



Vendor Compliance Determination Form

Vendor Information

Type of Store Supermarket (Peer A) Convenience Store (Peer C)
Store Name: _____ **City:** _____ **Vendor No** _____
 Type of investigation: Compliance Buy Inventory Audit Monitoring Other: _____
 Compliance date: _____ Initial Compliance date (open): _____ Buy Number: _____

Store History

Date of last Compliance investigation: _____ Type: Compliance Buy Inventory Audit Monitoring Other
 Date of last Training received: _____ New Interactive Special _____
 Average monthly dollar Volume: \$ _____ High risk vendor: Yes No
 Prior Violation/Sanction points: Yes No Existing amount of Sanction Points: _____
 Prior WIC/SNAP disqualification: Yes No
 Other: _____

Violations

	Length of disqualification	Violations found
1. Class I Violations:		
1.1. Conviction of trafficking vouchers/ selling ammunition, ECT. / controlled substances in exchange for WIC FIs	Permanent	<input type="checkbox"/> Yes
1.2. One incident of trafficking	six (6) years	<input type="checkbox"/> Yes
1.3. One incident of the sale of alcohol, or tobacco products in exchange for WIC FIs.	three (3) years	<input type="checkbox"/> Yes
2. Class II Violations:		
2.1. Claiming reimbursement for the sale of any WIC item that exceeds the store's documented inventory within specific timeframe	three (3) years	<input type="checkbox"/> Yes
2.2. Two or more incidents of intentionally or unintentionally charging the State more for WIC foods than is permitted	three (3) years	<input type="checkbox"/> Yes
2.3. Two or more incidents of WIC FIs received , transacted, or redeemed from outside of the authorized store location	three (3) years	<input type="checkbox"/> Yes
2.4. Two or more incidents of charging for WIC foods not received by customer	three (3) years	<input type="checkbox"/> Yes
2.5. Two or more incidents of providing credit or non food item(s) for WIC FIs	three (3) years	<input type="checkbox"/> Yes
2.6. Two or more incidents of providing unauthorized foods and/or charging for foods in excess of foods listed on WIC FIs	one (1) year	<input type="checkbox"/> Yes
3. Class III Violations: Under sanction points		
3.1. Contacting participant to recoup funds not reimbursed by WIC	10	<input type="checkbox"/> Yes
3.2. Improperly refusing to accept a WIC FIs from WIC Participant	10	<input type="checkbox"/> Yes
3.3. First incident of WIC FIs received , transacted, or redeemed from outside of the authorized store location	7	<input type="checkbox"/> Yes
3.4. Altering information on a WIC FIs	7	<input type="checkbox"/> Yes
3.5. Failure to submit information documentation within timeframe specified	5	<input type="checkbox"/> Yes
3.6. Selling out-of-date WIC foods	5	<input type="checkbox"/> Yes
3.7. Failure to maintain minimum stock of WIC foods	5	<input type="checkbox"/> Yes
3.8. Accepting or requiring signature on FIs without the purchase price filled in	5	<input type="checkbox"/> Yes
3.9. Failure to request WIC ID Folder from participant and to verify signature	5	<input type="checkbox"/> Yes
3.10. Charging sales tax on WIC purchase	5	<input type="checkbox"/> Yes

Continue Class III Violations: Under sanction points

	Points	Findings:
3.11. Obtaining/using WIC vendor stamps from sources other than the State Agency	3	<input type="checkbox"/> Yes
3.12. Accepting WIC FIs that appear to be altered	3	<input type="checkbox"/> Yes
3.13. Failure to have participant enter purchase price on WIC FIs during transaction	3	<input type="checkbox"/> Yes
3.14. Requiring participants to purchase all foods listed on WIC FIs	3	<input type="checkbox"/> Yes
3.15. Failure to provide an itemized receipt for WIC foods	3	<input type="checkbox"/> Yes
3.16. First incident of charging the State more for authorized WIC foods	10	<input type="checkbox"/> Yes
3.17. First incident of charging for WIC foods not purchased	10	<input type="checkbox"/> Yes
3.18. First incident of providing credit or non-food items on a WIC FIs	10	<input type="checkbox"/> Yes
3.19. First incident of providing unauthorized foods on a WIC FIs including charging for foods purchased in excess of foods listed on WIC FIs	10	<input type="checkbox"/> Yes
3.20. Failure to train all staff and store representatives	5	<input type="checkbox"/> Yes
3.21. Charging WIC for the Maine Bottle Bill deposits	3	<input type="checkbox"/> Yes
3.22. Requiring WIC participants to buy specific brands when not stated on FI or Food List	3	<input type="checkbox"/> Yes
3.23. Substituting or allow substitution of one WIC food for another WIC food	5	<input type="checkbox"/> Yes
3.24. Requiring participants to make a cash purchase	7	<input type="checkbox"/> Yes
a. SNAP disqualified	DQ	<input type="checkbox"/> Yes
b. SNAP Civil money penalty for hardship	DQ	<input type="checkbox"/> Yes
c. NH assessed mandatory sanction	DQ	<input type="checkbox"/> Yes

6. Termination of Agreement:

	Findings:
6.1. Failure to stock any WIC-approved items in three or more of the WIC-approved food categories.	<input type="checkbox"/> Yes
6.2. Failure to attend mandatory vendor training	<input type="checkbox"/> Yes
6.3. Nonpayment of a claim for documented overcharges to the Maine CDC WIC Nutrition Program.	<input type="checkbox"/> Yes
6.4. Intentionally providing false information in the vendor application or price survey.	<input type="checkbox"/> Yes
6.5. Failure to allow monitoring and inspection of the store premises and procedures to ensure compliance with the agreement and state and federal WIC Program rules, regulations, and policies. Monitoring and inspection includes, but is not limited to, allowance of access to WIC FIs/CVVs negotiated the day of monitoring, access to shelf price records and any other vendor records pertinent to the purchase of WIC supplemental food items.	<input type="checkbox"/> Yes
6.6. Failure to maintain inventory records used for federal tax reporting purposes; to maintain records in accordance with generally accepted accounting procedures; and to assure that records reflecting justification and receipt of WIC funds, FIs/CVVs and all other program-related records of the Vendor are available for inspection or audit by federal, state or other authorized personnel.	<input type="checkbox"/> Yes
6.7. Failure to cooperate with federal and state WIC Program and other authorized personnel during announced and unannounced on-site vendor reviews, inspections and audits.	<input type="checkbox"/> Yes
6.8. Failure to provide the Maine CDC WIC Nutrition Program with purchase invoices from wholesalers or receipts for WIC-approved products purchased from other retailers, when requested.	<input type="checkbox"/> Yes
6.9. Failure to maintain compliance with vendor selection criteria, including changes to selection criteria made during the Vendor Agreement period.	<input type="checkbox"/> Yes
6.10. Failure to train all staff who handles WIC transactions and ensuring their knowledge regarding Maine CDC WIC Nutrition Program procedures and requirements.	<input type="checkbox"/> Yes
6.11. Failure to meet minimum redemption requirements (no less than an average of 15 WIC FIs/CVVs or an average of \$200.00 in value of WIC FIs/CVVs redeemed per month averaged over the previous 12 months). The Maine CDC WIC Nutrition Program will consider a reapplication prior to the end of the termination period if circumstances that caused the failure to meet minimum redemption requirements have changed.	<input type="checkbox"/> Yes

6.12. The Vendor's prices have increased over the prices submitted in the Vendor's application or the most recent price list submitted, and such increase is not due to the inflation rate and/or other legitimate factors. If, within the fifteen (15) days, the Vendor can demonstrate that the prices have been lowered so as to not exceed the MRP established for the Vendor's assigned peer group, termination will not occur. Yes

6.13. The Vendor is disqualified for any reason. Yes

Other: _____ Yes

S. Satisfactory / No Findings Yes

Points Assessed: _____

Processor

WIC Nutrition Program Representative Signature

Date

Determination:

Send letter after initial compliance: Yes No

If No, how would notice of first incident of violation compromise the investigation?

- Exposes the shopper identification when anonymity is important to this investigation
- Intentional conduct indicative of fraud; warning would not serve the function of correction of inadvertent error, but would allow this vendor to possibly escape sanction.
- Other: _____

If Yes, send letter for : Warning Violation(s), & **Total Points** _____ Inventory Audit
 In Compliance Termination of Agreement

Additional investigations scheduled? Yes No— Close Case / Complete

- Proceed with: Compliance Buy
- Safe – Buy check description
 - Short – Buy less than check description
 - Exceed– purchase WIC foods in excess of food listed on check
 - Exchange- WIC food for another type of WIC food not on check
 - Minor Substitution- attempt to buy non-WIC foods
 - Major Substitution – attempt to buy alcohol, or tobacco products
 - Cash, credit or non food item(s)– Get cash , credit or non food item(s)
 - Trafficking - purchase of firearms, ammunition, explosives, or controlled substances

Inventory Audit

Monitoring F/U Call Letter/ e-mail Inventory Monitoring Visit

Other: _____

Completed By

I, Tina Bernier, of the Maine CDC WIC Nutrition Program Vendor Unit have reviewed and agree with the above finding(s).

Tina Bernier, WIC Nutrition Program Vendor and Data Services Manager Signature

Date