VENDOR MANAGEMENT

PRELIMINARY INSPECTION VISIT TO PRE-SELECTED VENDORS

POLICY:

The Puerto Rico WIC Program (PR WIC) must conduct initial site visits to perform a preliminary inspection to new applicants that did not participate as authorized WIC vendors for the prior Vendor Agreement term. The preliminary visit is to validate that the vendors comply with the minimum stock requirements, verify shelf prices, and determine compliance with the eligibility criteria. Only vendors found to be in compliance with PR WIC Vendor’s eligibility criteria shall be authorized as PR WIC vendors.

The PR WIC reserves the right to visit any other vendor that had prior participation as authorized vendor for the purposes stated above.

PROCEDURE:

1. The Vendor Selection Committee will handle a list of the new vendor applicants to the Vendor Management Division (VMD) Director in order to schedule a preliminary inspection visit. The list will identify the preliminary peer group assigned to each pre-selected vendor and minimum stock requirements accordingly to the vendor’s size criteria (small, medium or large).

2. The VMD Director will assign the corresponding inspection visits to the PR WIC Vendor Management inspectors.

3. The PR WIC inspector will coordinate a visit to the store with the owner. The PR WIC inspector will confirm the information on the vendor’s application, and remind the pre-selected vendor of the importance to comply with minimum stock requirements in accordance with 7CFR 246.12(g)(3)(i).
4. The PR WIC inspector will use the "Preliminary Inspection to Pre-Selected Vendors" form during the on-site visit to comply with the required information to be completed during the inspection, including the inspection to the store’s physical facilities. Once completed in all sections, this document will be read by the PR WIC inspector to the store owner (or store manager) and signed by both parties.

5. The inspector will verify that the products' shelf prices in the store are in accordance with the shelf prices submitted by the vendor during the application process by completing the "Inspection Document" (Attachment 1-Documento de Inspección).

6. The PR WIC inspector will photograph all store areas, including sales, storage, sanitary facilities, external areas, and attach those photos in the final Preliminary Inspection Report.

7. The PR WIC Inspector will submit the final and completed "Preliminary Inspection to Pre-Selected Vendors" form to the Selection Committee for review and any further action, as applicable. The Vendor Selection Committee will appraise the Inspection Document and if it concludes that one or more product prices submitted in the application are not competitive as determined for the vendor peer group, the committee will send to the vendor the "Competitive Prices List and Certification of Adherence to Competitive Prices" form (Attachment 2). Through the form the vendor must certify that the prices will equal the competitive prices determined by PR WIC by peer group for the vendor's peer group. Non-compliance with this require pre-requisite will result in a status of non-preselected as a WIC vendor.

8. The Vendor Selection Committee will develop and submit to the PR WIC Executive Director a list of the preselected vendors based on the preliminary inspection visit approval, and another list of all the non-preselected vendors based on their failure to comply with the PR WIC prerequisite during the preliminary inspection visit.

9. The Vendor Selection Committee will make a final determination for each submitted application. The approval or the denial will be notified by letter to the corresponding vendor.

10. The pre-selected vendors will be schedule for an appointment for the mandatory training and to sign the vendor agreement.

PR WIC reserves the right to assess and amend the procedure as required with FNS prior approval.
GOVERNMENT OF PUERTO RICO
DEPARTMENT OF HEALTH
PUERTO RICO WIC PROGRAM

Preliminary Inspection to Pre-Selected Vendors

Date of Inspection Visit: ____________________
Visit hours: from _______ am/pm to _______ am/pm

STORE INFORMATION
Store name:__________________________________________________________
Region: ____________________ Type of Store: ( ) Small ( ) Medium ( ) Large

Store Physical address: __________________________________________________
Postal Address: _________________________________________________________
City: _________________________________________________________________
Vendor/Owner name: ___________________________________________________
Responsible person in store:_____________________________________________
Vendor’s store telephone number: _________________________________________
Vendor’s Residence telephone number: _____________________________________

ELIGIBILITY CRITERIA TO BE INSPECTED
ACCORDING TO THE AUTHORIZED VENDOR REGULATION #8896

1. Indicate (yes/no) if the following documents were available at the time of inspection:

☐ Copy of the deed of store or lease #________________________________________

☐ Department of Treasury Vendor Register Certificate #________________________

☐ Valid OGPe use permit or autonomous municipality permit #____________________

☐ Valid Municipal Patent # _________________________________________________
2. Is there a WIC clinic in the same building the store is located? ( ) Yes ( ) No

3. Has the applicant or authorized vendor request authorization to establish or relocate an authorized retail store in a building or structure where a WIC clinic is located or where WIC services are offered? ( ) Yes ( ) No

4. Store operational hours:
   Weekdays: From ____________ to ____________
   Saturday: From ____________ to ____________
   Sunday: From ____________ to ____________
   Comment: _________________________________________________________

5. Was the minimum inventory of brands and products available? ( ) Yes ( ) No
   Comment: _________________________________________________________

6. For above-50-vendors, was it confirmed during the visit the absence of any flyer or practice offering prohibited incentive to WIC participants? ( ) Yes ( ) No ( ) N/A
   Comment: _________________________________________________________

7. Does the vendor prohibit the consumption of any alcoholic beverage inside the establishment? ( ) Yes ( ) No
   Comment: _________________________________________________________

8. Does the vendor uses the PR WIC logo/acronym “WIC” as part of its trade name? ( ) Yes ( ) No
   Comment: _________________________________________________________

9. Does the store has sanitary facilities? ( ) Yes ( ) No
   Comment: _________________________________________________________

10. Does the store has access to Internet and an e-mail address? ( ) Yes ( ) No
    Comment: _________________________________________________________
11. Does the store have a policy to prevent food instruments and cash value vouchers trafficking? ( ) Yes ( ) No
Comment: ______________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

ADDITIONAL COMMENTS
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Inspector’s Name

Vendor’s Name or representative

Inspector Signature

Vendor’s Signature or representative

Date

Date
Dear Mr(s): ____________________

The Puerto Rico WIC program (PR WIC) is pleased to inform you that your application to operate as a PR WIC authorized vendor has been pre-selected.

The PR WIC will conduct a preliminary visit to ensure your store facilities meet the minimum stock requirements specified by program regulations. You will be required to have available a minimum stock requirements of PR WIC approved products.

For this inspection, you must show to the inspector the following documents:
- Copy of the deed of store or lease
- Department of Treasury Vendor Register Certificate
- Valid OGPe use permit or autonomous municipality permit (in original)
- Valid Municipal Patent
- Sanitary License
- Minimum inventory of approved products, including fruits and vegetables
- Nutrition Assistance Program Certificate

Failure to provide any of the above documents, products and/or to facilitate the inspection, or a determination that false information was provided in the original application, will be considered enough reason to not authorized any vendor as a pre-selected PR WIC Vendor.

The new store visits are scheduled to be performed on dates from ______________, 20___ to ______________, 20___. PR WIC will contact you by phone to schedule an appointment.
Thanks for your interest in joining the PR WIC Program as an authorized vendor.

Cordially,

________________________
WIC Vendor Management Division Director