

ABBREVIATED DENIAL CORRECTIVE ACTION PLAN (CAP) WISCONSIN WIC PROGRAM

Your store failed to meet all WIC program requirements during a pre-authorization site visit. As a result, your WIC vendor authorization was denied.

To request a second pre-authorization site visit, return this form to the state WIC office within 15 days of the date of receipt of the WIC Authorization Denial letter. If you do not complete and return this form by the deadline your application will be withdrawn and a new application will be required if you wish to pursue WIC authorization.

Vendor Instructions: Fully complete Sections I and II of this form. The violations found during the pre-authorization site visit will be marked in the “WIC Program Violations” column of Section I. Carefully read and consider each example in the corresponding “Vendor Identified Corrective Actions” column. Choose the corrective action(s) you feel would provide the best result by marking the appropriate checkbox. You may choose your own response by marking the “Other (describe)” checkbox and writing your response in the space provided.

SECTION I – CORRECTIVE ACTION PLAN	
WIC Program Violations	Vendor Identified Corrective Actions
<input type="checkbox"/> Failed to maintain minimum stock requirements:	<input type="checkbox"/> Increase stock level and shelf space for WIC foods. <input type="checkbox"/> Increase delivery frequency on WIC foods. <input type="checkbox"/> Train store personnel on minimum stock requirements. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Failed to post prices on or near WIC Foods in customer area of the store:	<input type="checkbox"/> Routinely monitor WIC foods to verify prices are attached to WIC food items or posted on or near the food items. <input type="checkbox"/> Assign a staff member to regularly verifying that prices are attached to WIC food items or posted on or near the food items. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Stocked authorized foods that were out of date or otherwise not fresh:	<input type="checkbox"/> Routinely monitor expiration dates and train store personnel on product date coding and product rotation. <input type="checkbox"/> Assign a staff member to regularly inspect all WIC foods. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Posted prices significantly higher than those submitted with application, or highest priced items were not submitted with the application.	<input type="checkbox"/> Set a baseline markup for each product type. <input type="checkbox"/> Consistently apply the markup if distributor increases prices. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Health code violation(s) (describe):	<input type="checkbox"/> Routinely monitor temperatures in coolers and freezers. <input type="checkbox"/> Repair broken cooling and/or freezing units. <input type="checkbox"/> Remedy insect or rodent issues. <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Other (describe):	<input type="checkbox"/> Other (describe):

SECTION II – ACKNOWLEDGEMENTS AND SIGNATURES

This section is to be completed by the store owner or a representative authorized by the store owner.

This completed Corrective Action Plan serves as my request for a second pre-authorization site visit.

Vendor Representative: I understand it is my responsibility to correct any and all violations and to ensure store personnel are trained and comply with WIC Program rules and regulations. I further understand that violations found on two or more occasions will result in a six-month disqualification and a new application would need to be submitted after that time.

Vendor Representative – Type or Print Name	Vendor – Name
Vendor Representative – Title/Position <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other (list)	Vendor – Number
Date Signed	Vendor – Street Address
SIGNATURE – Vendor Representative	Vendor – City, Zip Code