

MDHHS-5940-Q, QUALITY EXCEPTION PRE-AUTHORIZATION REPORT

Michigan Department of Health and Human Services

WIC Vendor Relations Unit

(Revised 1-22)

| | |
|--|--|
| | MDARD Food Establishment License Number _____ Number of Registers: _____ |
|--|--|

SECTION 1 - SITE VISIT VERIFICATION

- Based on an on-site inspection, I certify that the above-named Vendor is in compliance with the following:**
- All WIC requirements, including all selection criteria requirements and twice the minimum stock requirements (MSR).
 - Requirements for a Quality Exception, including routine operation of at least 3 registers and alcohol sales below 30% total sales.
 - Has prices for all WIC-approved foods properly displayed.
 - Based on items carried by Vendor and types of transactions accepted, the Vendor is not a “WIC only” Vendor.
 - The Michigan Department of Agriculture and Rural Development (MDARD) license is current.
- The Vendor does NOT meet at least twice the minimum stock requirements as indicated below.**
- The Vendor does NOT meet other WIC Vendor Selection Criteria and/or requirements.**

| Food Group | Minimum Stock Required | Met | Not Met (No. of Stock) |
|------------------------------|--|--------------------------|---------------------------|
| Fruits | \$40 Retail Value or 30 Pounds 8 varieties, at least 4 varieties fresh | <input type="checkbox"/> | |
| Vegetables | \$40 Retail Value or 30 Pounds 8 varieties, at least 4 varieties fresh | <input type="checkbox"/> | |
| Whole Grains | 16 units, at least 8 units of bread (1 unit = 16 oz package) | <input type="checkbox"/> | |
| Peanut Butter | 8 units (1 unit = 16-18 oz jar) | <input type="checkbox"/> | |
| Beans, Lentils or Peas | 8 units (1 unit = 16 oz bag or 4 cans/jars) | <input type="checkbox"/> | |
| Fish | 24 units (1 unit = package/can any size) | <input type="checkbox"/> | |
| Cereals | 24 units, 12 varieties, 6 Whole Grain (1 unit = box/bag of any size) | <input type="checkbox"/> | |
| 64 oz juices | 20 units, at least 4 flavors (1 unit = 64 oz) | <input type="checkbox"/> | |
| 48 oz or 11.5/12 oz juices | 10 units, at least 4 flavors (1 unit = 48 oz bottle or 11.5/12 oz can concentrate) | <input type="checkbox"/> | |
| Infant Fruits and Vegetables | 144 units, at least two varieties fruit and two varieties vegetable (1 unit = 4 oz) | <input type="checkbox"/> | |
| Infant Cereals | 12 units, at least 4 varieties (1 unit = 8 oz box container) | <input type="checkbox"/> | |

| | | |
|---|--|--------------------------|
| Formula – Similac Advance/Total Comfort | 24 units (1 unit = 1 can) | <input type="checkbox"/> |
| Eggs | 10 units (1 unit = dozen eggs) | <input type="checkbox"/> |
| Whole Milk | 8 units (1 unit = 1 full gallon) | <input type="checkbox"/> |
| Low Fat and/or Fat Free Milk | 8 units (1 unit = 1 full gallon) | <input type="checkbox"/> |
| Yogurt | 8 units (1 unit = 32 oz) | <input type="checkbox"/> |
| Cheese | 10 units (1 unit = 16 oz package) | <input type="checkbox"/> |

SECTION 2 - TRAINING CERTIFICATION

The following items have been explained to the Vendor:

1. Purpose and goals of the WIC Program
2. Terms of the WIC Vendor Contract
3. WIC-approved foods
4. Minimum stock requirements
5. WIC transaction procedures
6. Competitive prices and peer groups
7. WIC Program incentive policy
8. Procedures for appealing a reduced payment
9. Purchase requirements and recordkeeping
10. Requirement to allow the store to be monitored by the WIC Program
11. Food quality and pricing requirements of the WIC Program
12. Vendor trainings, communications, and newsletters
13. Terms of the WIC Vendor Sanction Schedule
14. Administrative Hearing and Review procedures
15. Vendor complaint process
16. WIC POS software and devices
17. Vendor application and authorization process

SECTION 3 - VENDOR CERTIFICATION

I (the Vendor) certify the following:

If it is documented that the WIC Vendor Applicant does not satisfy all WIC Program requirements for authorization, I understand that the WIC Vendor Application will be denied, and I will be unable to reapply for 90 days. If the on-site inspection supports authorization, the above training items were explained to me to my satisfaction; and I have received a copy of this report and a Vendor Handbook, which includes copies of the WIC Vendor Sanction Schedule and Policy 7.0 Vendor Appeals. I understand I will receive a copy of the WIC Vendor Contract and notification of my peer group assignment upon execution by the Michigan Department of Health and Human Services.

| | | | |
|--------------------|------------|-------|------|
| Vendor Signature | Print Name | Title | Date |
| WIC Vendor Analyst | Print Name | | Date |

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

This institution is an equal opportunity provider.

AUTHORITY: P.A. 368 of 1978