

ADMINISTRATIVE POLICIES AND PRACTICES eWPPM #150-10

Subject: Program Integrity

Item: Conflict of Interest: Local Agencies and Vendors

PURPOSE:

To define conflict of interest (COI) between the local agency (LA) and a WIC authorized vendor.

POLICY:

I. COI Requirements

A. LAs must:

1. Establish a written COI policy and, through education and supervision of its staff, ensure that no COI exists between the LA and any WIC authorized vendor.
2. Make available to CDPH/WIC upon request and in a timely manner, its written COI policy.

II. Program Integrity

A. LA staff must:

1. Sign a COI statement upon employment, once every LA contract cycle, and if there are any changes to an existing statement.
2. Have the supervisor sign and date the COI statement.
3. Make available to CDPH/WIC upon request and in a timely manner, the completed COI statement for each LA staff member.

- B. The LA may use the attached *California WIC Program Employee Conflict of Interest Statement* or develop its own COI statement provided it contains, at a minimum, the same criteria reflected in the CDPH/WIC statement.

PROCEDURE(S):

I. At a minimum, the LA written COI policy must:

- A. Require that LA staff be trained to refrain from directing or recommending that a WIC participant choose or stay away from a specific vendor to redeem food benefits.
 - B. Require that LA staff be educated against knowingly making a decision intended to benefit or to disadvantage a specific WIC authorized vendor.
 - C. Prohibit LA staff from engaging in any promotion with or receiving gifts, financial benefits, gratuities or incentives from a WIC authorized vendor.
-

ADMINISTRATIVE POLICIES AND PRACTICES eWPPM #150-10

Subject: Program Integrity

Item: Conflict of Interest: Local Agencies and Vendors

- D. Prohibit an owner or spouse of an owner of a WIC authorized vendor from being employed concurrently by a LA.
- II. All COI issues or complaints must be reported directly to CDPH/WIC at 1-800-852-5770.

AUTHORITY:

[7 CFR §246.12\(h\)\(xx\)](#)

[7 CFR §246.12\(t\)](#)

eWPPM

California WIC Program
Employee Conflict of Interest Statement

I have read and do understand the California WIC Program's Conflict of Interest policy. By signing below, I am agreeing to always follow the policy by:

1. Certifying that neither I nor any individual related to me by blood or marriage has any financial interest in any grocer authorized to accept WIC food benefits.
2. Not showing any favoritism, by oral or written communication, posters, handouts, or media presentations, towards any WIC authorized vendor.
3. Not endorsing any WIC authorized vendor or discourage WIC participants from using a specific WIC authorized vendor.
4. Not engaging in any promotions for a WIC authorized vendor.
5. Not receiving any gratuities including cash, food, or food coupons from a WIC authorized vendor.
6. Not participating in the certification of a family member or friend in the WIC program and not issuing WIC food benefits to a family member or friend.

I do not have any conflict of interest

I do have or may have a conflict of interest, which is:

Employee name (print full name)

Title

Employee signature

Date

Supervisor's signature

Date