

Retailer Monitoring Procedures

– Grocery Stores, Commissaries and Pharmacies – Before the Visit

1. Schedule an appointment with the proper contact(s).
 - ✓ The WIC Local Agency Retailer Coordinator (LARC) contacts the store representative to schedule the time and date of the visit. Tell the representative the items that will be requested and reviewed during the visit: Retailer Manual, WIC'S WORLD's, WIC Training DVD, Training Documentation, and WIC checks.
 - ✓ Begin the contact with the store manager directly to confirm awareness of the visit and to identify the appropriate store representative. This representative is responsible for ensuring that all personnel involved with WIC transactions are trained. This representative must also have legal authority to act on behalf of the store: for example, signing a corrective action if required at the time of the visit.
2. The LARC prepares and take copies of the following items to the visit:
 - ✓ Retailer Manual including a Retailer Handbook, WIC's WORLD newsletters, and a Colorado WIC Retailer Training Video (Partnering with WIC for Colorado Kids).
 - ✓ WIC Retailer Training Documentation form
 - ✓ Retailer Guide to WIC (as available)
 - ✓ Allowable Foods Lists (bring extra – both English and Spanish if necessary)
 - ✓ Compass sales data and as available, redemption data/reports.
 - ✓ A listing of any prior issues reported about the store or in the file
 - ✓ LARC contact information (including email and direct phone)

During the Visit

3. Complete a Shelf Survey prior to the meeting.
4. Meet with the store manager/contact(s) to train and identify issues.

Go through the steps outlined in the monitoring report and complete the report with the store manager/contact..

5. Determine Compliance.
 - ✓ Indicate whether the store is in compliance or out of compliance. If out of compliance, complete the appropriate last sections of the report. Explain any deficiencies and request a corrective action plan be written on the monitoring report (unless later requested by mail) and make sure the manager signs.
 - ✓ Leave a copy of report with store representative or mail a copy after the visit.

After the Visit

6. Finalize the documentation.
 - ✓ Send copy of entire Monitoring Report and shelf survey to State WIC.
 - ✓ Follow-up on issues and/or violations with appropriate action.
 - ✓ File the original at the Local Agency in the retailer file for minimum of 6 years.

Colorado WIC Program Retailer Monitoring Report: Grocery Stores, Commissaries & Pharmacies

Date of Visit _____ Vendor ID# _____
 Retailer Name & Chain No. _____ City _____
 Local Agency WIC Staff _____ County _____

SECTION I Inspect WIC Requirements:

WIC General Processes and Information		
<i>If no is circled for questions #1- #4, provide training and/or assist the store in solving the issue.</i>		
1.	Contact Information: Provide the store manager/contact with the appropriate name, email & number of Local Agency Retailer Coordinator (LARC) and State WIC.	Yes No
2.	Demographics: Tell the manager/contact the amount of annual WIC checks redeemed at the store. Is demographics information in Compass accurate? If not correct, include current information on summary page 3, section VI.	Yes No
3.	Retailer Manual: Does the store maintain a Retailer Handbook and Manual (i.e., Binder)?	Yes No
4.	Conflict of Interest: Does the store have a policy in effect to avoid conflict of interest (i.e., cashiers cannot accept WIC checks from relatives)?	Yes No
WIC'S WORLD Newsletter		
<i>If no is circled for questions #5 and/or #6, include as 7-point violation on summary page 3.</i>		
5.	WIC'S WORLD Training: Does the store have a process to communicate information contained in the newsletter to cashiers (e.g., staff meetings, staff initials after reading, posting on bulletin board, etc). Circle correct option or explain:	Yes No
6.	WIC'S WORLD: Does the store maintain newsletters for at least two years?	Yes No
Training		
<i>If no is circled for questions #7, #8 and/or #9, include as 7-point violation on summary page 3.</i>		
7.	Training Conducted: Does store use most recent edition of WIC video for training new staff?	Yes No
8.	Documentation of Training: Does the store maintain documentation of staff/cashier training on the "WIC Retailer Training Documentation" form? (Keeping training documentation in individual personnel files is not acceptable.) Name of Store WIC Trainer:	Yes No
9.	Allowable Foods List: Ensure that each cash register has a copy. Has the store manager trained cashiers on the most recent version of the Foods List?	Yes No
Formula Quality		
<i>If no is circled for question #10, include as 9-point violation.</i>		
10.	Out-Of-Date: Are all infant formula items on shelves within the use dates? Explain formula must be purchased from an approved source (available on the website).	Yes No
Stocking Level		
<i>If no is circled for question #11, find the store out-of-compliance & explain on summary page 3.</i>		
11.	Minimum Stocking (not required for pharmacies): Review minimum stocking requirements (<i>Retailer Handbook, Section III</i>). Go over shelf survey with manager/ contact. Explain any issues reported by WIC customers. Is the store maintaining minimum stock of required items? Explain: FAILURE TO MEET STOCKING REQUIREMENTS COULD LEAD TO AGREEMENT TERMINATION.	Yes No
Shelf Tags		
<i>If no is circled for question #13 or #14, find the store out-of-compliance & explain on summary page 3.</i>		
12.	If shelf tags are used, are they used only on approved items based on current Foods List?	Yes No
13.	If used in breakfast cereal, bread, and/or juice categories, are tags posted on all the available items within that category? List the item(s) not tagged:	Yes No

Retailer Name & Chain No. _____ Vendor ID# _____

SECTION II Review WIC Transactions (Check [✓] each one as completed.)

- _____ Review Section V (*WIC Checks*) in the Handbook and the *Retailer Guide to WIC*, including the correct steps for taking a WIC check.
- _____ The manager/contact should read and understand the *Retailer Handbook*, especially the sections detailing WIC check redemptions and the Vendor ID Stamp Instructions (*Exhibit I*).
- _____ Participants may purchase less, but not more, than the amount specified on check.
- _____ Participants are trained: (a) to notify clerk, before checkout, that they are using a WIC check, and (b) to separate WIC foods from other groceries. After the transaction amount is entered on the check by the cashier, request that the WIC customer sign the check and verify the signature with the WIC ID envelope. (WIC checks missing the customer’s signature will not be paid.)
- _____ Store coupons and other promotions such as “buy-one, get-one free” must be honored for WIC purchases.
- _____ Don’t permit WIC customers to substitute non-approved WIC foods for approved WIC foods.
- _____ Do not exchange items purchased by WIC – unless the item is defective or recalled.
- _____ Checks rejected for over the dollar amount can be negotiated. Many chain stores get reimbursed for these rejected checks automatically. The *Retailer Handbook* has details. Independent stores can call (303) 692-2419 for an automated replacement line.
- _____ Review checks prior to depositing; look for mistakes and missing stamps.
- _____ Retailers should send in a Shelf Price List every six months. (PLEASE NOTE: Chain headquarter offices generally complete this process for their individual chain stores.)

SECTION III Provide Training During the Visit: (Circle “Yes” if reviewed; “No” if not discussed.)

- 14. Yes / No **Benefits:** Review the benefits of WIC (e.g., Medicaid savings, \$ for store and community, healthy kids, etc.) and the importance of sharing this with store staff. (*Retailer Handbook, Section I*)
- 15. Yes / No **Allowable Foods List:** Review the Foods List and the reasons why specific foods are prescribed. Explain recent changes and answer questions. (*Retailer Handbook, Section II*)
- 16. Yes / No **Participant Misuse:** Review the process to report WIC customers to the Local Agency for the following: trying to receive non-WIC foods or excess foods, cash back, cash refunds, or formula exchanges; trying to substitute non-WIC items in place of allowable food; or WIC participants who are rude or abusive to store employees.
- 17. Yes / No **Store Sanctions:** Review the retailer sanctions and violations listed in the *Handbook*; disqualification from the WIC Program may result in disqualification from the SNAP Program. (*Retailer Handbook, pages 27-33*)
- 18. Yes/No **Nondiscrimination:** Stores must offer Participants the same courtesies as offered to other customers, e.g., no separate lines or hours, no offering of or denial of incentive items solely to WIC customers. Any practice that singles out Participants from other customers is prohibited.

SECTION IV Review of WIC checks on hand

_____ Total number of checks reviewed (*if none available enter 0 and skip to next Section*).

If issues are found, please write check numbers beside the issue..

- _____ # Cashed outside the valid use dates
- _____ # Price not written in the “Actual Amount of Sale” box
- _____ # Incorrectly altered checks
- _____ # Missing the participant signature on check
- _____ # Transaction date or store name/number is not written/printed on back of check

(*If any checks found with these issues, explain on summary page 3- with other findings.*)

Retailer Name & Chain No. _____

Vendor ID# _____

SECTION V Monitoring Summary

Local Agency Staff must check one:

- ___ This retailer is in compliance with the criteria as described in *Retailer Handbook*, and State of Colorado WIC Retailer Agreement. (*Proceed to Section VI Signatures.*)
- ___ This retailer is not in compliance with the criteria as described in *Retailer Handbook* and State of Colorado WIC Retailer Agreement. (*Complete A. Findings & B. Corrective Action Plan.*)

A. Findings: The issues circled below were found to be out of compliance.

Sanction Points	Findings/ Issues
4	Shelf Tags: Shelf tags used on non-approved items and/or not on all items within cereal, bread or juice.
7	WIC'S WORLD- Not used in training and/or maintained.
7	Training- Not conducted, not using most recent training video, and/or not documented in the WIC Binder.
9	Out-of Date Formula items- Item(s): _____ Date(s): _____
N/A	Stock- Not maintaining the minimum stock of required items. Federal Sanction: Explain to retailer that FAILURE TO MEET STOCKING REQUIREMENTS LEADS TO AGREEMENT TERMINATION.
	Other: _____
=	Total Sanction Points Comments:

B. Corrective Action Plan: The retailer agrees to have the findings corrected. Check one:

- ___ The retailer will provide via mail or email a corrective action plan that addresses these findings to the Local Agency staff by _____ (Date).
- ___ The corrective action plan is below; the retailer details the plan to bring the above findings into compliance by _____ (Date).

Corrective Action Plan: (to be completed by retailer):

SECTION VI Signatures

Ask the retailer to read the following statement and sign below: I understand the purpose of the Colorado WIC Program is to provide nutrition education and supplemental nutritious foods for women, infants, and children under the age of five years. WIC helps to give infants and children a healthy start in life by improving poor or insufficient diets. As a WIC-authorized retailer, I understand the vital role our store plays in ensuring that WIC customers receive only the nutritious food prescribed for them. I am aware of the Program's policies, procedures, and regulations (including the Administrative Review Procedures, Exhibit G) located in the *Retailer Handbook*.

Signature of Store Representative (signature): _____ Date: _____
 Printed Name: _____ Title: _____
 Local Agency Staff (print): _____ Date: _____
 Clinic Number _____

Any Comments/ Demographics Changes for State Office: _____

SECTION VII Report Distribution

***Leave a copy of completed report with store representative; *Send copy of entire report and shelf survey to State WIC within 14 days of completed visit; *File original report in your retailer file for minimum of 6 years.**

Thank you!

Colorado WIC ---- Shelf Survey

*Colorado WIC-authorized Grocery Stores and Commissaries Only, Not Pharmacies;
Use most expensive items allowed*

FORMULA	Type/Brand	Size	# of Cans	Price	Expiration [^]
Milk-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____
Soy-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____

[^] If are out-of-date, include as a violation in Section VIII.

ITEMS (Suggested Brand or Item)	Type/ Brand	Size	Adequate Quantity?*	Price	Adequate Variety?*	
					Yes	No
Infant Cereal	_____	8 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Fruits & Veg	_____	4 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Meats	_____	2.5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Breakfast Cereal- Example-Kix?	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Cheese- Store Brand	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Canned Fish	_____	5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grains- Rice or Tortillas	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grain Bread	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Milk -Store Brand						
Whole	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Whole	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-Frozen OJ Store Brand	_____	12 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-64-oz Containers- Example-V8?	_____	64 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Eggs	_____	Dozen	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Peanut Butter- Example-Adams?	_____	18 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Dried Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Canned Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Fruits- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Vegetables- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2

***Adequate Quantity:** If 10 or more items are available for purchase in the food category (e.g., 10 blocks of cheese, 14 dozen eggs), put a check mark in box; if less than 10 items, put actual #. For Fruits and Vegetables, approximate the number in batches of \$8.00 worth of produce.

***Adequate Variety:** Check appropriate box for Yes or No.

Comments if Inadequate Quantity or Variety (As Needed):

Completed by: _____ (To be completed by WIC staff) Date: _____