time. Ask them if they will be available for questions or comments. If not, ask them to appoint someone who you can review any findings. (In rural areas there might be limited store personnel available and agreeing to a set date/time will ensure a representative will be available to discuss any findings.)
- 2) When you get to the store, introduce yourself to the manager and explain that you are going to conduct the inventory and it will take approximately 45 minutes. Advise manager or designated individual that you would like to meet with him/her after you review the stock and talk with cashiers.
- 3) Ask one or two cashiers to complete a quiz while you are checking the stock of WIC foods. This will give the cashier(s) more time to complete the quiz without disrupting customer service.
- 4) Complete the Stock Checklist. Indicate quantity on shelf and write if there are expired, damaged or spoiled items. (Do not use the checkmark to denote problems with stock. Instead write Exp, DMG or SPL.)
- 5) Meet with the manager or PIC and complete the interview. Provide the manager with the opportunity to explain any minimum stock issues. Is there more stock in back? Is there stock on order? If so, note any supporting documentation for **any and all minimum stock issues**. If stock is not located elsewhere in the store or if it is not on order, **notify the manager that they must order stock immediately and provide proof to the WIC Vendor Unit within 30 days.**
- 6) Review the Training Sheet. Document quizzes and discussions with the manager on any topics covered. Ask the manager if they have any training concerns they would like you to cover.
- 7) After you leave the store, complete the Concluding Thoughts portion of the form.

**Please complete ALL information on this form thoroughly and accurately - it will be used to update vendor records. Mail to: DPA/WIC, 130 Seward Street, Room 508, Juneau, AK 99801**

# Vendor Monitoring Report Form

Store Name: \_\_\_\_\_ Vendor No. \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Store Manager: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Reviewer: \_\_\_\_\_ Title/Agency: \_\_\_\_\_

## Observations During Store Visit :

1. Are posters such as "We Accept WIC Warrants" displayed at the store to indicate it is a WIC vendor?     yes     no
2. Does the store stock a full line of grocery items, including meat, dairy, produce (fresh, frozen, canned) and dry goods?     yes     no    (If No, be sure to discuss any stocking concerns with the manager after the review.)
3. Does the store display WIC shelf tags to identify WIC-approved items?     yes     no
4. Is store clean and well-organized?     yes     no
5. Are items on shelves within manufacturer's "sell by" dates?     yes     no
6. Are perishable items stored under proper conditions and temperatures?     yes     no

## Interview with Manager or Person in Charge:

1. Has the store had any problems with WIC customers or other aspects of the Program?  
Describe any problems:
2. Do store personnel know how to use the WIC Program Complaint form and the Retraining form?     yes     no    (renumbered question)
3. Does the manager post the Newsletter for your cashiers to read?     Yes     No    (If no please advise them to.)
4. Ask the manager to account for all minimum stock findings:
5. If problems were identified during the monitoring visit, what is the plan for correcting these problems?
6. Does the manager have any suggestions for improving the Program?

**Concluding Thoughts:**

1. Describe general impressions about how well the store is meeting the needs of WIC participants in the area:
  
2. If store is in a rural area, approximately how many WIC participants are served by this store?  
Is stock adequate for the average number of WIC participants?
  
3. If store does not carry a full line of grocery items, (including meat, dairy, produce (fresh, frozen, canned) and dry goods,) please indicate what kinds of grocery items are not stocked:
  
4. Describe any problem areas you noted during the visit:
  
5. Reviewer's recommendations: (Briefly describe reason(s) for recommending continued authorization or termination (non-reauthorization) of Vendor agreement.)

G. Signature of Reviewer \_\_\_\_\_ Date \_\_\_\_\_



## ALASKA WIC PROGRAM VENDOR TRAINING

If issues arise during monitoring, address them with the manager and document on form.

### Minimum Stock

- Missing items (will order) \_\_\_\_\_
- Outdated items (tossed) \_\_\_\_\_
- Perishable items not under proper conditions and temperatures (list) \_\_\_\_\_
- Clean and orderly store
- Largest size, cheapest price milk and cheese
- Importance of whole milk and low fat versions in UHT, fresh milk, evaporated milk.
- Importance of stocking both sizes of powder milk or similar concern \_\_\_\_\_

Person Trained: \_\_\_\_\_

### Client Topics

- How to use the Request for Training form and the Complaint Form
- Selling nonauthorized foods or allowing client to substitute foods (If vendor is out of stock, they should advise client to contact their Local Agency where they might receive a different warrant or make other arrangements.)

Person Trained: \_\_\_\_\_

### Sanction Topics

- Penalty Points – Specific Issue: \_\_\_\_\_

Person Trained: \_\_\_\_\_

### Accepting Warrants

- Issues accepting warrants
- Issues with vendor stamp, deposits, reimbursables, not to exceeds, or other bank issues

Person Trained: \_\_\_\_\_

Quiz Conducted - Name of Quiz: \_\_\_\_\_

Person Trained: \_\_\_\_\_

Other Issues: \_\_\_\_\_

Person Trained: \_\_\_\_\_

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(Date)

(Signature of Trainer)

Check the store's stock of WIC foods using the checklist below. Indicate quantity of each item on the shelves and indicate: EXP if expired, DMG if damaged or SPL if spoiled items. Remove any items that meet these criteria.

Food Item	Group A	Group B	Group C	Quantity on Shelf	Note any expired, spoiled or damaged items
<b>CANNED FISH</b> (canned tuna, salmon, or sardines)	Combination of containers must total 90 oz.	Combination of containers must total 150 oz.	Combination of containers must total 450 oz.		
<b>CEREAL</b> (At least 2 kinds of cold and 1 kind of hot. At least 1 must be Whole Grain)	24 boxes	36 boxes	72 boxes		
<b>CHEESE</b>	12 (1 lb) loaves	24 (1 lb) loaves	48 (1 lb) loaves		
<b>DRY AND CANNED LEGUMES</b>	3# dry AND 36 (16oz) cans	4# dry AND 72 (16 oz) cans	12# dry AND 144 (16oz) cans		
<b>EGGS</b>	12 dozen (Dried eggs allowed if fresh eggs are not available. 4 oz pkg=1 doz eggs)	24 dozen	48 dozen		
<b>JUICE</b>	18 (46-48 oz) cans or (12 oz) frozen cans AND 12 (64 oz) plastic containers or (16 oz) frozen cans	30 (46-48 oz) cans or (12 oz) frozen cans AND 20 (64 oz) plastic containers or (16 oz) frozen cans	60 (46-48 oz) cans or (12 oz) frozen cans AND 40 (64 oz) plastic containers or (16 oz) frozen cans		
<b>FRESH MILK</b> (Must at least include nonfat/skim AND whole varieties) _____ check here if exempt	32 gallons (combination of 1/2 and 1 gallon sizes) AND 12 quarts	66 gallons (combination of 1/2 and 1 gallon sizes) AND 24 quarts	132 gallons (combination of 1/2 and 1 gallon sizes) AND 48 quarts		
<b>LACTOSE FREE OR REDUCED MILK</b> _____ check here if exempt	4 (quarts) AND 4 (1/2) gallons (Must at least include nonfat/skim AND whole varieties)	8 (quarts) AND 8 (1/2) gallons (Must at least include nonfat/skim AND whole varieties)	16 (quarts) AND 16 (1/2) gallons (Must at least include nonfat/skim AND whole varieties)		
<b>POWDERED MILK</b>	9 (8qt) boxes AND 6 (3qt) boxes	9 (8qt) boxes AND 6 (3qt) boxes	9 (8qt) boxes AND 6 (3qt) boxes		

<b>EVAPORATED MILK</b>	40 cans (Must at least include nonfat/skim AND whole varieties)	80 cans (Must at least include nonfat/skim AND whole varieties)	120 cans (Must at least include nonfat/skim AND whole varieties)		
<b>UHT MILK</b>	32 quarts (Must at least include nonfat/skim AND whole varieties)	32 quarts (Must at least include nonfat/skim AND whole varieties)	32 quarts (Must at least include nonfat/skim AND whole varieties)		
If approved for a fresh milk exemption, must stock 144 qts UHT total					
<b>PEANUT BUTTER</b>	12 jars	24 jars	48 jars		
<b>SOY BEVERAGE</b> (Pacific Ultra Soy or 8th Continent brands only) _____ check here if exempt	24 quarts (Must include some quart sizes)	36 quarts (Must include some quart sizes)	48 quarts (Must include some quart sizes)		
<b>TOFU</b> (only approved brands) _____ check here if exempt	3 packages	6 packages	10 packages		
<b>INFANT FORMULA</b> _____ check here if exempt	32 cans (12.9oz) Similac Advance Early Shield-powder, 12 cans (12.9oz) Similac Isomil Advance - Powder, and 12 cans (12.9oz) Similac Sensitive-powder	44 cans (12.9oz) Similac Advance Early Shield-powder, 22 cans (12.9oz) Similac Isomil Advance - Powder, and 20 cans (12.9oz) Similac Sensitive-powder	88 cans (12.9oz) Similac Advance Early Shield-powder, 58 cans (12.9oz) Similac Isomil Advance - Powder, 42 cans (12.9oz) Similac Sensitive-powder, 120 cans Concentrate Similac Advance Early Shield, 60 cans Concentrate Similac Sensitive, and 84 cans Concentrate Similac Isomil Advance		
<b>INFANT CEREAL</b>	6 (8oz) boxes (Must at least include Rice Cereal)	12 (8oz) boxes (Must at least include Rice Cereal)	24 (8oz) boxes (Must at least include Rice Cereal)		
<b>INFANT MEATS</b> _____ check here if exempt	36 (2.5oz) jars (Gerber or Beechnut brands only)	72 (2.5oz) jars (Gerber or Beechnut brands only)	144 (2.5oz) jars (Gerber or Beechnut brands only)		

<b>INFANT FOODS (FRUITS &amp; VEG)</b> (Approved brands: Gerber, Beechnut, Nature's Goodness, or Parent's Choice) _____check here if exempt	<b>512 oz total</b> (ex: 128 (4oz) jars or 74 (3.5oz-2packs) plastic containers. <b>Must stock 2 fruit and 2 veg varieties</b>	<b>1024 oz total</b> (ex: 256 (4oz) jars or 147 (3.5oz-2packs) plastic containers. <b>Must stock 2 fruit and 2 veg varieties</b>	<b>2048 oz total</b> (ex: 512 (4oz) jars or 292 (3.5oz-2packs) plastic containers. <b>Must stock 2 fruit and 2 veg varieties</b>		
<b>WHOLE GRAIN BREAD, BUNS &amp; ROLLS</b> (only approved brands and varieties)	12 packages (must include a 14-16 oz variety)	24 packages (must include a 14-16 oz variety)	48 packages (must include a 14-16 oz variety)		
<b>WHOLE GRAIN TORTILLA and BROWN RICE</b> (Only approved brands of tortillas)	May stock a combination of tortillas and/or rice. <b>8</b> (14-16oz) packages	May stock a combination of tortillas and/or rice. <b>16</b> (14-16oz) packages	May stock a combination of tortillas and/or rice. <b>32</b> (14-16oz) packages		
<b>FRUITS AND VEGETABLES</b> (Must stock at least 2 fruit and 2 veg varieties)	<b>\$100</b> (Can meet requirement by solely stocking required frozen or canned fruits or vegetables. Encouraged to have as much fresh produce as possible)	<b>\$200</b> (Must stock $\geq$ \$100 of required fresh fruits and vegetables)	$\geq$ <b>\$400</b> (Must stock $\geq$ \$275 of required fresh fruits and vegetables)		



**WIC VENDOR MONITORING  
SUMMARY OF MONITORING REPORT AND NOTICE**

Local Agency Staff: \_\_\_\_\_ Date of monitoring: \_\_\_\_\_

Vendor Name \_\_\_\_\_ Vendor # \_\_\_\_\_ City \_\_\_\_\_

Manager: \_\_\_\_\_ Days open: \_\_\_\_\_ Times open: \_\_\_\_\_

- \_\_\_ Does the store stock a full line of groceries? (non WIC)
- \_\_\_ Is WIC minimum stock adequate?
- \_\_\_ If minimum stock was not adequate ascertain what is on order?

\_\_\_\_\_

\_\_\_ Are there other minimum stock items that will need to be ordered: \_\_\_\_\_

***(Local Agency Staff should ascertain the status of any minimum stock issue.)***

- \_\_\_ Are items on the shelves within manufacturers' sell dates?
- \_\_\_ Are perishable items stored under proper conditions and temperatures?
- \_\_\_ Is the store clean and organized? (Refer sanitation issues to the Department of Environmental Conservation.)

- o If all answers above are "yes," we would like to congratulate you on passing your vendor monitoring review.
- o If the answer to any of the questions above is "no," you will receive a letter from the WIC Vendor Management Unit outlining the results of this monitoring review and violations requiring immediate correction.
- o If you were directed to order missing items above, you must order them immediately, and mail, scan or fax a copy of your order to the WIC Vendor Unit. Please circle the item ordered and the quantity on the sheet. Fax: (907) 465-3416. mail: WIC Vendor Unit (address below)

Signature of Store Manager or Person in Charge: \_\_\_\_\_

**Does vendor need any supplies?**

- \_\_\_ We Accept WIC Poster
- \_\_\_ Shelf Tags
- \_\_\_ Complaint Form
- \_\_\_ Cashier Food Lists – How many? \_\_\_\_\_
- \_\_\_ Training Manual?
- \_\_\_ Other? \_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

**White copy:** State WIC Office    **Local Agency:** Yellow    **Vendor:** Pink

WIC Vendor Unit, 130 Seward Street Suite 508, Juneau, AK 99801 - Fax: (907)465-3416



**WIC Food Exemption Request Form**

Store Name: \_\_\_\_\_

WIC Vendor Number: \_\_\_\_\_

I am requesting exemption(s) from stocking the WIC food item(s), below because of:

**Limited number of clients using these foods at present OR "sell by/used by" date limitations**

<input type="checkbox"/> <b>fresh milk</b> * If approved, vendors must stock a total of 144 quarts of UHT milk reason: _____	<b>Local Agency Use:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
<input type="checkbox"/> <b>infant cereal, formula, fruits and vegetables, and meats</b> <i>*cannot select individual food items</i> reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
<input type="checkbox"/> <b>lactose-free or lactose-reduced milk</b> reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
<input type="checkbox"/> <b>soy beverage</b> reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
<input type="checkbox"/> <b>tofu</b> reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

I will make the item(s) available at my store within ten (10) days of notification by the Local WIC agency staff that the item(s) are needed. It is my responsibility to communicate directly with the Local WIC agency concerning the availability of exempted items once a need has been identified. If the item(s) will not be available due to unforeseen reasons, I will notify the local WIC agency within 48 hours so that clients can be placed on the mail-out system.

I understand that the State agency may require that I submit invoices or purchase orders from my supplier(s) to document that the items requested were ordered within the specified time period, in the quantity required.

\_\_\_\_\_  
 Signature of Store Manager                      Date                      Store Manager Name

\_\_\_\_\_  
 Signature of Local Agency Staff                      Date                      Local Agency Staff Name

- VENDOR:** Submit this form to your Local WIC agency/clinic to obtain the signature of the WIC Coordinator
- WIC COORDINATOR:** Send a signed copy of this request to the State agency within 15 days of receipt

State Agency Staff Use Only     Approved     Disapproved



Department of Health and Social Services  
 Division of Public Assistance  
 Family Nutrition Programs  
 Alaska WIC Program  
 (907) 455-3100



**WIC Stocking Request Form**

Store Name: \_\_\_\_\_ WIC Vendor Number: \_\_\_\_\_  
 Manager Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Local WIC Agency: \_\_\_\_\_

*The Local WIC Agency requests the Vendor named above to stock the following items, and to maintain the indicated quantities:*

<u>WIC Item (check ✓)</u>	<u>Quantity to Stock (per month)</u>
____ Infant formula: Similac Advance Early Shield	_____
____ Infant formula: Similac Sensitive Isomil Soy	_____
____ Infant formula: Similac Sensitive	_____
____ Infant formula: (other) _____	_____
____ Infant cereal, fruits and vegetables, and meats	_____
____ Lactose free or reduced milk	_____
____ Soy beverage	_____
____ Tofu	_____

*The Vendor is requested to order the designated WIC items and stock within ten (10) business days. It is the Vendor's responsibility to communicate directly with the Local WIC agency concerning the availability of exempted items. If the item(s) are not available due to unforeseen reasons, the Vendor will notify the Local WIC Agency within 48 hours so that clients can be placed on the mail-out system.*

*The Vendor must maintain the quantity indicated for at least six (6) months to meet the needs of WIC participants in the community. After 6 months, the Vendor may submit an Exemption Request form for the Local WIC Agency to review the needs for Vendor to continue stocking the designated WIC items. The State agency may require that the Vendor submit invoices or purchase orders from their supplier(s) to document that the items requested were ordered within the specified time period, in the quantity required.*

Vendors should direct any questions to their Local Agency.

\_\_\_\_\_  
 Local Agency Staff Name and Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone

7-44

**WIC COORDINATOR:** Send a signed request to the Vendor and send a copy to the State agency for Vendor File. Retain a copy for your records.

Vendor\FOOD LISTS AND PRICE LISTS\FOOD PACKAGE INFO\2010 Food Packages

Revised 5/14/2010



Department of Health and Social Services  
 Division of Public Assistance  
 Family Nutrition Programs  
 Alaska WIC Program  
 (907) 465-3100



**WIC Vendor Reclassification Request Form**

Please note: It is very rare that a reclassification request to a lower group is granted.

Criteria that may be considered for reclassification are:

- If the vendor is from a very small community with a limited need to stock certain items. For example, a small number of clients purchasing specific formulas or tofu. Most of these issues can be handled through the exemption process rather than a reclassification request.
- If the vendor historically redeems a small number of checks each month.
- If there is a larger store in the community that redeems the majority of warrants.

Vendor Name: \_\_\_\_\_ WIC Vendor Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach a detailed request explaining how your store meets the reclassification criteria above, including any supporting documentation such as annual sales, WIC redemption data, or any other pertinent information.

The information you provide will be independently verified by WIC Program Staff. Vendors who provide false statements will be subject to penalty points and sanctions, which could result in the termination of their WIC Vendor Agreement. The undersigned owner, or authorized agent, of the Vendor who has legal authority to obligate the vendor, certifies that the Vendor meets and/or agrees to all of the requirements set forth in WIC Vendor Agreement and further certifies that all statements and representations made in the WIC Vendor Application, Price Sheet, and WIC Vendor Agreement are true and accurate. The undersigned further acknowledges that the statements on this form, including supporting documentation, are incorporated by reference into and are a specific part of the WIC Vendor Agreement.

_____ Signature of Owner or Authorized Agent	_____ Date	_____ Name of Owner or Authorized Agent	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
_____ Signature of Local Agency Staff	_____ Date	_____ Local Agency Staff Name	

**VENDOR:** Submit this form and additional documentation to your Local WIC agency/clinic. Use the attached directory to identify your Local WIC agency. For example, if your WIC vendor number starts with the number 4, your Local WIC agency will end in 4, which is number 504, the Yukon-Nationwide Health Corporation. If you need assistance identifying your Local WIC agency please call the State WIC Office at (907) 465-3100.

**LOCAL WIC COORDINATOR:** Send a signed copy of this request to the State agency within 15 days of receipt. Reclassification requests will be reviewed by State agency within 15 days of receipt. Vendor will be notified in writing regarding the State WIC Vendor Management Unit's decision.

State Agency Staff Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date of Decision Letter: _____
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**WIC Program Complaint Form**  
 Department of Health & Social Services  
 Div. of Public Assistance Family Nutrition Programs-WIC  
 130 Seward Street, Room 508  
 Juneau, AK 99801  
 (907)465-3100  
 FAX: (907) 465-3416



Complaint against:      \_\_\_ Vendor    \_\_\_ Participant    \_\_\_ Alternate    \_\_\_ Other

Complaint submitted by:    \_\_\_ Vendor    \_\_\_ Participant    \_\_\_ Alternate    \_\_\_ Other

Name/Store \_\_\_\_\_ Phone # \_\_\_\_\_

Address/Store branch \_\_\_\_\_

Witness \_\_\_\_\_ Phone # \_\_\_\_\_

What happened: (include names, time, date, warrant number/s (Attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Date)                      \_\_\_\_\_ (Name of Complainant)                      \_\_\_\_\_ (Signature of Complainant)

**Complainant can remain anonymous but must provide all other pertinent information required on this form so State/Local Agency can follow-up.**

**Office use only**  
 Complaint accepted by \_\_\_\_\_ Date \_\_\_\_\_

Name of Local Agency: \_\_\_\_\_ Action Taken by Local Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEND ORIGINAL COPY TO VENDOR COORDINATOR – KEEP COPY FOR LOCAL AGENCY FILES.**

# Alaska WIC Vendor Program



# WIC Approved Food List

- Alaska's WIC Food List is based on WIC food package requirements in federal regulations.
- The Alaska WIC Program approves the specific types of foods and/or brands that may be purchased with WIC warrants.
- The Food List is updated each year on October 1.

# WIC Food Categories

- Cereals
- Fruit juices
- Milk
- Eggs
- Cheese
- Dried or canned beans or peas
- Peanut butter
- Tofu or soy beverage
- Tuna, salmon, sardines
- Fruits (canned, frozen, or fresh)
- Vegetables (canned, frozen, or fresh)
- Infant formulas
- Infant cereals & meats
- Whole grain bread, brown rice, and/or tortillas

# WIC Authorized Vendors must

- ✓ Maintain minimum stocks of foods on the WIC Food List.
- ✓ Keep the food list available for cashiers.
- ✓ Submit an inventory of WIC foods each spring and fall to the Alaska WIC Program.

## WIC Authorized Vendors May:

Request a clinic to allow an exemption from stocking:

- Fresh milk
- Infant foods
- Lactose free/reduced fat milk
- Soy beverage
- Tofu



# Vendor Authorization



# Eligibility requirements

- Authorized to participate in Food Stamp Program;
- Complete Vendor Application has been submitted;
- Accessible
  - ✓ Minimum of 15 WIC participants in the locale;
  - ✓ Store open at least 8 hours per day, 6 days per week;
  - ✓ Location within reach of local agency for monitoring.

# Eligibility requirements

- Capacity: Vendor can maintain the minimum required stock of WIC foods;
- Competitive prices that are consistent with other vendors with similar stores in comparable locations;
- Agree to purchase infant formula from List of Authorized Suppliers.

# Eligibility requirements

- Inspection Report: Local Agency certifies that the applicant meets WIC vendor authorization and selection criteria, and documents vendor training.
- WIC sales may not exceed 50% of vendor's total annual food sales.



# Vendor classifications



## Peer Groups

Supercenter Stores (any location)

Urban/Suburban Large Stores  
(4+ checkstands)

Urban/Suburban Small Stores  
(1-3 checkstands)

Gulf-Bristol Bay Region (all stores)

Northern-Interior Bush Alaska  
(all stores)

Western Bush Alaska (all stores)

Pharmacies

Military Commissaries

Each vendor is assigned to a “Peer Group” of stores with similar characteristics.

Price data for each Peer Group is averaged over time to determine a “Not to Exceed” (NTE) price charged for WIC foods within the Peer Group.

# ABC Stores

The Minimum Stock Requirements for stores are determined by size:

- “A” stores have 1-3 checkstands
- “B” stores have 4-6 checkstands
- “C” stores have 7+ checkstands



# Vendor responsibilities



# Vendor responsibilities

- Comply with all federal and state regulations;
- May not seek restitution from WIC participants for nonredeemable warrants;
- Must offer WIC participants the same treatment afforded other customers;
- Must maintain purchase, inventory, and sales records;
- Comply with WIC agency monitoring, including access to shelf price records and production of records;

# Vendor responsibilities

- Submit Fall and Spring Price Sheets and minimum stock inventories to State Agency;
- Keep in stock at all times at least the designated quantities of WIC-approved foods;
- Display required WIC posters;
- Train cashiers/staff on WIC Program requirements;
- Request any needed exemptions from the Local Agency.

# Vendor Violations, Sanctions & Penalties

## **Vendor errors:**

Errors may be detected through participant complaints, undercover compliance investigations, monitoring, or tracking of WIC fiscal instruments (FIs).

## **Such errors may include:**

- Collecting sales tax on WIC purchases,
- Accepting out-of-date warrants,
- Requiring a customer to make a cash purchase when using a WIC warrant,
- Giving cash refunds for WIC purchases.

# Vendor Violations, Sanctions & Penalties

- Vendors are notified of errors and may be offered training by the Local Agency.
- If errors continue, vendor staff may be required to participate in mandatory training.
- If errors are not reduced through education, the State Agency may take action, such as an administrative warning, or by assigning sanctions in accordance with the Penalty Point & Sanction Schedule.

# Vendor Violations, Sanctions & Penalties

## **Warrant errors:**

- The State Agency's banking contractor will reject payment of WIC warrants that contain certain types of errors; some may be corrected and re-deposited, others are "fatal," and the vendor is not paid.

## **Fatal errors include:**

- Out-of-date warrants,
- Lack of the WIC participant's signature,
- Alteration of information on the warrant.

# Vendor Violations, Sanctions & Penalties

- Penalty Points are assigned to vendors who violate program regulations. Violations may be intentional or unintentional.
- Sample penalties:
  - ✓ Refusal of purchase of WIC food – 5 points
  - ✓ Expired food on shelf – 10 points
  - ✓ Failure to maintain WIC food records – 15 points
  - ✓ Failure to maintain WIC foods in stock – 20 points
  - ✓ Allow purchase of non-WIC foods – 50 points

# Vendor Violations, Sanctions & Penalties

- Sanctions are assessed consistent with the severity and nature of the violation.
- Sanctions are applied upon the accrual of 40 to 100 penalty points, beginning with probation, then suspension from the program, and, finally, disqualification.
- Civil monetary penalties may be assessed of a vendor in lieu of other sanctions if loss of a vendor from the program would result in a lack of an available vendor for participants.

# Vendor Monitoring



# Vendor Monitoring

- Under federal regulations, Alaska WIC Program must monitor 5% of urban/suburban vendors and 50% of rural vendors for program compliance each year.
- Monitoring may be performed by the State or Local Agency.
- The purpose of routine monitoring is to survey the types and levels of abuse and errors among vendors and to take corrective actions, as appropriate.

# Vendor Monitoring

- Monitoring is also an opportunity to provide interactive training to vendors, which is required at least once in 3 years for every vendor.
- Adequate documentation of a monitoring visit is critical. Monitoring reports should include all activities and observations, and details about minimum stocks, out-of-date WIC food items, and any problems that have been identified.

# Vendor Monitoring

- Quizzes are available for vendor managers and staff, and may be used during monitoring.
- If training is provided list the topics covered in training, and a list of participating staff.
- Discuss your findings with the store owner or manager, and provide corrective actions that may be undertaken.
- Vendor manuals, food lists, WIC shelf labels, and other program materials may need to be provided – the Vendor Coordinator can follow up with any materials needed by a vendor.

# Vendor Monitoring

- Monitoring reports are submitted to the Vendor Coordinator, and the Vendor Unit will pursue any necessary action.
- For some violations, Mandatory Federal Sanctions apply.

# Mail Order Vendor (MOV)



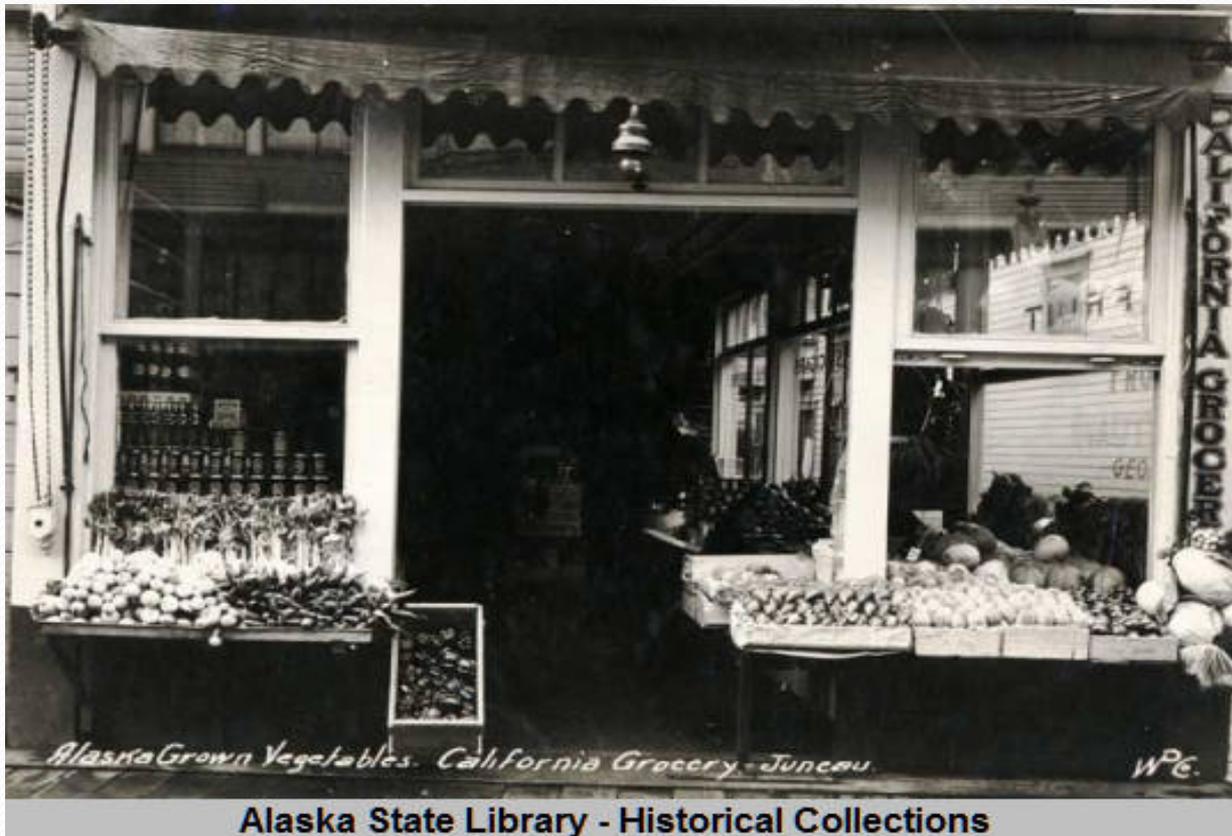
# MOV Operations

- Participants without access to authorized WIC vendors receive WIC foods by mail;
- WIC MOV food packages are different from regular food packages and may contain different food items;
- MOV food packages contain non-perishable foods suitable for mailing, such as dried and canned foods;
- Food items are “rotated” so that participants do not receive exactly the same foods each month.

# MOV Operations

- The Local Agency designates MOV packages in AKWIC when prescribed, and the order is automatically sent to the MOV vendor;
- Currently, MOV packages are mailed by the contract supplier from Anchorage to participants;
- Questions or problems relating to MOV deliveries should be forwarded to the WIC Vendor Coordinator for resolution with the contractor or the USPS.

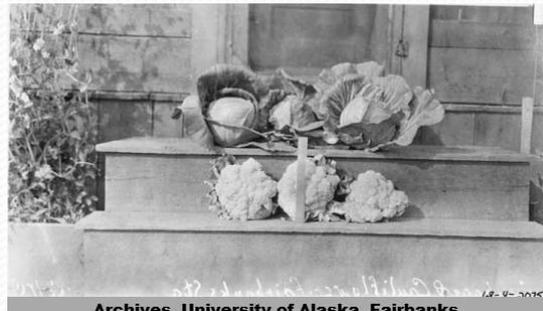
# Farmers' Market Nutrition Program



Alaska State Library - Historical Collections

# Farmers' Markets & Farmstands

- FMNP provides locally grown fresh fruits, vegetables, and fresh-cut herbs for WIC participants;
- Participants may use Fruit and Vegetable Vouchers and FMNP coupons to buy produce from authorized Farmer Vendors from June 1 to September 30 each year.



Archives, University of Alaska, Fairbanks

# Farmers' Markets & Farmstands

## Must:

- ✓ Be accessible to WIC participants and WIC Program staff;
- ✓ Be open for a minimum of 4 hours at least 1 day per week;
- ✓ Include enough farmers/produce to meet local demand;
- ✓ Display required WIC signage;
- ✓ Cooperate with federal and state regulations and agency monitoring;
- ✓ Not seek restitution from WIC participants for unredeemable coupons or FVVs;
- ✓ Safeguard WIC participant information.

# Monitoring FMNP Vendors

- Monitoring of Farmer-Vendors is similar to monitoring regular stores – the same procedures and forms are used. Monitoring may be by the State or Local Agency.
- Farmer-Vendors are subject to sanctions and penalties, including:
  - 1<sup>st</sup> violation – warning letter from State Agency
  - 2<sup>nd</sup> violation – attendance at mandatory training
  - 3<sup>rd</sup> violation – FMNP authorization terminated

## WIC Vendor Unit

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