

WIC Program Orientation-
Procedures for Completing the Visit & Report
- 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 designate the time and date of the visit and to explain the items that will be covered during the visit.
 - ❖ The LARC should begin the contact with the store manager 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 will prepare 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 DVD/Video (*Partnering with WIC*)
 - ❖ *WIC Retailer Training Documentation* form
 - ❖ *Retailer Guide to WIC* (as available)
 - ❖ *Allowable Foods List*
 - ❖ 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 prepare them to be on WIC.**
 - ❖ Go through the steps outlined in the monitoring report and complete the report with the store manager/contact.
 - ❖ Provide the store with their Retailer Manual and review the items listed above in #2 with them.
 - ❖ Provide the Colorado WIC Retailer Training DVD. Ensure they use the video in their WIC training and discuss the *WIC Retailer Training Documentation* form. They are required to complete and document training and provide completed form to WIC before authorization.
 - ❖ Handout and review the *Retailer Guide to WIC*.
 - ❖ Explain the Program's policies and procedures including an explanation of why the specific foods are prescribed, the nutritional goals of the Program and the retailer's role in assuring that the participants get only the prescribed foods.
 - ❖ Review all of the WIC-approved foods and provide copies of the *Allowable Foods List*,
 - ❖ Show them how to handle a WIC transaction.
 - ❖ Discuss misuse issues. Identify any areas that are out of compliance and get agreement to resolve the problem(s) by a specific date.
 - ❖ Answer any questions they have.

After the Visit

5. **Complete the report and send copies to the State.**

Keep a copy of the Orientation Report in the Local Agency retailer file and send a copy along with the shelf survey to the State Retailer Unit.

WIC Program Orientation Report
- Grocery Stores, Commissaries, Pharmacies -

Date of Visit _____
 Retailer Name and No. _____ City: _____
 Local WIC Staff _____ Clinic Number _____
 Names and titles of employees who attended the orientation meeting: _____

SECTION I Provide WIC Materials and Information:

(Circle "Yes" if complete and/or in compliance; Circle "No" if not complete and/or out of compliance, please explain in the comments.)

1. Yes / No **Contact Information:** Provide the store manager/contact with the name and number of the Local Agency Retailer Coordinator (LARC) and State WIC.
2. Yes / No **Store Trainer:** Trainer must be present at the orientation or have been trained by WIC staff previously. Ensure that the trainer has read and understands the *Handbook* and "*Training Guide for WIC Retailers* (Exhibit J) in the *Handbook*.
Trainer Name: _____
3. Yes / No **Training Video:** Discuss and view WIC Retailer Training Video "*Partnering with WIC for Colorado Kids*". The training video is required viewing for all store staff working with WIC transactions and stocking, including managers.) Explain when and how store plans to use training video: (**ColoradoWIC.com also has a short optional video, '*Closer Look: Allowable Foods List*' detailing the WIC food items.)
Comments: _____
4. Yes / No **Training Documentation:** Review the "WIC Retailer Training Documentation" form. The store must agree to: 1) train staff before authorization and send a completed copy to WIC, 2) train new employees as hired, 3) conduct annual training updating store staff on any new WIC policies and changes in the *Allowable Foods List*. Training documentation must be completed before WIC authorization and must be kept on file and made available at the store for review during monitoring visits.
Comments: _____
5. Yes / No **Minimum Stocking:** Review Section III in the *Handbook*, the WIC Foods Stocking Requirements. Explain that the retailer is required to meet these minimum stocking requirements at all times. A pattern of failure to maintain stocking levels leads to sanctions and/or agreement termination. Discuss the potential number of WIC participants who may shop at this store to assist the store to determine an appropriate level of stock. Review any stocking issues found in the Shelf Survey. Show the manager/contact the specific formula items they are required to maintain. These items must be purchased from an approved source (as shown on coloradowic.com).
Comments: _____
6. Yes / No **Allowable Foods:** Review the *Allowable WIC Foods List (Foods List)*. Explain that only the brands, sizes and amounts specified are allowed. (For example: two ½ gallons of milk cannot be substituted for 1 gallon, etc.) Ensure current copies of the *Foods List* will be placed at each check stand. Explain the store's plan to thoroughly train cashiers on the *Foods List*: The items listed on WIC checks are like a prescription.
Comments: _____
7. Yes / No **Retailer Manual:** Provide a *Retailer Manual (Manual)*, including the *Retailer Handbook (Handbook)*, and review the main parts with the manager/contact. Answer any questions. The store is responsible for keeping the sections of the *Manual* up to date throughout the *Agreement* period.
Comments: _____

8. Yes / No **WIC'S WORLD:** Review the *WIC'S WORLD* newsletter. The newsletters are typically sent out six (6) times a year; they must be kept in the *Manual* for at least two years. The store must have a process to communicate the information contained in the newsletter to cashiers (e.g., staff meetings, staff initials after reading, etc). Explain the store's plan to use the newsletter:
Comments: _____
9. Yes / No **Conflict of Interest:** Does the retailer have a policy in place to avoid conflict of interest? (i.e., Cashiers cannot accept WIC checks from relatives.)
Comments: _____

SECTION II Review WIC Transactions Redemption: (check [✓] each one as completed):

- _____ Summarize the purpose of WIC and the benefits (e.g., Medicaid savings, \$ for store and community, healthy kids, etc.) and the importance of sharing this with store staff.
- _____ Participants are trained to (a) notify clerk, before checkout, that they are using a WIC check, and (b) separate WIC foods from other groceries.
- _____ Participants may purchase less, but not more, than amount specified on check.
- _____ Enter total value of WIC purchase in the "Actual Amount of Sale" box. Then ask the WIC customer to sign the check. Compare the signature to the signature on the WIC ID envelope. Explain the process for the allowance of WIC customers to pay the difference for produce checks.
- _____ If an error occurs draw one line through the wrong amount, write the correct amount in the box above and initial. Do not scribble through, white out, erase, etc.
- _____ Never give change or refunds for WIC checks.
- _____ If the store plans to use shelf tags, explain the policy & related sanctions for misuse.
- _____ Store coupons and other promotions must be honored for WIC purchases.
- _____ Don't permit WIC customers to substitute non-approved WIC foods for approved WIC foods.
- _____ Do not give refunds for returned WIC formula or other WIC foods. Report requests to do so to WIC.
- _____ Do not exchange items purchase by WIC – unless the item is defective or recalled.
- _____ Independent stores should send in a Shelf Price List at least every six months. (PLEASE NOTE: Chain headquarter offices generally complete this process for their individual chain stores.)
- _____ The store WIC contact should read and understand the section of the *Handbook*, including *Vendor ID Stamp Instructions*, detailing WIC check transactions & redemptions, the steps in taking a check, and the reasons checks are rejected.
- _____ Do not accept post- or stale-dated, or altered checks. (Stores will not be paid for these checks.)
- _____ WIC checks will not be paid if accepted outside the valid date, submitted for payment more than 60 days after the "First Date to Use", over-the-maximum dollar amount, missing the participant signature, altered, or stamped incorrectly.
- _____ Checks rejected for over the dollar amount can be negotiated. Many chain stores get reimbursed for these rejected checks automatically. The *Handbook* has details. Independent stores can call (303) 692-2419 for the automated replacement line.
- _____ Review checks prior to depositing.
- _____ **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.
- _____ Does store staff 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 again with the manager/owner.

SECTION III Misuse Issues:

10. Yes / No **Participant Misuse:** Report WIC participants to the Local Agency for the following activities: 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.
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11. 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 (previously called Food Stamp) Program.
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SECTION IV Summary

Local Agency Staff must check one:

1. This retailer is in compliance with the criteria as described in the Retailer Handbook, and State of Colorado WIC Retailer Agreement. (*Skip to Section V.*)
2. This retailer is not in compliance with the criteria as described in the Retailer Handbook, and State of Colorado WIC Retailer Agreement.

The following items were out of compliance at the time of the orientation visit.

The retailer agrees to have the findings corrected by the date specified:

Item

Date

Corrective Action Plan: How the retailer will bring the above findings into compliance
(*To be completed by retailer representative*):

SECTION IV Signatures

The retailer must 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. If WIC-authorized, I understand the vital role our store will play in ensuring that WIC customers receive only the nutritious food prescribed for them.

Name of Store Representative

(printed) _____
 (signature) _____ Date _____
 (title) _____

Name of Local Agency Staff

(printed) _____
 (signature) _____ Date _____

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%)	_____	Quart	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%)	_____	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:** _____

Monitoring Procedures and Report