

Ohio WIC Policy and Procedure Manual

July 2015



July 1, 2015

Policy and Procedure Letter 183

TO: All WIC Project Directors
MAF

FROM: Michele A. Frizzell, RD, MBA, Chief, Bureau of Health Services

SUBJECT: Policy and Procedure Manual Updates

This letter explains revisions that have been made to the Ohio WIC Policy and Procedure Manual compact disk since July 2014. Please read the explanations of the changes as follows for each Chapter and Appendix and then review the specific manual sections. Note that effective dates on pages may vary because some of the policies and procedures were put into effect through All Projects Letters issued during the past year.

Chapter 100

Table of Contents

The Table of Contents has been updated to include the Chapter 100 changes.

Section 100 Introduction to Chapter 100 – Administrative Requirements

The Chapter 100 outline is updated to coordinate section content and titles.

Section 101 State WIC Organization, Functions and Responsibilities

This section updates descriptions of State WIC organization, functions, and responsibilities.

Section 102 State Directives

This section updates the location and title of the OGAPP Manual, updates descriptions of State WIC communication tools, adds information about the Cognos User Manual, removes references to paper All Projects Letters (APLs), and adds a requirement for a backup plan for sharing APLs when directors are absent. Section 102.8 is added for the annual WIC calendar.

Section 107 Additional WIC Operational Requirements

This section is updated to reflect the OGAPP definition of equipment to be items costing \$1000.00 or more.

Section 109 Record Retention Requirements

This section changes the reference from the Combined Programs Application (CPA) to the Ohio Department of Medicaid (ODM 07216) *Application for Health Coverage & Help Paying Costs* form received as a referral, and changes the reference about “closet formula” to “returned or donated formula.”

Section 113 Staff Recruitment, Job Responsibilities and Development Standards

This section updates the Health Professional training requirements by adding continuing education tracking responsibility to WIC directors or their designee; adding “Refer to 404.3 for Staffing Requirements and Responsibilities, and Appendix 100 for Sample Local WIC Breastfeeding Coordinator Job Description;” and adding “Refer to section 406.2: Guidelines for Hiring a Breastfeeding Peer Helper.”

Sections 115 Management Evaluations and 116 Local Agency Standards

Updates in these sections reflect the WIC Onsite Review Guide changes with references changed from coupon to food or WIC Nutrition Card (WNC) benefits, and references to the Ohio WIC Program Application.

Section 122.5 Notice of Information Sharing to Applicants and Participants

This section updates the name of the brochure, *Information Sharing in the WIC Program*, with assigned number HEA 4416.

Appendix 100

The 100 Appendix Table of Contents has been updated to include the Appendix 100 changes.

The *Department of Health Table of Organization* is updated to reflect organizational changes.

The *eQAR Instructions* are updated to include the Pump Inventory form changes.

eQAR Required Forms - The *Ohio WIC Program State Supplied Pump and Kit Issuance* form is updated with current information request.

The *Equipment Management System Spreadsheet Instructions* updates the equipment definition amount from \$300 to \$1,000.

Suggested Training Guidelines for WIC Health Professionals is renamed *Training Guidelines for WIC Health Professionals* and is updated to become required as well as to align it with the revised Nutrition Services Standards.

WIC Clinic Order Form Additions include:

- 362.23 FB-1 Feeding Your Baby – Newborns (Spanish)
- 363.23 FB-2 Feeding Your Baby – 0-4 Months (Spanish)
- 364.23 FB-3 Feeding Your Baby – Adding Solids (Spanish)
- 365.23 FB-4 Feeding Your Baby – 6-8 Months (Spanish)
- 376.23 FB-6 Feeding Your Baby – 8-9 Months (Spanish)
- 371.23 FB-7 Feeding Your Baby – 9-12 Months (Spanish)
- 372.23 FB-8 Power-packed Foods for Babies 9-12 Months Old Who Need Extra Calories (Spanish)
- 5165.23 TMF-1 Tips for Mothers and Fathers – Hunger Cues (Spanish)
- HEA 4502 Healthy Eating for Preschoolers (English and Spanish)
- HEA 4416 Information Sharing in the WIC Program

HEA 5527 Information Sharing in the WIC Program (Spanish)
0227.13 The pamphlet Switch to Skim or 1% Milk

WIC Clinic Order Form **Deletions** include:

- C-15 Nutrition Card – *When Your Child Refuses to Eat*
- The pamphlet *Skim and 1% Milk* in English and Spanish

The *WIC Equipment Request/Repair Approval Form* is amended to include information regarding whether the cost of equipment is currently budgeted or must be added to the budget before purchase.

Changes to *WIC Onsite Review Guide* include:

- Administration Requirement 4 (Pg. 5): The PPM section 413.1 (a) – (h) reference is updated to section 113.8 (a) – (h).
- System Administration Requirement 1 (Pg. 12): Reference to Voided and Reissued Coupons is changed to Voided and Reissued Benefits.
- Certification Requirement 1 (Pg. 13): References to the Combined Programs Application are updated to the WIC Program Application.
- Certification Requirement 2 (Pg. 14): Added the requirement: *Information Sharing in the WIC Program* brochure is provided at each certification and recertification appointment.
- Certification Requirement 3 (Pg. 15): Updated the requirement “Participant’s blood is collected and processed correctly” to “Hematological test must be performed correctly.”
- Certification Requirement 7 (Pg. 19): The requirement “A completed WIC ID card is issued and explained to each participant at initial certification appointment” is removed with transition to the WIC Nutrition Card. (entire page is deleted)
- Food Issuance Requirement 1 (Pg. 27): References to coupons are changed to the word benefits or WIC Nutrition Card.
- Food Issuance Requirement 2 (Pg. 28): References to Food Instruments are changed to WIC Nutrition Cards. The following requirements are removed:
 - Clinic staff must verify each time they print coupons that the preprinted coupon sequence number matches the computer generated sequence number.
 - Staff checks ID card for identity before participant/alternate signs for coupons.
 - Proper procedures are followed when mailing coupons.
- Food Issuance Requirement 5 (Pg. 31): The phrase “Sample formula distribution is monitored” is updated to “Returned formula distribution is monitored.” “Completed formula distribution logs are available with correct documentation including: date, amount, type, reason, and participant name concludes with the words “where formula is donated, and date formula is donated.”

Chapter 200

Table of Contents

The Table of Contents has been updated to include the Chapter 200 changes.

Section 200 Introduction to Chapter 200 - Certification and Program Requirements

The Section 200 overview has been updated to describe the current contents of Chapter 200.

Section 201 Ohio WIC Program Application Forms

Section 201 is revised based on replacement of the *Combined Programs Application* form and new procedures that were issued in All Projects Letter (APL) 2014-089.

Section 206 Residence Requirement

Deleted section 206.1 “Exception to Residency” and renumbered section 206.2 to 206.1.

Participants can be served in *any* county they desire as long as services are offered to them in the county of their residence.

References to “screens 101 and 102” were revised to current WIC System language. Removed reference to ID card and designating alternates. Changed words from “food” issuance to “benefit” issuance and “CPA” to “application.”

Sections 210-211 Income Requirement and Ohio WIC Program Income Guidelines

WIC income eligibility guidelines are updated effective July 1, 2015 based on increases in the federal poverty income guidelines.

Section 235 Immunization Coordination Requirement: Subsections 235.5 and 235.6

These subsections were revised to clarify that “grid views” may be mailed.

Section 263 Measurement Techniques for Height and Length

Updated verbiage that standing weight measurements are to be taken for children 24 months and older. Corrected sections about where to document (Health History or Nutrition Care Plan) exceptions to anthropometric measurements techniques as, currently, staff cannot document anything on the weight grids. All references to paper growth grids were deleted since all plotting is performed by the WIC System.

Section 264 Techniques for Determining Weight

Corrected sections about where to document (Health History or Nutrition Care Plan) exceptions to anthropometric measurements techniques as, currently, staff cannot document anything on the weight grids. All references to paper growth grids were deleted since all plotting is performed by the WIC System.

Section 267 Hematological Tests

The entire section has been revised to reflect the use of the Masimo Pronto-7 for hemoglobin testing as introduced in APL 2015-010. The Hemocue machine will be used for infants and children less than two years old and as a back-up method only.

Section 272 Eligible Applicants

As the WIC Nutrition Card (WNC) is rolled out, policy verbiage changes from “coupon” to “benefit.” In section 272.7, the rights and responsibilities have been updated with WNC references and no longer match the current coupon references in the WTW letter. The WTW letter will be updated to match this section after all coupons have been redeemed and processed. Section 272.7 was updated with the information from APL 2015-009, the instructions for completing and providing the *Information Sharing in the WIC Program* pamphlet. Section 272.9 regarding use and completion of the WIC ID Card was removed. Section 272.10, Issuing the Participant Master Record, becomes section 272.9.

Section 274 Changes in Categorical Status

The word “coupon” was changed to “benefits” with the use of the WNC.

Section 275 Terminations

Verbiage was revised to reflect use of WNC benefits.

Section 276 Transfers

This section was updated to reflect WNC and *WIC Information on Transferring Groups and Participants Using Statewide Search* document.

Section 281 Migrant Farmworkers

The entire section has been updated to help with certification of migrant farmworkers.

Section 283 Coordination and Integration of WIC and Other Health Care Services

Names of referral entities were updated and Mental Health Services (referrals for participants with depression) and Help Me Grow were added. The Referral Procedure section includes reference to the *Information Sharing in the WIC Program* pamphlet as implemented in APL 2015-009. With the replacement of the *Combined Programs Application* form, the referral procedures provided in All Projects Letter 2014-089 have been added to this section, including the addition of subsection 283.4 Referral on *Application for Health Coverage & Help Paying Costs Form*.

Appendix 200

The Table of Contents has been updated to include Appendix 200 changes.

Updates and Additions - Spanish:

Carta Bienvenida a WIC (Spanish HEA4472) WTW letter has been updated for use with the *Information Sharing in the WIC Program* (HEA 5527 Spanish) pamphlet.

Combinada De Programas (Combined Programs Application) ODJFS 07216-S revision 5/2011 is replaced with *Solicitud Combinada De Programas* Revision ODM 07216-SPA 7/2014 due to application changes by ODM.

WIC Interagency Referral and Follow-Up Form (Spanish- 4419) has been updated with the equal access statement and added “Email address” in the participant information section.

Updates and Additions - English:

Application for Health Coverage & Help Paying Costs [ODM 07216 (Rev. 7/2014)] is added for reference based on APL 2014-089.

Checklist for WIC Certification Appointments changed in format, revised “food issuance” to “benefit issuance,” and updated the area to correspond to use of the WNC. References to use of the ID folder and signing of coupon stubs were deleted.

Notice: The WIC Program Cannot Serve You letter (HEA 4462) has been updated with the newest version of the equal access statement.

Obtaining Blood Samples information was removed from Section 267 and placed into the Appendix since less blood samples will be used with the use of the Pronto-7 Analyzer.

Ohio WIC Program No Proof Form has been updated with the newest version of the equal access statement.

Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement has minor changes in format to match the 2016 WIC Continuation Solicitation.

Welcome to WIC Letter (HEA 4435) has been updated for use with the *Information Sharing in the WIC Program* (HEA 4416) pamphlet.

WIC Authorized Representative Letter removes WIC ID as an example of identity and added that the authorized representative must bring in the WNC and know the PIN to receive benefits.

WIC Information on Transferring Groups and Participants Using Statewide Search was added.

WIC Interagency Referral and Follow-Up Form (English – HEA 4427) has been updated with the equal access statement and added “Email address” in the participant information section.

Deletions:

Combined Programs Application JFS 7216 (Rev. 5/2003) is removed due to form replacement by ODM.

Chapter 300

Chapter 300 Table of Contents

New section names were updated and Section 332 was changed to reserved.

Section 300 Introduction to Chapter 300 - Food Issuance

Coupon description removed; WNC description added.

Section 301 Authorized Foods

Links to the federal regulations and Final Food Package Rule were updated. Wording changes were made to reflect the change from coupons to EBT.

Section 302 Prescription of Supplemental Foods

Minor grammatical updates were made. Reference to expired section of policy (Health Professional Hiring Guidelines) was updated.

Section 303 Food Package Prescription for Women

Wording changes in the entire section were made to reflect the change from coupons to EBT. Also, the word “prescribe” was changed in several places to “authorize” to clarify policy.

303.5 Guidelines for Prescribing Food Packages to the Pregnant, Breastfeeding and Postpartum Woman

Section was updated to clarify that a woman who is breastfeeding while pregnant (singleton or multiples) may only receive a breastfeeding package if the infants are 12 months old or younger and not receiving formula from WIC.

Section was also updated to clarify the authorization of 2% milk is at the discretion of the health professional and warranted by a medical need. Soy milk and tofu may now be authorized by a health professional. It is at the discretion of the health professional to decide if more than 4 lbs. of tofu are to be substituted for milk.

Section 304 Food Package Prescription for Infants

Wording changes in the entire section were made to reflect the change from coupons to EBT.

304.2 Initial Certification of Breastfed Infants in the First Month of Life (Defined as an Infant Less Than 30 Days Old)

Breastfeeding guidance was updated.

304.4 Infant Formulas

Reference to the correct section of the *Ohio WIC Prescribed Formula and Food Request* form was updated.

304.6 Conversion of an Infant Food Package to a Child Food Package

Section was updated to clarify the authorization of 2% milk for children 24 months of age or older is at the discretion of the health professional and warranted by a medical condition.

Section 305.2 Guidelines for Prescribing Food Packages for Children

Section was updated to clarify the authorization of 2% milk for 1-year-old children (12 months to 2 years of age) for whom overweight or obesity is a concern, at the discretion of the health professional. Soy milk and tofu may now be authorized by the health professional.

Table 310A Authorized WIC Formulas

This table was updated to include information regarding the newly added formula – Carnation Breakfast Essentials. The section about PurAmino was also updated to reflect the new fat profile including 33% MCT oil. Enfamil Enfaport and Boost Kid Essentials (pharmacy) were removed.

Section 311 Iron-Fortified Formulas

Added additional clarification in Section 311.2 regarding RTF formulas being issued at the health professional's discretion if the participant has a medically relevant health condition.

Section 312.2 Prescriptions

Section was updated to reflect the new order of the revised *Ohio WIC Food and Formula Request Form*.

312.6 Food Packages with Special Formulas and 312.7 Food Packages with Soy Milk and Tofu

These sections were updated to clarify the authorization of 2% milk for children 24 months of age or older at the discretion of the health professional and warranted by a medical condition. Soy milk and tofu may now be authorized by a health professional. It is at the discretion of the health professional to decide if more than 4 lbs. of tofu are to be substituted for milk.

Section 318 Prescription of Special Formulas for Inborn Errors of Metabolism

Wording changes in the entire section were made to reflect the change from coupons to EBT. Website information was updated. Sections related to referral and benefit issuance were shortened and updated.

Section 322 Food Package Guide

Wording changes in the entire section were made to reflect the change from coupons to EBT.

Section 323 Food Package Changes

Wording changes in the entire section were made to reflect the change from coupons to EBT. Food/formula package change information moved here from EBT pilot policy section 330.

Section 330 Coupons and Fruit and Vegetable Vouchers (FVV)

Wording and policy changes in the entire section were made to reflect the change from coupons to EBT.

Section 331 Instructions for Coupon/FVV Use

Wording and policy changes in the entire section were made to reflect the change from coupons to EBT.

Section 332 Mailing Coupons/Fruit and Vegetable Vouchers

This section was deleted since WIC Nutrition Cards cannot be mailed.

Appendix 300

Appendix 300 Table of Contents

The Appendix 300 Table of Contents was updated with the Complaint form name change.

Bureau of Health Services Complaint Form

This form was updated for completing electronically and the bureau name was updated.

Container Sizes of Formula Provided by Ohio WIC The new formula, Carnation Breakfast Essentials, was added to the document, and Boost Kid Essentials (pharmacy) and Enfamil EnfaPort were removed.

Formula Guide

The new formula, Carnation Breakfast Essentials, was added to the document, and Boost Kid Essentials (pharmacy) and Enfamil EnfaPort were removed.

Metabolic Services Teams

This document is updated to match current information available online.

Ohio WIC Authorized Foods List (AFL)

Added new foods: Schwebel's 100% Whole Wheat Bread – 16 ounces and Healthy Life 100% Whole Wheat Sandwich Buns – 16 ounces effective January 2015; and fresh white potatoes effective July 1, 2015. The new formula, Carnation Breakfast Essentials, was added to the document, and Boost Kid Essentials (pharmacy) and Enfamil EnfaPort were removed.

The format of the paper AFL has been revised to help with readability and ease of use.

Ohio WIC Prescribed Formula and Food Request Form

- General changes in formatting were made for increased readability and understanding and to encourage more fully completed forms returning to the local clinics.
- The space for a contract formula trial has been added back.
- The new formula, Carnation Breakfast Essentials, was added to the document, and Boost Kid Essentials (pharmacy) and Enfamil EnfaPort were removed.
- The new section D simplifies the wording for supplemental food issuance. WIC health professionals will now issue age appropriate supplemental foods unless the healthcare provider indicates otherwise on the form.
- Instructions and clarifications of each section are now included on the back of the form. Some additional clarifications are on the front as well.

Special Child/Woman Food Package Tool

The unauthorized formula names have been removed.

MAF/NASrs/ PAP/pap

APPENDIX 100

APPENDIX**Table of Contents****PPL 183**

The Appendix consists of copies of forms used in the WIC program, reference guides, charts, and resource information. The material provided in the Appendix is arranged in alphabetical order.

Clinic Self-Assessment Activity

Customer Service Guidelines

Department of Health Organizational Chart and WIC Program Daily Operations TO

eQAR Instructions

eQAR Optional Forms (includes WIC Certifying Health Professional/Breastfeeding Coordinator Resume, Breastfeeding Peer Helper Resume and Breast Pump Worksheet

eQAR Required Forms (includes WIC Quarterly Activity Report; Quarterly Breast Pump Report titled as Ohio WIC Program State Supplied Pump and Kit Issuance, and the Quarterly Breastfeeding Peer Helper Activity Report form. The latter is found in Appendix 400.

Equipment Management System

Equipment Management System Instructions

eTime Study Instructions

- Directions for the Employee Monthly Time Study Report.pdf
- Directions to Employee Time Study Flow and Report Sheets.pdf
- Employee Monthly Time Study Report.pdf
- Employee Time Study Flow Sheet.pdf
- Employee Time Study Report

FNS Civil Rights Instruction 113-1 and Executive Summary

Hiring Resources for RD, DT, and DTRs

NCBA Definitions

Ohio Department of Health Women, Infants and Children (WIC) Supplemental Nutrition Program Local Project Breastfeeding Coordinator Competency Statement and Job Description

APPENDIX

Ohio WIC Disaster Plan of Action

Ohio WIC Mobile Unit Request Form

Ohio WIC Mobile Unit Things to Know

Ohio WIC Program Employee Conflict of Interest and Misuse or Illegal Use of Program Funds, Assets, or Property Understanding

Outreach Media Descriptions (section 120.6):

- Feature Stories
- Media Interviews
- Media Use
- Meeting the Local Media
- Public Service Announcements

Outreach Sample Materials (contains examples referenced in section 120):

- *Eat Smart, Play Hard* Brochure
- Feature Story - *WIC Celebrates 40 Years*
- Fillable Newsletter Template – *WIC Women, Infants & Children Program*
- *Ohio WIC Program Income Guidelines* Insert
- Information on WIC
- Letter to Referral Agency
- News Release – *Breastfeeding Awareness Month*
- *Ohio WIC Newsletter*
- Poster - *Bet You Didn't Know*
- Power Point Presentation – *Ohio WIC*
- Three Brochure/Pamphlet Examples:
 - ✓ *Ohio WIC Pamphlet*– half fold style
 - ✓ *WIC Pamphlet* – trifold style
 - ✓ *Ohio WIC Outreach Brochure* –trifold style
- *Ohio WIC* Postcard
- Public Service Announcements/Tweets/Facebook Posts/Texts

Participant Abuse Sample Letters (includes: Claim Letter; Warning Letter- Selling Benefits; Warning Letter- Selling Breastpumps ; Warning or Disqualification Letter- Verbal or Physical Abuse)

APPENDIX

Recruitment Resources

Request To Open/Move/Close a Clinic

Resolving Dual Participants in the WIC System

Sample Local WIC Breastfeeding Coordinator Job Description

Show Rate and Instruction Worksheet

Social Media Guidance

- Ohio WIC Facebook Guidance
- Ohio WIC General Social Media Guidance

Training Guidelines for WIC Health Professionals

VENA Training and Observation Summary

VENA Training Protocol

WIC Clinic Order Form

WIC Equipment Request/Repair Approval Form

WIC Health Professional Hiring Guidelines

WIC Information System Security Training

- WIC Information Systems Security Training Power Point
- WIC Information Systems Security Training Competency Points
- WIC Information Systems Security Training Competency Quiz
- WIC Information Systems Security Training Competency Quiz Answers
- WIC Information Systems Security (ISS) Training New/Annual Staff Training/Test Verification List

WIC Onsite Review Guide

Clinic Self-Assessment Activity

Our physical environment and surroundings have an impact on our ability to learn, focus, and participate. Feeling uncomfortable in our surroundings may prevent us from active participation. As we focus on participant-centered encounters, we need to provide a comfortable, non-threatening clinic.

The purpose of this activity is to help you apply Value Enhanced Nutrition Assessment (VENA) principles in your work environment. Walk in your clinic as if you are a participant entering for the very first time. Look around. What do you see? How do you feel? Now, please take time to reflect on the statements below. Check (✓) the response that best describes your level of agreement. Please include ideas, thoughts, or comments in the last column. Use your ideas to fuel your creativity and work within the confines of your resources to improve the environment or aspects of the clinic. Feel free to use the back of the page for additional comments. Next, review the responses as an agency in an all-staff discussion to determine how you will improve your clinic environment.

Copy and paste additional pages for each clinic.

Please check the response that best describes your level of agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Thoughts/Comments
Our clinic is welcoming to participants: Brightly painted walls, murals, welcome signs in languages spoken by participants. Artwork, posters, bulletin boards with community activities reflect participant population. Appropriate toys, opportunities for physical play.						
Our clinic provides a warm and friendly environment.						
Our waiting room has enough room and chairs to accommodate all family members without being crowded or noisy.						
Our clinic has culturally-appropriate materials.						
Our clinic has a comfortable designated area for breastfeeding.						
I have ideas for making our clinic more welcoming to our participants. Share them!						

Customer Service Guidelines

Act with a positive attitude

Try to be a team player everyday

Treat everyone with respect

Inform and educate the participant

Treat others as you would like to be treated - make their day

Understand the participant – listen and empathize

Develop and utilize problem-solving skills

Encourage growth – challenge and nurture yourself

The goals and objectives for each of these standards follow.

Attitude is everything

- 1) Goal: All WIC employees will make the choice to come to work with a positive attitude.
- 2) Objectives:
 - A. Start the day with a positive attitude. It makes it easier to handle the tough stuff.
 - B. Be proactive rather than reactive in the way you respond to others. Remember that you cannot choose how others act, but you do choose how you respond to their actions.
 1. Be prepared to maintain a positive attitude in spite of negative attitudes around you.
 2. Do not allow the negativity of others to change your frame of mind.
 - C. Take care of yourself and nurture yourself – it will help maintain a positive attitude. It is easier to be happy when you feel good.
 - D. Manifest your positive attitude by:
 1. Smiling
 2. Using a friendly and cheerful tone of voice when speaking with others, both in person and on the telephone
 3. Using good-natured and tasteful humor when appropriate

Teamwork builds on everyone's strengths

- 1) Goal: All WIC employees will support one another and build on individual strengths to provide the best possible service to customers.
- 2) Objectives:
 - A. Communicate. Hold regular staff meetings. Keep everyone informed, including rotating staff. Define team expectations.

- B. Take responsibility for your role. Offer assistance whenever possible and focus on the “good of the team.” Be aware of situations that require your expertise.
- C. Refer when necessary. Know when someone else is better suited to handle a situation or problem and don’t hesitate to ask for assistance.
- D. Know your team members. Take the time to get to know your coworkers, as team members and as individuals.
- E. Value all job functions. Every role is important in the WIC clinic – take time to respect and value the efforts of others.
- F. Show appreciation! Be sure to recognize a job well done by another team member.

Treat everyone with respect

- 1) Goal: All WIC employees will treat every customer with respect.
- 2) Objectives:
 - A. Use common courtesies to show respect. Say “please” and “thank you.” Address the participant by name. Communicate with respect.
 - B. Do not ignore participants. Even if you are busy, be sure to acknowledge all participants. Smile and let them know you will be with them shortly. If someone interrupts you, do not ignore her – respectfully ask her to wait until you are finished. Then, be sure to follow up.
 - C. Do not have conversations “around” participants. If you are having a conversation with other staff and are working with someone, include the participant in the conversation. If it is not possible to include her in the conversation, postpone it until you are finished with the participant.
 - D. Do not discuss participants within earshot of or directly to other participants. It is best to refrain from criticizing at all, but if you need to talk to someone, talk to another team member – and wait until lunch or after clinic.
 - E. Respect cultural differences. We are not all alike, and we should respect those differences. Do not judge based on culture but try to understand the differences. If the differences make you uncomfortable, find ways to overcome them or set them aside during clinic hours.

Inform and educate the participant

- 1) Goal: All WIC employees will raise participant awareness of program and clinic policies/procedures.

2) Objectives:

- A. Make it easy for people to find your clinic. Make sure that WIC is listed in a logical place in the phone book. Put up signs outside and inside your building letting people know they are at the right place and how to find your clinic once they are inside.
- B. At every visit, ask the participant or caregiver if she understands how to use her benefits:
 - 1. Where she may use them
 - 2. When she may use them
 - 3. How to properly use them
 - 4. What she is able to purchase with them (offer a new Authorized Foods List)
- C. Use difficult situations as an opportunity to educate the participant. When handled appropriately, such situations provide an opportunity to explain clinic processes and to emphasize the importance of remembering scheduled appointments, arriving on time, and remembering to bring important items for program eligibility. Examples include:
 - 1. Missed appointments and late arrivals
 - 2. Forgotten items at a recertification or follow-up appointment (including the absence of the child)
 - 3. Delays in the clinic that cause frustration
- D. At every visit, ask if she has questions about the program or health and nutrition. Answer her questions respectfully. If you do not know the answer, find it or refer her to someone who would know.
- E. At every midcertification visit, remind the participant/caregiver that she will need to bring proof of income, verification of address, etc., to her next scheduled visit.
- F. During certification/recertification appointments, remind each participant, **upon arrival at the clinic**, that she will need proof of income, verification of address, etc., for today's visit. The reminder allows the participant to reschedule, run to her car for a wallet, etc. if she needs to gather appropriate information. You won't waste her time – or yours.
- G. At every certification/recertification appointment, explain:
 - 1. that WIC is a nutrition education and supplemental food program,
 - 2. how eligibility is determined,
 - 3. the certification process,
 - 4. the duration of services, and
 - 5. the participant's rights and responsibilities.

This information is helpful to the participant and must be shared at each visit.

Treat others as you would like to be treated -- make their day

- 1) Goal: All WIC employees will treat customers with courtesy, kindness and respect at all times.
- 2) Objectives:
 - A. Promptly (within 30 seconds) greet each person that walks into the clinic with a friendly greeting. Even if you cannot serve them immediately, greeting everyone lets them know that you are aware of their presence.
 - B. Always use a friendly tone of voice when speaking to customers. If you have a smile in your voice, you are more likely to see a smile on her face!
 - C. Go the extra mile in serving participants and helping them feel comfortable. This will let the participant know that you truly care.
 - D. Keep the clinic clean and maintain an environment that is physically and emotionally safe. Make your clinic a place where participants can feel comfortable and do not feel threatened.
 - E. Give each participant your personal attention. It is much easier to develop a rapport with a participant if she knows you sincerely care about her.
 - F. Accommodate participant's special needs. Assess each individual's needs and do all that you can to accommodate them. For example, if someone requires interpretive services, make sure the services are available. If someone is in a wheelchair, make sure she knows that wheelchair ramps are available.
 - G. Be patient. Remember that we each have our own agenda; however, others are not always aware of it. If you have expectations that things will go a certain way, be sure to share your expectations with the participant. Be patient if participants do not respond in the way you want or expect.
 - H. Keep participant waiting time to a minimum. Proper scheduling is key. Customize the clinic schedule so that it meets participant and project needs. Take into consideration the number of people you see in a month, your show rate, and the typical length of each appointment type. Do not schedule more people than you will be able to see in a timely manner.
 - I. Do not jump to conclusions or make assumptions about what a participant needs...listen to what she has to say.
 - J. Do not talk down to participants. Make a conscious choice to view every participant as someone deserving of your respect.

- K. Use good telephone skills, including:
 - 1. Answering the telephone promptly (within 3 rings) by clearly stating the program name and your first name,
 - 2. Having a smile in your voice when you speak to someone on the phone, and
 - 3. Asking permission before placing someone on hold.
- L. Imagine that you are the customer. If someone were treating you the way that you are treating her, how would you feel?

Understand the participant – listen and empathize

- 1) Goal: All WIC employees will focus on the participant's needs based on what she is telling you. Be present.
- 2) Objectives:
 - A. Look the participant in the eye when listening and speaking to her. Nod, respond, lean forward, and use other nonverbals to indicate that you are paying attention to her. Respond by restating her needs or concerns to show that you are listening. Ask questions if you do not understand what she has said.
 - B. When completing paperwork with a participant, write down responses after the participant has finished answering the question. Do not bury your head in paperwork or in the computer while the participant is talking to you.
 - C. If completing the Health History form with the participant, listen to her responses and ask open-ended questions for more information (open-ended questions cannot be answered with a "yes" or "no").
 - D. Listen carefully when customers call with questions or needs. Answer the phone only when it is possible to focus on the caller without interrupting an appointment session (otherwise, let another member of the team handle the phone call). If you can take care of the caller's needs within 30 seconds, handle it. If not, get her phone number and ask if you can call her back. In clinics where there is frequently no one available to handle phone calls, leave a voice mail message letting callers know that you are in the clinic. Let them know they may either leave their phone number and you will call them back as soon as possible, or they may call back after a specific time (when clinic is over).
 - E. Be patient. As much as possible in the busy clinic setting, allow the participant enough time to talk through her health and nutrition concerns. Do not interrupt while she is speaking. You may find unexpected opportunities to educate and refer.
 - F. Always try to put yourself in the customer's shoes. Be empathetic to her situation. Listen carefully so you are able to relate and respond to her needs.

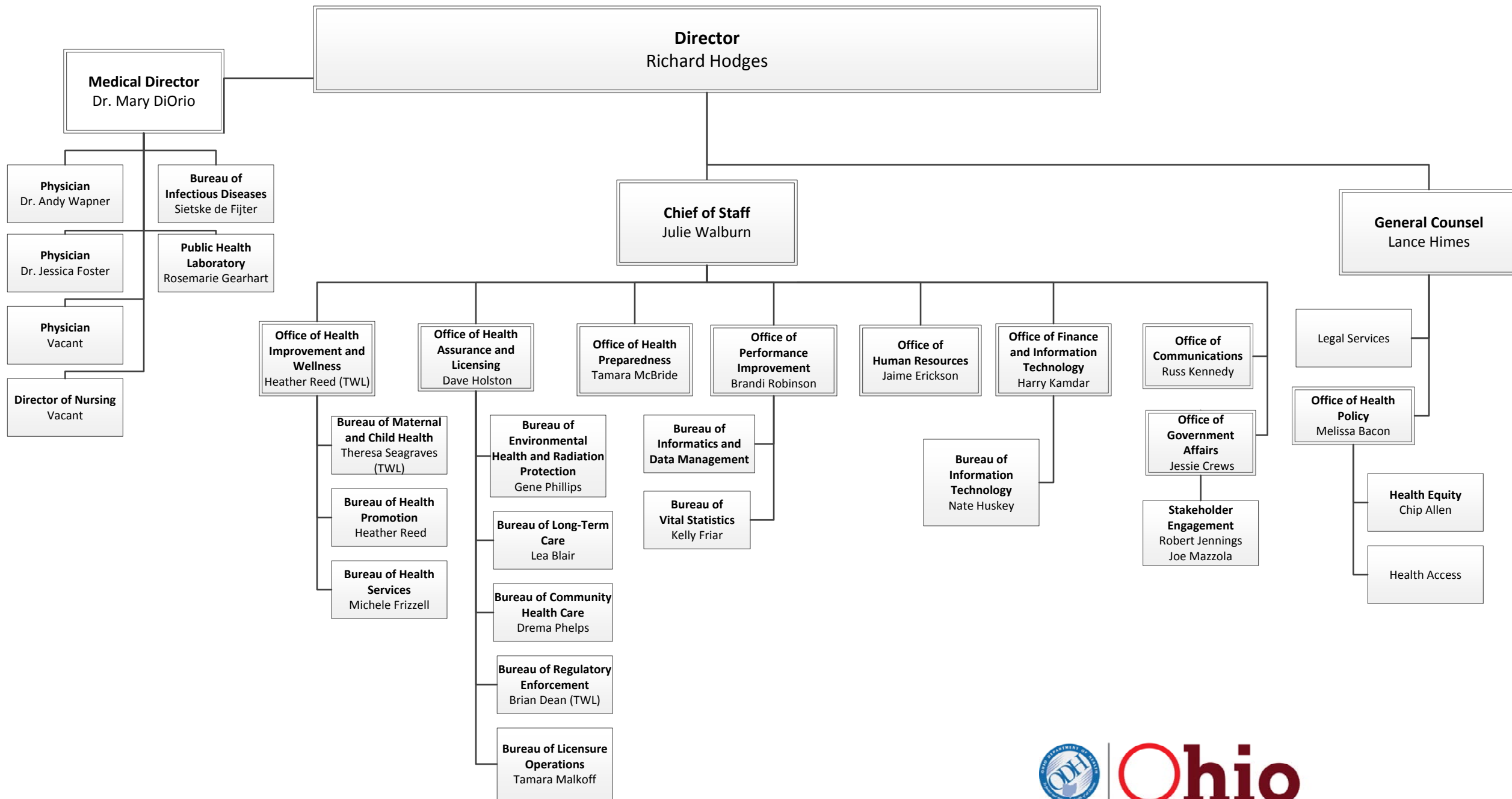
G. Remember, it is your job. It is her life.

Develop and utilize problem-solving skills

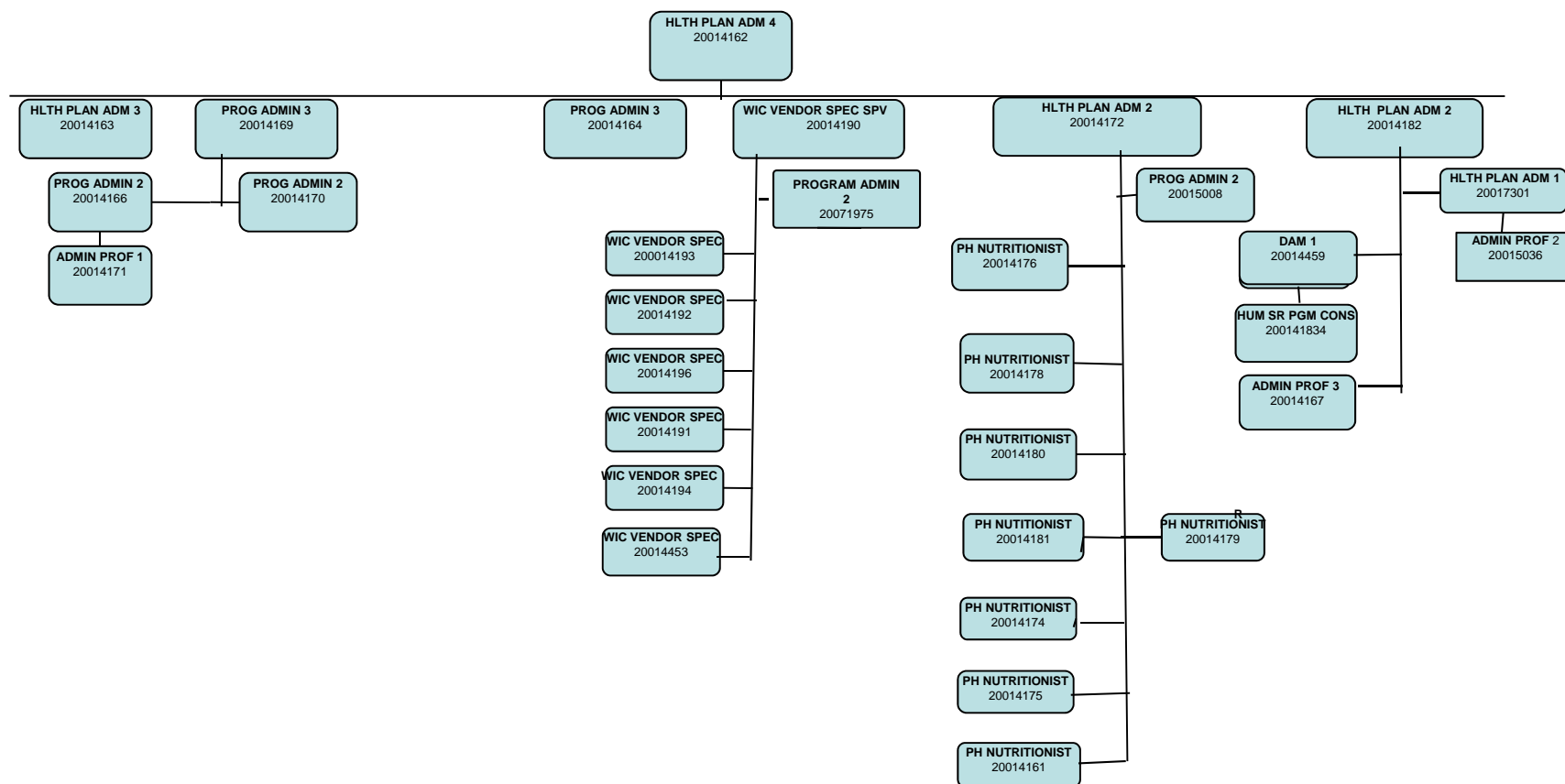
1. Goal: All WIC employees will approach challenges with a can-do attitude and will develop a plan for handling common situations that arise in the WIC clinic.
2. Objectives:
 - A. Always start with “yes.” This means that when you are presented with a challenging situation you do not immediately respond negatively or assume that you cannot help. Instead, speak slowly in a low tone of voice and think of all of the things that you could do that might help. Then phrase your response positively.
 - B. Do not hesitate to make referrals when needed. If a problem is beyond your scope of expertise, be prepared to refer to someone who can help. Do not dismiss problems because you cannot solve them. Make sure that the participant is referred to someone who can help.
 - C. Accommodate customer’s special needs. At times this may require some innovative problem solving.
 - D. Be flexible and innovative when handling challenging situations. When you encounter an unfamiliar problem, do not immediately dismiss it. Rather, use your creativity to find possible solutions.
 - E. Do not blame others or make excuses; rather, find solutions. Criticizing others and making excuses does nothing to improve the situation, so do not waste time doing it. If you made a mistake, apologize and do what you can to make it better. If someone else made a mistake, do not focus on her error. Instead, do your best to find a solution.
 - F. Plan ahead. Sit down together as clinic staff and make a list of common problems that arise. Next to the problem, list possible solutions to the problem. Knowing ahead of time how you will respond makes it a lot easier to handle.
 - G. View problems as opportunities that can lead to growth and change. Challenges can make us stronger if we allow them.
 - H. Do not avoid a problem just because it is not yours. Step in and help when you are able or make sure that another staff person is trying to resolve it.

Encourage growth – challenge and nurture yourself

- 1) Goal: All WIC employees will act professionally and honestly in their dealings with customers and will continuously seek opportunities for personal improvement.
- 2) Objectives:
 - A. Take care of your physical self. You can do this by:
 1. Eating breakfast every morning
 2. Eating nutritious foods
 3. Drinking water throughout the day
 4. Exercising regularly
 5. Getting adequate sleep
 - B. Take care of your emotional self. You can do this by:
 1. Participating in activities that you enjoy
 2. Getting help from others when needed
 3. Taking a quick walk to get away from the clinic and clear your head when able
 4. Using your scheduled lunch and break times to take a break from the clinic
 5. Developing a support system
 6. Taking a deep breath
 - C. Dress and act professionally. Remember that to a large extent, the image that you portray is the image of WIC that people take with them.
 - D. Take advantage of opportunities for additional education and training. Personal growth and development is very important. It can lead to a happier WIC staff which in turn leads to happier customers!
 - E. Be honest with yourself and others. If you say you will do something, do it. If you know that you cannot do something, do not tell someone you will and then fail to deliver. If you find you cannot keep your deadline, let your supervisor know so adjustments can be made.
 - F. Challenge yourself to look for opportunities to make positive changes.
 - G. Remember that you represent the WIC program...represent it well!



Ohio WIC Program Daily Operations T.O.



Revised 2/2015

eQAR INSTRUCTIONS

Left-click twice on each shaded area to enter your information

QAR Section

Project Name = Your project's name as it appears on your grant application

Project Grant Number = Your 11-digit grant number (not your clinic number)

Fiscal Year (FY) = fill in the appropriate grant year

Report Period = check the appropriate quarter

Question 1

Include all nutrition formats and topics used for midcertification NE this quarter. This question is used to assist State staff in assessing implementation of the Nutrition Education (NE) Plan and guaranteeing a variety of nutrition topics were offered for all categories of participants.

Question 2

Please indicate any community wellness activities the local project has accomplished this quarter. (This includes breastfeeding as well as nutrition education activities). Additional information can be added to the attached table at the end of the eQAR if needed.

Question 3

The local project should track and report in this answer the number of days between the initial request for services and the date the certification appointment is offered to the participant. In section 201.4 of the WIC Policy and Procedure Manual, prenatal applicants, infants less than six months of age, and migrant farmers are considered expedited service participants and must be notified of their eligibility or ineligibility within 10 days of the initial date of request for services. All other applicants shall be notified of their eligibility within 20 days of the date of the first request for services. This question is designed to assist the project and consultant in obtaining a better idea of how clinic services and appointments can be adjusted to provide applicants a timely appointment.

Question 4

Notification of staffing changes is necessary for State consultants to monitor staffing ratios and address any other concerns. Please make sure that you attach completed WIC Certifying Health Professional/Breastfeeding Coordinator Resumes and/or Breastfeeding Peer Helper Resumes as needed. These forms are in the eQAR Optional Forms file and can be cut/pasted electronically as needed.

Question 5

List any other information you would like to share about your program with your consultant. Check the box if you are sending hard copy attachments (1 copy) to State WIC.

Question 6

Utilize the COGNOS reporting system to obtain the necessary data to complete this question. You will need to run the *Breastfeeding Characteristics Summary* report **monthly** and track the data to obtain an average for the quarter. It is best to complete this the first day of each month to gather the data for the preceding month. For example, to obtain January's data, the report is run on the first day of February, the February report is run on the first day of March, and so on. To schedule the report to run, see the *COGNOS Scheduling Instructions* from APL 2010-83.

To run the reports, complete the following steps:

- A. In the "public folders" tab, select the yellow *WIC Daily Reports* folder
- B. Select *ODHWIC0007 Breastfeeding Characteristics Summary*
 1. For the number and rate of breastfeeding women, select the following on the report prompt page:
 - Under *Select the Projects*, choose your project.
 - Under *Select Status*, choose active.
 - Under *Select category*, choose B and N.
 - Select "Finish" at the bottom of the screen.

In the first section titled "Currently BF," look under the *category B* column for the number of breastfeeding women (Y). The last column, *Agency Totals*, has the total number of postpartum women (Total B + N). To determine percent of breastfeeding women, divide the number in the *Category B* column by the total number of postpartum women (*Agency Totals* column) to obtain the rate (%) of breastfeeding women.

2. For the number and rate of breastfeeding infants, select the following on the report prompt page:
 - Under *Select the Projects*, choose your project.
 - Under *Select Status*, choose active.
 - Under *Select category*, choose I.
 - Under *Select Currently B/F*, choose Y and N.
 - Select "Finish" at the bottom of the screen.

In the first section titled "Currently BF," look under the *category I* column for the number of breastfeeding infants (Y). The last column, *Agency Totals*, has the total number of infants (Total Y + N). To determine percent of breastfeeding infants, divide the number in the *Category I* column by the total number of infants (*Agency Totals* column) to obtain the rate (%) of breastfeeding infants.

Projects are to report the number and rate of currently breastfeeding women and infants from each quarter of the current grant year. Each subsequent QAR should contain the results from the preceding report so that trends can be seen.

6a) If the project's breastfeeding rate for either women or infants has **increased** from the previous quarter, what activities is the project doing that result in these higher show rates?

6b) If the project's breastfeeding rate for either women or infants has **decreased** from the previous quarter, you must provide an explanation for why this has occurred.

6c) If the project's breastfeeding rates for either women or infants shows a decrease in two or more consecutive quarters, then you must state what measures will be taken to reverse this trend. For the 1st Quarter reporting, you will need to compare results to the previous 4th Quarter results to identify and report trends.

6d) According to section 404.5 of the WIC Policy and Procedure Manual, it is recommended that the first postpartum contact be made within 72 hours after delivery if Breastfeeding Expectation on the Pregnancy Information Tab indicates the mother plans to breastfeed (Y). These postpartum contacts must occur within seven days. State WIC recommends that WIC mothers who indicate undecided (U) on Breastfeeding Expectation also be contacted within the first seven days of delivery. These contacts should be initiated by WIC staff with breastfeeding training or the project should have knowledge that another qualified health professional is making this initial contact. Contact is defined as the first *attempted* contact to reach the participant. Local projects must formulate a tracking mechanism for these postpartum support contacts. From your tracking mechanism, you should calculate and report the maximum number of days between birth and contact, and the average number of days between birth and contact. (Do not provide ranges of days; i.e., 3-4 days.) For instances where the contact is unsuccessful, provide an explanation of your plans for supporting these participants.

Question 7

This question requires the project to run the Participants Currently Certified without Current Food Benefits Report on the first of the month following the report month. The Participants Currently Certified without Current Food Benefits Report can be used to contact participants in order to maintain them on your caseload. Projects are to report the results from each quarter of the current grant year. Each subsequent QAR should contain the results from the preceding report so that trends can be seen. If the project's food instrument count shows an increase in two or more consecutive quarters, then you must state what measures will be taken to reverse this trend. For the 1st Quarter reporting, you will need to compare results to the previous 4th Quarter results to identify and report trends.

Quarterly Breast Pump Report:

Local projects must obtain breast pumps through State WIC. The Quarterly Breast Pump Report is used to report all State supplied pumps and kits issued and loaned by the local project. State WIC discourages breast pumps being locally purchased. To report this information, projects must use the excel version of the form attached to the Quarterly Activity Report (QAR) entitled *Ohio WIC Program State Supplied Pump and Kit Issuance*, revised 10/2014.

Completing the Quarterly Breast Pump Report:

- All four quarters for the current fiscal year can be found in the same Excel spreadsheet under separate tabs. Scrolling down in the document will bring up the “Defective/Missing/Disposed of Pumps” table as well as the “Reason for Pump Distribution” table. The same Excel spreadsheet should be updated quarterly and resubmitted.
- The excel spreadsheet will calculate the ending inventory and total inventory of each quarter based on the numbers entered into the spreadsheet for each item. Please compare the calculated inventory with the counted inventory at the end of each quarter and at the year-end to make sure the overall numbers reported are accurate.
- All pump reporting will occur once per quarter and will be submitted to GMIS as an attachment with the QAR. All of the information will be reported electronically.

Worksheet: The Sample *Breast Pump Worksheet* (see **Appendix 100**) is an optional form and can be used as a log to assist in the completion of the *Ohio WIC Program State Supplied Pump and Kit Issuance* form. The Sample Breast Pump Worksheet is not a required form and is not to be submitted as part of the QAR. The Sample Breast Pump Worksheet can be revised to suit local project needs for pump data collection.

Quarterly Breastfeeding Peer Helper Activity Report:

This form and instructions on how to fill it out are located in Appendix 400.

eQAR Optional Forms

Includes:

Certifying Health Professional/ Breastfeeding
Coordinator Resume

Breastfeeding Peer Helper Resume

Sample Breast Pump Worksheet

**CERTIFYING HEALTH PROFESSIONAL/BREASTFEEDING COORDINATOR
RESUME
FY_____**

Subgrantee Agency

Subcontractor

Last Name

First Name

MI

Mark ALL of your Credentials

☐DT ☐DTR ☐LD ☐RD ☐LP ☐RN ☐IBCLC ☐CLC/CLS Other_____

Ohio Dietetic Licensure No.: _____

Valid Dates: _____ to _____

ADA Registration No.: _____ DTR No.: _____

Ohio RN License No.: _____

Valid Dates: _____ to _____

IBCLC Certification No.: _____

Date Tested/Retested: _____

In completing this section, the Project Director is verifying that the above licenses have been checked and are currently valid.

Consulting Dietitian?

☐Yes ☐No

Hours per week

Hours per month

Breastfeeding Coordinator?

☐Yes ☐No

Hours per week

Hours per month

Are you claiming exemption to practice dietetics? (Four year graduate or dietetic technician?) ☐Yes ☐No

If yes, please indicate the name of the dietitian whose license you are practicing under:_____

ADA Verification Statement Confirmed by Project Director? ☐Yes ☐No

Attended New Health Professional Training? ☐Yes ☐No

If no, choice of training date _____(See Local Program Calendar)

Completed Grow and Glow On-line Training? ☐Yes ☐No

Copy and paste additional pages for each staff member

BREASTFEEDING PEER HELPER RESUME
FY _____

Subgrantee Agency

Subcontractor

Last Name

First Name

MI

Email address: _____

Number of hours working per week _____

Initially trained using Loving Support modules?

☐ Yes

☐ No

Completed Grow and Glow On-line Training?

☐ Yes

☐ No

Attended CLC or CLS Training, or other similar training? ☐ Yes

☐ No

If other breastfeeding training, specify: _____

Copy and paste additional pages for each staff member

Sample Breast Pump Worksheet

Date Pump/Kit Issued	Name of Pump (i.e., Hygeia manual, Harmony, Personal Double Pump, Nurture III, EnJoye, Lactina, Elite, Symphony, Pedal Pump, Medela kit, Elite kit, Nurture III kit, EnJoye kit)	SP *	Pump Survey Started?	Pump given to a Participant (Record WIC ID#)	Mom Excl. BF?	Pump loaned to a Participant (Record WIC ID#)	Reason pump/kit issued	Date loaned pump returned	Pump Survey Completed?
			Y N		Y N				Y N

* count only State purchased (SP) pumps on the QAR report form

eQAR Required Forms

Includes:

WIC Quarterly Activity Report

Ohio WIC Program State Supplied
Pump and Kit Issuance

Quarterly Breastfeeding Peer Helper Activity Report
(See Appendix 400 for this form)

WIC Quarterly Activity Report

Project Name _____

Project Grant No. _____

FY __

Report Period 1st ☐ 2nd ☐ 3rd ☐ 4th ☐

1. Which of the following Nutrition Education formats did you use for midcertification NE during the last quarter, and what topics did you present? (Check all that apply.)

Use an additional sheet if needed.

Formats Used:

Topics /Additional information:

- ☐ Bulletin Board
- ☐ Food Demo
- ☐ Group Class
- ☐ Kiosk
- ☐ Module
- ☐ Individualized counseling only
- ☐ Other – describe

2. List your program's community/outreach activities. (Keep materials and documents in a folder for management review.) Additional information can be added to the attached table at the end of the eQAR if needed.

Outreach/Advisory Council/Activity (Title)	Date/Staff involved	Activity Description

3. What is the average number of days between the initial request for services and the date the certification appointment is offered to a pregnant woman, an infant less than 6 months old, or a migrant? Average Number of Days

If the project is unable to offer an appointment within 10 business days of the initial request for services, please state the reason:

4. Indicate any staffing changes. If applicable, attach a WIC Certifying Health Professional/Breastfeeding Coordinator Resume or Breastfeeding Peer Helper Resume.

5. List any other general information the project would like to share about its program. Attach additional pages if necessary.

☐ Check here if hard copy attachments will be forwarded to State WIC.

6. Breastfeeding rates: Complete the following table, providing information for the past and current quarters.

	Breastfeeding women		Breastfeeding infants	
Quarter	Number	Rate (%)	Number	Rate (%)
1 st				
2 nd				
3 rd				
4 th				

a) If there is an increase in breastfeeding rates, what do you attribute it to?

b) If there is a decrease in breastfeeding rates, what do you attribute it to?

|

c) If there is a decrease in rates of two consecutive quarters or more, what is your plan to reverse the trend?

d) From the number of actual/tracked days between a baby's birth and attempted first contact by WIC staff to offer breastfeeding support, what is the:

-Maximum number of days between birth and attempted contact?

-Average number of days between birth and attempted contact

-If more than seven days please explain.

-If phone contact is unsuccessful, what other plans do you have to support these mothers?

7. Please report the number of participants scheduled to receive food instruments for this report period who have not received them (from the Participants *Currently Certified without Current Food Benefits* report run on the first of the month following the quarter). If there has been an increase in two or more consecutive quarters, what is your plan to reverse this trend?

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4:

Submission Instructions:

I Please submit the following forms with this report: ☐ Quarterly Breast Pump Report (excel version) ☐ PH Activity Report

If applicable: ☐ Health Professional/Breastfeeding Coordinator Resume form ☐ Breastfeeding Peer Helper Resume form

II This report must be sent via GMIS by the 15th of the month following the end of each quarter. Attach the completed form to the comments section under **Program Reports**. Please also verify submission of report on GMIS.

III If the project has any hard copy attachments which cannot be sent electronically, please send one copy to your Nutrition and Administrative Services Consultant at the following address: Ohio Department of Health, Bureau of Nutrition Services, 6th Floor, 246 N. High Street, Columbus, Ohio 43215

[illegible]

WIC Project:

Contact Person:

Ohio WIC Program State Supplied Pump and Kit Issuance Form

Updated2/2/2015 12:38

	1st Quarter Inventory						
	C FY15 Beginning Total Inventory	D Number Received this QTR from Pump Order	E Number Distributed this QTR	F Count of ALL Pumps Still Loaned Out	G Defective/Missing/Dis posed of Pumps this QTR	H Ending Inventory (On Hand)	I Total Inventory (Loaned Out and On Hand)
Manual Pumps							
Hygeia Manual Pump	0	0	0		0	0	0
Medela Harmony Manual	0	0	0		0	0	0
Freemie Equality Deluxe Set Manual	0	0	0		0	0	0
Electric Pumps							
Freemie Deluxe Set Electric	0	0	0		0	0	0
Ameda Purely Yours Electric	0	0	0		0	0	0
Medela Personal Double Electric	0	0	0		0	0	0
Bailey Nurture III Electric	0	0	0	0	0	0	0
Hygeia EnJoye Electric	0	0	0	0	0	0	0
Medela Lactina	0	0	0	0	0	0	0
Medela Symphony	0	0	0	0	0	0	0
Kits							
Ameda Lact-E/Elite Kit	0	0	0		0	0	0
Bailey Nurture III Kit	0	0	0		0	0	0
Medela Lactina Double Pumping Kit	0	0	0		0	0	0
Hygeia EnJoye Kit	0	0	0		0	0	0
Medela Symphony Kit	0	0	0		0	0	0
Symphony & Lactina Pumping Kit	0	0	0		0	0	0
Freemie Deluxe Collection Kit (Medela)	0	0	0		0	0	0
Freemie Ameda Collection Kit	0	0	0		0	0	0

First Quarter Instructions:

FY15 Beginning Total Inventory

Record the total number of pumps that your project owns (from FY14 4th QTR Total Inventory Column J)

Number Received this QTR from Pump Order

Record the number of pumps received this quarter from the pump order

Number Distributed this QTR

Record the number of pumps that were distributed (given not loaned) to participants this quarter

Count of ALL Pumps Still Loaned Out

Count and record all pumps that are STILL out on loan

Defective/Missing/Disposed of Pumps this QTR

Record the number of pumps that are no longer in use (defective/missing/disposed of) this quarter

Ending Inventory (On Hand)

This field auto-calculates the number of pumps you have in your inventory (on hand) at the end of this quarter. Formula: =SUM(C+D-E-G)

Total Inventory (Loaned Out and On Hand)

This field auto-calculates the number of pumps that your local project owns (both loaned out and on hand). Formula: =SUM(C=D-E-F-G)

[illegible]

<i>Reason for Pump Distribution</i>			
	# Manual	# Electric Single-User	# Loaned Pumps
Return to Work or School - Mom exclusively BF			
Return to Work or School - Mom supplementing with formula			
Milk Harvesting (No nursing at breast planned)			
Occasional Pumping - No problems			
Mother/Baby Problems (Detailed in Notes Section)			
Transferred to another WIC agency			
Other (Detailed in Notes section)			

Notes:

Equipment Management System

Project Name & Number:

Inventory Date:



Double click here to open Section 504,

[illegible]

			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -



Equipment Management System Spreadsheet Instructions

1. The Equipment Management System spreadsheet is for inventorying equipment only. Per the OGAPP manual, **Equipment** is defined as “any item of tangible property having a useful life of one year or more, **costing \$1000.00 or more** and which is purchased in whole or in part with program funds. Real property, such as land, buildings, or improvements other than buildings, is not classified as equipment.”

The equipment to be listed includes items purchased by and provided by State WIC such as computers, monitors, servers, printers, infant scales, wallscapes, etc.

Do not list items that cost less than \$1000.00; for example a scale bought in 1980 for \$100 or a new chair that was marked down from \$1000 and purchased for \$890.

2. Equipment Tag or Mark Number: Enter the property tag identification number used by your local agency to identify the asset.
3. Item Description: Describe the item as simply as possible; for example, Baby Weigh scale, copy machine, computer, printer.
4. Identification Number: Enter the serial number if one is provided by the manufacturer or “none” if a number is not available.
5. Total Cost: Enter the final price paid for the item. If the cost is unknown for any reason, but is believed to meet the equipment definition, enter “\$1000.00 est” which will indicate to State WIC that it is unknown with a base estimate of \$1000.00.
6. Item Acquisition Date: Enter the date the item was received in the project. Enter in mm/dd/yy format; for example, an item received on April 13, 2015 is entered as 04/13/15. If the month and year is known, but not the actual day, use the last day of the month as the day. If the acquisition date is unknown for any reason, enter “99/99/99” which will indicate to State WIC that the date is unknown.
7. Item Location: Enter the clinic number where the item is located first, and then a brief location note such as “WR” for waiting room, “RM#” for a room number, “LAB” for lab.
8. Disposition/Salvage Date: Enter the date obsolete, damaged, or nonworking equipment is disposed of or salvaged upon written approval of the ODH Grants Services Unit.
9. Salvage Amount: Enter the dollar amount provided back to the WIC program for any item that is salvaged, or enter “none” if there is no dollar amount. Items marked as salvaged can be removed from inventory five years after the salvage date.
10. Submit the Equipment Management System spreadsheet by October 15th with the fourth quarter program report (QAR) only in even numbered years via GMIS. Submit as many forms as needed to account for all of your project’s equipment.

Please ensure that you complete each column of the spreadsheet with the most accurate data available. Of particular importance is the Item Acquisition Date column. With the information in this column, State WIC will be able to query it at grant funding time to assist in planning local grants and expenditures in anticipation of equipment which may need to be replaced due to its useful life.

This inventory spreadsheet will also assist with the current WIC management evaluation review guide requirement which contains the following in reference to inventory review: “R.3 Equipment and equipment inventory lists must be maintained as required.”

If you have any questions about the inventory requirement, please contact your Nutrition and Administrative Services Consultant. If you have any questions about the inventory spreadsheet, please contact Robert Parker, Program Analysis Supervisor at: Robert.parker@odh.ohio.gov

Questions and Answers

- Q1. Would State WIC provide the dollar amounts for items purchased by State WIC and provided to local projects?
- A1. Yes, anytime a local project has a question about the amounts the State WIC has paid for selected equipment items, contact the NAS consultant.
- Q2. The computers have an Ohio Department of Health EDH number on the central processing unit (CPU) and the monitor. Which number do we use since the entire computer is to be counted as a single unit?
- A2. List the CPU and its EDH number first with the total cost of the computer unit on the line following, list the monitor and its EDH number and in the total cost box enter “same unit.”
- Q3. Our agency required that we place an agency inventory tag and number on all equipment items. Where there is an ODH EDH number and a local agency number, which should we enter on the sheet?
- A3. Where there are two or more inventory numbers and one is an ODH assigned number, enter the ODH provided number on the sheet.
- Q4. What is the procedure for disposing of equipment that is no longer useable?
- A4. Refer to the OGAPP Manual, Appendix 10, Subgrantee Equipment Disposal Instructions.

eTime Study Instructions

- Directions for the Employee Monthly Time Study Report
- Directions to Employee Time Study Flow and Report Sheets
 - Employee Monthly Time Study Report
 - Employee Time Study Flow Sheet
 - Employee Time Study Report

Directions for the Employee Monthly Time Study Report

**As you are reading along look for the [!\[\]\(529949c2c3dadbaa4e538e8c643454bc_img.jpg\) TIPS](#) in each section for pointers on entering in the Time Study information and screen shots.*

Click [!\[\]\(3dfb8d66e81160ad61421a3452093d1b_img.jpg\) TIPS](#) to see tips for starting the electronic time study

1. Save the excel electronic Employee Monthly Time Study Report to any computer with MS Excel
2. Under “File” select “Save as”
3. A version of the Employee Monthly Time Study file needs to be saved for each staff member.

[!\[\]\(0f848bbd71cef6b345273b16f905912a_img.jpg\) TIPS](#)

Entering Time Study Report Information (TS Report):

Demographics

1. Click on the excel sheet tab titled “Employee Monthly TS Report” at the bottom Left of the computer screen.
2. Click the mouse on the ‘Employee Name’ line and complete.
3. Do the same for Position and Clinics.
4. Click on the line next to “Type in Total Regular WIC hr/wk:” and enter in the work hours for your position; i.e., 40, 37.5, 35 etc. [!\[\]\(c6a8736a601a632e2c96605cf66055ed_img.jpg\) TIPS](#)
5. Click on the line next to “Date Time Study was Conducted From:” and enter in the first month of the time study. Enter in the last month of the time study after “To:” Type in the date as month/day/year; e.g., 4/23/07.

Employee TS Data

1. Under the Date column enter in the dates in same the format as instructed above (month/day/year) [!\[\]\(e27c4336460e9e6729a19580c0456728_img.jpg\) TIPS](#)
2. In the first row under N, C, B, or A enter in the total hours calculated for each category on that day. [!\[\]\(1a140e8db538fd46d58af9f9540232fd_img.jpg\) TIPS](#)
3. The total Hours per Month will automatically calculate.
4. Complete steps 1 and 2 for the remaining months of the time study.
5. The form will automatically calculate all the totals for each month. [!\[\]\(5a658b86f2c8900a276c586c1f8f9f2f_img.jpg\) TIPS](#)

Determining final NCBA hours

1. The form will automatically calculate the percent of time for NCBA from the employee data entered above.
2. There is a box in the white portion of the form for you to fill out any comments regarding the time study.
3. The form will automatically calculate the final NCBA hours. [!\[\]\(b6d55d0b173caf9b2505126db01e6158_img.jpg\) TIPS](#)
4. Click on the line next to “Employee Name” and type in your name and enter in the date.
5. Verify your signature by clicking your mouse on the box next to “Check to Authenticate Signature” – the box should now be checked.
6. Send a copy of the completed and signed Employee TS Report page for each employee with the submission of the grant.


Directors only portion (TS Report):


*This portion is only to be used by Directors after the completion of the time study by the staff member.


1. There are two instances where this portion can be used.
 - a. An employee's work hours changed; e.g., 40 hrs down to 25 hrs or 35 hrs up to 40 hrs.
 - i. If this occurs the percent of time spent in WIC calculated by the time study is still appropriate.
 - ii. In the first white box in the grey Directors area enter in the employees new hours per week. [!\[\]\(746d018fdf6ab02bf5fb7681133e8b29_img.jpg\) **TIPS**](#)
 - iii. The Director must provide an explanation for the change in hours and enter in the date that this change is effective. [!\[\]\(5daa6eee1904cb6b9d765700250de764_img.jpg\) **TIPS**](#)
 - iv. The new NCBA hours should be entered into the Personnel page either at the submission of the grant or with the next Budget revision.
 - b. An employee's position scope changes or is not reflective on the time study
 - i. Change in Scope: For example, Jane Doe is an HP who completed her time study but now has become the Breastfeeding Coordinator. She now spends more of her time in breastfeeding.
 - Enter in the estimated NCBA hours for her new position scope, justify the change, and enter in the date it is effective. [!\[\]\(d72e437c7cc5947bc0b147aba6602563_img.jpg\) **TIPS**](#)
 - The new NCBA hours should be entered into the Personnel page either at the submission of the grant or with the next Budget revision.
 - ii. Activities not typical on the time study: For example, John Doe is the director and is not normally a certifying HP, but during the time study he had to cover for an ill employee and certify participants. His time study shows an increase in N, C and B and very little in A.
 - Enter in the estimated NCBA hours for his new position scope, justify the change, and enter in the date it is effective. [!\[\]\(0d2a89e6d0cbcd8e0459b972b9332401_img.jpg\) **TIPS**](#)
 - These NCBA hours should be entered into the Personnel page at the submission of the grant.

Note: Time studies are only to be submitted to the NAS consultant with the submission of the grant. The Directors Section is to help assist directors in easily recalculating NCBA when percent of time has not changed or if manual changes to NCBA are needed *at any point during the grant year*. For both instances, if changes to NCBA at the grant submission point or during the grant year come into question, you will have to provide justification for how NCBA were determined.



Directions to Employee Time Study Flow and Report Sheets

As you are reading along look for the  **TIPS in each section for pointers on entering in the Time Study information and screen shots.*





Click  **TIPS** to see tips for starting the electronic time study

1. Save the excel Employee Time Study Flow and Report Sheets to any computer with MS Excel
2. Under “File” select “Save as”
3. A version of the time study file needs to be saved for each staff member.  **TIPS**

Entering Activities (Employee Flow Sheets):

1. Click the mouse on the ‘Name’ line and complete.
2. Do the same for Position, Date, and Clinic.  **TIPS**
3. Click the mouse in the first box under “Activity” and begin typing.
4. When you are done typing hit the “Enter” button.  **TIPS**

Entering Time In/Time Out (Employee Flow Sheets):

1. In the same row next to the first activity you entered, click on the empty box next to the word “Time In.” This is where you will enter the hour and minutes of your first activity.
2. Type in the hour then tab over and type in the minutes.  **TIPS**
3. You should see the grey box next to the time show a number value.
4. In the box next to the word “Time Out” for the first activity, enter in the time when the activity ended in the same way as #2.
5. You should see the grey box next to the time now show the correct number of minutes spent for the first activity and a red “Minutes Entered Do Not Equal Total Minutes” off to the far right of the row.  **TIPS**
6. In the first row under N, C, B, A, or PHB click on the box where you wish to distribute the activity time and enter in the total minutes that were calculated in the grey box.
 - a. You can enter time into more than one box if the activity falls under multiple categories
 - i. To do this, divide the total minutes out over N, C, B, A, or PHB – it must equal the total minutes calculated in the grey box.
7. If the minutes are distributed correctly the red “Minutes Entered Do Not Equal Total Minutes” will disappear.  **TIPS**
8. Complete steps 1-7 for the remaining activity times completed for one day.
 - a. Ensure that no red “Minutes Entered Do Not Equal Total Minutes” messages remain on the flow sheet for day one.
9. The form will automatically calculate all the totals for the day at the end of each 2 page flow sheet.  **TIPS**

* Repeat **Entering Activities (Employee Flow Sheets)** steps 1-4 and **Entering Time In/Time Out (Employee Flow Sheets)** steps 1-9 to complete a new flow sheet for the next nine days of the Time Study.

Documenting unpaid time (Employee Flow Sheets):

In the event that you take unpaid time during your work day (i.e. unpaid breaks, personal appointments, or unpaid lunch.)

1. Enter ONLY the word “unpaid” exactly as you see written here: **unpaid**
2. Enter in time as instructed in **Entering Time In/Time Out (Employee Flow Sheets)**.
3. The form will automatically subtract unpaid time if entered correctly. [!\[\]\(2824aab9645d9fab95bae27ff6828dab_img.jpg\) **TIPS**](#)

Entering Time Study Report Information (Employee TS Report):

1. Click on the tab titled “Employee TS Report” at the bottom Left of the computer screen.
2. Your name and position should already be completed (see **Entering Activities (Employee Flow Sheets)** steps 1-2)
3. Click on the line next to “Type in Total Regular WIC hr/wk:” and enter in the work hours for your position i.e. 40, 37.5, 35 etc. [!\[\]\(ce77bba2916ff045bdb9f4584b191293_img.jpg\) **TIPS**](#)
4. Complete the Clinic box for the clinics where you worked during the Time study.
5. Calculations from the flow sheet will be done for you. [!\[\]\(b31d4eff00ee94d2cc889725763ab186_img.jpg\) **TIPS**](#)
6. There is a box in the white portion of the form for you to fill out any comments regarding the time study. [!\[\]\(7cca60917fc4166291d2b648cb6bea1b_img.jpg\) **TIPS**](#)
7. When you have completed all 10 days of your time study, Review it for accuracy i.e. no red “**Minutes Entered Do Not Equal Total Minutes**” messages and enter comments as appropriate.
8. Click on the line next to “Employee Name” and type in your name and enter in the date.
9. Verify your signature by clicking your mouse on the box next to “Check to Authenticate Signature” – the box should now be checked. [!\[\]\(d87bb2c832300cfc0eca445594614032_img.jpg\) **TIPS**](#)
10. Save the document and let your Director know your electronic time study is ready for Supervisor approval and signature.

* * *

Directors only portion (Employee TS Report):

**This portion is only to be used by Directors after the completion of the time study by the staff member.*

1. There are two instances where this portion can be used.
 - a. An employee’s work hours changed; e.g., 40hrs down to 25 hrs or 35 hrs up to 40 hrs
 - i. If this occurs the percent of time spent in WIC calculated by the time study is still appropriate.
 - ii. In the first white box in the grey Directors area enter in the employee’s new hours per week. [!\[\]\(b7e1c8bc060ab2af8bc42ce81bfcf3c4_img.jpg\) **TIPS**](#)
 - iii. The Director must provide an explanation for the change in hours and enter in the date that this change is effective. [!\[\]\(2d0771195b0e0240efcbd9d75c7cddb8_img.jpg\) **TIPS**](#)
 - iv. The new NCBA hours should be entered into the Personnel page either at the submission of the grant or with the next Budget revision.
 - b. An employee’s position scope changes or is not reflective on the time study
 - i. Change in Scope: For example, Jane Doe is an HP who completed her time study but now has become the Breastfeeding Coordinator. She now spends more of her time in breastfeeding.

1. Enter in the estimated NCBA hours for her new position scope, justify the change, and enter in the date it is effective. [!\[\]\(2dc8cdc0c918df88cde61039ecf68682_img.jpg\) TIPS](#)
 2. The new NCBA hours should be entered into the Personnel page either at the submission of the grant or with the next Budget revision.
- ii. Activities not typical on the time study: For example, John Doe is the director and is not normally a certifying HP, but during the time study he had to cover for an ill employee and certify participants. His time study shows an increase in N, C and B and very little in A.
1. Enter in the estimated NCBA hours for this normal position, justify the change, and enter in the date it is effective. [!\[\]\(793119bf0d613bd9b598fb8668922511_img.jpg\) TIPS](#)
 2. These NCBA hours should be entered into the Personnel page at the submission of the grant.

Note: Time studies are only to be submitted to the NAS consultant with the submission of the grant. The Directors Section is to help assist directors in easily recalculating NCBA when percent of time has not changed or if manual changes to NCBA are needed *at any point during the grant year*. For both instances, if changes to NCBA at the grant submission point or during the grant year come into question, you will have to provide justification for how NCBA was determined.

☐ Check to Authenticate Signature

Employee Flow Sheet	
Name: _____	Position: _____
Date: _____	Clinic: _____

**input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)

Position: _____
Clinic: _____

****input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)**

[illegible][illegible]

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Total N Hours:	0.00	Total N Minutes:	0						
Total C Hours:	0.00	Total C Minutes:	0						
Total B Hours:	0.00	Total B Minutes:	0						
Total A Hours:	0.00	Total A Minutes:	0						
Total PHB Hours:	0.00	Total PHB Minutes:	0						

WIC Time Study Flow Sheet

Name: _____ 0
Date: _____

Position: _____ 0
Clinic: _____

***input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)*

Activity: Document all unpaid time as: unpaid (unpaid time is defined as unpaid breaks, personal appointments, or unpaid lunch.) Enter only the word "unpaid" into the cell; total minutes for this activity should equal zero			Enter Hour	Enter Minutes	Total Minutes	Nutrition Education (N)**	Clinic Services (C)**	Breast-feeding (B)**	Admin-istration (A)**	Peer Helper BF (PHB)**
	Time In:				0					
	Time Out:				0					
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	Total A Hours:	0.00	Total A Minutes:	0				
	Total PHB Hours:	0.00	Total PHB Minutes:	0				

WIC Time Study Flow Sheet			
Name: _____	0	Position: _____	0
Date: _____		Clinic: _____	
<i>**input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)</i>			

Position: _____ 0 _____
Clinic: _____

Activity:								
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*Document all unpaid time as: **unpaid***
(unpaid time is defined as unpaid breaks,
personal appointments, or unpaid lunch.) Enter
only the word "unpaid" into the cell; total
minutes for this activity should equal zero

Activity: <i>Document all unpaid time as: unpaid</i> (unpaid time is defined as unpaid breaks, personal appointments, or unpaid lunch.) Enter only the word "unpaid" into the cell; total minutes for this activity should equal zero.				Total Minutes	Nutrition Education (N)**	Clinic Services (C)**	Breast- feeding (B)**	Admin- istration (A)**	Peer Helper BF (PHB)**
	Enter Hour	Enter Minutes							
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Total C Hours:	0.00	Total C Minutes:	0						
Total B Hours:	0.00	Total B Minutes:	0						
Total A Hours:	0.00	Total A Minutes:	0						
Total PHB Hours:	0.00	Total PHB Minutes:	0						

WIC Time Study Flow Sheet			
Name: _____	0	Position: _____	0
Date: _____		Clinic: _____	
<i>**input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)</i>			

Position: _____ 0 _____
Clinic: _____

[illegible][illegible]

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Total C Hours:	0.00	Total C Minutes: 0							
Total B Hours:	0.00	Total B Minutes: 0							
Total A Hours:	0.00	Total A Minutes: 0							
Total PHB Hours:	0.00	Total PHB Minutes: 0							

WIC Time Study Flow Sheet			
Name: _____	0	Position: _____	0
Date: _____		Clinic: _____	
<i>**input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)</i>			

Position: _____ 0 _____
Clinic: _____

Activity:								
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*Document all unpaid time as: **unpaid***
(unpaid time is defined as unpaid breaks,
personal appointments, or unpaid lunch.) Enter
only the word "unpaid" into the cell; total
minutes for this activity should equal zero

[illegible]

	Time In:			0					
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	Total A Hours:	0.00	Total A Minutes:				0		
	Total PHB Hours:	0.00	Total PHB Minutes:					0	

WIC Time Study Flow Sheet			
Name: _____	0	Position: _____	0
Date: _____		Clinic: _____	
<i>**input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)</i>			

Position: _____ 0 _____
Clinic: _____

Activity:								
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*Document all unpaid time as: **unpaid***
(unpaid time is defined as unpaid breaks,
personal appointments, or unpaid lunch.) Enter
only the word "unpaid" into the cell; total
minutes for this activity should equal zero

[illegible]

	Time In:			0					
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Total C Hours:	0.00	Total C Minutes:	0						
Total B Hours:	0.00	Total B Minutes:	0						
Total A Hours:	0.00	Total A Minutes:	0						
Total PHB Hours:	0.00	Total PHB Minutes:	0						

WIC Time Study Flow Sheet

Name: _____ 0
Date: _____

Position: _____ 0
Clinic: _____

***input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)*

Activity: <i>Document all unpaid time as: unpaid</i> <i>(unpaid time is defined as unpaid breaks,</i> <i>personal appointments, or unpaid lunch.)</i> Enter <u>only the word "unpaid" into the cell; total</u> <u>minutes for this activity should equal zero</u>			Enter Hour	Enter Minutes	Total Minutes	Nutrition Education (N)**	Clinic Services (C)**	Breast-feeding (B)**	Admin-istration (A)**	Peer Helper BF (PHB)**
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Total C Hours:	0.00	Total C Minutes:	0					
Total B Hours:	0.00	Total B Minutes:	0					
Total A Hours:	0.00	Total A Minutes:	0					
Total PHB Hours:	0.00	Total PHB Minutes:	0					

WIC Time Study Flow Sheet			
Name: _____	0	Position: _____	0
Date: _____		Clinic: _____	
<i>**input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)</i>			

Position: _____ 0 _____
Clinic: _____

Activity:								
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*Document all unpaid time as: **unpaid***
(unpaid time is defined as unpaid breaks,
personal appointments, or unpaid lunch.) Enter
only the word "unpaid" into the cell; total
minutes for this activity should equal zero

[illegible]

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Total B Hours:	0.00	Total B Minutes:			0			
Total A Hours:	0.00					Total A Minutes:	0	
Total PHB Hours:	0.00					Total PHB Minutes:		0

WIC Time Study Flow Sheet

Name: _____ 0
Date: _____

Position: _____ 0
Clinic: _____

***input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)*

Activity: <i>Document all unpaid time as: unpaid</i> <i>(unpaid time is defined as unpaid breaks,</i> <i>personal appointments, or unpaid lunch.)</i> Enter <u>only the word "unpaid" into the cell; total</u> <u>minutes for this activity should equal zero</u>			Enter Hour	Enter Minutes	Total Minutes	Nutrition Education (N)**	Clinic Services (C)**	Breast-feeding (B)**	Admin-istration (A)**	Peer Helper BF (PHB)**
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Total B Hours:	0.00	Total B Minutes:	0						
Total A Hours:	0.00	Total A Minutes:	0						
Total PHB Hours:	0.00	Total PHB Minutes:	0						

WIC Time Study Flow Sheet			
Name: _____	0	Position: _____	0
Date: _____		Clinic: _____	
<i>**input minutes calculated in "Total Minutes" column into appropriate categories (N,C,B, A, PHB)</i>			

Position: _____ 0 _____
Clinic: _____

Activity:								
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*Document all unpaid time as: **unpaid***
(unpaid time is defined as unpaid breaks,
personal appointments, or unpaid lunch.) Enter
only the word "unpaid" into the cell; total
minutes for this activity should equal zero

[illegible]

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Employee Time Study Report

Employee Name: 0
 Type in Total Regular WIC hrs/wk: 0

Position: 0
 Clinic(s): _____

Date Time Study was Conducted: _____ From: 1/0/00 To: 1/0/00

Date	Nutrition Education (N)	Clinic Services (C)	Breast-feeding (B)	Admin-istration (A)	Peer Breast-feeding (PHB)	Hours Per Day (HPD)
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00

Percent Nutrition Education: #DIV/0!
 Percent Clinic Services: #DIV/0!
 Percent Breastfeeding: #DIV/0!
 Percent Administration: #DIV/0!
 Percent PH Breastfeeding: #DIV/0!

Type comments below (Please explain if there was any activity out of the ordinary)

The Hours listed below are the hours to be used in the Personnel Budget for NCBA

N Hours #DIV/0!
 C Hours #DIV/0!
 B Hours #DIV/0!
 A Hours #DIV/0!
 PHB Hours #DIV/0!

*If the decimal is 0.5 or greater round up

*If the decimal is 0.4 or less round down

* Add PHB+B hours together for I B hours on the Personnel Budget

For Director's use only

If employee's regular work hours change after the Time Study has been completed causing an alteration in the NCBA and PHB hours, enter employee's new hours and give justification to the change in NCBA and PBH; e.g., change in FT to PT status. Use the new hours on the Personnel Budget for NCBA.

Enter employee's new hours

*self calculates

N Hours #DIV/0!
 C Hours #DIV/0!
 B Hours #DIV/0!
 A Hours #DIV/0!
 PHB Hours #DIV/0!

Justification:

Date:

*if the employee's NCBA and PBH hours are not reflective of the **percent of time spent** as calculated by the current time study; enter in actual NCBA and PBH and provide justification; e.g., HP no longer prints coupons decreasing clinic time. Use the new hours on the Personnel Budget for NCBA.

N Hours
 C Hours
 B Hours
 A Hours
 PHB Hours

Justification:

Date:

When you have completed the form please type in your name below, date, and click on the 'Authenticate Signature' box verifying you have reviewed the information and it is correct to the best of your knowledge.

Employee Name: _____

Date: _____ ☐ Check to Authenticate Signature

Supervisors Name: _____

Date: _____ ☐ Check to Authenticate Signature

Executive Summary - FNS Instruction 113-1

The instruction has been revised to ensure increased accountability and efficiency at all levels – from local agencies to Headquarters FNS. The efforts to revise the instruction are the results of an intense partnering process over the past three years. The last major revision of the instruction was in the mid 1980s. Revisions to the instruction primarily reflect the legislative changes that have occurred over the past several years. The new document merges all of the previous, independent 113 series instructions into a single instruction. It provides a clearer explanation of roles and responsibilities, and it removes ambiguity regarding the process of managing complaints of discrimination. The title has been changed from Policy on Nondiscrimination to Civil Rights Compliance and Enforcement – Nutrition Programs and Activities. The following describes the major changes made to each section of the instruction.

Section I – Purpose

The bases for discrimination (race, color, national origin, age, sex, or handicap) were removed from the purpose statement and an all encompassing phrase was added, so that the last part now reads “....enforcement of the prohibition against discrimination in all FNS nutrition programs and activities, whether Federally funded in whole or not.”

Section II – Authority

Repealed citations were culled and several relevant citations were added:

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d to 2000d-6
- Americans with Disabilities Act (28 CFR Part 35, Public Law 101-336, Title II, Subtitle A).
- Title IX of the Education Amendments of 1972, and USDA Implementing Regulation, 7 CFR 15a.
- Section 504 of the Rehabilitation Act of 1973, Public Law 93-112, and USDA Implementing Regulation, 7 CFR 15b
- Age Discrimination Act of 1975 (45 CFR Part 91).
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and Department of Justice Memorandum dated January 28, 1999 on Enforcement of Title VI of the Civil Rights Act of 1964 and Related Statutes in Block Grant Type Programs.
- Civil Rights Restoration Act of 1987.
- Food Stamp Act of 1977, as amended.
- Enforcement of Title VI of the Civil Rights Act of 1964 B National Origin Discrimination Against Persons With Limited English Proficiency.
- USDA Departmental Regulation 4330-2, Activities Receiving USDA Financial Assistance.
- USDA Regulation 7 CFR 16, Equal Opportunity for Religious Organizations.

Program Appendices include additional authorities.

Section III - Policy

Several terms have changed in order to reflect current legislation, and several categories of protected classes have been added to certain programs. Now the policy reads:

The U.S. Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. **(Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TTY).**

The instruction provides additional clarification by explicitly stating the 8 protected bases for the Food Stamp Program and the Food Distribution Program on Indian Reservations and the 6 protected bases for all other FNS nutrition assistance programs.

Section IV - Applicability

This section was not changed. All programs and activities administered by FNS in which Federal financial assistance or other services are provided to the public by a State agency, local agency or other subrecipients are covered by this FNS instruction.

Section V - Definitions

Several new terms have been added to this revised instruction as result of new legislation and new OMB reporting requirements. Other new terms are the result of changes in how we operate. The addition of alternative dispute resolution (ADR) is an example. All of the definitions used in the instruction have been reworded where necessary to provide a clearer understanding of their meaning and application.

New definitions include: Alternative Dispute Resolution, Beneficiaries, Corrective Action Plan, Disability, Federal Financial Assistance with Commodities added later as a category, Local Agency or other subrecipient, Memorandum of Understanding, Participants, Program Compliance Review, Prohibited Bases, Project Area Special Compliance Retail Food Store (Retailer), Review, Standard Operating Procedures, State Agency, Subrecipient, Underserved Group or Community.

Section VI - Responsibilities

To help ensure accountability and compliance with this instruction we have clarified responsibilities and addressed delegations of authority where applicable.

- USDA's Office of Civil Rights is assigned staff responsibility for the development, implementation, coordination and *enforcement* of all aspects of the Department's civil rights program.

- The FNS Administrator is assigned line responsibility for implementing a comprehensive civil rights program that ensures nondiscrimination compliance in all FNS programs and activities.
- Regional Administrators provide direction, leadership and resources to ensure proper implementation of the regional civil rights compliance program.
- Regional Civil Rights Directors in collaboration with appropriate regional program and administrative staff will provide technical and operational assistance, direction and leadership in implementing the civil rights policies of FNS programs, as well as, processing, managing and facilitating resolution of civil rights complaints in accordance with guidance from FNS headquarters Civil Rights Division.

Section VII - Limited English Proficiency

All of the provisions in this section are relatively new. State agencies are directed to consider a number of different factors in determining meaningful access for persons of limited English proficiency. Among the primary factors to be considered are the:

- number or proportion of LEP persons in the fully eligible service population,
- frequency with which LEP individuals come in contact with the program,
- importance of the service provided by the program, and
- resources available to the recipient.

Former Part One – Interagency Coordination and Responsibilities

This has been deleted as a section; however, the contents have been incorporated throughout the revised instruction.

Section VIII – Equal Opportunity for Religious Organizations

This section is a recent addition due to the promulgation of USDA Regulation 7 CFR 16, Equal Opportunity for Religious Organizations to ensure the elimination of unwarranted barriers to the participation of faith-based organizations in USDA programs.

Section IX - Public Notification

This section makes it clear that all FNS assistance programs must include a public notification system. Program availability was added as a primary function of the State public notification system, and a provision for web-based information was created. The purpose of a State public notification system is to inform potential eligibles, applicants and participants of:

- program availability,
- program rights and responsibilities,
- nondiscrimination policy, and
- procedures for filing a complaint.

Section X - Assurances

No changes. Compliance with all nondiscrimination laws, regulations, instructions and guidelines is required and, where applicable, the assurance can be incorporated into the Federal/State/local/subrecipient agency agreement.

As in the past, FNS Regional Offices are responsible for reviewing, approving and monitoring FNS/State agency agreements. State agencies are responsible for monitoring compliance with the agreements that cover their respective programs. State agencies are also responsible for reviewing, approving and monitoring local agency and other subrecipient agreements.

Section XI - Civil Rights Training

Two new areas of training have been added, and responsibilities for performing training have been clarified. This training may be carried out as part of ongoing technical assistance.

The Regional Offices and State agencies will be responsible for training the State agency staffs to include civil rights compliance in all aspects of program operations.

State agencies are responsible for training local agencies. Local agencies are responsible for training their subrecipients. Individuals identified as front line staff must be trained annually.

Specific subject areas include, but are not limited to:

- Collecting and using data,
- Effective public notification systems,
- Complaint procedures,
- Compliance review techniques,
- Resolution of noncompliance,
- Requirements for reasonable accommodation of persons with disabilities,
- Conflict Resolution, and
- Customer Service.

Section XII - Data Collection and Reporting

Recent OMB reporting requirements directed the changes made to this section. In addition, State and local agencies were given more specific responsibilities to perform trend analysis on potential eligible populations, applicants and participants identified by racial, ethnic and linguistic category in their program service area. The procedures to collect, evaluate, report and analyze this data are program-specific, and are set forth in the specific program administrative regulations, policies, instructions and guidelines.

Section XIII - Compliance Reviews

This section has been significantly revised based on statutory requirements, and has been rewritten to provide clearer instructions. While major headings are the same, the content has been augmented; notably, paragraphs on review content now include examples of data and information to be collected and questions to be asked to aid in making a review determination.

A paragraph on Corrective Action has been added.

Reports of alleged noncompliance made by the media, grassroots organizations or advocacy groups has been added to the list of situations for which a Special Compliance Review should be conducted.

Section XIV - Resolution of Noncompliance

Examples of prohibited discrimination were consolidated and a new one was added – *Selecting members for planning and advisory bodies in such a way as to exclude persons from membership on the basis of race, color,*

Negotiating with local agencies or subrecipients to achieve compliance was added to the responsibilities of the State agency.

The actions to be taken by each level of government in the process of resolving noncompliance have been further clarified to reflect USDA civil rights requirements and accountability criteria.

Former Part Six – Compliance Work Plan

This part was deleted.

Section XV - Complaints of Discrimination

Primary changes to this section reflect the requirements of the FNS Memorandum of Understanding with USDA OCR on complaint processing and resolution that directs FNS actions. Some specific changes to this section are:

- The complainant must be advised of confidentiality and Privacy Act applications. The complainant and the entity that the complaint is filed against will be encouraged to resolve the issue at the lowest possible level and as expeditiously as possible and in accordance with ADR guidelines.
- The use of a standardized complaint form is encouraged, and collaboration and coordination are encouraged during the revision or development of new forms or complaint related documents.
- A consent release provision and form were added.

Section XVI – Guidelines for Processing Civil Rights Complaints

This section contains information that was formerly included in the following section to add clarity. This section describes broad responsibilities of FNS while the following section is more specific.

Section XVII - Procedures for Processing and Resolving Complaints of Discrimination

Responsibilities of State agencies, local agencies or other subrecipients in regard to discrimination complaint processing are set out in USDA regulations implementing civil rights laws and, in some instances, in program regulations. State Agencies are required to:

- maintain a processing system for discrimination complaints;
- process complaints within the time frames established by Departmental regulations and agreements;
- submit a description of the agency's discrimination complaint/grievance processing system to the FNS Regional Office for review;
- forward all complaints alleging discrimination on the basis of age, except as noted in the program specific appendix, to the appropriate Regional OCR within 5 working days after receipt.

FNS Headquarters Civil Rights Division and USDA Office of Civil Rights will maintain responsibility for oversight of FNS Regional Office actions in regard to processing complaints of discrimination. This includes monitoring and evaluation during civil rights compliance reviews and ongoing monitoring and assessments of the complaint processing systems in place nationwide.

Appendices

These appendices are a major change to the instruction. They provide program specific guidance to include the legislative and regulatory authority, and the unique aspects of each program.

- Appendix A – Food Stamp Program
- Appendix B – Child Nutrition Program
- Appendix C – Food Distribution Programs
- Appendix D – Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and WIC Farmers' Market Nutrition Program (FMNP)
- Appendix E – provides sample complaint processing form letters
- Appendix F – depicts the complaint processing and procedures flow chart.

F ood & N utrition S ervice	FNS INSTRUCTION	NUMBER 113-1
	U.S. DEPARTMENT OF AGRICULTURE 3101 PARK CENTER DRIVE ALEXANDRIA, VA 22302-1500	

INFORMATION FOR: All FNS Employees and State Agencies

Civil Rights Compliance and Enforcement – Nutrition Programs and Activities

TABLE OF CONTENTS

	PAGE
I PURPOSE.....	1
II AUTHORITY.....	1
III POLICY.....	2
IV APPLICABILITY.....	3
V DEFINITIONS.....	3
VI RESPONSIBILITIES.....	8
VII LIMITED ENGLISH PROFICIENCY.....	9
VIII EQUAL OPPORTUNITY FOR RELIGIOUS ORGANIZATIONS.....	12
IX PUBLIC NOTIFICATION.....	13
X ASSURANCES.....	16
XI CIVIL RIGHTS TRAINING.....	16
XII DATA COLLECTION AND REPORTING.....	17
XIII COMPLIANCE REVIEWS.....	19
XIV RESOLUTION OF NONCOMPLIANCE.....	24
XV COMPLAINTS OF DISCRIMINATION.....	29
XVI GUIDELINES FOR PROCESSING CIVIL RIGHTS COMPLAINTS.....	30

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XVII	PROCEDURES FOR PROCESSING AND RESOLVING COMPLAINTS.....	32
	OF DISCRIMINATION	

APPENDICES

- A Food Stamp Program (FSP)
- B Child Nutrition Programs (CNP)
- C Food Distribution Programs (FDP)
- D Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and WIC Farmers' Market Nutrition Program (FMNP)
- E Sample Complaint Processing Form Letters
 - 1 Sample Complaint Form
 - 2 Sample Complaint Consent/Release Form
 - 3 Sample Acceptance Letter
 - 4 Sample Referral Letter
 - 5 Sample 20-Day Letter
- F Complaint Processing and Procedures Flowchart

Food & Nutrition Service	FNS INSTRUCTION	NUMBER 113-1
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INFORMATION FOR: All FNS Employees and State Agencies

Civil Rights Compliance and Enforcement – Nutrition Programs and Activities

I PURPOSE

The purpose of this Instruction is to establish and convey policy and provide guidance and direction to the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) and its recipients and customers, and ensure compliance with and enforcement of the prohibition against discrimination in all FNS nutrition programs and activities, whether federally funded in whole or not.

II AUTHORITY

A Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d to 2000d-6, which prohibits discrimination based on race, color, and national origin in programs and activities receiving Federal financial assistance; and USDA Implementing Regulation, 7 CFR Part 15, Subpart A and Subpart C.

B Americans with Disabilities Act (28 CFR Part 35, Title II, Subtitle A), which prohibits discrimination on the basis of disability in all services, programs, and activities provided to the public by State and local governments, except public transportation services.

C Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et. seq.), which prohibits discrimination based on sex under any education program or activity receiving Federal financial assistance; and USDA Implementing Regulation, 7 CFR Part 15 a.

D Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination based on disability; and USDA Implementing Regulation, 7 CFR Part 15 b.

E Age Discrimination Act of 1975 (45 CFR Part 91), which prohibits discrimination based on age in programs or activities receiving Federal financial assistance.

F The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and Department of Justice (DOJ) Memorandum dated January 28, 1999, entitled, "Policy Guidance Document -- Enforcement of Title VI of the Civil Rights Act of 1964 and Related Statutes in Block Grant Type Programs."

DISTRIBUTION: EAD, EF4, EN	MANUAL MAINTENANCE INSTRUCTIONS: This Instruction Replaces FNS Instructions 113-1, Rev 1, 113-2, 113-3, 113-4, 113-6, 113-7 and 113-8. Remove all FNS Instructions listed here and replace with this Instruction.	RESPONSIBLE FOR PREPARATION AND MAINTENANCE: CRD	Page 1 11/8/05
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G Civil Rights Restoration Act of 1987, which clarifies the intent of Congress as it relates to the scope of Title VI of the Civil Rights Act of 1964 and related nondiscrimination statutes to ensure nondiscrimination in all programs and activities of a recipient, whether those programs and activities are federally funded or not.

H The Food Stamp Act of 1977, as amended. The Food Stamp Program (FSP) is an entitlement program available to all low-income individuals and families who meet the income, resource, and eligibility requirements as specified under the Act and corresponding regulations. The Act prohibits discrimination against any applicant or participant in any aspect of program administration for reasons of age, race, color, sex, handicap, religious creed, national origin, or political beliefs.

I Enforcement of Title VI of the Civil Rights Act of 1964 -- National Origin Discrimination Against Persons With Limited English Proficiency, 65 F.R. 50123, August 16, 2000. This is the Federal Register cite for Department of Justice guidance for Executive Order 13166, Improving Access To Services For Persons With Limited English Proficiency, signed on August 11, 2000.

J USDA Departmental Regulation 4330-2, Activities Receiving USDA Financial Assistance, ensures compliance with and enforcement of the prohibition against discrimination in programs and activities funded in whole or in part by the U.S. Department of Agriculture.

K USDA Regulation 7 CFR Part 16, Equal Opportunity for Religious Organizations, implements executive branch policy that, within the framework of constitutional church-State guidelines, religiously affiliated (or “faith-based”) organizations should be able to compete on an equal footing with other organizations for USDA assistance.

Refer to the specific Program Appendices for additional authorities.

III POLICY

The U.S. Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual’s income is derived from any public assistance program. **(Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TTY).**

Although it is the policy of the USDA and FNS, as so stated above, to provide fair and equitable treatment to every employee and customer, there are specific laws and regulations that provide for the protected bases for each nutritional assistance program.

For this reason, sexual orientation, marital or family status, parental status, and protected genetic information are not protected bases in FNS federally assisted programs.

The following is the list of FNS programs and their applicable protected bases:

A Food Stamp Program and Food Distribution Program on Indian Reservations

- 1 race,
- 2 color,
- 3 national origin,
- 4 age,
- 5 sex,
- 6 handicap (disability),
- 7 religious creed, and
- 8 political beliefs.

B All other FNS nutritional assistance programs

- 1 race,
- 2 color,
- 3 national origin,
- 4 age,
- 5 sex, and
- 6 disability.

Refer to the specific Program Appendices for exceptions to this policy.

IV APPLICABILITY

This Instruction is applicable to all programs and activities of a recipient of Federal financial assistance, whether those programs and activities are federally funded in whole or not.

Sometimes programs or certain parts of programs are established to assist a certain group such as children, the elderly, pregnant or lactating mothers, etc. Whenever Congressional legislation specifies or sets restrictions on program eligibility, those provisions take precedence over certain protected bases.

V DEFINITIONS

A Alternative Dispute Resolution (ADR). The use of a neutral third party to resolve informally a complaint of discrimination, through the use of various techniques (e.g., fact finding, mediation, facilitating, ombudsman, or conciliation). A common element in most ADR techniques is the presence of a person who acts as the facilitator. This facilitator is a neutral person who works with the parties to help them develop an agreeable resolution to their problems.

B Applicant. A person who applies in writing, electronically, verbally, or through a designated representative for participation in an FNS federally assisted or conducted program.

C Assurance. A contractual agreement (i.e., Federal/State Agency Agreement or a State Agency/Local Agency Agreement) in which a State agency, local agency, or other subrecipient legally agrees to administer FNS program services and benefits in accordance with all laws, regulations, instructions, policies, and guidance related to nondiscrimination in program delivery.

D Beneficiaries. Individuals who receive assistance, services, or benefits under an FNS program (e.g., persons receiving food stamp benefits, WIC benefits, and/or commodities). Some programs commonly refer to these individuals as participants.

E Civil Rights (CR). The nonpolitical rights of a citizen; the rights of personal liberty guaranteed to U.S. citizens by the 13th and 14th Amendments to the U.S. Constitution and by acts of Congress.

F Civil Rights Act and Regulations. Title VI of the Civil Rights Act of 1964 and other authorities as outlined in Section II above and in the program-specific appendices.

G Complainant. A person or group of persons who allege discrimination in the delivery of program benefits or services by a State agency, local agency, or other subrecipient.

H Complaint. A verbal or written allegation of discrimination that indicates an FNS-conducted or -assisted program is administered or operated in such a manner that it results in disparity of treatment or services being provided to persons or groups of persons because of their protected bases.

I Contractor. A person or entity that agrees to perform FNS-conducted or -assisted program-related services based on a legal agreement.

J Corrective Action Plan. A plan describing the actions to be taken to resolve noncompliance with civil rights regulations, instructions, policies, and guidelines.

K Desk Review. An in-house examination of civil rights information submitted as part of a recipient's Federal financial assistance application.

L Disability. A physical or mental impairment that substantially limits one or more of an individual's major life activities, having a record of such impairment, or being regarded as having such an impairment.

M Discrimination. The act of distinguishing one person or group of persons from others, either intentionally, by neglect, or by the effect of actions or lack of actions based on their protected bases.

N Federal Financial Assistance. Federal financial assistance includes, but is not limited to:

- 1 Grants and loans of Federal funds,
- 2 Grant or donation of Federal property and interests in property,

3 Commodities,

4 Detail of Federal personnel,

5 Sale and lease of, and the permission to use (on other than a casual or transient basis), Federal property or any interest in such property or the furnishing of services without consideration or at a nominal consideration, that is reduced for the purpose of assisting the State agency, local agency, or other subrecipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the State agency, local agency, or other subrecipient, and

6 Any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of assistance.

O Federally Assisted Activities and Programs. Includes any program, project, or activity for the provision of services, financial aid, or other benefits to individuals (whether provided through a State agency, local agency, or other subrecipient receiving Federal financial assistance or provided by others through contracts or other arrangements with the State agency, local agency or other subrecipient), and including work opportunities, cash, loans, or other assistance to individuals. For the purposes of this definition, services, financial aid, or other benefits provided to individuals are those provided with the aid of Federal financial assistance or with the aid of any non-Federal funds, property, or other resources required to be expended or made available for the program to meet matching requirements or other conditions that must be met in order to receive the Federal financial assistance, and to include any services, financial aid, or other benefits to individuals provided in or through a facility with the aid of Federal financial assistance or such non-Federal resources.

P Grassroots Organization. An organization at the local level that interacts directly with potential eligibles or participants, such as an advocacy organization, community action program, civic organization, migrant group, religious organization, neighborhood council, or other similar group.

Q Investigation. Formal gathering of facts by the appropriate Office of Civil Rights (OCR) or other authorized government agency or private contractor that will refute or substantiate an allegation of discrimination.

R Limited English Proficiency (LEP) Persons. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. Recipients of Federal financial assistance have a responsibility to take reasonable steps to ensure meaningful access to their programs and activities by person(s) with limited English proficiency.

S Local Agency or Other Subrecipient. Any agency, organization, or corporation that receives Federal financial assistance either directly or indirectly from FNS. Examples of local agencies include, but are not limited to, school food authorities, food banks, and county health departments.

Refer to the appropriate program-specific appendix for additional clarification of local agency.

T Memorandum of Understanding (MOU). This document sets forth the agreement between FNS and the USDA Office of Civil Rights for processing complaints filed with the USDA that allege violations of Title VI of the Civil Rights Act of 1964 (as amended), Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, Americans with Disabilities Act, Food Stamp Act of 1977 (as amended), and applicable USDA and FNS regulations, instructions, and guidance; and Executive Orders.

U Noncompliance. The finding that any civil rights requirement, as interpreted by regulations; this Instruction; policies; or State agency, local agency, or other subrecipient guidelines; has not been satisfied.

V Office of Civil Rights (OCR).

1 USDA OCR - The organizational unit reporting to the Office of the Secretary of Agriculture that has authority to develop and administer a comprehensive program to assure equal opportunity and nondiscrimination for all persons in all aspects of USDA programs under applicable CR laws and regulations.

2 FNS Headquarters Civil Rights Division (CRD) - The organizational unit reporting to the Office of the FNS Deputy Administrator for Management that has delegated authority comparable to that of USDA OCR.

3 FNS Regional OCR - The organizational unit reporting to the Office of the Regional Administrator that has delegated CR authority at the regional level.

W Participants. Individuals who receive assistance, services, or benefits under an FNS program (e.g., persons receiving food stamp benefits, WIC benefits, and/or commodities).

X Post-approval Compliance Review. A civil rights review (desk or onsite) that is conducted after an entity has been authorized to receive Federal financial assistance from FNS to determine civil rights compliance. The review may be done as a routine part of the program compliance reviews or management evaluations. The review may also be a special in-depth review as determined by civil rights concerns.

Y Potentially Eligible Persons. Individuals or households that may be eligible to receive FNS program assistance, benefits, or services, but have not applied.

Z Preapproval/Preaward Compliance Review. A desk or onsite compliance review of specific civil rights information submitted by a State agency, local agency, or other subrecipient applicant agency in the application for Federal financial assistance. The review and approval of the information must take place before the application is approved for program operation.

AA Preliminary Inquiry (PI). An informal gathering of information that will refute or substantiate an allegation of discrimination.

BB Program Applicant. Any agency or organization that submits a request or plan as required for FNS or a State agency, as a condition of eligibility for Federal financial assistance.

CC Program Compliance Review. An evaluation procedure used to determine if State agencies, local agencies, and other subrecipients are administering and operating FNS programs in accordance with program and civil rights regulations, instructions, policies, and guidance.

DD Prohibited Bases. The bases for nondiscrimination are race, color, national origin, age, disability, or sex. The FSP and FDPIR also prohibit discrimination on the basis of political beliefs or religion.

EE Project Area. The county or similar political subdivision designated by a State as the administrative unit for program operations. Upon prior FNS approval a State, city, Indian Reservation, welfare district, or any entity with clearly defined geographic boundaries, or any combination of such entities, may be designated as a project area in accordance with regulations or guidelines for the specific program being administered.

FF Retail Food Store (Retailer). An establishment or house-to-house trade route that sells food for home preparation and consumption normally displayed in a public area; consistent with the Food Stamp Program's definition contained within 7 CFR Part 271.2.

GG Service Delivery Area. The locale serviced by a service delivery point in the administration of FNS assisted programs, such as a school district or a food stamp project area.

HH Service Delivery Point. A place in which FNS assisted program services or benefits are administered to the public. Examples of service delivery points are homes for elderly citizens, day care centers, clinic sites, and FSP certification centers.

II Special Compliance Reviews. Either scheduled or unscheduled reviews conducted when:

1 There is a need to follow up on noncompliance findings from postaward and preapproval reviews requiring additional information and comprehensive examination of specific aspects of program operations,

2 Statistical data indicates that a particular group is not participating in or benefiting from the program to an extent indicated by the population potentially eligible to participate in or benefit from the program,

3 Reports of noncompliance made by other agencies need to be investigated,

4 Systemic complaints of discrimination have developed that require followup, or

5 The Secretary of Agriculture, USDA OCR, the FNS Administrator, the FNS CR Director, or Regional CR Director requests a review.

JJ Standard Operating Procedures (SOP). Procedures designed by FNS to receive, process, and track program discrimination complaints or other matters under the MOU.

KK State Agency or other Recipient. Any State Department (e.g., Health, Social Services, Education, Agriculture) or entity (e.g., Indian Tribal Organization (ITO)) that receives Federal financial assistance directly or indirectly from FNS, and either extends those funds to another State agency, local agency, or other subrecipient for the purpose of carrying out a program, or expends those funds directly in carrying out a program.

Refer to FNS Program appendices for additional clarification on State agencies.

LL Subrecipient. Any agency, organization, or corporation that receives Federal financial assistance indirectly from FNS. Examples of subrecipients include but are not limited to school food authorities, food banks, and county health departments.

MM Underserved Group or Community. A group or community whose participation in an FNS program is significantly below the percentage of potentially eligible members of the group or community in the service area.

NN Vendor. A sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by the State agency to provide WIC-authorized supplemental foods to participants under a retail food delivery system.

Refer to the program specific appendices for additional definitions.

VI RESPONSIBILITIES

USDA's OCR is responsible for the development, implementation, coordination, and enforcement of all aspects of the Department's CR program. The Administrator of FNS is assigned line responsibility for implementing a comprehensive CR program that ensures nondiscrimination compliance in all FNS programs and activities.

A The FNS Administrator delegates the following responsibilities to the FNS CR Director:

- 1 Provide direction and leadership in the formulation and review of FNS CR policies. Provide oversight for State and local agency CR programs.
- 2 Review Agencywide CR program under the CR laws, regulations, rules, and implementing guidelines.
- 3 Provide CR technical assistance and direction to Food Stamp, Special Nutrition, and all other Programs, staffs, and administrative areas.
- 4 Direct and coordinate the Agency's CR compliance program and activities.
- 5 Act as liaison with the USDA OCR, underserved communities, and grassroots organizations or groups.

6 Evaluate program regulations, applicable FNS Instructions, policies, and guidelines to assure that all CR requirements are included.

B Regional Administrators provide direction, leadership, and resources to insure proper implementation of the Regional CR compliance program.

C FNS Regional OCR Directors, in collaboration with appropriate regional program and administrative staff, must:

1 Ensure that CR coverage is included as required in program reviews and grant applications.

2 Ensure that CR compliance assurances are obtained from all State agencies, local agencies, or other subrecipients.

3 Ensure that preapproval/preaward reviews (either onsite or desk reviews) are conducted for program administration applications to determine CR compliance status before approval.

4 Ensure that applicants', participants', and potentially eligible persons' racial and ethnic data are obtained from State agencies as required by CR laws, regulations, policies, instructions, and guidelines.

5 Conduct and/or coordinate ongoing CR training for the FNS Regional Office and State agency personnel.

6 Seek voluntary compliance in noncompliance cases or potential noncompliance cases as provided in the CR regulations, policies, instructions, and guidelines.

7 Coordinate with FNS Headquarters CRD in overall FNS planning and targeting special onsite CR reviews.

8 Process, manage, and facilitate resolution of CR complaints in accordance with guidance from FNS Headquarters CRD and USDA MOU.

9 Provide CR technical assistance and direction to FNS and State program staff and to all other FNS administrative staff.

10 Provide operational direction to Regional Administrators in implementing the CR policies of FNS programs.

VII LIMITED ENGLISH PROFICIENCY

Title VI of the Civil Rights Act of 1964 prohibits recipients of Federal financial assistance from discriminating against or otherwise excluding individuals on the basis of race, color, or national origin in any of their activities. Section 601 of Title VI, 42 U.S.C. § 2000d, provides "No person in the United States shall, on the ground of race, color, or national origin, be excluded

from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

The term “program or activity” is broadly defined. There is no numerical threshold that must be met before provisions of the Civil Rights Act, prohibiting discrimination based on *national origin*, are applicable.

State agencies, local agencies, or other subrecipients that fail to provide services to Limited English Proficiency (LEP) potentially eligible persons, applicants, and participants, or deny them access to federally assisted programs and activities, may be discriminating on the basis of national origin in violation of Title VI and its implementing regulations. Title VI and its regulations require State agencies, local agencies, or other subrecipients to take reasonable steps to assure “meaningful” access to the information and services they provide. What constitutes reasonable steps to assure meaningful access will be contingent on a number of factors. Among the factors to be considered are (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people’s lives; and (4) the resources available to the grantee/recipient and costs.

The following will assist a recipient in determining the extent of its obligation to provide LEP services:

A The Number or Proportion of LEP Persons Served or Encountered in the Eligible Population.

One factor in determining what language services recipients should provide is the number or proportion of LEP persons from a particular language group served or encountered in the eligible service population. The greater the number or proportion of these LEP persons, the more likely language services are needed. Ordinarily, persons “eligible to be served, or likely to be directly affected, by” a recipient’s program or activity are those who are served or encountered in the eligible service population. This population will be program-specific, and includes persons who are in the geographic area that has been approved by a Federal grant agency as the recipient’s service area. Where no service area has previously been approved, the relevant service area may be that which is approved by State or local authorities or designated by the recipient itself, provided that these designations do not themselves discriminatorily exclude certain populations.

Recipients should first examine their prior experience with LEP encounters and determine the breadth and scope of language services that were needed. In conducting this analysis, it is important to include language minority populations that are eligible for FNS programs or activities but may be underserved because of existing language barriers. Other data should be consulted to refine or validate a recipient’s prior experience, including the latest census data for the area served, data from school systems and from community organizations, and data from State and local governments. Community agencies, school systems, religious organizations, legal aid entities, and others can often assist in identifying populations for whom outreach is needed and who would benefit from the recipients’ programs and activities where language services are provided.

B The Frequency With Which LEP Individuals Come in Contact With the Program.

Recipients should assess, as accurately as possible, the frequency with which they have or should have contact with an LEP individual from different language groups seeking assistance. The more frequent the contact with a particular language group, the more likely that enhanced language services in that language are needed. The steps that are reasonable for a recipient that serves an LEP person on a one-time basis will be very different than those expected from a recipient that serves LEP persons daily. It is also advisable to consider the frequency of different types of language contacts. For example, frequent contacts with Spanish-speaking people who are LEP may require certain assistance in Spanish. Less frequent contact with different language groups may suggest a different and less intensified solution. If an LEP individual accesses a program or service on a daily basis, a recipient has greater duties than if the same individual's program or activity contact is unpredictable or infrequent. But even recipients that serve LEP persons on an unpredictable or infrequent basis should use this balancing analysis to determine what to do if an LEP individual seeks services under the program in question. This plan need not be intricate. It may be as simple as being prepared to use one of the commercially-available telephonic interpretations services to obtain immediate interpreter services. In applying this standard, recipients should take care to consider whether appropriate outreach to LEP persons could increase the frequency of contact with LEP language groups.

C The Nature and Importance of the Program, Activity, or Service Provided by the Program.

The more important the activity, information, service, or program, or the greater the possible consequences of the contact to the LEP individuals, the more likely language services are needed. The obligations to communicate rights to a person who is arrested or to provide medical services to an ill or injured person, and to provide nutrition assistance to individuals or groups of persons differ, for example, from those to provide bicycle safety courses or recreational programming. A recipient needs to determine whether denial or delay of access to services or information could have serious or even life-threatening implications for the LEP individual. Decisions by a Federal, State, or local entity to make an activity compulsory, such as particular educational programs in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or the communication of eligibility requirements, can serve as strong evidence of the program's importance.

D The Resources Available to the Recipient and Costs.

A recipient's level of resources and the costs that would be imposed on it may have an impact on the nature of the steps it should take. Smaller recipients with more limited budgets are not expected to provide the same level of language services as larger recipients with larger budgets. In addition, "reasonable steps" may cease to be reasonable where the costs imposed substantially exceed the benefits.

Resource and cost issues, however, can often be reduced by technological advances; the sharing of language assistance materials and services among and between recipients, advocacy groups, and Federal grant agencies; and reasonable business practices. Where appropriate, training bilingual staff to act as interpreters and translators, information sharing through industry groups, telephonic and video conferencing interpretation services,

pooling resources and standardizing documents to reduce translation needs, using qualified translators and interpreters to ensure that documents need not be “fixed” later and that inaccurate interpretations do not cause delay or other costs, centralizing interpreter and translator services to achieve economies of scale, or the formalized use of qualified community volunteers, for example, may help reduce costs.

Recipients should carefully explore the most cost-effective means of delivering competent and accurate language services before limiting services due to resource concerns. Large entities and those entities serving a significant number or proportion of LEP persons should ensure that their resource limitations are well-substantiated before using this factor as a reason to limit language assistance. Such recipients may find it useful to be able to articulate, through documentation or in some other reasonable manner, their process for determining that language services would be limited based on resources or costs.

[Specific FNS and Departmental LEP Guidance is Reserved]

VIII EQUAL OPPORTUNITY FOR RELIGIOUS ORGANIZATIONS

A Faith-based and community-based organizations (FBOs and CBOs) have a long history of involvement in Federal nutrition assistance programs and a tradition of supporting low-income people by providing a wide range of social services. These organizations are important and longstanding partners in the Department of Agriculture’s efforts to provide nutrition assistance to those in need.

B Federal nutrition assistance programs operate primarily through partnerships with State agencies, which in turn partner with local organizations. Generally, FBOs/CBOs participate in these programs through agreements with States, or through other local agencies that have agreements with States, rather than directly with the Federal government.

C Nutrition assistance program policy encourages the participation of FBOs/CBOs on an equal footing with other kinds of local cooperating organizations, and avoids barriers that would make their participation difficult. In addition, FNS has undertaken special initiatives that recognize the role of FBOs/CBOs in serving low-income people.

D The Department of Agriculture promulgated a regulation on July 9, 2004, to ensure the elimination of unwarranted barriers to the participation of faith-based organizations in USDA programs to ensure that no organization will be discriminated against in a USDA-funded program on the basis of religion and to ensure that USDA-funded programs are available to all regardless of religion. The regulation, entitled “Equal Opportunity for Religious Organizations,” is codified at 7 CFR Part 16.

E This regulation ensures a level playing field for the participation of faith-based organizations and other community organizations in USDA programs by:

- Prohibiting discrimination for or against an organization on the basis of religion, religious belief, or religious character in the administration or distribution of Federal funds,

- Allowing a religious organization that participates in USDA programs to retain its independence and continue to carry out its mission, provided that direct USDA funds do not support any inherently religious activities such as worship, religious instruction, or proselytization,
- Clarifying that faith-based organizations can use space in their facilities to provide USDA-funded services without removing religious art, icons, scriptures, or other religious symbols, and
- Ensuring that no organization that receives direct financial assistance from the USDA can discriminate against a program beneficiary, or prospective beneficiary, on the basis of religion or religious belief.

IX PUBLIC NOTIFICATION

All FNS assistance programs must include a public notification system. The purpose of this system is to inform applicants, participants, and potentially eligible persons of the program availability, program rights and responsibilities, the policy of nondiscrimination, and the procedure for filing a complaint.

A Basic Elements of Public Notification. The public notification system must include the following three basic elements:

- 1 Program Availability. Each State agency, local agency, or other subrecipient that distributes program benefits and services must take specific action to inform applicants, participants, and potentially eligible persons of their program rights and responsibilities and the steps necessary for participation.
- 2 Complaint Information. Applicants and participants must be advised at the service delivery point of their right to file a complaint, how to file a complaint, and the complaint procedures.
- 3 Nondiscrimination Statement. All information materials and sources, including Web sites, used by FNS, State agencies, local agencies, or other subrecipients to inform the public about FNS programs must contain a nondiscrimination statement. It is not required that the nondiscrimination statement be included on every page of the program information Web site. At the minimum, the nondiscrimination statement, or a link to it, must be included on the home page of the program information.
- 4 FSP and FDPIR State or local agencies, and their subrecipients, must post the following nondiscrimination statement (or current applicable revision). This statement must be posted in all FSP and FDPIR State agency, local agency, or other subrecipient offices and be included, in full, on all materials regarding such recipients' programs that are produced by the recipients for public information, public education, or public distribution. The authorized statements below cannot be modified. If a State authorizes additional language, it must be included in a separate statement.

a The authorized statement reads as follows:

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

“To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text, that “This institution is an equal opportunity provider.”

b For State agencies using a joint application for food stamp benefits and other public assistance programs administered by the Department of Health and Human Services, FNS allows State agencies the option of waiving the use of the previously mentioned required statement and using the statement specified below. Use of the joint nondiscrimination statement is preapproved. State agencies do not have to submit a written request to FNS to use the joint statement. The second statement that may be used on joint application forms reads as follows:

c “In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

“To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.”

If the material is too small to permit the full statement to be included, the material will, at minimum, include the statement, in print no smaller than text, that “The USDA is an equal opportunity provider and employer.”

d For all other FNS nutritional assistance programs, State or local agencies, and their subrecipients, must post the following nondiscrimination statement (or current applicable revision) and include it, in full, on all materials regarding such programs that are produced for public information, public education, or public distribution. The authorized statements below or current applicable revisions cannot be modified. If a State authorizes additional language, it must be included in a separate statement.

- (1) The authorized statement reads as follows:

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

“To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

- (2) If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text that “This institution is an equal opportunity provider.”

- (3) A nondiscrimination statement is not required to be imprinted on items such as cups, buttons, magnets, and pens that identify the program, when the size or configuration makes it impractical. In addition, recognizing that Internet, radio, and television public service announcements are generally short in duration, the nondiscrimination statement does not have to be read in its entirety. Rather, a statement such as “The [program name] is an equal opportunity provider” is sufficient to meet the nondiscrimination requirement.

B Methods of Public Notification. Each State agency, local agency, or other subrecipient serving the public must take the actions below to inform the general public, potentially eligible populations, community leaders, grassroots organizations, and referral sources about FNS programs and applicable CR requirements.

- 1 Prominently display the USDA nondiscrimination poster "And Justice for All," or an FNS approved substitute, except in family day care homes. If a State agency elects to produce its own posters, either due to unavailability from USDA/FNS or State agency preference, the reproduction must be approximately the same size as the applicable “And Justice for All” poster (11” width and 17” height).

- 2 Inform potentially eligible persons, applicants, participants, and grassroots organizations (particularly those in underserved populations), of programs or changes in programs. This includes information pertaining to eligibility, benefits, and services, the location of local facilities or service delivery points, and hours of service. This information can be communicated by methods such as, but not limited to, Internet, newspaper articles, radio and television announcements, letters, leaflets, brochures, computer-based applications, and bulletins.

- 3 Provide appropriate information, including Web-based information, in alternative formats for persons with disabilities.

- 4 Include the required nondiscrimination statement on all appropriate FNS and agency publications, Web sites, posters, and informational materials provided to the public.

- 5 Convey the message of equal opportunity in all photographic and other graphics that are used to provide program or program-related information.

X ASSURANCES

A To qualify for Federal financial assistance, an application must be accompanied by a written assurance that the entity to receive financial assistance will be operated in compliance with all nondiscrimination laws, regulations, instructions, policies, and guidelines. The Regional Offices will obtain written assurance of nondiscrimination compliance from each State agency and will ensure that State agencies are obtaining assurance from local agencies or other subrecipients that receive Federal financial assistance. Retailer and vendor agreements, though not an indicator of being a recipient of Federal financial assistance, must also include an assurance of nondiscrimination.

B Where applicable, a statement of assurance must be incorporated into the Retailer/Vendor/Federal/State/local/subrecipient agency agreement. With the exception of retailers and vendors, the agreement must state that the entity involved will compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, policies, instructions, and guidelines. This agreement permits authorized USDA personnel to review such records, books, and accounts as needed during hours of program operation to ascertain compliance. The FNS Regional OCR is responsible for reviewing, approving, and monitoring FNS/State agency agreements. State agencies are responsible for monitoring compliance with the agreements that cover their programs. State agencies are also responsible for reviewing, approving, and monitoring local agency and other subrecipient agreements.

Refer to FNS Program appendices for additional information.

XI CIVIL RIGHTS TRAINING

Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Persons responsible for reviewing CR compliance must receive training to assist them in performing their review responsibilities. This training may be carried out as part of ongoing technical assistance.

The FNS Regional OCR and State agencies will be responsible for training State agency staffs. State agencies are responsible for training local agencies. Local agencies are responsible for training their subrecipients, including “frontline staff.” “Frontline staff” who interact with program applicants or participants, and those persons who supervise “frontline staff,” must be provided civil rights training on an annual basis. Specific subject matter must include, but not be limited to:

- A Collection and use of data,
- B Effective public notification systems,
- C Complaint procedures,
- D Compliance review techniques,

- E Resolution of noncompliance,
- F Requirements for reasonable accommodation of persons with disabilities,
- G Requirements for language assistance,
- H Conflict resolution, and
- I Customer service.

XII DATA COLLECTION AND REPORTING

FNS Headquarters and Regional Offices, State agencies, local agencies, and other subrecipients must provide for and maintain a system to collect the racial and ethnic data in accordance with FNS policy. These data will be used to determine how effectively FNS programs are reaching potential eligible persons and beneficiaries, identify areas where additional outreach is needed, assist in the selection of locations for compliance reviews, and complete reports as required.

A Collecting and Reporting Participation Data

1 State agencies, local agencies, and other subrecipients are required to obtain data by race and ethnic category on potentially eligible populations, applicants, and participants in their program service area.

2 Systems for collecting actual racial and ethnic data must be established and maintained for all programs. FNS requires recipients of Federal financial assistance to ask all program applicants and participants to identify all the racial categories that apply. This is consistent with existing OMB guidance. OMB states: “Respect for individual dignity should guide the processes and methods for collecting data on race and ethnicity; ideally, respondent self-identification should be facilitated to the greatest extent possible, recognizing that in some data collection systems observer identification is more practical.” FNS also believes that self-identification or self-reporting is the preferred method of obtaining characteristic data. Program applicants and participants should be encouraged to provide the information by explaining the use of the statistical data. The following is an example that may be utilized when soliciting characteristic data from a program applicant/participant:

“This information is requested solely for the purpose of determining the State’s compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.” If the applicant declines to self-identify, the applicant should be informed that a visual identification of his or her race and ethnicity will be made and recorded in the data system.

In instances where demographic data, specifically racial/ethnic data, is collected via an online system, provisions must be made for the program applicant/participant to self-identify. Once the data is collected via the online system, the program applicant/participant must then be able to verify this data by signing some type of summary printout of this information or by attesting to the correctness and accuracy of the data in some manner.

3 Such systems must ensure that data collected about potentially eligible persons, program applicants, and participants are:

- a Collected and retained by the service delivery point for each program as specified in the program regulations, instructions, policies, and guidelines,
- b Based on documented records and maintained for 3 years,
- c Maintained under safeguards that restrict access of records only to authorized personnel, and,
- d Submitted, as requested, to the FNS Regional or Headquarters Offices.

4 Race and Ethnic Categories, Two-Question Format: To provide flexibility and ensure data quality, separate categories shall be used when collecting and reporting race and ethnicity. Ethnicity shall be collected first. Respondents shall be offered the option of selecting one or more racial designations. Recommended instructions accompanying the multiple response for race should specify “Mark one or more” or “Select one or more.” The minimum designations for collection are:

- a Ethnicity:
 - (1) *Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
 - (2) *Not Hispanic or Latino.*
- b Race:
 - (1) *American Indian or Alaskan Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - (2) *Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - (3) *Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to ‘Black or African American.’
 - (4) *Native Hawaiian or Other Pacific Islander.* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(5) *White*. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

5 A State agency may have categories for race in addition to the ones required by FNS; however, the additional categories must be mapped and extracted to the FNS-required categories. Provision shall be made to report the number of respondents in each racial category who are Hispanic or Latino.

6 Program applicants/participants may not be required to furnish information on their race or ethnicity unless this information is necessary to determine the applicant's eligibility to receive a benefit or to determine the amount of benefit to which an eligible participant may be entitled. Self-identification by the applicant/participant is the preferred method of obtaining characteristic data. Where an applicant does not provide this information, the data collector shall through visual observation secure and record the information where possible. However, the data collector may not "second guess," or in any other way change or challenge a self-declaration made by the applicant as to his or her race or ethnic background unless such declarations are patently false.

Refer to FNS Program appendices for additional information.

B Determining the Eligible Population. State agencies must identify the population of potentially eligible persons to participate in an FNS program by racial and ethnic data category for each service delivery area, project area or county. The information may be derived from standard statistical sources such as reports issued by the U.S. Census Bureau or Bureau of Vital Statistics. State agencies may also use data or information collected by other Federal and State agencies (e.g., Department of Education (DOEd).)

XIII COMPLIANCE REVIEWS

The CR compliance review is a component of the FNS management evaluation review process that is conducted on an ongoing basis for all FNS programs. The CR review must examine the activities of State agency, local agency, or other subrecipients to determine that FNS programs are being administered in compliance with CR requirements. FNS Regions should refer to the program-specific management evaluation guidance for further information on the management evaluation review process.

A The FNS Regions are responsible for the review of State agencies and Regional Office Administered Programs (ROAP) local agencies. The State agencies are responsible for the review of local agencies, except for ROAP. Local agencies are responsible for the review of their subrecipients.

B The office performing compliance reviews must advise the reviewed entity, in writing, of the review findings and recommendations. If the review is performed by a State agency, any significant findings are to be reported to the FNS Regional OCR. If the review is performed by the FNS Region, significant findings must be reported to FNS Headquarters CRD.

C Preapproval/Preaward Compliance Reviews. The FNS Region or State CR official(s) must determine that all State agency, local agency, or other subrecipient program applicants are in compliance with CR requirements prior to approval for Federal financial assistance. Such determinations must be based on a desk or onsite review of CR information provided by the program applicant. The preapproval/preaward review report must be maintained in the appropriate program files. In all cases, FNS shall require from the program applicant:

1 That each program applicant or recipient promptly notify FNS of any lawsuit filed against the program applicant or recipient or a subrecipient alleging discrimination on the basis of race, color, or national origin, and that each recipient notify FNS of any complaints filed against the recipient alleging such discrimination; and that each program applicant or recipient provide a brief description of any pending applications to other Federal agencies for assistance, and of Federal assistance being provided at the time of the application or requested report.

2 A statement by any program applicant describing any civil rights compliance reviews regarding the program applicant conducted during the 2-year period before the application; information concerning the agency or organization performing the review; and periodic statements by any recipient regarding such reviews.

3 A written assurance by any program applicant or recipient that it will compile and maintain records required by the FNS guidelines or other directives.

4 An onsite preapproval compliance review must be conducted if warranted. For instance, an onsite review must be conducted if the information provided in the application is not sufficient to make the determination of compliance. If the preapproval/preaward compliance review determines that the State agency, local agency or other subrecipient may not be in compliance with CR requirements, action on the application will be deferred pending prompt initiation and completion of administrative action. The FNS Regional OCR or State must immediately notify, as appropriate, the State agency, local agency, or other subrecipient applicant in writing of the noncompliance and provide the program applicant with the opportunity to take corrective action within a specified timeframe.

5 The report of the preapproval/preaward compliance review must include specific facts upon which the written determination of compliance is made.

D The FNS Regional OCR or State CR reviewer must secure information as necessary to make the determination of compliance. In any applications for approval of specific projects or significant changes in applications for continuation or renewal of assistance, and at other times as appropriate, FNS shall require program applicants and recipients to provide relevant and current CR information. Examples of such data and information that are required, to the extent necessary and appropriate, for determining compliance with CR laws, regulations, and instructions, are as follows:

1 The manner in which services are or will be provided by the program in question, and related data necessary for determining whether any persons are or will be denied such services on the basis of prohibited discrimination.

2 The demographics of the population eligible to be served, as necessary to determine any barriers to access by any persons on the basis of prohibited discrimination.

3 Data regarding covered employment, including use or planned use of bilingual public-contact employees serving beneficiaries of the program where necessary to permit effective participation by beneficiaries who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

4 The location of existing or proposed facilities connected with the program, and related information adequate for determining whether the location has or will have the effect of unnecessarily denying access to any persons on the basis of prohibited discrimination.

5 The present or proposed membership demographic statistics of any planning or advisory body that is an integral part of the program.

6 A civil rights impact analysis where relocation is involved. Where additional data, such as demographic maps, the racial composition of affected neighborhoods, or census data, are necessary or appropriate for understanding information required by this section, FNS shall specify, in its guidelines or in other directives, the need to submit such data. Such additional data should be required, however, only to the extent that they are readily available or can be compiled with reasonable effort.

E Post-Award or Routine Compliance Reviews. State and local agencies responsible for the administration of an FNS program or subrecipients approved for participation in an FNS program must conduct routine compliance reviews as identified by this Instruction and program-specific regulations, policies, instructions, and guidelines. These reviews evaluate compliance with CR law, regulations, policies, instructions, and guidance.

1 Coverage and Frequency.

a FNS Regions must review all State agencies within their region and a sampling of local agencies or other subrecipients as required by current program regulations and CR requirements.

b State agencies must review local agencies as required by current program regulations and CR requirements. Local agencies must review their subrecipients as required by current program regulations and CR requirements.

2 Selection Criteria. The State agency, local agency, or other subrecipient to be reviewed for CR compliance by the Food and Nutrition Service Regional Office (FNSRO) may be selected based on an indication of possible concerns in the State agency, local agency or other subrecipient program operations. Indicators of possible CR concerns may include, but are not limited to, the following:

a An unusual fluctuation in the participation of racial or ethnic groups in a service area,

- b The number of discrimination complaints filed against the agency,
- c Information from grassroots organizations, advocacy groups, individuals, State officials, or other interested parties, or
- d Unresolved findings from previous CR reviews.

3 Review Content.

a When the FNS Region is reviewing CR compliance in a State, the following items should be determined as appropriate:

- (1) Whether the State is meeting its requirement to review lower-level agencies (e.g., local agencies),
- (2) Whether the State's data collection system results in valid counts of program applicants and participants,
- (3) Whether the State's data collection system ensures that access to program records is restricted to authorized personnel only,
- (4) Whether uniform program requirements are applied to all local agencies or other subrecipients (e.g., are all clinics required to operate under the same requirements?),
- (5) Whether there is a public notification system in place that meets the minimum requirements set forth in this Instruction and other applicable regulations, policies, and guidance,
- (6) Whether the complaint procedure meets the minimum requirements set forth in this Instruction and other applicable regulations, policies, and guidance,
- (7) Whether training is provided to all new and current employees to assure that these persons are competent in CR enforcement or the operation of the program in a nondiscriminatory manner,
- (8) Whether the State is using the USDA nondiscrimination statement (see appropriate program appendices),
- (9) Whether the State provides CR training to its local agencies or other subrecipients,
- (10) Whether the State is conducting analyses to determine that denied applications are not disproportionately composed of any segment of the population, and
- (11) Whether vendors are serving all persons in compliance with CR requirements, and whether program participants are treated the same as other customers.

b When a review of a local agency or other subrecipient is performed, by either the FNS Region or the State, the following items should be determined:

- (1) Whether potentially eligible persons and households have an equal opportunity to participate in the program,
- (2) Whether case records are coded by race or ethnic origin,
- (3) Whether offices are displaying the USDA nondiscrimination poster in a conspicuous location,
- (4) Whether the nondiscrimination statement is included on all printed materials such as applications, pamphlets, forms, or any other program materials distributed to the public and on Web sites; and whether graphic materials reflect inclusiveness based on race, color, national origin, age, sex, and disability,
- (5) Whether program information is being made available to potentially eligible persons, program applicants, and participants. Whether the local agency or subrecipient is providing program information to organizations within the community that may assist the local agency in reaching potentially eligible populations,
- (6) Whether actual applicant and participant racial and ethnic data are being collected and maintained on file for 3 years,
- (7) Whether CR complaints are being handled in accordance with procedures outlined in this Instruction or other regulations, policies, and guidance, and
- (8) Whether the local agency or other subrecipient has conducted CR training for its staff.

F Reports. The FNS Region, State agency, or local agency must submit a written report detailing the findings of the CR review to the State, local agency, or subrecipient, as appropriate. FNS Region reports must be forwarded to FNS Headquarters CRD upon completion. State and local agency reports must be maintained on file and must be made available during subsequent CR reviews.

G Corrective Action. Findings that indicate probable noncompliance with CR requirements must be handled in accordance with the procedures for resolving noncompliance contained in this Instruction.

H Special Compliance Reviews. A special compliance review should be conducted by FNS Regional and/or Headquarters CRD when significant CR concerns having a direct effect on the delivery of FNS program services and/or benefits are identified. Special compliance reviews should be planned and conducted by FNS Headquarters or Regional OCRs. USDA OCR may conduct other special reviews.

Examples of Special Compliance Review circumstances include, but are not limited to:

- 1 Program participation data indicates that a particular group in a specific area is not benefiting from an FNS program,
- 2 Reports of alleged noncompliance made by the media, grassroots organizations, or advocacy groups need to be resolved,
- 3 Reports of alleged noncompliance made by other agencies, such as DOEd and HHS, need to be resolved, or
- 4 Patterns of complaints of discrimination have been documented.

I FNS Regional Office Reviews. FNS Headquarters CRD must conduct Regional Office reviews in coordination with Program Deputy Administrators, Regional Administrators, and Regional OCRs. The reviews will include in-depth examinations of Regional Office practices related to State agency implementation of its CR administrative responsibilities, procedures for monitoring and conducting CR reviews, and procedures for handling CR complaints in FNS programs. The review may also include an assessment of the implementation practices of a State agency.

XIV RESOLUTION OF NONCOMPLIANCE

A Noncompliance. A finding of noncompliance may be the result of a routine management evaluation review, a special review, or an investigation. Noncompliance is a factual finding that any CR requirement, as provided by law, regulation, policy, instruction, or guidelines, is not being adhered to by a State agency, local agency, or other subrecipient.

The following are general examples of prohibited discrimination:

- 1 Denying an individual or household the opportunity to apply for FNS program benefits or services on the basis of race, color, national origin, age, sex, or disability. The FSP and FDPIR also prohibit discrimination on the basis of religion and political beliefs.
- 2 Providing FNS program services or benefits in a disparate manner on the basis of race, color, national origin, age, sex, or disability, unless the difference is necessary to comply with nondiscrimination requirements, such as disability accommodations. The FSP and FDPIR also prohibit discrimination on the basis of religion and political beliefs.
- 3 Selecting members for planning and advisory bodies in such a way as to exclude persons from membership on the basis of race, color, national origin, age, sex, or disability. The FSP and FDPIR also prohibit discrimination on the basis of religion and political beliefs.
- 4 Selecting FNS program sites or facilities in a manner that denies an individual access to FNS program benefits, assistance, or services on the basis of race, color, national origin, age, sex, or disability. The FSP and FDPIR also prohibit discrimination on the basis of religion and political beliefs.

B Achieving Voluntary Compliance. Once noncompliance is determined, steps must be taken immediately to obtain voluntary compliance. The effective date of the finding of noncompliance is the date of the written notice of noncompliance to the State agency, local agency, or other subrecipient. After a finding of noncompliance, the following action must be taken:

1 State agency must:

a Provide immediate written notice to the local agency or other subrecipient indicating the areas of noncompliance and the action required to correct the situation.

b Negotiate with the local agency or other subrecipient to achieve compliance.

c Submit to the Regional Administrator a Report of Findings of Noncompliance in letter format on all cases where corrective action has not been completed within 60 days of the finding. The attached documentation must include the following:

(1) Copies of compliance reviews,

(2) A brief statement of the allegations of noncompliance that can be factually supported,

(3) A statement of all actions taken to achieve voluntary compliance,

(4) List of available witnesses, their addresses, and official titles, with a brief statement of the matter about which they can testify,

(5) Relevant contracts, assurances, and agreements between the State agency, local agency, and other subrecipient,

(6) List of names, titles, office mailing addresses, and office telephone numbers of parties involved, including the chief local agency or other subrecipient official and the State administrative official responsible for the program,

(7) A report of the specific amount of assistance provided during the last 3 fiscal years and the program authorities under which the assistance is extended,

(8) Letters from the State agency advising the local agency or other subrecipient of failure to comply,

(9) A statement of the defenses the local agency or other subrecipient may be expected to raise, and

(10) Recommendation for enforcement proceeding or for permission to pursue voluntary compliance efforts.

2 FNS Regional OCR must, with the concurrence of the Regional Administrator (RA):

a Determine whether the State agency should pursue further voluntary compliance efforts. If so, refer the case back to the State agency with suggestions for further actions that may achieve voluntary compliance.

b If it is determined that the State agency has exhausted all voluntary compliance efforts, or if the initial noncompliance determination was made by the FNS Regional OCR, FNS Regional OCR must prepare a letter to the State agency, local agency, or other subrecipient for the Regional Administrator's signature that includes:

- (1) The area of probable noncompliance,
- (2) Appropriate citations being violated under 7 CFR Part 15, this Instruction or other FNS regulation, policy, or guidance,
- (3) Sixty-day notice to resolve the matter and agree to corrective action, and
- (4) Warning that the matter may be subject to legal actions.

c If the RA determines that voluntary corrective action cannot be achieved within the 60 days allowed by negotiation with the State agency, local agency, or other subrecipient, the RA must submit the Report of Findings of Noncompliance, with appropriate documentation attached, to FNS Headquarters CRD, with copies to the appropriate FNS Deputy Administrator. Appropriate documentation should include the following:

- (1) Copies of compliance reviews,
- (2) A brief statement of the allegations of discrimination that can be factually supported,
- (3) A statement of all actions taken to achieve voluntary compliance,
- (4) List of available witnesses with their addresses and official titles, and with a brief statement of the matter about which they can testify,
- (5) Relevant contracts, assurances, and agreements with FNS and, where appropriate, between the State agency, local agency, or other subrecipient,
- (6) List of names, titles, office mailing addresses, and office telephone numbers of parties involved, including the chief agency official and the State administrative official responsible for the program,
- (7) A report of the specific amount of assistance provided during the last 3 fiscal years and the program authorities under which the assistance is extended,

(8) Letters from the State agency and/or FNS advising the agency of failure to comply,

(9) A statement of the defenses the agency may be expected to raise, and

(10) Recommendation for enforcement proceeding or for permission to pursue voluntary compliance efforts.

3 FNS Headquarters CRD must, with the concurrence of the appropriate Program Deputy Administrator:

a Determine whether the RA should pursue further voluntary compliance efforts. If so, refer the case back to the FNS Regional Administrator and Regional OCR with suggestions for further actions that may achieve voluntary compliance.

b If it is determined that the RA has exhausted all voluntary compliance efforts, FNS OCR must prepare a letter to the State agency, local agency, or other subrecipient for the FNS Administrator's signature that includes:

(1) The area of probable noncompliance,

(2) Appropriate citations being violated under 7 CFR Part 15, this Instruction or other FNS regulation, policy, or guidance,

(3) Notification of 30 days to resolve the matter and agree to corrective action or to submit a request for reconsideration. Requests for an extension of the time to submit opposing comments must be made in writing before the time for such submissions has expired. FNS' decision on a request for reconsideration is final, and there is no further right to request reconsideration. A request for reconsideration must contain arguments or evidence which establish that:

(a) new material and evidence is available that was not readily available when the previous decision was issued, or

(b) the previous decision involved an erroneous interpretation of law, regulation, or material fact, or misapplication of established policy, or

(c) the decision is of such exceptional nature as to have substantial implications.

(4) Warning that the matter may be subject to legal actions.

c If the letter from the FNS Administrator fails to achieve compliance within the 30 days allowed, the complete case and other required documentation will be forwarded to USDA OCR for formal enforcement action. Copies of the complete case must be included for forwarding by USDA OCR to the Office of the General Counsel (OGC) and DOJ.

4 USDA OCR Responsibilities:

a Review the record for completeness and adequacy of efforts at securing voluntary compliance.

b Issue orders to give a notice of hearing or opportunity to request a hearing pursuant to 7 CFR Part 15 and arrange for the designation of an administrative law judge to preside over any such hearing.

c Authorize the taking of action pursuant to 7 CFR Part 15.8(a) relating to compliance by "other means authorized by law."

C Termination or Suspension of Assistance. Any action to suspend or terminate assistance must be limited to a particular State agency, local agency or other subrecipient against whom the finding of noncompliance has been made and must be limited in its effect to the particular program, or part thereof, on which noncompliance has been found.

1 General conditions for termination or suspension of assistance by USDA must not become effective until FNS and USDA administrative responsibilities have been met.

a FNS Responsibilities:

(1) Advise the State agency, local agency, or other subrecipient in writing of its failure to comply and that it has been determined that compliance cannot be secured through voluntary means.

(2) Forward the complete case and other required documentation to USDA OCR for formal enforcement action. Copies of the complete case must be included for forwarding by USDA OCR to the OGC and the DOJ.

b USDA Responsibilities:

(1) Document the finding that after opportunity for a hearing, the recipient has failed to comply with the requirements of this instruction, regulations, policies, and other applicable guidelines.

(2) Ensure the action has been approved by the Secretary pursuant to 7 CFR Part 15.10(e).

(3) Ensure 30 days have passed since the Secretary has filed a full written report of the circumstances and the grounds for such action with the committee of the House and committee of the Senate that have legislative jurisdiction over the program involved.

2 After final termination is approved by the Secretary, FNS Headquarters CRD must prepare a letter to the appropriate FNS Deputy Administrator for the termination of

the financial assistance. The letter must advise the Deputy Administrator to advise FNS Headquarters OCR if the violating State agency, local agency, or other subrecipient reapplies for assistance. FNS Headquarters CRD must notify USDA OCR of the reapplication for assistance and, upon agreement with USDA OCR, conduct a preapproval onsite review.

XV COMPLAINTS OF DISCRIMINATION

A All complaints alleging discrimination on the basis of race, color, national origin, age, sex, or disability, either written or verbal, must be processed within the time frames established by Departmental regulations and agreements. The FSP and FDPIR also prohibit discrimination on the basis of religion or political beliefs.

B FNS Headquarters CRD and the FNS Regional OCRs have been delegated the authority to determine whether or not complaints will be reviewed and, if so, the manner in which they are to be reviewed. Depending on where the complaint was initially filed, it must be forwarded to the appropriate OCR (FNS Headquarters, Regional, or State) for a determination on how the complaint will be handled. The appropriate OCR will prepare and issue letters of acknowledgment to the complainants.

C FNS Headquarters and Regional OCRs must establish and maintain a system for processing and resolving complaints of discrimination that complies with Departmental regulations and agreements. FNS Headquarters CRD has a Memorandum of Understanding with USDA OCR regarding complaint processing and resolution that directs FNS actions as follows:

1 Right to File. Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action. Only the Secretary of Agriculture may extend this time under special circumstances. The complainant must be advised of confidentiality and Privacy Act applications. The complainant and the entity that the complaint is filed against will be encouraged to resolve the issue at the lowest possible level and as expeditiously as possible.

2 Acceptance. All complaints, written or verbal, must be forwarded to the appropriate Regional or FNS OCR Director, unless an approved State complaint procedure is in place. Anonymous complaints will be handled as any other complaints, to the extent feasible, based on available information.

3 Forms. FNS Headquarters and Regional OCR, State agency, local agency, or other subrecipient may develop complaint forms, but the use of such forms must not be a prerequisite for acceptance of a complaint. It is encouraged that complaint form format be collaboratively developed and coordinated among FNS, State agency, local agency, and/or other subrecipients.

4 Verbal Complaints. In the event a complainant makes the allegations verbally or in person and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made must write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:

a Name, address, and telephone number or other means of contacting the complainant,

b The specific location and name of the State agency, local agency, or other subrecipient delivering the service or benefit,

c The nature of the incident or action that led the complainant to feel discrimination was a factor, and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants,

d The basis on which the complainant believes discrimination exists. The bases for nondiscrimination are race, color, national origin, age, disability or sex. The FSP and FDPIR also prohibit discrimination on the basis of religion and political beliefs,

e The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action, and

f The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions.

XVI GUIDELINES FOR PROCESSING CIVIL RIGHTS COMPLAINTS

These guidelines summarize the responsibilities of FNS OCR, FNS Regional and Field Offices, and those State agencies delegated the authority to process complaints.

A FNS Headquarters CRD will:

1 Acknowledge complaints filed with the Secretary of Agriculture and the FNS Administrator informing the complainant of the action planned or requesting additional information needed for clarification.

2 Request that the appropriate regional office gather facts that will either support or refute the complainant's allegation(s).

3 Refer the complaint to the appropriate agency if not within FNS' jurisdiction.

4 Refer the complaint to the appropriate program division if no protected class is involved or the issues alleged are of a program nature.

5 Refer all age discrimination complaints to the Federal Mediation and Conciliation Service.

6 Review and evaluate the facts gathered and presented by the regional offices.

7 Recommend corrective action, when necessary.

8 Write Final Agency Decision letters informing the complainant of closure or followup action. Include the complainant's right to appeal to the Secretary of Agriculture.

B FNS Regional Offices will:

1 Acknowledge complaints received in the regional and field offices informing the complainant of the action planned or requesting additional information needed for clarification.

2 Request that the appropriate field office gather facts that will either support or refute the complainant's allegation(s).

3 Refer the complaint to the appropriate agency if not within FNS' jurisdiction.

4 Refer the complaint to the appropriate program division if no protected class is involved or the issues alleged are of a program nature.

5 Refer all age discrimination complaints to the Federal Mediation and Conciliation Service in Washington, D.C. within 10 days of receipt.

6 Review and evaluate facts gathered and presented by the field offices.

7 Write case decision letters informing the complainant of closure or followup action. Include the complainant's right to appeal to the Secretary of Agriculture.

8 Refer all recommendations for corrective action to FNS Headquarters CRD.

9 Submit, for concurrence and oversight, quarterly reports to FNS Headquarters CRD.

C State agencies delegated the authority to process complaints will:

1 Provide information at the program delivery site advising program applicants/participants of the option to file a complaint with the Secretary of Agriculture, FNS' Administrator, or the State agency.

2 Accept and acknowledge complaints filed with the State agency informing the complainant of the action planned or requesting additional information needed for clarification.

3 Refer all age discrimination complaints to FNS Regional OCR.

4 Gather facts that will either support or refute the complainant's allegation(s), ensuring that all relevant sources of information are investigated.

5 Review and evaluate the facts gathered.

6 Write decision letters informing the complainant of closure or followup action. Include the complainant's right to appeal to the Secretary of Agriculture.

7 Implement corrective action, when necessary.

8 Submit a report to FNSRO of each complaint processed, prior to issuing a decision letter to the complainant for the purpose of oversight and concurrence.

XVII PROCEDURES FOR PROCESSING AND RESOLVING COMPLAINTS OF DISCRIMINATION

A All complaints alleging discrimination on the basis of race, color, national origin, age, sex, or disability, either written or verbal, must be processed within 90 days of receipt. The FSP and FDPIR also prohibit discrimination on the basis of religion or political beliefs.

B Responsibilities of State agencies, local agencies, or other subrecipients in regard to discrimination complaint processing are set out in USDA regulations implementing CR laws. In some instances, program regulations address complaint processing. This Instruction coordinates the complaint processing responsibilities of State agencies, local agencies, or other subrecipients. USDA regulations implementing Federal CR laws place certain direct requirements on State agencies, local agencies, or other subrecipients to maintain a processing system for discrimination complaints.

C State agencies are to follow the steps below for interacting with FNS Regional OCRs in the administration of their discrimination complaint processing system:

1 As part of the State Operations Plan, each State agency must submit a description of the agency's discrimination complaint/grievance processing system to the FNSRO for review. State agencies should operate their system as described in the approved submission unless there is an approved revision.

2 All complaints alleging discrimination on the basis of age, except as noted in program appendices, will be forwarded to the appropriate FNS Regional OCR by the State agency within 5 working days after receipt. The FNS Regional OCR will refer the complaint to the Federal Mediation and Conciliation Service (FMCS) within 10 days of initial receipt by the State agency, local agency, or other subrecipient, in accordance with the governmentwide arrangement. If FNS Headquarters CRD receives the complaint, it will adhere to the same processing standards. If FMCS mediation is successful, FMCS must notify the appropriate FNS CRD so that the case can be closed. If mediation is unsuccessful, FMCS must refer the complaint back to the appropriate OCR for processing through the established complaint processing system.

D FNS, and those State agencies delegated the authority to process complaints of discrimination under their respective statutes or policies, will be responsible for the entire complaint process, including providing the complainant with appeal rights at the time of closure. Program complaints that do not allege discrimination shall be processed as such under program

guidelines and recorded under a separate and distinct logging system for easy identification. Upon receipt of an incoming complaint, the OCR, Regional Offices, and State agencies will proceed accordingly:

1 When the OCR receives a complaint, it is immediately logged into a computerized tracking system. The case is forwarded to a Civil Rights Specialist who analyzes it to determine jurisdiction and appropriate course of action. The Civil Rights Specialist acknowledges receipt of the complaint within 5 days and includes within the acknowledgement letter action(s) planned or a request for additional information, if needed.

2 Based on the analysis performed by the Civil Rights Specialist, one of three situations will occur:

a Referral: these are cases received that required no action to be performed by the Civil Rights Specialist. In this instance, the case is referred to the appropriate office and /or agency. Cases in this category will be considered closed at this point.

b Age Discrimination: these are cases received that contain an allegation of age discrimination. These cases will be forwarded to the Federal Mediation and Conciliation Service (FMCS) in Washington, D.C. for mediation. The agency will ensure that, as required by regulations, complaints are referred to FMCS within 10 days of receipt by FNS. FMCS will have 60 days to mediate the complaint. If mediation is successful and the complaint is resolved, FMCS will forward its findings to FNS. This will initiate a letter to the complainant by FNS confirming that the mediation was successful. If mediation is unsuccessful, or if FNS does not send the complaint to FMCS within the 10-day time frame, FNS will process the complaint in accordance with the established complaint processing procedures for other complaints.

c Investigation: these are cases that contain alleged violations in FNS programs, a prohibited basis of discrimination, and an adverse action as determined by the complainant. An investigation must be conducted on these cases. *At minimum, the investigation must consist of:*

(1) contact with the complainant or authorized representative, if any, and a review of his/her case file,

(2) a review of a representative sample of case files of similarly situated program participants/applicants proceeding with:

(a) the total program participant/applicant population (to be determined within an established timeframe), extracting from that population:

(b) the total number of program participants/applicants that are similarly situated as the complainant, concluding with not less than ten (10) percent of the random number of program participants/applicants that are similarly situated as the complainant,

Note: In cases where ten (10) percent of the total number of program participants/applicants that are similarly situated as the complainant is twenty (20) or less, you must review at least five (5) of those case files.

(3) contact with the State agency for a response to the allegations set forth in the complaint.

3 When an investigation is determined necessary, the Specialist uses one of two methods for obtaining information on a complainant: a) contact the complainant for additional information on the complaint and desk review of the case files; or b) conduct an investigation.

a When a desk review of information from the complainant's case file and similarly situated case files is determined to be the appropriate action, the regional office will provide a written request, within 5 days of receipt of notice from OCR, to the State agency for the information desired. If the complainant's letter was initially received in Headquarters, the request for a desk review will be forwarded to the regional office for action. Information from the State agency may be requested by telephone; however, all telephone requests should be documented and followed up in writing. The letter to the State agency shall be sent certified mail -- return receipt requested or by a method where delivery can be tracked by the receiver's signature.

b The nature of the complainant's letter may warrant an onsite investigation. The onsite investigation must consist of an interview with the complainant (face-to-face or by telephone); the investigation may be discontinued at this step if the complainant indicates that discrimination did not occur; that he/she understands how the case was handled; does not wish to pursue the complaint; or withdraws the complaint. If the complainant does not wish to pursue or withdraws the complaint, the person conducting the investigation should obtain a signed statement from the complainant. The signed statement should be included with the investigative report. If further investigation is necessary based on available information, the following steps will be taken in addition to the interview with the complainant:

- (1) review of the complainant's case file,
- (2) review of other similarly situated case files,
- (3) interviews with local Agency officials,
- (4) interviews with relevant witnesses and other applicants/participants, and
- (5) interviews with representatives of grassroots/advocacy organizations, if warranted.

4 The FNS/State agency shall conduct an investigation to substantiate or refute the allegations in the complaint. An investigation shall be conducted on all complaints that establish a prima facie case of discrimination. The elements of a prima facie case may vary depending on the facts of the complaint, but such elements often include the following:

- a the complainant is a member of a protected class,
- b the complainant is qualified and eligible for a benefit or a program that receives Federal financial assistance from USDA,
- c the complainant's access to or participation in a USDA federally funded program was harmed by the recipient's action or failure to act, and
- d there is some evidence of recipient's actions or failure to act from which, if otherwise unexplained, an inference of discrimination can be drawn.

The State agency shall prepare a written report of the investigation that includes the findings of the investigation with relation to the specific allegations of the complaint and a summary of all interviews with the complainant, participants, and community organizations and case file examinations. If an investigation is not conducted, the State agency shall provide an explanation in its report to the FNS regional office.

To ensure that sufficient information is presented to make a sound decision and fully address issues or concerns of the complainant, a standardized inquiry report format may be used. All requests for extensions of time to conduct preliminary inquiries will be handled on a case-by-case basis. Processing time will be counted during the extension period.

5 All complaints, regardless of the originating office, shall be processed and closed within 90 days of receipt. A decision letter shall be sent to the complainant that contains: The name of the complainant, a review number, the date the complaint was received, a statement of the jurisdictional authority, a statement of each allegation and applicable regulation, if an investigation is warranted, the methodology on how the complaint was investigated, and the conclusions. All decision letters to complainants will include their appeal rights to the Secretary of Agriculture.

6 The FNSRO shall maintain responsibility for the review and disposition of each complaint handled at the State agency level. The State agency will submit a report to FNSRO of each complaint processed, prior to issuing a decision letter to the complainant for the purpose of oversight and concurrence. All complaint reports will be reviewed for thoroughness, particularly to determine if all of the complainant's allegations and concerns were addressed and if appropriate inquiry/contacts were made. The FNS regional office shall refer all complaints processed by the State agency to FNS Headquarters quarterly for final disposition.

FNS Headquarters will maintain management responsibility for the review and disposition of each complaint handled at the Headquarters or FNSRO levels. All reports will be reviewed for compliance to determine if the complainant's concerns were adequately addressed and if appropriate contacts were made.

In addition to reviewing records, all complaint activity, including training, will be monitored and evaluated during routine annual CR reviews. Staff having the responsibility for processing complaints must be trained on the appropriate procedures prior to conducting complaint inquiries/investigations. Regional Civil Rights Directors will continue to provide training to

Regional, Field Office, and State agency personnel on an ongoing basis. The FNSRO will, during Management Evaluation Reviews, review State agency complaint procedures to determine if their procedures meet regulatory requirements and to assure that State agencies implement connective action on any noncompliance situation disclosed during an investigation.

A handwritten signature in black ink, appearing to read 'Roberto Salazar', with a stylized, sweeping flourish extending to the right.

Roberto Salazar
Administrator

FOOD STAMP PROGRAM (FSP)

- A Legislative Authority - The Food Stamp Act of 1977, 7 U.S.C. § 2011-2036.
- B Regulatory - 7 CFR Parts 271 -- 285.
- C Overview

The FSP is authorized under the Food Stamp Act of 1977, as amended (the Act). The FSP is an entitlement program available to all low-income individuals and families that meet the income, resource, and eligibility requirements as specified under the Act and corresponding regulations. In addition to CR legislation and USDA policy, FSP regulations at 7 CFR Part 272.6 specify that State agencies shall not discriminate against any applicant or participant in any aspect of program administration, including, but not limited to, the certification of households, the issuance of program benefits, the conduct of fair hearings, or the conduct of any other program service for reasons of age, sex, race, national origin, color, handicap, religious creed, or political beliefs.

D Definitions

1 *Citizenship and immigrant status* -- In general, to be eligible to participate in the FSP, a person must be a U.S. citizen, a U.S. noncitizen national, a member of an Indian tribe as defined in section 4(e) of the Indian Self Determination and Education Assistance Act (25 U.S.C. § 450b(e)), an American Indian who was born in Canada, or an eligible immigrant as specified under the Act and corresponding regulations. See 7 CFR Part 273.4.

2 *Disabled* -- a household member who suffers from a disability considered permanent under the Social Security Act or who suffers from a non-disease-related severe and permanent disability. See full definition at 7 CFR Part 271.2.

3 *Elderly* -- For FSP purposes, an elderly person is 60 years of age or older.

4 *Plan of Operation* -- Each State agency must submit for approval a plan of operation specifying the manner in which the program will be conducted within the State in every political subdivision. The State Plan of Operation includes a preprinted Federal or State Agreement that has been signed by each State. The agreement includes a CR statement. See 7 CFR Part 272.2.

5 *Project area* - the county or similar political subdivision designated by a State as the administrative unit for program operations.

6 *Small project* - areas with monthly active caseloads of 2,000 households or fewer.

7 *Medium project* - areas with monthly active caseloads of 2,001 to 15,000 households.

8 *Large project* - areas with monthly active caseloads of 15,000 households or more.

9 *Single-language minority* – households that speak the same non-English language and that do not contain adult(s) fluent in English as a second language.

10 *State agency* -- The State agency is the agency of State government, including local offices, that are responsible for the administration of the federally aided public assistance programs, including the FSP. The State agency may either be State administered or County administered. County administered agencies include the local agencies that administer public assistance programs for the State agency. Under the Act, an Indian Tribal Organization (ITO) may request approval from the Secretary of Agriculture to operate the FSP as a separate State agency providing the ITO can prove the State agency is not operating the program to meet the needs on the reservation. The FSP must notify FNS Civil Rights Offices in the event approval is given. (See 7 CFR Part 271.2).

E Civil Rights Assurance

In accordance with 7 CFR Part 272.2(b), the State/Federal agreement, which is a component in the State agency's Plan of Operation, must contain a statement in which the State agency agrees to comply with all applicable civil rights laws and regulations. FNS Regional and State OCR offices are responsible for ensuring that the appropriate CR statement in the State/Federal agreement is updated as necessary.

F Public Notification -- 7 CFR Part 272.6(f)

In general, State agencies must: (1) publicize procedures for filing a complaint, (2) insure that all offices involved in administering the program display the nondiscrimination poster provided by FNS, and (3) insure that participants and other low-income households have access to information regarding nondiscrimination statutes and policies, complaint procedures, and the rights of participants, within 10 days of the date of a request.

G Nondiscrimination Statement

Under 7 CFR Part 273.2 (b)(viii) of the FSP regulations, each State agency's food stamp application form must contain the nondiscrimination statement as specified below in Item 1. For State agencies using a joint application for food stamp benefits and other public assistance programs administered by the Department of Health and Human Services, FNS is allowing State agencies the option of waiving 7 CFR Part 273.2(b)(viii) and using the statement specified under Item 2 below. Use of the joint nondiscrimination statement is preapproved. State agencies do not have to submit a written request to FNS to use the joint statement. If the material is too small to permit the full statement to be included, the material will, at minimum, include the statement, in print no smaller than text, that "The USDA is an equal opportunity provider and employer."

1 The first authorized statement reads as follows:

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.”

“To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

2 The second statement that may be used on joint application forms reads as follows:

“In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

“To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272(voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.”

H Bilingual Requirements -- 7 CFR Part 272.4(b)

1 Current FSP rules at 7 CFR Part 272.4(b) require State agencies to use appropriate bilingual personnel and printed materials in areas in the State in which a substantial number of members of low-income households speak a language other than English, otherwise referred to as persons with Limited English Proficiency (LEP). To determine if a substantial number of LEP households reside in an area, the current rules specify the methodology for estimating the number of LEP households and thresholds that trigger mandatory bilingual services.

2 In general, each certification office that provides service to an area containing approximately 100 single-language minority low-income households must routinely provide both bilingual certification materials and bilingual staff or interpreters. Certification materials include the food stamp application form, change report forms (i.e., monthly, quarterly, or change reports) and notices to the household. Bilingual services also are required in project areas with a total of less than 100 low-income households if a majority of those households are of a single-language minority.

3 Bilingual services as described in this section must be provided for all FSP activities including, but not limited to, work requirements, Electronic Benefit Transfer, outreach, and nutrition education.

4 To determine the need to provide for bilingual services, State agencies are required to develop estimates of the number of low-income single-language minority households, both participating and not participating in the program, for each project area and certification office, and use those estimates to determine if thresholds are met. If so, bilingual services must routinely be provided in those project areas and offices.

I Data Collection

As specified at 7 CFR Part 272.6(g), State agencies must obtain racial and ethnic data on participating food stamp households and report the information to FNS on the *FNS 101, Participation in Food Programs*. State agencies may request applicant households to identify voluntarily their race and ethnicity on the application form. The application form must clearly indicate that the information is voluntary, that it will not affect the applicant's eligibility or benefit level, and that the information is to assure that program benefits are distributed without regard to race, color, or national origin. The data must be maintained on file for 3 years.

State agencies are responsible for using current racial or ethnic data to determine if the program is reaching potentially eligible, low-income households. Unexplained discrepancies in participation data that indicate a project area is not in compliance with CR requirements must be reviewed or investigated further. Trend analyses must also be conducted to determine if significant changes in racial and ethnic data warrant further review or investigation.

J FSP Complaint Process -- 7 CFR Part 272.6(c)

1 Complaints from an applicant or recipient alleging discrimination in any aspect of program administration will be accepted by the Secretary of Agriculture provided sufficient information (See 2 (a-f) below) is submitted. A complaint must be filed no later than 180 days from the date of the alleged discrimination. This filing date may be extended by the Secretary.

2 At a minimum, complaints must contain the following information (for additional information, see Sections XIV through XVI):

a The name, address, and telephone number or other means of contacting the person alleging discrimination,

b the location and name of the organization or office that is accused of discriminatory practices,

c the nature of the incident or action or the aspect of program administration that led the person to allege discrimination,

d the basis for the alleged discrimination (age, race, color, sex, disability, religious creed, national origin, or political belief),

e the names, titles (if appropriate), and addresses of persons who may have knowledge of the alleged discriminatory acts, and,

f the date or dates on which the alleged discriminatory actions occurred.

K Compliance Reviews

Ongoing CR compliance reviews must be conducted by Regional OCR Offices as part of the overall FSP Management Evaluation (ME) process. Regional OCR Offices and Regional FSP staff must consult each other when developing review schedules and advise each other of pertinent findings that may have an impact on the responsibility of the each Office to maintain OCR and FSP oversight. CR compliance reviews may be conducted along with other program areas at the State or local level, or the reviews may be conducted separately. In accordance with 7 CFR Part 275, each State agency must conduct a CR review annually for large project areas; every 2 years for medium project areas; and every 3 years for small project areas.

CHILD NUTRITION PROGRAMS (CNP)

- National School Lunch Program (NSLP)
- Special Milk Program (SMP)
- School Breakfast Program (SBP)
- Summer Food Service Program (SFSP)
- Child and Adult Care Food Program (CACFP)

A LEGISLATIVE AUTHORITY

1 CNP: Richard B. Russell National School Lunch Act (NSLA)
42 USC 1751 et seq. Child Nutrition Act of 1966 (42 U.S.C. § 1771 et seq.)

2 NSLP: Section 2 of the National School Lunch Act (NSLA), as amended, established the National School Lunch Program (NSLP) to safeguard the health and well-being of the Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other foods.

3 SMP: Section 3 of the Child Nutrition Act, as amended, established the Special Milk Program (SMP) to encourage the domestic consumption of fluid milk by children in nonprofit schools and institutions that do not participate in a meal service program authorized under the NSLA or Child Nutrition Act.

4 SBP: Section 4 of the Child Nutrition Act, as amended, established the School Breakfast Program (SBP), to authorize payments to the States to assist them to initiate, maintain, or expand nonprofit breakfast programs in schools.

5 SFSP: Section 13 of the NSLA, as amended, established the Summer Food Service Program (SFSP) to provide meals for children from needy areas during periods when area schools are not in session.

6 CACFP: Section 17 of the NSLA, as amended, established the Child and Adult Care Food Program (CACFP) to initiate, maintain, and expand nonprofit food service programs for children or adult participants in nonresidential institutions that provide care.

B REGULATORY

1 NSLP: 7 CFR Part 210

2 SMP: 7 CFR Part 215

3 SBP: 7 CFR Part 220

4 SFSP: 7 CFR Part 225

5 CACFP: 7 CFR Part 226

C DEFINITIONS

1 CNP:

(a) CND -- The Child Nutrition Division of FNS is the Federal entity responsible for administering the NSLP, SBP and SMP, CACFP, and SFSP.

(b) NSLP, SBP, and SMP -- School Nutrition Programs that include NSLP, SBP, and SMP.

(c) Local Agency or Other Subrecipient -- Refer to Section V of this Instruction. For the purposes of this Instruction, entities such as the following will be considered a "local agency": public or private nonprofit organizations, such as school food authority (SFA) or local educational agency that are approved to administer NSLP, SMP, SBP, or SFSP; institutions that are approved to administer CACFP or SFSP; and sponsoring organizations of family day care homes (FDCHs) and/or child care centers, or summer feeding sites. The following entities will be considered a subrecipient: a school, child care facility, a FDCH provider, a CACFP center site, or a SFSP site that receives benefits from a local agency to operate the CACFP or SFSP under the auspices of a sponsoring organization.

(d) School Food Authority (SFA) -- The legal governing body responsible for the administration of one or more schools and that has the legal authority to enter into an agreement with the State agency or FNSRO, where applicable, to operate the NSLP, SBP, SMP, SFSP, and/or CACFP.

(e) State Agency -- The State educational agency or such other agency of the State that has been designated by the Governor or other appropriate executive or legislative authority of the State that enters into an agreement with USDA to administer NSLP, SBP and SMP, CACFP, and/or SFSP within the State.

(f) School Year -- The period July 1 to June 30 of the following year.

2 SFSP:

(a) Camps -- Residential summer camps and nonresidential day camps that offer a regularly scheduled food service as part of an organized program for enrolled children. Nonresidential camp sites shall offer a continuous schedule of organized cultural or recreational programs for enrolled children between meal services.

(b) Sponsor -- A public or private nonprofit school food authority, a public or private nonprofit residential summer camp, a unit of local, municipal, county, or State government, a public or private nonprofit college or university currently participating in the National Youth Sports Program, or a private nonprofit organization that develops a special

summer or other school vacation program providing food service similar to that made available to children during the school year under the NSLP and SBP and that is approved to participate in the Program. Sponsors are referred to in the NSLA as “service institutions.”

3 CACFP:

(a) Adult Day Care Center -- Any public or private nonprofit organization or any for-profit Title XIX or Title XX center that (a) is licensed or approved by Federal, State, or local authorities to provide nonresidential adult day care services to functionally impaired adults or persons 60 years of age or older in a group setting outside their homes or a group living arrangement on a less than 24-hour basis and (b) provides for such care and services directly or under arrangements made by the agency or organization whereby the agency or organization maintains professional management responsibility for all such services. Such centers shall provide a structured, comprehensive program that provides a variety of health, social, and related support services to enrolled adult participants through an individual plan of care.

(b) Adult Day Care Facility -- A licensed or approved adult day care center under the auspices of a sponsoring organization.

(c) Child Care Center -- Any public or private nonprofit organization or for-profit center in which 25 percent or more of the children are eligible for free or reduced-price meals, or receive benefits under Title XX, licensed or approved to provide nonresidential child care services to enrolled children, primarily of preschool age, including, but not limited to, day care centers, settlement houses, neighborhood centers, Head Start centers, and organizations providing day care service for disabled children. Child care centers may participate in the program as independent institutions or under the auspices of a sponsoring organization.

(d) Outside-School-Hours Care Center -- Any public or private nonprofit organization or for-profit center in which 25 percent or more of the children are eligible for free or reduced-price meals, or receive benefits under Title XX, licensed or approved to provide organized nonresidential child care services to enrolled children outside of school hours. Outside-school-hours care centers may participate in the program as independent centers or under the auspices of a sponsoring organization.

(e) Proprietary Title XIX Center -- Any private, for-profit center (a) providing nonresidential adult day care services for which it receives compensation from amounts granted to the States under Title XIX of the Social Security Act and (b) in which Title XIX beneficiaries were not less than 25 percent of enrolled eligible participants in the calendar month preceding initial application or annual reapplication for program participation.

(f) Proprietary Title XX Center -- Any private, for-profit center (a) providing nonresidential child care services for which it receives compensation from amounts granted to the States under Title XX of the Social Security Act, and in which Title XX child care beneficiaries constitute no less than 25 percent of enrolled eligible participants or licensed capacity, whichever is less, during the calendar month preceding initial application or annual reapplication for program participation, or (b) providing nonresidential adult day care services for which it receives compensation from amounts granted to the States under Title XX of the

Social Security Act, and in which adult beneficiaries were not less than 25 percent of enrolled eligible participants during the calendar month preceding initial application or annual reapplication for program participation.

(g) Child Care Facility -- A licensed or approved child care center, day care home, emergency shelter, at-risk afterschool site, or outside-school-hours care center operating under the auspices of a sponsoring organization.

(h) Family Day Care Home -- An organized nonresidential child care program for children enrolled in a private home, licensed or approved as a family or group day care home and under the auspices of a sponsoring organization.

(i) Institution -- A sponsoring organization, child care center, emergency shelter, outside-school-hours care center, or adult day care center that enters into an agreement with the State agency to assume final administrative and financial responsibility for program operations.

(j) Sponsor/Sponsoring Organization -- A public or nonprofit private organization which is entirely responsible for the administration of the food program in (a) one or more day care homes; (b) a child care center, outside-school-hours care center, emergency shelter, or adult day care center which is a legally distinct entity from the sponsoring organization; (c) two or more child care centers, outside-school-hours care centers, or adult day care centers; or (d) any combination of child care centers, adult day care centers, day care homes, emergency shelters, and outside-school-hours care centers. The term sponsoring organization also includes a for-profit organization that is entirely responsible for administration of the program in any combination of two or more child care centers, adult day care centers, and outside-school-hours day care centers that are part of the same legal entity as the sponsoring organization, and that are for-profit Title XIX or XX centers.

D CIVIL RIGHTS ASSURANCES

1 NSLP, SBP, and SMP:

(a) To qualify for Federal financial assistance, the program application must be accompanied by a written assurance that the program or facility will be operated in compliance with the CR laws and implementing nondiscrimination regulations.

(b) The FNSRO is responsible for obtaining from each State agency a written Statement of Assurance, using Federal-State Agreement, Form FNS-74. By accepting this assurance, the program applicant agrees to compile data, maintain records, and submit reports, as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, FNS shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the program applicant and its successors, transferees, and assignees, as long as they receive assistance or retain possession of any assistance from USDA.

(c) State agencies will incorporate the following CR assurance into all written agreements for SFAs:

"The program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement."

"By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the Program applicant."

2 CACFP and SFSP:

(a) To qualify for Federal financial assistance, the program application must be accompanied by a written assurance that the program or facility will be operated in compliance with the CR laws and implementing nondiscrimination regulations.

(b) The FNSRO is responsible for obtaining from each State agency a written Statement of Assurance, using Federal-State Agreement, Form FNS-74. By accepting this assurance, the program applicant agrees to compile data, maintain records, and submit reports, as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, FNS shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the program applicant and its successors, transferees, and assignees, as long as they receive assistance or retain possession of any assistance from USDA.

(c) State agencies will incorporate the following CR assurance into all written agreements:

“The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), DOJ (28) CFR Parts 42 and 50) and FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from USDA; and hereby gives assurance that it will immediately take any measures necessary to fulfill this agreement.”

“This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.”

“By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the Program applicant.”

E PARTICIPANTS

1 NSLP:

(a) Child -- A student of high school grade or under as determined by the State educational agency, who is enrolled in an educational unit of high school grade or under, including students who are mentally or physically disabled as defined by the State and who are participating in a school program established for the mentally or physically disabled;

(b) a person under 21 chronological years of age who is enrolled in an institution or center, or

(c) for purposes of reimbursement for meal supplements served in after school care programs, an individual enrolled in an after school care program operated by an eligible school who is 18 years of age or under, or in the case of children of migrant workers and children with disabilities, not more than 15 years of age.

2 SMP:

Children –

- (a) Persons under 19 chronological years of age in child care institutions;
- (b) Persons under 21 chronological years of age attending schools; and
- (c) Students, including students who are mentally or physically disabled as defined by the State and who are participating in a school program for the mentally or physically disabled, of high school grade or under as defined by the State educational agency.

3 SBP:

Child –

- (a) A student of high school grade or under as determined by the State educational agency, including a student who is mentally or physically disabled as defined by the State educational agency and who is participating in a school program for the mentally or physically disabled; and
- (b) A person under 21 chronological years of age who is enrolled in residential child care institution.

4 SFSP:

Child –

- (a) A person 18 years of age and under, and
- (b) A person over 18 years of age who is determined by a State educational agency or a local public educational agency of a State to be mentally or physically disabled and who participates in a public or nonprofit private school program established for the mentally or physically handicapped.

5 CACFP:

(a) Children –

- (1) Persons 12 years of age and under,
- (2) Children of migrant workers who are 15 years of age and under

(3) Persons with mental or physical handicaps, as defined by the State, enrolled in an institution or a child care facility serving a majority of persons 18 years of age and under, and

(4) Persons 18 years of age or under who participate at at-risk after school snack or supper sites or in emergency shelters.

(b) Adult participant -- A person enrolled in an adult day care center who is functionally impaired or 60 years of age or older.

F DATA COLLECTION

1 NSLP, SBP, and SMP:

The collection and reporting of data on the actual number of children applying for free and reduced-price meals or free milk, by ethnic/racial group, is required by DOJ Regulations, 28 CFR Part 42, and 9 AR.

(a) The SFA or other program recipient agency will:

(1) Develop a method for data collection. Methods include determination of the information by a school official through observation, personal knowledge, or voluntary self-identification by an applicant on the free and reduced-price meal or free milk application. State agencies may also use data or information collected by other Federal and State agencies (e.g., Department of Education).

(2) Maintain information on file for 3 years.

(3) Establish procedures to ensure that the information is made available only to authorized State and Federal personnel as requested, or as part of Office of Management and Budget (OMB) approved surveys.

(b) The State agency, or FNSRO where applicable, will:

(1) Ensure that each SFA or other program recipient agency under its jurisdiction complies with the requirements set forth in the above paragraph.

(2) Review and evaluate the data during the civil rights compliance phase of the monitoring and review activities required by program regulations; and identify SFAs or other program recipient agencies that need closer review to determine their compliance with the CR laws and with the requirements of this Instruction.

2 CACFP:

The State agency must ensure that racial or ethnic beneficiary data are collected and maintained on file for 3 years for all institutions within its jurisdiction. These data must include the number of actual beneficiaries and the estimated number of potentially eligible

beneficiaries by racial or ethnic category. State agencies must use these data during routine compliance reviews to determine how effectively the program is reaching potentially eligible beneficiaries, identify areas where additional outreach is needed, and assess institution compliance.

(a) Determining the Number of Potentially Eligible Beneficiaries: The number of potentially eligible beneficiaries by racial or ethnic category for the area served by each institution is to be determined each year. Data concerning the number of potentially eligible beneficiaries, along with identification of all sources of the information, will be updated annually and maintained on file for 3 years. Sources for obtaining such data might include census data or public school enrollment data.

(b) Collecting and Maintaining Actual Beneficiary Data: Actual beneficiary data by racial or ethnic category for each child care center, outside-school-hours care center, adult day care centers, and family day care home under its jurisdiction are to be collected by the institution each year. Visual identification may be used by institutions to determine a beneficiary's racial or ethnic category or the parents/guardian of a beneficiary may be asked to identify the racial or ethnic group of the participant.

For data-collecting purposes, a beneficiary may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. Parents/guardian of beneficiaries may be asked to identify the racial or ethnic group of the participant only after it has been explained, and they understand, that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of their eligibility to receive benefits under the program. Such collection systems will ensure that:

(1) The actual beneficiary data will be maintained on file at the institution and retained for 3 years;

(2) The data will be maintained under safeguards, restricting access of records only to authorized personnel.

3 SFSP:

(a) Determining the Number of Potentially Eligible Beneficiaries: The number of potentially eligible beneficiaries by racial or ethnic category for the area served by each sponsor is to be determined each year. Data concerning the number of potentially eligible beneficiaries, along with identification of all sources of the information, are to be updated annually and maintained on file for 3 years. Sources for obtaining such data might include census data or public school enrollment data.

(b) Collecting and Maintaining Actual Beneficiary Data: Actual beneficiary data by racial or ethnic category for each site under a sponsor's jurisdiction are to be collected by the sponsor each year. Sponsors of residential camps must collect and maintain this information

separately for each session of the camp. For all other sites, the sponsor must count the participating children at least once during the site's operation. Visual identification may be used by the sponsors to determine a beneficiary's racial or ethnic category or the parents of a beneficiary may be asked to identify the racial or ethnic group of their child(ren).

(c) Once collected, actual beneficiary data shall be maintained on file by the sponsor. Data, as well as documentation for the data, shall be retained by the sponsor for the required 3 years. The data shall be maintained using safeguards that prevent its use for discriminatory purposes. Such safeguards shall include allowing access to program records containing this data only by authorized personnel.

G COMPLIANCE REVIEWS

1 NSLP, SBP, and SMP:

(a) FNSROs and State agencies are required to conduct compliance reviews, as part of the monitoring and review activities required by program regulations, to determine whether program delivery is in compliance with the requirements of 7 CFR Part 15 and this Instruction. FNSROs are responsible for ensuring Regional Office Administered Programs (ROAP) and State agency compliance; State agencies ensure compliance of SFAs and other program recipient agencies under their jurisdiction; and SFAs ensure compliance of schools in which they operate the program(s). Reviews will be conducted as part of ongoing program review procedures at each administrative level.

(b) Preaward Compliance Reviews -- State agencies or FNSROs, where applicable, are required to review applications from SFAs and other program recipient agencies to determine if the applicants are in compliance with the civil rights laws. These reviews are based on information provided by applicants in their official application for program funds. No Federal funds will be made available to a SFA or other program recipient agency until a preapproval compliance review has been conducted and the applicant determined to be in compliance. Information submitted for civil rights reviews as part of the application must include:

(1) Copies of free and reduced price policy statements, letters to parents, public releases, and any other materials used to publicize the program's availability and nondiscrimination requirements.

(2) Estimated data on the racial or ethnic makeup of the applicant organization's program service area and enrollment.

(3) A description of membership requirements as a prerequisite for admission to the applicant's institution, if applicable.

(4) The names of other Federal agencies providing assistance to the applicant organization and whether the applicant has ever been found to be in noncompliance by those Federal agencies.

2 CACFP/SFSP

Preaward Compliance Reviews -- The Regional Offices are required to perform thorough desk reviews of applications from previously unfunded State agencies to determine if the applicants are in compliance with CR provisions. Similarly, State agencies are to perform thorough desk reviews of applications from institutions. These reviews are based on information provided by applicants in their official application for program funds. No Federal funds shall be made available to a State agency or institution until a preaward compliance review has been conducted and the applicant is determined to be in compliance with nondiscrimination laws, regulations, instructions, or guidance. At a minimum, the following data will be analyzed during the preaward compliance review:

- (a) An estimate of the racial or ethnic makeup of the population to be served,
- (b) Efforts to be used to assure that underserved populations have an equal opportunity to participate,
- (c) Efforts to be used to contact grassroots organizations about the opportunity to participate, and
- (d) The names of other Federal agencies providing assistance to the applicant organization and whether the applicant has ever been found to be in noncompliance by those Federal agencies.

H COMPLIANCE REVIEWS FREQUENCY

1 NSLP, SBP, and SMP:

- (a) Routine reviews of program operations, completed as a part of the overall management evaluation and administrative review processes, are the vehicle used to determine CR compliance in accordance with NSLP, SMP, and SBP, 7 CFR Parts 210, 215, and 220, respectively. In States where Regional Offices directly administer the program, Regional Offices shall conduct civil rights compliance reviews of participating SFAs and schools as a part of the program review process.
- (b) The State agency or FNSRO, as applicable, shall review all SFAs according to the frequency set forth in 7 CFR Part 210.18.

2 CACFP:

- (a) Regional Offices are required to review all State agencies within their region and a sampling of local institutions and facilities under those State agencies as a part of the management evaluation process. In States where Regional Offices directly administer the Program, Regional Offices are required to conduct CR compliance reviews of participating institutions and facilities as a part of the program review process.

(b) State agencies will conduct CR compliance reviews of participating institutions and facilities when they conduct program reviews according to the frequency set forth in 7 CFR Part 226.6.

3 SFSP:

(a) FNSROs are required to review State agencies within their region and a sampling of local sponsors and sites under those State agencies as a part of the management evaluation process.

(b) State agencies will conduct CR compliance reviews of participating sponsors and sites when they conduct program reviews according to the frequency set forth in 7 CFR Part 225.7.

FOOD DISTRIBUTION

- The Emergency Food Assistance Program (TEFAP)
- Food Distribution Program on Indian Reservations (FDPIR)
- Commodity Supplemental Food Program (CSFP)
- Nutrition Assistance to Pacific Islands
- Food Assistance in Disasters and Situations of Distress
- Commodity Distributions to Charitable Institutions
- Commodity Component for: the National School Lunch Program, the Child and Adult Care Food Program, and the Summer Food Service Program

NOTE: The provisions of FNS INSTRUCTION 113-1 do not apply to entities that receive Federal financial assistance from USDA for the distribution of food through the Nutrition Services Incentive Program (NSIP), formerly the Nutrition Program for the Elderly, which is administered by the U.S. Department of Health and Human Services.

A LEGISLATIVE AUTHORITY (Section II)

1 FDPIR

- (a) Regulations -- 7 CFR Parts 250, 253, and 254
- (b) Legislation -- Section 4(b) of the Food Stamp Act of 1977 (Public Law 95-113), as amended; Section 4(a) of the Agriculture and Consumer Protection Act of 1973 (Public Law 93-86), as amended.

2 CSFP

- (a) Regulations -- 7 CFR Parts 250 and 247
- (b) Legislation -- Sections 4(a) and 5 of the Agriculture and Consumer Protection Act of 1973 (Public Law 93-86), as amended

3 TEFAP

- (a) Regulations -- 7 CFR Parts 250 and 251
- (b) Legislation -- The Emergency Food Assistance Act of 1983 (Public Law 98-8), as amended.

4 Nutrition Assistance to Pacific Islands:

(a) Regulations -- 7 CFR Part 250

(b) Legislation -- Compact of Free Association Act of 1985 (Public Law 99-239), as amended; “a bill to authorize appropriatory for certain insular areas of the United States, and for other purposes” (Public Law 96-597), as amended.

5 Food Assistance in Disasters and Situations of Distress:

(a) Regulation -- 7 CFR Part 250

(b) Legislation -- Section 4(a) of the Agriculture and Consumer Protection Act of 1973 (Public Law 93-86), as amended; Sections 412(a) and 413 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288).

6 Commodity Distributions to Charitable Institutions:

(a) Regulations -- 7 CFR Part 250

(b) Legislation -- Section 4(a) of the Agriculture and Consumer Protection Act of 1973 (Public Law 93-86), as amended.

7 Commodity Component for: National School Lunch Program, Child and Adult Care Food Program, and Summer Food Service Program:

(a) Regulations -- 7 CFR Part 250

(b) Legislation -- Section 6 and Section 13(h) of the Richard B. Russell National School Lunch Act (Public Law 79-936), as amended; Child Nutrition Act of 1966 (Public Law 89-642), as amended.

B POLICY (Section III)

Exceptions to the Nondiscrimination Policy

1 FDPIR. Eligible households that reside in approved service areas outside reservation boundaries, or in Oklahoma, must contain at least one member who is recognized as a tribal member by an Indian tribe, as defined at 7 CFR Part 253.2(d).

2 CSFP. CSFP is restricted to pregnant, breastfeeding and postpartum women, infants, children under 6 years of age, and the elderly (60 years of age or older).

C DEFINITIONS (Section V)

1 Local Agency or Other Subrecipient. Please refer to Section V, Definitions, of this Instruction. For the purposes of this Instruction, examples of “local agency or other subrecipient” include: public or private nonprofit organizations, such as charitable institutions, food banks, hunger centers, food pantries, and community kitchens, that are approved to administer TEFAP; public or private nonprofit organizations, including community action agencies, county governments, and private nonprofit organizations, that are approved to administer CSFP; welfare agencies that are approved to certify households and distribute commodities or cash in lieu of commodities under Food Distribution Programs in the Commonwealth of the Northern Mariana Islands, the nuclear affected Marshall Islands, American Samoa, and Guam; emergency feeding organizations that are approved to provide food assistance in disaster situations; and nonprofit, tax-exempt private hospitals or institutions, or nonpenal (except correctional institutions that are considered charitable institutions under 7 CFR Part 250.41), noneducational public institutions that meet the definition of “charitable institutions” at 7 CFR Part 250.3

2 State Agency. For the purposes of this Instruction, a “State agency” is any Federal, State or private agency, or Indian Tribal Organization, that enters into an agreement with USDA for the distribution of donated foods to eligible local agencies or other subrecipients, and/or program participants. Examples include: State departments/offices and Indian Tribal Organizations that are approved to administer FDPIR; State departments/offices that are approved to serve as distributing agencies for commodity distributions to charitable institutions, TEFAP, and the Food Distribution Programs in the Pacific Islands; State departments/offices, Indian Tribal Organizations, and Indian Health Service offices that are approved to administer CSFP; and State departments/offices that are approved to provide food assistance in disaster situations.

D DATA COLLECTION AND REPORTING (Section VI)

State agencies and local agencies or other subrecipients that operate FDPIR and CSFP must collect and maintain racial or ethnic data as specified below. The other commodity programs listed under this Appendix are exempt from this requirement.

Participant Racial or Ethnic Data Collection and Retention

The State agency must establish a system for collecting and maintaining racial or ethnic participation data. Recording the racial or ethnic identification of applicants and participants may include the utilization of self-identification where a written application is required. Other methods of recording such data may include card files, rosters, logbooks, or any written record used by local agencies or other subrecipients. The racial and ethnic identification categories are listed in the Definitions section of this Instruction at Section V. The State agency must:

1 Ensure that racial or ethnic participation data is collected by the local agency or other subrecipient and retained at the service delivery point.

2 Ensure that documentation for the data collected by the local agency or other subrecipient is on file and maintained for the required 3 years. Data obtained shall be made available at the time of each compliance review by the State agency or FNSRO.

3 Use Form FNS-101, Participation in Food Programs – By Race, to record and submit to FNS racial or ethnic participation data for FDPIR households. Use Form FNS-191, Racial or Ethnic Group Participation – Commodity Supplemental Food Program, to record and submit to FNS racial or ethnic participation data for CSFP households. These reports must be submitted in accordance with the instructions contained on the respective forms.

4 Ensure that access to data is limited to authorized personnel.

E COMPLIANCE REVIEWS (Section XII)

Please refer to Section XII, Compliance Reviews, of this Instruction.

1 Preapproval Compliance Reviews

Information submitted by the applicant agency for the preapproval desk review must include, at a minimum:

(a) Documentation of efforts to inform organizations and grassroots organizations about the program, including copies of letters, list of organizations or persons contacted, or media, if used.

(b) An estimate of the racial or ethnic makeup of the applicant's service delivery area.

(c) Nondiscrimination statement on the applicant agency's admissions requirements.

(d) The names of other Federal agencies providing assistance to the applicant organization and whether the applicant has ever been found to be in noncompliance by those Federal agencies.

When a determination as to compliance or noncompliance cannot be made from the data submitted by the applicant agency, it may be necessary to obtain additional information. Sources for this information may include the applicant agency, local government officials, and grassroots organizations.

2 Routine Compliance Reviews - Coverage and Frequency.

(a) The FNS Regional OCR shall, as a part of the management evaluation, review the CR compliance of each State agency. Review of CR compliance shall also be included as part of each local agency or other subrecipient review (excluding correctional institutions) conducted as part of the management review.

(b) State agencies shall include a review of CR compliance of local agencies or other subrecipients as part of their ongoing management evaluation process. Each local agency or other subrecipient shall be reviewed onsite in accordance with applicable provisions contained in 7 CFR Parts 247, 250, 251, 253, and 254.

F ASSURANCES

1 To qualify for Federal financial assistance, the program application must be accompanied by a written assurance that the program or facility will be operated in compliance with the CR laws and implementing nondiscrimination regulations.

2 The FNSRO is responsible for obtaining from each State agency a written Statement of Assurance, using Federal-State Agreement, Form FNS-74. The following statement must be incorporated. "By accepting this assurance, the program applicant agrees to compile data, maintain records, and submit reports, as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, FNS shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the program applicant and its successors, transferees, and assignees, as long as they receive assistance or retain possession of any assistance from USDA. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the program applicant."

3 State agencies will incorporate the following CR assurance into the written agreements for SFAs:

"The program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement."

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) AND WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP)

A AUTHORITY

- 1 Legislative --WIC and FMNP: Section 17 of the Child Nutrition Act of 1966, as amended.
- 2 Regulatory
 - (a) WIC: 7 CFR Part 246
 - (b) FMNP: 7 CFR Part 248

B DEFINITIONS

1 WIC

(a) State Agency -- Health department or comparable agency of each State; an Indian tribe, band or group recognized by the Department of the Interior; an intertribal council or group that is an authorized representative of Indian tribes, bands, or groups recognized by the Department of the Interior and that has an ongoing relationship with such tribes, bands, or groups for other purposes and has contracted with them to administer the program; or the appropriate area office of the Indian Health Service (IHS).

(b) Local Agency -- A public or private nonprofit health or human service agency that provides health services, either directly or through contract, in accordance with Section 246.5; an IHS service unit; an Indian tribe, band, or group recognized by the Department of the Interior that operates a health clinic or is provided health services by an IHS service unit; or an intertribal council or group that is an authorized representative of Indian tribes, bands, or groups recognized by the Department of the Interior, that operates a health clinic or is provided health services by an IHS service unit.

2 FMNP

(a) State Agency -- Agriculture department, the health department, or any other agency approved by the chief executive officer of the State; an Indian tribe, band, or group recognized by the Department of the Interior; an intertribal council or group that is an authorized representative of Indian tribes, bands, or groups recognized by the Department of the Interior and that has an ongoing relationship with such tribes, bands, or groups for other purposes and has contracted with them to administer the Program; or the appropriate area office of the IHS.

(b) Local Agency -- Any nonprofit entity or local government agency that issues FMNP coupons, and provides nutrition education and/or information on operational aspects of the FMNP to FMNP recipients.

3 WIC/FMNP Participants - Pregnant, postpartum, and breastfeeding women, infants, and children to age 5.

4 WIC/FMNP Exceptions to Nondiscrimination Policy - Section 17 of the Child Nutrition Act of 1966, as amended, defines the purpose of the WIC Program to provide benefits specifically to pregnant, breastfeeding, and postpartum women, and infants and children to 5 years of age. Therefore, any reference to age and sex in this Instruction as it relates to the WIC and FMNP is subject to these qualifications.

C WIC DATA COLLECTION, REPORTING, AND RETENTION (SECTION XI) - The FNSRO is responsible for obtaining from each State agency a written assurance of compliance, using form FNS-339, Federal-State Special Supplemental Nutrition Program Agreement, as appropriate.

D WIC DATA COLLECTION, REPORTING, AND RETENTION (SECTION XI) - Racial or ethnic participation data must be reported through the WIC Participant and Program Characteristics Minimum Data Set (MDS) and must include the number of actual participants in each participant category (women, infants, and children) by racial or ethnic category. Analyses of these data shall be used by FNS to determine how effectively the program is reaching potentially eligible persons, and to identify areas where additional outreach is needed. Similarly, State agencies and local agencies are encouraged to use such racial or ethnic data for their internal CR monitoring.

E COLLECTING, REPORTING, AND RETAINING ACTUAL PARTICIPATION DATA - The State agency must ensure the actual participation data by category of women, infants, and children and by racial and ethnic category for each local agency is collected biennially for the month of April using the WIC Participant and Program Characteristics MDS. This information must be submitted to FNS. The State agency must also ensure that documentation for the data collected by the local agency or other subrecipient is on file and maintained for the required 3 years. Data obtained shall be made available at the time of each compliance review by the State agency or FNSRO. The State agency must ensure that access to data collected is limited to authorized personnel. Participants must be asked to self-identify their racial or ethnic group, but only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of their eligibility to participate in the program. If a participant refuses to self-identify his/her racial or ethnic group, visual identification by a program staff member must be used to determine the participant's racial and ethnic category. Selection of one race and one ethnic group is acceptable when local agency staff performs visual identification.

F FMNP DATA COLLECTION, REPORTING, AND RETENTION - Because racial and ethnic participation data are collected at the time women, infants, and children are certified to participate in the WIC Program, USDA has determined that the WIC data collection effort is sufficient to fulfill the racial and ethnic data collection requirement for the FMNP.

G COMPLIANCE REVIEWS (FREQUENCY) (SECTION XII)

1 WIC:

(a) FNSROs establish and monitor plans in partnership with their WIC State agencies as to the frequency of FNSRO reviews of the State agencies.

(b) State agencies are required to conduct reviews of local agencies at least once every 2 years. These reviews are to include on-site reviews of a minimum of 20 percent of the clinics in each local agency, or one clinic, whichever is greater. The State agency may conduct additional reviews if necessary.

(c) State agencies are required to conduct routine monitoring visits on a minimum of 5 percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year.

2 FMNP:

(a) FNSROs establish and monitor plans in partnership with their FMNP State agencies as to the frequency of FNSRO reviews of the State agencies.

(b) State agencies are required to conduct monitoring reviews of local agencies at least once every 2 years.

(c) State agencies are required to conduct reviews of 10 percent of farmers, 10 percent of farmers' markets, and 10 percent of roadside stands annually.

SAMPLE COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the [insert name of agency or organization]. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1 State your name and address:

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

2 *Person(s) discriminated against, if different from above:

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

3 * Agency and department or program that discriminated:

Name: _____

Any individual if known: _____

Address: _____

Telephone No.: () _____

4 * Nonemployment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

____ Race/Color: _____
____ National Origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

____ Race/Color: _____
____ National Origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

5 What is the most convenient time and place for us to contact you about this complaint?

If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:
Name: _____

Tel. No.() _____

6 If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:
Name: _____

Address: _____

Telephone No.: () _____

7 *To your best recollection, on what date(s) did the alleged discrimination take place?
Earliest date of discrimination:

Most recent date of discrimination:

8 Complaints of discrimination must generally be filed within 180 days of the alleged
discrimination. If the most recent date of discrimination, listed above, is more than 180 days
ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please
explain why you waited until now to file your complaint.

9 * Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

10 The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

[illegible]

11 Please list below any persons (witnesses, fellow employees, supervisors, or others) if
known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

Telephone No.: () _____

12 Do you have any other information that you think is relevant to our investigation of your
allegations?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

13 What remedy are you seeking for the alleged discrimination?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

14 Have you (or the person discriminated against) filed the same or any other complaints with other offices of the U.S. Government (including U.S. Department of Agriculture)?

Yes _____ No _____

If so, do you remember the Complaint number?

Which agency and department or program was it filed with?

Address: (Include City, State, and Zip Code)

Telephone Number () _____

Date of Filing: _____

Government Agency: _____

Briefly describe the nature of the complaint:

What was the result?

15 Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

- _____ U.S. Equal Employment Opportunity Commission
- _____ Federal or State Court
- _____ Your State or local Human Relations/Rights Commission
- _____ Grievance or complaint office

16 If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments:

17 While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Food and Nutrition Service funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

Signature

Date

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the Notice about Investigatory Uses of Personal Information for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Agriculture
Food & Nutrition Service
Civil Rights Division
3101 Park Center Drive, Room 942
Alexandria, VA 22302
(703) 305-2195

18 How did you learn that you could file this complaint?

COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____

Address: _____

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form.

I have read the Notice of Investigatory Uses of Personal Information by the USDA, Food and Nutrition Service (FNS). As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for FNS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of FNS to honor requests under the Freedom of Information Act. I understand that it might be necessary for FNS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

CONSENT/RELEASE

Initial on line above
if you give consent.

CONSENT GRANTED – I have read and understand the above information and authorize FNS to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize FNS to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

Initial on the line above
if you give consent.

CONSENT DENIED – I have read and understand the information and do not want FNS to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Signature

Date

SAMPLE ACCEPTANCE LETTER

Mr. Joe Public
123 American Street
Any City, Any State 45678

Dear Mr. Public:

Your complaint regarding the (**federally funded program**) has been referred to this office for reply. It is the policy of the (**Recipient State agency**), in accordance with applicable civil rights laws, to protect against discrimination in the operation of this program.

This office has the responsibility and authority to process complaints of discrimination. Based upon the information provided in your letter, we have accepted your complaint for processing on the basis of alleged discrimination based on (**protected base(s)**). We will conduct an inquiry and notify you in writing regarding the results.

Thank you for bringing this matter to our attention.

Sincerely,

Signature of Director
Title
Division

SAMPLE REFERRAL LETTER

Mr. Joe Public
123 American Street
Any City, Any State 45678

Dear Mr. Public:

Your complaint regarding the **(federally funded program)** has been referred to this office for reply. It is the policy of the **(Recipient agency)**, in accordance with applicable civil rights laws, to protect against discrimination in the operation of this program.

This office has the responsibility and authority to process complaints of discrimination based on race, color, national origin, age, sex, disability, religion, and political beliefs. Since your complaint is not based on one of these protected classes, we have referred it to our **(appropriate office)** for response. Someone from that office will contact you.

Thank you for bringing this matter to our attention.

Sincerely,

Signature of Director
Title
Division

SAMPLE 20-DAY LETTER

Mr. Joe Public
123 American Street
Any City, Any State 45678

Dear Mr. Public:

Your complaint addressed to the **[appropriate Recipient agency]**, has been referred to this office for reply. You indicated that you experienced discrimination in the operation of the **[federally funded program]**. Unfortunately, you did not provide enough information in your letter for us to take action, so I am requesting that you provide some additional information.

The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA), administers the **[federally funded program]**. It is the policy of USDA and FNS to protect against discrimination in the administration of its programs. There are laws that guarantee protection against discrimination on the basis of race, color, national origin, age, sex, disability, religion, and political beliefs. Your letter, however, did not include the basis for your allegation of discrimination and other important information. Therefore, before we can process your complaint, we need the following information within 20 days.

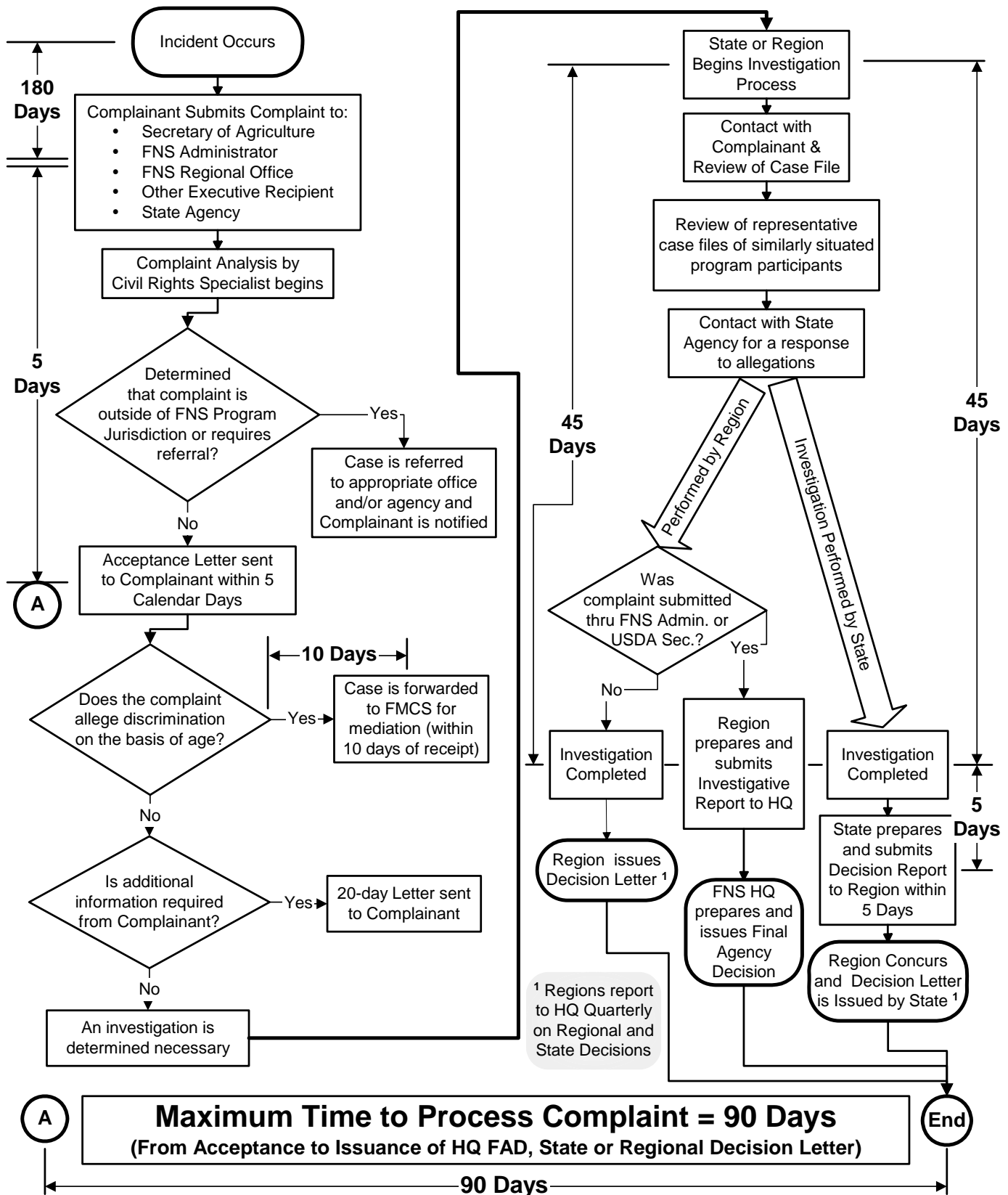
- 1 The basis on which your complaint is being filed. In other words, were you allegedly discriminated against based on race, color, national origin, age, sex, disability, religion, or political beliefs?
- 2 The date of alleged discrimination.
- 3 The name of the person or persons responsible for the alleged discrimination.
- 4 The names and address of witnesses, if any, to the alleged discrimination.
- 5 Other specific details that would help us resolve your complaint.

The above information is necessary to make sure that your complaint is processed in accordance with civil rights laws and regulations. Please note that unless we receive this information within **20 days from the date of this letter**, we cannot take action on your complaint.

Sincerely,

Signature of Director
Title
Division

FNS 113 Complaint Processing Procedures & Timelines



Hiring Resources for RD, DT, and DTRs

DIETETIC TECHNICIAN PROGRAMS – OHIO

Cincinnati

Cincinnati State Technical and Community College

Business Technologies Division
3520 Central Parkway
Cincinnati, OH 45223-2690

Accredited

Next Review: 12/1/2012

Enrollment: 26

Enrollment Date: Fall term

High School Diploma or GED: Required

Degree Granted: AAS

Estimated Annual Tuition: Resident = \$16686 Non Resident = \$25428

Alternate Education: Evening didactic courses

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Laura P Horn, MEd RD LD

Program Director

513/569-1620

Fax: 513/569-1467

E-mail: laura.horn@cincinnatiastate.edu

<http://www.cincinnatiastate.edu>

Cleveland

Cuyahoga Community College

2900 Community College Avenue
Cleveland, OH 44115-3196

Accredited

Next Review: 1/1/2013

Enrollment: 23

Enrollment Date: Fall term, Spring term

High School Diploma or GED: Required

Degree Granted: AAS

Estimated Annual Tuition: Resident = \$5638 Non Resident = \$7454

Alternate Education: Evening didactic courses

Judith A Kaplan, MS RD LD

Program Director

216/987-4613

Fax: 216/987-4386

E-mail: judith.kaplan@tri-c.edu

<http://www.tri-c.edu>

Columbus

Columbus State Community College

Hospitality Management Department
550 East Spring Street
P.O. Box 1609
Columbus, OH 43216-1609

Accredited

Next Review: 1/1/2013

Enrollment: 40

Enrollment Date: Fall term, Spring term, Summer term, Winter term

High School Diploma or GED: Required

Degree Granted: AAS

Estimated Annual Tuition: Resident = \$4441 Non Resident = \$9747

Alternate Education: Evening didactic courses , Independent study

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Jan VanHorn, MS RD LD

Program Director

614/287-2580

Fax: 614/287-5973

E-mail: jvanho01@csc.edu

<http://www.csc.edu>

Dayton

Sinclair Community College

444 West Third Street
Dayton, OH 45402-1460

Accredited

Nora L Schaefer, MEd RD

Program Director

937/512-5168

Fax: 937-512-3092

E-mail: nora.schaefer@sinclair.edu

<http://www.sinclair.edu>

Next Review: 1/1/2013
Enrollment: 60
Enrollment Date: Fall term, Winter term
High School Diploma or GED: Required
Degree Granted: AAS
Estimated Annual Tuition: Resident = \$5600 Non Resident = \$9500
Alternate Education: Evening didactic courses , Independent study , Other
Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Toledo

Owens Community College

Department of Food, Nutrition and Hospitality
P.O. Box 10,000
Oregon Road
Toledo, OH 43699-1947

Accredited

Next Review: 1/1/2014

Enrollment: 23

Enrollment Date: Fall term

High School Diploma or GED: Required

Degree Granted: AAS

Estimated Annual Tuition: Resident = \$4244 Non Resident = \$7010

Alternate Education: Independent study , Other

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Tekla M Madaras, MEd RD LD

Program Director

567/661-7214

Fax: 567/661-2634

E-mail: tekla_madaras@owens.edu

<http://www.owens.edu>

Youngstown

Youngstown State University

Department of Human Ecology
One University Plaza
Youngstown, OH 44555-3344

Accredited

Next Review: 1/1/2015

Enrollment: 24

Enrollment Date: Fall term, Spring term, Summer term, Variable

High School Diploma or GED: Required

Degree Granted: AAS

Estimated Annual Tuition: Resident = \$6721 Non Resident = \$12394

Alternate Education: Evening didactic courses

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Jeanine L Mincher, MS RD LD

Program Director

330/941-3346

Fax: 330/941-1824

E-mail: jmincher@ysu.edu

<http://www.ysu.edu>

The information in this listing, including program details, is intended to be as accurate as possible when posted, but is subject to change without notice. The American Dietetic Association and the Commission on Accreditation for Dietetics Education assume no responsibility for changes or errors in the compilation of this information, and no one accessing and using the information shall have any right of recovery on account of its use.

CUP PROGRAMS – DIETETICS

Coordinated Programs in Dietetics

Listed below are the Coordinated Programs in Dietetics (CP). Included are the Graduate Degree Integrated Demonstration Programs. After each program's address is the accreditation status granted by the Commission on Accreditation for Dietetics Education (CADE) and the date of the next program review. The accreditation status definitions are as follows:

- *Developmentally Accredited*—program not previously accredited that has not had a site visit and is being implemented according to the CADE Eligibility Requirements and Accreditation Standards (ERAS).
- *Candidacy for Accreditation*—program not previously accredited that has had one site visit and is being implemented according to the CADE ERAS.
- *Provisional Accreditation*—program not previously accredited that meets the graduate degree integrated demonstration program requirements.
- *Accredited*—program that has had at least one site visit and is in compliance with ERAS.
- *Probationary Accreditation*—program fails to comply with ERAS or published policies.
- *Accreditation Withdrawn*—program fails to comply with ERAS or published policies within a specified time period.

Currently all the CPs must provide the required dietetics coursework and at least 900 hours of supervised practice within an academic program leading to a bachelor's or graduate degree. At the time of their next accreditation review, the requirement for supervised practice will increase to a minimum of 1200 hours. Graduates of Coordinated Programs who are verified by the program director are eligible to write the CDR registration examination for dietitians.

Akron

The University of Akron

School of Family and Consumer Sciences
215 Schrank Hall South
Akron, OH 44325-6103

Accredited

Next Review: 11/1/2010

Emphasis: General

Enrollment Per Class: 14

Enrollment: Fall term, Junior year

Degree Granted: BS

Estimated Annual Tuition: Resident = \$8400 Non Resident = \$16000

Sandra L Hudak, PhD LD RD

Program Director

330/972-6043

Fax: 330/972-4934

E-mail: slhudak@uakron.edu
<http://www3.uakron.edu/fcs/>

Cincinnati

University of Cincinnati

College of Allied Health Sciences
Department of Nutritional Sciences
3202 Eden Avenue
Cincinnati, OH 45267-0394

Accredited

Next Review: 1/1/2013

Emphasis: General

Enrollment Per Class: 10

Enrollment: Fall term

Degree Granted: BS

Estimated Annual Tuition: Resident = \$9400 Non Resident = \$24000

Alternate Education: Evening didactic courses

Elise Cowie, MEd RD LD

Program Director

513/558-2196

Fax: 513/558-7500

E-mail: elise.cowie@uc.edu
<http://www.cahs.uc.edu/majorsprogram/certificate/nutritionscience/>

Columbus

The Ohio State University

School of Allied Medical Professions
Medical Dietetics Division
453 West Tenth Avenue
Columbus, OH 43210-1234

Kay N Wolf, PhD RD LD

Program Director

614/292-8131

Fax: 614/292-0210

E-mail: kay.wolf@osumc.edu
<http://amp.osu.edu/md/>

Accredited

Next Review: 1/1/2013

Emphasis: Medical Nutrition Therapy

Enrollment Per Class: 30

Enrollment: Fall , Fall term, Graduate school, Junior year, September, Sophomore year

Degree Granted: BS , MS

Estimated Annual Tuition: Resident = \$8980 Non Resident = \$22068

Estimated Annual Graduate Tuition: Resident = \$10440 Non Resident = \$25302

Alternate Education: Evening didactic courses , Independent study

Youngstown

Youngstown State University

One University Plaza

Youngstown, OH 44555-0001

Suzanne M Leson, PhD RD LD

Program Director

330/941-1823

Fax: 330/941-1824

E-mail: smleson@ysu.edu

<http://www.ysu.edu>

Accredited

Next Review: 1/1/2015

Emphasis: Community Wellness

Enrollment Per Class: 12

Enrollment: Fall term, Junior year

Degree Granted: BS

Estimated Annual Tuition: Resident = \$6721 Non Resident = \$12623

Alternate Education: Evening didactic courses

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

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Michigan Detroit

Wayne State University

Department of Nutrition and Food Science

3009 Science Hall

Detroit, MI 48202

Tonia G Reinhard, MS RD

Program Director

313/577-2500

Fax: 313/577-8616

E-mail: tonia.reinhard@wayne.edu

<http://www.clas.wayne.edu/dietitian/>

Accredited

Next Review: 1/1/2014

Emphasis: Nutrition Therapy

Enrollment Per Class: 20

Enrollment: Fall term, Junior year

Degree Granted: BS

Estimated Annual Tuition: Resident = \$6320 Non Resident = \$13688

Didactic Programs in Dietetics

Listed below are the Didactic Programs in Dietetics (DPD). After each program's address is the status granted by Commission on Accreditation for Dietetics Education (CADE) and the date of the next program review. In 1998, CADE established a plan to begin accrediting DPDs. Based on this plan, all DPDs will be accredited by 2010. The status definitions are as follows:

- *Developmentally Accredited*—program not previously accredited that has not had a site visit and is being implemented according to the CADE Eligibility Requirements and Accreditation Standards (ERAS).
- *Candidacy for Accreditation*—program not previously accredited that has had one site visit and is being implemented according to the CADE ERAS.
- *Accredited*—program that has had at least one site visit and is in compliance with ERAS.
- *Probationary Accreditation*—program fails to comply with ERAS or published policies.
- *Accreditation Withdrawn*—program fails to comply with ERAS or published policies within a specified time period.
- *Approved*—program is in compliance with ERAS and has not participated in a site visit for accreditation.
- *Probationary Approval*—program fails to comply with ERAS or published policies and has not participated in a site visit for accreditation.
- *Approval Withdrawn*—program fails to comply with ERAS or published policies within a specified time period and has not participated in a site visit for accreditation.

The DPD provides the required dietetics coursework leading to a bachelor's or graduate degree. Graduates of CADE-accredited/approved programs who are verified by the program director may apply for Dietetic Internships to establish eligibility to write the CDR registration examination for dietitians.

Akron

The University of Akron

School of Family and Consumer Sciences
215 Schrank Hall South
Akron, OH 44325-6103

Accredited

Next Review: 11/1/2010

Enrollment: 55

Degree Granted: BS

Estimated Annual Tuition: Resident = \$8400 Non Resident = \$16000

Eston B Brown, MS LD

Program Director
330/972-8842
Fax: 330/972-4934
E-mail: eston@uakron.edu
<http://www3.uakron.edu/fcs/>

Athens

Ohio University

School of Human and Consumer Sciences
Grover Center W324
Athens, OH 45701-2979

Accredited

Next Review: 11/1/2010

Enrollment: 58

Degree Granted: BS

Estimated Annual Tuition: Resident = \$9238 Non Resident = \$18202

Alternate Education: Independent study

David H Holben, PhD RD LD

Program Director
740/593-2875
Fax: 740-593-0289
E-mail: holben@ohio.edu
<http://www.ohiou.edu/humanandconsumer/school.html>

Bluffton

Bluffton University

Department of Family and Consumer Sciences
1 University Drive, 57
Bluffton, OH 45817

Accredited

Next Review: 1/1/2014

Deborah I Myers, EdD RD

Program Director
419/358-3229
Fax: 419/358-3323
E-mail: myersd@bluffton.edu
<http://www.bluffton.edu/fcs/>

Enrollment: 11
Degree Granted: BA
Estimated Annual Tuition: Resident and Non Resident = \$22500
Alternate Education: Independent study

Bowling Green

Bowling Green State University

School of Family and Consumer Sciences
206 Johnston Hall
Bowling Green, OH 43403-0254

Accredited

Next Review: 1/1/2013

Enrollment: 71

Degree Granted: BS

Estimated Annual Tuition: Resident = \$9360 Non Resident = \$16668

Alternate Education: Evening didactic courses , Independent study

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Carrie M Hamady, MS RD LD

Program Director

419/372-0290

Fax: 419/372-7854

E-mail: carrieh@bgsu.edu

<http://www.bgsu.edu/colleges/edhd/fcs/>

Cincinnati

University of Cincinnati

College of Allied Health Sciences
Department of Nutritional Sciences
363B Hastings and William French Building
P.O. Box 670394
Cincinnati, OH 45267-0394

Accredited

Next Review: 1/1/2013

Enrollment: 129

Degree Granted: BS

Estimated Annual Tuition: Resident = \$9400 Non Resident = \$24000

Alternate Education: Independent study

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Sarah Collins Couch, PhD RD LD

Program Director

513/558-7504

Fax: 513/558-7500

E-mail: couchsc@ucmail.uc.edu

<http://cahs.uc.edu/majorsprogram/undergraduate/dietics/index.html>

Cleveland

Case Western Reserve University

Department of Nutrition
School of Medicine WG48
10900 Euclid Avenue
Cleveland, OH 44106-4954

Accredited

Next Review: 1/1/2014

Enrollment: 21

Degree Granted: BA , BS

Estimated Annual Tuition: Resident and Non Resident = \$28400

James H Swain, PhD RD LD

Program Director

216/368-8554

Fax: 216/368-6644

E-mail: jhs31@cwru.edu

<http://www.case.edu/med/nutrition/homepage.html>

Columbus

The Ohio State University

Department of Human Nutrition
350 Campbell Hall
1787 Neil Avenue
Columbus, OH 43210-1295

Accredited

Next Review: 1/1/2012

Enrollment: 83

Degree Granted: BS

Estimated Annual Tuition: Resident = \$8706 Non Resident = \$22278

Alternate Education: Evening didactic courses , Independent study

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Anne M Smith, PhD RD

Program Director

614/292-0715

Fax: 614/292-8880

E-mail: smith.23@osu.edu

<http://ehe.osu.edu/hn/>

Dayton

University of Dayton

Health and Sport Science
Food and Nutrition Program
300 College Park
Dayton, OH 45469-1210

Accredited

Next Review: 1/1/2013

Enrollment: 38

Degree Granted: BS

Estimated Annual Tuition: Resident and Non Resident = \$27500

Alternate Education: Evening didactic courses , Independent study

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Patricia Dolan, MS RD LD

Program Director

937/229-4203

Fax: 937/229-4244

E-mail: patricia.dolan@notes.udayton.edu

<http://homepages.udayton.edu/~dolanp>

Kent

Kent State University

Nutrition and Dietetics
School of Health Sciences
100 Nixon Hall
Kent, OH 44242-0001

Accredited

Next Review: 11/1/2010

Enrollment: 68

Degree Granted: BS

Estimated Annual Tuition: Resident = \$8730 Non Resident = \$16418

Deanna D Lavanty, MS RD

Program Director

330/672-8620

Fax: 330/672-2194

E-mail: dlavanty@kent.edu

<http://www.ehhs.kent.edu/nutr/>

Oxford

Miami University

Department of Kinesiology and Health
100E Phillips Hall
Oxford, OH 45056

Accredited

Next Review: 1/1/2014

Enrollment: 73

Degree Granted: BS

Estimated Annual Tuition: Resident and Non Resident = \$26202

Alternate Education: Evening didactic courses , Independent study

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Gretchen B Matuszak, MS RD LD

Program Director

513/529-2700

Fax: 513/529-5006

E-mail: matuszg@muohio.edu

<http://www.muohio.edu/knh>

Youngstown

Youngstown State University

Human Ecology Department
One University Plaza
Youngstown, OH 44555-0001

Accredited

Next Review: 1/1/2015

Enrollment: 31

Degree Granted: BS

Estimated Annual Tuition: Resident = \$6726 Non Resident = \$12623

Alternate Education: Evening didactic courses , Independent study

Articulation: Agreement to transfer some course credits from DT programs on 2-year Colleges

Zara C Rowlands, PhD RD

Program Director

330/941-2021

Fax: 330/941-1824

E-mail: zcshah@ysu.edu

<http://www.ysu.edu>

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Internship Programs

Dietetic Internships

Listed below are the Dietetic Internships (DI). After each program's address is the accreditation status granted by the Commission on Accreditation for Dietetics Education (CADE) and the date of the next program review. The accreditation status definitions are as follows:

- *Developmentally Accredited*—program not previously accredited that has not had a site visit and is being implemented according to the CADE Eligibility Requirements and Accreditation Standards (ERAS).
- *Candidacy for Accreditation*—program not previously accredited that has had one site visit and is being implemented according to the CADE ERAS.
- *Accredited*—program that has had at least one site visit and is in compliance with ERAS.
- *Probationary Accreditation*—program fails to comply with ERAS or published policies.
- *Accreditation Withdrawn*—program fails to comply with ERAS or published policies within a specified time period.

To apply to a DI, individuals must complete at least a bachelor's degree and CADE-accredited coursework requirements (Didactic Program in Dietetics). Currently all DIs must provide at least 900 hours of supervised practice and will need to provide a minimum of 1200 hours of supervised practice by the time of their next accreditation review. This is usually completed in 6-24 months depending on the availability of a part-time schedule or requirement of graduate credit. Individuals completing the program who are verified by the program director are eligible to write the CDR registration examination for dietitians.

Appointments to DIs are awarded on a competitive basis and most use a national computer matching process. Programs not participating in computer matching accept applications only from individuals employed by the sponsoring organization. Prospective applicants must contact program directors for current information, including application deadline dates. Programs will provide application forms and detailed information on program requirements, tuition, and financial aid upon request.

Bowling Green

Bowling Green State University

School of Family and Consumer Sciences
Bowling Green, OH 43403-0254

Accredited

Next Review: 1/1/2013

Christine M Haar, MS RD LD

Program Director

419/372-8941

Fax: 419/372-7854

E-mail: chaar@bgsu.edu

<http://www.bgsu.edu/colleges/edhd/fcs/di/>

Full Time Degree

Annual Enrollment: 3

Enrollment: August, Fall term

Program Length: 24 Months

Emphasis: General

Degree Granted: Other

Financial Stipend for Full Time Degree: \$3818.00

Other Stipend: None

Computer Matching: April

Other Information: For Tuition information please see the program's Web site. This program allows applicants to use sites and preceptors in their geographic area.

Full Time Non Degree

Annual Enrollment: 28
Enrollment: August, Fall term
Program Length: 12 Months
Emphasis: General
Degree Granted: Other
Other Stipend: None
Computer Matching: April
Other Information: For Tuition information please see the program's Web site. This program allows applicants to use sites and preceptors in their geographic area.

Cincinnati

Good Samaritan Hospital

Nutrition Department
375 Dixmyth Avenue
Cincinnati, OH 45220-2489
Accredited
Next Review: 11/1/2011

Jackene M Lavery, MEd LD RD
Program Director
513/862-1983
Fax: 513/862-5157
E-mail: jackene_lavery@trihealth.com

Full Time Non Degree

Annual Enrollment: 6
Enrollment: September
Program Length: 10 Months
Emphasis: Nutrition Services in Acute Care
Estimated Total Tuition: Resident and Non Resident = \$375
Financial Stipend for Full Time Non Degree: \$6450.00
Other Stipend: Parking
Computer Matching: April

The Christ Hospital

Food and Nutrition Services
2139 Auburn Avenue
Cincinnati, OH 45219-2906
Accredited
Next Review: 5/2/2011

Susan V Dvorak, MEd RD LD
Program Director
513/585-2283
Fax: 513/585-3033
E-mail: susan.dvorak@thechristhospital.com
<http://www.TheChristHospital.com>

Full Time Non Degree

Annual Enrollment: 5
Enrollment: September
Program Length: 11 Months
Emphasis: Nutrition in Heart Disease Prevention and Treatment
Estimated Total Tuition: Resident and Non Resident = \$350
Financial Stipend for Full Time Non Degree: \$5060.00
Other Stipend: All/Some meals , Parking
Computer Matching: April

Cleveland

Case Western Reserve University

Department of Nutrition
School of Medicine - WG48
10900 Euclid Avenue
Cleveland, OH 44106-4954
Accredited
Next Review: 1/1/2014

Isabel M Parraga, PhD RD LD
Program Director
216/368-6626
Fax: 216/368-6644
E-mail: imp@po.cwru.edu

Full Time Degree

Annual Enrollment: 10
Enrollment: August, January
Program Length: 20 Months
Emphasis: Public Health/Community Nutrition
Estimated Total Tuition: Resident and Non Resident = \$37800
Degree Granted: MS
Other Stipend: None
Computer Matching: April and November

Part Time Degree

Annual Enrollment: 4

Enrollment: August, January
Program Length: Other
Emphasis: Public Health/Community Nutrition
Degree Granted: MS
Other Stipend: None
Computer Matching: April and November

Cleveland Clinic Foundation

Nutrition Therapy M17
9500 Euclid Avenue
Cleveland, OH 44195

Accredited

Next Review: 1/1/2012

Sue Kent, MS RD LD

Program Director
216/444-6487
Fax: 216/444-9415
E-mail: kents@ccf.org
<http://www.clevelandclinic.org/nutrition>

Full Time Non Degree

Annual Enrollment: 6
Enrollment: August
Program Length: 11 Months
Emphasis: General
Estimated Total Tuition: Resident and Non Resident = \$308
Financial Stipend for Full Time Non Degree: \$4200.00
Other Stipend: None
Computer Matching: April

Louis Stokes Cleveland VA Medical Center

Nutrition and Food Services (120W)
10701 East Boulevard
Cleveland, OH 44106-1702

Accredited

Next Review: 1/1/2014

Anne O Raguso, PhD RD

Program Director
216/791-3800 x4375
Fax: 216/421-3014
E-mail: anne.raguso@va.gov
<http://www.dieteticinternship.va.gov/cleveland.asp>

Full Time Non Degree

Annual Enrollment: 12
Enrollment: August, Fall term, Graduate school, Other
Program Length: 17 Months
Emphasis: Research Processes and Applications
Estimated Total Tuition: Resident and Non Resident = \$35750
Graduate Credit Offered: Graduate degree available
Financial Stipend for Full Time Non Degree: \$13982.00
Other Stipend: Parking
Computer Matching: April
Other Information: Interns must enroll in masters program at Case Western Reserve University and can complete the MS degree after the internship. Program cost and length includes MS degree.

MetroHealth Medical Center

Department of Clinical Nutrition K218
2500 MetroHealth Drive
Cleveland, OH 44109-1998

Accredited

Next Review: 1/1/2015

Patricia M Antonelli, MEd RD CDE

Program Director
216/778-2718
Fax: 216/778-8363
E-mail: pantonelli@metrohealth.org
<http://www.metrohealth.org>

Full Time Non Degree

Annual Enrollment: 3
Enrollment: August
Program Length: 11 Months
Emphasis: General
Estimated Total Tuition: Resident and Non Resident = \$360
Other Stipend: None
Computer Matching: April

University Hospitals Case Medical Center

Department of Nutrition Services
11100 Euclid Avenue

Felicia Vatakis, MS RD LD

Program Director
216/844-3677
Fax: 216/844-0226

Mailstop: LKSD 5021
Cleveland, OH 44106-5000
Accredited
Next Review: 1/1/2014

E-mail: felicia.vatakis@UHhospitals.org
<http://www.case.edu/med/nutrition/uhocle.html>

Full Time Non Degree

Annual Enrollment: 5
Enrollment: August, Graduate school
Program Length: 16 Months
Emphasis: Research Processes and Applications
Estimated Total Tuition: Resident and Non Resident = \$33592
Graduate Credit Offered: Graduate degree available
Financial Stipend for Full Time Non Degree: \$13000.00
Other Stipend: All/Some meals
Computer Matching: April

Other Information: Interns must enroll in masters program at Case Western Reserve University and can complete the MS degree after the internship. Program cost and length includes MS degree. Verification statement given after completion of the 49-week internship.

Columbus

Mount Carmel College of Nursing

127 South Davis Avenue
Columbus, OH 43222-1504

Accredited
Next Review: 1/1/2012

Kathleen M Blanchard, MS RD LD

Program Director
614/234-5439
Fax: 614/234-2875
E-mail: kblancha@mchs.com
<http://www.mccn.edu>

Full Time Non Degree

Annual Enrollment: 8
Enrollment: August
Program Length: 10 Months
Estimated Total Tuition: Resident and Non Resident = \$4579
Other Stipend: None
Computer Matching: April

The Ohio State University

School of Allied Medical Professions
Medical Dietetics Division
453 West Tenth Avenue
Columbus, OH 43210-1234

Accredited
Next Review: 1/1/2013

Marcia L Nahikian-Nelms, PhD RD LD

Program Director
614/292-4758
Fax: 614/292-0210
E-mail: marcia.nahikian-nelms@osumc.edu
<http://amp.osu.edu/md/>

Full Time Degree

Annual Enrollment: 6
Enrollment: Fall , September
Program Length: 23 Months
Emphasis: Medical Nutrition Therapy
Estimated Total Tuition: Resident = \$20880 Non Resident = \$50604
Degree Granted: MS
Other Stipend: None
Computer Matching: April

The Ohio State University

College of Education and Human Ecology
Department of Human Nutrition
315E Campbell Hall
1787 Neil Avenue
Columbus, OH 43210-1295

Accredited
Next Review: 1/1/2012

Julie AKennel, PhD RD LD CSSD

Program Director
614/292-3538
Fax: 614/292-8880
E-mail: jkennel@ehe.osu.edu
<http://ehe.osu.edu/hn/programs/internship/>

Full Time Non Degree

Annual Enrollment: 12
Enrollment: September
Program Length: 10 Months

Emphasis: Community , General
Estimated Total Tuition: Resident and Non Resident = \$7500
Graduate Credit Offered: Graduate degree available
Other Stipend: None
Computer Matching: April

Dayton

Miami Valley Hospital

1 Wyoming Street
Dayton, OH 45409-2793

Accredited

Next Review: 11/1/2011

Rebecca M Lee, MS RD LD

Program Director

937/208-2448

Fax: 937/208-9148

E-mail: rmlee@mvh.org

<http://www.miamivalleyhospital.org>

Full Time Non Degree

Annual Enrollment: 8
Enrollment: August, September
Program Length: 11 Months
Emphasis: General
Other Stipend: All/Some meals , Parking
Computer Matching: April

Kent

Kent State University

Nutrition and Dietetics
School of Health Sciences
100 Nixson Hall
Kent, OH 44242

Accredited

Next Review: 11/1/2010

Nancy H Burzminski, EdD RD LD

Program Director

330/672-2064

Fax: 330/672-2194

E-mail: nburzmin@kent.edu

<http://www.kent.edu/f&cs/>

Full Time Degree

Annual Enrollment: 10
Enrollment: August
Program Length: 21 Months
Emphasis: Leadership
Estimated Total Tuition: Resident = \$18150 Non Resident = \$33340
Degree Granted: MS
Other Stipend: None
Computer Matching: April

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NCBA Definitions

Nutrition Education

Activities related to:

- Providing NE directly to participants and the community
- Developing/evaluating NE materials and tools
- Training staff to provide NE services to participants and community
- Monitoring/evaluating delivery of NE services
- Maintaining up to date knowledge of NE practices

Clinic

Activities related to:

- Providing services for WIC eligibility directly to the participant but not related to the provision of NE/breastfeeding
- Training staff to provide clinic services
- Monitoring the provision of clinic services

Breastfeeding

Activities related to:

- Providing BF support/promotion to participants and the community
- Developing/evaluating breastfeeding materials and tools
- Training staff to provide support/promote breastfeeding services
- Monitoring/evaluating delivery of breastfeeding services
- Maintaining up to date knowledge of breastfeeding practices

Breastfeeding Peer Helper

Peer helpers and breastfeeding coordinators refer to activities listed under breastfeeding as they pertain to providing peer helper services

Administration

Activities related to:

- Performing non-direct participant related services (e.g., writing appointment cards in preparation for mailing, pulling charts in preparation for clinic)
- Providing overall management of the program (e.g., processing grant related functions, invoices, payroll, and fiscal/management reports)

**Ohio Department of Health Women, Infants and Children (WIC) Supplemental Nutrition
Program Local Project Breastfeeding Coordinator
Competency Statement and
Job Description**

- 1.0 The Breastfeeding Coordinator is responsible for implementing and evaluating the Breastfeeding Support Policies of the Ohio Department of Health WIC Program.
- 2.0 The Breastfeeding Coordinator must be a licensed dietitian (L.D.), or a registered nurse (R.N.), who has fulfilled one of the criteria listed below. A person working under the supervision of a L.D. or R.N. who has fulfilled one of the criteria listed below may also serve as the Breastfeeding Coordinator. The criteria are in order of preference:
 - 2.1 Currently an International Board Certified Lactation Consultant (IBCLC) and is maintaining certification, or
 - 2.2 Currently eligible to sit for the International Board of Lactation Consultant Examiners (IBCLE) exam, or
 - 2.3 Completed Certified Lactation Counselor (CLC) training or other WIC approved training of at least 30 course hours within the past three years, or
 - 2.4 Be an accredited La Leche League Leader with a minimum of one year of breastfeeding management experience within La Leche League and has received WIC clinic orientation training by the supervising health professional
- 3.0 All competencies, except personal breastfeeding experience, required of the Breastfeeding Peer Helper also apply to the Breastfeeding Coordinator.
- 4.0 Identify the need for consultation and collaboration with other members of the health care team based on an assessment tool and consultation with the Breastfeeding Support Person. Develop and assist the mother in implementing special plans for the continuation of breastfeeding in cooperation with other health professionals. Referrals will be made as appropriate to:
 - 4.1 IBCLCs for complicated breastfeeding situations.
 - 4.2 Licensed dietitians for nutrition-related issues in the mother or supplemented baby.
 - 4.3 Physicians for medical issues such as illness and medication usage.
- 5.0 Coordinate breastfeeding promotion and support services within WIC clinics and between WIC and other agencies and individuals.
 - 5.1 Assist in training sessions for other health workers.
 - 5.2 Attend periodic staff meetings as appropriate.
 - 5.3 Provide staff in-services on breastfeeding promotion and support.
 - 5.4 Mentor health professional staff to enhance their basic breastfeeding knowledge

- 5.5 Share education from the Statewide Breastfeeding Coordinator's Meeting and other continuing education received.
- 6.0 Develop a resource list of breastfeeding support services that are available outside of normal working hours.
- 7.0 Pursue and supply evidence of at least six hours per year of continuing education relevant to breastfeeding and related postpartum issues. Continuing education activities could include reading appropriate journals, and attending in-services, conferences and other development activities such as Ohio Lactation Consultant Association (OLCA) and La Leche League (LLL) meetings.
- 8.0 Network with community agencies and organizations to promote breastfeeding as the accepted community norm.
- 9.0 The Breastfeeding Coordinator will help establish and coordinate the Breastfeeding Peer Helper programs.
 - 9.1 Identify possible participants and develop a recruitment system.
 - 9.2 Implement approved outlines for guided discussion and training using approved materials (*Using Loving Support to Manage Peer Counseling Programs and Loving Support Through Peer Counseling*).
 - 9.3 Conduct meetings using accepted group process techniques.
 - 9.4 Set policy for its use and be available for telephone assistance.
 - 9.5 Administer **GUIDELINES FOR HOME VISITS BY BREASTFEEDING COORDINATORS AND/OR BREASTFEEDING PEER HELPERS IN THE OHIO WIC PROGRAM** found in Appendix 400.
- 10.0 Maintain current knowledge of all breast pumps distributed by the WIC clinic in the areas of assembly and function.

Job Description (one person may not be able to fulfill all of the requirements associated with the breastfeeding coordinator position):

35% = Health professional monitoring consisting of: developing and providing BF training, VENA and 3 Step counseling evaluation, BF friendly clinic environment (posters, BB, pamphlets, DVDs, web training), infant feeding class development

15% = BF data analysis, BF outreach/coordination with physicians, hospitals, community services, attending/chairing coalitions

25% = managing the pump program consisting of: ordering pumps, tracking inventory, training staff, issuing pumps, cleaning loaner pumps

25 % = providing clinical BF help to WIC participants with problems consisting of: addressing the problem or referring it, developing a referral system, conducting home visits, setting up BF support warm line

Peer mentoring/supervising time is over and above breastfeeding coordinator duties.

Ohio WIC Disaster Plan of Action

(Reference Ohio WIC Policy and Procedure Manual (PPM) Section 128)

Effective mm/dd/yy, the State WIC office is setting this plan of action in place for disaster caused by: _____ for:

☐ all WIC projects, or
☐ the following WIC projects:_____.

This plan is in effect: ☐ beginning mm/dd/yy through mm/dd/yy,
☐ indefinitely until further notice from the State WIC office

The plan applies to: ☐ Ohio WIC participants, ☐ evacuees; ☐ refugees;
☐ all above categories

The following policies and procedures that are **check-marked** are in effect to carry out this disaster plan (PPM 128.5):

Expedited Processing of Disaster-Related Evacuees

☐ Disaster-related evacuees are special nutritional risk applicants and receive expedited certification processing and must be notified of their eligibility or ineligibility within 10 days of the date of the first request for benefits.

☐ Every effort must be made to certify these individuals immediately and at a maximum, within 10 days of their request (whether by phone or visit to the WIC agency).

Verification of Certification Information (VOC) - Ohio Participant Master Record (PMR)

☐ A person with VOC information must not be denied participation in Ohio because the individual does not meet Ohio's particular eligibility criteria.

☐ When possible, VOC information (Ohio PMR) should be provided by the local project to WIC participants when a disaster-related evacuation is anticipated.

☐ Each evacuee must receive VOC (Ohio PMR) information from the local project upon certification. This helps ensure continuation of benefits when returning to the home state.

Physical Presence

☐ Physical presence is exempted; the disaster presents a serious health concern or barrier to physically accessing the clinic.

___ Certification can be completed via mailing of paperwork or telephone interview and completing the WIC system tabs.

Documentation of income, residency and identification

___ Recertifications: Documentation is suspended; carry forward the previous certification information for the recertification in the WIC system.

___ Applicants: Documentation is not required for applicants when the necessary documentation is not available; the applicant must complete and sign the *Ohio WIC Program – No Proof Form* (Appendix 200) stating why proof of income, residence, and identity is not available.

___ In cases where disaster-related evacuees or refugees move in with another household, the displaced individuals are considered homeless and treated as a separate economic unit.

Nutrition Risk Assessment

___ Recertifications: Reassess certification to extent possible; blood test, height or length, and weight measurements can be deferred for 90 days.

___ Applicants who are disaster-related evacuees or refugees: nutritional risk is met using homeless code.

___ Applicants-all other: Assess certification to extent possible; blood test, height or length, and weight measurements can be deferred for 90 days.

Certification Periods

___ Certification Period for Breastfeeding Women, Infants, and Children: within the parameters of section 246.7(g)(3) of the WIC regulations, the certification period is extended by a period not to exceed 30 days.

Food Package Assignment

___ Ready-to-Feed formula may be issued in circumstances where the water supply may be contaminated or is unavailable for mixing.

Medical Documentation for Exempt Infant Formulas and WIC-eligible Medical Foods

___ Participants presenting another state's food instrument that specifies an exempt infant formula or WIC-eligible medical food may be issued food instruments for the specified item up to the end of their certification period.

___ Participants without a food instrument, but who can provide the name of the exempt infant

formula or WIC-eligible medical food that the individual was receiving before relocating, may be issued a 1-month food instrument for that specific item.

___ Applicants who were not participants prior to the disaster must obtain medical documentation prior to issuing exempt infant formula or eligible medical foods. The medical documentation may be provided as an original written, electronic, or facsimile document. Medical documentation may be accepted by telephone by a health professional, who documents the information and keeps it on file. Telephone documentation may be used until written confirmation is received and only when necessary. The local clinic must obtain the written documentation within two weeks time after accepting the medical documentation by telephone. The written documentation is kept on file with the telephone documentation.

___ Refer individuals with serious medical conditions that require use of an exempt infant formula or eligible medical food to local medical providers to ensure that the participant is linked to the health care system.

Nutrition Education

___ Nutrition Education can be by telephone, internet, or mail per PPM section 332, Mailing Coupons/Fruit and Vegetable Vouchers, and according to Chapter 400.

___ If the telephone, internet, or mail systems are disrupted, then nutrition education is deferred until the next on-site appointment with participants.

Food Issuance

___ Coupons may be mailed to participants as allowed by Section 332, Mailing Coupons/Fruit and Vegetable Vouchers. During a pandemic, illness is presumed and prevention of further spread of illness by remaining home is critical.

___ Local projects need to pay close attention to community business circumstances caused by the disaster where the mail, stores, and pharmacies may be slowed or shut down.

Replacement of WIC Coupons/FVVs

___ Coupons/FVVs lost or destroyed in a disaster may be reissued per PPM section 330.4, Void/Reissue.

Based on best available information, I have determined that the above actions are necessary to continue benefits to WIC participants and provide applicants with access to WIC benefits during this disaster. This plan remains in effect until further notice.

Chief, Bureau of Nutrition Services

Date

OHIO WIC MOBILE UNIT REQUEST FORM

The Ohio WIC Mobile is maintained and operated by the Cuyahoga County WIC program. If you would like to request the unit for your event, please complete the information below and return this form to the State WIC Office for planning purposes. *(Please refer to the attached "Things to Know about the Ohio WIC Mobile Unit" before completing this form.)*

Name of requestor/organization:_____

Date of event:_____

Type and name of event (what is primary purpose of mobile unit):_____

Specific address of event:_____

Where unit can be safely and legally parked at event:_____

Time needed for set up:_____ Start time of event:_____ End time of event:_____

If your event is primarily held indoors (e.g., agency, school, church), do you have a plan to route your "customers" to the mobile unit? (This is important, especially if inclement weather):_____

Have you held the event before?_____ If yes, what services are you adding or relocating to the mobile unit?_____

Number of people scheduled to work on unit:_____ What their roles are:_____

Estimated number of people expected to be served through the unit during the event:_____

Contact name and telephone number for advance confirmation:_____

Contact name and telephone number for day of event:_____

Meal/beverage arrangements for the day, if any, for those on unit:_____

Any special needs, if known:_____

If you have questions, please contact our Ohio WIC Mobile Unit coordinator, Nydia Luckage, at (614) 728-5893 or nydia.luckage@odh.ohio.gov.

Please return your completed form to Nydia at (614) 564-2470 (fax) or at the email address listed above.

We will let you know as soon as possible if your request is approved!

Ohio WIC Mobile Unit Things to Know

Event Time Availability

- It's helpful if your event can start late a.m. to accommodate travel time within one day.
- The earliest the unit can leave Cleveland is 6:30 a.m. and the latest it must be back in Cleveland is by 9:00 p.m.

Setup Requirements for the Mobile Unit

- The mobile unit is three parking spaces in length (38 ft.). At least two parking spaces (one on either side) are needed to maneuver the unit in and out of its parking place.
- The width of the mobile unit is that of a car before the middle section of the mobile unit is "rolled out." Because of the roll out section, the unit cannot be parked against a building, fence or other barrier to prevent the roll out.
- There is an awning available on one side of the mobile unit, which would require more parking space on that side of the unit.
- The mobile unit runs on a generator when parked, and requires a 220 volt electrical outlet to operate all systems.

Mobile Unit Accommodations

- Handicapped accessible
- Front and rear doors to facilitate clinic flow
- Waiting room that can accommodate 6 participants
- 1 exam room (users will have to provide their own exam table)
- Room for 4 – 5 staff
- Awning (use dependent upon appropriate space)
- 2 refrigerators
- 3 flat screen monitors with DVD players
- Height/weight Equipment
- Coffee maker and microwave
- Restroom
- Running water
- No computers presently available
- No internet access presently available

Assistance for Mobile Unit Staff

There will be a driver and spotter for the mobile unit. They will not have any other transportation so they will need someone to assist in getting their meals for the day. They will use the driver/passenger seats during the day and will assist with mobile unit setup.

If the mobile unit is to stay overnight, the driver and spotter will need to find overnight accommodations where the mobile unit can be safely parked. If the mobile unit is to be left on site, they will need transportation to/from a local hotel.

Advertising

- You are responsible for advertising for your event.
- If your program is not affiliated with WIC, we recommend that you try to partner with your local WIC program for the event.

Communication

- After your request has been approved, please email Susan Conover of the Cuyahoga County WIC program at sconover@metrohealth.org two weeks before the event to confirm location, date and time.
- If you have any questions on the day of the event or outside of usual business hours, please call Susan Conover at (216) 235-6687.
- Please provide us with a brief summary within a week after your event, telling us about your experience using the mobile unit. Please send your summary to our Ohio WIC Mobile Unit coordinator, Nydia Luckage, at (614) 564-2470 (fax) or nydia.luckage@odh.ohio.gov.

Clean Up

You are asked to collect and dispose of all trash at the end of each day.

PPL 182 – 6/14

**Ohio WIC Program
Employee Conflict of Interest
and
Misuse or Illegal Use of Program Funds, Assets, or Property
Understanding**

Conflict of Interest

As a staff person who is employed to provide WIC program services, I understand that it is a conflict of interest and specifically prohibited to:

- certify myself, my spouse, or my children;
- certify any other relatives or friends; or
- singly determine eligibility for all certification criteria and issue coupons for the same participant.

I understand that if any of these situations present themselves to me, I will call it to the attention of my supervisor who will ensure that certification and coupon issuance takes place without a conflict of interest.

In the event that a practical circumstance exists, such as my being the only staff person to conduct WIC clinic operations, I understand that my supervisor will review the certification records and coupon issuance for that clinic to ensure eligibility and coupon issuance was completed correctly.

Misuse or Illegal Use of Program Funds, Assets, or Property

I understand that I shall not benefit from any transaction or receive payment for any goods or services other than as a part of my regular job responsibilities or as reimbursement for reasonable and allowable expenses incurred in carrying out my job.

I understand that the maximum financial penalty for the misuse or illegal use of program funds, assets, or property is \$25,000.00.

Employee's Signature

Date

Employee's Printed Name

WIC Project Director's Signature

Date

WIC Project Director's Printed Name

Outreach

Media Descriptions

(Reference PPM section 120.6)

Feature Stories

Media Interviews

Media Use

Meeting the Local Media

Public Service Announcements

Feature Stories

Collect your most dramatic facts while making sure to include who, what, where, when, why and how. Once you have the information compiled, contact the feature editor and present the idea.

Newspapers generally prefer to write their own feature stories. The reporter will probably arrange an interview time with you to collect the relevant information. Be prepared for questions!

When working with a reporter on a feature story, it is helpful to organize relevant information in a fact sheet. Some information for developing a local WIC program fact sheet includes:

- number of program participants
- breakdown of program participants (i.e., number of women, infants, and children)
- summary of educational techniques used in your clinic
- information related specifically to your program (i.e., clinic days, times, etc.)

Media Interviews

Before you begin the interview, go over questions the interviewer has for you. It is important to cover all questions completely and clearly. If the interviewer does not have specific questions for you, it would be helpful to give him/her a couple of important questions that you would like to address.

For example:

- What is WIC?
- Who can participate in the WIC program?
- How do you qualify for services?
- Where is your local WIC office?
- What is the phone number of your clinic?
- If you are promoting a special event, be sure to cover all important details of that event.
 - What are the hours of operation?
 - Where is the clinic located?
 - Who is the target audience?
 - What is WIC's purpose?

Media Use

A. Prepare a Media List

- Include all media forms with contact information (phone, fax, e-mail, etc.).
- Include community calendar reports, community newspapers, public affairs programs, minority publications and media outlets, and newsletters for non-profits and health organizations.
- Organize each list by market served. Some publications or stations are appropriate for some types of news, but not all.

B. Develop a Media Kit

1. Media kits may contain any or all of the following:
 - News/press release
 - Biographical sketch of the WIC director and/or other key personnel
 - Fact sheet about WIC
 - Photographs (Be sure to obtain signed consent for publication.)
 - Graphs and charts
 - Collateral and miscellaneous items such as a WIC brochure or local newsletter
 - Contact information
2. Before you post to the internet or contact the press, you must have a story that is newsworthy. Newsworthy characteristics include:
 - New and timely, unpublished information
 - Public figures, celebrities, or well-known organizations
 - Human-interest angles (Success stories with women and children always score high.) Include pictures with personal stories.
 - Visuals (for television and news photography)
 - An event - give location, time, and other important information
 - “Good news” such as lower, statewide anemia rates that can be directly tied to WIC

- A variation of a theme already receiving media attention
- A story that captures attention within the news day

C. **Distribute** at a media event such as a press conference or a public meeting, or email or post to social media sites.

Meeting the Local Media

Try to establish yourself as friendly to the media, but remember, a reporter's job is to seek news. Answer questions accurately and quickly and offer your services as an expert to provide information about WIC and other public health programs. Offer to direct questions about other public health issues to the appropriate health department personnel. The key to developing good media relationships is *availability* and *credibility*.

When making **initial contact** with media personnel:

- Make an appointment to introduce yourself to the appropriate reporter, editor, or the public service director.
- Tell the reporter or editor about the WIC program and provide a media kit. Hand deliver your media kit to the editors of the sections in which you wish to publicize your information.
- Depending on time available, offer one or two story ideas for consideration.
- Leave your contact information.

Once you have made initial contact with media personnel, maintain the relationship by providing periodic press releases, tweets, emails, Facebook updates, etc. Be open to visits from the media.

When you have a story you would like covered, consider the following steps:

- Identify the media personnel who handle your issue and send them a media kit.
- Call media personnel in advance of sending your information or place a follow-up call to make sure they received it. Fax or email the information immediately if they have not received it.
- After they have had time to review the information, recontact the reporter or editor to determine interest in placing a story.
- Do not hesitate to re-send the information if they have not received it or say they have not seen it.

Public Service Announcements

Contact the Public Affairs Director of the television or radio station in your area to determine the required specifications. Also, when sending your PSA to the station, include a letter to the Public Affairs Director.

Media experts recommend that the message “grab” people’s attention. This can occur in a number of ways—the more creative the better.

Some suggestions are listed below:

- Begin by asking a question, “Did you know...,” “Are you...,” “Have you wondered about...”
- Use a cute character or interesting voice to communicate your message.
- Ask a visiting or hometown celebrity to read your script. If you set up the equipment and arrange a time with the manager; it may only take a minute or two of his or her time.
- Add music or a catchy jingle to your PSA

Stations are locked into very specific time periods. An easy way you can judge the reading time is by following word counts:

- 60 seconds – 150 words
- 30 seconds – 75 words
- 20 seconds – 50 words
- 10 seconds – 15 words

Outreach Sample Materials

(Contains examples referenced in section 120)

Eat Smart, Play Hard Brochure

Feature Story – *Rethink your kid's drink*

Fillable Newsletter Template – *WIC Women, Infants, & Children Program*

Ohio WIC Program Income Guidelines Insert

Information on WIC

Letter to Referral Agency

News Release – *Breastfeeding Awareness Month*

Ohio WIC Newsletter

Poster - *Bet You Didn't Know*

Power Point Presentation – *Ohio WIC*

Three Brochure/Pamphlet Examples:

Ohio WIC Pamphlet – half fold style

WIC Pamphlet –trifold style

Ohio WIC Outreach Brochure – trifold style

Ohio WIC Postcard

Public Service Announcements/Tweets/Facebook Posts/Texts

What Do I Bring to My First Visit?

- ♥ Proof of income (current pay stubs, approval letter for Healthy Start, Ohio Works First, Food Stamps or current Medicaid card)
- ♥ Proof of address (utility or credit bill, or Ohio driver's license)
- ♥ Proof of identity for you and any other applicants (birth certificate, driver's license, Medicaid card, crib card or shot record)
- ♥ All family members applying for WIC services
- ♥ If pregnant, a doctor's statement showing due date
- ♥ Children's shot records



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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

This institution is an equal opportunity provider.

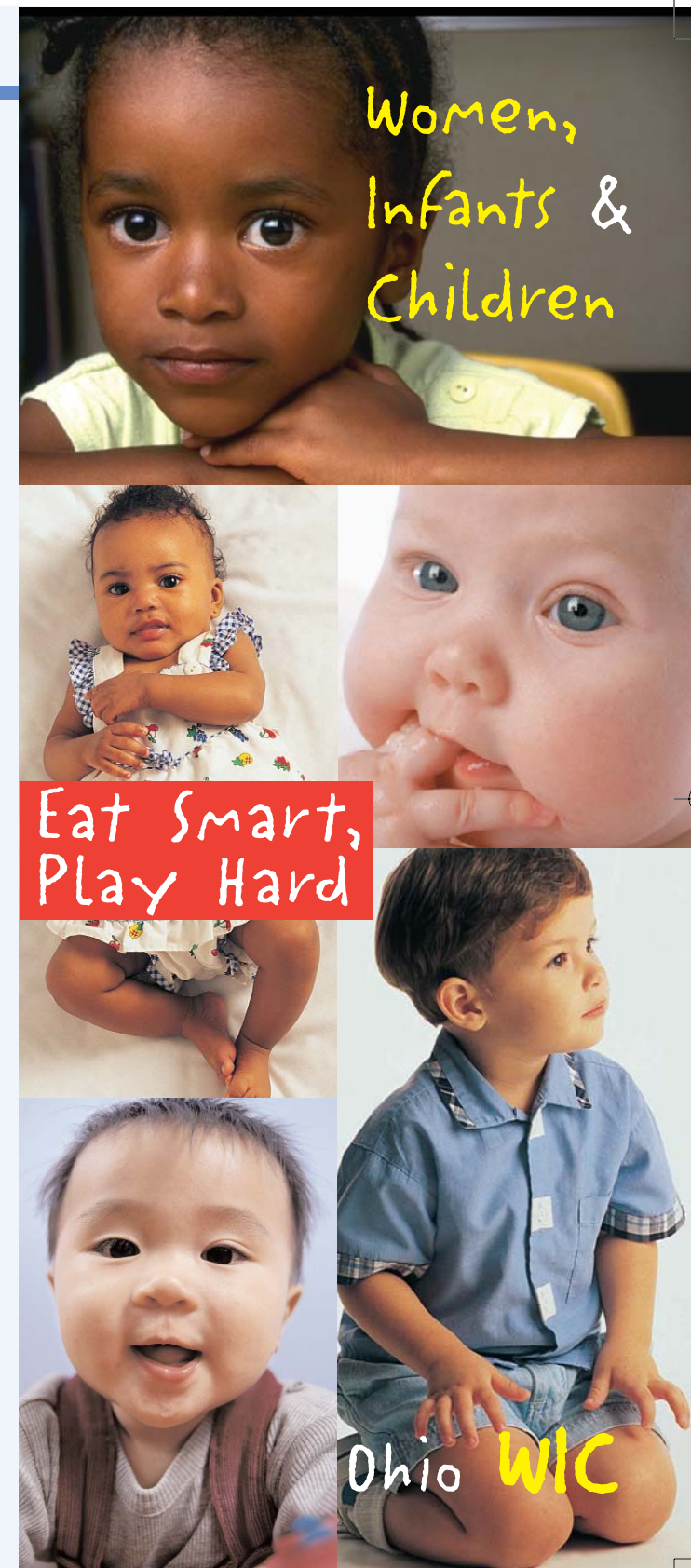
Healthy **hio**
The State of Living Well.



The mission of the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants and children.

Visit our Web site: <http://www.odh.ohio.gov>

0700.13



What is WIC?

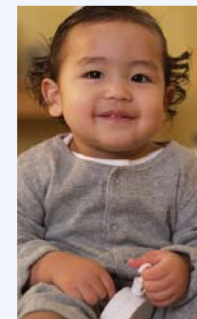
WIC is a nutrition education program. WIC provides nutritious foods that promote good health for pregnant women, women who just had a baby, breastfeeding moms, infants and children up to age 5.



What Does WIC Provide?

- ♥ Nutrition education and support
- ♥ Breastfeeding education and support
- ♥ Referral for health care
- ♥ Immunization screening and referral
- ♥ Supplemental foods such as:

Cereal
Eggs
Milk
Whole-grain foods
Fruits and Vegetables
Infant formula



Who is Eligible for WIC?



Women who are pregnant, breastfeeding or have a baby less than 6 months old, and infants and children up to 5 years old are eligible to apply for WIC. Fathers are welcome to apply for WIC for their children up to age 5.

WIC. Fathers are welcome to apply for WIC for their children up to age 5.

To qualify for services you must:

- ♥ Live in Ohio
- ♥ Meet WIC income guidelines
- ♥ Have certain nutritional or health risks



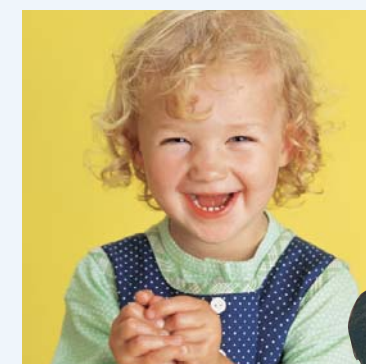
How Do I Apply?

Make an appointment

Call your local clinic to schedule an appointment to meet with a WIC staff member or call **1-800-755-GROW (4769)** for locations and more information.

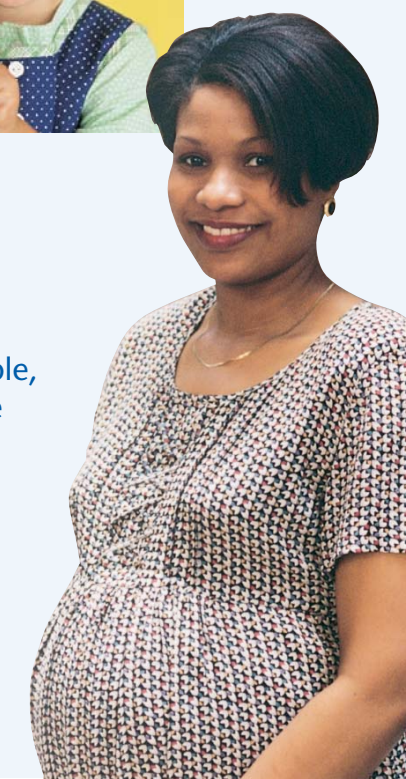
See if you qualify

All it takes is a visit to your local WIC clinic to see if you qualify for services.



Receive WIC coupons

If you are eligible, you will receive coupons to buy healthy foods at local WIC-approved grocery stores.



WIC Celebrates 40 Years

March is National Nutrition Month and the perfect time for the Ohio WIC Program to celebrate a special 40th birthday.

America's first Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) project was founded in Pineville, Ky., Jan. 15, 1974, and Ohio's WIC program began shortly thereafter. WIC was founded to meet the need for good nutrition in pregnancy and early childhood, and because food distribution programs based at health clinics can profoundly affect the size and health of low-income babies, help them survive, and prevent later health problems.

In 1974, Ohio WIC served 10,175 women, infants and children at 18 project sites; today, nearly 250,000 participants get WIC services in 192 clinics in all 88 counties.

"WIC works," said BNS Chief Michele Frizzell, R.D., M.B.A. "Everyone benefits when moms and children get a better nutritional start in life. We thank all of our state and local staffs over the 40 years for their commitment."

Pregnant women who participate in WIC have longer pregnancies leading to fewer premature births; have fewer low and very low birth weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy; and consume more of such key nutrients as iron, protein, calcium and vitamin C.

WIC helps income-eligible pregnant, breastfeeding and postpartum women and infants and children to age 5 who are at health risk. It offers nutrition education, breastfeeding education and support and supplemental foods rich in calcium, iron, and protein that moms and children under the age of 5 need to improve their health. These foods include milk, eggs, peanut butter, 100 percent fruit juices, low-sugar, iron-fortified cereals, fruits, vegetables and whole grains. In addition, WIC provides referral to prenatal and pediatric health care and other maternal and child health and human services programs.

Family income must be within 185 percent of the federal poverty income level. A WIC health professional assesses nutritional risk by checking factors such as blood iron level, height, weight, health history and dietary intake.

###

W I C

Women, Infants,
& Children Program



OHIO WIC PROGRAM INCOME GUIDELINES*

Gross income (before taxes) cannot exceed the following amounts:

Family Size	Annual	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427

If you have more than 8 people in your family, please contact your local WIC clinic for guidelines.

Note: A pregnant woman counts as more than one family member. A person who currently receives Medicaid, Food Stamps, or Ohio Works First (OWF) automatically meets the income eligibility criteria for WIC.

**Guidelines effective July 1, 2014. If you are unsure of income eligibility, contact your local WIC office.*

USDA is an equal opportunity provider and employer.

Clinic Information:



Information on WIC

What is the WIC program?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps income eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children under the age of 5, who are at medical or nutritional risk.

What services does WIC provide?

WIC provides nutrition education; breastfeeding education and support; supplemental, highly nutritious foods such as cereal, eggs, milk, whole grain foods, fruits and vegetables, and iron-fortified infant formula; and referral to prenatal and pediatric health care and other maternal and child health and human service programs.

Who is eligible for WIC?

Women who are pregnant, breastfeeding, or have a baby less than six months old, and infants and children up to five years old are eligible to apply for WIC. To qualify for services you must:

- Live in Ohio
- Meet WIC income guidelines
- Meet certain nutritional or health risks
- Present at the clinic appointment, and provide proof of identity

How can I find a WIC clinic near me?

WIC is located in over 190 clinics in all 88 Ohio counties in health departments, community action agencies, hospitals, and other community settings.

To find the nearest WIC clinic, click on WIC Clinic Directory button on the first page of the Ohio WIC website at: <http://www.odh.ohio.gov/en/odhprograms/ns/wicn/wic1.aspx>

Call the main WIC clinic in the county where you currently live, or call the Help Me Grow helpline at 1-800-755-GROW (1-800-755-4769).

What are some of the outcomes of WIC?

WIC helps to improve pregnancy outcomes by providing or referring pregnant women to support services; reduces infant mortality by decreasing the incidence of low birth weight; increases breastfeeding rates, and gives infants and children a healthy start in life by providing nutritious food.

Studies show that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births; have less low and very low birth weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy and consume more key nutrients.

WIC helps to ensure children's normal growth, reduces levels of anemia, increases immunization rates, improves access to regular health care and improves diets. Children who participated in WIC had better scores on memory tests than children who did not participate in WIC.

Through prevention, WIC aims to improve public health and save money:

1. In 1990, the Government Accountability Office looked at low birth weight and found that although WIC benefits to pregnant women were \$296 million, \$853 million were saved in low birth weight health-related expenditures.
2. Mathematica Policy Research, Inc. looked at Medicaid costs during the first 60 days after birth. They looked at 105,000 moms in four states and found every \$1 invested in WIC translated to a \$2-\$3 savings in Medicaid costs.
3. Breastfeeding benefits families and society. In 2001, the Economic Research Service (ERS) of the USDA published, "The Economic Benefits of Breastfeeding: A Review and Analysis." Looking at treatment of three childhood illnesses, otitis media, gastroenteritis, and necrotizing enterocolitis, a minimum of \$3.6 billion would be saved if breastfeeding were increased from current levels (64 percent in-hospital, 29 percent at 6 months) to those recommended by the U.S. Surgeon General (75 and 50 percent). Therefore, resulting in reduced incidence of illness and decreased health care costs.

Who does the Ohio WIC Program serve?

The Ohio WIC program serves approximately a quarter million low-to-moderate income infants, women, and children every year in all 88 Ohio counties.

Why does WIC provide these services?

WIC is a public health prevention program. From the beginning, WIC was designed to improve health outcomes by providing education and supplemental foods. WIC foods are selected to provide key nutrients lacking in the diets of the WIC population such as protein; calcium and iron; vitamins A, C, and folic acid. WIC foods are low in sugar; high in fiber. As a prevention program, WIC projects collaborate with community partners and refer participants to other health and human service programs.

Dear (Contact Name)

The (Local Agency Name) is continuing an effort to increase awareness of the positive impact that the WIC Program has on its participants. WIC Program information is being distributed to other health, education and social service programs in the community.

A “WIC Kit” is enclosed. It contains the following information: a (Local Agency Name) brochure and fact sheet; the WIC income guidelines; WIC food list; a list of area WIC grocery stores; and (Other Information and/or Materials including Breastfeeding Promotion Materials, Nutrition Education Handouts, Referral Forms, Etc.). Please share this information with individuals and organizations that could benefit from our services.

I look forward to working with your agency to promote the WIC Program in our community. Please feel free to contact me at (Phone Number) if you have any questions about the enclosed materials.

Sincerely,

(Name)

(Title)

(ADVISED FORMAT: USE LOCAL AGENCY LETTERHEAD OR PUT NAME OF AGENCY AT TOP OF PLAIN PAPER USING ALL CAPITAL, BOLD LETTERS)

(Date)

FOR IMMEDIATE RELEASE

AUG. 1 MARKS BEGINNING OF BREASTFEEDING AWARENESS MONTH

August is Breastfeeding Awareness Month in Ohio and Aug. 1-7, is World Breastfeeding Week (WBW). This year's WBW theme is *Breastfeeding – a vital emergency response. Are you ready?* This theme offers the Ohio Department of Health (ODH) maternal and child health programs the opportunity to partner with disaster preparedness agencies and institutions as well as other community programs to encourage breastfeeding as a way to ensure continued infant health during an emergency.

“Besides the myriad of health benefits, breastfeeding provides protection against malnutrition and disease during natural disasters, emergencies and economic downturns,” said ODH Director Theodore E. Wymyslo, M.D. “Breastmilk is a free, sterile, reliable food source for infants and young children. There have been many reported instances of children being kept alive during disasters by nursing. During an emergency, the breastfeeding mother has the comfort of knowing that her baby has a safe and adequate food supply available as long as necessary.”

The Centers for Disease Control and Prevention report that Ohio's breastfeeding initiation rate of 59.6 percent ranks 44th in the nation. To be better prepared for any situation or emergency, communities should actively promote and support breastfeeding by:

- Encouraging all pregnant women and their families to consider how they would feed their baby if clean water, sterile bottles and formula or even shelter were not available.
- Asking all delivery hospitals to institute the *Ten Steps to Successful Breastfeeding* so that mothers who choose to breastfeed will have a better chance at being successful.
- Encouraging all employers to offer their breastfeeding employees time and a clean place to pump.
- Partnering with disaster preparedness groups and local lactation support professionals to develop infant feeding protocols that protect breastfeeding.

“All elements of the community should cooperate and support breastfeeding mothers so babies can be assured of a free, safe and reliable food source whenever disaster strikes.” said (local health commissioner or WIC director name). “Ultimately, our whole society benefits from having healthier mothers, babies and children when breastfeeding is supported.”

FOR MORE INFORMATION about breastfeeding in (name of area) please call (local WIC/CFHS office name) at (number).

OHIO WIC NEWSLETTER

Ohio Women, Infants, and Children Program

INSIDE THIS ISSUE:

OUTCOMES OF WIC 2

PROGRAM GOALS 2

BREASTFEEDING PROMOTION AND SUPPORT 3

OHIO WIC PROGRAM INCOME GUIDELINES 2013 4

FARMERS' MARKET NUTRITION PROGRAM 4

WIC Program Facts

- Reduces infant mortality by reducing the incidence of low birth weight
- Provides infants and children with a healthy start in life by combating poor and/or inadequate diet
- Serves 53 percent of all infants born in the United States

WIC AT A GLANCE

Population Served:

The WIC target population includes low-income, nutritionally at risk:

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends)
- Breastfeeding women (up to infant's 1st birthday)
- Nonbreastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends)
- Infants (up to 1st birthday).
- Children up to their 5th birthday

Benefits:

The following benefits are provided to WIC participants:

- Supplemental nutritious foods

- Nutrition education and counseling at WIC clinics
- Screening and referrals to other health, welfare and social services

Program Delivery:

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program.

WIC is:

- administered at the Federal level by FNS
- administered by 90 WIC state agencies, through approximately 47,000 authorized retailers
- WIC operates through 1,900 local

agencies in 10,000 clinic sites, in 50 State health departments, 34 Indian Tribal Organizations, the District of Columbia, and five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands).

Examples of where WIC services are provided:

- county health departments
- hospitals
- mobile clinics (vans)
- community centers
- schools
- public housing sites
- migrant health centers and camps
- Indian Health Service facilities

OUTCOMES OF WIC

WIC helps to improve pregnancy outcomes by providing or referring pregnant women to support services; reduces infant mortality by decreasing the incidence of low birth weight; increases breastfeeding rates, and gives infants and children a healthy start in life by providing nutritious food.

Studies show that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births; have less low and very low birth weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy and consume more key nutrients.

WIC helps to assure

children's normal growth, reduces levels of anemia, increases immunization rates, improves access to regular health care and improves diets. Children who participated in WIC had better scores on memory tests than children who did not participate in WIC.

Through prevention, WIC aims to improve public health and save money.

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at Medicaid costs during the 1st 60 days after birth. They looked at 105,000 moms in 4 states and found every \$1 invested in WIC translated to a \$2-\$3 savings in Medicaid costs.

Breastfeeding benefits families and society. In 2001, the Economic Research Service (ERS) of the USDA published, "The Economic Benefits of Breastfeeding: A Review and Analysis." Looking at otitis media, gastroenteritis, and necrotizing enterocolitis, a minimum of \$3.6 billion saved if breastfeeding increased from current 64%/29% to US Surgeon General recommendations of 75%/50% (hospital/6 months).



Improves pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies

WIC helps pregnant women see physicians earlier and increases the number of women receiving timely prenatal care.

PROGRAM GOALS

WIC is a public health prevention program. From the beginning, WIC was designed to improve health outcomes by providing education and supplemental foods. WIC foods are

selected to provide key nutrients lacking in the diets of the WIC population such as protein; calcium and iron; vitamins A, C, and folic acid. WIC foods are low in sugar and higher in

fiber. WIC projects are required to collaborate with community partners and refer participants. As a prevention program, WIC staff screen and refer participants to other services.



BREASTFEEDING PROMOTION AND SUPPORT

Breastfeeding promotion and support is a priority in the WIC Program and is a core component of the nutrition services that the WIC Program provides to meet its mission of safeguarding the health of low-income women, infants and children. Research continues to reinforce breastfeeding as the best source of nutrition for infants as it provides numerous health, nutritional, economical and emotional benefits to both mother and infant. The WIC Program has achieved many accomplishments in promoting and supporting breastfeeding and continues to build upon these successes through its various breastfeeding efforts. Breastfeeding rates are steadily improving among WIC participants nationwide thanks to the efforts of WIC staff who provide the education and support mothers need to successfully

breastfeed. State WIC provided a breastfeeding fact sheet with FY12 breastfeeding performance data. The Healthy, Hunger-Free Kids Act of 2010 (the Act), Public Law 111-296, requires The Department of Agriculture to annually compile and publish breastfeeding performance measurements. The collection and publication of breastfeeding performance measurements is one of several provisions in the Act that strengthens the WIC Program's emphasis on breastfeeding promotion and support and underscores the importance of exclusive, continued breastfeeding to the health of WIC participants. This reporting requirement provides an exciting opportunity to help further the efforts of WIC State and local agencies by highlighting agencies that demonstrate

success in breastfeeding through high breastfeeding rates and by motivating other agencies to strengthen their breastfeeding promotion and support services with the goal of increasing their breastfeeding rates. The breastfeeding performance measurements will be used in the process to determine awardees for initiatives that recognize the exemplary performance of WIC State and local agencies in breastfeeding such as the Loving Support Awards for Excellence. Additionally, the collection of this data allows WIC to track breastfeeding data trends in the WIC Program.



**WIC promotes
breastfeeding as
the optimal
method of infant
feeding.**

OHIO WIC PROGRAM INCOME GUIDELINES 2013

Family Size	Annual	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427

FARMERS' MARKET NUTRITION PROGRAM

The WIC Farmers' Market Nutrition Program (FMNP) was established by Congress in 1992, to a) provide fresh, unprepared, locally grown fruits and vegetables to WIC participants, b) to expand awareness of markets, and c) increase traffic and sales at farmers' markets.

A variety of fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs may be purchased with FMNP coupons. State agencies can limit sales to specific foods grown within State borders to encourage FMNP recipients to support the farmers in their own States.

Note: Ohio authorizes Ohio farmers and bordering state farmers. Citrus fruits (i.e., lemons, oranges, limes, grapefruit, tangerines) and tropical fruits (i.e., bananas, pineapples, mangos) cannot be purchased with Farmers' Market Nutrition Program coupons. These fruits are not grown in this region.





Ohio WIC
Women, Infants, &
Children Program

Bet You Didn't Know...



Ohio WIC has the
**third lowest
overall cost**
per participant
in the nation!

Ohio WIC has the
**ninth lowest
average
administrative
cost**
per participant in
the country!



Ohio WIC has the
**sixth lowest
average food
package cost**
in the country!

Ohio WIC invested
more than
\$4 million in the
breastfeeding
program last
year!



Ohio WIC served
an average of
**275,627
participants**
per month last
year!

Ohio WIC funded
1,083 jobs
statewide last
year!



Ohio WIC is the
seventh-largest
WIC program in
the country!

For every dollar
spent on WIC,
\$1.77 to \$4.21
is saved
in Medicaid costs!



Approximately
half of all infants
born in Ohio
receive WIC
services!

Ohio WIC's
31,296 Farmers'
Market Nutrition
Program participants
redeemed coupons
totaling **\$303,492**
at 394 authorized
farmers!



Ohio WIC has
entered more
than **326,000**
doses into Ohio's
ImpactSIIS
immunization
registry!

Ohio WIC
Impacting Community
Wellness Today,
Tomorrow, and
Beyond



Ohio WIC

Women, Infants, & Children Program

USDA is an equal opportunity provider and employer.



**Ohio WIC has the
third lowest
overall cost
per participant
in the nation!**

**Ohio WIC has the
ninth lowest
average
administrative
cost
per participant in
the country!**





**Ohio WIC has the
sixth lowest
average food
package cost in
the country!**

**Ohio WIC invested
more than
\$4 million in the
breastfeeding
program last
year!**





**Ohio WIC served
an average of
275,627
participants
per month last
year!**

**Ohio WIC funded
1,083 jobs
statewide last
year!**





**Ohio WIC is the
seventh-largest
WIC program in
the country!**

**For every dollar
spent on WIC,
\$1.77 to \$4.21
is saved
in Medicaid costs!**





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31,296 Farmers'
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Ohio WIC

**Impacting Community
Wellness Today,
Tomorrow, and
Beyond**

Three Brochure/Pamphlet Examples:

***Ohio WIC Pamphlet*– half fold style**

***WIC Pamphlet* – trifold style**

***Ohio WIC Outreach Brochure* –
trifold style**

Ohio Department of Health

OHIO WIC

Women, Infants, and Children
Program



Ohio
Department of Health

USDA is an equal opportunity provider and employer.

What is the WIC Program?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps income eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children under the age of 5, who are at medical or nutritional risk.



What services does WIC provide?

WIC provides nutrition assessment and education; breastfeeding education and support; immunization reminders; voter registration; referral to other health care services; and supplemental foods.

What are some of the outcomes of WIC?

WIC helps to improve pregnancy outcomes by providing or referring pregnant women to support services; reduces infant mortality by decreasing the incidence of low birth weight; increases breastfeeding rates; and gives infants and children a healthy start in life by providing nutritious food.



Studies show that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births; have less low and very low birth weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy and consume more of key nutrients.

- WIC foods help you and your baby get good nutrition!



The WIC staff can help you in many ways. They care about you and your family.

Come in or Call WIC today!

W I C

Women, Infants, and Children



WIC: Impacting community wellness today, tomorrow, and beyond

W I C

Women, Infants, and Children

- Providing nutrition education, breastfeeding support, and nutritious foods to qualified women, infants, and children



Ohio
Department of Health

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Highlights of Foods Provided

WIC food packages and nutrition education are the means by which WIC affects the dietary quality and habits of participants. The food packages align with the 2005 Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics.

The WIC program provides supplemental foods to participants providing nutrients most often lacking in diets of low-income individuals. WIC benefits are supplemental and should not be relied upon as emergency food when other resources have been exhausted.

WIC provides prescribed amounts of the following foods:

Children and Women

- Beans/peas
- Canned fish
- Cereal
- Cheese
- Eggs
- Fruits and vegetables
- Juice
- Milk, Lactaid®, Tofu, or Soy Milk
- Peanut butter
- Special formulas (if applicable)
- Whole grain foods

Infants

- Formula
- Infant cereal
- Infant fruits and vegetables
- Infant meats



Committed Health Care Partner

WIC has developed a minimum set of high-risk parameters and protocols. High-risk participants identified through these parameters receive more frequent and intensive nutrition counseling and referral to other health care providers, including physicians (when appropriate).

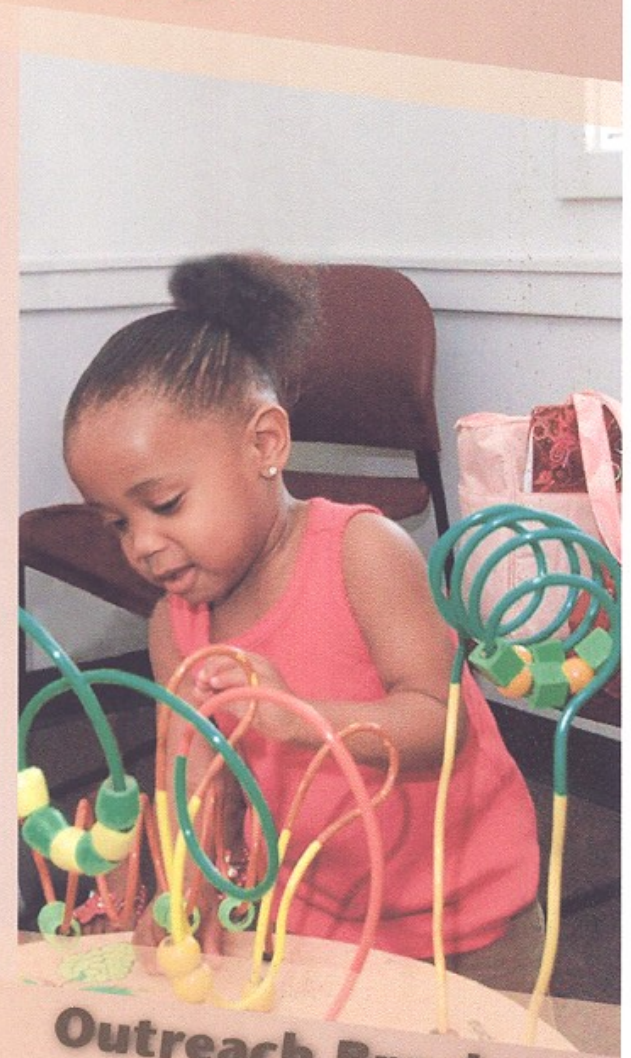


The Ohio Department Of Health
www.odh.ohio.gov
1-800-755 GROW (4769)

This institution is an equal opportunity provider.



Ohio WIC
Women, Infants and
Children Program



Outreach Brochure

Services WIC Provides

WIC — the Special Supplemental Nutrition Program for Women, Infants and Children is a fundamental part of Ohio's public health system and is intended to reach income-eligible pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children up to 5 years of age with a medical or nutrition risk. WIC services address WIC's most important goal: prevention of nutrition-related health problems.

WIC services include:

- Nutrition and breastfeeding education and support
- Supplemental foods supplying key nutrients
- Referral to health care providers and community programs
- Height checks, weight checks and blood work (iron testing)



Eligibility Requirements

Who is eligible?

Pregnant and breastfeeding women; non-breastfeeding postpartum women; infants birth through 12 months; and children 1 to 5 years who are:

- Present at the clinic appointment, and able to provide proof of identity
- Residents of the state of Ohio
- Income eligible - 185% of Federal Poverty Income Guidelines
- At medical/nutritional risk based on health and diet information assessed by a health professional at the time of certification

WIC Program Income Guidelines

WIC serves eligible families at or below 185% of the federal poverty guidelines. In addition, those receiving assistance from the following programs may be income eligible for WIC:

- Ohio Works First
- Food Assistance (formerly Food Stamps)
- Medicaid program (including Healthy Start and Expedited Medicaid)

Breastfeeding/Peer Program

WIC Promotes Breastfeeding

Some of the many benefits of breastfeeding are:

- Fewer illnesses
- Better nutrition for the infant
- Weight management
- Bonding for mom and baby

Ohio WIC's breastfeeding program provides:

- Infant feeding information to help participants make educated decisions
- Trained peer helpers to provide ongoing support to breastfeeding participants
- Referrals to International Board Certified Lactation Consultants (IBCLCs) if needed
- Breast pumps to eligible mothers



Ohio WIC

Impacting community wellness today, tomorrow and beyond

What is WIC?

WIC is a nutrition education program. WIC provides highly nutritious supplemental foods which promote good health for pregnant and postpartum women, breastfeeding mothers, infants and children up to age five.

Who is eligible?

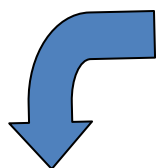
Pregnant women, breastfeeding mothers, women who have a baby less than six months old, infants, and children up to five years old who live in Ohio and are at a nutritional or medical risk while also meeting WIC income guidelines.

How do I begin?

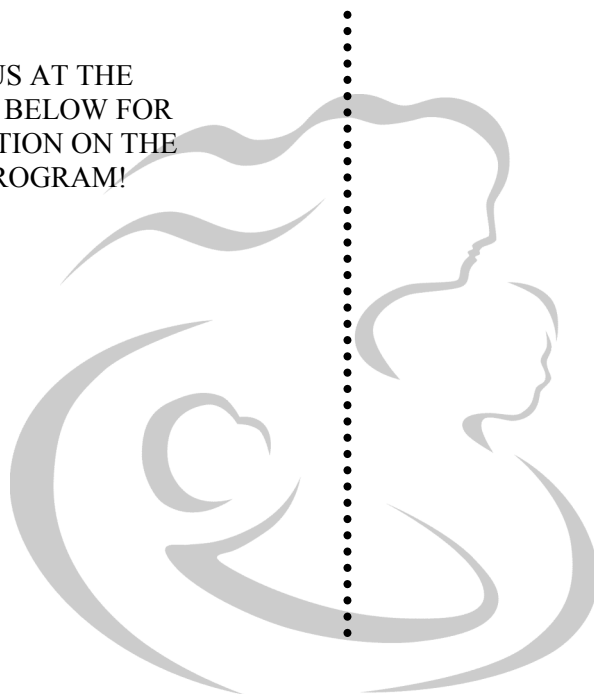
Make an appointment at a WIC clinic, talk with a WIC health professional at your appointment, and if eligible, you will receive benefits to buy nutritious foods at a local WIC authorized grocery store. Call your local WIC clinic at _____.

What does WIC provide?

WIC provides nutrition education and breastfeeding support, referral for health care, immunization screening and referral, and supplemental foods like milk, cereal, juices, eggs, peanut butter or beans, and infant formula and more!



VISIT US AT THE
ADDRESS BELOW FOR
INFORMATION ON THE
WIC PROGRAM!



PLACE
POSTAGE
HERE

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Sample Public Service Announcements

Title: Healthy Kids

Length: 60 seconds

As a parent, the most important thing in my life is my children. Making certain they grow up strong really matters to me. That's where the program called Women, Infants, and Children really helped us. WIC helps me provide healthy, nutritious foods for my kids. Eggs, fruits and vegetables, milk, cereals....things I might not be able to afford working and trying to make ends meet. They also help out by offering nutrition education classes, so I can learn how to keep my kids healthy and safe. I work hard to provide for my family, and I'm glad that WIC is there to help, too!!! WIC is a helping hand, not a handout! Call WIC today at 1-800-755-GROW to see if you qualify. You will be glad you did!

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Title: Making a Difference

Length: 30 seconds

If you're pregnant, breastfeeding an infant, or have children under the age of five, the WIC program can help you provide nutritious foods for your family—foods like eggs, fruits and vegetables, milk and cereals. The Women, Infants, and Children program makes it a little easier for a family to make ends meet. It's a helping hand, not a handout! Call WIC today at 1-800-755-GROW to see if you qualify.

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Title: Having a Baby

Length: 30 seconds

Bringing a child into the world is a big responsibility. That's why I want to take care of myself during pregnancy by eating all the right foods. That's where the WIC program-Women, Infants and Children- really helps. They provide nutritious foods that keep my unborn baby growing strong. It's a nice feeling to know that the foods I'm eating today will help deliver a healthy baby soon. Call WIC today at 1-800-755-GROW to see if you qualify. You'll be glad you did!

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Title: Making Ends Meet

15 second Public Service Announcements

Making ends meet just got easier! The WIC program can help you provide nutritious foods for your family. Call WIC today at 1-800-755-GROW to see if you qualify. You'll be glad you did!

USDA is an equal opportunity provider and employer.

Women, Infants and Children....the WIC program can help you provide nutritious foods for you and your family. Call WIC today at 1-800-755-GROW to see if you qualify and to find a clinic near you.

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Participant Abuse Sample Letters

Includes:

Warning Letter- Selling Benefits

Warning Letter- Selling Breastpumps

Claim Letter

Warning or Disqualification Letter- Verbal or Physical Abuse

Date

Participant or
Parent/Guardian of

RETURN RECEIPT REQUESTED

Certified Mail # Enter certified number

Dear Parent or Guardian of _____:

The State WIC office routinely monitors Craigslist and eBay® for fraudulent WIC activity. We have been informed that your name has been linked to an advertisement on (site), dated (date) regarding (quantity) cans of (name/form) infant formula for sale. This is the same type of formula printed on the coupons issued to (participant name) on his/her last visit to the WIC clinic on (date).

Please be reminded that WIC federal regulations prohibit the sale of infant formula purchased with WIC coupons. Any formula purchased with WIC coupons that is not used by the participant is to be turned in to your local WIC office. Accordingly, if it is verified that such sales are taking place, the State WIC office, under the authority of federal regulations, specifically Title 7 of the Code of Federal Regulations section 246.12(u), will impose sanctions against the participant or parent/guardian of the participant which may include repayment for the cost of infant formula provided, disqualification from the program for up to one year, and/or referral to law enforcement for prosecution.

The formula provided by WIC is to assist in ensuring the optimum health of your child. Please refer to your Welcome to WIC Letter which advises you of your responsibilities for WIC program participation.

If you have any questions, please contact me at (phone number).

Sincerely,

Local WIC Director

Cc: State WIC Office, Program Operations Unit

This institution is an equal opportunity provider

Date

Participant or
Parent/Guardian of

RETURN RECEIPT REQUESTED

Certified Mail # Enter certified number

Dear Parent or Guardian of _____:

The State WIC office routinely monitors Craigslist and eBay® for fraudulent WIC activity. We have been informed that your name has been linked to an advertisement on (site), dated (date) regarding a (name of pump) breastpump for sale. This is the same type of breastpump loaned to you by the WIC clinic on (date).

Please be reminded that WIC federal regulations and the Ohio Revised Code prohibit the sale of any WIC program benefit. The (name of the pump) was loaned to you by WIC to assist you in providing optimum nutrition to your baby. You agreed to return the pump when asked or when you were no longer using it. Accordingly, if it is verified that such sales are taking place, the State WIC office, under the authority of federal regulations, specifically Title 7 of the Code of Federal Regulations section 246.12(u), will impose sanctions which may include repayment for the cost of the breastpump provided, disqualification from the program for up to one year, and/or referral to law enforcement for prosecution.

Please refer to your Welcome to WIC letter and the Release Form for Distribution of Breast Pump Ohio WIC Program which advises of your responsibilities for WIC program participation and breastpump usage.

If you have any questions, please contact me at (phone number).

Sincerely,

Local WIC Director

Cc: State WIC Office, Program Operations Unit

This institution is an equal opportunity provider

Date

Participant or
Parent/Guardian of

RETURN RECEIPT REQUESTED

Certified Mail # Enter certified number

Dear Parent or Guardian of _____:

You are being assessed a claim in the amount of \$_____ for coupons issued to _____ for the months of _____. This claim is being made under the authority of 7 CFR 246.23. Payment must be received within 30 days after the receipt of this letter.

The reasons for the claim are:

- 1.
- 2.
- 3.

Payment must be sent to the following address:

Ohio Department of Health
ATTN WIC _____
PO Box 15278
Columbus, OH 43215

You have the right to appeal this decision. You must ask for a hearing within 60 days from the date of this notification by telephoning the State WIC office at 614-644-8006 or writing to this address:

Ohio Department of Health
WIC Program
246 N. High Street – 6th Floor
Columbus, Ohio 43215
Attention- Executive Office

At a fair hearing you may be represented and/or accompanied by a relative, friend, legal counsel or other spokesperson to present your case.

Please note that payment for this claim may not preclude the participant from being suspended from the Ohio Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Sincerely,

_____, Chief

Bureau of Nutrition Services

Copy: State WIC office, Program Operations Unit

This institution is an equal opportunity provider

Enter Date

Participant or
Parent/Guardian of

RETURN RECEIPT REQUESTED
Certified Mail # Enter certified number

Dear Participant or Parent or Guardian of _____:

On _____ you visited the WIC clinic. During that visit, (enter details here)_____.

This action is a violation of your responsibilities as a WIC participant as outlined in the Participant Responsibilities section of your Welcome To WIC Letter that was signed on (date) _____ by __ (name)_____.

(IF WARNING) Any further actions that violate the Participant Responsibilities outlined in your Welcome to WIC Letter may result in disqualification action from the WIC program.

(IF DISQUALIFYNG) You are notified hereby that you will be disqualified from participation in the WIC program for a period of _____ (enter time frame) to begin (select one of the following methods:

1. no earlier than 30 days after receipt of the letter;
2. at the end of the valid period of previously-issued coupons on _____ (enter date)

This action is taking place under the authority of Title 7 of the Code of Federal Regulations Part 246.12.

You have the right to appeal this decision. You must ask for a hearing within 60 days from the date of this notification by telephoning the _____ at _____ or writing to the below address:

At a fair hearing you may be represented and/or accompanied by a relative, friend, legal counsel or other spokesperson to present your case.

Sincerely,

_____ ,

Copy: State WIC office, Program Operations Unit

Recruitment Resources

The following procedures will assist directors in filling WIC health professional positions with appropriately trained and licensed individuals.

1. Contact the Ohio Dietetic Association (ODA) at (614)-436-6131 to locate local dietetic association presidents and phone numbers. The names and telephone numbers can be accessed on the ODA website www.eatrightohio.org if the project has an employee who is a member of the American Dietetic Association (ADA).
2. The ODA website also has a location to post job vacancies. At www.eatrightohio.org click on JOBS under “JOBS FORUM,” and select “CLICK HERE” for online job submission form.
3. Contact at least one Dietetic Internship Program. See *Hiring Resources for RD, DT, and DTRs* in Appendix 100. This resource contains contact information for dietetic technician schools, coordinated undergraduate programs, didactic programs, and internships in Ohio. If information on other states is needed, go to www.eatright.org, click on FOR THE PUBLIC tab, scroll to bottom and click on ABOUT ADA, under the section Programs, Events, Organizational Units click on ACCREDITATION AGENCY. Under “IN THIS SECTION” click on ACCREDITED EDUCATION PROGRAMS, select desired program (dietetic technician schools, coordinated undergraduate programs, didactic programs, or internships) and then “state” to view listing.
4. Advertise at least three consecutive days in the local newspaper. Advertising simultaneously for a registered and licensed dietitian (RD, LD), registered nurse (RN), dietetic technician, registered (DTR), dietetic technician (DT) or nutrition associate is allowed to facilitate recruitment; however, an LD is preferred.* Place the advertisement in the Sunday edition of the closest major newspaper.

***Review required hiring procedures in 113.2.**

Request to Open / Move / Close a Clinic

(Project Name)

(Submission Date)

I. General Information

1. Type of change requested _____ open _____ move _____ close

*(If **closing** a clinic, complete section I questions 1-4 & 7; sections II and III; section IV - any relevant costs; table C; and any requested attachments.)*

2. Anticipated date of change: _____ (30 days prior notice required unless there are extenuating circumstances). Identify any dates of nonservice. _____

3. Clinic #/address of clinic being moved/closed: # _____ / _____

4. Reason for change: _____

5. Reason for site selection when the space is **not** located in the grantee's office or where health services are located: _____

6. If attempts to secure donated space were not made, please explain. _____

7. Describe how you will transfer participants to another site.

8. Location access for participants:

Access	Yes	No
Free parking available		
Ample parking available		
ADA compliant		
Located on bus lines		
Other transportation available		

Comments: _____

In sections II and III, list WIC-owned equipment that is being moved or salvaged and provide information related to each item. Add additional items in the comment section or add an attachment if needed.

II. Office Equipment

Equipment item (Identify Item)	Relocated (Identify new location)	Returning to State WIC/Salvaged (Enter check mark)

Comments: _____

III. IT Equipment

IT Equipment (Identify item)	Relocated (Identify new location)	Returning to State WIC/Salvage (Enter check mark)	Additional IT Equipment Needed (Enter check mark)

Comments: _____

Place a check mark in the appropriate column on the right. Where not applicable, check "No."

	Yes	No
State WIC data operations has been contacted.		
Network cabling will be needed.		
Local IT department will do network cabling changes.		
Referral is needed for network cabling changes.		
Project has funding to pay for cabling changes.		
Is internet service available at the new site?		
Project has identified an internet service provider for the new site.		

Comments: _____

IV. Space Cost Analysis

A. Indicate if paying rent or space allocation costs.*

_____ Rent (Building **is not** owned by subgrantee agency)

_____ Space allocation (building **is** owned by subgrantee agency)

*Space allocation/rent cannot be charged for certain public buildings and use allowance may need to be determined. See OBM Circulars for more detail or discuss with NAS consultant.

a)	(Monthly) Total WIC square footage _____ x cost per square foot _____ = total space cost _____ x 12 = annual space cost
	OR
b)	(Annually) Total WIC square footage _____ x cost per square foot _____ = total space cost
	OR
c)	Monthly user fee = _____ x 12 = _____ annual cost (Enter below)

- Annual space cost (**from box above**) \$ _____
- Estimated IT costs \$ _____
(# of PCs + server + admin + # of kiosks + laser printer = # network drops x cost per network drop)
- Utility costs (list separately):
 - Gas \$ _____
 - Water \$ _____
 - Electric \$ _____
 - Phone \$ _____
- Trash /Hazardous waste removal \$ _____
- Maintenance costs \$ _____
- Small repairs (identify) _____ \$ _____
- Housekeeping/Cleaning service \$ _____
- Snow removal \$ _____
- Lawn care \$ _____
- Pest control \$ _____
- Security \$ _____
- Estimated cost to hire movers \$ _____
- Equipment costs (Submit *WIC Equipment Request/Repair Approval* form) \$ _____

- Other (explain) _____ \$ _____

Total costs associated with changes, not to include costs for permanent building improvements, broken leases or contracts. \$ _____

B. If any of the above costs are shared, include calculations **as an attachment**, showing how the WIC share was identified (e.g., security guard for WIC, immunization and CFHS clinic = total cost ÷ 3 programs).

C. Complete the table below.

	Yes	No
Project has adequate funds to pay for the clinic change		
Project anticipates need for future funding increases. (Approval does not guarantee funding in future years.)		
Amount of anticipated funding increase or decrease:	\$ _____.	

Comments: _____

V. ATTACHMENTS Call the NAS consultant to identify items to be sent.

1. Copy of lease agreement, if applicable
2. Copy of floor plan indicating placement of WIC offices, spaces, computers, entrances and parking
3. Updated *Clinic & Staff Data Sheets*, as needed
4. *WIC Equipment Request/Repair Approval Form*, as needed
5. *Equipment Inventory Form*, if NAS requests
6. Shared cost calculations, as needed
7. *IT Equipment Distribution Form*, as needed

STATE OFFICE USE ONLY				
	NAS Consultant	NAS Supervisor	DO Supervisor	Bureau Chief
Approval				
Disapproval				
Partial Approval				

Comments: _____

Any items checked below must be submitted by ____.

- ☐ Submit updated *Clinic & Staff Data Sheet*
- ☐ Submit Equipment Inventory form
- ☐ Submit copy of signed lease
- ☐ Submit *WIC Equipment Request/Repair Approval Form*
- ☐ *IT Equipment Distribution Form*

Resolving Dual Participants in the WIC System

1. The Dual Participant Report is obtained *daily* with the Clinic Communication Summary.
2. The Dual Participant Report will indicate which clinic has the same participant information.
 - Check Cognos to see if the participant in the other clinic has been on WIC within the last year, or
 - Call the clinic where the participant is indicated as a dual.
- A. If you added the participant as “new” because she either told you she was not on WIC or Cognos was not reviewed before scheduling an appointment:
 - Ask the participant if she would like to return to the original clinic and pick up benefits and then transfer to your clinic, or
 - Request the transfer of the participant from the original clinic and schedule an appointment for the participant in three days to allow for the information to download to your clinic. Have the participant return to your clinic for the follow-up visit.
- B. If you find the participant *active* in both clinics, you will need to call the other clinic and determine if this is the same participant. There have been rare cases where participants have identical information but are, in fact, two different participants.

Ways to determine if it is the same participant include:

- Check whether this is a foster child that may have moved from one foster home to another.
 - Check Mom’s name or date of birth (DOB).
 - Check ethnicity.
 - Check income requirements.
 - Check with the participant to see if there is any shared parenting.
- C. If you determine that this is the *same* participant, you will need to **terminate** the second participant identification (ID) number and request the transfer of the original participant ID number. Reschedule the participant’s appointment for three days later.

If you issued benefits under the new participant ID number,

- Contact the participant and explain that she cannot use the benefits and must return to your clinic.
 - Contact your WIC supervisor for instructions, if the participant indicates that the benefits were used.
 - Request the transfer from the original clinic. Use the data reported to you by the participant to enter into the WIC System once the transfer downloads.
- D. If the participant made an appointment at one clinic and did not show up for the certification visit (original certification):
 - Terminate the participant as a “dual” (termination code 11) at the *original* clinic.

- Use the Dual App Resolution in the WIC System to resolve as a “false dual” at the *second* clinic.
 - Put a message on the Comment screen at the *second* clinic that the dual was researched in case the original participant ID number does not purge and another dual is detected at the recertification appointment.
- E. If the participant completed the certification process at the original clinic but did not receive benefits:
- Transfer the participant, or
 - Send the participant back to the *original* clinic to pick up benefits and the *second* clinic requests a participant transfer.

If unsure how to resolve a specific dual participant or feel there are extenuating circumstances, contact your local supervisor. If the supervisor is not available or you need additional assistance, contact your Nutrition and Administrative Services Consultant.

*Adapted from Best Practices for Instate Transfers, Dual Participants, Naming Conventions, and Using Termination Codes November 16, 2011.

Sample Local WIC Breastfeeding Coordinator Job Description

Objective: The breastfeeding coordinator is responsible for implementing and evaluating the WIC program breastfeeding support policies.

Minimum Qualifications: The breastfeeding coordinator must be a licensed dietitian (LD), registered nurse (RN), or a person working under the supervision of an LD or RN who has fulfilled one of the criteria listed below:

1. International Board Certified Lactation Consultant (IBCLC);
2. Currently eligible to sit for the International Board of Lactation Consultant Examiners (IBCLE) exam; or
3. Completed Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS), or other WIC approved training of at least 30 course hours.

Job Requirements:

1. Coordinate breastfeeding promotion and support services within the WIC project and local community.
2. Assist WIC participants in establishing breastfeeding meeting their goals.
3. Ensure staff knowledge in breastfeeding counseling requirements.
4. Mentor staff to enhance their basic breastfeeding knowledge.
5. Plan and deliver trainings for local WIC staff, agency staff, and other community members as applicable.
6. Pursue and supply evidence of at least six hours per year of continuing education on relevant and evidence based topics.
7. Share knowledge obtained from continuing education programs.
8. Network with community agencies and organizations to promote breastfeeding as the accepted community norm.
9. Identify the need for consultation and collaboration with other members of the health care team.
10. Make referrals as appropriate to IBCLCs, registered dietitians, physicians, and other health care professionals.
11. Develop a resource list of breastfeeding support services.
12. Assist in the coordination of the breastfeeding peer helper program.
13. Maintain current knowledge of all breast pumps distributed by the WIC clinic.
14. Analyze and share local project breastfeeding data.

SHOW RATE AND INSTRUCTION WORKSHEET

Do not send this worksheet to State WIC. (This form is provided to facilitate show rate calculation and documentation for management evaluations.)

Project Name:

Project #:

Clinic:

Certification/Recertification Visits

If there are no walk-ins during the month, be sure to enter zero (0) in that cell.

Enter Month:						
Appointment Type	Column 1 # Scheduled	Column 2 # Scheduled who showed	Column 3 Show Rate (Columns 2 / 1)	Column 4 # Walk-ins seen	Column 5 Total # seen (Columns 2 + 4)	Column 6 Show Rate including walk-ins (Columns 5 / 1)
Certification	0	0	#DIV/0!	0	0	#DIV/0!
Recertification	0	0	#DIV/0!	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!	0	0	#DIV/0!

Enter Month:						
Appointment Type	Column 1 # Scheduled	Column 2 # Scheduled who showed	Column 3 Show Rate (Columns 2 / 1)	Column 4 # Walk-ins seen	Column 5 Total # seen (Columns 2 + 4)	Column 6 Show Rate including walk-ins (Columns 5 / 1)
Certification	0	0	#DIV/0!	0	0	#DIV/0!
Recertification	0	0	#DIV/0!	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!	0	0	#DIV/0!

Enter Month:						
Appointment Type	Column 1 # Scheduled	Column 2 # Scheduled who showed	Column 3 Show Rate (Columns 2 / 1)	Column 4 # Walk-ins seen	Column 5 Total # seen (Columns 2 + 4)	Column 6 Show Rate including walk-ins (Columns 5 / 1)
Certification	0	0	#DIV/0!	0	0	#DIV/0!
Recertification	0	0	#DIV/0!	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!	0	0	#DIV/0!

Quarterly Totals						
Appointment Type	Column 1 # Scheduled	Column 2 # Scheduled who showed	Column 3 Show Rate (Columns 2 / 1)	Column 4 # Walk-ins seen	Column 5 Total # seen (Columns 2 + 4)	Column 6 Show Rate including walk-ins (Columns 5 / 1)
Certification	0	0	#DIV/0!	0	0	#DIV/0!
Recertification	0	0	#DIV/0!	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!	0	0	#DIV/0!

Midcertification Nutrition Education Visits

Enter Month:						
Appointment Type	Column 1 # Scheduled	Column 2 # Scheduled who showed	Column 3 Show Rate (Columns 2 / 1)	Column 4 # Walk-ins seen	Column 5 Total # seen (Columns 2 + 4)	Column 6 Show Rate including walk-ins (Columns 5 / 1)
High-Risk	0	0	#DIV/0!	0	0	#DIV/0!
Individual (Not HR)	0	0	#DIV/0!	0	0	#DIV/0!
Group, Module Etc.	0	0	#DIV/0!	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!	0	0	#DIV/0!

Enter Month:

Appointment Type	Column 1 # Scheduled	Column 2 # Scheduled who showed	Column 3 Show Rate (Columns 2 / 1)	Column 4 # Walk-ins seen	Column 5 Total # seen (Columns 2 + 4)	Column 6 Show Rate including walk-ins (Columns 5 / 1)
High-Risk	0	0	#DIV/0!	0	0	#DIV/0!
Individual (Not HR)	0	0	#DIV/0!	0	0	#DIV/0!
Group, Module Etc.	0	0	#DIV/0!	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!	0	0	#DIV/0!

Enter Month:						
Appointment Type	Column 1 # Scheduled	Column 2 # Scheduled who showed	Column 3 Show Rate (Columns 2 / 1)	Column 4 # Walk-ins seen	Column 5 Total # seen (Columns 2 + 4)	Column 6 Show Rate including walk-ins (Columns 5 / 1)
High-Risk	0	0	#DIV/0!	0	0	#DIV/0!
Individual (Not HR)	0	0	#DIV/0!	0	0	#DIV/0!
Group, Module Etc.	0	0	#DIV/0!	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!	0	0	#DIV/0!

Quarterly Totals						
Appointment Type	Column 1 # Scheduled	Column 2 # Scheduled who showed	Column 3 Show Rate (Columns 2 / 1)	Column 4 # Walk-ins seen	Column 5 Total # seen (Columns 2 + 4)	Column 6 Show Rate including walk-ins (Columns 5 / 1)
High-Risk	0	0	#DIV/0!	0	0	#DIV/0!
Individual (Not HR)	0	0	#DIV/0!	0	0	#DIV/0!
Group, Module Etc.	0	0	#DIV/0!	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!	0	0	#DIV/0!

Certification/Recertification Visits and MidCertification Nutrition Education Visits Instructions

The Participant Schedule by Function Report indicates the participants scheduled and the type of appointment scheduled for each

participant on a specific date. Use this report as a daily check-off list to determine who has been seen. Total the number of certification, recertification, high-risk, individual and group nutrition education appointments scheduled (Column 1) and the total number of participants who kept each of these types of appointments (Column 2). The functional form will then calculate show rates for all scheduled appointments (Column 3) by dividing the number of participants who showed for a scheduled appointment by the number of participants scheduled to determine the show rate. Record the number of daily walk-ins for each function (Column 4). The functional form will add the totals of Columns 2 and 4 to calculate the total number of participants seen in the reporting period and calculate show rates (Column 6) for scheduled and walk-in participants by dividing the total in Column 5 by the total in Column 1. Finally, the functional form will compute all the information to complete the Quarterly Totals.

If there are no walk-ins during the month, be sure to enter zero (0) in that cell.

USDA is an equal opportunity provider and employer.

Social Media Guidance

Ohio WIC Facebook Guidance

Ohio WIC General Social Media Guidance

Ohio WIC Facebook Guidance

Seventy-five percent of the millennial population actively uses Facebook.ⁱ Ohio alone has over five million people subscribed to Facebook.ⁱⁱ There is an opportunity for WIC to use this social networking tool to create and sustain a respected and trusted online community. Social media is, at its core, a conversation. Groups and discussion areas allow moms to connect with others, post questions and answers, and add new updates. Millennial moms who are looking for advice or expertise value a quick turnaround to feel supported. Social media is an almost instantaneous way to communicate with your target group. Ohio WIC supports local WIC projects that wish to establish a public Facebook page and/or a private WIC Facebook group community.

These guidelines are not intended to give instructions for setting up a Facebook page or group. They are intended as general policy on the purpose, security, and monitoring of social media conversations. Local projects are encouraged to use their grantee experts to set up a Facebook page and/or group, although State WIC does not expect that all local WIC projects will choose to create a Facebook page or group.

Topics with Facebook

- 1) Confidentiality seems to be the biggest issue that WIC administrators have with using Facebook.
 - a. A public WIC Facebook “page” that anyone can “like” does not identify individuals as WIC participants, only the participants themselves may choose to do that.
 - b. A WIC Facebook “group” does not allow anyone except approved members to participate. WIC participants must be invited to join; by agreeing to join, they provide their approval to be known to the other group members.
- 2) Another issue might be posting photos of a mom and baby nursing on Facebook. On December 30, 2011, Facebook apologized for removing a breastfeeding photo (actually it was a photo of a little girl mimicking her mom and trying to nurse her baby doll). “We agree that breastfeeding is natural and beautiful and we’re very glad to know that it is important for mothers to share their experience with others on Facebook,” the company said in a statement.
- 3) Benefits of a Facebook Page
 - a. WIC can brand itself in the community as the “expert” nutrition and breastfeeding support program.
 - b. WIC can post scientific nutrition and breastfeeding research updates – educating the wider community.
 - c. WIC can bring attention to nutrition and breastfeeding issues and encourage community advocates to take appropriate action.
 - d. WIC can advertise group nutrition and breastfeeding classes and support group meetings.
 - e. WIC can accept general comments and respond in a general manner to queries without identifying WIC participants.

- f. After your page receives a certain amount of “likes,” a message button will appear so people can contact you privately. If you choose to use this option, it would be beneficial to print off the conversation and place it with the participant’s records for future reference.
- 4) Benefits of a Facebook Group
- a. WIC can easily facilitate conversation between identified groups of people.
 - b. Moms can share success stories and best practices or solicit advice for breastfeeding or nutrition issues.
 - c. After becoming online “friends,” face to face support groups have reportedly been easier to form.
 - d. Photos can be kept private on the group album feature and possibly, with written permission, be used for pamphlets or future breastfeeding themes.
 - e. Facebook *Questions* feature makes it possible for simple surveys to be conducted.
- 5) Obstacles of a Facebook Group
- a. There is no separate area for posting videos or discussion boards and third party applications. However, you can still link to You Tube “how to” videos.
 - b. Community statistical tracking is not a feature available for Groups as it is for Pages.

Would a Facebook page or Facebook group work better with your program?

Guidelines

Disclaimer : To be posted on the info tab of your program’s Facebook Page.

Thank you for being a fan of the _____ County WIC Program on Facebook. The _____ County WIC Program participates in Facebook in order to provide individuals, families, and partners with nutrition and breastfeeding news and best practices.

While we encourage fans to share thoughts and opinions on our Facebook page, we expect that this will be done in a respectful manner.

All links posted as comments on _____ County WIC Program Facebook page will be reviewed and may be deleted.

A comment will be deleted if it contains:

- hate speech, profanity, obscenity or vulgarity;
- nudity (breastfeeding dyads excepted) in pictures;
- defamation, name calling and/or personal attacks to a person or people, or _____ County WIC Program employee;
- spam comments, such as the same/similar comments posted repeatedly on a profile;
- comments that would disclose protected health information;

- comments that include promotion of events, groups, pages, websites, organizations and programs not related to the promotion of healthy living, good nutrition, including breastfeeding or improved parenting; and
- other comments that _____ County WIC program director deems inappropriate.

Violations of _____ County WIC Program's comment policy may cause the author to be blocked from all _____ County grantee Facebook pages.

Information posted on any of our social media platforms should not be considered medical advice and should not replace consultation with a healthcare professional including an International Board Certified Lactation Consultant for breastfeeding issues or a Registered, Licensed Dietitian for nutrition questions.

_____ County WIC Program will make reasonable efforts to monitor and/or moderate content posted on its social media platforms; however, we may not always respond in as timely a manner to online requests for information as you might require. For more immediate attention, call the _____ County WIC Program at XXX-XXX-XXXX.

By submitting content to _____ County WIC Program's Facebook page, you understand and acknowledge that this information is available to the public. Please note that other participants may use your posted information beyond the control of _____ County WIC program. If you do not wish to have the information you have made available via this site used, published, copied and/or reprinted, please do not post on this page.

All links to other websites linked from _____ County WIC program's social media sites are provided as a service to readers, but such linkages do not constitute endorsement of those sites by _____ County WIC program or the State of Ohio and as such _____ County WIC Program is not responsible for the content of external websites. ⁱⁱⁱ

Staff Responsibilities

- 1) Depending on the set-up of the project, the WIC Director may assign one staff member as the main person, as well as additional members as substitutes, to monitor the Facebook page or group. Since every clinic is different, local WIC staff can decide what will work best. It may take additional time in the beginning to start up a Facebook account, but the more you get used to the setup, the more efficient you will be with your time. Talk with your director about time expectations to continue maintenance with the page after it is created. It may be necessary to keep a log of time spent on Facebook to recognize true time spent.
- 2) These staff may only sign on to Facebook when performing WIC related activities, including but not limited to:
 - a. Monitoring page or group
 - b. Responding to questions/issues
 - c. Clarifying misinformation/myths
 - d. Providing resources/references
 - e. Updating the page

- 3) The Facebook page or group should be accessed at least once per work day to monitor comments; it can be decided what time is best by noticing the date and time of when comments are made from your Facebook page stats. Inappropriate comments or advertisements that are not consistent with the WIC message should be addressed as soon as possible.
- 4) Since the Facebook group should not be accessed outside of assigned WIC time, it is important to note that issues that may require prompt medical attention/referral should be addressed in a different manner. **NOTE:** If a director decides to allow an employee to work on Facebook after hours, it is up to the local project to keep track of hours spent with a log sheet.
- 5) Include a disclaimer that advice from other moms should never replace the advice from medical experts. For serious issues, ask participants to call or visit the WIC clinic to address the issue with an appropriate staff member. If they have questions or concerns about their health or the baby's well-being, they should always contact their physician or a lactation expert.
- 6) Staff needs to assess all links to other websites posted on the WIC Facebook page or group for credibility. If there is any question as to its suitability, the peer supervisor, breastfeeding coordinator, or licensed and registered dietitian must be consulted.
- 7) Social media use can be part of an overall communications campaign. You can work with your local partners to develop an overall strategy that includes your WIC Facebook page or group.

ⁱ Rivas, J., Bensley, R., *Like Facebook, Love Your Community – A Guide to Using Facebook with WIC Clients* page 1

ⁱⁱ Ohio Department of Health Social Media – Marketing Guidelines

ⁱⁱⁱ Ohio Department of Health Social Media – Marketing Guidelines

Ohio WIC General Social Media Guidance

Note: Social Media Guidelines for the WIC project are part of the wider health department guidelines and should be consistent with those standards.

What is Social Media?

- Social media is simply a conversation between people. Social media sites change rapidly and can include Facebook, Twitter, My Space, Instagram, Pinterest, Pal Talk, and YouTube, along with website blogs from many organizations and individuals. Social media is popular because it allows people to interact with one another quickly and easily. It is also an effective method to communicate to an entire group or several groups at one time.

What to Post?

Examples include:

- Promote WIC services
- Invitations to nutrition or prenatal breastfeeding classes
- Invitations to support groups for moms
- World Breastfeeding Week, Farmers' Market Nutrition Program, National Nutrition Month, or other promotional events
- Promote the fully breastfeeding food package
- Share short bios about WIC staff
- Nutrition or breastfeeding tips
- Breastfeeding resources for moms
- Helping new mothers connect with Peer Helpers and other breastfeeding mothers
- Clinic closings or last minute scheduling changes

Use Common Sense

- Use only the WIC clinic address and WIC assigned phone number. Do not give out personal information, such as your home address or phone number.
- Use the WIC-only site exclusively for WIC-related business. Do not use the site for personal communications with non-WIC related people.
- Keep your messages focused on the purpose for the site, which is to have discussions with WIC participants about nutrition and breastfeeding.

Be Responsible for What You Write

- There is no such thing as 'private information' on social media. Anything you write on a blog or other social media venue can be forwarded. Ask yourself: Would it be okay if this post is on the front page of my local newspaper?
- Share ideas, thoughts, and information in a respectful way. Validate feelings when possible so that mothers feel they are being heard.
- Remember confidentiality: Do not divulge personal information about another person without written permission.

What NOT to Do

- Do not post important messages on Friday - Weekdays have more visitors.
- Do not write provocative, discriminatory, or rude statements.
- Do not use profanity or foul language, including symbols or other words to represent profanity.
- Do not post on topics such as religion and politics. Focus only on WIC topics such as pregnancy, birth, breastfeeding, and nutrition discussions.
- Do not advertise or promote products (including breastfeeding products, formula advertisements, nutrition supplements, or any 'side' business).
 - A general Thank you is acceptable as long as a specific business or product is not mentioned. Example: "The Buckeye WIC clinic thanks all of those who contributed to the success of our Breastfeeding Health Fair in August." A thank you to a specific organization or business would **not** be on social media, but would be handled by personal note, conversation, or telephone call.

What to Do

- Keep messages short and simple.
- Be kind and friendly – Even if you don't always agree with a comment that has been made.
- Check facts before you post. Only give website links that have been approved by your WIC supervisor or agency.
- Spell out acronyms so that everyone understands.
- Be sensitive when writing about issues that many people can have strong feelings about. This may include: smoking and breastfeeding, child discipline, bottle-feeding, alcohol use, circumcision, epidurals, scheduled feedings, Cesarean birth, depression, and others. Our goal is to provide evidence-based information in a respectful way and allow mothers to make decisions they feel are best for their family.
- Include a disclaimer that advice from other moms should never replace the advice from medical experts. For serious issues, ask participants to call or visit the WIC clinic to address the issue with an appropriate staff member. If they have questions or concerns about their health or the baby's well-being, they should always contact their physician or a lactation expert.

Adapted from Loving Support Through Peer Counseling: A Journey Together – For WIC Managers

TRAINING GUIDELINES FOR WIC HEALTH PROFESSIONALS

Suggested Training Time 40-80 hours

1. ORIENTATION TO THE WIC PROGRAM:

- Review the Ohio WIC program's mission which is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children (Read Chapter 100 Section 101)
- Review the relationship between local WIC clinics and the State WIC office (Sections 101-102)

2. EXPLANATION OF WIC PROGRAM (WIC BROCHURE):

- Review income, residential, categorical, medical/nutrition risk eligibility criteria
- Explain the culture of the local WIC participants and use of language line or interpreters as appropriate
- Explain how clinic functions or flows
- Read Chapter 200 Section 202, overview of WIC eligibility requirements; Section 205 - categorical requirements.

3. OBSERVATION WITH SUPPORT STAFF:

- Observe 2-4 participants
- Read Chapter 200 Section 201 – Ohio WIC Program Application; Sections 210 & 211 Income Requirements & Guidelines; Section 203 Physical Presence; Sections 204 & 206 - Identification & Residence Requirements; Section 207 Voter Registration; & Section 235 Immunization Coordination Requirement
- Demonstrate the ability to correctly process a program application, voter registration and immunization coordination

4. ORIENTATION TO WIC FORMS/VALUE ENHANCED NUTRITION ASSESSMENT (VENA):

- Review Welcome to WIC letter, Health History forms, growth charts, and prenatal weight records (Sections 272, 261, 265, & 266)
- Complete VENA readings & activities (Section 114.10)

5. OBSERVATION WITH SUPPORT STAFF/HEALTH PROFESSIONAL:

- Review anthropometric assessment: measuring weight, height, Hgb, plotting on the growth charts/prenatal weight records
- Read Chapter 200 Section 263 – Measurement Techniques for Height and Length; Section 264 – Techniques for Determining Weight; Section 265 - Growth Chart Evaluation; Section 266 – Weight Evaluations for Women; Section 267 - Hematological Tests
- Demonstrate measuring weight, height, Hgb, plotting on the growth charts/prenatal weight records

6. EXPLANATION OF MEDICAL CODES AND NUTRITION RISK CRITERIA:

- Read Chapter 200 Section 250 - Summary of Medical Codes for WIC Nutrition Risk Criteria; Section 243 through Section 249 - Medical/Nutritional risk criteria
- Demonstrate proper use of risk codes

7. EXPLANATION OF BENEFIT ISSUANCE:

- Review WIC System procedures for benefit issuance.
- Demonstrate ability to issue benefits correctly

8. EXPLANATION OF WIC FOOD PACKAGES:

- Review tailoring of food package to participants' needs
- Read Chapter 300 Sections 301 and 302 - Authorized Foods and Prescription of Supplemental Foods; Section 303 - Food Package Prescription for Women; Section 304 – Food Package Prescription for Infants; Section 305 - Food Package Prescription for Children; Sections 310 and 311 - Formulas; Sections 312, 318, and 319 Special Formulas and Formula Intolerance
- Demonstrate ability to assign benefits to all participants in various circumstances

9. OBSERVATION WITH THE HEALTH PROFESSIONAL:

- Observe 5-6 participants counseling sessions
- Explain how to evaluate pertinent nutrition information
- Explain how to assess nutritional need and eligibility of participants
- Demonstrate participant driven counseling using VENA counseling style (critical thinking, rapport building, etc.) and writing care plans (Sections 401 & 402 and Section 261.5)
- Explain the midcertification nutrition education contact policy and how topics are selected and covered (modules, classes, individual counseling – Sections 408 & 409)
- Review the High-Risk Policy (Section 403)
- Review breastfeeding/peer helper policies (Sections 404-406)
- Review referral options/practices/list of local referral agencies and addresses (Section 283)
- Review resources/references - (continuing education, pamphlets, audio visual, journals, etc. Sections 410)
- Encourage familiarity with different physicians in the area
- Review the Nutrition Education Plan (Section 411)
- Review counseling guidelines (Section 407 & Nutrition Education Plan Binder)
- Demonstrate the above items with at least 2-3 participants and receive feedback from the experienced health professional

10. ANSWERING THE TELEPHONE (AS APPROPRIATE TO JOB FUNCTION):

- Answering and documenting participant's questions/concerns
- Breastfeeding telephone checklist - for new breastfeeding moms

11. CLINIC FLOW - HOW CLINIC "WORKS":

- Explain local clinic flow/position responsibilities

VENA Training and Observation Summary

Employee: _____ Position Title: _____ Reviewer: _____
 VENA training completed _____ yes _____ no Rating system: 1 = needs practice 2 = meets 3 = excellent, keep up the great work!
 Date: _____ Follow-up date if needed: _____

Rapport Building	1	2	3	NA	Comments
Treats participant with courtesy, respect and a positive attitude. (smiles, eye contact, welcomes, introductions)					
Practices active listening techniques and observations skills. (nodding, leaning forward, attentive eyes)					
Uses reflective listening techniques to check for understanding. (clarifies, affirms, recaps)					
Projects appropriate nonverbal behaviors and assesses participant nonverbal cues.					
Assesses and responds appropriately to participant's needs.					
Cultural Awareness					
Uses resources for non-English speaking participants appropriately and proficiently.					
Shows respect for cultural differences (language, age, race, etc.)					
Critical Thinking					
Uses effective balance of open-ended and closed-ended questions, i.e., "How do you plan to feed your baby?" or "How do you pay for living expenses?"					
Allows participant-led discussion. (Considers participant's point of view about priorities, needs, concerns.)					
Clarifies information and gathers more data as needed before drawing conclusions.					
Considers a range of alternatives as part of the decision making process.					
Demonstrates problem solving abilities by integrating facts and observations.					
Teamwork					
Communication channels are open with other staff members.					
Demonstrates flexibility in working with continuously changing situations.					
Assists in keeping clinic running smoothly so participant visit time is minimized.					
Demonstrates ability to prioritize competing tasks.					
Open to ideas and suggestions of participants and others.					
Employee signature: _____ Date: _____					
(Signature indicates review and receipt, not necessarily agreement.)			Employee comments (optional): attach additional pages if necessary.		

VENA Training Protocol

1. Log in to WIC Works Resource System (<http://wicworks.nal.usda.gov/>) or VENA Village http://www.nal.usda.gov/wicworks/Learning_Center/Assessment_VENA.html.
2. Turn off pop up blockers if necessary.
3. Locate the appropriate titles as shown in the chart below.
4. Allow approximately 1-1.5 hours to complete each training unit.
5. Take the tests provided.
6. Score the test or view the scores given as appropriate.
7. Print the score sheet or certificate of completion where available and give it to the WIC Director.
8. Complete evaluations where available and give them to the WIC Director.

Health Professionals RD, RN, LD, DT, DTR, BS	From WIC <u>Learning Online</u>: 1) Providing Quality Customer Service 2) Introduction to VENA 3) Critical Thinking 4) A Health Outcome-Based Assessment	From VENA Village: Rapport Building
Non-HP Directors	From WIC <u>Learning Online</u>: 1) Providing Quality Customer Service 2) Introduction to VENA 3) Critical Thinking	From VENA Village: Rapport Building
Support Staff (clerks, nutrition/medical assistants)	From WIC <u>Learning Online</u>: 1) Providing Quality Customer Service	From VENA Village: Rapport Building
Peer Helpers	From WIC <u>Learning Online</u>: 1) Providing Quality Customer Service 2) Critical Thinking	From VENA Village: Rapport Building

WIC Learning Online

1. Log in to WIC Works Resource System (<http://wicworks.nal.usda.gov/>)
2. On the left side of the page, under “browse by Subject,” click on ‘WIC Learning Online.’”

3. Review the Quick Start Guide to learn how to register and access the courses. Complete the registration process. **(Note: it may take two days to receive a password after registering).**
4. Review “Print Certificates and Reports” to learn how to print your certificate of completion.
5. Review “FAQs/Technical Support” for information on continuing education credits for dietitians, DTRs and nurses.
6. On the right side, under “WIC Learning Online,” click on Enter the Course.”
7. Enter user ID and password. Click on “Login to SkillPort.”
8. Take the pretest.
9. Click on “Access Course.”
10. To access “Providing Quality Customer Service,” select “Communicating with Participants.”
11. Then, click on “Providing Quality Customer Service.”
12. (To access “Introduction to VENA,” Critical Thinking,” or “A Health Outcome-Based Assessment,” click on “Value Enhanced Nutrition Assessment” and then on the desired subtopic.”
13. Use the ← and → buttons on the bottom right to navigate through the lesson.
14. Use the skip button to skip the topics that are not mandated.
15. Click on the “Begin Test” button.
16. Take the test.
17. View the score.
18. Click on → button in the lower right corner to locate the post test.
19. Take the post test.
20. Print your scores.
21. Arrive at end of course.
22. Click on “Exit” in the upper right corner.
23. Log out.

NOTE 1: The first time the web site is used a box may appear saying: “This application signature has been verified.” This does not appear in subsequent entries into the web site.

NOTE 2: Use the same method to access “Introduction to VENA,” “Critical Thinking,” and “A Health Outcome-Based Assessment.”

VENA Village

1. Obtain a copy of the corresponding DVD from the local WIC director.
1. Log into WIC Works Resource System ((<http://wicworks.nal.usda.gov/>)).
2. On the left side of the page, under Browse by Subject, click on Assessment Tools.
3. Click on the words VENA Village next to the picture of VENA Village.
4. Roll the cursor over “Training Center” & click on it.
5. Go to “Rapport Building” and click on it.
6. A list of references, exercises, handouts and other options pops up. These are to be used as noted during the power point review.
7. Click on “Rapport Building [PPT].

8. Review the power point, looking at the bottom of each slide to find the exercise or handout needed for that slide. Return to the list as needed to access handouts & exercises referred to in the power point.
9. After completing the power point with handouts & exercises, return to the Rapport Building list on the VENA Village Picture screen and click on “self assessment.”
10. Scroll down to and read page 15. Answer the questions on page 16; then check the answer key on page 17 to see how you did. Repeat with pages 18-20.

PPL 179

WIC CLINIC ORDER FORM

WIC CLINIC FORMS

ORDERING EQUATION: # pkgs x # in pkg = (e.g. 5 x 100 =)	TOTAL QUANTITY REQUESTED	ITEM NUMBER	TITLE
x 50 =		0332.23	Authorized Foods List
x 50 =		0361.23	Authorized Foods List (Somalian)
x 50 =		0366.23	Authorized Foods List (Spanish)
x 50 =		HEA4439	WIC Authorized Infant Cereals and Baby Foods
x 50 =		HEA4503	WIC Authorized Infant Cereals and Baby Foods (Spanish)
x 50 =		HEA 4504	WIC Authorized Infant Cereals and Baby Foods (Somalian)
x100 =		HEA4460	WIC Program Application
x 50 =		HEA4473	WIC Program Application (Spanish)
x100 =		HEA4466	WIC Application Addendum
x 50 =		HEA4467	WIC Application Addendum (Spanish)
x100 =		HEA4448	Health History – Infants
x 100 =		HEA4491	Health History – Infants (Spanish)
x 100 =		HEA4455	Health History – Pregnant Women
x 100 =		HEA4494	Health History – Pregnant Women (Spanish)
x 100 =		HEA4450	Health History – Children
x 100 =		HEA4493	Health History – Children (Spanish)
x 100 =		HEA4449	Health History – Postpartum/Breastfeeding Women
x 100 =		HEA4492	Health History – Postpartum/Breastfeeding Women (Spanish)
x 50 =		0262.13	Help Stretch WIC & Food Stamp Dollars
x 50 =		HEA4436	ID Card
x 50 =		HEA4434	ID Card (Spanish)
x 100 =		0333.23	ID Card Holders (plastic sleeves)
x 50 =		HEA4416	Information Sharing in the WIC Program
x 50 =		HEA 5527	Information Sharing in the WIC Program (Spanish)
x 100 =		HEA4462	Notice: The WIC Program Cannot Serve You
x 100 =		HEA4433	Notice: The WIC Program Cannot Serve You (Spanish)
x 100 =		HEA4418	Nutrition Care Plan
x 50 =		0534.13	Ohio WIC Breastfeeding Care Plan
x 50 =		ODH 3989.23	Ohio WIC Prescribed Formula and Food Request
x 25 =		3982.23	Release for Distribution of Breast Pump
x 25 =		HEA 4496	Release for Distribution of Breast Pump (Spanish)
x 100 =		HEA4457	The WIC Program Can Now Serve You
x 100 =		HEA4435	Welcome to WIC
x 100 =		HEA4472	Welcome to WIC (Spanish)
x 200 =		HEA 4495	WIC Automated Appointment Reminder Cardstock
x 100 =		HEA4427	WIC Interagency Referral and Follow-Up Form
x 50 =		HEA4419	WIC Interagency Referral and Follow-Up Form (Spanish)

The following symbols are used to explain why your order was not processed:

A – Discontinued

B – Item is temporarily out of stock, do not reorder, we will fill back orders

C – In process of being revised, you will be notified when to reorder

Date:
Address:

Project Name:

Contact:
Phone:

Any questions, please call the Program Operations Secretary at (614) 644-8571. Please keep a copy for your records.

EMAIL: letitia.wilson@odh.ohio.gov

FAX: (614) 564-2470

DATE FILLED	ORDER #
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WIC CLINIC ORDER FORM

WIC PAMPHLETS

ORDERING EQUATION: # pkgs x # in pkg = (e.g. 5 x 100 =)	TOTAL QUANTITY REQUESTED	ITEM NUMBER	TITLE
x 50 =		0432.13	Baby Belly Balls
x 25 =		0235.13	Baby Won't Latch On
x 100=		0229.13	Baby's First Month (English)
x 100=		0546.13	Baby's First Month (Spanish)
x 100=		0226.13	Beans (English)
x 100=		0543.13	Beans (Spanish)
x 50 =		3984.23	Belly Aches
x 50 =		0242.13	Belly Aches (Spanish)
x 50 =		0249.13	Breastfeeding 101-English
x 25 =		4479	Breastfeeding and Diabetes
x 50 =		0321.13	Breastfeeding Anytime Anywhere
x 50 =		0289.13	Breastfeeding: How Dads Can Help
x 50 =		3987.23	Breastfeeding: How Dads Can Help (Spanish)
x 25 =		0234.13	Calming Your Fussy Baby
x 1 =		0250.13	Comfortable Latch DVD
x50 =		0247.13	Diapers of the Breastfed Baby (English)
x 50 =		0260.13	Diapers of the Breastfed Baby (Spanish)
x 25 =		0233.13	Do I Have Mastitis?
x 25 =		0223.13	Does my breastfed baby have jaundice?
x 100 =		0302.13	Eat a Variety of Colorful Fruits (English)
x 50 =		0307.13	Eat a Variety of Colorful Fruits (Spanish)
x 100 =		0301.13	Eat a Variety of Vegetables (English)
x 50 =		0306.13	Eat a Variety of Vegetables (Spanish)
x 50 =		0700.13	Eat Smart, Play Hard – brochure
x 50 =		0232.13	Eat Smart, Play Hard – brochure (Spanish)
x 100 =		0600.13	Eat Smart, Play Hard – poster
x 50 =		3153.23	Feeding Your Baby
x 50 =		2813.23	Feeding Your Baby - Spanish
x 50 =		0243.13	Four Steps to a Great Latch (English)
x 50 =		0246.13	Four Steps to a Great Latch (Spanish)
x 50 =		0244.13	Gestational Diabetes
x 50 =		HEA 4502	Healthy Eating for Preschoolers
x 50 =		HEA 4437	Healthy Eating for Preschoolers Spanish HEA 4437
x 25 =		0373.23	High Calorie Recipes
x 50 =		3977.23	Hold Me, Mom
x 50 =		0261.13	Hold Me, Mom (Spanish)
x 25 =		3988.23	How to Breastfeed
x 25 =		3981.23	How to Breastfeed (Spanish)
x 25 =		0222.13	Is Your Child Constipated? (Spanish)
x 100 =		0303.13	Kid Snacks (English)
x 50 =		0308.13	Kid Snacks (Spanish)
x 100 =		0292.13	Listeriosis (English)
x 100 =		0298.13	Listeriosis (Spanish)
x 100 =		0293.13	Make Breast Milk-Yes You Can
x 100 =		0300.13	Meat & Beans (English)
x 50 =		0305.13	Meat & Beans (Spanish)
x 50 =		0264.13	Moms Helping Moms Meet Your WIC Breastfeeding Peer Helper
x 50 =		3976.23	My Birth Plan
x 50 =		0304.13	Prevent Choking (English)
x 50 =		0309.13	Prevent Choking (Spanish)
x 50 =		3913.11	Sippy Cups
x 50 =		0299.13	Sippy Cups (Spanish)

x 50 =		2955.23	Tips for a Healthy Pregnancy
x 50 =		3991.23	Tips for a Healthy Pregnancy (Spanish)
x 100 =		0227.13	Switch to Skim or 1% Milk (English)
x 100 =		0544.13	Switch to Skim or 1% Milk (Spanish)
x 25 =		0236.13	Slow Weight Gain
x 100 =		2821.23	Steps to a Healthier You
x 50 =		HEA 4501	Healthy Tips for Active Play
x 50 =		3974.23	Tobacco, Alcohol and Other Drugs
x 50 =		0239.13	Tobacco, Alcohol and Other Drugs (Spanish)
x 50 =		0245.13	Top Ten Reasons to Breastfeed
x 50 =		0291.13	Top Ten Reasons to Breastfeed (Spanish)
x 25 =		0537.13	Treating Plugged Ducts
x 25 =		0538.13	Treating Thrush
x 50 =		0290.13	Understanding Your Pregnancy
x 100 =		0540.13	Vitamin D and Rickets
x 50 =		3990.23	Ways to Bond With Your Baby While Bottle Feeding
x 25 =		0238.13	Weaning From the Breast
x 50 =		0337.23	What is Pica?
x 50 =		351.23	What is WIC? Info for the Community
x 50 =		0339.23	What is WIC? Info for Physicians
x 100 =		2845.23	Who Needs Iron
x 100 =		2846.23	Who Needs Iron (Spanish)
x 100 =		0225.13	Whole Grains (English)
x 100 =		0542.13	Whole Grains (Spanish)
x 50 =		0265.13	WIC's Circle of Care for Breastfeeding Mothers How Peer Helpers Help
x 100 =		0583.13	WIC Coloring Book
x 25 =		0237.13	Nipple Types & Breastfeeding'

Project Name: _____

WIC CLINIC ORDER FORM

WIC NUTRITION CARDS

ORDERING EQUATION: # pkgs x # in pkg = (e.g. 5 x 100 =)	TOTAL QUANTITY REQUESTED	ITEM NUMBER	TITLE
		Pregnancy:	
x 50 =		3930.23	P-1 Eating Right! Feeling Good!
x 50 =		3933.23	P-4 When You Have Morning Sickness
x 50 =		3934.23	P-5 Indigestion and Heartburn
x 50 =		3935.23	P-6 Constipation
		Miscellaneous:	
x 50 =		3940.23	MISC-3 Health Tips for Mothers and Fathers – Is Baby Gaining Weight too Fast?
		Tips for Mothers and Fathers:	
x 50 =		3943.23	TMF-1 Tips for Mothers and Fathers – Hunger Cues
x 50 =		5165.23	TMF-1 Tips for Mothers and Fathers – Hunger Cues (Spanish)
x 50 =		3945.23	TMF-3 Tips for Mothers and Fathers Making Baby Food
x 50 =		3972.23	TMF-4a Time To Get Off the Bottle!
x 100 =		0241.13	TMF -4b Time To Get Off the Bottle! (Spanish)
		Feeding Your Baby:	
x 50 =		3949.23	FB-1 Feeding Your Baby – Newborns
x 50 =		362.23	FB-1 Feeding Your Baby – Newborns (Spanish)
x 50 =		3946.23	FB-2 Feeding Your Baby – 0-4 Months
x 50 =		363.23	FB-2 Feeding Your Baby – 0-4 Months (Spanish)
x 50 =		3947.23	FB-3 Feeding Your Baby – Adding Solids
x 50 =		364.23	FB-3 Feeding Your Baby – Adding Solids (Spanish)
x 50 =		3969.23	FB-4 Feeding Your Baby – 6-8 Months
x 50 =		365.23	FB-4 Feeding Your Baby – 6-8 Months (Spanish)
x 50 =		3948.23	FB-5a Feeding Your Baby – Teaching Baby to use Cup
x 50 =		0367.23	FB-5b Teaching Your Baby to Use a Cup (Spanish)
x 50 =		3970.23	FB-6 Feeding Your Baby – 8-9 Months
x 50 =		376.23	FB-6 Feeding Your Baby – 8-9 Months (Spanish)
x 50 =		3971.23	FB-7 Feeding Your Baby – 9-12 Months
x 50 =		371.23	FB-7 Feeding Your Baby – 9-12 Months (Spanish)
x 50 =		3978.23	FB-8 Power-packed Foods for Babies 9-12 Months Old Who Need Extra Calories
x 50 =		372.23	FB-8 Power-packed Foods for Babies 9-12 Months Old Who Need Extra Calories (Spanish)
		Children:	
x 50 =		3950.23	C-1 Feeding Your One Year Old
x 50 =		0266.13	C-1 Feeding Your One Year Old (Spanish)
x 50 =		3951.23	C-2 Feeding Your 18 Month Old
x 50 =		3952.23	C-3 Feeding Your 2 Year Old
x 50 =		3953.23	C-4 Feeding Your 3 Year Old
x 50 =		3954.23	C-5 Feeding Your 4 Year Old
x 50 =		3955.23	C-6 Feeding Your 5 Year Old
x 50 =		3963.23	C-7 How to Cope with Your Picky Eater
x 50 =		0240.13	C-7 How to Cope with Your Picky Eater (Spanish)
x 50 =		3965.23	C-8 Iron and Your Child
x 50 =		3966.23	C-9 Calcium and Vitamin D for Your Child
x 50 =		0335.23	C-10 Power-packed Foods for Children and Women Who Need Extra Calories

Project Name: _____

PPL 183 Revised 4/15

WIC EQUIPMENT REQUEST/REPAIR APPROVAL FORM

WIC project name: _____

Equipment purchase/repair items description: _____
(Model number, type, etc.) _____

Supplier's name: _____

Estimated cost per unit: \$ _____

Shipping charge: \$ _____

Total cost: \$ _____

For repair request provide the original cost of the items: \$ _____

List three bids you have obtained:
(Attach copies of the bids.)

BID #1: \$ _____ BID #2: \$ _____ BID #3 _____

Justification/Need:

Location where items will be used: _____

WIC Owned: ____ Yes ____ No

____ Item is budgeted currently ____ Item to be added to budget before purchase

Subgrantee Project Director: _____ Date : _____

Subcontracting Project Director: _____ Date: _____
(if applicable)

FOR STATE WIC ACTION

Approval ____ Disapproval ____ Partial Approval ____

Reason for Disapproval/Partial Approval:

Approved by: _____

Date: _____

WIC HEALTH PROFESSIONAL HIRING GUIDELINES

QUALIFICATIONS	STATE APPROVAL TO HIRE	SUPERVISION	COMMENTS
Registered Dietitian (RD), Licensed Dietitian (LD); must have completed American Dietetic Association approved baccalaureate program and supervised practicum, and passed qualifying exam and completed requirements for Ohio licensure	NO	NO	Ohio dietetic license must be renewed annually. Registration is renewed every five years. Non-registered licensed dietitians can be hired without state approval.
Dietitian, limited permit same as above except person has applied to take qualifying exam or is waiting for exam results	NO	Must be supervised by LD	As soon as test results are known, person must apply for license (passed exam) or apply for a renewed permit (failed exam).
Out of state registered or licensed dietitians may not be hired by Ohio WIC without first obtaining an Ohio license to practice.	NA	NA	It may take up to 6 weeks to obtain an Ohio license.
Dietitian, renewed limited permit	YES	Must be supervised on site by LD	If person fails exam twice, could qualify as a four year nutrition/dietetics graduate (see below)
Registered Nurse (RN) must be licensed	YES	None, cannot supervise DT, nutrition/dietetics graduate	CEUs are required for biennial licensure renewal: nutrition and breastfeeding -related workshops and seminars are strongly recommended.
Registration (DTR) is recommended but not required. Dietetic Technician (DT) must have completed approved two year associate degree dietetic technician program	YES	Must be supervised by LD who is responsible for nutritional accuracy and performance.	Annual participation in continuing nutrition and breastfeeding education is required.
Four year nutrition/dietetics graduate of American Dietetic Association approved curriculum that has not completed required supervised practicum (e.g. dietetic internship) and therefore is not eligible to take qualifying exam for dietetic licensure.	YES	Must be supervised by LD who is responsible for nutritional accuracy and performance.	Annual participation in continuing nutrition and breastfeeding education is required.

WIC Information Security Training

WIC Information Systems Security Training
Power Point

WIC Information Systems Security Training
Competency Points

WIC Information Systems Security Training
Competency Quiz

WIC Information Systems Security Training
Competency Quiz Answers

WIC Information Systems Security (ISS)
Training New/Annual Staff Training/Test
Verification List

WIC Information Systems Security Training



WIC Information Systems Security Training

Annual WIC Information Systems Security Training is mandatory for all WIC employees, contractors, partners, and volunteers. New employees, contractors, partners, and volunteers are required to complete the security training prior to gaining access to systems. All users must stay abreast of security policies, requirements, and issues. Users must make a conscientious effort to avert security breaches by staying alert to network vulnerabilities.

By taking this course, you are meeting the legal requirement for all users of WIC information systems to take annual computer security training. This course is designed to help you understand the importance of information systems security, its guiding principles, and what it means for your agency.

It will identify potential risks and vulnerabilities associated with WIC information systems, review your role in protecting these systems, and provide guidelines to follow at work to protect against attacks on information systems.

Importance of Information Systems Security

The Internet has made it extremely easy to quickly obtain and transfer information. While global connectivity is very convenient, it also increases our vulnerability to outside attacks. The goals of Information Systems Security are to protect our information and information systems.

Information Systems Security protects information from unauthorized access or modification and ensures that information systems are available to their users. This means that a secure information system maintains confidentiality, integrity, and availability.

History of Information Systems Security

Fifty years ago, computer systems presented relatively simple security challenges. They were expensive, understood by only a few, and isolated in controlled facilities. Protecting these computer systems consisted of controlling access to the computer room and clearing the small number of specialists who needed such access. As computer systems evolved, connectivity expanded, first by remote terminals, and eventually by local and wide-area networks, or LANs and WANs. As the size and price of computers came down, microprocessors began to appear in the workplace and homes all across the world. What was once a collection of separate systems is now best understood as a single, globally connected network. Information Systems Security now includes infrastructures neither owned, nor controlled by the government. Because of this global connectivity, a risk to one is a risk to all.

Information Systems Security

It is important that you are aware of the possibility of attacks against WIC systems and the method in which potential attacks could occur. Understanding your responsibilities for protecting information resources and how you can contribute to preventing attacks will contribute to the safety of federal information systems.

WIC is required by law to ensure that anyone who utilizes WIC resources is aware of his or her responsibilities and complies with the established rules. Violation of these rules can result in any of the following actions:

- Corrective actions (taken in accordance with existing rules, regulations, and laws) include written reprimands, temporary suspension from duty, reassignment or demotion, and termination of employment;
- Suspension of system privileges; and
- Possible criminal prosecution.

What you should know

The following nonofficial activities are prohibited on any government owned or leased computer:

- Gambling
- Intentionally visiting and downloading material from pornographic websites
- Lobbying Congress or any government agency
- Campaigning – political activity
- Any type of continuous audio or video streaming from commercial, private, news, or financial organizations, except as expressly authorized by management
- Activities that are connected with any type of outside employment
- Endorsement of any non-government products, services, or organizations

Critical Computer – Threats

Equipment failures, human error, weather, as well as physical and cyber attacks impacting one sector, could potentially impact our state's entire critical infrastructure. For example, if the natural gas supply is disrupted by a computer virus, and electrical power is cut, computers and communications would shut down. Roads, air traffic, and rail transportation would be impacted. Emergency services would be hampered. An entire region can be debilitated because an element critical to our infrastructure has been attacked.

Threats to Information Systems Security

It is important to understand the difference between threats and vulnerabilities and how they can affect your system.

A threat is any circumstance or event that can potentially harm an information system by destroying it, disclosing the information stored on the system, adversely modifying data, or making the system unavailable.

A vulnerability is a weakness in an information system or its components that could be exploited. Vulnerabilities exist when there is a flaw or weakness in hardware or software that could be exploited by hackers. Vulnerabilities are frequently the result of a flaw in the coding of software. To correct a vulnerability, a vendor would issue a fix in the form of a patch to the software.

Threat Categories

There are two types of threat categories: environmental and human threats.

Environmental Threats

Natural environmental events - including lightning, fires, hurricanes, tornadoes, or floods - pose threats to your system and information. A system's environment - including poor building wiring or insufficient cooling for the systems - can also cause harm to information systems.

How can you protect against environmental threats?

Rules of Behavior – Hardware/Environmental Threats

Users should do their best to protect computer equipment from damage, abuse, theft, and unauthorized use. Users shall protect computer equipment from hazards such as:

- Extreme temperatures;
- Electrical storms;
- Water and fire;
- Static electricity;
- Spills from food and drink;
- Dropped objects;
- Excessive dusty environments; and
- Combustible materials.

Internal vs. External Human Threats

Human threats can be internal or external. An internal threat can be a malicious or disgruntled user or self-inflicted unintentional damage, such as an accident or bad habit. An external threat can be hackers. The greatest threats to the WIC systems are internal - from people who have working knowledge of and access to their organization's computer resources.

An internal threat, or insider, is any person with legitimate physical or administrative access to the computer who can misuse or exploit weaknesses in the system. Others, due to a lack of training and awareness, can also cause damage. Although there are security programs to prevent unauthorized access to information systems, certain life experiences can alter people's normal behavior and cause them to act illegally. Stress, divorce, financial problems, or frustrations with co-workers or the organization are some examples of what might turn a trusted user into an insider threat.

How can you protect against internal human threats?

Users shall:

- Only use equipment for which they have been granted authorization.
- Not leave computer equipment in a parked car or in an unsecured location where it might be stolen.
- Follow established procedures when removing equipment from WIC premises. This usually requires approval from the State WIC office.
- Not install or use unauthorized software or hardware on the network, including personal laptop computers, pocket computers, or personal digital assistants and network enabled cellular phones, except as expressly authorized.
- Not alter the configuration, including installing software or peripherals, on WIC equipment unless authorized by the Data Operations unit.
- Request approval from State WIC before relocating computing resources.
- When possible, use physical locking devices for laptop computers and exercise additional care for other portable devices.

External Threats

External threats, or outsiders, are most commonly hackers. An outsider is an individual who does not have authorized access to an organization's computer system.

What you should know.

Today's hackers are far more advanced in computer skills and have access to hacking software that provides the capability to quickly and easily identify a system's security weaknesses. Using tools available on the Internet, a hacker is capable of running automated attack applications against thousands of host computers at a time. Because of this, hackers pose a serious risk to the security of state or federal information systems.

Social Engineering Overview

Social engineering is a hacking technique that relies on human nature. This approach is used by many hackers to obtain information valuable to accessing a secure system.

Rather than using software to identify security weaknesses, hackers attempt to trick an individual into revealing passwords and other information that can compromise your system security.

They use people's inherent nature to trust to learn passwords, logon IDs, server names, operating systems, or other sensitive information. For example, a hacker may attempt to gain system information from an employee by posing as a service technician or system administrator with an urgent access problem.

Nobody should ever ask you for your passwords. This includes system administrators and helpdesk personnel.

Preventing social engineering:

- Verify identity.
- Do not give out passwords.
- Do not give out employee information.
- Do not follow commands from unverified sources.
- Do not distribute computer access information (e.g. IP address, usernames, passwords).
- Do not participate in telephone surveys while at work.

Reacting to social engineering:

- Use Caller ID to document phone number.
- Take detailed notes.
- Get person's name/position.
- Report incidents.

Users are responsible and accountable for any actions taken under their User ID.

Users shall:

- ❖ Protect passwords from access by other individuals.
- ❖ Never give a password to another person, including a supervisor, system administrator, helpdesk staff or an agency computer support person.
- ❖ Not ask anyone for their password.
- ❖ Construct effective passwords by following WIC password policy for complex passwords.

Users shall access and use only information for which they have official authorization.

Users shall:

- Follow established procedures for accessing information, including use of user identification, user authentication, passwords, and other physical and logical safeguards.
- Follow established channels for requesting and disseminating information.
- Access only those files, directories, and applications for which access authorization by the system administrator has been granted.
- Use state and local equipment only for approved purposes.

In addition, Users shall NOT:

- Give information to other employees or outside individuals who do not have access authority.
- Store sensitive or confidential information on a system unless access control safeguards (e.g., passwords, locked rooms, and protected local area network (LAN) storage areas) are used.
- Use their trusted position and access rights to exploit system controls or access data for any reason other than in the performance of official duties.
- Browse other users' files (i.e., what can be accessed).

Incident Reporting

Users shall:

- Report security incidents, or any incidents of suspected fraud, waste, or misuse of WIC resources or release of WIC personally identifiable information to the State WIC office immediately.
- Report security vulnerabilities and violations as quickly as possible to the State WIC office immediately so that corrective action can be taken.
- Take reasonable action immediately upon discovering a violation to prevent additional damage, such as logging out of a terminal or locking up property.
- Cooperate willingly with official action plans for dealing with security violations.

Phishing

A social engineering scam that you need to be aware of is phishing. Phishing is a high-tech scam that uses official looking email to deceive recipients into opening “official” attachments or clicking on spoofed links. When these web pages are opened either malicious software is run on their PC or the individual is encouraged to disclose sensitive personal information like credit card numbers, PINs and/or passwords.

Phishers send an email or pop-up message that claims to be from a business or organization that a user deals with. For example, phishers often pose as a user’s Internet online payment service, or even a government agency. The message usually says that the user needs to update or validate account information and may threaten some dire consequence if the user does not respond. The message directs the user to a website that looks just like a legitimate site but it is not affiliated with the organization in any way. The purpose of the bogus site is to trick the user into divulging personal information so the operators can steal the user’s identity and run up bills or commit crimes in the user’s name. The bogus site may also install malicious code on the user’s system.

If you receive an email or pop-up message that asks for personal or financial information, do not reply or click on the link in the message.

Legitimate companies do not ask for this information via email. If you are concerned about your account, contact the organization identified in the email using a telephone number you know to be genuine. Be cautious if you receive an email regarding any financial transaction containing links to obtain more information or dispute a charge, even from vendors you regularly receive email from. Always hover over these links to make sure they go to a valid domain associated with this business. Do not click if you have any suspicions about a link. Ask for verification from this business via a good email address or their web portal.

Sample domains-

Valid	https://www.amazon.com/gp/pdp/profile/...
Suspicious	http://www.amazon.com.suspicious.me/wp-...
Suspicious	http://suspicious.me/www.amazon.com/e4f6d23...

Recently, US Government email recipients have received messages from external individuals in the same field of business. These messages were sent via well-known file delivery services like Dropbox.com, Box.com or Yousendit.com. The files that were available for download contained malicious code with extensions like .scr, .exe, and .doc. Had these files been opened remote access software would have been installed, which would have allowed external organizations access to US Government files and systems.

If you receive suspicious emails, submit them to the WIC Helpdesk for validation before you open them. Check with WIC Helpdesk if you need instructions on how to submit the email to them.

Cookies

There are several security risks associated with browsing the Internet. One common risk is known as cookies.

A cookie is a text file that a web server stores on your hard drive when you visit a website. The web server retrieves the cookie whenever you revisit that website. When you return, the cookie recognizes you, saving you the trouble of re-registering.

The most serious security problem with cookies has occurred when the cookie has 'saved' unencrypted personal information, such as credit card numbers or Social Security numbers, in order to facilitate future business with that site. Another problem with cookies is that the site can potentially track your activities on the web.

To reduce the risk associated with cookies, and better protect your system, your browser should be set up to not accept cookies.

Mobile Code

Mobile code, such as ActiveX and Java, are scripting languages used for Internet applications.

Mobile code embedded in a web page can recognize and respond to user events such as mouse clicks, form input, and page navigation. It can also play audio clips.

However, it does introduce some security risks. Mobile code can automatically run hostile programs on your computer without your knowledge simply because you visited a web site. The downloaded program could try to access or damage the data on your machine or insert a virus.

Review your local agency's and WIC policies for specific guidance or restrictions on the use of mobile code.

Peer-to-Peer

Peer-to-peer refers to file sharing applications, such as Morpheus and BitTorrent, that enable computers connected to the Internet to transfer files to each other.

Peer-to-Peer Vulnerabilities

Peer-to-peer software enables files to be accessed and transferred with ease. Music files, pornography, and movie files are the most commonly transferred files using unauthorized peer-to-peer software. Obtaining these files at no cost raises not only ethical concerns, but could result in criminal or civil liability for illegal duplication and sharing of copyrighted material. In addition, participating in peer-to-peer file sharing increases your vulnerability. Opening up your computer via the Internet provides outsiders a link into your system, creates risk, and enables the possibility for a breach in security.

The following list provides examples of some P2P software divided by category. Instant Messaging/Telephony:

- Yahoo! Messenger
- Windows Live Messenger
- Skype
- AOL Instant Messenger

File Sharing:

- BitTorrent
- Gnutella
- Kazaa
- WinMX
- Napster
- PC Anywhere – except where installed on the workstation for WIC Helpdesk access only. If anyone else asks for access via an IP address or PC Anywhere, please notify the WIC Helpdesk immediately.
- eDonkey
- Morpheus
- eMule
- LimeWire
- BearShare
- Timbuktu
-

Peer-to-peer connections are a common avenue for the spread of computer viruses and spyware.

The installation and use of unauthorized peer-to-peer applications can also result in significant vulnerabilities to your agency's networks, including exposure to unauthorized access of information and compromise of network configurations.

What you need to know.

Users are prohibited from using peer-to-peer file sharing. Peer-to-peer file sharing poses a threat to IT security. It allows employees to transfer files between computers without proper security controls. These programs can be used to distribute inappropriate materials, violate copyright law and put confidential information at risk.

Software

Users shall not install non-authorized, standard, public domain, or shareware software on their computer without approval from the State WIC Data Operation Unit. Computer users must protect WIC owned software and equipment from malicious software.

Users shall NOT:

- Use WIC purchased software on personally owned or non-WIC computers;
- Alter the configuration, including installing software or peripherals, on WIC computer equipment; and
- Download, install, or run security programs or utilities that might reveal weaknesses in the security measures or access privileges of any system.

Users shall comply with all software licensing agreements and Federal copyright laws.

Malicious Code

Malicious code is defined as software or firmware intended to perform an unauthorized process that will have adverse impact on the confidentiality, integrity, or availability of an information system.

It is designed with the intent to deny, destroy, modify, or impede system configurations, programs, or data files. Malicious code comes in several forms including viruses, Trojan horses, and worms. The most common methods for the spread of malicious code are through email attachments and downloading files from the Internet, but you can also receive malicious code just by visiting an infected web site.

Email and Attachments

Email messages and email attachments provide a common route to transfer malicious code.

Always be cautious when opening email attachments – they may contain malicious code that could corrupt files, erase your hard drive, or enable a hacker to gain access to your computer.

We quarantine all files with these extensions plus more. Files to be cautious of include: .html, .lnk, .pdf, .url, .doc(x), .xls(x), or .rtf and any file extension that the sender asks you to change to a different extension (i.e. .xxx to .exe).

Don't assume that an attachment is safe because a friend or coworker sent it. Some malicious code is activated by merely opening the message. Contact the WIC Helpdesk before opening any suspicious emails.

Never click on suspicious links in email messages, even if it appears to be from someone you are familiar with.

Protect Your Computer System

- Scan non-ODH email attachments and outside files using the anti-virus software that is installed on all WIC PCs; for assistance call the WIC Helpdesk.
- Delete email from unknown or unexpected sources.
- Turn off the non-ODH email software option to automatically download attachments.

Respond to Virus Attack

- Do not email a copy of the infected file.
- Contact your WIC Helpdesk immediately.

Hoaxes

Internet hoaxes are email messages designed to influence you to forward them to everyone you know.

Hoaxes encourage you to forward email messages by warning of new viruses, promoting moneymaking schemes, or citing a fictitious cause. By encouraging mass distribution, hoaxes clog networks and slow down Internet and email service for computer users.

If you receive an email message requesting that you forward it to all your friends and coworkers, do not forward the email.

User Roles and Responsibilities

As an authorized user of WIC information systems, you have certain responsibilities and need to remember your right to privacy is limited when using a WIC computer.

Any activity conducted on a WIC computer can be monitored. Each time you log on to the WIC system, you consent to being monitored. You should use your computer for WIC business only.

Avoid WIC computer misuse. Examples of computer misuse are: viewing or downloading pornography, gambling on the Internet, conducting private commercial business activities or profit-making ventures, loading personal software, or making unauthorized configuration changes.

Basic User Guidelines

There are eight basic generally accepted ethical guidelines that should govern your actions when using a WIC computer system.

Ethical guidelines

- Do not use computer for harm.
- Do not interfere with others work.
- Do not snoop in other's files.
- Do not use a computer to commit crimes.
- Do not use or copy unlicensed software.
- Do not steal intellectual property.
- Do not use a computer to pose as someone else.
- Do not use computer resources without approval.

Users shall:

- Behave in an ethically, informed, and trustworthy manner when using systems.
- Be alert to threats and vulnerabilities such as malicious programs and viruses.
- Participate in WIC security training and awareness programs.
- Not install or use unauthorized software on WIC equipment.
- Comply with all software licensing agreements and not violate Federal copyright laws.
- Know that your system may be monitored and that there is no expectation of privacy on WIC system resources.

In addition, users shall prevent others from using their accounts by:

- Logging out or locking the screen when leaving the vicinity of their terminals or PCs.
- Setting a password on automatic screen savers.
- Helping to remedy security breaches, regardless of who is at fault.
- Immediately notifying the system administrator whenever there is a change in role, assignment, or employment status and/or when access to the system is no longer required.
- Complying with a system's rules of behavior when accessing external systems.

Integrity

Users must protect the integrity and quality of information. This includes, but is not limited to:

- Reviewing quality of information as it is collected, generated, and used to ensure that it is accurate, complete, and up-to-date.
- Taking appropriate training before using a system to learn how to correctly enter and change data.
- Protecting information against viruses and similar malicious code by:
 - Avoiding use of unapproved software, such as shareware and public domain software.
 - Discontinuing use of a system at the first sign of virus infection.
 - Never knowingly entering unauthorized, inaccurate, or false information into a system.

Email: Appropriate Email Use

The following rules apply regarding email activity:

- Automatic filters will be in place to help prevent inappropriate and offensive messages from passing through WIC email gateways.
- Any email on a government email system is the property of the government and may become an official record.
- The use of IT resources constitutes consent to possible monitoring and security testing. Monitoring and security testing ensures proper security procedures and appropriate usage are being observed for WIC resources.
- Monitoring of email and other IT resources by management will be done only in accordance with established Department of Health policy and guidelines.
- Users are prohibited from using WIC resources to send, receive, retain, or proliferate any messages or material that is fraudulent, inappropriate, offensive, harassing, or is of a sexual nature.

Email is also for official business. Your organization may permit some incidental and casual email use.

Guidelines on the types of personal email use that may or may not be authorized are as follows:

- Email use may not adversely affect the performance of official duties.
- Email use must not reflect poorly on the government.
- You may not use government email to send pornographic, racist, sexist, or otherwise offensive emails, send chain letters, or sell anything.
- Email use must not overburden the system, as happens when you send mass emails.
- To keep networks open and running efficiently, don't forward jokes, pictures, or inspirational stories.
- Similarly, avoid using "Reply All" unless it is absolutely necessary.
- Personal email use may be authorized if it is of reasonable duration and frequency, preferably on employees' personal time, such as on a lunch break.

Public Key Infrastructure

WIC information systems identify and authenticate each user either through a user ID and password.

Tips for Creating a Secure Password

Many information systems still identify and authenticate users by his or her user ID and password. The user ID and password determines the user's right to access the system.

Remember, it is your responsibility to ensure that all activity performed under your user ID is appropriate use of WIC information systems resources.

What you need to know.

- It is important to create a complex password in order to protect government information systems from being compromised.
- Combine letters, numbers, special characters. (ex: !, @, #, \$)
- Use alphanumeric combinations or phrase associations. (ex: P@\$\$w0rd T1p\$)
- Avoid words or phrases that can be found in the dictionary.
- Avoid using personal information. (ex: birthday, home address, phone number)
- Memorize password and refrain from writing it down.
- Change passwords regularly.

Physical Security

Protecting WIC information systems and the information they contain starts with physical security.

Physical security includes protection of the entire facility, from the outside perimeter to the offices inside the building, including all the information systems and infrastructure.

You are responsible for knowing your organization's physical security policies and following them. Your organization should have procedures for gaining entry, procedures for securing your work area at night, and emergency procedures.

These may include:

- The use of a badge or key code for entry;
- Locking your cubicle;
- Undocking your laptop and storing it in a separate location;
- Securing data storage devices, such as hard drives and USB drives during emergency procedures.

You should also make sure others follow your organization's physical security policies and challenge people who don't. Don't allow people to gain entrance to a building or office by following someone else instead of using their own badge or key code.

Challenge people who do not display badges or passes. If you are the last person to leave in the evening, make sure that others have secured their equipment properly.

Finally, you are responsible for reporting any suspicious activity that you see.

Inventory Control

Part of physical security includes controlling the inventory of equipment that stores WIC information. When WIC laptops are lost or stolen, so is the information that is on them. In recent years, WIC inventory control procedures have been tightened in response to the loss of equipment.

State WIC is responsible for controlling the inventory of office and computer equipment, including computers, printers, monitors, kiosks.

When you receive WIC property, you should sign for it. Once it has been signed out to you, you are then responsible for that equipment and taking the necessary precautions to ensure that it doesn't get lost or stolen.

To remove equipment from the building, or bring equipment into the building, your organization may require you to have a property pass signed by the property manager.

If that property is lost or stolen, contact WIC Data Operation Unit for reporting the loss. In addition to reporting the loss of the equipment itself, you must report the loss of the information that was on the equipment, and the significance of that lost information. Even unclassified information, if compromised, could impact the safety of our personnel and systems.

All WIC information not specifically cleared for public release requires some level of security protection. At a minimum, it must be reviewed before it is released in any form. Each agency has its own unclassified information policy. Contact your security point of contact for additional information on your agency's policy.

Storage

- A large amount of WIC information is stored on the WIC server, which is automatically backed up internally on a daily basis.
- It is important to complete the data file transfer daily so the WIC data is received at the State WIC. In the event of a total disaster the data stored at State WIC can rebuild a clinic from the ground up provided we have received all the data.
- WIC computers should not contain any personal files, including, but not limited to, music files, video files and data files.
- Periodically, you should review your files and delete any that are no longer needed. As an example, when you receive the All Projects Letters CD for the previous year, you should delete other years' APL files from your local drive to save space.
- Follow your agency's policies regarding handling, storage, labeling, and destruction of sensitive information.

Rules of Behavior

Computer systems and media must be protected from environmental hazards such as fire, water, heat, and food spills. They must also be protected from theft, unauthorized alteration, and careless handling.

Personal Identifiable Information

The Privacy Act, signed into law in 1975, requires the government to safeguard information about individuals that is processed by WIC agencies. The Act also requires the government to provide access to the information by the individual and to amend the information if it is not accurate, timely, complete, or relevant.

What you should know.

New guidance concerning greater measures for protection of Personally Identifiable Information is often updated. For example, WIC requires that lost or stolen Personal Identifiable Information be reported as soon as it is discovered to the State WIC office.

Each agency has its own policies to implement handling of Personal Identifiable Information guidance. Refer to the WIC Policy and Procedure manual section 122 and your individual agency policies and procedures.

As an authorized user, you should ensure that Personal Identifiable Information is protected on WIC computer systems.

Your Responsibility

Information is a critical asset to the WIC program. It is your responsibility to protect WIC information that has been entrusted to you.

WIC Information Systems Security Training Competency Points

Upon completion of the training WIC staff should understand:

The goals of Information Systems Security are to protect State and local WIC information and information systems.

Annual WIC Information Systems Security Training is mandatory for all WIC employees, contractors, partners, and volunteers.

New employees, contractors, partners, and volunteers are required to complete the security training prior to gaining access to systems.

Ethical guidelines that govern staff actions when using a WIC computer system include:

- Do not use computer for harm.
- Do not interfere with others work.
- Do not snoop in other's files.
- Do not use a computer to commit crimes.
- Do not use or copy unlicensed software.
- Do not steal intellectual property.
- Do not use a computer to pose as someone else.
- Do not use computer resources without approval.

WIC systems users must:

- behave in an ethically, informed, and trustworthy manner when using systems;
- be alert to threats and vulnerabilities such as malicious programs and viruses;
- participate in WIC security training and awareness programs;
- not install or use unauthorized software on WIC equipment;
- not engage in prohibited activities such as gambling and visiting unapproved sites;
- comply with all software licensing agreements and not violate Federal copyright laws; and
- know that all WIC systems may be monitored and that there is no expectation of privacy on WIC systems resources.

WIC systems users must prevent others from using their accounts by:

- logging out or locking the screen when leaving the vicinity of their terminals or PCs;
- setting a complex password on automatic screen savers;
- helping to remedy security breaches, regardless of who is at fault;
- immediately notifying the system administrator whenever there is a change in role, assignment, or employment status and/or when access to the system is no longer required; and
- complying with a system's rules of behavior when accessing external systems.

Contact WIC Help Desk immediately with any concerns of security or system operations.

WIC Information Systems Security Training Competency Quiz

1. The goals of Information Systems Security are to protect State and local
 - a. internal and external threats
 - b. potential risks and vulnerabilities
 - c. WIC information and information systems
 - d. passwords and email
2. WIC Information Systems Security Training is mandatory for all WIC employees, contractors, partners, and volunteers
 - a. before gaining access to systems
 - b. with each grant application
 - c. annually
 - d. before gaining system access and annually
3. Gambling, intentionally visiting and downloading material from pornographic websites, and lobbying Congress or any government agency are examples of
 - a. approved personal use of a WIC computer
 - b. prohibited activities
 - c. locked websites
 - d. phishing
4. When asked, you should immediately provide your password to
 - a. WIC systems administrator
 - b. Help desk staff
 - c. USDA representatives
 - d. No one
5. The statement: “Always be cautious when opening email attachments – they may contain malicious code that could corrupt files, erase your hard drive, or enable a hacker to gain access to your computer” is
 - a. Never applicable to All Projects Letters
 - b. False
 - c. Applies to PDF files only
 - d. True

6. An email message requesting that you forward it to all your friends and coworkers is an example of _____, and you should _____.
 - a. Phishing, report it to system administrator
 - b. Peer-to-peer vulnerability, warn your peers
 - c. Hoaxing, do not forward the email
 - d. Promoting friendship, share it widely
7. Hazards to computer equipment include
 - a. Extreme temperatures and electrical storms
 - b. Water and fire and static electricity
 - c. Spills from food and drink
 - d. All of the above
8. The statement: “All WIC systems may be monitored and there is no expectation of privacy on WIC system resources” is
 - a. A critical element of WIC systems security for all users to know
 - b. An annual audit requirement
 - c. A human resources requirement for annual performance evaluations
 - d. Necessary for homeland security
9. Not using or copying unlicensed software, not using computer resources without approval, and not snooping in others’ computer files are examples of
 - a. Anti-cyber crime code
 - b. Computer system ethical guidelines
 - c. Pirating prevention strategies
 - d. Protecting systems from phishing
10. A secure password would include
 - a. Combining letters, numbers, special characters; using alphanumeric combinations or phrase associations; and changing it regularly
 - b. Using personal information. (ex: birthday, home address, phone number)
 - c. Applying words or phrases that appear in the dictionary.
 - d. Maintaining a reference sheet with it in proximity of the keyboard and monitor

WIC Information Systems Security Training Competency Quiz Answers

1. The goals of Information Systems Security are to protect State and local
 - a. internal and external threats
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 - d. before gaining system access and annually
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WIC Information Systems Security (ISS) Training New/Annual Staff Training/Test Verification List

Reviewed ISS Training Document	Completed ISS Training Quiz	Employee Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Director Signature

Date

County FY15 Management Evaluation

Summary of Findings

Of the program standards reviewed, the project received the following corrective actions and recommendations.

General Administration: ____ requirement(s) not met ____ recommendation(s)

Financial Management: ____ requirement(s) not met ____ recommendation(s)

System Administration: ____ requirement(s) not met ____ recommendation(s)

Certification: ____ requirement(s) not met ____ recommendation(s)

Nutrition Education: ____ requirement(s) not met ____ recommendation(s)

Food Issuance: ____ requirement(s) not met ____ recommendation(s)

Breastfeeding: ____ requirement(s) not met ____ recommendation(s)

General Comments

WIC Onsite Review Guide

Project:

Date:

Reviewer:

Clinics Reviewed:

Program Category: Administration
Requirement 1
The Record Retention Policy must be followed.
PPM: 109, 285; Fed Regs: 246.6(a), 246.25
The following information was provided to address this indicator:
<ul style="list-style-type: none">▪ Financial records▪ Participant charts▪ Food instrument stubs▪ Nutrition education attendance sheets▪ Access to GMIS and current grant
Based on the information provided, the State requirements for this indicator are: <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
Supporting Documentation and Comments:
Recommendations for Improvement:
Project Response:

Program Category: Administration
Requirement 2 Project provides outreach and referral services. PPM: 283.2, 404.7; Fed Regs: 246.7
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ The address and phone numbers of the SNAP and human services (ODJFS) offices must be posted and available. ▪ Contact information of community service organizations is maintained in order to facilitate referral. ▪ All locally developed outreach materials must reference WIC support and promotion of breastfeeding.
Based on the information provided, the State requirements for this indicator are: <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A Supporting Documentation and Comments:
Recommendations for Improvement:
Project Response:

Program Category: Administration
Requirement 3
Coordination of services must exist between WIC and other health and human services through a referral network and coordination of appointments when possible.
PPM: 283; Fed Regs: 246.7(b)
The following information was provided to address this indicator:
<ul style="list-style-type: none"> When possible, WIC and other health and human service appointments are coordinated at the convenience of the participant.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A </p> <p>Supporting Documentation and Comments:</p>
Recommendations for Improvement:
Project Response:

Program Category: Administration
Requirement 4
Staffing management is appropriate to ensure that all program functions are administered as required.
PPM: 113; 117; Appendix 100; Appendix 400; Fed Regs: 246.6(b)(2); 246.11(c)(7)(ii); 267
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ State WIC correspondence is shared with staff in a timely manner, as appropriate. ▪ Appropriate staff levels, responsibilities, and training are in place to ensure efficient clinic operations. ▪ A written orientation plan for newly hired health professionals exists and contains, at minimum, Section 113.8 (a) – (h) of the Ohio WIC Policy and Procedure Manual. ▪ VENA observation summary and follow-ups are completed, as required. ▪ Show Rate and Instruction Worksheet completed. ▪ WIC System Security training for all staff is completed, as required. ▪ Annual anthropometric and hematological competency training and monitoring is completed, as required. ▪ Documentation of annual continuing education hours, as required.
Based on the information provided, the State requirements for this indicator are:
<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
Supporting Documentation and Comments:
Recommendations for Improvement:
Project Response:

Program Category: Administration

Requirement 5

All civil rights requirements must be followed.

PPM: 111

The following information was provided to address this indicator:

- An *And Justice For All* poster is displayed in a prominent location.
- Non-English materials and interpretive services are available.
- Annual civil rights training is conducted.
- Locally developed materials that mention the WIC program must include one of the current Equal Access Statements.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Administration

Requirement 6

Employee Fraud, Fair Hearing, and Participant Abuse procedures must be followed and documented.

PPM: 113, 123; 124; Fed Regs: 246.2; 246.4; 246.7; 246.9; 246.12; 246.23

The following information was provided to address this indicator:

- The project knows and follows the proper procedure for processing a fair hearing request.
- Agency maintains a file of all fair hearing requests and cases of employee fraud and participant abuse.
- Conflict of Interest forms are signed annually.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Administration

Requirement 7

Local Subgrantee Projects manage and monitor subcontractors appropriately.

Grant Application

The following information was provided to address this indicator:

- The subgrantee agency monitors the administrative, fiscal, and programmatic activities of all subcontractors annually.
- The subgrantee agency ensures that all subcontractors follow the Ohio WIC PPM.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Financial Management

Requirement 1

Expenditures are processed and paid according to Grants Administration Policy and Procedure.

OGAPP Manual; Grant Application

The following information was provided to address this indicator:

- WIC funds must be maintained in a separate bank account or fund.
- There is evidence that fiscal duties are separated within the agency.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Financial Management

Requirement 2

Financial reports and all supporting documentation must be completed according to ODH Grants Administration Policy and Procedure and maintained on file for review.

OGAPP Manual; Grant Application; PPM: 107.8

The following information was provided to address this indicator:

The Quarterly Expense Report (QER) selected meets reporting guidelines for the following:

- Personnel
- Travel
- Purchasing

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Financial Management

Requirement 3

Equipment and equipment inventory lists must be maintained as required.

OGAPP Manual; Grant Application; Fed Regs: 246.24; 7CFR 3016

The following information was provided to address this indicator:

- Equipment is labeled as WIC or ODH property.
- Equipment labels can be matched to inventory lists.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: System Administration

Requirement 1

All system functions must be completed properly within established deadlines.

PPM: 274, 275, 276; WIC System Manual

The following information was provided to address this indicator:

Project staff knows and completes the proper procedure for:

- Voided and Reissued **Benefits**
- In- and Out-of-State Transfers
- Dual Participants
- Run Data Transfer/Review Clinic Communication Summary Report
- Termination
- Purges
- Preliminary Infant Certifications

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Certification
Requirement 1
The WIC Program Application must be completed as required.
PPM: 201, 202- 206, 211, 213-217, 223, 224; Fed Reg: 246.7(f)(2)
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ An appropriate version of the WIC Program Application is completed or referenced for each applicant/participant at initial and recertification appointments. ▪ When a participant is referred to another agency there is evidence that the appropriate referral has been made. ▪ There is documentation that the applicant/participant's identity was verified. ▪ There is documentation that categorical eligibility was verified. ▪ There is documentation that residential eligibility was verified. ▪ There is documentation of physical presence. ▪ The documented economic unit size is documented on the application and Demographics Tab match. ▪ The applicant/participant income information is correctly calculated, assessed, and documented. ▪ The information provided by the applicant/participant is verbally reviewed with them. ▪ The WIC Program Application is properly signed and dated by the applicant/participant/WIC staff. ▪ Processing standards for timely acceptance of applications and scheduling appointments must be followed.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Supporting Documentation and Comments:</p>
Recommendations for Improvement:
Project Response:

Program Category: Certification
Requirement 2 A comprehensive explanation of the WIC program and services offered must be given to each applicant/participant. PPM: 122.5, 207, 235, 272.6, 277; Appendix 200; Grant Application
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ Staff provides a verbal or videotaped explanation of the WIC program to each applicant, whether at initial or subsequent certification or transfer. This explanation should be in terms the applicant understands. The explanation must include: <ul style="list-style-type: none"> • Nutritional support • Nutrition assessment includes participant's needs and interests • WIC staff and the participant work in partnership • WIC food benefits are prescribed for the individual • Supplemental nature of WIC • Reapplication for services ▪ Participants are given paper work and offered an opportunity to register to vote. ▪ <i>Information Sharing in the WIC Program</i> brochure is provided at each certification and recertification appointment. ▪ Immunizations: <ul style="list-style-type: none"> • Screened documentation presented • Referred as appropriate • Consent obtained to share information
Based on the information provided, the State requirements for this indicator are: <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A Supporting Documentation and Comments:
Recommendations for Improvement:
Project Response:

Program Category: Certification

Requirement 3

Staff performs anthropometrics and hematological procedures according to policy.

PPM: 263, 264, 267

The following information was provided to address this indicator:

- All equipment is clean and maintained in good working order including any required calibration and certification.
- Weights are correctly measured.
- Heights/lengths are correctly measured.
- Hematological test must be performed correctly.
- Universal precautions are followed.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Certification

Requirement 4

Health and Nutrition History information is available via State WIC form or readily accessible medical chart.

PPM: 261

The following information was provided to address this indicator:

- The Health History must be completed for each applicant/participant at every certification.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Certification
Requirement 5
Health professionals assess, assign, and document supportive information for appropriate risk codes.
PPM: 245-250, 261.5, 262
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ Health professionals assess and assign appropriate risk codes, and document information to support risk code determination at each visit. ▪ High risk policy is followed and appropriate referrals are made. ▪ Assessment portion of the care plan must, at a minimum, contain: risk code and diet-related assessment. ▪ Previous goals are assessed and documented where indicated.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Supporting Documentation and Comments:</p>
<p>Recommendations for Improvement:</p>
<p>Project Response:</p>

Program Category: Certification
Requirement 6
The Welcome To WIC (WTW) Letter is accurately completed and reviewed with the participant.
PPM: 245-250, 272.6, 272.8
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ Certifying risk reason is documented appropriately for each certification visit. ▪ Appropriate staff discusses risk, rights, and responsibilities with participants in terms they can understand. ▪ One mutually-agreed upon goal is written on the WTW letter in language the participant can understand. ▪ WIC staff and participant signature and dates are correctly recorded. ▪ Instructions for midcertification contact are identified (i.e., call clinic, appointment date). ▪ Participant/caregiver receives the WTW letter after all eligibility criteria have been met.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Supporting Documentation and Comments:</p>
Recommendations for Improvement:
Project Response:

Program Category: Certification

Requirement 7

Certification appointment reminders must be completed and provided to participants as required along with supportive documentation.

PPM: 273.1

The following information was provided to address this indicator:

- Certification appointment reminders must be completed and provided to participants.
- There is evidence that appointment reminders have been provided.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Certification
<p>Requirement 8</p> <p>Notification of termination must be timely, accurate, and provided in writing to the participant. Chart documentation must support termination.</p> <p>PPM: 273.1, 275</p>
The following information was provided to address this indicator:
<p>Terminated participant file contains:</p> <ul style="list-style-type: none"> ▪ <i>Notice: The WIC Program Cannot Serve You</i> form or other acceptable documentation. ▪ The top copy is maintained in the participant's chart and the bottom copy is given or mailed to the participant.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Supporting Documentation and Comments:</p>
Recommendations for Improvement:
Project Response:

Program Category: Certification
<p>Requirement 9</p> <p>Notification of ineligibility must be provided to applicants who fail to meet any of the eligibility criteria. Supportive documentation must be maintained in the participant's chart.</p> <p>PPM: 271.2, 271.4</p>
The following information was provided to address this indicator:
<p>Initial ineligible file contains:</p> <ul style="list-style-type: none"> ▪ Completed CPA ▪ <i>Notice: The WIC Program Cannot Serve You</i> form ▪ Documentation supporting reasons for ineligibility
<p>Based on the information provided, the State requirements for this indicator are:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Supporting Documentation and Comments:</p>
<p>Recommendations for Improvement:</p>
<p>Project Response:</p>

Program Category: Nutrition Education
<p>Requirement 1</p> <p>All adult participants, parents, or caretakers must be provided with nutrition education at each certification. This contact must be documented.</p> <p>PPM: 261, 401, 407.4(11); Fed Regs: 246.11(a)(3)</p>
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ Observations indicate that participants are provided nutrition education at each certification. ▪ Individualized relevant verbal and/or written nutrition information was given as appropriate. ▪ Drug and alcohol awareness information is offered to all participants at initial certification.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Supporting Documentation and Comments:</p>
<p>Recommendations for Improvement:</p>
<p>Project Response:</p>

Program Category: Nutrition Education
Requirement 2
The project complies with the approved nutrition education strategies.
PPM: 401.1, 402, 407, 410, 411, Appendix 400
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ Health professionals engage in participant-centered counseling. ▪ Alcohol Screening and Brief Intervention (ASBI) for Prenatals has been provided.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p> <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A </p> <p>Supporting Documentation and Comments:</p>
Recommendations for Improvement:
Project Response:

Program Category: Nutrition Education**Requirement 3**

All participants or caretakers must be offered at least one midcertification nutrition education contact during each certification period. This contact must be documented.

PPM: 109.8, 401.2, 403, 408, 409; Fed Regs: 246.11(e)(1-2)

The following information was provided to address this indicator:

- At a minimum, participants must be offered the opportunity to speak with a health professional.
- Participants are scheduled for midcertification education which is appropriate for their individual nutrition health needs/category and contact is documented appropriately.
- Projects that offer group classes:
 - outline each in writing,
 - have outline approved by a licensed dietitian or registered nurse,
 - offer classes for each category of participants, and
 - document attendance and file according to policy.
- If using modules for midcertification nutrition education, all requirements that apply to group nutrition education are followed.
- High-risk participants receive individualized nutrition education at midcertification or more frequent follow-up appointments according to high-risk plan.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Nutrition Education

Requirement 4

The health professional documents nutrition care plans relevant to the participant's mutually agreed upon goal.

PPM: 261, 401.1, 407.5, 407.6

The following information was provided to address this indicator:

- A care plan is present and contains simple, specific objectives individualized to the needs of the participant.
- The health professional involves the participant with care plan decisions.
- Certification nutrition education contacts are documented on the Nutrition Care Plan in the participant's chart.
- Each care plan is updated if necessary.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Nutrition Education

Requirement 5

The effectiveness of the nutrition education and materials being provided must be evaluated.

PPM: 108.2, 408.2, 410.3

The following information was provided to address this indicator:

- The effectiveness of nutrition education is evaluated.
- All nutrition education materials are reviewed and filed according to policy.
- Changes to nutrition education activities are reported on the Quarterly Activity Reports.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Food Issuance

Requirement 1

Participants must receive a full explanation of how to use their **benefits.**

PPM: 330.4, 331

The following information was provided to address this indicator:

- Participant is given up-to-date Vendor and WIC Authorized Foods Lists with complete explanation.
- Format and use of the **WIC Nutrition Card** is explained to participants and, as needed, to recertifying participants.
- Ohio WIC Policy on lost and stolen food **benefits** must be followed and explained to participants.
- Explanation of midcertification appointments includes nutrition education and scheduling of next appointment.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Food Issuance

Requirement 2

WIC Nutrition Cards must be received, stored, inventoried, and issued according to Ohio WIC Policy.

PPM: 330.1, 330.2, 330.5

The following information was provided to address this indicator:

- The project maintains an adequate supply of **WIC Nutrition Cards**.
- **WIC Nutrition Cards** are stored in a locked and secured area.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Food Issuance

Requirement 3

All food packages must be individualized and assigned by health professionals.

PPM: 302, 303, 304, 305, 311.3

The following information was provided to address this indicator:

- Food packages are assigned only by health professionals and based on individual needs of the participant.
- Health professionals relate food package prescription to nutrition counseling.
- Supporting documentation is available for low-lactose/lactose-free food and formula, and formulas with added rice starch.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Food Issuance

Requirement 4

Prescriptions for all special formulas and applicable foods must be appropriate and supported by required documentation.

PPM: 310, 311, 312

The following information was provided to address this indicator:

Prescription must include:

- Participant name
- Date (within 60 days)
- Amount of formula provided per day
- Length of use (maximum 6 months)
- Diagnosis/medical reason
- Name of formula
- Restrictions or contraindications for supplemental foods
- Milk/cheese substitutions (only if applicable)
- Physician signature, credentials, and contact information

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Food Issuance

Requirement 5

Returned formula distribution is monitored.

PPM: 324, 330.3

The following information was provided to address this indicator:

- Completed formula distribution logs are available with correct documentation including: date, amount, type, reason, participant name, **where formula is donated, and date formula is donated.**
- Project handles any formula returned to the clinic correctly.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Breastfeeding
Requirement 1
Local project promotes breastfeeding to participants and their families.
PPM: 404
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ ODH Infant Feeding policy statement is prominently displayed in participant waiting and exam (includes HP offices) areas. ▪ All staff are trained to implement the Ohio WIC breastfeeding policy as appropriate to their job descriptions. ▪ The barriers to breastfeeding are targeted and discussed using VENA and 3-Step Counseling principles as needed with mother and her support persons. ▪ All pregnant women are given instruction on how to initiate and maintain breastfeeding. ▪ WIC Staff does not emphasize infant formula as a food benefit when discussing WIC benefits to pregnant or postpartum women.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Supporting Documentation and Comments:</p>
<p>Recommendations for Improvement:</p>
<p>Project Response:</p>

Program Category: Breastfeeding**Requirement 2**

Local project supports breastfeeding participants and their families.

PPM: 404; RFP: II.D.4.e

The following information was provided to address this indicator:

- Women who plan to breastfeed are contacted within 7 days postpartum.
- Reasons for introducing formula or weaning are fully explored and the discussion documented.
- Referral system to an IBCLC is in place for breastfeeding problems beyond the scope of WIC staff.
- Bottle feeding techniques are taught that imitate breastfeeding as much as possible.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Breastfeeding

Requirement 3

Local project coordinates breastfeeding promotion and support efforts in the community.

PPM: 404

The following information was provided to address this indicator:

- WIC clinic and grantee agency environments support breastfeeding and are free of formula marketing.
- WIC staff initiates or participates in breastfeeding activities within the community.
- Hospitals and health care providers are given annual updates on WIC breastfeeding program activities.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Breastfeeding

Requirement 4

Participants are educated about milk removal and issued breast pumps appropriately.

PPM: 404, 405; Appendix 400

The following information was provided to address this indicator:

- All pregnant women are provided information about hand expression and all breastfeeding women are offered instruction on how to hand express.
- A plan is in place to assist participants who become engorged.
- The pump dispersed fits the participant's clinical, physical, and environmental requirements.
- WIC staff educates participants receiving any type of pump from the WIC program on how to assemble, use, and clean the pump.
- Participants are aware of their responsibilities regarding pump usage, including the need to return a loaned pump when requested.
- Pump agreements must be maintained.
- Breastmilk storage and handling guidelines are given when a pump is issued.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Breastfeeding

Requirement 5

Trained WIC staff issues pumps to participants, provides follow-up, and manages pump inventory.

PPM: 405

The following information was provided to address this indicator:

- Local projects follow policy when they contract with or issue pumps through a third party.
- Staff issuing pumps must be trained annually on how to assemble and use each pump model offered.
- Pump follow-up policy is followed.
- Project logs pumps when received and documents issuance on the appropriate quarterly reporting form.
- When returned to the project, loaned pumps are inspected and cleaned.
- The “Breast Pump Satisfaction Survey” is administered whenever a loaned pump is returned or when a participant who was issued a single-user pump asks for more formula.
- Local projects follow policy when they contract with or issue pumps through a third party.

Based on the information provided, the State requirements for this indicator are:

☐ Met ☐ Not Met ☐ N/A

Supporting Documentation and Comments:

Recommendations for Improvement:

Project Response:

Program Category: Breastfeeding
Requirement 6
Local projects with a breastfeeding peer helper program follow policy.
PPM: 406
The following information was provided to address this indicator:
<ul style="list-style-type: none"> ▪ Breastfeeding Peer Helpers (BPH) meet minimum qualifications. ▪ Supervisor is an IBCLC or at minimum a CLC. ▪ Peer's work is monitored. ▪ Peer follows referral policy and "yields" appropriately. ▪ Peers are assimilated appropriately into the local WIC setting. ▪ Peers receive initial training using the <i>Loving Support</i> model and continuing education opportunities. ▪ There is evidence that BPH services are available to meet the needs of participants.
<p>Based on the information provided, the State requirements for this indicator are:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Supporting Documentation and Comments:</p>
Recommendations for Improvement:
Project Response: