



Special Supplemental
Nutrition Program for
Women, Infants and Children

Colorado WIC Program Policies & Procedures

Nutrition Services Branch/WIC Program
4300 Cherry Creek Drive South
Denver, CO 80246
303 | 692 | 2400



COLORADO
Department of Public
Health & Environment





Issues and Complaints About Retailers

Policy: State and local WIC agencies must document and handle complaints about retailers.

Regulation: 7 CFR 246.9, 7 CFR 246.8, 7 CFR 246.12

Procedure/Additional Guidance:

Complaints From Participants: Educator to LARC

Participants should be encouraged to discuss their experiences at the store with their WIC Educator. The educator should assist the participant to determine if the issue can be identified, such as attempting to purchase items with WIC that are not approved and provide additional nutrition education as appropriate. If a store issue or complaint is identified, comments from participants should be relayed to the Local Agency Retailer Coordinator (LARC).

LARC to Store

LARC are encouraged to contact a store representative to discuss and resolve problems. The information gathered in discussion with the retailer and the retailer's proposed resolution to the problems should be documented as appropriate in the Compass Vendor Log. Maintain documentation such as completed reports, receipts, rain checks, etc. A clinics must have complete files if the retailer appeals.

Participant information is confidential. Neither the participant name nor a copy of the report should be provided to the retailer. The State WIC Retailer Unit is available to provide guidance to LARC to resolve problems and discuss complaints.

For any complaint alleging discrimination based on race, color, national origin, sex, age, or disability, procedures are detailed in the Program Manual, Section 11: Civil Rights.

Violations: Ongoing Or More Serious Retailer Problems to State WIC Office

The State WIC Retailer Unit will contact retailers regarding general authorization processes such as pricing, renewal and state wide training. The State WIC Retailer Unit will also be responsible for resolving ongoing problems at a specific retailer. Complaints that are serious or ongoing about a specific retailer should be reported to the State WIC Retailer Unit for follow up. The State Office is responsible for sending violation letters to retailers and assigning violation points to retailers. A LARC may send a violation letter to a retailer only after the State WIC Office has received copies of the pertinent documentation and has reviewed and approved violation correspondence. With any correspondence related to the assignment of sanction points, the retailer should be provided with the appeals procedures.

Copies of email and other communications along with any other available documents such as receipts or rain checks, should be maintained in the Local Agency store file and/or kept electronically; copies should be sent (preferably via email) to the State Office Retailer Unit. After discussion with the LARC, the State WIC Retailer Unit will conduct appropriate follow-up. This follow-up may include communication with the store management, compliance activity, contact with the chain headquarters of the store, tracking violation points and activities in Compass and/or a violation letter detailing corrective action.

The State WIC Office will typically forward copies of violation letters to the headquarters office of chain stores. Along with the notification of the violation, the retailer will receive notification of their right to appeal.

Retailer Coordination - State Office and Local Agency Roles/Responsibilities

Policy: The State WIC Office develops policies and procedures to authorize and monitor retailers in a way which ensures Program integrity. The State WIC Office works with Local WIC Agencies to coordinate retailer activities.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

The State WIC Retailer Unit is available to work with LAs regarding matters that concern retailers. The State WIC fiscal staff and Nutrition Consultants can also assist LA WIC staff with retailer problems and/or questions.

State Office WIC Retailer Unit Role and Responsibilities

- Work with retailers and Local Agency Retailer Coordinators (LARC) to foster positive working relationships.
- Develop policies and procedures to ensure consistency and accuracy in all efforts to promote Program integrity.
- Provide retailers and LARC with support and information. This includes providing timely data and training guidance, answering questions about the **Colorado WIC Food List & Shopping Guide**, etc.
- Provide guidance for LARC on enforcing policies and procedures.
- Authorize and reauthorize retailers to participate in the Program. Coordination of the application review, application processing, and resultant agreement.
- Provide training coordination for LA WIC staff and retailers.
- Work with LARC and retailers to resolve ongoing problems.
- Facilitate communication between State staff and LAs regarding retailer issues.
- Ensure Federal requirements for monitoring and compliance investigations are met.
- Enforce Federal regulations and initiating actions for sanctions against retailers who are in violation of the Program's policies and procedures.
- Provide general oversight of the retailer component of the Program.
- Participate on both the internal Allowable Foods List Committee and the Colorado WIC Allowable Foods List Advisory Committee to promote inclusive decision-making, understanding, and open, effective communication with external stakeholders.
- Assist retailers in obtaining payments for WIC transactions in conjunction with the Fiscal Unit.
- Maintain Vendor Management data tracking systems.
- Maintain the pricing system in conjunction with WIC Fiscal staff.
- Publish the WIC's WORLD newsletter.
- Conduct activities with local agencies—such as training sessions, quarterly conference calls, and one-on-one dialogue—to assist in the development of competencies in order to meet and exceed State objectives as outlined in the State Plan.
- Analyze processes to identify areas that can be improved to enhance Program integrity.
- Provide training material and reports to ensure information is useful, accurate, culturally and linguistically appropriate.
- Implement a vendor peer group system (i.e., grouping similar stores together), competitive price criteria, and allowable reimbursement levels to ensure, along with WIC Fiscal Unit, that the WIC Program pays authorized vendors competitive prices.

Local Agency Retailer Coordinator (LARC) Roles and Responsibilities

- Conduct pre-authorization, orientation, formal and informal monitoring visits to ensure compliance with Program policies and procedures. Document results by submitting accurate and completed reports to State WIC Office.
- Provide training for retailers and new WIC educators.
- Work with store personnel to handle questions about the Allowable Foods List, obtaining special formulas, ensuring minimum stocking requirements are met, and resolving ongoing retailer issues.
- Respond to and work to find resolution to participant/retailer complaints or issues and document complaints in retailer files or the MIS system.

- Report ongoing or serious retailer problems to the State WIC Retailer Unit for follow up, including forwarding copies of written complaints to State WIC Retailer Coordinator.
- Work with the State WIC Retailer Unit to develop procedures that address retailer problems.
- Enforce Federal regulations and Program policies and procedures that apply to retailers and participants consistently and accurately to ensure Program integrity.
- Communicate policy procedural changes to retailers and to other LA WIC staff.
- Participate in Retailer Unit's quarterly conference calls to facilitate communication between State staff and LAs regarding retailer issues.
- Recommend compliance investigations or inventory audits be conducted on retailers who may be (or suspected of being) in violation of the Program.
- Assist with disqualification/sanction implementation including, providing written documentation supporting the case against the retailer, testifying at Fair Hearing Procedures, etc.
- Provide general oversight of and point-of-contact for retailers within service area.
- Work with State WIC Retailer Unit on recommendations for the **Colorado WIC Food List & Shopping Guide**.
- Maintain a complete file on all retailers within service area.
- Provide State WIC Program with feedback on participant training material and reports to ensure information is useful, accurate, culturally, and linguistically appropriate.
- Analyze processes to identify area that can be improved to enhance Program integrity.
- Act as local agency expert in WIC Retailer Coordination, including knowledge of policies and procedures detailed in the *WIC Retailer Handbook* (page 23).
- Work with State WIC and with Local Agency Director/Management in the creation of processes to run and/or receive reports, enter any resulting appropriate violations in the Compass "Participants Violations" panel, alert staff to counsel participant at next appointment, counsel participant, and track notice of sanction.

Forms and reports (listed below) used by LARC to complete the LARC roles and responsibilities are available on the ColoradoWIC.com website, including the following documents.

- Pre-Authorization Report
- Orientation Procedures and Report
- Monitoring Procedures and Report
- Mandatory Training Procedures and Report
- Site Visit Report
- Shelf Survey



Retailer Coordination - Vendor Authorization and Management

Policy: An appropriate number of and distribution of vendors are authorized to ensure lowest practicable food prices and effective management, oversight and review of authorized vendors.

Regulation: 7 CFR 246.12, 7 CFR 246.4

Procedure/Additional Guidance:

Retailer coordination is met through the joint efforts of the State WIC Program, Local Agency WIC staff, retailers, and WIC participants.

The Retailer Unit consistently promotes the retailer coordination goals of the State WIC Office.

- Foster positive working relationships between retailers, the WIC Program (Program), and WIC participants. Placing the needs and the interests of WIC families at the forefront of WIC service delivery with the expectation that the experience will support healthy eating behaviors.
- Ensure that WIC participants, local agency (LA) WIC staff, and staff in WIC-approved stores are advised of the Program's policies and procedures and how to handle WIC transactions appropriately.
- Work with WIC-approved retailers and participants to ensure that only the prescribed foods are purchased.
- Ensure effective State management and oversight of a food delivery system based on WIC participant access, competitive prices, customer service, compliance with Federal and State policy and regulations, and availability of supplemental WIC foods.



Retailer Authorization - Agreement and Handbook

Policy: The State WIC Office ensures effective management, oversight and review of its authorized retailers. The *Colorado WIC Retailer Handbook (Retailer Handbook)* and the *Colorado WIC Farmer Handbook (Farmer Handbook)* outline the specific requirements pertaining to the food delivery component of the Colorado WIC Program. The handbooks sets forth the roles and responsibilities of retailers as well as the Program.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

Policies and procedures are developed in conjunction with retailers and LA WIC staff to ensure consistent and accurate implementation of and compliance with Program rules and federal regulations.

The *Retailer Handbook* is made part of the Colorado WIC Retailer Agreement (Retailer Agreement); the *Farmer Handbook* is made part of the Colorado WIC Farmer Agreement (Farmer Agreement); and the policies and procedures outlined in the handbooks are an integral part of the Retailer Agreements.

Details of the following topics and procedures are included in the WIC Handbook:

- Retailer Selection Criteria
- Sale to Circumvent Sanction
- Application and Approval Process
- Providing False Information
- Retailer Agreement
- Minimum Stocking Requirements
- Retailer Manual
- Allowable Foods List and Review
- Competitive Pricing
- Vendor Claims
- Conflict of Interest
- Policy Letters
- Ownership Change
- Physical Location Change
- Emergency Situations
- Reauthorization Criteria
- Stocking Waiver
- Exchanges, Substitutions, Combating Returns
- Formula Sources
- Provision of Incentives
- Tax Restriction on WIC Foods
- Compliance Investigations and Audits
- eWIC Transactions & Technical Requirements

Women, Infants Et Children (WIC) Program

RETAILER HANDBOOK



Effective January 2017



Sponsored by:	In Cooperation with:
U.S. Department of Agriculture (USDA)	Your Local WIC Agency

Administered by: Colorado WIC Program (Colorado WIC) Colorado Department of Public Health & Environment Nutrition Services 4300 Cherry Creek Drive South Denver, CO 80246-1530 (303) 692-2400

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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- 1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
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- 2) fax: (202) 690-7442;
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Section I. Introduction to WIC & WIC Services

A. Overview

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutritious foods, nutrition education, breastfeeding promotion and support, and referrals to health and other services and support to families who are receiving WIC benefits (referred to as participants) at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women and infants and children up to age five who are at nutritional risk. More than 8 million people across the nation received WIC benefits each month.

WIC is a federal grant program for which Congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service (FNS) administers the program at the federal level and provides these funds to WIC state agencies (i.e., state health departments or comparable agencies) to pay for the WIC foods, services and administrative costs.

In Colorado, funds are made available to the Colorado Department of Public Health and Environment (CDPHE) to administer the state Colorado WIC Program (Colorado WIC), which contracts with local agencies (LA), primarily county health departments and health or nursing services, to provide WIC services through WIC clinics, serving every county in Colorado. Through this statewide network of WIC local agencies, nutritionists, nurses and educators work to promote the relationship between good nutrition and healthy development.



B. Agreement & Handbook

The partnership between WIC-authorized retailers (retailers) and the Colorado WIC Program (also referred to as the Program) is an essential part of this successful nutrition program. Working together, retailers and Colorado WIC ensure that WIC families receive the nutritious foods prescribed for them and ensure that stores receive the correct payment for the items purchased. This Colorado WIC Retailer Handbook (WIC Handbook) sets forth the roles and responsibilities of retailers as well as the Program.

By reference this WIC Handbook is made part of the Colorado WIC Retailer Agreement (Retailer Agreement), and the policies and procedures outlined in this Handbook are an integral part of the Retailer Agreement. The WIC Handbook was developed in accordance with 7 CFR Part 246, the Special Supplemental Nutrition Program for Women, Infants and Children Food Delivery System. It incorporates existing federal regulations and policies pertaining to the Program's food delivery system in Colorado; any changes to the federal regulations and/or the Program's policies and procedures will be incorporated as policy letters and/or agreement amendments and sent to retailers.

As part of the Retailer Agreement, retailers agree to comply with existing federal regulations, Colorado WIC policies and procedures, and amendments as provided for in policy letters issued by the Program. Retailers are subject to all applicable federal and state laws and should not rely solely on the WIC Handbook for interpretation of applicable requirements.

C. Benefits of WIC

WIC has been proven to be an effective supplemental nutrition program.

- Women participating in WIC give birth to healthier babies.
- Children in WIC are better immunized and are more likely to have regular health care.
- Health care costs are reduced due to the decrease in the number of low birth weight babies. Participation in WIC can lower Medicaid costs by helping to combat poor nutrition at an early stage, rather than treating its effects once they become more serious. For every dollar spent on WIC, up to \$3 is saved in medical costs.
- WIC transactions, which add up to more than \$60 million per year in Colorado, bring dollars to communities across the state.
- Colorado WIC provides benefits to more than 85,000 women, infants and children in Colorado.



D. Who Can Receive WIC?

Many families in Colorado and across the country are eligible to participate in WIC. Eligibility is determined on the basis of specific income and medical criteria. To be certified on WIC an individual needs to meet the following criteria:

- Be an infant, child up to the age of five years or a pregnant, breastfeeding or postpartum woman;
- Have an income which is equal to or less than 185% of the federal poverty guidelines;
- Be diagnosed by a qualified staff member to be at nutritional risk through a health and diet assessment. Risk factors include anemia, high-risk pregnancy, abnormal growth and poor dietary intake.

Section II. Allowable Foods

Supplemental foods are prescribed for participants based on the nutrient content e.g., they contain iron, calcium, protein, vitamin A or vitamin C. WIC food items must meet federal nutrient requirements (as outlined in 7 CFR Part 246). WIC foods are designed to reduce complications of pregnancy due to poor nutrition and to promote the healthiest possible birth, growth and development of children. Please refer to the current *Colorado WIC Allowable Foods List (Allowable Foods List)* for details on what brand, flavor, size and varieties are allowed.

A. Allowable Foods List

The specific supplemental foods offered by Colorado WIC are detailed in the *Allowable Foods List*. An advisory committee made up of retailer representatives, WIC staff at the state level (Colorado WIC) and WIC staff at the local agency level (called Local Agency Retailer Coordinators or LARC) work together to produce updated lists. Only approved WIC foods in the quantities and sizes prescribed to the participant may be purchased. A copy of the *Allowable Foods List* should be kept at each register. Additional copies or Spanish versions of the list can be obtained by calling state or local WIC offices or submitting a *Material Order Form* (found on the last page of this Handbook).

B. Specific Allowed Foods

Infant Formula

- ✓ Breastfeeding: Breast milk is the best food for a baby's body and brain.
- ✓ Rebate Program: Colorado WIC participates in an infant formula rebate program with a specific formula manufacturer. The manufacturer agrees to pay a rebate based on the number of containers purchased by WIC. Colorado WIC will notify retailers of contract changes.
- ✓ No Substitution: Formula prescribed to the participant is the ONLY brand and size of formula they may purchase. The system will only allow the prescribed item to be purchased with WIC. Formula is an integral part of a baby's diet and is chosen for specific dietary need.
- ✓ Special Formulas May be Requested: Special formulas prescribed by a physician are also provided by WIC. Retailers and/or pharmacies may be requested (though not required) to order special formula when necessary.
- ✓ Authorized Sources: To ensure the integrity of the product, retailers are required to purchase infant formula from approved suppliers (i.e., approved wholesalers, distributors and retailers licensed in Colorado and through manufacturers registered with the Food and Drug Administration (FDA) that provide infant formula). (A list of authorized formula sources is located at: www.ColoradoWIC.com. Follow the links related to retailers, retailer authorization, and approved suppliers.)
- ✓ "Use by" Date: Regulations administered by the United States Food and Drug Administration (FDA) require that a "use by" date be declared on each container of infant formula. An infant formula that has passed its "use by" date may not provide the nutrient levels required under the Federal Food, Drug and Cosmetic Act. Therefore, a retailer shall not offer for sale any infant formula that is past its "use by" date.

Infant Cereal

- ✓ A good source of iron in an infant's diet.

Infant Food-Fruits & Vegetables

- ✓ Low in calories and fat and high in fiber, vitamins and minerals.

Infant Food-Meats

- ✓ Good source of iron and zinc.

Peanut Butter

- ✓ A very economical source of protein in the diet of WIC families.

Whole Grains

- ✓ Whole grains are complex carbohydrates that contain the entire grain kernel has fiber and more vitamins and minerals than refined grain foods (such as white bread). Fiber helps maintain a healthy colon, and reduces the risk for a variety of illnesses, including obesity, cardiovascular disease and colorectal cancer.
- ✓ Allowable whole grain foods (e.g., brown rice, soft corn tortillas and 100% whole grain bread products) were chosen based on whole grain content.

Eggs

- ✓ An economical, easy to prepare, and versatile source of protein and iron which are necessary for normal growth and development.

Canned Beans

- ✓ A good source of protein in the diet.
- ✓ The *Allowable Foods List* provides lots of varieties.

Dried Beans/Peas/Lentils

- ✓ A good source of protein in the diet.
- ✓ Only unflavored varieties are authorized.

Cheese

- ✓ Cheese is a beneficial source of protein and calcium.
- ✓ WIC shoppers must purchase store brand cheese.

Milk

- ✓ Nutrient Content: Milk is a major source of calcium in the diet and provides protein and riboflavin (vitamin B2).
- ✓ Size: WIC shoppers using an eWIC card may choose between quart, half-gallon or gallon sizes. (A $\frac{3}{4}$ gallon size container of lactose free milk is also allowed.)
- ✓ Fat Content: It is important that WIC shoppers receive the type of milk prescribed for them. Whole milk is provided for children between the ages of 1 and 2 years. Lower fat milk (i.e., skim or 1%) is provided to individuals older than 2 years. In special circumstances, 2% milk is provided.
- ✓ Store Brand: Milk should be purchased in store brands. However, national brands must be provided to the WIC shopper if store brands are not available in the specific size and or fat content.
- ✓ Variety: Buttermilk, goat milk and acidophilus milk are approved milk items. WIC shoppers may also choose approved canned, evaporated and/or dry milk.



Canned Fish

- ✓ Cold water fish—such as salmon, sardines and tuna—are good sources of protein, some vitamins and minerals, and a healthy type of fat called omega-3 fatty acids (ALA, DHA, EPA). Among the many health benefits of these fats, they are very beneficial for brain development, and are protective against heart disease.
- ✓ These foods provide additional nutrients for the exclusively breastfeeding woman.

Breakfast Cereal

- ✓ Fortified with iron and contain a limited amount of sweetener.
- ✓ Many of the cereals that are allowed by Colorado WIC are whole grain, which provides fiber.
- ✓ An inexpensive nutritional food that provides the iron necessary to combat anemia.
- ✓ WIC families are prescribed a set number of ounces of approved cereal to be purchased. WIC shoppers can buy any combination of approved cereal which is less than or equal to the amount in their benefit balance.

Juice

- ✓ Provides 120% of the Recommended Daily Allowance for vitamin C in an 8-ounce serving.
- ✓ WIC approved juices do not have added sugar.
- ✓ WIC customers must purchase the specific items and sizes that are available in their food balance and shown in the *Allowable Foods List*. WIC customers purchasing frozen orange or grapefruit juice must select a store brand.

Fruits & Vegetables

- ✓ Low in calories and fat
- ✓ High in fiber, vitamins and minerals.
- ✓ Rich in different nutrients and may reduce risk for chronic illnesses such as heart disease, Type II diabetes or obesity.
- ✓ Herbs and spices (including those listed below) are not allowed.



Colorado WIC - List of Not Allowed Herbs & Spices

Allspice	Juniper Berry
Anise	Lemon grass
Basil	Mace
Bay Leaf	Marjoram
Bouquet Garni	Mint
Caraway	Mirepoix
Cardamom	Mustard Seed
Cayenne	Nasturtium
Celery Seed	Nutmeg
Chervil	Oregano
Chili Powder	Paprika
Chives	Parsley
Cilantro	Pepper: black, white or green
Cinnamon	Poppy Seeds
Clove	Rosemary
Coriander	Sachet Bag
Cumin	Saffron
Curry	Sage
Dill	Savory
Fennel	Sesame
Fenugreek	Tarragon
Garlic	Thyme
Ginger	Turmeric
Horseradish	Vanilla Bean

Section III. Minimum Stocking Requirements

Retailers are required to stock certain authorized items at all times in sufficient quantities to meet participant demand. Specific Colorado WIC-authorized brands and sizes for the following items are as defined in the current *Allowable Foods List*:

Minimum Stocking Requirements All items must be WIC-authorized; waivers on specific items must be pre-approved.	
<p><u>Iron-Fortified Infant Formula</u> Milk-based contract brand: Powder Soy-based contract brand: Powder</p>	<p><u>Infant Cereal</u> Approved brand Two flavors Size: 8-ounce box</p>
<p><u>Infant Food- Fruits & Vegetables</u> Approved brand Two flavors Size: 4-ounce jar</p>	<p><u>Infant Food- Meats</u> Approved brand Two flavors Size: 2.5-ounce jar</p>
<p><u>Cheese</u> Store brand Two flavors Size: one-pound (16-ounce) package</p>	<p><u>Eggs</u> Grade A or AA white; small, medium, or large Size: dozens</p>
<p><u>100% Fruit Juice</u> One store brand: orange juice Size: 12-oz frozen AND One approved brand: Any flavor Size: 64-ounce container (carton or bottle)</p>	<p><u>Milk</u> Two varieties of fat content: Whole and either fat-free or 1% (Must include: whole) Size: gallon</p>
<p><u>Cereal</u> Two cold cereals (Must include: one whole grain cereal) Size: any size (larger than single-serving)</p>	<p><u>Peanut Butter</u> Any brand One variety Size: 18-ounce jar</p>
<p><u>Beans</u> Two varieties Dry or canned (Must include: One dry) Size: 15 to 16-ounce canned</p>	<p><u>Canned Fish</u> Two varieties Tuna, pink salmon or sardines (Must include: tuna in 5-ounce size)</p>
<p><u>Fresh Fruits & Fresh Vegetables</u> Fresh fruit - two varieties Fresh vegetables - two varieties Size: any size</p>	<p><u>Whole Grains</u> Two varieties Bread, brown rice or corn tortillas (Must include: bread item in 16-ounce size)</p>

Number of Items/Minimum Quantity

Retailers with five or fewer cash registers must stock a minimum of five food items within each food category (except formula) listed on the stocking requirements. For example, small retailers must stock at least five pounds of cheese, five boxes of cereal, etc. (Variety requirements still apply.) The exception is formula. A minimum of 10 cans of formula—for both the milk-based and soy-based—must be stocked unless a waiver is approved.

Retailers with six or more cash registers must stock a minimum of 10 items within each food category (except formula). For example, larger stores must stock 10 pounds of cheese, 10 boxes of cereal, etc. (Variety requirements still apply.) The exception is formula. A minimum of 20 cans of formula—for both the milk-based and soy-based—must be stocked unless a waiver is approved.

PLEASE NOTE: Formula or food items that are found to be out of date (i.e., past the “use by” date) will not be counted as inventory in surveys of minimum stocking.

Failure to Maintain Required Items

Failure to meet stocking requirements leads to sanctions and/or agreement termination.

Exemptions

Farmers and pharmacies are exempt from certain minimum food stocking requirements listed in this section. Agreements and/or the Farmer Handbook specify their requirements. Colorado WIC may provide an exemption to specific retailers (e.g., commissaries and retailers that primarily provide kosher items) from the requirement of the provision of store brand items and/or certain package sizes.

Stocking Waiver

Retailers may request a *Minimum Stocking Waiver Form* (Exhibit E) for an exemption from stocking infant items (i.e., infant formula, infant cereal and infant food) required by the minimum WIC foods stocking requirements. Colorado WIC shall grant a waiver when:

- There has been no documented WIC sale of the specific item within the last 3 months;
- LA WIC staff certify that there are no WIC families currently using the specific item; and
- The retailer guarantees that upon request by a participant or state or local WIC staff, the item will be made available within 24-72 hours at which time the waiver will be void.

Rain Checks Prohibited

Please note: The issuance of rain checks for WIC foods is prohibited. Retailers that charge for WIC supplemental food not received by the WIC shopper are subject to a three year disqualification from Colorado WIC.

Section IV. How WIC Works

A. Price List

The *Price List* (Exhibit C) must be submitted to Colorado WIC at least every six months (unless waived by special agreement). Retailers are encouraged to submit an updated price list more frequently and whenever prices change significantly. Prices should reflect the full shelf price—sales or promotions should not be included. Grocery stores and commissaries must mark the prices clearly on the product or shelf at all times. Violations will be assigned to retailers that do not submit a requested price survey at least once every six months.

Shelf prices must be found at application and remain competitive with other retailers in the peer grouping (i.e., like stores in the same geographical type area, etc.) to within 10%. Colorado WIC will also evaluate retailers' prices throughout the agreement period. If retailers' prices are not competitive, one request will be made to the retailer asking for a reevaluation of their prices and resubmission of an updated Price List. If the resubmitted prices would make the retailer ineligible for authorization based on the selection criteria listed in Section X, the authorized retailer will be sanctioned up to and including termination. Retailers applying for initial authorization will not be authorized. Prices are confirmed through store visits and/or redemption data.



B. Coupons, Buy One Get One Free Offers & Sale Items

WIC shoppers should be provided the same discount opportunities as other shoppers.

- Coupons: Manufacturers' coupons and store discount cards must be accepted from WIC shoppers. Cash must never be given to WIC shoppers.
- Buy One Get One Free: WIC shoppers are eligible to participate in "Buy One Get One Free" promotions. The items purchased by WIC must be WIC approved—the promotional items (free items) do not have to be WIC approved.
- Sale Items: The WIC shoppers must be treated like any other customer. Therefore, if there is a sale price on a WIC food item, then WIC is charged the sale price.

C. Exchanges & Recalls

The retailer may not provide refunds or permit exchanges for approved foods obtained with WIC, except for exchanges of an identical approved food item when the original approved food item is defective, spoiled, is being recalled, or has exceeded its "sell by," "best if used by," or other date limiting the sale or use of the food item. An identical approved food item means the exact brand and size as the original approved food item obtained and returned by the WIC shopper. In the case of a recalled item, the manufacturer or FDA instructions for return/recall should be followed. Information is available at www.fda.gov, or by calling 1-888-INFO-FDA (1-888-463-6332).

D. Reporting Abuse

Retailers should contact their designated WIC LARC with questions or to resolve initial problems. The LARC is the first point of contact with the stores and will work with individual stores to provide participant follow up when needed. Reports of abuse and/or complaints should be made immediately, if possible no later than three days after the incident. Try to be as specific as possible, including such particulars as the shopper's name, the time and date. This information assists WIC to research the incident. Copies of the store receipts are helpful.

It is okay to ask whether or not a customer is participating in WIC. However, it is the customer's option to disclose the fact that they are on WIC. It must remain a voluntary disclosure on the part of the participant.

WIC cannot release the status of the shopper's involvement in WIC to the retailer since WIC status is considered confidential information. WIC will follow up with anyone determined to be a participant and apply sanctioning procedures as appropriate.

Participants sign an agreement stating they will treat clinic staff and store employees with respect by voicing complaints politely with no verbal or physical abuse and that they will not sell or return WIC foods for cash, get credit instead of WIC foods, or alter their benefits. If you encounter a WIC shopper who is rude or you suspect is misusing WIC, please report this to the LARC. Examples of actions to report include:

- Return of items purchased with WIC.
- Verbal or physical abuse.
- Attempts to obtain cash or credit in a WIC transaction (e.g., returning to the store with a discount card after the transaction is complete).

Buying, selling or otherwise misusing WIC benefits is a crime. To report suspected abuse, please call 800-424-9121, visit www.usda.gov/oig/hotline.htm or email cdphe_askwic@state.co.us.

E. Combating Returns

Several methods may be applied by the retailer to help combat the attempted return of WIC foods, some include:

- A store policy can be established requiring all customers to sign when returning formula. This allows the retailer a consistent method for acquiring the individual's name for reporting to the WIC LA for follow up of possible abuse.
- A store policy can be established requiring a cash register receipt for all customers attempting to return infant formula for cash. WIC purchases are, at times, easily identified, as no sales tax would be included on the receipt. In addition, when the receipt is generated, a distinguishing mark could be made on all WIC customers' cash register receipts, such as a "W," indicating it was a WIC purchase.
- At the time of WIC transaction the cashier could draw a line through the bar code on all cans of infant formula to denote a WIC purchase.

F. Substitutions

The retailer may not provide unapproved food items, non-food items, cash or credit (including rain checks) in exchange for WIC checks, eWIC cards or WIC benefits.

G. Lost/Found eWIC Cards

If an eWIC card is found, please return to Colorado WIC immediately as instructed on the back of the card. If a customer loses an eWIC card, please instruct them to call their local clinic to report their card missing and request replacement.

H. Retailer Reports

Reports to retailers are available upon request. These reports can provide information on such topics as the number of items purchased with WIC. This information is provided to assist each store with management of the WIC program including monitoring the inventory needed to fulfill WIC shoppers' needs.



I. Peer Grouping

Federal regulations (7 CFR Part 246) require WIC agencies to implement a retailer peer group system (i.e., grouping similar stores together), competitive price criteria, and allowable reimbursement levels to ensure that WIC pays authorized retailers competitive prices. A retailer is assigned a peer group based on criteria that classifies the store type (i.e., supermarket, small grocery, supercenter, pharmacy, commissary), geographic area and number of WIC-authorized stores owned and operated in Colorado (i.e., Minor= <30 or Major= ≥30). Colorado WIC may change a retailer's peer group whenever it determines that placement in an alternate peer group is warranted. WIC programs must use these criteria to evaluate prices and authorization. Contact the state WIC office with requests for your store's peer group.

J. Conflict of Interest

Conflict of interest is prohibited between WIC and the retailer and between the LA and the retailer. A conflict of interest exists when there is a pecuniary relationship between the retailer and WIC or the LA. Additionally, conflict of interest also exists when relatives serve WIC participants. Colorado WIC shall terminate the Retailer Agreement if it identifies a conflict of interest between the retailer and Colorado WIC or its LA.

K. WIC Logo/Acronym

- Use of acronym "WIC" and WIC logo, in total or in part, is reserved for official use of Program.
- Retailers are not permitted to use the WIC acronym, or close facsimiles, in the name of the retailer.
- Retailers are permitted to display signs notifying the public of Colorado WIC authorization that are provided by Colorado WIC.
- WIC-authorized retailers are restricted from using the WIC acronym in advertising and other promotional activity without the consent of Colorado WIC.
- Retailers are not allowed to use the WIC logo in advertising or other promotional activity.
- Retailers may not apply stickers, tags or labels that have the service mark on WIC-approved items.

L. Tax Exempt

No sales or use tax of any statutory or home rule city, town or county shall apply to the sale of food purchased with funds provided by WIC.

M. Non-Discrimination

Stores must offer WIC shoppers the same courtesies as offered to other customers (e.g., no separate lines or hours). Any practice that singles out WIC shoppers from other customers is prohibited. Such practices include:

- keeping lists of participants,
- having WIC shoppers sign cash register receipts,
- having register lines specifically for WIC shoppers,
- keeping folders for each participant,
- keeping WIC shoppers' receipts, and
- the offering or denial of incentives solely to WIC participants (based on 7 CFR 246.12(h)(3)(iii) and WIC Policy Memorandum 2012-3, Vendor Incentive Items).

In accordance with federal law and policy, Colorado WIC and authorized retailers are prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

N. Shelf Tags

Retailers may use shelf tags (i.e., shelf labels, flags, talkers, channel strips or clings) stating WIC approval on grocery shelves under the following conditions:

- The tags must be placed at the exact spot(s) that contain WIC approved items.
- Throughout the WIC agreement period, the retailer shall be responsible for any food items tagged or represented as WIC approved are listed on the current *Allowable Foods List*. Retailers are responsible for the placement of shelf tags.
- Retailers who wish to develop and use shelf tags must obtain written permission from Colorado WIC by submitting a copy or sample of the final version for approval prior to use. WIC tags/labels are not permitted to be put on individual item containers; labels created by manufacturers stating WIC allowance are not permitted.
- Retailers can decide which food categories in the store to use the shelf tags. For instance, a retailer may find that the bread category would benefit from shelf tags, but the cheese category would not.
- If using shelf tags in the food categories of breakfast cereal, bread or 100% juice, retailers must place WIC approved shelf tags under all WIC approved products that are stocked within that food category. (This does not mean that retailers need to keep stock of every approved cereal, bread or juice option.) Stores are not allowed to promote one product over another in these categories.



O. Communications

WIC-authorized grocers, farmers, pharmacies and commissaries are encouraged to communicate with WIC contacts at either the local and state offices when they have questions, need assistance or have suggested improvement, including the preparation of WIC shoppers. Colorado WIC appreciates input from our retail partners on how to reduce barriers and make the shopping experience the best it can be for both cashiers and WIC families.

Section V. eWIC Transactions

WIC families receive an eWIC card at their local clinic to take with them to the store when doing their WIC shopping. Clinic staff issue food benefits to their account and connect the account to an assigned card number. The same card is used month after month. Several months of food benefits may be issued to the family's account, however only the current month's benefits are available to the family at a time. Benefits are available the first day of the month and expire at midnight of the last day of the month and do not roll over to the next month. For example, if a customer is using their eWIC card to purchase items on June 30, only the benefits remaining in their balance from June 1-June 30 are available; any items left in the account will be removed at midnight of June 30. Available July benefits are then made available on July 1.

The specific foods and quantities to be received by each participant are determined by WIC based on the participant's specific needs. The participant can use the eWIC card at a Colorado WIC-authorized grocery store, pharmacy, commissary or farmer. The participant can also have someone else do their shopping for them.

In a typical eWIC transaction, when an order is rung up and the eWIC card is swiped, the register Point-of-Sale (POS) system is connected to the account that holds the families' food benefits and compares the items in the WIC shopper's account with the items being purchased. Items that are on the account balance, are an approved item (and listed on the *Approved Product List*) and are allowed for that shopper can be purchased through the eWIC card. WIC customers may use other forms of payment (such as cash, personal check, credit, SNAP, gift cards, etc.) to pay for any remaining balance of non-WIC items, including fruits and vegetable purchases.

When retailers apply for authorization into Colorado WIC, they are agreeing to use an approved POS register system that is certified for eWIC transactions. (More details can be found in Section X, Authorization Criteria.)

A. eWIC Food Balance

At their visit to WIC, an itemized food benefit list showing their WIC food items is given to the family to use as a shopping list at the store. The benefits list may include a variety of items listed for the family by:

- Specific prescribed WIC food items and quantities to be purchased (*for example, 5 cans of Enfamil Gentlease infant formula*),
- Set of options to choose at the store (*for example, 1 unit of legumes—also referred to as 1 jar/bag/can of peanut butter/bean—means the customer can choose between 1 jar of peanut butter, 1 pound of dry beans or 4 cans of beans*), and/or
- Fixed-dollar amount used by a WIC customer to purchase fruits and/or vegetables.

In addition to the WIC food benefit list they receive at the clinic, shoppers have other options to request their current eWIC balance:

- At the store: a balance inquiry can be printed at the register with eWIC card and Personal Identification Number (PIN).
- On the back of their eWIC card: participants can call the phone number or visit the web portal listed on the back of their card to inquire about their remaining balance.

B. Over-the-Maximum Dollar Amount

Retailers will be reimbursed for the agreed amount for each item, which is the average price charged by the item by the store's peer group. Retailers that exceed pricing limits are subject to reductions to their claims, both prior to payment and subsequent recoupment after payment.

C. eWIC Identification - PAN & PIN

To make an eWIC purchase, the shopper must have an eWIC card and a PIN. Cashiers can manually enter the card number (called a PAN) if they find the eWIC card cannot be read by their POS system. Under no circumstances can the 16 digit PAN be manually entered without the eWIC cardholder presenting the actual eWIC card. If the card is not available, cashiers can suggest that the eWIC cardholder contact the LA so that the eWIC card can be replaced.

If the shopper does not have their PIN set up, they may call the phone number on the back of the card to set up a PIN and use their eWIC card. They may also call this number to change the PIN, report a lost or stolen card and check the eWIC account balance.

After four times of entering the wrong PIN, the account is locked until midnight that day. If a shopper enters the wrong PIN three times, please suggest they call the customer service number on the back of the card to change their PIN to avoid being locked out of their account.

Participants may send someone else to buy WIC foods for them. Anyone with the eWIC card and matching PIN may purchase the WIC foods associated with the account. Cashiers should not check alternate forms of identification for a WIC purchase or ask the shopper for the PIN.

D. eWIC Verifies the Foods & Pricing

eWIC purchases and receipts will look and work differently depending on your store's POS system. For example, most stores will integrate the eWIC purchases into their cash register systems while a few may use a special piece of equipment that is called a 'stand-beside' process.

While eWIC transactions may look a bit different depending on your store's register POS system, there are some main steps in the eWIC purchase that are similar across the state, including:

- Approved Product List (APL): A listing of WIC foods and barcode number is sent nightly by WIC to your POS system to make sure stores have the most updated version.
- Swipe: The eWIC card is another form of tender. When the WIC shopper is ready to check-out they will swipe their eWIC card before other forms of tender and enter their PIN.
- Verification: When items are scanned and the shopper uses the eWIC card and enter the PIN, the system will verify several things, including:
 1. Verify the PIN and card number and connect to the shopper's food balance
 2. Check the APL to assure that item (e.g., size and brand) is WIC approved
 3. Check the WIC shoppers food balance to assure the item is available to the shopper
 4. Check the price (and adjust to the expected amount)
 5. Give the shopper a chance to approve the WIC purchase
- Easy: Retailers do not have to confirm WIC benefit dates or know the foods in the shopper's balance. The POS system will either allow the item to be paid for with WIC or request another form of payment for the items being purchased.
- No Overrides: Cashiers are not able to override an item for eWIC. However, in the rare case you find an item you believe should be on the approved list, please submit the item details to WIC for review. (See Exhibit B for details.)
- Receipts: The receipt will give the shopper the list of WIC items purchased, the WIC amount purchased and show them the foods left in their balance.

Section VI. Retailer Responsibilities

A. WIC Manual

Upon initial authorization retailers will be sent a WIC Manual (i.e., a large, white binder that is divided into sections to be used for maintaining important materials and documents).

Section	WIC Manual Sections	
	Title	Contents/Information
1	Retailer Agreement (Optional)	Current Retailer Agreements can be obtained through a chain store's corporate headquarters or Colorado WIC.
2	Retailer Handbook	Store managers and WIC trainers must be familiar with the information in this Handbook. Keep the most recent version.
3	Policy Letters	Colorado WIC may periodically issue policy letters.
4	WIC'S WORLD Newsletters	The WIC'S WORLD newsletters must be shown to cashiers and maintained for at least two years in the WIC Manual.
5	Training Documentation	Store management is responsible for making sure cashiers and new employees are properly trained to handle WIC transactions, including watching the training video. Cashiers should be retrained every year on the new <i>Allowable Foods List</i> and/or any policy changes. Use the Training Documentation Form (Exhibit A) to record store training. Keep the completed forms in Section V.
6	Local WIC Agency Contacts (LARC)	Keep WIC contact names and numbers here. Call your local WIC contact with questions, input, suggestions, etc.
7	Correspondence/ WIC Monitoring Reports/Visits	Keep monitoring reports and any correspondence here. This information can be used in training cashiers and maintaining adequate stock of the required WIC items.
8	Miscellaneous	Keep other WIC materials here.

This WIC Manual must be maintained on site for the duration of the agreement period. The WIC Manual is inspected during monitoring visits to check that the materials are kept up-to-date and training is being properly conducted. WIC staff also review the training documentation.

B. Retailer Agreement

The Colorado WIC Retailer Agreement (Retailer Agreement) defines the roles and responsibilities of retailers. By reference this WIC Handbook is made part of the Retailer Agreement and the policies and procedures outlined in this Handbook are an integral part of the Retailer Agreement. The Retailer Agreement, Retailer Handbook, federal regulations and policy letters outline policies and procedures that must be met by authorized retailers.

Colorado WIC may terminate the Retailer Agreement by providing 15 days advance written notice. The retailer may terminate the Retailer Agreement by providing 30 days advance written notice. The parties shall not be released from the duty to perform their obligation up to the date of termination. Neither Colorado WIC nor the retailer has an obligation to renew the agreement.

C. Policy Letters

Clarifications, changes and/or additions to WIC policies and procedures may be made throughout the agreement period. These changes will be transmitted to retailers through policy letters. Retailers will be notified prior to the implementation of the policy. Retailers should maintain copies of policy letters in Section III of the WIC Manual.

D. Distribution & Ordering of Materials

In cases where multiple stores are covered under one Retailer Agreement (e.g., chain stores), the retailer is responsible for distribution of policy and training materials. A *Materials Order Form* (Exhibit I) is available to assist in ordering WIC materials.

E. Training

In accordance with the federal regulations, retailers are accountable for actions of employees in the use of eWIC cards within their store. It is required that every employee who is involved with WIC transactions (including managers) receive WIC training.

Definition of WIC Training

At a minimum the following topics must be covered during WIC training:

- Purpose of WIC and WIC food packages.
- Allowable WIC foods.
- WIC policies and procedures (including minimum variety and quantity of foods that must be stocked; required sources of infant formula and use of incentive items).
- WIC transactions and WIC redemption procedures.
- Violation point system and sanctions for non-compliance (from non-payment of WIC purchases to disqualification).
- Retailer complaint process and how to handle special circumstances.
- Claims procedures.
- Changes to WIC.

Training Documentation

Documentation of WIC training must be kept on file in the WIC Manual using *the Training Documentation Form* (Exhibit A). Documentation of WIC training that is kept in individual personnel files or in the store's computer system does not qualify.

During a WIC monitoring visit, WIC will review the training documentation to ensure that store employees involved with WIC transactions: 1) have been trained in WIC policy and procedures and the current version of the WIC Foods List, 2) are listed on the documentation form and 3) have seen the most recent version of the training video.

Training Tools (Available for order on the *Materials Order Form*)

- **Allowable Foods List Training (Required)** - When the *Allowable Foods List* is updated it is sent to retailers. This generally occurs every one to two years. Cashiers must be retrained upon receipt of updated *Allowable Foods Lists* and policy changes. Retailers must document this training in the *WIC Training Documentation Form*. Colorado WIC may be able to provide training assistance and/or additional training materials.
- **WIC'S WORLD Newsletter (Required)** - The WIC'S WORLD newsletter is sent out to retailers on a quarterly basis. This informative newsletter provides up-to-date information about policy changes, common questions and related information. Copies of the newsletter must be maintained on file in Section IV of the WIC Manual for a minimum of two years. Cashiers should read the newsletter to become aware of the most current policies and procedures. These newsletters are a training tool to be used with employees that deal with WIC transactions. During the monitoring visit, WIC will review the use of the newsletter in store training.
- **WIC Training Video (Required)** - The most recent edition of the video must be used to train cashiers who handle WIC transactions. The video is typically revised every three to five years. Store managers are responsible for ensuring that any store staff involved with WIC transactions view the newest version of the video. This means that store staff will view the video upon new hire if processing WIC transactions and every three to five years as revisions are produced. Retailers must document this training on the *WIC Training Documentation Form* (Exhibit A) and keep a copy in their WIC Manual. These forms are reviewed during monitoring visits WIC makes to the store.
- **Retailer Guide to eWIC (Strongly Suggested)** - This short guide is available for retailers' use at the check stand. This guide summarizes information in the training video and provides a quick reference for commonly asked questions. Copies should be kept available at every cashier.
- **Training Post Tests (Strongly Suggested)** - A post test is an optional training tool and is available on www.ColoradoWIC.com. Retailers may use this test in conjunction with the training video to confirm that employees are aware of WIC policies and procedures. An answer key is also available. (Retailers are responsible for making copies of the post test and answer key as needed. Completed tests should not be sent to Colorado WIC.)



Other Types of WIC Training

New Store Training- the Orientation

Before a store is WIC-authorized an orientation visit is conducted. Colorado WIC (usually through the LA) will present the training to at least one store representative during the orientation visit. Store management is responsible to ensure cashiers and other store employees who will deal with WIC transactions and payment (bookkeepers, managers, stockers) are trained before WIC authorization. Training and orientation must be completed and documentation submitted to Colorado WIC prior to authorization. The Colorado WIC Retailer Coordination team is available to work with chain store headquarter training units and other store representatives to assist with training options. Upon completion of training by the Colorado WIC Retailer Coordination team, in-house trainers will be authorized for up to three years to conduct new store training.

Monitoring Visit Training

Periodically, WIC will perform on-site, face-to-face training with at least one store representative; this is typically in the form of a monitoring visit to ensure compliance and provide assistance. (For details, see Section VII.)

Mandatory Training

Stores that are identified as having specific problems or violations will be notified and required to attend mandatory training sessions conducted by WIC.

Section VII. WIC Responsibilities

A. Roles of State & Local WIC Staff

WIC operates on two levels in Colorado: a) the state level (referred to as Colorado WIC), where a Colorado Retailer Coordination team is responsible for overall WIC retailer coordination, and b) the local level where a network of Local Agency Retail Coordinators (LARC) located throughout Colorado conducts the day-to-day WIC retailer management. Both levels are committed to providing retailers with a high degree of customer service.

Colorado Retailer Coordination Unit Role	LARC Role
<ul style="list-style-type: none"> ❖ Working with retailers and LARC to foster positive working relationships. ❖ Developing, implementing and enforcing procedures to ensure Program integrity. ❖ Providing retailers and LARC with support and information; answering questions about the <i>Allowable Foods List</i>, etc. ❖ Providing guidance for LARC on enforcing policies and procedures. ❖ Coordination of Retailer Agreements and applications; authorizing and reauthorizing retailers to participate in Colorado WIC. ❖ Providing training for LA WIC staff and retailers. ❖ Working with LARC and retailers to resolve ongoing problems. ❖ Facilitating communication between state staff and WIC LA's regarding retailer issues. ❖ Enforcing federal regulations and initiating actions for sanctions against retailers who are in violation of Colorado WIC's policies and procedures. ❖ Providing general oversight of the retailer component of Colorado WIC. ❖ Implement cost containment processes. 	<ul style="list-style-type: none"> ❖ Conducting pre-authorization and orientation reviews. ❖ Providing training for retailers and WIC educators. ❖ Working with store personnel to handle questions about the <i>Allowable Foods List</i>, obtaining special formulas, ensuring minimum stocking requirements are met and resolving ongoing retailer issues. ❖ Conducting site visits and monitoring visits. ❖ Responding to participant/retailer complaints and forwarding copies to the Colorado Retailer Coordination Unit. ❖ Reporting ongoing or serious retailer problems to the Colorado Retailer Coordination Unit for follow up. ❖ Working with the Colorado Retailer Coordination Unit and LA Director to develop procedures that address retailer problems. ❖ Enforcing federal and state regulations, policies and procedures. ❖ Communicating policy and procedural changes to retailers. ❖ Participating in Retailer Coordinator conference calls to facilitate communication between state staff and WIC LA regarding retailer issues. ❖ Recommending investigations against retailers who are in violation of Colorado WIC. ❖ Assisting with disqualification/sanction implementation including, but not limited to, providing written documentation supporting the case against the retailer, testifying at Fair Hearing Procedures, etc. ❖ Providing general oversight of retailers within service area. ❖ Working with Colorado Retailer Unit on recommendations on retailer related policy.

B. Monitoring Visits

Retailers are monitored by WIC to:

- Identify ways that WIC can assist the store.
- Review the WIC Manual and WIC training documentation.
- Review the benefits and nutritional goals of Colorado WIC.
- Review the *Allowable Foods List*, why specific foods are prescribed and the minimum stocking requirements.
- Review WIC transaction and WIC procedures.
- Review Program policies, procedures and sanctions.
- Discuss any problems/concerns.
- Identify any areas that are out of compliance with Program policies and procedures and set a mutually agreed upon plan and due date for correction.
- Violation points and/or sanctions will be issued for non-compliance as outlined in Section VIII of this Handbook. Retailers may be required to submit a Corrective Action Plan (CAP) within 30 days of notification of non-compliance or during the monitoring visit.



The retailer must provide at least one representative to meet with state, federal or LA representatives to complete the monitoring visit. This representative is responsible for ensuring that all personnel involved with WIC transactions are trained. This representative must have legal authority to act on behalf of the store, for example signing a corrective action if required at the time of the monitoring visit. WIC suggests that the store manager be available for at least a portion of the monitoring visit and/or discuss any findings. They may designate an appropriate individual to act as the store's representative during the visit.

Periodically, Colorado WIC conducts a type of monitoring visit called an education buy in coordination with a store manager/representative. In an education buy, a representative of Colorado WIC poses as a WIC shopper and conducts a WIC transaction. The store manager or store representative is typically aware of the visit beforehand (and sometimes has requested the visit). The shopper reveals during the buy that he or she is a WIC representative. The purpose of an education buy is to assist WIC, the store manager and the cashier to observe a WIC transaction and identify enhancements.

C. Site Visits

When appropriate, the state and/or LARC conduct site visits. These visits are a way of mitigating issues as well as identifying ways to enhance the partnership.

D. Investigations

An investigation is a method used by Colorado WIC to determine if violations are occurring or have occurred in the past. Stores are selected as candidates to receive an investigation based on past WIC compliance, reported issues and retailer management and redemption data. They may also be selected as part of a random sample.

An investigation may include an administrative review, covert compliance buy, monitoring or site visit, inventory audit and/or coordinated efforts with the Supplemental Nutrition Assistance Program (SNAP) to determine fraud. A violation is an infraction of a Program policy or procedure, the federal regulations as outlined in 7 CFR Part 246, the Retailer Agreement and/or WIC Handbook. Multiple violations detected during a single investigation may result in either a disqualification for the most serious violations or multiple Civil Money Penalties (CMP). The length of the disqualification period that is imposed for violations investigated as part of a single investigation may not exceed the disqualification period corresponding to the most serious violation.

Compliance Buys

Colorado WIC conducts and/or contracts for compliance investigations to identify and document violations, including those requiring federally mandated sanctions. Colorado WIC may also use compliance investigations conducted by other federal, state or local law enforcement agencies.

Compliance investigations may be closed when an inventory audit is complete, or when two or more compliance buys have been conducted in which no retailer violations are found, or when two or more compliance buys have been conducted to collect evidence of retailer non-compliance. Within 120 days of the close of a compliance investigation Colorado WIC shall provide a findings letter to the retailer with identified findings.

Invoice Audit

An inventory audit is an examination of food invoices or other proofs of purchase by the retailer to determine whether the retailer has purchased sufficient quantities of foods and/or formula to provide WIC shoppers the quantities specified as redeemed by the retailer during a given period of time.

Up to 12 months of the most current purchase invoices may be requested from the retailer for analysis. The retailer shall be given a specific timeline (generally 14 to 60 days) to submit purchase invoices to Colorado WIC as time is of the essence. The retailer's failure to supply purchase invoices to Colorado WIC within the timeline period shall result in sanctions and/or violation points.

An acceptable purchase invoice shall legibly reflect the name and address of the retailer and the wholesaler or supplier, as well as the date of the purchase, list of the items purchased, size, stock number, quantity, unit price and dollar extension for the quantity purchased.

Retail cash receipts/tickets shall clearly include the name and address of the store or a code number by which the store location can be identified, the date of purchase, description of the exact items purchased (e.g., 14 ounces Malt-O-Meal), the unit price of the items purchased and total amount purchased. If the cash tickets do not completely describe the actual item, they shall have a computer code that can be verified by contacting the store at which the merchandise was purchased. If the cash tickets do not specifically identify the product purchased (e.g., 14 ounces Malt-O-Meal), the Colorado WIC Retailer Coordination Unit shall ask the store manager or representative to list the exact WIC items purchased (brand, type, size) on the back of the receipt and sign the receipt.

Affidavits, statements of fact nor oral statements shall be accepted as evidence of inventory. Only purchase invoices shall constitute acceptable evidence of inventory. If acceptable purchase invoices do not support amounts paid to the retailer for WIC claims submitted to Colorado WIC, the Program shall recover monies overpaid to the retailer.

Section VIII. Violations, Sanctions & Corrective Actions

Colorado WIC has designed systems to detect retailers who abuse or defraud the Program. These systems also identify retailers who, through misinformation or lack of training, may intentionally or unintentionally violate federal regulations, Program policies and procedures, or the terms of the Retailer Agreement. Violations that trigger sanctions do not require the Program to distinguish between fraudulent (intentional) and abusive (unintentional) violations because both types of violations result in loss of Program funds.

The Program shall determine the type and level of action to be applied against retailers based upon the severity, nature and pattern of the Program violations observed and other factors as appropriate (for example: whether the offenses represented retailer policy or whether they represent the actions of an individual employee who did not understand the Program rules). The objectives of the Program can best be met through education, training and the voluntary cooperation of retailers, participants and the state and local WIC Programs.

To ensure the integrity of the Program it is necessary to impose corrective actions and sanctions consistently against retailers who are in violation of federal regulations and Program policies and procedures. There are several types of actions that may be applied:

- Nonpayment (or required return) of WIC funds
- Warning/notification letter
- CAP
- Mandatory training
- CMP sanction; may be imposed if the Program determines disqualification would result in inadequate participant access
- Disqualification sanction.

Administrative Review Procedures for Retailer Appeals: Colorado WIC Program appeal procedures are outlined in this document (Exhibit G).

Retailer Fraud/Abuse: A retailer who commits fraud or abuse of the Program is liable to prosecution under applicable federal, state or local laws. Retailers who have willfully misapplied, stolen or fraudulently obtained Program funds shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years, or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000 or imprisonment for not more than one year or both.

A. Federal Disqualification

Mandatory federal sanctions are defined in 7 CFR Part 246.12. These sanctions are in response to flagrant violations (also referred to as Class A violations) of Program policies.

- The Program does not have to provide the retailer with prior warning that violations were occurring before imposing any of the sanctions described.
- A pattern of violations does not need to be present when applying a permanent disqualification.
- Those violations identified as requiring a pattern are assigned sanctions based upon at least two independent documented violations during any compliance buy investigation. When conducting inventory audits, a pattern can be established during a single review of the retailer's redemption records and depends on the magnitude of shortfalls and the period of time over which they occur.
- Those Class A violations identified as requiring a pattern will be sanctioned as follows for the same finding(s) committed within two years from the date of the receipt of the first violation notice:

Mandatory Sanction #1: Permanent Disqualification from the WIC Program

- a. Convicted of trafficking in WIC food instruments (i.e., Colorado WIC checks or eWIC cards) or selling firearms, ammunition, explosives or controlled substances (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) in exchange for WIC food instruments.
- b. Permanent disqualification from SNAP.

Mandatory Sanction #2: Six (6) Year Disqualification from the WIC Program

- a. One incidence of buying or selling WIC food instruments for cash (trafficking); or
- b. One incidence of selling firearms, ammunition, explosives or controlled substances as defined in 21 U.S.C. 802, in exchange for WIC food instruments

Mandatory Sanction #3: Three (3) Year Disqualification from the WIC Program

- a. One incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for WIC food instruments.
- b. A pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for a specific period of time;
- c. A pattern of retailer overcharges;
- d. A pattern of receiving, transacting, and/or redeeming WIC benefits outside of authorized channels, including the use of an unauthorized retailer and/or an unauthorized person;
- e. A pattern of charging for supplemental food not received by the participant; or
- f. A pattern of providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives or controlled substances as defined in 21 U.S.C. 802, in exchange for WIC food instruments.

Mandatory Sanction #4: One (1) Year Disqualification from the WIC Program

- a. A pattern of providing unapproved food items in exchange for WIC benefits, including charging for WIC-approved foods provided in excess of the available balance.

Second Mandatory Sanction

When a retailer, who previously has been assessed a sanction for any of the mandatory sanctions listed above, receives another sanction for any of these violations, the Program must double the second sanction. CMP's may only be doubled up to the limits allowed as defined by this Handbook.

Third or Subsequent Mandatory Sanction

When a retailer, who previously has been assessed two or more sanctions for any of the mandatory sanctions listed above, receives another sanction for any of these violations, the Program must double the third sanction and all subsequent sanctions. The Program may not impose CMP's in lieu of disqualification for third or subsequent mandatory sanctions.

B. Violation Points

Findings of Program violations are assigned specific points.

- Points can be assigned for a single occurrence or a pattern of the violation.
- Points are cumulative and will be kept current for a period of two years as long as the retailer is authorized. Points will be removed two years after the date of the violation.
- In addition to points, the Program may initiate a claim for payment upon detecting that a violation has occurred in the redemption of a WIC transaction, e.g., sales tax was charged or a WIC shopper was required to make a payment to a retailer. Such payments are due within 30 days of claim.
- The Program may not provide prior warning before imposing points.
- The Program may impose a CMP in lieu of a state agency disqualification if it determines such action would result in inadequate participant access.
- A retailer shall be given a written notice of a violation, unless the Colorado WIC determines, in its discretion, on a case-by-case basis, that notifying the retailer would compromise an investigation.

Corrective actions (i.e., nonpayment, notification, CAP, mandatory training) are meant to resolve and document findings. A CAP is a formal, written plan provided to WIC by the retailer outlining the steps that will be taken to correct findings/violations. It includes the appropriate store training. Corrective actions are commensurate with the number of points accumulated for one or more of these violations in any combination. State agency sanctions of disqualification and/or a CMP are based on a pattern of volatile incidences.

Any combination total of:

0-9 points = Initial or follow-up warning letter or request for CAP*

10-19 points = CAP

20-35 points = CAP and mandatory training

36-40 points = 3 month disqualification

41-45 points = 6 month disqualification

46 or > = 1 year disqualification

Colorado WIC Violation Points

- 1) Approved produce is not mapped and/or is not scanning as WIC approved. 2 points
- 2) Failure to accept a certified letter or leaving a certified letter unclaimed from Colorado WIC. 3 points
- 3) Use of the acronym “WIC” or the WIC logo in total or in part without the written consent of Colorado WIC. 4 points
- 4) Prohibiting WIC shoppers from using discount coupons, loyalty cards or promotion specials to reduce the WIC benefit amount. 4 points
- 5) Failing to post current prices for WIC foods on food items or shelf. 4 points
- 6) Requiring WIC shoppers to produce identification. 4 points
- 7) Non-allowed items mapped as produce. 4 points
- 8) Discourteous or discriminatory treatment of a WIC shopper. 5 points
- 9) Limiting authorized WIC shoppers in their choices of WIC products, e.g., allowing only an expensive brand of cereal. 6 points
- 10) Charging sales tax on WIC food items. 6 points
- 11) Failing to provide receipts to a WIC shopper. 6 points
- 12) Failing to allow the purchase of up to the full amount of WIC foods if such foods are available and desired by the WIC shopper. 6 points
- 13) Participating in a transaction that is a conflict of interest. 7 points
- 14) Failure to submit information including, but not limited to, receipts, CAP’s, Price Lists, change of address, etc., requested by Colorado WIC within the time period specified by the Program. 7 points
- 15) Failure to maintain an up-to-date WIC Manual, including not maintaining WIC’S WORLD newsletters or training documentation adequately. 7 points
- 16) Failure to attend or complete a scheduled monitoring visit. 7 points
- 17) Treating WIC shoppers differently than non-WIC customers. 8 points
- 18) Seeking payments from WIC shoppers for WIC transactions. 9 points
- 19) Entering a WIC shopper’s PIN or asking a WIC shopper for their PIN. 9 points
- 20) Discriminating against WIC shoppers because of race, color, national origin, sex, age or disability. 9 points
- 21) Allowing WIC shoppers to return items purchased with WIC funds for credit, cash or non-food items. 9 points
- 22) Stocking infant formula past the “use by” date. 9 points
- 23) Failing to train employees who handle WIC transactions regarding Colorado WIC procedures set forth in the Retailer Agreement and WIC Handbook. 10 points
- 24) Failing to allow monitoring or training of retailer or staff by WIC personnel after one missed session and/or a mutual opportunity to reschedule. 11 points
- 25) Failure to attend or complete a mandatory training session after one mutual opportunity to reschedule. 14 points
- 26) Allowing a WIC transaction in a self-checkout lane that has not been approved by Colorado WIC. 14 points
- 27) Giving false information to the state or local WIC Program, including knowingly entering false information or altering information on WIC receipts or benefits. 19 points
- 28) Providing infant formula that was not purchased from approved wholesalers, distributors and retailers licensed in Colorado and through manufacturers registered with the FDA that provide infant formula. 19 points
- 29) Failing to provide complete purchase sales records, receipts and/or invoices upon request. 19 points
- 30) Entering a WIC shopper’s card number (PAN) manually into the POS system without the card present. 19 points
- 31) Failing to reimburse/refund Colorado WIC for payments already made to the retailer and/or found to be in error. 19 points

Section IX. Penalty, Disqualification & Appeals

A. Administrative Appeals Procedures

Retailers may appeal actions taken against them in accordance with the Administrative Review Procedures for Retailer Appeals (Exhibit G). Retailers will only be allowed to continue accepting WIC transactions, pending an appeal, if an inadequate participant access determination is made.

Appealing an action does not relieve a retailer that is permitted to continue Program operations while its appeal is in process from the responsibility of continued compliance with the terms of any written agreement with the Program.



B. Participant Access Criteria

The impact on participants' access to supplemental foods is a consideration in determining whether to disqualify a retailer or impose a CMP in lieu of disqualification. Prior to the disqualification of a retailer, the Program shall make a determination as to the adequacy of participant access to WIC foods.

When making the determination, the Program shall consider the availability of authorized retailers within the service area of the WIC LA from which participants receive WIC benefits, if there are other WIC-authorized stores within 20 miles, and any geographic barriers to using such retailers. Participant access will be determined as adequate when:

- There are an adequate number of authorized retailers operating in the area to meet participant demand.
- There are no specific geographic barriers that would significantly restrict participants' access to using other authorized retailers operating in the area.

Participant access determinations are at the Program's discretion and are not subject to administrative review. The Program must include documentation of its participant access determination and any supporting documentation in the file of each retailer who is disqualified or receives a CMP in lieu of disqualification. If disqualification of the retailer would result in inadequate participant access, then a CMP will be imposed. The Program will consider participant access when determining reciprocal disqualification based on SNAP disqualification or CMP.

C. Civil Money Penalty (CMP)

A retailer shall be assessed a CMP in lieu of disqualification only if the disqualification would result in inadequate participant access as defined above. The CMP is calculated as follows: 10 percent of the retailer's average monthly WIC redemptions multiplied by the number of months the retailer would have been disqualified will determine the CMP. The retailer's monthly WIC redemption for the previous six months will be used to determine the average monthly WIC redemptions.

For example:

January	\$10,000		
February	\$ 8,500		
March	\$10,300		
April	\$ 9,000		
May	\$ 7,000		
June	\$ 5,000		
<hr/>			
	\$49,800	÷ by 6 months =	\$8,300 Average monthly WIC redemptions
			x .10 (10%)
			\$830
			x 12 Months disqualification period
			\$9,960 Civil Money Penalty (CMP)

Civil penalty for a vendor convicted of trafficking in food instruments or convicted of selling firearms, ammunition, explosive, or controlled substances in exchange for food instruments has a maximum of \$15,041 for each violation, except that the maximum penalty for violations occurring during a single investigation is \$60,161.

If a retailer does not pay, only partially pays or fails to timely pay a CMP within 30 days of the notice of the CMP, the Program will disqualify the retailer for the length of the disqualification corresponding to the violation for which the CMP was assessed.

D. Disqualification - WIC & SNAP

The Retailer Agreement does not constitute a license or a property interest. If a retailer is disqualified, the Program will terminate the retailer's WIC agreement and the retailer will have to reapply in order to be authorized after the disqualification period is over. In all cases, the retailer's new application will be subject to the Program retailer authorization criteria in effect at the time of reapplication.

The retailer may not voluntarily withdraw from the Program as an alternative to disqualification from mandatory federal sanctions. Disqualification must be entered on the record. In addition, retailers may not use nonrenewal of the agreement as an alternative to disqualification from the mandatory federal sanctions.

When during the course of a single investigation, the Program determines that the retailer has committed multiple violations, which may include violations subject to Program sanctions, the Program shall disqualify the retailer for the period corresponding to the most serious mandatory violation. However, the Program shall include all violations in the notice of sanction. If a mandatory federal sanction is not upheld on appeal, then the Program may impose a Program-established sanction and the appropriate number of sanction points.

WIC/SNAP Disqualification

- 1) Uniform federally mandated sanctions (defined in 7 CFR Part 246.12) have been established for both WIC and SNAP, therefore, retailers assessed a CMP by the WIC Program may be disqualified from SNAP for an equal period of time. Disqualification from WIC may result in disqualification as a retailer in SNAP per section 278.6(e)(8) of the federal SNAP regulations. Such disqualification may not be subject to administrative or judicial review under SNAP.
- 2) Retailers disqualified from SNAP or any other WIC Program for a federally mandated sanction (Class A violations) will be disqualified from the WIC Program.
- 3) The reciprocal WIC disqualification will be for the same length of time as SNAP disqualification. However, the period of disqualification may begin at the same time or a later date than the SNAP/WIC disqualification.
- 4) Prior to disqualifying a retailer for a SNAP disqualification, the Program will determine if disqualification of the retailer would result in inadequate participant access. If the Program determines that disqualification of the retailer would result in inadequate participant access, the Program will impose a CMP in lieu of disqualification. The Program cannot impose a CMP in lieu of disqualification for third or subsequent sanctions for Class A violations.
- 5) Reciprocal disqualifications are not subject to Administrative Appeal in the WIC Program.
- 6) Retailers assessed a CMP by SNAP in lieu of disqualification, due to participant hardship, may also be disqualified from the WIC Program. Retailers disqualified from the WIC Program as a result of a SNAP CMP may file an Administrative Appeal with the WIC Program.
- 7) If the disqualification period extends beyond the expiration date of the Retailer Agreement, the reauthorization period will be delayed to allow for the completion of the disqualification period.

E. WIC & SNAP Program Cooperation

In order to promote cooperation and reduce vendor/retailer abuse in both SNAP and WIC, information related to retailers, including violations, sanctions and program disqualification may be shared between the two programs subject to federal and state Freedom of Information Act laws and regulations. Information exchanged must be disclosed and used only in direct connection with the administration and enforcement of WIC and SNAP regulations and procedures, except when authorized by law.

Section X. Authorization Selection Criteria

Colorado WIC, as required by federal regulations, authorizes a limited number of retail stores that will ensure that WIC food funds are being spent in the most efficient and cost-effective manner, ensure adequate participant access, and allow for effective Program management, oversight and review of store performance. Authorized retailers are made up of grocery stores, commissaries, pharmacies and farmers. Selection criteria for the authorization of farmers are detailed in the Farmer Handbook. Colorado WIC will review retailers' compliance with the authorization selection criteria throughout the agreement period. Failure to remain in compliance with these criteria may result in Program sanctions or termination of the WIC agreement.

A. Criteria: Grocery Stores, Commissaries & Pharmacies

Retailers must meet the following authorization selection criteria at the time of application and throughout the agreement period:

- ✓ **Infant Formula:** Retailers authorized to participate in the WIC Program shall only purchase infant formula from wholesalers, distributors and retailers licensed in the state and in accordance with state law (including regulations) and infant formula manufacturers registered with the FDA that provide infant formula. A listing of the current approved wholesalers, distributors, retailers and manufacturers is available from Colorado WIC and on the website. Retailers may be required to produce purchase invoices to document compliance.
- ✓ **Regular Hours:** The retailer maintains regular business hours. This includes a minimum of two four-hour blocks of time at least five days per week. Daily operating hours shall be consistent from week-to-week and shall be posted.
- ✓ **Training:** The retailer must accept training on WIC Program regulations and processes and must provide training to employees who will handle WIC transactions, prior to accepting eWIC cards.
- ✓ **WIC redemptions less than 50%:** Retailers must derive no more than 50% of their annual food sales revenue from WIC food instruments. New retailer applicants expected to derive more than 50 % of their annual food sales revenue from WIC food instruments will not be authorized. Upon initial application, retailers must make available amounts sales data and may be required to provide documentation of sales amounts. If not yet opened, expected sales are required. Colorado WIC will monitor the food transactions of newly authorized retailers to determine if WIC redemptions remain less than 50% of revenue of food sales. Retailers found to derive more than 50% of their annual food sales revenue from WIC food instruments will be terminated. The term "food sales" refers to sales of SNAP eligible items, unless otherwise noted. A list of SNAP eligible items is provided (Exhibit H).
- ✓ **Preventing WIC Returns:** The store has a policy in place that will ensure no WIC foods will be returned or exchanged (as outlined in Section IV-E).
- ✓ **Accuracy:** True and correct information was submitted on the application.
- ✓ **No Discrimination:** The store must not discriminate on grounds of race, color, national origin, sex, age or disability, and make reasonable accommodations for shoppers with disabilities.
- ✓ **No Current Disqualification:** The owner must not currently be disqualified from the SNAP or WIC Programs or been assessed a CMP for hardship and the disqualification period that would otherwise have been imposed has not expired.
- ✓ **Documentation/Financial Statements:** Retailers agree to maintain and provide upon request the following information monthly, quarterly or annual total volume of business and/or gross edible food sales and purchase and inventory records of WIC foods purchased for a set period of time such as invoices, receipts and bank deposits, inventory/shelf price records of WIC food items and SNAP sales volume. Colorado WIC may request specific records to validate this information at any time during the agreement period, such as: invoices for staple food items from a wholesaler, distributor and/or manufacturer; financial statements, reports, tax forms or other records sufficient in establishing SNAP-eligible food sales (for example: Form 1065 for partnerships, Form 1040, schedule C for sole proprietorships or Form 1120 for corporations). Acceptable invoices shall legibly and clearly reflect the name of the retailer, name and address of the wholesaler or supplier, date of purchase, unit and total prices, and list of items purchased including description, size stock number and Universal Product Code (UPC).

- ✓ The retailer is responsible for the validity of this information and sanctions, up to disqualification, may be assigned if the information is proven inaccurate or records cannot be produced. Purchase records (e.g., invoices and receipts) must clearly describe the items or have computer codes which can be verified by the seller. Hand dated documents are not acceptable.
- ✓ **Competitive Pricing:** Shelf prices must be found at application and remain competitive with other retailers in peer grouping (i.e., like stores in same geographical type area) within 10%.
- ✓ **No Conviction:** In accordance with 7CFR Part 3017 (Subpart A-6), the owner, officers or managers must not have been convicted of or had a civil judgment entered against them for any activity indicating lack of business integrity (see Definitions) at any time during the last six years. No history of business-related criminal convictions.
- ✓ **Email Address:** A valid email address that is checked regularly must be provided.

B. Additional Criteria: Grocery Stores & Commissaries

Grocery stores and commissaries must also meet the following criteria at the time of application and throughout the agreement period:

- ✓ **SNAP:** The store must be authorized to accept SNAP.
- ✓ **Food Source:** Retailers authorized to participate in the WIC Program shall purchase staple food items directly from a wholesaler supplier or other non-retail supplier, such as distributors, manufacturers and/or fresh produce suppliers. Retailers may be required to produce purchase invoices to document compliance.
- ✓ **Stocking Requirements:** The store meets the Minimum WIC Food Stocking Requirements of Colorado WIC approved food items (based on the current *Allowable Foods List*) as outlined in Section III, at all times, in sufficient quantities and variety to meet the needs of participants. Before authorization and throughout the agreement period, Colorado WIC reviews applicant stocking levels of WIC-approved items so that adequate amounts are available for participant redemption. Retailer stock is examined by the LA during the application process and reported to Colorado WIC.
- ✓ **Full-Service:** The store is a full-service grocery store with a primary function of selling groceries. Retailers that are primarily convenience stores and/or gas stations will not be considered as full-service grocery stores and will not be Colorado WIC authorized. Retailers will be asked upon application—both at original authorization and at renewal—for retail sales, SNAP authorization and stocking information. The information provided by the retailer will be compared to SNAP information as appropriate and available. Retailers that are found to be identified in SNAP as not meeting the criteria below as a full service grocery store will be denied authorization or terminated. The store provides a variety of staple foods to include:
 - a. At least three different types of items in each of these staple food categories:
 - i. Fresh meat (e.g., poultry, fish, ham; prepackaged luncheon meats do not qualify);
 - ii. Grains (e.g., bread, rice, cereal);
 - iii. Dairy products (e.g., milk, cheese, butter); and
 - b. At least two different types of items in each of these staple food categories:
 - i. Fresh fruits (e.g., apples, oranges, pears)
 - ii. Fresh vegetables (e.g., squash, spinach, cabbage)
 - c. At least one of the following is true:
 - i. Store is identified by SNAP with a store type as a Large Grocery Store, Medium Grocery Store, Military Commissary, Small Grocery Store, Supermarket, Super Store/Chain Store.
 - ii. Annual food sales (i.e., food items eligible for purchase with SNAP benefits) are greater than or equal to 65% of total annual sales.
 - iii. Annual food sales exceed \$1 million.
 - d. The annual sale of hot and/or cold freshly prepared foods that are ready-to-eat does not exceed 50% of total sales.
 - e. The store must have a valid food service license as defined in the Colorado Retail Food Establishment Rules and Regulations.

C. Additional Criteria: Pharmacies

Pharmacies meeting the definition (please see Definitions) must also meet the following criteria at the time of application and throughout the agreement period:

- Licensed- The applicant is licensed as a pharmacy.
- Pharmacies agree not to provide standard infant formula unless requested by Colorado WIC.

D. Exception to WIC Selection Criteria for Authorization

An exception to WIC retail selection criteria may be made (excluding competitive prices and meeting the minimum stocking requirements), in writing, between the Program and the retailer, if inadequate participant access would result from denial of a retailer's application.

E. Sale of Store to Circumvent Sanction

Authorization will be denied or terminated if it is determined that the store has been sold in an attempt to circumvent a WIC sanction.

F. eWIC Authorization Selection Criteria

In applying for WIC authorization, the retailer agrees to comply with Electronic Benefit Transfer (EBT) operating rules, the Colorado WIC Agreement and the following stipulations:

1. Demonstrate its capability to accept WIC benefits electronically prior to authorization. If a retailer is necessary for participant access and cannot accept WIC benefits electronically, Colorado WIC may provide the retailer with a stand-beside POS system.
2. Comply with EBT operating rules, standards and technical requirements, as amended from time to time, including but not limited to WIC EBT Operating Rules, Specifications for WIC EBT transactions, 7 CFR 246 and Implementation Guidelines.
3. Not ask the WIC participant/parent/caretaker/proxy to pay cash for the sales tax amount that is applied to manufacturer's coupons, but instead shall subtract the sales tax on the coupon from the face value of the coupon and then shall subtract the remaining value of the coupon from the retail price of the WIC food(s). 7 CFR 246.12(h)(3)(vii).
4. Allow the participant/parent/caretaker/proxy to purchase only those WIC approved foods listed on the participant's benefit balance receipt and the *Colorado Allowable Food List*. Provide only the approved foods in authorized quantities and size specified.
5. Not seek restitution from participants/parents/caretakers or proxies for WIC supplemental foods purchased in a Colorado WIC transaction that were not paid for or only partially paid for by the Colorado WIC Program. The Colorado WIC Program is not obligated to pay for improperly handled or voided EBT transactions. 7 CFR 246.12(h)(3)(x).
6. Not provide or allow change (i.e., cash) to a WIC customer for purchases less than the total value of the cash value benefit (CVB) for produce. 7 CFR 246.12 (h)(3)(x).
7. Reimburse Colorado WIC for claims submitted for payments already made by the Colorado WIC Program for charges of more than the actual purchase of the supplemental foods. The Colorado WIC Program may make price adjustments to the purchase price on WIC transactions submitted by the retailer for redemption to ensure compliance with the price limitations applicable to the retailer. When Colorado WIC determines the retailer has committed a retailer violation that affects the payment to the retailer, Colorado WIC will delay payment or establish a claim. The retailer must submit payment for the claim or an adequate justification for the excessive charge to the Colorado WIC Program within 30 days of written notification. The Colorado WIC Program may offset the claim against current and subsequent amounts to be paid to the retailer. In addition to denying payment or assessing a claim, the Colorado WIC Program may sanction the retailer for retailer overcharges or other errors in accordance with the Colorado WIC sanction schedule. 7CFR 246.12(h)(3)(viii)(ix).

8. Maintain a Colorado WIC Program certified in-store Electronic Cash Register (ECR) system in a manner necessary to ensure system availability for WIC EBT redemption processing during all hours the retailer is open. The retailer agrees that its ECR system shall transact cash value for authorized fruits and vegetables. Execution of this Retailer Agreement is conditioned on the retailer maintaining its state certified in-store ECR system that accommodates cash value. After execution of this Agreement, the retailer's failure to maintain a state-certified ECR system on an on-going basis that ensures system compliance with WIC policies and procedures, transacts cash value, and/or ensures the accuracy of data, shall result in termination of the Retailer Agreement.
9. Not conduct WIC transactions in a separate liquor portion of the store.
10. Not conduct WIC transactions in self-checkout lines without pre-approval.
11. Have a current, paid maintenance agreement in place with their system dealer/technical support personnel.
12. Ensure the certified in-store EBT redemption process allows a reasonable degree of security for protecting the PIN used by WIC shoppers. Only the WIC shopper may enter the PIN to initiate the transaction. The retailer must not enter the PIN for the WIC shopper.
13. Provide necessary receipts for the WIC shopper to accept/approve or reject the WIC transaction. Retailer personnel shall NOT accept/approve or reject/cancel the WIC transaction for the WIC shopper.
14. Scan or manually enter UPC or Price Look-Up (PLU) codes only for WIC-authorized items being redeemed. Never scan codes from UPC/PLU codebooks, reference sheets or from any product not actually purchased with the eWIC card.
15. Request state re-certification of the retailer's in-store ECR system if retailer alters/revises the system in any manner that impacts the WIC EBT redemption/claims processing after initial certification is completed. In the event an in-store ECR system is reconfigured or modified by the retailer and/or other parties in such a way that the ECR system no longer exhibits the required system accuracy, integrity, or performance required and under which requirements the ECR system was certified, the Colorado WIC Program will not accept a claim file from the system. The retailer is liable for the costs of all recertification events needed to return the ECR system covered by this Agreement to full compliance with the Colorado WIC Program's system requirements. Failure to seek re-certification when the retailer's ECR system is altered/revised shall subject the retailer to financial liabilities and/or disqualification.
16. Comply with Colorado WIC Program policies for creating and updating the in-store UPC/PLU category/subcategory table of WIC authorized foods. Map only approved produce items (e.g, new, seasonal, random weight produce) to the appropriate corresponding PLU. Failure to comply shall result in the retailer's financial liability for WIC EBT sales transactions involving invalid or unauthorized UPC/PLU codes and other sanctions as appropriate.
17. Adhere to the International Federation for Produce Standards (IFPS) for PLU codes for the purpose of WIC EBT claim submission. Any fruit/vegetable UPC/PLU reserved for store use must map back to an International Standard PLU for the same produce.
18. Submit information (e.g., UPC/PLU, description, picture, etc.) of new approved items to Colorado WIC via: a) completing the *Item Request Form*, Exhibit B) found on www.ColoradoWIC.com (under section eWIC: EBT), b) texting a picture to (720) 630-3391, or c) providing an excel file containing item details to cdphe_askwic@state.co.us.
19. Reimburse the Colorado WIC Program pro-rata for WIC EBT system costs, if applicable, if the retailer is disqualified, terminated or closed.
20. Have an authorized Colorado WIC Retail Agreement and operate a certified system implementation prior to accepting eWIC cards for purchase.
21. Notify the Colorado WIC Program within three days in the event of eWIC transactions becoming inoperable.
22. Accept and assume payment for equipment, ongoing maintenance and operational costs. (Unless the retailer is identified as needed for participant access to WIC foods.)

Section XI. Becoming (& Remaining) WIC Authorized

A. The Application

Please call Colorado WIC at (303) 692-2400 or email cdphe_askwic@state.co.us to request a blank retailer application. Submit application packets via email or mail/deliver to:

Colorado Department of Public Health & Environment
C/O: Retailer Unit
WIC Program-PSD-NS-A4
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Only completed applications will be assessed for eligibility. Colorado WIC will notify the applicant of any deficiency. Colorado WIC reserves the right not to process any new applications received during the last 120 calendar days of the current agreement period.

PLEASE NOTE: Retailers cannot reapply for WIC authorization for at least 12 months from the date an application is denied, unless local conditions change, e.g., the only store in the area closes or is disqualified (farmers and pharmacies are exempt from this waiting period).

B. Steps in the Approval Process

Step 1: Application

Submit an application packet that includes:

- Application
- Agreement*
- Price List* (if applying as a grocery store, commissary or pharmacy)

**The majority of chain stores have a master WIC Retailer Agreement that covers each of their WIC-authorized stores. Additional stores within the chain are added to the master Retailer Agreement as they are approved. Chain store headquarter representatives are, therefore, generally required to only submit an application for additional stores requesting authorization; submission of duplicate Agreements and Price Lists for chain stores are not required.*

Step 2: Meeting Authorization Criteria

Colorado WIC will review the application in accordance with WIC authorization selection criteria. If it is determined that the criteria are not met, the application will be denied and the retailer notified within 90 days.

Step 3: Pre-Authorization Visit

If the store is applying under a new Agreement, the LARC will complete a pre-authorization visit within 45 days of receipt of the application. However, Colorado WIC Program may require a pre-authorization visit within 14 days to confirm retailer's compliance with the selection criteria. If it is determined that the criteria are not met, the application is denied.

Step 4: Orientation Visit

The local WIC agency will conduct an orientation session with at least one representative of the store within 45 days after receipt of the application. (Steps 3 and 4 may be conducted simultaneously.) The purpose of the orientation visit is to:

- Provide training to store representative(s) on WIC training topics (Section VI-E), including, benefits/nutritional goals of Colorado WIC, why specific foods are prescribed and details of the *Allowable Foods List*.
- Review WIC transaction procedures.
- Discuss Program policies and procedures and the sanctions for non-compliance.
- Identify any areas that are out of compliance with Program policies and procedures and set a mutually agreed upon plan and date for correction.
- Provide support to the store representatives through information and tools so that they can successfully train appropriate store staff in WIC policies and procedures. (Typically, a WIC Manual is provided to the store at the visit.)

Step 5: Training & Documentation

Store and chain managers are responsible for training cashiers, as well as other staff involved with WIC transactions, on accepting eWIC cards. (Section VI-E details the WIC training requirements.) Store trainers are welcome and strongly encouraged to be in attendance at the orientation visit that is conducted by WIC staff and to use the tools and materials provided by WIC.

Trainers from chain store headquarters who have received training within three years from the Colorado WIC Retailer Coordination Unit are eligible to conduct the initial training with new stores.

The *WIC Retailer Training Documentation Form* should be completed and a copy maintained in the WIC Manual. The retailer will send a copy to the Colorado WIC Retailer Coordination Unit and/or their local WIC contact.

Step 6: Review of Criteria

Upon completion of training, orientation and the appropriate documentation, Colorado WIC (through its Retailer Coordination Unit) will complete the initial criteria review and assess the retailer for meeting the authorization selection criteria, with the exception of EBT capability. Retailers not in compliance will be notified of denial.

The capability for EBT will then be assessed. The retailer must demonstrate that their POS system can accept WIC purchases, obtain a benefit balance, and complete an eWIC transaction accurately and securely and exchange files pursuant to Colorado WIC's eWIC system requirements and eWIC authorization selection criteria.

A WIC Manual, signed agreement and approval letter will be sent to the retailer with a notice to the local WIC contact.

C. Providing False or Incomplete Information

Colorado WIC may deny authorization or terminate an executed agreement if it determines that the applicant provided false or incomplete information in connection with its application.

D. Location & Facility Change

WIC authorized retailers changing physical location or temporarily closing for remodeling should inform the WIC Program at least one month before the change and provide the following information: changes in SNAP number, staffing, contact information/address, store name and/or store number. Reapplication may not be required if confirmed by Colorado WIC that the change does not constitute a new store.

E. Ownership Change

If ownership of a retailer changes during the agreement period, the Retailer Agreement becomes void on the date of ownership change. The new owner must file an application and be approved prior to accepting WIC transactions. Retailers must provide written notification to Colorado WIC 30 days in advance of such changes in order for the LA to contact participants affected by the change. Failure to notify Colorado WIC of ownership change may result in the repayment of WIC funds issued to the unauthorized store owner.

F. Emergency Situations

At the Program's discretion, a retailer may be authorized outside of the normal authorization process when determined an inadequate participant access exists. Emergency situations may be caused by, but are not limited to, the following circumstances:

- Disqualification (or agreement termination) of the only authorized retailer in the area,
- A change of ownership or location of an authorized retailer, or
- Disaster or other causes for the loss of an authorized retailer.



G. Re-authorization Criteria

Retailer Agreements are valid only for the period of time specified and a Retailer may not continue accepting WIC food instruments (i.e., Colorado WIC checks or eWIC cards) past the *Agreement* expiration date. Information for reauthorization will be sent directly to independent retailers and to the headquarters of chain retailers at least 30 days in advance of the expiration date of the *Retailer Agreement*.

Grocery store, pharmacy and commissary retailers must maintain levels of WIC check redemption. For those located in a metropolitan area, if monthly WIC sales fall below \$750 for three consecutive months prior to the time of the *Retailer Agreement* renewal evaluation, the Agreement will not be renewed. For those located outside a metropolitan area, if monthly WIC sales fall below \$250 for three consecutive months prior to the time of the *Retailer Agreement* renewal evaluation, the Agreement will not be renewed. If retailer redemptions fall below the above levels for three consecutive months throughout the agreement period, the Agreement may be terminated by the Program or the retailer. There are two exceptions to this criterion: 1) if inadequate Participant access would result from the denial of a Retailer's reauthorization and 2) if the retailer has been authorized less than four consecutive months prior to the time of the redemption evaluation.

Definitions

Administrative Appeal	A hearing procedure whereby a retailer adversely affected by a WIC action may appeal the action to an impartial hearing officer provided by the Colorado WIC state agency.
Administrative Finding	A factual or legal determination made by the Program through investigations, complaints, data analysis or administrative reviews.
Allowable Foods List	List of WIC-approved foods developed by the Program.
Alternate Shopper	Any person designated by a participant, or by a parent or caregiver of an infant or child participant, to obtain the eWIC card and corresponding PIN, or to obtain supplemental foods on behalf of a participant.
Applicant	A grocery store, commissary, farmer or pharmacy that applies to Colorado WIC to be an authorized WIC retailer.
Approved/ Allowable Foods	Only those types, brands, sizes and varieties of foods and infant formulas as listed in the current <i>Allowable Foods List</i> .
Approved Product List (APL)	Electronic files identifying WIC food items authorized by the Colorado WIC Program for purchase with WIC benefits.
Authorized Broker or Distributor	Manufacturer, distributor or wholesaler with a valid Federal Tax Identification Number. (For a listing of WIC authorized formula sources, please go to www.ColoradoWIC.com , under section <i>Retailer</i> , tab <i>Retailer authorization</i> , click the link called: approved suppliers .)
Benefits	Items purchased with WIC funds at an authorized retailer.
Benefits Balance	A listing of benefits available with eWIC benefit card that specifies the quantity, food category, size, dollar amount and sometimes brand of food prescribed to a WIC household that must be redeemed with a designed time.
“Best if used by”	Date limiting the sale or use of the food item as provided for in Federal Food Drug and Cosmetic Act.
Business Integrity	Conviction or a civil judgment for any activity indicating a lack of business integrity, including fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims and obstruction of justice.

Cash Value Benefit (CVB)/ Also referred to as: Cash Value Voucher (CVV)	A fixed-dollar amount associated with the eWIC card used by a WIC cardholder to obtain authorized fruits and vegetables. In the event the amount of fruits and vegetables exceeds the dollar amount available, it is the cardholder's responsibility to pay the difference.
Change of Ownership	Any transfer of the right to control the assets or management of a retailer, or any majority changes in ownership of a sole proprietorship, of a partnership or of the stock of a corporation which owns a retailer location.
Civil Money Penalty (CMP)	A monetary fine assessed against a retailer for Program abuse.
Claim	A bill or request for reimbursement of funds.
Class A Violations	Mandatory federal violations and sanctions as defined in 7 CFR Part 246.12. These violations are flagrant violations of Program policies and undermine the goals of the Program.
Colorado WIC/ Colorado WIC Program	Colorado's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as administered by the Colorado Department of Public Health and Environment (CDPHE). Also referred to as Colorado WIC, WIC Program and the Program.
Compliance Investigation	An investigation is a method used by the Program to determine if violations are occurring or have occurred in the past. An investigation may include an administrative review, covert compliance buy, monitoring or site visit, inventory audit and/or coordinated efforts with other organizations.
Compliance Buy	Covert, on-site investigation, in which a representative of Colorado WIC poses as a WIC shopper, conducts a WIC transaction and does not reveal during the visit that he or she is a Colorado WIC representative.
Confidential Retailer Information	Based upon § 246.26(e), confidential retailer information is any information about a retailer that identifies the retailer except for the retailer's name, address, authorization status, telephone number, website/email address and store type.
Conflict of Interest	A conflict of interest exists when there is a pecuniary relationship between the retailer and the Program or the LA; when relatives serve WIC participants; and/or when training or monitoring visit is conducted by a LA staff person who may be related to the store owner or other store management staff.
Convenience Store	A store that offers a limited line of convenience items, typically open long hours. Primarily engaged in retail sale of a variety of canned goods, dairy products, pre-packaged meats and other grocery items in limited amounts, usually sell a large variety of ineligible products, such as hot coffee, alcohol or tobacco products or gasoline.
Conviction	A finding of guilt by a judge or jury or an entry of a plea of guilty.

Contract Brand Infant Formula	Infant formulas (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract by the Program.
Corrective Action Plan (CAP)	A written plan the retailer develops that outlines the steps that will be taken to correct violations identified during monitoring visits, compliance buys, complaints or administrative reviews.
Custom Data Processing, Inc. (CDP)	Colorado's WIC EBT contractor and FIS business partner. FIS and CDP process eWIC transactions. CDP is the main contact for the integrated retailers.
Days	Calendar days.
Disqualification	Termination of a retailer's authority to participate in the Program.
Drug	(A) A beverage containing alcohol, (B) A controlled substance (having the meaning given it in section 102(6) of the Controlled Substance Act (21 U.S.C. 802(6)), or (C) A controlled substance analogue.
Educational Buys	On-site investigation in which a representative of Colorado WIC poses as a WIC Shopper and conducts a WIC transaction. The store manager or store representative is typically aware of the visit beforehand (and sometimes has requested the visit). The shopper reveals during the buy that he or she is a WIC representative. The purpose of an education buy is to assist WIC, the store manager and the cashier to observe a WIC transaction and identify enhancements.
Electronic Cash Register (ECR)	The electronic cash register (ECR) system that is used at the point of sale (POS). This can be integrated or non-integrated (stand-beside).
Endorser	Participant, parent or caregiver of an infant or child participant who is authorized to obtain supplemental foods on behalf of a participant.
Family	A group of related or non-related individuals who are living together as one economic unit, except that residents of a homeless residence or an institution shall not all be considered as members of a single family.
Farmer	A Colorado farmer is defined as an individual/sole proprietorship, partnership, non-profit or corporation who owns, leases, rents or sharecrops land in Colorado to grow, cultivate or harvest fruit and/or vegetable crops on that land.
Findings	A determination made by the Program or the LA WIC staff regarding retailer violations. This may include, but is not limited to, the results of administrative reviews, investigations, data analysis, complaints or monitoring visits.
Fidelity Information Services (FIS)	Colorado WIC Program's eWIC contractor CDP business partner. FIS and CDP processes WIC transactions and also lease stand-beside equipment to non-integrated retailers through a Merchant Agreement.

Food Delivery System	The method used by the Program to provide supplemental foods to WIC participants.
Food Instrument	The instrument used by the WIC program to conduct WIC transactions, (e.g., eWIC cards and WIC checks).
Full-Service Grocery	A store primarily engaged in retail sales of a variety of food products and general merchandise as a full line grocery store. A full line grocery store stocks on a continuous basis, multiple varieties of the following product categories: (i) canned foods, (ii) frozen foods, (iii) dairy products, (iv) fresh and frozen meat, fish and poultry, (v) fresh fruits, (vi) fresh vegetables, (vii) juices, (viii) bakery/grain goods including, but not limited to, breads, pastries, rice, crackers and tortillas, (ix) dried grains and beans, (x) baby products, (xi) household cleaners, (xii) laundry products and (xiii) health care products.
Grocery Store	A retail store in a fixed and permanent location that maintains regular business hours, whose primary business is the sale of food.
High-Risk Retailer	Retailer who has been flagged by criteria used by the WIC Program to detect Program abuse. High-risk are prioritized for investigation.
Identical Authorized Supplemental Food Item	A food item that is the exact brand and size as the original authorized supplemental food item obtained and returned by the participant.
Inadequate Participant Access	A hardship on WIC participants that limits their access to an authorized retailer. A situation where WIC participants would be adversely affected by an action such as disqualification of retailer, non-authorization, etc.
Infant Formula	A food that meets the definition of an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) and that meets the requirements for an infant formula under section 412 of the Federal, Food, Drug, and Cosmetic Act (21 U.S.C. 350a) and the regulations at 21 CFR parts 106 and 107.
Infants	Individuals under one year of age.
Inventory Records	Up-to-date records that are required for tax purposes and that include records on purchases, receipts and inventory.
Inventory Audit	The examination of food inventory invoices or other proofs of purchase to determine whether a retailer has purchased sufficient quantities of supplemental foods to provide participants the quantities reported as redeemed by the retailer during a given period of time.
Investigation	An administrative review, compliance buy, monitoring or site visits, and/or coordinated efforts with SNAP to determine whether violations are occurring or have occurred.

Lack of Business Integrity	Activities indicating a lack of business integrity include fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.
Local Agency Retailer Coordinator (LARC)	Also called LARC- Staff from the Local WIC Agency located within the retailer's service area. Specific roles and responsibilities are listed in Section VII.
Local WIC Agency (LA)	A) A public or private, nonprofit health or human service agency that provides WIC services through contract with the Program; or B) Intertribal council or group that is an authorized representative of Indian tribes, bands or groups recognized by the Department of the Interior, which operates a local WIC clinic.
Military Commissary	Department of Defense-established retail outlet for the sole use of active and retired military personnel and their dependents.
Minimum WIC Foods Stocking Requirements	The minimum quantities and varieties of approved foods and/or infant formulas a grocery store is required to keep in the customer area as specified in this Handbook.
Not to Exceed (NTE)	The maximum price for individual food items/peer group.
Nutrition Education	Individual or group education sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural and socio-economic preferences.
Nutritional Risk	A) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements, B) Other documented nutritionally-related medical conditions, C) Dietary deficiencies that impair or endanger health, or D) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related, medically-related conditions.
Overcharge	Intentionally or unintentionally charging the Program more for approved supplemental foods than is permitted under the Retailer Agreement and/or intentionally or unintentionally charging participants more than non-WIC customers or more than the posted shelf prices.
Participants	Pregnant women, breastfeeding women, postpartum women, infants and children who are receiving WIC benefits. As referenced in this Handbook, may also include parents or caregivers of infant and child participants (endorsers), proxies or alternate shoppers.
Pattern	Regarding federally mandated violations/sanctions requiring a pattern: 1) two or more incidences of a violation that occur during any two-year period, 2) two or more failed compliance buys during an investigation, or 3) two or more instances of violations during an inventory audit.

Pharmacy	An establishment issued a license to operate as a pharmacy under Colorado laws, whose business is to provide pharmaceutical products and nutritional supplements.
Point of Sale (POS) device	The equipment used to ring up food items in a grocery store.
Postpartum Women	Women up to six months after termination of pregnancy.
Poverty Income Guidelines	The poverty income guidelines prescribed by the Federal Department of Health and Human Services, with each annual adjustment effective July 1.
Price Look-Up (PLU)	A 4-or 5-digit number defined by the International Federation for Product Stands (IFPS) used to identify products that are typically of variable measure.
Program	The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended.) In Colorado, the Program is also referred to as Colorado WIC.
Program Abuse	A pattern of violations of Program policies and procedures as outlined in this Handbook.
Rebate	Money refunded under cost-containment procedures to the Program from manufacturers.
Receipt	Documentation that delineates the items purchased and the price paid for items, including discounts and other adjustments.
Retailer	A retailer that enters into an agreement with Colorado WIC (via the Colorado eWIC Retailer Agreement); A full-service grocery store, commissary, farmer or pharmacy in a fixed and permanent location authorized by the Program, by signed agreement, to sell approved foods and/or infant formulas to participants. Also referred to as vendor.
Retailer Agreement	A signed Colorado WIC Retailer Agreement that authorizes retailers to conduct WIC transactions from participants of the Program (WIC shoppers) in accordance with the Program's policies and procedures.
Retailer Authorization	The process, by which the Program assesses, selects and enters into agreements with stores that apply or subsequently reapply to be authorized as retailers.
Retailer ID Number	The unique WIC identification number assigned to WIC-authorized retailers.
Routine Monitoring	Overt, on-site monitoring during which Program representatives identify themselves to retail personnel.

Sanctions	Administrative action taken against a retailer as a result of a violation of the Program's policies and procedures including, but not limited to, corrective action plans, mandatory training, non-payment of WIC transactions, disqualification and civil money penalty.
Selection Criteria	The criteria established by the Program to select individual retailers for authorization.
"Sell by"	Date limiting the sale or use of the food item as provided for in Federal Food Drug and Cosmetic Act.
Shelf Price	Non-sale price of the food item as marked on the shelf or item.
Stand-Beside Point-of-Sale Device	Point-of-sale (POS) device that is directly connected to FIS for retailers that are not running an integrated point-of-sale (POS) system.
Standard Formula	Formulas items provided by WIC unless a physician diagnoses a medical condition that warrants a specialty formula.
State Agency	WIC funds are made available to state and Indian tribal agencies to administer WIC across the country. The Colorado Department of Public Health and Environment (CDPHE) is the state agency in Colorado that administers Colorado WIC Program.
State Retailer Coordination Unit	WIC staff located at the state level responsible for the overall management and the day-to-day retailer coordination activities. Specific roles and responsibilities are listed in Section VII. (Also referred to as the Colorado WIC Retailer Coordination Unit or team.)
Store Location	Specific store location as indicated by the store name and/or store number.
Supplemental Nutrition Assistance Program (SNAP)	Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program.
SNAP Vendor Identifiers: Criteria Store Type	Supplemental Nutrition Assistance Program (SNAP) assigns designations such as criteria and store type to retailers applying for SNAP. These identifiers are assigned based on the retailer's total sales, food and staple food sales and stock and type of foods (e.g., staple, perishable and product type), etc.
Supplemental Foods	Foods containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants and children prescribed by the Program.
Third Party Processor (TPP)	An intermediary that processes the electronic transactions and payments to the retailer.
Trafficking	The exchange of WIC benefits for cash.

Transaction Date	The date a WIC shopper purchases WIC items at a retailer via purchase with an eWIC card.
Universal Product Code (UPC)	A specific type of barcode used to identify products sold by the WIC retailer. Approved WIC food item codes are entered on the APL file.
Unauthorized Channel	Retailers or individuals who are not authorized to accept WIC transactions. An example of accepting eWIC cards outside authorized channels may be a retailer who owns more than one store, some of which are not authorized, accepting WIC eWIC cards at an unauthorized store and redeeming through an authorized store.
“Use By” Date	Date limiting sale or use of a food item as provided for in Federal Food Drug and Cosmetic Act.
Vendor	A full-service grocery store, pharmacy, farmer or commissary in a fixed and permanent location or a farmer (see definition above) authorized by the Program, by signed agreement, to sell approved foods and/or infant formulas to participants. Also referred to as retailer.
Vendor ID Number	The unique and individual 3- or 4-digit numeric code assigned to each retailer by the Colorado WIC Program for identification purposes. A retailer must have a number assigned prior to accepting eWIC benefits.
Violation	Any intentional or unintentional actions of a retailer, owner, agents, officers, managers or employees (with or without the knowledge of management) which violate the Program’s policies and procedures, retailer Agreement, federal or state statutes, and/or regulations governing the Program.
eWIC Card	An EBT card that is used by a participant to obtain specific supplemental foods via an electronic benefit transfer.
WIC Handbook	The Colorado WIC Retailer Handbook is a publication developed by the Program that describes the policies and procedures for WIC-authorized retailers and is an integral part of the Retailer Agreement. Also referred to as Handbook.
WIC Shopper	The participant or any person designated by a participant, or by a parent or caregiver of an infant or child participant, to obtain an eWIC card and corresponding PIN, or to obtain supplemental foods on behalf of a participant.
WIC Manual	The Colorado WIC Retailer Manual is a notebook provided to all authorized WIC retailers by the Program. Commonly referred to as the WIC Manual. The WIC Manual must be maintained on site for the duration of the Retailer Agreement and should include this Handbook, Retailer Agreement, WIC’S WORLD newsletters, policy letters and training documentation.

Exhibits

- A. Training Documentation for WIC Retailers Form**
- B. Colorado UPC Request Form**
- C. Price List Form**
- D. Formula Price List Form**
- E. Minimum Stocking Waiver Form**
- F. Retailer Agreement**
- G. Administrative Review Procedures for Retailer Appeals**
- H. Food Sales Fact Sheet**
- I. Materials Order Form**

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Colorado WIC Training Documentation for WIC Retailers

Store Name & #: _____ WIC Retailer ID #: _____
 Address: _____

My signature below verifies that I have attended the WIC retailer training session and/or watched the Colorado WIC Retailer Training Video. The following agenda items were discussed:

- Purpose of WIC and WIC food packages
- Allowable WIC foods
- Program policies and procedures (including minimum variety and quantity of foods that must be stocked, required sources of formula and use of incentive items)
- WIC transactions and WIC benefit redemption procedures (including the steps in taking a WIC check and/or eWIC card)
- Retailer violation point system and sanctions for non-compliance (from non-payment to disqualification)
- Retailer complaint process and how to handle special circumstances
- Claims procedures
- Changes to the WIC Program

As an employee at a WIC-approved store, I understand the importance of accepting and processing WIC checks and eWIC cards correctly to ensure that our store is paid and WIC shoppers receive only the nutritious foods that are prescribed for them. Refer to your Retailer Handbook or call your local WIC clinic with questions about the WIC Program.

Print Name	Title	Signature	Date

Please note: This document must be maintained in the WIC Manual, Section V. All store employees involved in WIC transactions, including store management, must be trained and listed on this form.

Training Documentation for WIC Retailers

Print Name	Title	Signature	Date

WIC Item UPC Review Form

Colorado WIC keeps a list of the food items that can be purchased through WIC called the Approved Product List (APL). For new items or items that appear to be missing from the WIC list, please send us the product details and we will review the item. (The brand and item name as well as barcode/UPC information is needed to research the item, and pictures help make sure we find the correct item to review.)

Pick one of the following ways to easily submit an item for review:

- Text a picture of the label name and barcode/UPC to (720) 630-3391.
- Report the barcode/UPC and item details to the store manager or chain representative.
- The shopper can provide details and/or pictures of the label and barcode to their local agency WIC clinic.
- Fill out the online *Item Request Form* at www.ColoradoWIC.com.
- Complete the form below and fax to (303) 756-9926.

Your Name	
Phone Number	
Email	
Store Name	
Store Location/City	
Food Item- Type (cheese, peanut butter, etc)	
Food Item- Brand Name	
Package Size (16 oz, 1 pound, 1 gallon, etc.)	
UPC (12 digits below barcode)	
Comments	

**Price List
Colorado WIC**

WIC ID #: _____ Store Name & #: _____ Date: _____

Contact Name: _____ Phone #: _____

Instructions:

- Please enter the HIGHEST cost WIC ALLOWED item that your store stocks.
- Certain items need additional information. Specifically, the brand name is needed for cereal and the number of ounces are needed for cereal, bread, salmon/sardines and tortillas.
- Providing the brand names (for items other than cereal) is optional.
- WIC uses the prices that stores provide to calculate the allowed amounts and determine payment of WIC transactions. Please complete as thoroughly as possible.
- Please provide a price for each item in Part A (which lists required stocking items).
- Parts B and C (and the Formula Price List) are optional; please provide prices for items that your store stocks.
- Per Federal regulations, a shelf price list is required to be completed/submitted AT LEAST every six months.
- Please remember to enter the contact information and date on the back. Thanks!

Part A: Required WIC Stock

Food Item	Brand Name (or Notes)	Size	Price
Enfamil (Premium) Infant Powder	Mead Johnson (UPC: 300871365421)	12.5 oz	\$
Enfamil ProSobee Powder	Mead Johnson (UPC: 300871214415)	12.9 oz	\$
Infant Cereal		8 oz	\$
Milk- Whole, Skim, 1% or 2%		Gallon	\$
Cheese- Block		Pound	\$
Baby Food- Fruit &Vegetables		4 oz	\$
Baby Food- Meat		2.5 oz	\$
Eggs- Large		Dozen	\$
Dry Beans/Peas/Lentils		Pound	\$
Peanut Butter		16-18 oz	\$
100% Juice- Frozen Can		11.5 - 12 oz	\$
100% Juice- Bottle		64 oz	\$
Breakfast Cereal- Highest cost per ounce -Fill in brand & number of ounces.	Brand: _____	_____ oz	\$
Bread, Rolls or Buns- 12-16 ounce -Fill in number of ounces.		_____ oz	\$
Fish, Canned- Chunk Light Tuna		5 oz	\$

Part B: General

Fish, Canned- Pink Salmon or Sardines -Fill in number of ounces, 7.5 - 14.75 oz		_____ oz	\$
Corn Tortillas -Fill in number of ounces, 8 or 16		_____ oz	\$
Brown Rice- Box or bag		16 oz	\$
Cheese- Kosher		Pound	\$
Bananas		Pound	\$
Tofu Tub		Pound	\$
Beans- Canned		15 - 16 oz	\$
Milk- Whole, Skim, 1% or 2%		½ Gallon	\$
Milk- Whole, Skim, 1% or 2%		Quart	\$
Milk- UHT Long-Life		Quart	\$
Milk- Evaporated		12 oz	\$
Milk- Lactose Free		Quart	\$
Milk- Lactose Free		½ Gallon	\$
Milk- Meyenberg Goat Milk		Quart	\$
Milk- Kosher		½ Gallon	\$
Soy Beverage		Quart	\$

Part C: Optional Specialty WIC Formula- Provide Price if Item is Stocked

Formula Name	Type*	Manufacturer	Size	Price
Boost Kid Essentials 1.5 cal with Fiber	RTF	Novaris Nutrition	27 pk 8 oz	\$
Bright Beginnings Soy Pediatric Drink	RTF	PBM Products	6 pk 8 oz can	\$
Compleat Pediatric	RTF	Nestle Infant Nutrition	8.45 oz can	\$
E028 Splash Box	RTF	Nutricia North America	27 pk 8 oz	\$
EleCare Infant	Powder	Abbott	14.1 oz	\$
EleCare Jr.	Powder	Abbott	14.1 oz	\$
Enfagrow Toddler Transitions Soy	Powder	Mead Johnson	21 oz	\$
Enfamil AR	Powder	Mead Johnson	12.9 oz	\$
Enfamil AR	RTF	Mead Johnson	32 oz	\$
Enfamil EnfaCare	Powder	Mead Johnson	12.8 oz	\$
Enfamil EnfaCare	RTF	Mead Johnson	32 oz can	\$
Enfamil Gentlease	Powder	Mead Johnson	12.4 oz	\$
Enfamil Gentlease	RTF	Mead Johnson	32 oz	\$
Enfamil (Premium) Infant	CONC	Mead Johnson	13 oz	\$
Enfamil (Premium) Infant	RTF	Mead Johnson	32 oz	\$
Enfamil ProSobee	CONC	Mead Johnson	13 oz	\$
Enfamil ProSobee	RTF	Mead Johnson	32 oz	\$
Ensure	RTF	Abbott	6 pk 8 oz	\$
Gerber Good Start Nourish	Powder	Nestle Infant Nutrition	12.6 oz	\$
Neocate Infant with DHA & ARA	Powder	Nutricia North America	14.1 oz	\$
Neocate Junior powder	Powder	Nutricia North America	14 oz	\$
Nutramigen w/Enflora LGG	Powder	Mead Johnson	12.6 oz	\$
Nutramigen	RTF	Mead Johnson	32 oz	\$
Nutren Jr.	RTF	Nestle Infant Nutrition	8.45 oz	\$
Nutren Jr. with Prebio Fiber	RTF	Nestle Infant Nutrition	8.45 oz	\$
Pediasure (Any Flavor)	RTF	Abbott	6 pk 8 oz	\$
Pediasure with Fiber (Any Flavor)	RTF	Abbott	6 pk 8 oz	\$
Pediasure 1.5 cal	RTF	Abbott	6 pk 8 oz	\$
Pediasure 1.5 cal with Fiber	RTF	Abbott	6 pk 8 oz	\$
Peptamen Jr. with Fiber	RTF	Nestle Infant Nutrition	8.45 oz can	\$
Pregestimil	Powder	Mead Johnson	16 oz	\$
PurAmino (formerly Nutramigen AA)	Powder	Mead Johnson	14.1 oz	\$
Similac Expert Care Alimentum	Powder	Abbott	16 oz	\$
Similac Expert Care Alimentum	RTF	Abbott	32 oz	\$
Similac Expert Care Neosure	Powder	Abbott	13.1 oz	\$
Similac Expert Care Neosure	RTF	Abbott	32 oz	\$
Similac PM 60/40	Powder	Abbott	14.1 oz	\$

RTF= Ready to Feed; CONC= Concentrate

Shelf Price Lists must be submitted every six months, more often if prices change.

I certify the above information is true and correct.

WIC ID # or Store Name:

Signature:

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN (WIC)

Choose the most convenient option to submit:

MAIL: Colorado Department of Public Health & Environment

WIC Program-Retailer Unit

PSD-NS-A4

4300 Cherry Creek Drive South

Denver, CO 80246-1530

FAX: (303) 756-9926 (ATTN: Retailer Unit)

EMAIL scanned copy to: cdphe_askwic@state.co.us

Excel spreadsheet can be requested at: cdphe_askwic@state.co.us

Formula Price List (Optional) WIC-Allowed Infant Formula & Nutritional Items

Pharmacy/Store Name: _____ WIC ID #: _____

Phone #: _____ Date: _____

UPC	Item Name	Size	Price
041679021934	Boost High Protein, Chocolate, RTF (12-pk)	12-pk of 8-oz bottles	\$
041679940662	Boost High Protein, Chocolate, RTF (6-pk)	6-pk of 8-oz bottles	\$
041679821978	Boost High Protein, Strawberry, RTF (12-pk)	12-pk of 8-oz bottle	\$
041679944363	Boost High Protein, Strawberry, RTF (6-pk)	6-pk of 8-oz bottles	\$
10043900941391	Boost High Protein, Vanilla, RTF (27-pk)	27 pack-8 oz	\$
041679022009	Boost High Protein, Vanilla, RTF (12-pk)	12-pk of 8-oz bottles	\$
041679941669	Boost High Protein, Vanilla, RTF (6-pk)	6-pk of 8-oz bottles	\$
10043900335886	Boost Kid Essentials 1.5, Chocolate, RTF	27 pack-8 oz (case)	\$
10043900335992	Boost Kid Essentials 1.5, Strawberry, RTF	27 pack-8 oz (case)	\$
10043900335442	Boost Kid Essentials 1.5, Vanilla, RTF	27 pack-8 oz (case)	\$
10043900335008	Boost Kid Essentials 1.5 with Fiber, Vanilla RTF	27 pack-8 oz (case)	\$
683744350091	Bright Beginnings Soy Pediatric Drink, RTF	6 pack-8 oz	\$
070074533292	Calcilo XD, Pwd	13.2 oz	\$
043900142401	Compleat Pediatric, RTF	8.45 oz	\$
070074511450	Cyclinex-1 Pwd	14.1 oz can	\$
070074511474	Cyclinex-2 Pwd	14.1 oz can	\$
749735126707	E028 Splash, Grape, RTF	27 pack-8 oz (case)	\$
749735110508	E028 Splash, Orange-Pineapple, RTF	27 pack-8 oz (case)	\$
749735126660	E028 Splash, Tropical Fruit, RTF	27 pack-8 oz (case)	\$
070074535111	EleCare Infant, Pwd	14.1 oz can	\$
070074552545	Elecare Jr., Unflavored, Pwd	14.1 oz can	\$
070074565866	Elecare Jr., Vanilla, Pwd	14.1 oz can	\$
300871409446	Enfagrow Soy Toddler Transitions, Pwd	20 oz	\$
300870201423	Enfamil AR, Pwd	12.9 oz	\$
300875103005	Enfamil AR, RTF	6 pack-8 oz	\$
300870019448	Enfamil EnfaCare, Pwd	12.8 oz	\$
300875102985	Enfamil EnfaCare, RTF	6 pack-8 oz	\$
300875100691	Enfamil Gentlease, Pwd	12.4 oz	\$
300875115626	Enfamil Gentlease, RTF	32 oz bottle	\$
300875103418	Enfamil Gentlease, RTF	6 pack-8-oz	\$
300871367418	Enfamil Infant, Conc	13 oz	\$
300871365421	Enfamil Infant, Pwd	12.5 oz	\$
300875115602	Enfamil Infant, RTF	32 oz bottle	\$
300875102428	Enfamil Infant, RTF	6 pack-8 oz	\$
300871195417	Enfamil ProSobee, Conc	13 oz	\$
300871214415	Enfamil ProSobee, Pwd	12.9 oz	\$
300875102503	Enfamil ProSobee, RTF	6 pack-8 oz	\$
300875111321	Enfamil Reguline, Pwd	12.4 oz	\$
300875111086	Enfamil Reguline, RTF	6 pk-8 oz	\$
300875105252	Enfaport, RTF	6 pack-6 oz	\$
070074517858	Ensure, Butter Pecan, RTF	6 Pack 8 oz bottles	\$
070074536231	Ensure, Chocolate, RTF	16 pack 8 oz bottles	\$
070074560168	Ensure, Coffee Latte, RTF	6 Pack 8 oz Bottles	\$
070074633893	Ensure, Strawberry, RTF	16 pack 8 oz bottles	\$
070074534329	Ensure, Vanilla, RTF	16 pack 8 oz bottles	\$
070074407012	Ensure Shake, Chocolate, RTF	6 Pack 8 oz Bottles	\$

Exhibit D- Formula Price List

070074538075	Ensure Shake, Dark Chocolate, RTF	6 Pack 8 oz Bottles	\$
070074407050	Ensure Shake, Strawberry, RTF	6 Pack 8 oz Bottles	\$
070074407111	Ensure Shake, Vanilla, RTF	6 Pack 8 oz Bottles	\$
070074517872	Ensure Plus, Butter Pecan, RTF	6 Pack 8 oz Bottles	\$
070074504674	Ensure Plus, Chocolate, RTF	24 - 8 oz (case)	\$
070074407029	Ensure Plus, Chocolate, RTF	6 Pack 8 oz Bottles	\$
070074538105	Ensure Plus, Dark Chocolate, RTF	6 Pack 8 oz Bottles	\$
070074583020	Ensure Plus, Strawberry, RTF (institutional)	24 - 8 oz (case)	\$
070074506470	Ensure Plus, Strawberry, RTF	24- 8 oz (case)	\$
070074407180	Ensure Plus, Strawberry, RTF	6 Pack 8 oz Bottles	\$
070074504650	Ensure Plus, Vanilla, RTF	24 - 8 oz (case)	\$
070074407074	Ensure Plus, Vanilla, RTF	6 Pack 8 oz Bottles	\$
749735002179	GA1 Anamix Early Years, Pwd	400 gm	\$
070074511412	Glutarex-1, Pwd	14.1 oz can	\$
070074511436	Glutarex-2, Pwd	14.1 oz can	\$
749735001691	HCU Anamix Early Years, Pwd	400 gm	\$
070074511177	Hominex-1, Pwd	14.1 oz can	\$
070074511191	Hominex-2, Pwd	14.1 oz can	\$
749735002117	IVA Anamix Early Years, Pwd	400 gm	\$
070074511375	I-Valex-1, Pwd	400 gm	\$
070074511399	I-Valex-2, Pwd	400 gm	\$
070074511139	Ketonex-1, Pwd	400 gm	\$
070074511153	Ketonex-2, Pwd	400 gm	\$
749735002155	MMA-PA Anamix Early Years, Pwd	400 gm	\$
749735001684	MSUD Anamix Early Years, Pwd	400 gm	\$
749735023600	MSUD Maxamaid, Pwd	1 lb	\$
749735023402	MSUD Maxamum, Pwd	1 lb	\$
749735025956	Neocate Infant, Pwd	14.1 oz	\$
749735026908	Neocate Junior, Chocolate, Pwd	14.1 oz	\$
749735021248	Neocate Junior, Tropical, Pwd	14.1 oz	\$
749735017906	Neocate Junio,r Unflavored, Pwd	14.1 oz	\$
749735064566	Neocate Junior with Prebiotics, Strawberry, Pwd	14.1 oz	\$
749735029121	Neocate Junior with Prebiotics, Unflavored, Pwd	14.1 oz	\$
749735006276	Neocate Junior with Prebiotics, Vanilla, Pwd	14.1 oz	\$
749735144510	Neocate Splash, Unflavored, RTF	27 pack-8 oz (case)	\$
300870498014	Nutramigen, Conc	13 oz	\$
300875115640	Nutramigen, RTF	1 quart (32 oz)-new-bottle	\$
300871239418	Nutramigen with Enflora LGG, Pwd	12.6 oz	\$
798716062107	Nutren 1.0, Unflavored, RTF	8.45 oz Tetra Prisma	\$
798716060561	Nutren 1.0 with Fiber, Unflavored, RTF	8.45 oz Tetra Prisma	\$
798716062206	Nutren 1.5, Unflavored, RTF	8.45 oz Tetra Prisma	\$
798716062305	Nutren 2.0, Unflavored, RTF	8.45 oz Tetra Prisma	\$
798716060622	Nutren Junior, Vanilla, RTF	8.45 oz	\$
798716060639	Nutren Junior with Fiber, Vanilla, RTF	8.45 oz	\$
070074407357	Osmolite 1Cal, RTF	8 oz	\$
070074538198	PediaSure, Berry, RTF	6 Pack 8 oz Bottles	\$
070074580531	PediaSure, Banana Cream, RTF	6 Pack 8 oz Bottles	\$
070074580593	PediaSure, Chocolate, RTF	6 Pack 8 oz Bottles	\$
070074580562	PediaSure, Strawberry, RTF	6 Pack 8 oz Bottles	\$
070074580500	PediaSure, Vanilla, RTF	6 Pack 8 oz Bottles	\$
070074563695	PediaSure with Fiber, Strawberry, RTF	6pk 8oz	\$
070074580623	PediaSure with Fiber, Vanilla, RTF	6pk 8oz	\$
070074518053	PediaSure Enteral, Vanilla, RTF	8 oz can	\$
070074518077	PediaSure Enteral with Fiber, Vanilla, RTF	8 oz can	\$

Exhibit D- Formula Price List

070074564104	PediaSure1.5 Cal, Vanilla, RTF	8 oz can	\$
070074564128	PediaSure1.5 Cal with Fiber, Vanilla, RTF	8 oz can	\$
798716062695	Peptamen, Unflavored, RTF	8.45 oz	\$
798716181853	Peptamen with PREBIO, Vanilla, RTF	8.45 oz	\$
798716601405	Peptamen Jr., Strawberry, RTF	8.45 oz	\$
798716062534	Peptamen Jr., Unflavored, RTF	8.45 oz	\$
798716062527	Peptamen Jr., Vanilla, RTF	8.45 oz	\$
798716364157	Peptamen Jr. with Prebio fiber, Chocolate, RTF	8.45 oz	\$
798716162616	Peptamen Jr with Prebio fiber, Vanilla, RTF	8.45 oz	\$
070074511214	Phenex-1, Pwd	400 gm	\$
070074511238	Phenex-2, Pwd	400 gm	\$
070074557564	Phenex-2, Vanilla Pwd	400 gm	\$
300875101728	Phenyl-Free 1, Pwd	16 oz	\$
300875100035	Phenyl-Free 2, Pwd	16 oz	\$
300875100103	Phenyl-Free 2HP, Pwd	16 oz	\$
700847095015	PhenylAde Essential Drink Mix, Chocolate, Pwd	16 oz Cans	\$
700847095039	PhenylAde Essential Drink Mix, Orange Crème, Pwd	16 oz Cans	\$
700847095046	PhenylAde Essential Drink Mix, Strawberry, Pwd	16 oz Cans	\$
700847095084	PhenylAde Essential Drink Mix, Unflavored, Pwd	16 oz Cans	\$
700847095022	PhenylAde Essential Drink Mix, Vanilla, Pwd	16 oz Cans	\$
749735101643	PKU Periflex Early Years	400 gm	\$
749735094778	PKU Periflex Junior Plus, Unflavored, Pwd	400 gm	\$
749735094747	PKU Periflex Junior Plus, Berry, Pwd	400 gm	\$
749735094761	PKU Periflex Junior Plus, Orange, Pwd	400 gm	\$
749735094785	PKU Periflex Junior Plus, Vanilla, Pwd	400 gm	\$
300870387011	Portagen, Pwd	14.4 oz	\$
300870367013	Pregestimil, Pwd	16 oz	\$
070074511498	Pro-Phree, Pwd	400 gm	\$
070074511337	Propimex-1, Pwd	400 gm	\$
070074511351	Propimex-2, Pwd	400 gm	\$
070074502618	ProViMin, Pwd	5.3 oz can	\$
300875104804	PurAmino, Pwd	14.1 oz	\$
070074401089	RCF, Conc	13 oz	\$
070074647128	Similac Alimentum, Pwd	12.1 oz	\$
070074575131	Similac Alimentum, RTF	32 oz	\$
054598111759	Similac Human Milk Fortifier, Pwd	50 (0.90-gm) packets	\$
070074574318	Similac NeoSure, Pwd	13.1 oz	\$
070074574561	Similac NeoSure, RTF	1 qt (32 oz)	\$
070074608501	Similac PM 60/40, Pwd	14.1 oz can	\$
043900458052	Tolerex, Unflavored, Pwd	2.8 oz pkg/6-pk	\$
749735002186	TYR Anamix Early Years, Pwd	400 gm	\$
070074511290	Tyrex-1, Pwd	400 gm	\$
070074511276	Tyrex-2, Pwd	14.1 oz can	\$
300875101919	TYROS 1, Pwd	16 oz	\$
300875100240	Tyros 2, Pwd	16 oz	\$
043900713106	Vivonex Pediatric, Pwd	6 packets-1.7 oz	\$
043900712772	Vivonex T.E.N., Unflavored, Pwd	2.84 oz/10 pk	\$
749735023648	XLeu Maxamaid, Pwd	16 oz	\$
749735023433	XLeu Maxamum, Pwd	16 oz	\$
749735023594	XLys, XTrp Maxamaid, Pwd	16 oz	\$
749735023440	XLys, XTrp Maxamum, Pwd	16 oz	\$
749735023631	XMet Maxamaid, Pwd	16 oz	\$
749735023419	XMet Maxamum, Pwd	16 oz	\$
749735023617	XMTVI Maxamaid, Pwd	16 oz	\$

Exhibit D- Formula Price List

749735023426	XMTVI Maxamum, Pwd	16 oz	\$
749735023570	XPhe Maxamaid, Orange, Pwd	16 oz	\$
749735023716	XPhe Maxamaid, Strawberry, Pwd	16 oz	\$
749735023587	XPhe Maxamaid, Unflavored, Pwd	16 oz	\$
749735023020	XPhe Maxamum, Orange, Pwd	16 oz	\$
749735023013	XPhe Maxamum, Unflavored, Pwd	16 oz	\$
749735023624	Xphe, XTyr Maxamaid, Pwd	16 oz	\$

**WIC formulas are generally fortified with iron, unless otherwise noted.
This list should be submitted at least every six months, more often if prices change.**

I certify the above information is true and correct.

Preparer Name: _____ Preparer Signature: _____

Choose the most convenient option to submit:

MAIL:

Colorado Dept. of Public Health & Environment
C/O Retailer Unit
PSD-NS-A4
4300 Cherry Creek Drive South
Denver, CO 80246-1530

FAX:

(303) 756-9926 (ATTN: Retailer Unit)

EMAIL & SCAN:

cdphe_askwic@state.co.us

Excel spreadsheet can be requested at: cdphe_askwic@state.co.us

Minimum Stocking Waiver Form

Retailer: _____

Address: _____

Retailer WIC ID #: _____

Only currently-authorized retailers may request waivers from the minimum stocking requirements. Waivers are provided only if the store has no sales of the item within the previous 3 months.

Item description: _____

Upon request by a WIC participant and/or WIC staff, the item will be made available within 24-72 hours of the request. Once the request has been made this waiver becomes void.

Store Manager

Date

Local Agency WIC Staff

Date

Colorado Retailer Unit Representative

Date





COLORADO
Prevention Services Division
Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Colorado WIC Retailer Agreement

Colorado Department of Public Health & Environment (CDPHE)
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Store Name and WIC ID# _____
(Attach list of store names and ID #'s if multiple locations)

This Retailer Agreement 2017-2019 (“Agreement”) is made by and between the state of Colorado, acting by and through Colorado WIC, the Colorado Department of Public Health and Environment, Prevention Services Division, whose address and principal place of business is 4300 Cherry Creek Drive South, Denver, Colorado 80246, and the entity named below, hereinafter referred to as the “Retailer.”

Legal name of entity

Principal place of business—street address, city, state and zip code

Agreement effective until: **December 31, 2019.**

PURPOSE

This document, upon signature by the retailer and Colorado WIC, is an agreement for the purpose of providing an authorized source from which qualifying women, infants and children can obtain nutritious supplemental foods in accordance with the rules, regulations and policies of the Special Supplemental Nutrition Program for Women, Infants and Children established by the Food and Nutrition Service (FNS), United States Department of Agriculture (USDA) and the Colorado Department of Public Health and Environment (CDPHE).

FACTUAL RECITALS

Section I: Partnering with the Program

1. This Agreement authorizes the above-named Retailer to accept WIC food instruments (i.e., WIC checks and eWIC cards) issued by the State’s Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (hereinafter referred to as the Program).
2. The Retailer shall comply with all applicable federal regulations contained in the Federal Register, 7 C.F.R. Part 246, and Program policies and procedures which are contained in the current version of the Colorado WIC Retailer Handbook (Handbook). This Handbook, and all relevant policy letters issued by the Program, are incorporated herein by this reference and made part hereof.
3. The Retailer agrees to remain in compliance with the authorization selection criteria as outlined in the Handbook throughout the term of this Agreement.
4. The Retailer, or an authorized representative of the Retailer, shall participate in training sessions offered by the Program on its policies and procedures. Annual retailer training may be provided by the Program in a variety of formats, including newsletters, videos, and interactive training. Face-to-face interactive training shall be conducted at least once during the term of this Agreement. The Program shall have sole discretion to designate the date, time and location of all interactive training, except that the Program shall provide the Retailer with at least one alternative date on which to attend this interactive training. The Retailer is responsible for training cashiers on how to correctly process WIC-authorized transactions. The Retailer shall provide all affected employees with any new information it receives from the Program. The Retailer is ultimately liable for the actions of its owners, officers, managers, agents and employees with respect to WIC-authorized transactions.
5. The Retailer shall provide time to federal, state or local agency representatives for periodic, announced and unannounced visits to determine its compliance with federal or state rules, regulations, policies and procedures of the Program. The Retailer shall provide access to its shelf price and transaction records in its possession at the time of the visit upon request.

6. The Retailer shall maintain inventory records used for federal tax reporting purposes and other records the Program may require for the time period covered by this Agreement. Upon request, the Retailer shall make available to representatives of the Program, the Department, and the Comptroller General of the United States, at any reasonable times and places for inspection and audits, Program-related records.
7. The Retailer shall accept WIC transactions using the procedures outlined in the Handbook, including those listed below:
 - a. The retailer shall accept payment based on the retailer's peer group (i.e., like stores in the same geographical type area) price levels.
 - b. The Retailer shall provide WIC-authorized foods to a WIC participant at the same price charged to a non-WIC participant.
 - c. The Retailer shall not apply tax of any kind to authorized foods purchased with a WIC food instrument.
 - d. The Retailer shall not provide unauthorized food items, non-food items, cash or credit (including rain checks) in exchange for a WIC food instrument.
 - e. The Retailer shall not provide refunds or permit exchanges for authorized supplemental foods obtained with a WIC food instrument, except for exchanges of an identical authorized supplemental food item when the original authorized supplemental food item is defective, recalled, spoiled, or has exceeded its "sell by," "best if used by," or other date limiting the sale or use of the food item.
 - f. As described in the 7 CFR 246 and the Handbook, all sanctions for WIC Program fraud and abuse and penalties apply to eWIC cards and are interchangeable with all references to WIC checks, food instruments and benefits.
8. The Retailer shall notify the Program at least 30 calendar days in advance of the date it intends to cease operations or change location or ownership. This Agreement is null and void upon the effective date of a change of ownership.
9. The Retailer shall have approval to redeem SNAP benefits, is in good standing with the USDA Food and Nutrition Service, shall be licensed as a Retail Food Establishment and shall comply with the Colorado Retail Food Establishments Rules and Regulations as in effect on January 1, 2017, or as amended and revised.
10. The Retailer shall not discriminate against a WIC participant on the basis of race, color, national origin, sex, age or disability. The Retailer shall offer WIC participants the same courtesies as those offered to non-WIC participants.
11. The Retailer shall not attempt to seek additional reimbursement from a WIC participant under any circumstances in connection with a WIC transaction.
12. The Program may issue a claim and bill the Retailer for payments it has already made to the Retailer in error, or upon detection of a Program violation. Retailers have 30 calendar days to pay the claim. Failure to pay the claim shall result in future payments being withheld to offset the claim.
13. The Retailer is responsible for fees, including but not limited to interchange fees, its bank or point-of-sale processor may charge.
14. The Retailer shall submit shelf price surveys as requested by the Program.
15. If the Retailer fails to comply with the Program requirements, as defined in the Handbook, applicable federal regulations, and this Agreement, including any changes made by policy letter, then the Retailer may be disqualified from further participation in the Program, may be required to pay a civil money penalty, may be required to participate in mandatory remedial training, may be required to submit a corrective action plan, or may be denied payment by the Program.
16. If the Program disqualifies or imposes a civil money penalty against the Retailer then the Retailer may also be disqualified from participation in the Supplemental Nutrition Assistance Program (SNAP), which is administered by the USDA, for an equal period of time. A reciprocal disqualification from SNAP, based on a disqualification by the Program, is not subject to administrative appeal to SNAP or judicial review.
17. If the Retailer is disqualified from SNAP because of a failure to comply with the requirements of that program then the Retailer shall also be disqualified from this Program. The reciprocal Program disqualification shall be for an equal period of time as the SNAP disqualification.

However, the Program period of disqualification may begin at the same time as the SNAP period of disqualification or on a later date than the SNAP disqualification. If a potential disqualification of the Retailer from the Program is based on a SNAP disqualification but would result in inadequate WIC participant access in the service area of the Retailer, then the Program shall not disqualify the Retailer but may impose a civil money penalty in lieu of disqualification. Subsequent sanctions may result in disqualification. A reciprocal disqualification by the Program, based on a SNAP disqualification, is not subject to administrative appeal to the WIC Program or judicial review.

18. If SNAP assesses a civil money penalty against the Retailer, instead of disqualification, to avoid creating inadequate SNAP participant access in the service area of the Retailer, then the Program may disqualify the Retailer from participation in its Program. If the Retailer is disqualified from the Program because of the imposition of a civil money penalty by SNAP, then the Retailer may file an administrative appeal with the Program of that disqualification.
19. The Program may impose a sanction of disqualification and/or the imposition of a civil money penalty against the Retailer only after the Program has given the Retailer 15 calendar days' advance written notice of its intent to impose a sanction. In deciding whether or not to postpone the imposition of a sanction until a hearing decision has been rendered, the Program shall determine whether inadequate WIC participant access would result from the imposition of its proposed sanction. The Program is not required to give the above-referenced notice to the Retailer if the sanction is based on the conviction of the Retailer for: buying or selling a WIC check or an eWIC card (trafficking); or selling firearms, ammunition, explosives or controlled substances in exchange for a WIC check or an eWIC card. The effective date of the WIC Program sanction shall be the date the Retailer receives written notice of that sanction. The Program will notify a retailer in writing of an initial violation for which a pattern is required to sanction; unless it is determined that notification would compromise an investigation. Refer to the Handbook for a listing of retailer sanctions.
20. The Program shall immediately terminate this Agreement if it determines that the Retailer has provided false information in connection with its application for authorization.
21. The Program shall terminate this Agreement if the Program identifies a conflict of interest, as defined by applicable state laws, regulations and policies between the Retailer and the Program or its local agencies.
22. A retailer who commits fraud or abuse in the Program is liable for prosecution under applicable federal, state or local laws. Anyone who willfully misapplies, steals or fraudulently obtains Program funds shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of no more than \$1,000 or imprisonment for not more than one year, or both.
23. This Agreement does not constitute a license or a property interest. If the Retailer wishes to continue to be authorized beyond the term of the current Agreement, then the Retailer must apply for reauthorization. If the Retailer is disqualified, then the Program may terminate this Agreement. If this Agreement is terminated, then the Retailer must reapply in order to be authorized after the disqualification period expires. In all cases, the Retailer's new application shall be subject to the Program's authorization criteria in effect at the time of the reapplication. Neither the Program nor the Retailer has an obligation to renew this Agreement. Expiration of this Agreement shall not be subject to appeal or administrative review.
24. The Retailer has the right to appeal, through a fair hearing process, a Program decision which denies an application of the Retailer to participate in the Program or disqualifies the Retailer from participation in the Program. The expiration or non-renewal of this Agreement is not subject to administrative appeal or judicial review. If a hearing has been scheduled, then the Retailer shall have one opportunity to reschedule the hearing date upon written request to the Program. (Administrative review procedures and actions subject to review are provided in the Handbook.)
25. The Program may terminate this Agreement by providing the Retailer with 15 calendar days advance written notice of its intent to terminate. The Retailer may terminate this Agreement by providing 30 calendar days advance written notice of its intent to terminate. The parties shall not be released from their respective duties to perform their obligations until the effective date of termination has passed.
26. This Agreement is effective as of the date the last party signs it and shall remain in effect, unless otherwise terminated, until **December 31, 2019**.
27. Retailers authorized as pharmacies agree not to provide standard infant formula unless by request from Colorado WIC.

Section II: eWIC Definition

1. Approved Product List (APL) - Electronic files identifying WIC food items authorized by Colorado WIC for purchase with WIC benefits.
2. Cash Value Benefit (CVB) - A fixed-dollar amount associated with the eWIC card used by a cardholder to obtain authorized fruits and vegetables.
3. Electronic Cash Register (ECR) - A type of cash register used by stores with an integrated system to accept eWIC transactions.
4. eWIC Cardholder - An authorized person (i.e., participant, parent, legal guardian, caretaker, proxy) in possession of a eWIC benefit card. This eWIC benefit card and Personal Identification Number (PIN) allows the cardholder to purchase approved food items prescribed to one or more participants assigned to a family's account.
5. eWIC Transaction - An on-line, real time payment method that electronically pays authorized retailers for food items purchased by an eWIC cardholder. An eWIC card is issued by Colorado WIC to each eligible family account. The eWIC card is used by the eWIC cardholder to purchase approved foods at authorized retailer locations.
6. eWIC Contractor - EBT contractor hired by WIC.
7. Personal Identification Number (PIN) - A secret identification number selected by the eWIC cardholder to access their WIC benefits.
8. Price Look Up (PLU) - A 4 or 5 digit number defined by the International Federation for Produce Standards (IFPS) used to identify products that typically are of variable measure.
9. Universal Product Code (UPC) - A specific type of barcode used to identify products sold by retailers. Approved WIC food item UPC codes are entered on the APL file.
10. Balance Inquiry (BI) - A shopping list and/or to the balance of the items in the eWIC benefit balance provided to WIC shoppers prior to beginning a purchase.
11. Void - The cancellation of a transaction (before the entire transaction has been completed). A voided transaction shall not be used to return or provide credit for WIC foods.
12. Reversal - To partially or completely nullify the effects of a previous purchase transaction and add benefits back to the WIC prescription benefit because the transaction cannot be processed as instructed.
13. Food instrument - The instrument used by the WIC Program to conduct WIC transactions (e.g., eWIC cards and WIC checks).

Section III: eWIC Processing Requirements

The Retailer shall demonstrate its capability to accept WIC benefits electronically (i.e., the retailer has an Electronic Benefit Transfer (EBT) capable register system) prior to authorization and shall comply with WIC EBT operating rules, standards and technical requirements such as those in the Technical Implementation Guide. If a retailer is necessary for participant access and cannot accept WIC benefits electronically, Colorado WIC may provide the retailer with a stand-beside Point-of-Sale (POS) system.

The Retailer shall redeem Colorado WIC benefits in the form of an EBT process using eWIC cards during normal business hours as indicated by the retailer in its application or otherwise. It is also understood that the retailer shall continue to accept paper checks during normal hours until such time as Colorado WIC no longer has valid paper checks. A retailer's normal hours of operations must be submitted to the Colorado WIC as part of the application and selection process.

The provisions in this section apply to authorized retailers that are using either an integrated system (i.e., operate a certified integrated ECR POS system) or a stand-beside device (i.e., using a POS stand-beside device(s) leased from Fidelity Information Services (FIS) Government Solutions) to accept eWIC transactions. For retailers that use a stand-beside device(s), certain provisions, outlined in this section may not apply and will be identified as such.

In order to be authorized by Colorado WIC to accept eWIC transactions, the retailer shall:

1. Process all transaction types that are required by Colorado WIC. At a minimum this includes balance inquiry, purchase, void and reversal. (In compliance with 7 CFR 246.12(h)(3)(xxxi) and 7 CFR 246.12(bb)(1).)
2. All eligible integrated ECR/POS systems must be capable of processing on-line, real time eWIC transactions that originate from Colorado WIC. To ensure that the integrated ECR system you own or will be purchasing is certified for Colorado eWIC transactions contact the eWIC contractor. At the time of this writing the eWIC contractor contact is:
Custom Data Processing, Inc. (CDP)
Jim Chilcoat, Retailer Relationship Manager
Office: 502-695-1999
Cell: 859-779-5332
Email: jim.chilcoat@cdpehs.com
3. All self-checkout lanes must be separately certified by CDP and pre-approved by Colorado WIC.
4. Implement a certified system prior to accepting eWIC benefit cards for purchase that performs online eWIC transactions in accordance with published rules, policies and specifications, including:
 - a. USDA-FNS WIC EBT Operating Rules as amended from time to time.
 - b. USDA-FNS Technical Implementation Guide. (For access to the most recent version of these documents visit: <http://www.fns.usda.gov/wic/wic-electronic-benefits-transfer-ebt-guidance>)
5. Accept liability for any redemption of eWIC benefits:
 - a. For which an approval has not been received from Colorado WIC; and
 - b. For the incorrect redemption of benefits (e.g. providing an item not authorized by Colorado WIC or not available in the cardholder's account).
6. Accept as payment in full for each WIC authorized product redeemed the lesser of (i) the shelf price requested for the product or (ii) the Colorado WIC calculated Not-To-Exceed (NTE) price for that product within the store's assigned peer group. Coupon discounts, coupon reductions, price matching or free items are applied to the purchase transaction prior to accepting payment from the WIC cardholder.
7. Ensure that the most current Colorado APL is downloaded to the ECR system or stand-beside device.
8. Scan (or manually enter) the actual UPC or PLU that is affixed to the approved food presented by the eWIC cardholder. For stores with a stand-beside device, all fresh or frozen fruit or vegetable dollar amounts will be entered on the CVB screen.
9. The retailer must never scan codes from UPC codebooks or reference sheets. The retailer is prohibited from scanning any UPC as a substitute, replacement or scanning a UPC that is otherwise not actually affixed to the item being purchased by the eWIC cardholder. (Formula Warehouses authorized as Pharmacy retailers may apply for approval of an exemption.)
10. Follow Program procedure to submit new UPC codes for consideration to the APL.
11. Assure that only WIC approved fruits and vegetables are sold in exchange for the CVB amount; mapping only allowed produce as WIC eligible. Retailer may submit the listing of the UPC and product descriptions of produce to Colorado WIC for approval before mapping to the closest PLU.
12. Provide the capability for eWIC cardholders to retrieve their currently available food benefits balance while in the store (BI) without requiring a purchase to be made.
13. Provide the eWIC cardholder with a receipt which, at a minimum, shows the store name and address, the date of the transaction, product(s) purchased, price charged for each purchase, and the remaining balance of available benefits.
14. Maintain the certified ECR integrated system or stand-beside device in a manner necessary to ensure system availability for eWIC processing during all hours the store is open for business.
15. Authorized retailers that have \$2 million dollars or more in food sales annually MUST have 1 device for every \$11,000 in monthly WIC redemption. Authorized stores that have less than \$2 million dollars in food sales annually MUST have 1 device for every \$8,000 in monthly WIC redemption. Retailers shall not restrict eWIC cardholders to a single lane when multiple lanes are eWIC capable.

16. Authorized retailers using a POS stand-beside device may elect to provide eWIC processing capabilities to more lanes than the number required by the WIC Program. If this option is elected, any additional cost incurred must be directly paid by the retailer unless pre-approved by the program. The retailer must contract with the eWIC Contractor for any additional equipment and support services. The WIC program will lease POS devices, during the implementation period, for up to four lanes. Stores that become WIC authorized after the implementation period is over will not be eligible for this compensation without pre-approval.
(Colorado WIC will not impose cost on participating retailers using a stand-beside that is single function (i.e., used exclusively for WIC transactions). Colorado WIC will share in the cost of multi-function POS equipment that supports both eWIC and SNAP if the state agency identifies the retailer is necessary for participant access to WIC foods.)
17. Appropriately display signage as pre-approved by Colorado WIC at checkout lanes that can process eWIC transactions. Ensure signs are posted in a manner consistent with lane identifiers for other payment types at all lanes that accept eWIC transactions.
18. Ensure the eWIC redemption process requires the eWIC cardholder to use a PIN in a manner that protects the security of the PIN and in which no one other than the eWIC cardholder will have knowledge of the PIN. The PIN, along with a valid eWIC benefit card, is the sole source of identification needed in processing a eWIC transaction. The eWIC card must be available at the transaction.
19. Provide only currently authorized WIC foods in exchange for valid benefits issued by the WIC program as follows:
 - a. Sell only approved foods to eWIC cardholders as identified in their electronic benefit account and on their shopping list/benefit prescription.
 - b. Sell only foods that are approved on the Colorado APL to eWIC cardholders.
 - c. Sell only approved fresh or frozen fruits and vegetables. In processing fruit and vegetable benefit transactions on the stand-beside device, use CVB Button (please see user manual).
20. Ensure that all cashiers are trained in the proper acceptance and processing of eWIC transactions.
21. Not charge the WIC program for any fee arising out of, or associated with, operating, maintaining or processing eWIC transactions.
22. Not charge the eWIC cardholder any fee, either directly or indirectly, arising out of or associated with operating, maintaining or processing eWIC transactions.
23. Ensure eWIC cardholders are never given cash in exchange for redeeming their food benefits. Never buy or sell food benefits or food instruments (i.e., WIC checks or eWIC cards) for cash (trafficking).
24. Sell each WIC approved item at the same price charged to other customers, and charge the WIC program for only those items actually purchased and received by the eWIC cardholder.
25. Keep all eWIC cardholder information confidential, at no time confiscate the eWIC benefit card(s), or ask for, or enter the cardholder's PIN.
26. Request WIC re-certification if you or the company that supports your ECR revises the system in any manner that impacts its eWIC transaction processing capabilities.
27. Provide timely transaction documentation as requested and fully cooperate in the resolution of any dispute arising in relation to eWIC transactions and redemptions.
28. Maintain required records for the greater of three years after final payment is received or after all pending matters have been resolved. This includes the purchase and inventory records for approved WIC food items which the Retailer has claimed reimbursement from the WIC program.
29. Accept manufacturer's coupons and other store promotions for WIC approved items in processing eWIC transactions in compliance with FNS EBT Operating Rules.
30. Be responsible for updating price changes in the POS device including, but not limited to, changes due to sales or other promotions.
31. Any eWIC cards found in the store or on the store property, if left unclaimed for 24 hours, should be returned to the Colorado WIC office by mailing the cards to WIC, PSD-NS-A4, 4300 Cherry Creek Drive South, Denver, CO 80246.
32. Colorado WIC Program may deny payment for improperly transacted WIC purchases or may initiate a claim for payments already made on improperly redeemed eWIC purchases.

33. Comply with terms of the FIS Merchant's Agreement. (This provision applies to retailers using a stand-beside device(s) only).
34. The eWIC card must be present at the time of purchase. The card number may be manually keyed if the magnetic stripe is not functioning correctly only if the card is present.
35. Retailer must be certified to accept eWIC transactions during statewide implementation or at the time of authorization if after implementation.
36. Additional sanctions for fraud and abuse:
 - a. Colorado WIC Office may send a warning letter to the Retailer, require training for designated personnel, require implementation of a corrective action plan, require payment of a forfeiture, require recoupment, disqualify the Retailer for no more than six months, or impose any combination of these sanctions if they:
 - i. Fail to maintain a current Food Dealers or Pharmacy License.
 - ii. Fail to notify the Colorado WIC Retailer Unit of any civil or criminal convictions.
 - iii. Fail to pay child support, taxes and money judgments.
 - b. When a store location is currently involved in the audit process or has been sanctioned by WIC or SNAP and is in the appeal process, authorization of a new owner may be denied at this location until completion of audit or appeal decision is rendered.
37. A Retailer that utilizes a Value Added Reseller, an Acquirer or a Third Party Processor (TPP) shall incorporate these requirements into agreements with those parties. The retailer is responsible for expenses, cost and fees related to SNAP and the utilization of a Value Added Reseller, an Acquirer or a TPP.

Section IV: Colorado WIC Responsibilities

In order to support retailers in processing eWIC transactions the Program agrees to:

1. Encourage commercial development of integrated eWIC systems and offer a stand-beside device via a designated eWIC Contractor to authorized retailers electing to use this option.
2. Provide, during the implementation period, stand-beside devices as needed, based on the store's average monthly WIC redemptions, number of cash registers or other agreed upon factors, if applicable.
3. Provide networks and host processing for eWIC transactions that provide on-line and real time approval, 24 hours a day, seven days a week at least 99.9% of the time. Occasionally system maintenance will occur and will be scheduled between 1am and 5am local time.
4. Make available daily the most current APL containing a complete listing of products that are approved for redemption by Colorado WIC through its eWIC Contractor.
5. Provide training to store representatives, as needed, on the eWIC policies and procedures.
6. Establish a calculated NTE price for each WIC approved food item and use this NTE in reimbursing retailers for items purchased by the eWIC cardholder.
7. Reimburse (settle to) the Retailer for approved eWIC transactions that are made in accordance with applicable state and federal rules and requirements. Settlement will make use of commercial payment system settlement practices. Settlement amounts may differ from requested amounts because:
 - a. The price of the food items within a transaction exceeds the NTE price designated by WIC program for that food item and quantity or exceeds the Retailer's shelf price for the food purchased;
 - b. Not all of the food items within a transaction are approved; or
 - c. Adjustments for previous transactions are applied.
8. Reimburse the Retailer for all approved eWIC redemptions that are made in accordance with applicable state and federal requirements.
9. Provide administrative oversight to ensure authorized stores meet compliance and integrity requirements in accepting and processing eWIC transactions.

Section V: Signatures

The Retailer agrees that the Retailer has read, understands and will comply with the terms in this Agreement. The Retailer also agrees to comply with conditions stated in: 7 CFR 246, the completed application form, stock price surveys, the Colorado WIC Retailer Handbook, approved foods list, memos, other formal instructions, and terms of participation issued to retailers by the Colorado WIC Office.

The undersigned represents that he/she is an owner or has other legal authority to obligate the retailer:

Owner/Corporation Name

Please Print Your Name

SIGNATURE

Please Print Your Title

Date Signed

The undersigned has the authority to sign this Agreement on behalf of the Colorado WIC Program Director (Erin Ulric).

Name

SIGNATURE

Title

Date Signed

COLORADO WIC (State Agency)

ADMINISTRATIVE REVIEW PROCEDURES FOR RETAILER APPEALS

A. Definition of an Administrative Review

Administrative Review Procedures allow affected retailers, who file an appeal concerning one of the actions listed in Subsection B of this policy, an opportunity to have a formal hearing by an impartial Administrative Hearing Official (hearing officer). Hearings will be conducted at the state level in accordance with the Administrative Procedures Act §24-4-105 and §24-4-106 C.R.S., Code of Federal Regulations 7 Part 246, and WIC policies and procedures.

These procedures provide a mechanism to ensure that:

1. Retailers have an objective and impartial avenue of redress when they feel they have been denied authorization, treated unfairly, or have had an adverse action taken against them by Colorado WIC (Program) and/or Local WIC Agency (LA); and
2. Program standards, policies, procedures and regulations are being applied without prejudice.

B. Actions subject to Administrative Review

1. Denial of authorization based on the application of the retailer selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the retailer is attempting to circumvent a sanction;
2. Termination of an agreement for cause;
3. Disqualification; and
4. Imposition of a fine or a civil money penalty in lieu of disqualification.

C. Actions subject to Abbreviated Administrative Review

1. Denial of authorization based on the WIC selection criteria for business integrity or for a current Supplemental Nutrition Assistance Program (SNAP) disqualification or civil money penalty for hardship;
2. Denial of authorization based on the application of the WIC selection criteria for competitive price;
3. The application of State agency's retailer peer group criteria and the criteria used to identify vendors that are above-50-percent retailers or comparable to above-50-percent retailers; application of peer group criteria and above 50% status determination when the application for this criteria is the basis of the adverse action.
4. Denial of authorization based on a State agency-established retailer selection criterion if the basis of the denial is a WIC retailer sanction or a SNAP withdrawal of authorization or disqualification;
5. Denial of authorization based on the State agency's retailer limiting criteria;
6. Denial of authorization because a retailer submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
7. Termination of an agreement because of a change in ownership or location or cessation of operations;
8. Disqualification based on a trafficking conviction;
9. Disqualification based on the imposition of a SNAP civil money penalty for hardship;
10. Disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
11. A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification;
12. Denial of an application based on a determination of whether an applicant retailer is currently authorized by SNAP.

D. Actions not subject to an Administrative Review

1. The validity or appropriateness of the State agency's retailer limiting criteria or retailer selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current Supplemental Nutrition Assistance Program disqualification or civil money penalty for hardship;
2. The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, retailer peer group criteria and the criteria used to identify retailers that are above-50-percent retailers or comparable to above-50-percent retailers;
3. The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;
4. The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to Sec. 246.12(g)(11);
5. The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent retailer's request to provide an incentive item to customers;
6. The State agency's determination whether to notify a retailer in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction;
7. The State agency's determination whether a retailer had an effective policy and program in effect to prevent trafficking and that the ownership of the retailer was not aware of, did not approve of, and was not involved in the conduct of the violation;
8. Denial of authorization if the State agency's retailer authorization is subject to the procurement procedures applicable to the State agency;
9. The expiration of a retailer's agreement;
10. Disputes regarding food instrument or cash-value voucher payments and retailer claims (other than the opportunity to justify or correct a retailer overcharge or other error; and
11. Disqualification of a retailer as a result of disqualification from SNAP.

E. Procedures for an Administrative Review

1. Notification of Action
 - a. When the adverse action is a denial of authorization or permanent disqualification based on a conviction for trafficking in WIC food instruments (checks and eWIC cards) or selling firearms, ammunition, explosives or controlled substances, no advance notice will be issued. The effective date of the action will be on the date of receipt of the notice.
 - b. For all other adverse actions Colorado WIC will provide the retailer with a written notice of adverse action at least fifteen (15) calendar days prior to the effective date of the action.
 - c. The notice of adverse action shall include the action being taken, the cause(s) for the action, and the right to appeal the action. A copy of the Administrative Review Procedures will also be provided.
2. Appealing an Action
 - a. Within thirty (30) calendar days of the receipt of the notice of action the retailer must submit a written request for an Administrative Review to Colorado WIC. The request must include the following information: retailer name, retailer ID, action(s) being appealed, reason for appeal and date of request.
 - b. A request for a hearing will be denied or dismissed if:
 - i. the request is not received within thirty (30) calendar days from the date the notice is received by the retailer;
 - ii. the request is withdrawn in writing by the retailer or representative; and/or
 - iii. the retailer or representative failed, without good cause as determined by the hearing officer, to appear at scheduled hearing.
 - c. Appealing an action does not relieve a retailer, permitted to continue participating in Colorado WIC while its appeal is in process, from the responsibility of continued compliance with the terms of the Agreement. Continued participation in Colorado WIC, pending an appeal decision, will be granted only in situations when a Civil Money Penalty has been assessed due to inadequate participant access.

3. Administrative Review Hearing - General Rules and Procedures
 - a. Upon receipt of an appeal request, Colorado WIC will acknowledge to the retailer, in writing, that it has received the request. An explanation of the hearing procedures will be sent with the acknowledgement.
 - b. Retailer will receive a minimum of ten (10) calendar days advance written notice of the time and place of the hearing.
 - c. CDPHE will provide a hearing officer, an impartial decision maker, whose decision as to the validity of the action shall rest solely on the evidence presented at the hearing, the federal regulations and Colorado WIC policies and procedures.
 - d. The retailer shall have the opportunity to:
 - i. present its case and at least one opportunity to reschedule the hearing date upon request;
 - ii. cross-examine adverse witnesses;
 - iii. be represented by counsel; and
 - iv. examine prior to the hearing the evidence upon which the adverse action is based.
 - e. The hearing shall be conducted in accordance with provisions of §24-4-105 C.R.S.
4. Administrative Review Decision
 - a. Within ninety (90) calendar days of the receipt of the appeal, the hearing officer must issue an initial Administrative Review Decision (decision) providing a summary of the facts of the case, specifying the reasons for the decision, and identifying the supporting evidence and the pertinent regulations or policy.
 - b. The initial decision of the hearing officer shall be submitted, in writing, to the Executive Director of the Department. A copy of the decision will also be provided to Colorado WIC and the retailer.
 - c. The retailer or Colorado WIC may file a written appeal of the initial decision with the Department's Executive Director within twenty (20) calendar days of receipt of the initial decision. The Executive Director may affirm, modify, or reverse the initial decision in accordance with §24-4-105 C.R.S.
 - d. If an appeal is not received within twenty (20) calendar days the initial decision of the hearing officer will be adopted by the Executive Director and shall constitute the final action.
 - e. If the decision is in favor of the retailer, and authorization was denied or disqualification occurred, the retailer will be authorized on as soon as administratively feasible after receipt of administrative review decision.
 - f. If the decision is in favor of Colorado WIC and the disqualified retailer was permitted to continue accepting WIC food instruments the retailer will be terminated as soon as administratively feasible. Retailers will be allowed to continue accepting WIC food instruments during an appeal only if an inadequate participant access was determined.
 - g. If the decision regarding a civil money penalty is in favor of Colorado WIC, efforts to collect the penalty will resume immediately.
 - h. Upon receipt of notice of the initial decision, Colorado WIC shall comply with the decision unless an appeal is filed pursuant to §24-4-105 C.R.S.
 - i. After unsuccessful appeal, retailer and Colorado WIC shall comply with decision.
 - j. The effective date of the action is the date retailer receives the decision.
5. Withdrawal or Default of an Appeal
 - a. A withdrawal of an appeal occurs when the retailer states, in writing, that he or she no longer wishes a hearing.
 - b. A default occurs when the retailer fails to appear at the hearing without good cause as determined by the hearing officer, or the retailer cannot be located through his or her last address of record.

F. Judicial Review

If the Department's final decision is rendered against the retailer, judicial review may be pursued in accordance with §24-4-106 C.R.S.

G. Civil Rights

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Food Sales Fact Sheet

A Guide to Food Sales Questions on the Colorado WIC Application

The application for WIC asks for the store's annual food sales. What does that mean?

A retailer may include any item that may be purchased with SNAP benefits in the food sales amount reported to Colorado WIC.

"Food sales" includes sales of:

- ✓ Staple foods for the household to eat, such as:
 - grains, breads and cereals;
 - fruits and vegetables (fresh, frozen, canned)
 - meats, fish and poultry; and
 - dairy products.
- ✓ Coffee, tea, cocoa, carbonated and noncarbonated drinks, ice, candy, condiments and spices, when sold along with the items above.
- ✓ Snacks foods (e.g., potato chips and cupcakes).
- ✓ Cold ready-to-eat foods intended for off-premises consumption only.
- ✓ Specialty foods (such as diabetic and dietetic foods), enriched or fortified foods, infant formulas and certain health food items. Examples include weight loss products (e.g., Slim Fast), Pedialite, Ensure, wheat germ, and brewer's yeast. If the ordinary use of the item is as a food, rather than as a medicine or therapeutic agent, it may be included in food sales.
- ✓ Vegetable oils, shortening and food coloring.
- ✓ Cooking wine, wine vinegar, flavorings, extracts.

"Food sales" does NOT include sales of:

- ✓ Any nonfood items, such as:
 - pet foods;
 - soaps, paper products; and
 - household supplies.
- ✓ Beer, wine, liquor, and all other alcoholic beverages.
- ✓ Cigarettes, cigars, and all other tobacco products.
- ✓ Vitamins and medicines.
- ✓ Foods that will be eaten in the store.
- ✓ Hot foods and hot food products (soups, roasted chicken, coffee, steamed seafood).

Summary:

Food sales means sales of all SNAP eligible foods intended for home preparation and consumption, including meat, fish and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and noncarbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with SNAP benefits, such as hot foods or food that will be eaten in the store. (§246-2 C.R.S.)

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MATERIALS ORDER FORM

Store Name/Chain #: _____ WIC ID #: _____ Date: _____

Ship to Attention: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Item Requested	Amount Requested*
Allowable Foods List- English	
Allowable Foods List- Spanish	
Retailer Guide to eWIC	
WIC Authorized Store Window Cling/Door Display	
Training Guide (Tool for Training Store Cashiers)	
WIC Cashier Training (Partnering with WIC)- DVD	
Post Test & Answer Key	
WIC Retailer Handbook	

**Number of items returned is based on availability & may be different than requested.*

To order these materials:
Call your local WIC representative or Colorado WIC at (303) 692-2400

OR

Fax this form to Colorado WIC (ATTN: Retailer Unit) at (303) 756-9926

OR

Email your request to: cdphe_askwic@state.co.us

OR

Mail to: CDPHE/WIC Retailer Unit
PSD-NS-A4
4300 Cherry Creek Drive South
Denver, CO 80246-1530

OR

Go on-line to www.ColoradoWIC.com for all the latest updates, information and materials.

Available on our website: www.ColoradoWIC.com

Check out the Colorado WIC website for lots of great information on Colorado WIC Program activities, events & resources.

Plus—you'll find many online materials available to print, including the following:

Training Post Test
Training Post Test - Answer Key
Retailer Guide to eWIC
Applications
Orientation Reports
Monitoring Reports
Pre-authorization Reports
Who Do I Call When . . .



Retailer Authorization- Minimum Stocking

Policy: The Colorado WIC retailer agreement requires authorized grocery and commissary stores to comply with minimum stocking requirements. Farmers and pharmacy retailers are exempt. Multiple findings regarding the failure to meet minimum stocking requirements will result in further action, up to disqualification.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

Required Stock

Authorized grocery and commissary stores are required to maintain a stock of a minimum variety and number of basic WIC foods, such as cheeses, cereals, juices, whole grains, milk and required contract brand infant formulas. (Detailed in the Retailer Handbook, Section III.) If a store does not maintain the items minimally required and needed by participants, the Local Agency Retailer Coordinator (LARC) should document the problem, try to resolve the problem with the store manager and notify the State Retailer Unit as appropriate, sending the documentation.

Staff documentation and/or participant complaints of retailers failing to meet minimum stocking requirements necessitate staff follow up. Written documentation, stating name and location of store, item(s) not in stock, and date and time participant was in the store is needed. LARC should contact the store to determine when the food will be available. LARC should track communications with the retailer as appropriate in the Compass Vendor Log screen. LA staff should follow up with the store to ensure *Minimum Stocking Requirements* are met. Follow up may include: an informal site visit, formal monitoring visit, conversation with store management, shelf survey, etc.

If the problem continues, the State WIC Program must be notified. Multiple complaints regarding the failure to meet minimum stocking requirements will result in further action. The State WIC Program may request a formal shelf survey be conducted and/or send a written notice of the violation in accordance with the sanctions outlined in the *Handbook*. The store should not receive any information regarding the identity of the WIC participant (e.g., the signed *WIC Retailer Problem Report*).

Non-Required Stock

Stores are not required to maintain stock of each flavor and variety of the allowed WIC options (e.g., Honey Kix, Adams crunchy peanut butter). Occasionally a vendor will not stock a particular flavor or variety. In these cases, a WIC shopper has several choices: (1) purchase a different flavor or type of WIC-authorized product, for example Crispix instead of Total cereal, (2) purchase the items available and return when the store has sufficient stock of the items (3) go to another Colorado WIC-authorized store. A WIC shopper using an eWIC card has the opportunity to purchase the items available and return to the same or a different authorized store for the duration of time the benefits are available.

If a store is low on items that are not required, such as a formula like Neocate or Lactaid milk, then the Educator, Local Agency Retailer Coordinator (LARC), and/or participant can work with the store to see about ordering the items (or ordering non-standard formula through the pharmacy process). The store has the option to carry non-required items or not.



Retailer Coordination -Confidentiality

Policy: The local agency must use caution to consistently protect applicant, participant and retailer privacy.

- Participant information (name, contact information, status) is not to be provided to retailers. Instead, if an issue is reported, relay that WIC will follow up with anyone determined to be an applicant or participant and apply procedures as appropriate.
- Retailer information other than listed above (e.g., address, WIC authorization status) is confidential and not to be released.

Regulation: 7 CFR 246.26

Procedure/Additional Guidance:

Applicant and Participant Confidential Information

WIC status is confidential information and not to be released.

Retailer Confidential Information

Retailer information is confidential and not to be released, except for WIC authorization status, store name, store address, telephone number, Web site, e-mail address, and store type/description (e.g., chain, grocery, pharmacy).



Retailer Coordination- Retailer Files

Policy:

State Office

The State WIC Retailer Unit will maintain originals or images (e.g., via paper copies and/or tracking databases, and/or electronically) of:

- *Retailer Agreements, Applications*, details of contacts made with the store, correspondence, *WIC Retailer Problem Reports, Pre-authorization, Orientation and Monitoring Reports*, training information, etc. for each retailer.
- Participant Access determinations.

Local Agency

LARC shall set up a process that staff members can record comments related to a retailer and/or relay information to the LARC.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

- Any vendor information that individually identifies the vendor, except WIC authorization status, store name, store address, telephone number, Web site, e-mail address, and store description (e.g., chain, grocery, pharmacy) should be restricted to persons directly connected with the administration or enforcement of the Program to maintain vendor confidentiality.
- When forwarding copies of materials to the State Retailer Unit, scan documents and send electronically if possible.
 - Include the proper contact person for a formula ordering problem, a shopping problem, or other issues.
 - Keep this information available so that patterns may be easily identified. Set up a system to send the information to a central location and/or LARC.
 - Encourage participants to relay what happens in stores. Having a detailed account with dates and circumstances all documented in a logical order and presented to store personnel is very effective. (REMEMBER: Do not report the participant name/information to a retailer.)
- Keeping detailed, precise records is a key to effective coordination between the State, Local Agency, and retailers. Enter significant communications and events (e.g., visits, issues, resolution, etc.) into the Compass Vendor Log.

Retailer Coordination- Local Agencies Preparing WIC Families

Policy: Local Agency WIC staff must make WIC participants aware of authorized foods, penalties for improper actions, and the process for communicating store experiences.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

- **Authorized Foods**
It is important to prepare WIC families on the WIC foods and how to shop for them to provide the best chance for success. Participants should be given a printed copy of the *Colorado WIC Food List & Shopping Guide* and educated on the quantities they are authorized to purchase. When appropriate, use samples of the allowable foods to show the participant what to purchase. A mobile application, WIC Shopper, is also available to assist WIC families with their WIC shopping.
- **Penalties for Improper Behavior**
Local agency WIC staff should discuss the consequences for participants who redeem benefits incorrectly, return WIC foods for cash, attempt to purchase unauthorized foods, or behave improperly in the store. Document incidences of improper behavior as discussed in Section 8, Certification, Eligibility and Coordination, *Prevention and Management of Endorser/Participant Misuse*
- **Participant Communications with WIC Staff**
Encourage WIC participants to relay what happens in stores, especially stores with previous complaints. While not required, participants should be told that WIC might be able to improve store service if we get enough information, such as dates, receipts and cashier names, to act upon.



Retailer Coordination- Sanctions Schedule

Policy: The State WIC Office retailer unit assigns points, sanctions and/or disqualifications to retailers following the schedule listed in the *Retailer Handbook*, Sections VIII and IX, and the *Farmer Handbook*, Section VIII.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

Retailers are provided the listing of violations and the sanction schedule through distribution of the handbooks.

Retailer Monitoring

Policy:

- Each retailer will receive a face-to-face, interactive training (via a monitoring visit) that includes a contemporaneous opportunity for questions and answers at least one time during their agreement period, which is generally a three-year period.
- Annually, at least 5% of authorized Colorado WIC retailers will receive a monitoring visit.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

Retail Monitoring is delegated to the Local WIC Agencies. At a minimum, WIC-approved stores will be monitored once during their agreement period. Monitoring visits will include both interactive training components and problem identification activities.

Military commissaries are exempt from formal monitoring visits. Specifically, unless invited, WIC staff members are not required to monitor military commissaries. If problems occur at a commissary, staff can request a monitoring visit; however, the commissary has a right to refuse. Farmers will be monitored for compliance with federal regulations, with high risk farmers identified for more frequent monitoring visits. In addition, each year the State Program identifies high-risk vendors. Local Agencies will be notified by the State Office of high risk stores that need to be monitored in the fiscal year they are identified as high risk.

The State WIC Retailer Unit will provide supervision and instruction to ensure the uniformity and quality of vendor monitoring. The State WIC Retailer Unit will survey the types and levels of abuse and errors among authorized vendors and take corrective actions, as appropriate.

The State WIC Retailer Unit is available to work with LARC to determine which stores will be visited. Local Agencies are encouraged to monitor about one-third of the authorized stores in their area each year. Stores authorized after October 1 in the last fiscal year of the authorization period are monitored within that fiscal year at the discretion of the LARC and/or State Program.

Scheduling and Conducting a Retail Monitoring Visit

For details, please review the Monitoring Procedures and Report (beginning on page 22). This report provides the content and steps of the interactive training and monitoring visit.

Determining Compliance

The store is to be found in compliance if no violations are found. The store is to be found out-of-compliance if one or more violations (as detailed in the Monitoring Report) are found. Examples of violations are: lack of training, lack of training documentation, the newsletter, "WIC'S WORLD," is not used or maintained, etc., as detailed in the *Handbook* (beginning on page 27).

Documenting and Communicating Compliance

Retailers Found in-Compliance:

If the store is found to be in compliance, the LARC will conduct each of the following three actions:

1. Make and provide a copy of the monitoring report for the store during the visit. (The LARC may also send a copy of the report to the store within 15 days of the visit).
2. Send a completed copy of both the Monitoring Report and the Shelf Survey to the State WIC Program.
3. Keep a copy of the Monitoring Report in the clinic vendor file for at least six (6) years.

Retailers Found Out of Compliance:

Sanctions and/or violation points will be issued for non-compliance as outlined in Section X, Program Violations, in the *Handbook* and documented in the monitoring report. If the store is found to be out-of-compliance, the LARC will conduct each of the following six actions:

1. Obtain a Corrective Action Plan (CAP) - ask the store contact/manager to design and write-out a corrective action plan on the monitoring report at the conclusion of the monitoring visit. (The LARC

may instead send a letter to the store requesting the CAP after the visit. If this method is used, ensure that the State is informed.)

2. Provide Appeal Procedures - please direct the store representative to the **ADMINISTRATIVE REVIEW PROCEDURES FOR RETAILER APPEALS**, Exhibit G (beginning on page 64) in the Handbook.
3. Copy to the Store - provide a copy of the report for the store to keep in their WIC Manual.
4. Copy to the State - send a copy of the Monitoring Report and the shelf survey to the State WIC Program. Scan and email the materials if possible.
5. Keep a copy of the Monitoring Report in the clinic vendor file for at least six (6) years.
6. As appropriate, follow up with the store to ensure corrective action.

The State WIC Retailer Unit will work with LARC in communication with the retailer regarding serious Program violations. This may include phone consultation from the State WIC Office, sending the *Retailer Handbook* or other training materials, making additional visits to the store, and/or conducting compliance activities.



Retailer Training: Pre-Authorization & Orientation

Policy: The local agency will conduct pre-authorization and initial orientation activities at the retailers in their area as instructed by State WIC Retailer Team.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

The local WIC agency will conduct an orientation session with at least one representative of the store within 45 days after receipt of the application.

If the store is applying under a new Agreement, the LARC will complete a pre-authorization visit within 45 days of receipt of the application. However, Colorado WIC Program may require a pre-authorization visit within 14 days to confirm retailer's compliance with the selection criteria.

The Pre-Authorization (as appropriate) and Orientation Procedures and Report forms, as well as additional details are available at coloradowic.com (both the Retailer and Local Agency links), in the *Handbook* (Section XI) and through the State Office Retailer Specialist.



Retailer Training: Routine Partnership Connections

Policy: Local Agency Retailer Coordinators (LARC) are the first point of contact for the WIC authorized stores in their area.

Regulation: Colorado WIC Policy

Procedure/Additional Guidance:

LARC are encouraged to develop partnerships with the authorized retailers in their area and have routine contact with the store representatives as appropriate through store visits or phone communications, including the following:

- Contact the store on a regular basis to establish good communication with the store personnel.
- Understand the Program retailer rules. Everyone in WIC who has contact with store personnel should be knowledgeable of retailer procedures. Colorado WIC retailer training materials are valuable sources of information. (See State WIC Roles: Training LARC for training materials and communications.) Familiarize yourself with these materials and the handbook before meeting with store staff.
- Provide the store with direct phone and email contact information for their LARC. This will make it easier for store personnel to call if they are having problems or have questions.
- Find out whom to contact at the store. Begin contact with the manager and vary contact with the agreement of the manager, based on the nature of the problem. If someone is responsible for ordering formula, you may find it best to talk with that person directly regarding a formula-stocking problem.
- Consider asking to attend a store's staff and/or training meeting. Take a few copies of the newsletter, *WIC's WORLD*, materials, clarification from local or state meetings or training session, and/or other appropriate materials and/or information regarding a specific issue or problem that the store may be having.
- Conduct informal site visits. These visits are a way of contacting the retailer to access the current situation, to determine if they are having any problems or questions and to assist them. An informal site visit should be documented on the *Site Visit* form. Dependent upon the level of training provided to the store, the visit might be counted as a formal interactive training visit in annual reporting to USDA.
- Consider following up with the store liaison after the store conducts the periodic training required by State WIC to determine how the training progressed and for feedback and input. Relay pertinent information to the Retailer Team.
- Track communications with the retailer as appropriate in the Compass Vendor Log screen.



Retailer Training: Annual & Interactive Training

Policy:

Colorado WIC retailer training must inform and train cashiers and other staff on program requirements and must be designed to prevent program errors and noncompliance and improve program service.

Colorado WIC provides retailer training in two formats:

- Annual: The State agency will provide training annually to at least one representative of each retailer.
- Interactive: The local agency staff will provide interactive training in the form of a monitoring visit to each retailer at least once every three years coinciding with the agreement cycle. The monitoring visit will include a contemporaneous opportunity for questions and answers.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

Annual Training—Newsletters and/or Videos

- Annual training may be provided by the State agency in a variety of formats, including newsletters, videos, and interactive training.
- Annual Training: The annual training must include:
 - instruction on the purpose of the Program,
 - the supplemental foods authorized by the State agency,
 - the minimum varieties and quantities of authorized supplemental foods that must be stocked by vendors,
 - the requirement that vendors obtain infant formula only from sources included on a list provided by the State agency,
 - the procedures for transacting and redeeming food instruments and cash-value vouchers,
 - the vendor sanction system,
 - the vendor complaint process,
 - the claims procedures,
 - the State agency's policies and procedures regarding the use of incentive items, and
 - any changes to program requirements since the last training.

Interactive Training—Monitoring Visits

- The State agency provides supervision and instruction to local agencies to ensure the uniformity and quality of interactive vendor training conducted through the monitoring visits.
- The Monitoring Procedures and Report contains the steps and content of monitoring visits.
- Interactive training is provided to retailer applicants through an orientation visit.



State WIC Responsibilities - High Risk Retailers

Policy: At least annually the State Agency identifies and reports to USDA on high risk retailers. Those identified as high risk are included in appropriate reviews and investigations, including such actions as compliance buys, inventory audits, store visits, etc.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

High risk analysis includes a review of TIP (The Integrity Profile), past history of WIC or SNAP abuse, referrals from WIC participants, referrals from WIC clinic staff, citizen referrals, and anonymous calls. Redemption reports are also used to detect retailers that may be considered high-risk, including the statistical measurements of high price mean and low redemption variance.

The State WIC Retailer Unit completes the Integrity Profile (TIP) Report every year and submits this information to USDA. This report contains information about each WIC-approved retailer in Colorado, including high risk identification and compliance actions.



State WIC Responsibilities - Peer Grouping

Policy: Colorado WIC has a vendor peer group system (i.e., grouping similar stores together), competitive price criteria, and allowable reimbursement levels to ensure that the WIC Program pays authorized retailers competitive prices.

Regulation: 7 CFR 246.12

Procedure/Additional Guidance:

- Authorized retailers are placed into a peer group based on characteristics including geography, type of store and distribution infrastructure. The peer groups are used to determine the competitive price appropriate for the purchase of WIC items.
- Peer groups reassessment of peer group structure is scheduled on three year cycles (and more frequently as needed).
- Status of retailers are assessed at initial authorization and every six months to determine retailers with WIC redemptions above-50-percent of revenue.
- Retailer shelf prices are collected every six months.
- The price charged for an item is compared to the expected redeemed amount. WIC benefits that are redeemed for higher than the price expected are rejected and, through automation, the retailer is reimbursed an appropriate competitive price based on the vendor peer group.

Assessment of the effectiveness of the peer group structure includes:

- Examination of the variation of the shelf prices among the stores in the peer group to identify atypical ranges. (Through calculating and comparing the standard deviation of prices of various food groups and formula.)
- Examination of prices of retailer applications with unique characteristics (e.g., small independent grocery stores located in a metro area versus the typical rural area).
- Review of redemption/rejection reports for atypical data.
- Work to gather input and identify the source of peer group pricing issues and/or price variation—within food and/or formula items/categories and/or specific store locations/criteria (e.g., distribution or food supply changes, etc.).
- Comparison of the average/ Not-to-Exceed (NTE) costs for the previous peer group structure and resultant peer groups is conducted to analyze impact.



State WIC Responsibilities - Local Agency Communication and Training

Policy: The State WIC Retailer Team maintains routine communication and training processes for Local Agency Retailer Coordinators through various methods.

Regulation: 7 CFR 246.12 (i), 7 CFR 246.4

Procedure/Additional Guidance:

Communications and Training methods for Local Agencies include:

- *WIC's WORLD* - the retailer newsletter
- Local Agency Newsletters and Broadcasts
- Colorado WIC retailer training video
- Compass Retailer Reports
- Train-the-Trainer Sessions- at Retailer Visits (e.g., monitoring, orientation, and informal)
- Technical Assistance with Retailer Complaints/Problems and Violations
- Program Manual- Policy and Technical Guidance (e.g., Civil Rights Complaints)
- Retailer Handbook- Policies related to Disqualification/Sanctions
- State WIC Meeting Sessions
- LARC Training Manual
- Quarterly conference calls with LARC to provide up-to-date information on retailer issues
- Retailer Coordination training in the LA clinics can be provided on request. LARC should work with staff to provide training on retailer issues and procedures.
- Periodic conference calls are held with a LARC Advisory Group to gather input on retailer coordination and to discuss strategies
- Annual Food Delivery Advisory Meeting
- Reports and Procedures (e.g., monitoring, orientation, pre-authorization, mandatory training, site visit, shelf surveys, etc.) are available on the ColoradoWIC.com website and upon request

Breastfeeding Peer Counseling Program Requirements

Policy: To implement and administer a Breastfeeding Peer Counseling (BFPC) Program, local WIC agencies (LA) receiving state BFPC Program grants are required to follow guidance specified in the LA's BFPC Program contract and in the [WIC Breastfeeding Curriculum: Peer Counselor Management](#). Additionally, they are expected to provide training to BFPC staff using the [WIC Breastfeeding Curriculum](#).

Regulations: USDA FNS [WIC Breastfeeding Curriculum: Peer Counselor Management](#); USDA FNS [WIC Breastfeeding Curriculum](#); USDA FNS WIC Nutrition Services Standards - Standard 9; USDA FNS WIC Breastfeeding Policy and Guidance (July 2016); USDA FNS Allowable Costs for Breastfeeding Peer Counseling Funds ([January 2022](#)).

Procedure/Additional Guidance:

Program Description

The BFPC Program is based on the FNS [WIC Breastfeeding Model Components for Peer Counseling](#). The program utilizes breastfeeding peer counselors (BFPCs) to encourage and support pregnant and breastfeeding participants to breastfeed their infants via mother-to-mother support. BFPCs are paid paraprofessionals within WIC and are trained and supported by WIC breastfeeding experts. BFPCs are able to extend the Colorado WIC Program's reach with breastfeeding promotion, education, and support by helping women initiate and continue exclusive breastfeeding through offering peer support during critical weeks after delivery and beyond. Services provided by BFPCs are not counted toward nutrition education contact requirements.

Program Coordination

The Colorado WIC BFPC Program is coordinated at the state and local level.

- State Level

To qualify as the COWIC BFPC Program Coordinator, the individual must have experience in program management, demonstrated expertise in breastfeeding management and promotion, training in advanced lactation management, and a minimum of one-year experience counseling breastfeeding individuals.

The State BFPC Program Coordinator describes the BFPC Program in the annual state plan, develops the standards for the program and provides support to the LA implementing the program.

Standards include establishing policies and procedures that:

- ✓ Define the responsibilities (job descriptions) of individuals involved with the BFPC program;
- ✓ Define program standards (management, training, continuing education and evaluation); and
- ✓ Describe the use and tracking of the BFPC program funds.

Support includes:

- ✓ Securing funds and materials annually;
- ✓ Providing training, resources and program materials (e.g., annual training, forms to document BFPC to mother contact, forms to monitor BFPC work performance);
- ✓ Providing ongoing technical support; and
- ✓ Incorporating an evaluation process as a part of each BFPC LA's management review.

- Local Level

LAs that receive BFPC funding must designate a BFPC Coordinator. The LA BFPC Coordinator develops, manages, and oversees the LA's BFPC Program procedures and may directly supervise the BFPC. In most cases, the LA's Breastfeeding Coordinator fills this role; however, the agency may select an alternate person. The individual must have experience in program management, demonstrated expertise in breastfeeding management and promotion, training in lactation management, and a minimum of one-year experience counseling breastfeeding individuals.

Supervision includes:



- ✓ Weekly contacts (e.g., by phone or in person) with BFPCs during the first two months on the job (after initial orientation and training is complete); thereafter contact can be less often as determined by supervisor.
- ✓ Reviewing BFPCs weekly contacts with participants. Weekly spot check calls to mothers during the BFPCs first two months and monthly thereafter for up to six months to monitor performance and to ensure BFPCs are responding appropriately to mothers' needs.
- ✓ Evaluating BFPCs performance at the completion of a three month period. Coordinators should identify strengths and give recognition, identify additional training needs and incorporate skill development into the BFPC's work schedule, or may choose to dissolve employment.

BFPCs will be paid at least minimum wage and either an hourly rate or a salary rate depending on the preference and feasibility of each LA (evaluation of liability coverage will be done at each agency). LAs are encouraged to pay a salary commensurate with that of a WIC Educator. Compensation and reimbursement of BFPCs will be paid through LA employment systems or by contract with the LA. If the BFPC receives benefits, it will be in accordance with the LA's policies. BFPCs will also be reimbursed for travel in situations where they are expected to make trips to the hospital or outside meeting areas from the WIC clinic. BFPC training expenses and communication resources (e.g., laptop, cell phone) specific to peer counseling will be covered by the LA.

Please refer to the [Colorado WIC Policies & Procedures Manual](#), Local Staffing policy for BFPC Program Coordinator and BFPC job descriptions. LA must submit a BFPC job description if it differs from the job description defined in the Colorado WIC Policies & Procedures Manual prior to hiring.

Training

State and LA BFPC Program Coordinators must receive training on how to manage BFPC programs and train BFPCs through the [FNS WIC Breastfeeding Curriculum: Peer Counselor Management](#) and the [WIC Breastfeeding Curriculum \(Levels 1 & 2\)](#).

The LA is responsible for planning and overseeing BFPC staff training which is divided into new employee training and continuing education.

- New employee training for BFPCs, includes but is not limited to the following activities:
 - ✓ Completes standard LA orientation and training (e.g., policies, confidentiality, work standards) and reviews COWIC breastfeeding policies.
 - ✓ Receives BFPC-specific training ([FNS WIC Breastfeeding Curriculum Levels 1 & 2](#)).
 - ✓ Completes the following modules in the New Employee Training Program: Level II (Basic Nutrition Module, Breastfeeding Module) and Level III (Participant Centered Education Module).
 - ✓ Shadows WIC Educators, High Risk Counselors, and BFPCs for 40 hours to observe and understand WIC Program services and expectations re: professionalism, communication, work ethics and standards.
 - ✓ Shadow a [WIC DBE or other lactation expert](#) assisting a WIC participant with breastfeeding in the hospital or WIC clinic.
- Continuing Education:

The BFPC will be invited to attend all WIC breastfeeding trainings, including all sessions held at state meetings and regional workshops. As funding allows, the BFPC will be encouraged to attend other breastfeeding training opportunities held within the state. The BFPC will be encouraged to participate in regular WIC staff meetings and in-services to promote their linkages with the WIC staff.

The State and LA ensures that BFPCs receive adequate program support that includes:

- Timely access to the LA BFPC Coordinator, [DBE](#), or staff with advanced lactation training for assistance with problems outside their scope of practice.
- Regular, systemic contact with, and adequate supervision and monitoring by the LA BFPC Coordinator.
- Participation in clinic staff meetings and breastfeeding in-services as part of the WIC team.
- Opportunities to work with more experienced BFPCs to facilitate mentoring and to meet regularly with other BFPCs.
- Adequate compensation and reimbursement for expenses.
- Training with a standardized curriculum.



Community Partnerships

- The WIC Program encourages LAs to use the expertise of IBCLCs and other qualified lactation experts in order to serve as resources for participants who need additional lactation consultation. Colorado has an active statewide breastfeeding coalition. Several community breastfeeding coalitions exist around the state.
- When BFPC and WIC High Risk Counselors are unable to respond to the lactation concerns of the client, these lactation experts can serve as a reimbursable resource. The LAs’ BFPC contract funds can be used to pay for visits with lactation consultants. Agencies are expected to identify lactation resources in their communities and establish methods to make referrals to these resources. If necessary, methods of payment will be established by each LA. LAs are encouraged to establish relationships with the mother-baby units of their local hospitals, community health centers, health care provider clinics, and La Leche League groups.

LA Policy and Procedures

- Referral protocols - The referral process may be unique for each LA; however, agencies shall have a system in place for the following situations:
 - ✓ A system for staff to refer a pregnant woman or new mother to the BFPC individually or to a group session facilitated by the BFPC.
 - ✓ A system for the BFPC to refer a pregnant woman or new mother to the LA BFPC Coordinator, **DBE**, staff with advanced lactation training, or a community lactation expert or health care provider.
- Confidentiality - BFPCs must follow confidentiality policies of the COWIC Program and their LA. BFPCs will be expected to receive training on confidentiality and sign an agreement of understanding and compliance with WIC participant confidentiality. Breach of confidentiality is grounds for discharge.
- In some LAs, the BFPC will operate in the WIC clinic. Working from the WIC clinic, the BFPC will provide peer contacts during some or all of the following: prenatal visits at the clinic (individual and group), at the hospital, in the community and by phone. Some LAs may have the BFPC work from home.
- LAs that incorporate hospital visits as a method of contact for the BFPC may need to establish a written agreement with the hospital identifying permission for the BFPC to visit with the mother, where the visits can take place (e.g., bedside, other room), and codes of conduct (e.g., does the BFPC need to check in/out, is there a length of time she can visit).

Contact Recommendations for Breastfeeding Peer Counselors

While each LA will vary on types and frequency of contacts based on their WIC population needs, the following are recommendations for basic services provided by the COWIC Program:

Contact Recommendations for Breastfeeding Peer Counselors

Category	Contact Time Frame	Comments
Prenatal Women	Within 30 days of enrollment	Encourage monthly contact through Support Groups and educational text messages Contacts initiated by participants may be more frequent
	Once a trimester until within 2 weeks of Estimated Delivery Date (EDD)	
	Weekly within 2 weeks of EDD	
Postpartum Women	Weekly during the first month following delivery	Can be a phone call, text message, or in person. If problems don’t resolve within 24 hours, BFPC yields and refers to lactation management specialist, CLC or IBCLC Encourage Support Group attendance Contacts initiated by participants may be more frequent
	Follow-up 3 days after breastfeeding problems (e.g., latch) or yield a breastfeeding complication (e.g., jaundice)	
	1-2 weeks before returning to work/school	



Documentation

Each agency will define how the BFPC will be able to contact mothers (e.g., by text, voice mail, cell phone, clinic phone number). All **contacts** (two-way interactions) and **attempted contacts** must be documented in the Compass BFPC Documentation panel. The Compass *BFPC Contacts Summary Report* aggregates detailed information about the type and frequency of contacts made by the BFPC during a selected date range.

Compass BFPC Contact Categories

- ***No Answer** - Phone message left or text sent without a response from the participant within 24 hours.
- **Clinic Visit** - Visit with the participant in the WIC clinic.
- **Home Visit** - Visit with the participant at their home or in the community.
- **Hospital Visit** - Visit with the participant at the hospital during pregnancy or postpartum.
- **Telephone Support** - Phone call or text during which breastfeeding concerns are addressed and education or referrals are provided.
- **Peer Support Group** - Participant attends peer support group.
- ***Mailing** - Email or US mail sent to the participant in an attempt to contact, provide educational materials, or invite to breastfeeding support groups or classes.
- ***Other** - Social media, Facebook, Twitter, or when additional BFPC documentation is needed but no contact or attempted contact was made.

*Note: *No Answer*, *Mailings*, and *Other* should not be used when documenting two-way interactions.

Breastfeeding Peer Counseling Program: Budget, Expenditures & Allowable Costs

Policy: Breastfeeding Peer Counseling (BFPC) funds that USDA Food and Nutrition Services (FNS) distributes to State agencies are to be used to develop or expand activities necessary to sustain a peer counseling program based on the FNS [WIC Breastfeeding Model Components for Peer Counseling](#). The primary purpose of the funds is to provide direct breastfeeding support services through peer counseling to WIC participants. The use of BFPC funds for expenditures that are not supported by the [WIC Breastfeeding Model Components for Peer Counseling](#) are not authorized.

Funding for peer counseling is provided to local agencies (LAs) through a separate grant based on state resources. Allowable costs are defined by the USDA. LAs must monitor breastfeeding peer counseling program expenditures to assure they are correctly reported in a timely manner.

Regulations: USDA FNS [WIC Breastfeeding Curriculum: Peer Counselor Management](#); USDA FNS [WIC Breastfeeding Curriculum \(Levels 1 & 2\)](#); USDA FNS WIC Nutrition Services Standards - Standard 9; USDA FNS WIC Breastfeeding Policy and Guidance (July 2016); USDA FNS Allowable Costs for Breastfeeding Peer Counseling Funds [\(January 2022\)](#).

Procedure/Additional Guidance: The table on the following page defines allowable BFPC program costs based on USDA criteria.*

Allowable Costs for Breastfeeding Peer Counseling Programs

Breastfeeding peer counseling (BFPC) funds that the Food and Nutrition Service (FNS) distributes to State agencies are to be used to develop or expand activities necessary to sustain a peer counseling program based on the FNS [WIC Breastfeeding Model Components for Peer Counseling](#). The primary purpose of BFPC funds is to provide direct peer counselors to WIC mother breastfeeding support services. A State agency's peer counseling implementation plan and annual line item budget addendum to its State Plan must demonstrate an appropriate balance between the costs of equipment, materials, and staff that manage or provide expertise to peer counselors and the costs of direct service delivery by peer counselors. The use of BFPC funds for expenditures that are not supported by the WIC Breastfeeding Model for Peer Counseling are not authorized.

Item or Service	Allowable Costs	Comments
Durable Goods and Space		
Furniture, desktop computers/laptops/tablets, and office equipment used to provide peer counseling services and training	Yes	
Phone lines, internet service, cell/smartphones, pagers and answering machines for contacts between peer counselors and mothers	Yes	
Portable baby scales to weigh infants outside of the WIC clinic or scales marketed for pre- and post-breastfeeding weight checks	No	Nutrition Services and Administration (NSA) funds may be used to purchase scales for clinical assessment for use by staff other than peer counselors.
Space and lease costs for peer counselors to provide services	Yes	
Item or Service	Allowable Costs	Comments
Incentives and Educational Materials to Promote Breastfeeding		
Breastfeeding educational materials for mothers such as pamphlets and DVDs	No	NSA funds may be used to purchase participant educational material.
Breast pumps and breastfeeding aids for mothers	No	Refer to Breastfeeding Policy and Guidance for more information on breast pumps and allowable breastfeeding aids.
Breast pumps and breastfeeding aids for <i>demonstration</i> purposes by peer counseling staff	Yes	



Item or Service	Allowable Costs	Comments
Incentives and Educational Materials to Promote Breastfeeding		
Incentive items distributed to WIC participants to encourage breastfeeding (e.g., breast pumps, breastfeeding aids, breastfeeding promotion and support incentive items, written materials, etc.)	No	NSA funds may be used to purchase participant incentive items.
Personnel and Compensation		
Salaries and compensation for peer counseling staff: peer counselors, designated peer counselor coordinators, and WIC Designated Breastfeeding Experts (DBE)	<p>Yes. BFPC funds may be used to fund staff to provide oversight/management of peer counseling programs and/or supervision, mentoring and referral expertise for peer counselors.</p> <p>BFPC funds may be used to pay for DBE time if a peer counselor refers a WIC mother to a DBE for problems that are outside of the peer counselor's scope of practice. The DBE may be compensated using BFPC funds if the mother continues to be supported by the peer counselor and remains part of the peer counselor's caseload.</p>	<p>BFPC funds cannot be used to disproportionately hire WIC DBEs versus peer counselors.</p> <p>NSA funds must be used for consultations for WIC mothers who are not referred by peer counselors and are not part of a peer counselor's caseload.</p> <p>Refer to the Nutrition Services Standards for DBE qualifications, roles, and responsibilities.</p>
Salaries and compensation for dual-role staff (e.g., part-time WIC Nutrition Assistant and part-time peer counselor or part-time CPA and part-time DBE)	Yes, but costs must be allocated between the two positions held. BFPC funds may be used for the portion of time spent as a peer counselor or the DBE. See FNS Breastfeeding Policy and Guidance document for additional information on dual-role staff. State agency policies must be approved by FNS Regional Offices.	
Males as breastfeeding peer counselors	No. The definition of peer counselor in the WIC Breastfeeding Model for Peer Counseling is based on research demonstrating the benefit of hiring peer counselors from WIC's target population of WIC-eligible women	



Item or Service	Allowable Costs	Comments
Personnel and Compensation		
Father-to-Father Breastfeeding Support Group	No	Fathers are valuable partners of breastfeeding promotion and support in WIC. However, father-led activities are outside of those defined by the WIC Breastfeeding Model for Peer Counseling . See FNS Peer Counseling Management Curriculum for additional information.
Virtual Breastfeeding Support Groups (i.e., Facebook, Zoom)	Yes, only for PC/DBE staff hours for monitoring and engaging with WIC participants in a Virtual Support Group that provides breastfeeding support services.	BFPC funds cannot be used for breastfeeding support to non-WIC participants.
Recruitment of peer counselors and related staff	Yes	
Staffing and expenses related to WIC Peer Counselor support to breastfeeding hotlines and call centers	Yes. BFPC funds may be used to fund peer counselors to answer calls to a WIC breastfeeding hotline if the peer counselor: 1) meets the definition of peer counselor; 2) receives the appropriate training and supervision as outlined in the WIC Breastfeeding Model for Peer Counseling ; and 3) does not provide services to non-WIC participants. Other expenses related to the hotline/call center (e.g., rent, phone lines, equipment, etc.) are allowable for any portion of those expenses that are for the purpose of a WIC peer counselor providing WIC participant contacts through the hotline/call center.	BFPC funds cannot be used for breastfeeding hotline support to non-WIC participants.
Milk Banks/Depots	No. BFPC funds cannot be used for services related to milk banks/depots.	
Drop In Breastfeeding Groups	Yes. BFPC/DBE time may only be used for WIC participants.	BFPC/DBE time may not be counted toward nutrition education contacts.
Staffing and expenses related to WIC Peer Counselor support to the Buddy Program	Yes. Duties such as matching buddy pairs, responding to buddy requests/inquiries, following up on buddy interactions, prompting discussions with conversation starters, and other duties as assigned by the peer counselor supervisor.	



Item or Service	Allowable Costs	Comments
Staff Training and Resources		
Travel for WIC State- required training of peer counselors/DBE and peer counseling staff/managers	Yes, only for the FNS Breastfeeding trainings or WIC State-developed approved comparable training.	NSA funds may be used for attendance at a state/national breastfeeding conference.
Travel for home and hospital visits by peer counseling staff	Yes, for visits to WIC participants; peer counselors may not provide services to non-WIC participants.	
Continuing education for DBEs	Yes, if it relates to servicing peer counseling programs (e.g., mentoring, serving as a referral, etc.)	
Breastfeeding resources for peer counseling staff	Yes, if the resources are related to peer counseling (e.g., training materials for peer counselors and DBE).	
Breastfeeding resources for WIC staff not related to peer counseling	No	NSA funds may be used to purchase general breastfeeding resources for WIC staff.
Training and coursework for peer counselors to become International Board-Certified Lactation Consultant (IBCLC) or Certified Lactation Counselor (CLC)	No. NSA funds may be used for CLC or IBCLC training and coursework.	The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants. Staff with IBCLC's are not considered peer counselors. The research recommends that peer counselors be provided career path training options.
CLC or IBCLC exam, renewal, or membership fees	No	At the WIC State agency's (SA) discretion, NSA funds may be used for CLC or IBCLC training, exam fees, renewal and/or association membership fees. The SA must determine if it is necessary and of benefit to the WIC Program for the person in a particular job position to have the certification. SAs must also determine whether the cost fits within its WIC NSA grant budget.

Breastfeeding Peer Counseling Program Cell Phones & Text Message Policy

Policy: The Breastfeeding Peer Counselor (BFPC) can perform peer counselor related business using personal cell phones or agency-issued phones. The BFPC will abide by all policies established by the local agency (LA) operating the BFPC Program as well as those specified below.

Regulations: USDA FNS *WIC Breastfeeding Curriculum: Peer Counselor Management*; USDA FNS *WIC Breastfeeding Curriculum*; USDA FNS WIC Nutrition Services Standards - Standard 9; USDA FNS WIC Breastfeeding Policy and Guidance (July 2016); USDA FNS Allowable Costs for Breastfeeding Peer Counseling Funds (*January 2022*).

Procedure/Additional Guidance:

Cell phones and texting enhance the BFPC's ability to communicate in a manner that is both timely and acceptable to the participant.

Procedure:

- BFPCs can call and text participants as a means of communication in accordance with the following procedures:
 - ✓ It is strongly encouraged that BFPC use agency purchased cell phones for communication with the participant. When purchasing a cell phone to be used by the BFPC, consider the following:
 - Phones should require use of a pass code to access the phone.
 - Cell phone database can be remotely deleted if lost or stolen.
 - Ask about government grade security options.
 - Consider a hands free device to allow easy typing or writing while talking to avoid neck strain.
 - Return agency-issued cell phone upon termination of employment.
 - ✓ If the agency has not issued cell phones and the BFPC is using a personal cell phone, the following guidelines apply:
 - Phones should require use of a pass code to access the phone.
 - Participants contact information should not be stored on the phone.
 - Cell phone database can be remotely deleted if lost or stolen.
 - ✓ BFPC must report the loss or damage of a cell phone to the BFPC Coordinator immediately. If needed, the BFPC Coordinator ensures the database is deleted.
- Prior to texting the participant:
 - ✓ Obtain the participant's preferred methods of communications upon enrollment (e.g.: texting, phone calls, or email.)
 - ✓ Inform participants to opt-out of text communication, text the word "STOP" to incoming BFPC texts. The BFPC will ask participants their preferred methods of communication.
 - ✓ BFPC informs participants of their work hours and availability, including on their outgoing voicemail message.
 - ✓ BFPC must inform the BFPC Coordinator when they are unable to receive texts or calls due to illness, etc
 - ✓ Use common abbreviations.
 - ✓ Use text messages only for simple, quick notes to check in with a participant. If she has questions or concerns, discuss by phone or in person. Do not use text messaging to perform a breastfeeding assessment, explain breastfeeding concepts, or collect personal health information.
 - ✓ Inform participants not to text photos of body parts. If they have a specific concern, refer participant to the LA BFPC Coordinator, **DBE**, WIC High Risk Counselor, or to their health care provider.
 - ✓ For purposes of confidentiality:
 - Do not allow program cell phones to be visible by others.
 - Delete text messages and phone numbers after documentation in Compass is complete.
- Documentation protocols:
 - ✓ Document all text messages and phone calls as "Telephone Support" in Compass (and the BFPC Contact Log, if used).
 - ✓ Voicemail messages, missed calls and text messages should be returned the same day if possible, or within 24 hours.

- ✓ If a participant does not respond to a text or phone call within 24 hours, this will be documented as “No Answer”.
- ✓ If delayed dialogue occurs (e.g., it takes 2 days to finally connect), this is considered one contact and should be documented on the day the concern is addressed.
- ✓ Conversations by text over the course of two days on the same topic may be documented as two separate contacts if there was an initial conversation and a follow-up conversation.
- ✓ If you receive a text one day and could not respond until the following day, this will be documented as one contact. In the comment section, document that: “Participant sent text on (date) ’quote text’ and BFPC responded on (date).”
- ✓ If text messaging is used to invite the participant to a group class, mothers’ group or event, this will be documented as a “Mailing” and as it not a “two-way communication”.
- ✓ Short texts to check in to see how breastfeeding is going and to offer support (such as a participant who recently delivered) are counted as a contact even if the new mother responds that everything is fine.
- ✓ Document any follow up activities related to the texting conversation (such as emailing educational materials, links, or referrals), as “Mailing” and enter actual materials shared. These types of follow up activities cannot be counted as a contact.

Breastfeeding: Assistance, Aids and Contraindications

Policy: Local agencies shall provide education, assistance and breastfeeding aids to directly support the initiation and continuation of breastfeeding.

Regulations: CFR 246.11 c, e, CFR 246.14 c (10), USDA FNS WIC Breastfeeding Policy and Guidance (July 2016), Colorado WIC Policy

Procedure/Additional Guidance:

Assistance with Breastfeeding Technique and Assessment

WIC staff can assist mothers with breastfeeding techniques, positioning and latch within the following guidelines:

- Ask permission from the mother to observe a breastfeeding session to assess positioning, latch and breastfeeding technique. (“Would you like me to offer some help on latching your baby?”)
- Verbally direct mother, use a doll to model, or a video to demonstrate/show various positions and latch techniques.
- If a mother request direct, hands on assistance, staff shall use their hands to manipulate or place the baby. Effort should be made to not directly contact mother’s breast.

Test Weights

- WIC staff (High Risk Counselors, Educators, Breastfeeding Peer Counselors, LMS, DBE, CLC, CLE and IBCLC) should not perform test weights on infants to determine if mother’s milk is transferred. This procedure does not fit within routine or high risk WIC visit in that it requires a more thorough assessment (including feeding history, elimination patterns, breast variables, infant health status, duration of feeding problem, etc.) than time permits. WIC staff should refer infants who are not gaining weight well to their healthcare provider.
- WIC staff can weigh infants and offer mothers to weigh their infants on a regular basis when the purpose is to assure the mother their infant is growing.

Breastfeeding Aids

Breastfeeding aids describe items that directly aid in the removal of human milk from the breast and/or provide human milk to the infant. Breastfeeding aids that directly support the initiation and continuation of breastfeeding are an allowable WIC Program cost. See Level II Colorado WIC *Breastfeeding Module* for additional details. For breast pump information see the *Breastfeeding: Breast Pump Issuance* policy.

- Breastfeeding aids and pumps can be ordered on a quarterly basis through the State Office (see *Breastfeeding: Breast Pump Ordering and Maintenance* policy). Other allowable breastfeeding aids maybe purchased with funds available in the local agency budget.
- Breastfeeding aids should be provided to WIC postpartum participants based on individual need and requested support, not as an inducement to consider or to continue breastfeeding.
- When breastfeeding aids are provided to participants, the State’s *Breast Pump/Aid Release Form* must be reviewed with the participant and a signature captured in the Compass computer system per policy outlined in *Breastfeeding: Breast Pump Issuance* policy.
- Liability - please see the *Breastfeeding: Breast Pump Issuance* policy.
- Only aids listed under the following table “Allowable Aids” are allowed for purchase with WIC funding by local agencies.

Allowable Aids	Non-Allowable Aids
<ul style="list-style-type: none"> • Nipple shells • Supplemental Nursing Systems (SNS) 	<ul style="list-style-type: none"> • Nipple shields • Topical creams, ointments, vitamin E, other medicinals
<ul style="list-style-type: none"> • Nursing bras and pads 	<ul style="list-style-type: none"> • Foot stools • Nursing pillows or clothing • Baby bottles

Nipple Shields

WIC staff cannot issue and should not place nipple shields on mothers (not to be confused with breast shields or flanges used with a breast pump). The WIC clinic and scheduling does not provide adequate timing and resources to perform the necessary support and follow up. If use of a nipple shield is warranted, participants should be referred to a lactation consultant in the community.

Nipple Shells

WIC staff trained in lactation management (LSM, DBE, CLC, **CLE**, IBCLC) can provide nipple shells to participants as needed. Nipple shells can be used for:

- Sore nipples: worn over the nipples between feeds to minimize contact with clothing and allow healing.
- Flat or inverted nipples: worn to press around the base of the nipple to cause the nipple to protrude.
 - ✓ Prenatal use: worn in the last month of pregnancy. Participants wearing shells prenatally **MUST** get permission from her obstetric care provider as shells can trigger contractions of the uterus.
 - ✓ Postpartum use: worn approximately 30 minutes before each feeding.

Supplemental Nursing Systems (SNS):

WIC staff trained in lactation management (LMS, DBE, CLC, **CLE**, IBCLC), ideally those with advanced skills only (IBCLC), may provide supplemental nursing systems to participants as needed. Typically SNS are only issued after first prescribed by the hospital/healthcare provider. SNS can be used for:

- Underweight breastfed infants.
- Low milk supply.
- Re-lactating mothers.
- Mothers attempting to lactate for an adopted infant.
- Infants with ineffective suck or latch due to medical concerns/issues.

Contraindications

There are very few medical reasons when a mother should not breastfeed. Identify contraindications that may exist for the participant. See Level II Colorado WIC *Breastfeeding Module* for additional details.

Breastfeeding is contraindicated when:

- The infant is diagnosed with classic galactosemia, a rare genetic metabolic disorder.
- The mother has tested positive for HIV (human immunodeficiency virus) or has acquired immune deficiency syndrome (AIDS).
- The mother has tested positive for human T-cell lymphotropic virus type I or type II (HTLV-1/2).
- The mother is using illicit street drugs, such as PCP (phencyclidine) or cocaine (exception: narcotic-dependent mothers who are enrolled in a supervised methadone program and have a negative screening for HIV and other illicit drugs can breastfeed).

Breastfeeding may be **temporarily contraindicated** when (mothers should be provided breastfeeding support and a breast pump, if eligible, and may resume breastfeeding after consulting with a physician to determine when their breast milk is safe for their infant and should be provided with lactation support to establish and maintain a milk supply):

- The mother is infected with untreated brucellosis.
- The mother has an active herpes simplex virus (HSV) infection with lesions present on the breast.
- The mother is undergoing diagnostic imaging with radiopharmaceuticals.
- The mother is taking certain medications or illicit drugs.

Direct breastfeeding may be temporarily contraindicated and the mother should be temporarily isolated from her infant(s) (should be provided breastfeeding support and a breast pump, if eligible) but expressed breast milk can be fed to the infant(s) when:

- The mother has untreated, active tuberculosis (TB) (may resume breastfeeding once she has been treated approximately for two weeks and is documented to be no longer contagious).
- The mother has active varicella (chicken pox) infection that developed within the five days prior to delivery to the two days following delivery.



Breastfeeding: Breast Pump Issuance

Policy: Local agencies shall provide breast pumps to WIC participants when appropriate along with appropriate education to directly support the initiation and continuation of breastfeeding.

Regulations: CFR 246.11 c, e, CFR 246.14 c (10), USDA FNS WIC Breastfeeding Policy and Guidance (July 2016), Colorado WIC Policy

Procedure/Additional Guidance:

Breast pumps and breastfeeding aids that directly support the initiation and continuation of breastfeeding are an allowable WIC program cost. Research shows milk expression in the first few weeks postpartum, by hand or pump, can assist mothers in creating a good milk supply. However, it is important to note that breastfeeding directly at the breast provides many other benefits beyond that of only feeding breast milk by bottle. Additionally, providing pumps regardless of need may give women the impression that special equipment is necessary to breastfeed, may contribute to feelings of inadequacy and lack of confidence, and may interfere with breastfeeding.

- Generally pumps are issued to mothers who are:
 - Having difficulty establishing or maintaining an adequate milk supply due to maternal/infant illness;
 - Mother/infant separation (e.g. hospitalization, return to work or school); and/or
 - Maternal temporary breastfeeding problems or medical need (e.g. severe engorgement).
- Pumps may not be issued to participants:
 - As an inducement to consider or to continue breastfeeding.
 - Prenatally to pregnant women.
- Liability:
 - Staff providing breast pumps or aids must be adequately trained to provide participants with the appropriate information and follow up.
 - Participants must receive instruction from staff at the time of issuance on proper pump assembly, usage, cleaning, storage and maintenance.
 - *Breast Pump/Aid Release Form* must be reviewed with the participant and captured in the Compass computer system.
- Local agency WIC Breastfeeding Coordinator will:
 - Authorize and train local agency staff to appropriately assess and issue breast pumps to participants.
 - Oversee breast pump inventory and order new breast pumps and accessories as needed from the State Office (see *Breastfeeding: Breast Pump Ordering and Maintenance* policy).
- Local agency staff must:
 - Complete the *Breast Pump Questionnaire* (available [online](#)) for each participant needing/requesting a pump to determine the best pump for their situation. Breast pumps shall only be provided after a thorough breastfeeding assessment to ensure that a breast pump is the appropriate intervention.
 - Educate participants on the proper use, assembly/disassembly, cleaning, storage and maintenance of the pump issued. For loaned pumps, participants must understand their responsibilities for handling and returning the pump.
 - Provide participants with written instructions on safe handling and storage of expressed breast milk.
 - Provide instruction on hand expression to all breastfeeding women (written materials and instructional videos are available). Hand expression is helpful to relieve normal engorgement and to assist women in handling situations when they are without their infant and need to express milk.
 - Review the *Breast Pump/Aid Release Form* with the participant and capture the participant's signature in the Compass computer system to ensure the participant accepts responsibility before leaving the clinic with any type of pump or aid. If unable to capture a signature, scan a signed copy of the *Breast Pump/Aid Release Form* into Compass or maintain a copy in a central file. A copy of the *Breast Pump/Aid Release Form* should be provided to the participant with who to contact with questions and the return date of loaned pumps, if applicable.
 - Document the type of pump issued and reason for issuance in the *Breastfeeding Equipment* panel in Compass.

Breastfeeding: Breast Pump Issuance

Policy: Local agencies shall provide breast pumps to WIC participants when appropriate along with appropriate education to directly support the initiation and continuation of breastfeeding.

Regulations: CFR 246.11 c, e, CFR 246.14 c (10), USDA FNS WIC Breastfeeding Policy and Guidance (July 2016), Colorado WIC Policy

Procedure/Additional Guidance:

Breast pumps and breastfeeding aids that directly support the initiation and continuation of breastfeeding are an allowable WIC program cost. Research shows milk expression in the first few weeks postpartum, by hand or pump, can assist individuals in creating a good milk supply. However, it is important to note that breastfeeding directly at the breast provides many other benefits beyond that of only feeding breast milk by bottle. Additionally, providing pumps regardless of need may give women the impression that special equipment is necessary to breastfeed, may contribute to feelings of inadequacy and lack of confidence, and may interfere with breastfeeding.

- Generally pumps are issued to mothers who are:
 - Having difficulty establishing or maintaining an adequate milk supply due to maternal/infant illness;
 - Mother/infant separation (e.g. hospitalization, return to work or school); and/or
 - Maternal temporary breastfeeding problems or medical need (e.g. severe engorgement).
- Pumps may not be issued to participants:
 - As an inducement to consider or to continue breastfeeding.
 - Prenatally to pregnant women.
- Liability:
 - Staff providing breast pumps or aids must be adequately trained to provide participants with the appropriate information and follow up.
 - Participants must receive instruction from staff at the time of issuance on proper pump assembly, usage, cleaning, storage and maintenance.
 - *Breast Pump/Aid Release Form* ([English](#); [Spanish](#)) must be reviewed with the participant and captured in the Compass computer system.
- Local agency WIC Breastfeeding Coordinator will:
 - Authorize and train local agency staff to appropriately assess and issue breast pumps to participants.
 - Oversee breast pump inventory and order new breast pumps and accessories as needed from the State Office (see *Breastfeeding: Breast Pump Ordering and Maintenance* policy).
- Local agency staff must:
 - Ask each participant if they have received a breast pump or aid from another source (e.g., Medicaid, private insurance, health care provider, etc.). Options to obtain pumps and aids from Medicaid, health insurers, etc. should be considered before a pump or aid is provided through WIC.
 - If the participant has a pump or aid from another source, WIC staff can provide education and support for the use of such pump or aid.
 - WIC staff should limit issuing additional pumps or aids unless there is a need as determined by the staff's clinical judgement.
 - Complete the *Breast Pump Questionnaire* (available [online](#)) for each participant needing/requesting a pump to determine the best pump for their situation. Breast pumps shall only be provided after a thorough breastfeeding assessment to ensure that a breast pump is the appropriate intervention.
 - Educate participants on the proper use, assembly/disassembly, cleaning, storage and maintenance of the pump issued. For loaned pumps, participants must understand their responsibilities for handling and returning the pump.
 - Provide participants with written instructions on safe handling and storage of expressed breast milk.
 - Provide instruction on hand expression to all breastfeeding women (written materials and instructional videos are available). Hand expression is helpful to relieve normal engorgement and to assist women in handling situations when they are without their infant and need to express milk.
 - Review the *Breast Pump/Aid Release Form* ([English](#); [Spanish](#)) with the participant and capture the participant's signature in the Compass computer system to ensure the participant accepts responsibility



before leaving the clinic with any type of pump or aid. If unable to capture a signature, scan a signed copy of the *Breast Pump/Aid Release Form* into Compass or maintain a copy in a central file. A copy of the *Breast Pump/Aid Release Form* should be provided to the participant with who to contact with questions and the return date of loaned pumps, if applicable.

- Document the type of pump issued and reason for issuance in the *Breastfeeding Equipment* panel in Compass.
- Contact participants provided any pump within 24-72 hours after pump issuance and regularly follow up thereafter, *at least monthly*, to determine if there are any questions on pump use, continued need for a loaned pump, if any issues/reasons for providing a pump have resolved, and to refer to lactation services/support in the community, as necessary. Document all follow up contacts well in the Compass, note “Pump follow-up” in the Subjective section of the *Participant Care Plan*.
- As best practice, refer a participant requesting formula or an increase in formula after a pump is issued to the WIC High Risk Counselor who will assess the need for formula and follow the formula issuance guidance in the *Breastfeeding: Definition, Promotion, Education and Support Standards* policy.

*Note: Breastfeeding Peer Counselors (BFPC) not designated as WIC Lactation Management Specialist (LMS) cannot issue breast pumps and aids. BFPC should refer participants who may benefit from supplies or need assistance using supplies to appropriate staff (see *Breastfeeding Scope of Practice* policy). **BFPC designated as WIC LMS can only issue pumps and aids to BFPC clients and must document contacts in the Participant Care Plan.**

- Only breast pumps listed under the “Allowable Pumps” indicated in the *Breastfeeding: Breast Pump Ordering and Maintenance* policy are allowed for purchase with WIC funding by local agencies. For breastfeeding aids, see the *Breastfeeding: Assistance, Aids and Contraindications* policy.

Guidelines for Loaned Hospital-Grade Multi-User Electric Pumps

Hospital-grade multi-user electric breast pumps are superior to single-user pumps because of a stronger motor, gentler suction options and capabilities that more closely mimic baby at the breast for improved breast milk removal. Priority of hospital-grade multi-user pumps are given to women who have a medical need, whose infants have a medical need, or a breastfeeding challenge to maintain milk supply, such as, but not limited to:

- Infants with an ineffective suck or unable to breastfeed directly at the breast because of prematurity, respiratory or cardiac problems affecting endurance, and/or disorders of the oral or gastrointestinal structures.
- Latch on problems/breast rejection.
- Severe feeding problems.
- Mastitis or breast infection.
- Mother on short-term medication(s) contraindicated for breastfeeding.
- Separation from infant (i.e., mother or infant hospitalized or ill).
- Mother of multiples.
- Premature infant.
- Acute severe or recurrent engorgement not resolved with standard treatment (i.e., increased feedings, warm soaks, manual expression).
- Severely sore or cracked nipples.
- Infants with breast milk jaundice.
- Abrupt weaning.
- Mother returning to work or school.

*Note: This list is not inclusive of all potential breastfeeding challenges and, therefore, the conditions for which a pump is loaned are left up to the decision of the local agency staff.

Issuance:

Hospital-grade multi-user breast pumps should only be loaned to participants who have demonstrated they are reliable and who can be located, if necessary. In addition to the above requirements, staff must:

- Ask each participant if they currently have a loaned multi-user breast pump from another source (e.g., Medicaid, private insurance, hospital loan, etc.). There should not be a need for an individual to have more than one multi-user loaned pump at one time.



- If the participant has a multi-user loaned pump from another source, WIC staff can provide education and support for the successful use of the pump.
 - WIC staff should limit issuing any additional pump while the participant is loaning a multi-user pump from another source, unless there is a need as determined by the staff's clinical judgement.
- Complete the Breastfeeding Equipment panel.
 - Verify proof of identity (POID) by scanning the participant's photo identification into the Compass system. Driver's license or other photo IDs (e.g., Military ID, Passport/US Government ID) are preferred as it may be useful if needing to recover a missing pump. If scanning the photo ID is not an option, agencies can keep a central file with copies of the photo IDs and the *Breast Pump/Aid Release Form* ([English](#); [Spanish](#)).
 - *Note: In rare cases when a participant does not have a photo ID (i.e., minors or undocumented participants), please choose another ID from the list of acceptable forms of identification (not including the Colorado eWIC Card or Staff Recognition), view proof of current residency, and document 2-3 contact individuals. In the *Comment Section* of Compass, document that the participant does not have a photo ID. Scanning or copying non-photo IDs is not required.
 - Log each pump's loan status, including the contact/return date, the date returned (once applicable) and at least two alternative contacts, including name and phone number in Compass on the *Breastfeeding Equipment* panel.
 - Inform participants the double pumping accessory/collection kits for the hospital-grade multi-user pump may not be loaned or shared with others, due to the possibility of cross-contamination.
 - Use the *Breastfeeding Equipment Due* report in Compass to track loaned pumps. Pumps are visible on the report if the contact/return date is the current month or past due.
 - Once a pump is returned, record the date returned and reason(s) for return (e.g., problem resolved) on the *Breastfeeding Equipment* panel.
 - If a pump is kept longer than the expected return date, staff should follow up with the participant, review the pump need and if applicable, update the return date in Compass on the *Breastfeeding Equipment* panel and document follow up in the *Participant Care Plan*.
 - Depending on the local agency inventory and because of the limited number of pumps, hospital-grade multi-user pumps used solely for medical problems or supply issues should be returned as soon as the need is resolved. If a pump is still necessary and a participant qualifies, a single-user pump may be issued as a replacement (see qualifications below).

Participants with a loaned pump who **transfer** to another local WIC agency:

- Allow participants to have access to an electric pump when deemed necessary.
- Preferred situation is for a mother to return the pump to the original clinic and staff work with the new clinic to quickly provide her with the same type of pump on arrival.
- If a mother transfers to a new clinic and does not return a loaned pump to the original clinic, the new clinic should exchange the pump with a pump from the new clinic and return the original pump, via transportation or mail, to the original clinic where it was issued.
- Local agencies cannot withhold or deny WIC benefits or services from a participant who has not returned a breast pump.

Guidelines for Single-User Electric Pumps

Single-user electric breast pumps are ideal for breastfeeding women who need help maintaining a milk supply and who have expressed genuine interest in breastfeeding exclusively for a goal of one year (use the *WIC Breast Pump Questionnaire* to aid in decision making). Primary reasons for issuing a single-user pump are:

- To help maintain adequate milk supply so that no formula is needed for the infant.
- To reduce the time and cost of WIC staff to follow up on loaned pumps for lower risk situations.

*Note: This list is not inclusive of all reasons/needs for a single-user pump, therefore, the conditions for which a pump is loaned are left up to the decision of the local agency staff.

Single-user pumps are not as effective in removing milk as a hospital-grade electric pump due to weaker motors. Hospital-grade multi-user pumps are used to help establish and/or increase milk supply and are



Breastfeeding: Breast Pump Ordering and Maintenance

Policy: Local agencies shall appropriately manage breast pumps provided to participants, including the ordering of pumps through the state purchasing program and maintaining breast pump inventories.

Regulations: CFR 246.11 c, e, CFR 246.14 c (10), USDA FNS WIC Breastfeeding Policy and Guidance (July 2016), Colorado WIC Policy

Procedure/Additional Guidance:

Breast pumps and breastfeeding aids that directly support the initiation and continuation of breastfeeding are an allowable WIC program cost.

Ordering

- Local agencies are responsible for maintaining an inventory of pumps and pump accessories, and for tracking items and quantities that need to be reordered.
- Breast pumps, collection kits and breastfeeding aids are ordered on a quarterly basis through a centralized process at the State WIC Program.
 - Local agency representatives fax or email their Pump Order Form to the State WIC office on or before the due date outlined in the quarterly reminder email sent to local agency pump representatives.
 - Each order requires the local agency WIC Director approval.
 - Pumps and pump accessories ordered are shipped directly to the local agency.
- Other allowable breastfeeding aids may be purchased with funds available in the local agency budget.
- Breast pumps and breastfeeding aids purchased with WIC funds should be provided at no cost to the participant.
- Only breast pumps listed under the following table “Allowable Pumps” are allowed for purchase with WIC funding by local agencies. For breastfeeding aids, see the *Breastfeeding: Assistance, Aids and Contraindications* policy. For purchasing information

Allowable Aids	Non-Allowable Aids
<ul style="list-style-type: none"> • Hospital-grade multi-user electric pumps 	<ul style="list-style-type: none"> • Battery operated or mini-electric pumps
<ul style="list-style-type: none"> • Single-user electric pumps 	
<ul style="list-style-type: none"> • Manual/hand pumps 	
<ul style="list-style-type: none"> • Collection kits for electric pumps 	
<ul style="list-style-type: none"> • Breast flanges (“shields”) 	

- Upon receipt, breast pumps and other items must be inspected for damage, ensure the correct type and quantity ordered is received.
- After type and quantity of ordered pumps and supplies are verified, local agency staff must send a confirmation of receipt to the State WIC Office fiscal officer.

Tracking and Inventory

- Local agencies must maintain a serialized inventory of all hospital-grade multi-user loaned breast pumps in the Compass computer system.
- Upon receipt, each new pump must be added to the clinic’s inventory. Hospital-grade multi-user electric pumps must be added to the *Serialized Inventory* section in Compass under *Operations*. Enter the serial number provided by the pump manufacturer on the pump.
- All breast pumps must be kept in a locked cabinet or locked room at the clinic, and off the floor when not loaned. Electric breast pumps are costly and careful attention must be given to maintaining, securing and inventorying of all equipment.
- Hospital-grade multi-user electric loaned breast pumps must have an asset tag affixed to the pump for tracking purposes. The asset tag includes a unique identifying number and the State WIC telephone number. Asset tags are ordered through the State WIC Office fiscal offer.



- Hospital-grade multi-user electric loaded breast pumps must have a contact label securely affixed to each pump case stating who to contact if the pump is found. The WIC agency's name, address and telephone number should be included on the label (e.g., consider using mailing labels sealed with packing tape).
- Hospital-grade multi-user electric loaned breast pumps must have a *Pump Cleaning Insert* (available to order on WIC materials order form) securely affixed to each pump case (via packing tape).
- Use the *Breastfeeding Equipment Due* report in Compass to track loaned pumps. Pumps are visible on the report if the due date/next contact date is the current month or past due.
- Once a pump is returned, record the date and reason(s) for return (e.g., problem resolved) on the *Breastfeeding Equipment* panel and *Participant Care Plan*.
- If a pump is kept longer than the expected return date, staff should follow up with the participant, review the pump need and if applicable, update the return date in Compass on the *Breastfeeding Equipment* panel and document follow up in the *Participant Care Plan*.

Maintenance

- Loaned hospital-grade multi-user breast pumps and cases must be cleaned when returned to the clinic after loaning to a participant. Clean pumps as described by manufacturer:
 - Ensure pump is unplugged while cleaning.
 - Wear gloves.
 - Freshly mix the standard 1:10 bleach cleaning solution: 1 part bleach and 9 parts water. This solution is not stable and must be mixed fresh each day and discarded after use.
 - Apply cleaning solution with a soft cloth to pump and case. Leave solution on for 30-60 seconds and rinse thoroughly with clean water using a soft cloth.
- If a pump is returned and contamination and/or insect infestation is suspected, do not re-issue the pump to another participant and follow the instructions below under the Repair section.
- **Loaned hospital-grade multi-user breast pumps must be checked for performance upon return and before reissuing to another participant. Check pump functions properly and vacuum suction is adequate. Refer to the *Level II Breastfeeding Module* for more information.**
- All pumps must be stored in a secure, locked location and off the ground, away from electronic equipment, such as TVs, DVD players. Motors in electronic equipment can attract insects and could result in pump infestation.
- Educate on and ensure upon issuance of all breast pumps that each participant understands proper cleaning and storage of breast pumps and supplies.

Repair

- If a hospital-grade multi-user electric breast pump needs repair or cleaning contact the State WIC Office to verify warranty status.
- It is the responsibility of the local agency to track the repair and return of "warranty" pumps.
- Pumps Under Warranty - as deemed by the State WIC Office:
 - Contact the pump manufacturer customer service by phone or email to request a warranty repair return authorization number and instructions.
 - Ship the pump, as instructed by the manufacturer to the factory for cleaning and repair.
 - Ship all pumps for repair without the cases. If a pump is believed to be contaminated or infested with insects follow the manufacturer's specific shipping instructions (manufacturers have specific instructions for shipping pumps contaminated or infested) and ship in the case. If a case is not returned by the manufacturer, the local agency may order a replacement case.
- Pumps Not Under Warranty:
 - Contact the State WIC Office fiscal unit to request prior approval for repair. A Purchase Request will need to be approved at the State level **prior** to contacting the pump manufacturer.
 - Upon approval from the State WIC Office, contact the pump manufacturer customer service by phone or email to request a repair return authorization number. A request can be made at this time to provide an estimate of costs prior to work being completed.
 - Notify the State WIC Office fiscal unit upon receipt of repaired pump.
- Pumps determined to be too damaged to repair or in need of disposal will be disposed of or recycled by the local agency. Check the pump manufacturer for recycling information and programs.

Missing Pumps and Recovery



- Hospital-grade multi-user electric breast pumps are costly and should be carefully maintained, tracked and secured. Such pumps should only be loaned to participants who have demonstrated they are reliable and who can be located, if necessary.
- WIC benefits cannot be denied to a participant for failing to return a breast pump. If a loaned pump is not returned or cannot be located, staff should:
 - Attempt to reach the participant and relatives/friends (referrals) listed on the *Breastfeeding Equipment* panel in Compass.
 - Document all attempted contacts in Compass under *Comments/Alters* of the participant's file.
 - Contact the State WIC Office with the pump serial number to obtain the depreciated value of the pump.
 - ✓ If the missing pump is determined to have no monetary value (pump depreciated over 6 years), it is up to the agency/clinic to determine if pursuit of the pump should be continued.
 - ✓ If the missing pump has a depreciated value near purchase price, it is cost effective for an agency/clinic to continue to pursue the missing pump.
- If contacts with the participant are unsuccessful, send a certified letter to the participant and contacts listed in Compass. Notify them if the pump is not returned promptly local authorities may be contacted.
- Depending on the pump's depreciated value, the agency/clinic can determine whether to request assistance from local law enforcement. However, not all local law enforcement will act on requests for assistance.
- If the pump's depreciated value is still at or near purchase price and cannot be recovered, contact the State WIC Office for further instructions.
- If the pump is not returned, the participant may not be eligible for a breast pump (loaned or single-user) in the future.

Breastfeeding: Definition, Promotion, Education and Support Standards

Policy: Local agencies shall provide breastfeeding promotion, education and support to participants and designate a Local Agency Breastfeeding Coordinator.

Regulations: CFR 246.11 c(2),(5),(7)(i)-(iv), CFR 246.2, CFR 246.10 e, USDA FNS WIC Breastfeeding Policy and Guidance (July 2016), Colorado WIC Policy

Definitions:

Breastfeeding Recommendations: The American Academy of Pediatrics (AAP) recommends breastfeeding as the optimal infant food and that breastfeeding continue for at least 12 months, exclusively for the first 6 months after birth, and thereafter for as long as mother and baby desire.

Exclusive Breastfeeding: An infant does not receive any additional foods or fluids other than breast milk unless medically recommended.

Breastfeeding Woman: Refers to women up to one year postpartum who are breastfeeding an infant, including:

- Women who are providing any amount of breast milk to their infant(s) via breastfeeding (exclusively or partially).
- Women who are providing any amount of breast milk to their infant(s) by expressing the breast milk by hand or pump and feeding the expressed breast milk to the infant.
- Women who are providing any amount of breast milk to infant(s) to whom they did not give birth (see definition below).

Categories:

- Fully (exclusively) breastfeeding woman (“Excl BF Woman”): A breastfeeding woman who is up to one year postpartum, whose infant does not receive formula from WIC.
- Partially (mostly) breastfeeding woman (“Part BF Woman - in range”): A breastfeeding woman who is up to one year postpartum, whose infant also receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant (up to maximum allowed described in Table 1 of 7 CFR 246.10).
- Some breastfeeding woman (“Part BF Woman - out of range”): A breastfeeding woman who is up to one year postpartum, whose infant receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant.
- Non-birth breastfeeding woman: A woman who breastfeeds an infant to whom she did not give birth and for whom she has legal responsibility. Examples include foster mothers, adoptive mothers, and female partners in the same household. A non-birth breastfeeding woman may receive WIC services if she meets eligibility criteria and the infant receiving her breast milk is a WIC participant.

*Note: the category “breastfeeding woman” does not include women providing breast milk to infants only by donating their breast milk to a milk bank or other source.

Procedure/Additional Guidance:

Promotion of Breastfeeding

Colorado WIC will promote breastfeeding as the normal food for infants.

- Each local agency program will designate a staff person to serve as the Breastfeeding Coordinator to provide leadership to the local WIC agency on breastfeeding promotion, education and support matters.
- All agency staff exhibits a positive attitude toward breastfeeding and, depending on their position, be expected to encourage, educate on, promote and support breastfeeding and make referrals for breastfeeding services beyond WIC. See *Breastfeeding Roles in Colorado WIC Clinic* in the *Breastfeeding: Scope of Practice* policy.



Staff Training

Federal regulations require local agency staff to have a basic knowledge of breastfeeding and understand their unique role in supporting breastfeeding as the standard method of infant feeding. All staff have a valuable role in supporting breastfeeding women in WIC.

- The local agency Breastfeeding Coordinator helps train staff in the provision of breastfeeding support services and serves as a mentor for new and existing staff.
- Task-appropriate breastfeeding training must be included in the orientation programs for all new WIC staff.
- State office will provide in-service training and technical assistance on the promotion and management of breastfeeding to staff at local agencies.

Clinic Environment

All local agencies must develop policies and create a clinic environment that endorses breastfeeding as the preferred and normal method of infant feeding. A positive breastfeeding clinic environment demonstrates to mothers the importance WIC places on breastfeeding and enhances staff efforts in promoting breastfeeding.

- Encourage staff to communicate a positive attitude toward breastfeeding.
- All printed materials (e.g., handouts, pamphlets, posters), audiovisual materials and social media messages used will use positive breastfeeding messages and images and be free of infant formula product names or manufacturer information or logos.
- Ensure infant formula, bottles, feeding supplies and related materials are out of the sight of participants and the public.
- Office supplies (e.g., cups, calendars, pens, note pads, etc.) must be free of infant formula product and manufacturer/sponsor names and information.
- Refuse free gifts and samples from infant formula representatives for use by local agency staff.
- Encourage and support local agency staff to breastfeed their children.
- Support breastfeeding in clinics and provide private space (other than a toilet stall) for staff and participants to breastfeed and/or express breast milk.
- Develop a mechanism to incorporate positive peer influence into the clinic. This could include a breastfeeding affirmation bulletin board where pictures and statements from breastfeeding moms and infants are displayed (from staff and participants), and/or classes or support groups where breastfeeding women and/or peer counselors talk to pregnant women.

Education and Support

Breastfeeding education and support are provided throughout the prenatal and postpartum period, particularly at critical times when the mother is most likely to need assistance.

- All women should be educated on the benefits of exclusive breastfeeding.
- Staff must not issue WIC infant formula to breastfed infants who are younger than one month of age and WIC will not provide an infant's first source of formula.

Prenatal Education

Prenatal education and breastfeeding intention prior to delivery is one of the best predictors of a woman's breastfeeding success. Every opportunity should be taken during a woman's pregnancy to educate on the importance of breastfeeding, address breastfeeding concerns and questions, and provide encouragement to initiate and continue breastfeeding as long as possible.

- The local agency will use prenatal breastfeeding education protocols which:
 - ✓ Integrate breastfeeding promotion into the continuum of prenatal nutrition education.
 - ✓ Include an assessment of participant knowledge, concerns, attitudes and support networks related to breastfeeding.
 - ✓ Provide initial and follow-up breastfeeding education sessions to each participant and include breastfeeding education at every prenatal participant visit and interaction.
 - ✓ Are comprehensive, up-to-date, and culturally appropriate.
 - ✓ Include information on the benefits of exclusive breastfeeding and practical strategies to combat potential challenges.
 - ✓ Include information to prepare mothers to communicate effectively with hospital staff of her decision to breastfeed.



- ✓ Include information to prepare mothers to communicate effectively with her employer/school as she prepares for maternity leave.
- Staff, at a minimum of once during the WIC prenatal contacts (individual or group), inform pregnant women that WIC does not routinely provide infant formula to breastfed infants who are younger than one month of age and WIC will not provide an infant's first source of formula.
- Staff must invite all pregnant women to a breastfeeding/infant feeding class or provide comparable education one-on-one with participants.
- Staff will follow local agency systems in place to refer pregnant women to the Breastfeeding Peer Counseling program.

Postpartum Education

The first few weeks postpartum are critical time periods in helping mothers build a milk supply and confidence. Research shows mothers with early and continued breastfeeding support are the most likely to succeed and breastfeed for longer durations.

- Staff will make efforts to schedule mothers who intend to breastfeed for subsequent certification as soon after delivery as possible in order to provide timely breastfeeding support.
- Inform participants that WIC helps mothers establish a successful breastfeeding relationship with their infant(s) and provides support to build their milk supply.
- Local agency staff, at a minimum during the first postpartum contact, inform breastfeeding women that WIC does not routinely provide infant formula to breastfed infants who are younger than one month of age and WIC will not provide an infant's first source of formula.
- All postpartum contacts provide positive reinforcement for the continuation of breastfeeding.
- Staff will document a mother's plan for breastfeeding in her nutrition education record and provide education and support to help her achieve her breastfeeding goals.
- Staff will develop a plan to assure that women have access to locally available support programs/services early in the postpartum period (when infant is 0-2 weeks of age).
- Local agencies will invite women to a WIC support group or refer women to a community breastfeeding support group.
- Staff will provide and/or identify education and support services for breastfeeding women returning to work or school.
- Local agencies collaborate with other programs/groups that provide breastfeeding education/support.
- Staff will follow local agency systems in place to refer new mothers and breastfeeding women to the Breastfeeding Peer Counseling program.

Formula

When a breastfeeding woman requests formula for her breastfed infant, the first priority is to help the woman achieve her breastfeeding goals. Staff must:

- Perform a nutrition assessment and use participant centered approaches to understand each mother's individual request for formula supplementation and determine the appropriateness of supplementation.
- Assess a mother's understanding of and provide education about the potential impact of formula on milk supply and breastfeeding.
- Continue to encourage and support any amount of breastfeeding.
- Inform the mother that her food package will change based upon how much she is breastfeeding.
- Document a mother's plan for breastfeeding, formula use and education provided in her nutrition education record.
- Issuance of formula is not allowed for breastfeeding infants less than one month of age.
- When formula is issued to a breastfed infant:
 - Provide only the minimum amount needed at the time of food benefit issuance, remembering that WIC is a supplemental program and mothers will have greater breastfeeding success if they continue to empty their breasts routinely.
 - Provide powdered formula as a supplement because it can be prepared in as small a quantity as needed.
 - Determine the amount of supplement necessary that meets but does not exceed the infant's nutritional needs and assign the appropriate food package. A breastfeeding infant who receives any formula from WIC is no longer in the fully breastfeeding category and needs to be adjusted appropriately.
 - Adjust the mother's food package appropriate based upon her level of breastfeeding and amount of infant formula issued. A woman over six months postpartum and determined to be in the "some



breastfeeding” category will not receive a food package, however can still receive all other WIC services.

- Document appropriately in the Compass computer system.
- Provide regular follow up with the mother at least monthly to continue to support breastfeeding success.

Breastfeeding: Human Milk Fortifier

Policy: Local agencies may issue human milk fortifier to participants with proper medical documentation to promote and support continued breastfeeding.

Regulations: CFR 246, 79 FR 12273 C (5)(f), USDA FNS WIC Breastfeeding Policy and Guidance (July 2016), Colorado WIC Policy

Procedure/Additional Guidance:

Human milk fortifier (HMF) is predominantly a protein and mineral supplement, that when added to breast milk boosts the calories and nutrition to better meet the needs of very premature infants. Studies have shown the addition of HMF is associated with improved growth, bone mineralization and neurologic outcomes.

- Issuance of HMF as a WIC formula is allowed with medical documentation.
- HMF use is initiated in the hospital and may be maintained after discharge with a monthly authorization by the infant's healthcare provider (provided on the Physician Authorization Form - PAF).
- Mother must have access to a breast pump (either from or outside of WIC).
- Mother must be provided with breastfeeding support and continued, regular follow up (ideally weekly).
- **Mother must be considered partially breastfeeding because her infant is receiving formula from WIC.**
- Infant must be monitored closely by their healthcare provider (thus require monthly PAF submitted).
- **HMF issuance may not exceed 20 packets per day.**
- HMF is most often discontinued prior to discharge and is not necessary or healthy to receive on a long-term basis. HMF must discontinue once the infant is 12 weeks post-discharge from the hospital or as indicated by the healthcare provider.
- Once HMF is discontinued, the mother can be transitioned back to the fully breastfeeding package as soon as the infant is no longer receiving HMF from WIC.
- HMF cannot be reconstituted on its own as an infant formula to provide proper nutrition.
- HMF cannot be added to formula or used in conjunction with formula "sprinkles" to fortify breast milk. HMF is the preferred source of fortification for breast milk as research indicates fortification of breast milk with formula is inferior nutritionally to HMF.

For questions or more information, refer to *the Colorado Guidelines for Health Care Professionals for Human Milk Fortifier after NICU Discharge* available on the Colorado WIC website.

Breastfeeding: Scope of Practice

Policy: WIC regulations require the roles and responsibilities be defined for all staff in the support and promotion of breastfeeding.

Regulations: CFR 246.3e, USDA FNS WIC Breastfeeding Policy and Guidance (July 2016), Colorado WIC Policy

Procedure/Additional Guidance:

The core competencies of staff as defined by USDA include:

- Recognize own beliefs and attitudes regarding breastfeeding and the impact of those beliefs and attitudes on WIC participant decisions.
- Know the benefits of breastfeeding for infants, mothers, families, community and environment, and apply to daily clinic activities.
- Self-identify as part of the WIC “Team” that promotes, protects and supports breastfeeding.
- Understand how the WIC food packages for the breastfeeding dyad support breastfeeding.
- Understand how to assist mothers to overcome common barriers to initiation of, exclusive and continued breastfeeding.
- Develop rapport and foster open dialogue to successfully communicate with pregnant women and mothers.
- Identify factors that can impact breastfeeding during the prenatal assessment process.
- Identify physiological factors that impact breastfeeding.
- Understand optimal breastfeeding practices that help mothers initiate and maintain breastfeeding.
- Recognize common breastfeeding concerns and protocols for obtaining additional assistance for mothers.
- Assist women who are employed or in school with tailored strategies for continuing to breastfeed after returning to work or school.
- Apply knowledge of lactation to supporting breastfeeding in varied situations.
- Understand the role of clinic and community support for breastfeeding.
- Collaborate with other programs/groups that provide breastfeeding education and support in the community.

Staff Training

- Staff can receive breastfeeding education to meet the above core competencies by completing the Level II Colorado WIC *Breastfeeding Module*.
- WIC staff can become Lactation Management Specialists (LMS) [and/or Designated Breastfeeding Experts (DBE)] by attending a Colorado WIC training specifically designed to equip staff with knowledge to counsel women and infants with nutrition risk factors related to breastfeeding complications (NRFs 602 & 603).
- All WIC Directors and High Risk Counselors are required to have advanced lactation training by becoming a LMS (by attending the training and passing the exam within one year of hire), DBE, and/or obtaining advanced lactation credentials (e.g., Certified Lactation Counselors (CLC), Certified Lactation Educators (CLE), International Board Certified Lactation Consultants (IBCLC)).
- Educators are invited to participate in LMS trainings and must successfully pass the exam and observations of participant interactions to become LMS and perform initial counseling on high risk breastfeeding complications.
- Breastfeeding peer counselors (BFPCs) with at least 12 months of work experience, or per the discretion of the LA BFPC Coordinator, may participate in LMS trainings and must successfully pass the exam and observations of participant interactions to become LMS.
- Staff who have advanced lactation credentials are not required, but recommended, to attend the LMS training, regardless of their WIC title. Observations of participant interactions are not required.

The table on the following page defines general roles which staff with various training, education and credentialing can practice.

*Note: WIC agencies with staff who are RN, IBCLCs and who also perform public health nursing positions which require greater technical expertise may have expanded scope of practice beyond that described in this policy.



Breastfeeding Roles in the Colorado WIC Program

Roles (BF=breastfeeding)	Basic Lactation Training			Lactation Management Specialist (LMS)			Advanced Lactation Credentials (CLC/CLE/DBE/IBCLC)		
	Clerical staff	BFPC	Educator	BFPC LMS	Educator LMS	RD/RN LMS	Educator CLC, CLE	RD/RN CLC, CLE	DBE, IBCLC
Provides info on benefits of BF and WIC services	X	X	X	X	X	X	X	X	X
Aids in or conducts BF promotion projects in the clinic	X	X	X	X	X	X	X	X	X
Creates and sustains a clinic environment supportive of BF	X	X	X	X	X	X	X	X	X
Refers clients to community BF resources	X	X	X	X	X	X	X	X	X
Conducts BF support groups		X	X	X	X	X	X	X	X
Conducts BF education classes			X	X	X	X	X	X	X
Refers moms to appropriate staff for pumps and BF aids	X	X	X	X					
Assesses need and issues appropriate pump and/or BF aids. Instructs on use, milk collection and storage				X*	X	X	X	X	X
Contacts participants 24-72 hours after pump issuance and monthly thereafter.				X*	X	X	X	X	X
Provides basic BF information through counseling and support calls		X	X	X	X	X	X	X	X
Assesses and provides counseling on common BF problems (e.g. sore nipples, latch, weaning)		X	X	X	X	X	X	X	X
Assesses and provides counseling on complex BF problems				X	X	X	X	X	X
Provides high risk counseling on BF Complications risk factors (NRFs 602 & 603)					X**	X	X	X	X
Mentors Educator and BFPC LMS staff						X		X	X
Serves as agency's or clinic's BF coordinator					X	X	X	X	X
Serves as agency's BFPC program coordinator						X	X	X	X
Serves as agency's breastfeeding expert									X

*BFPC LMSs can only issue pumps and complete follow-up calls for BFPC clients and must document contacts in the Participant Care Plan.

**When WIC Educator LMSs provide the initial high risk counseling for NRFs 602 & 603, which is required within 24 hours of risk assignment, a high risk follow up appointment should be scheduled with a WIC High Risk Counselor, DBE, or Educator Advanced Lactation Credentials (CLC, CLE, or IBCLC) within two weeks of the risk assignment.

Education Documentation

Policy: A minimum of two nutrition education contacts must be documented in the participant's WIC record for each 6-month certification period. For breastfeeding women, infants and children certified for more than six months, contacts must be offered on a quarterly basis. Actively participating breastfeeding women of an infant older than 6 months of age receiving out of range formula do not receive food benefits but a nutrition education contact is still required.

Regulation: 7 CFR 246.11(e)

Procedure/Additional Guidance:

The purpose of documentation is to record information provided to and from the participant during a WIC visit. Quality documentation ensures continuity of care and enables staff to review plans from previous visits, follow up on participant goals, and reinforce nutrition education messages. Participant Care Plan information must be entered no more than 10 days after a visit.

The following are required components of nutrition education documentation in Compass:

- Completion of the *Nutrition Education* panel including:
 - Selecting *Nutrition Education Topics Covered*,
 - Documenting any pamphlets provided in the *Pamphlets Provided* field,
 - Checking the *High Risk Follow Up Appointment* check box if a high risk visit is performed by the high risk WIC counselor **or IBCLC/CLC**.
- Completion of the *Participant Care Plan* including:
 - Participant comments, objective information, assessment, nutrition education, pamphlets, goals, referral and follow-up plan as appropriate and as described below.
 - At least one goal the participant identified documented (exception, low-risk participants who complete a wichealth.org lesson or those that complete a nutrition education contact via a Nutrition Education class).

Documenting High Risk: When a WIC educator identifies a participant to be high risk and the WIC High Risk Counselor provides high risk counseling that day, both WIC staff enter a separate education note. Only one education note is required when the WIC High Risk Counselor completes both the certification/recertification/follow up and high risk counseling in one visit.

Documenting Group Education: In order for a group education session to be counted as a nutrition contact, a class outline must be on file that specifies the topics covered, materials used, and the class title. Nutrition education class topics are chosen when a class is created in the Compass scheduler. When a participant completes a class, those topics are transferred to their nutrition education record. A care plan is not required.

Creating A Care Plan: The *Care Plan - Participant* panel is where all subjective, objective, assessment, counseling and plan, goals and referral information is located. Here are lists of possible items within each section:

- **Subjective:** is information obtained directly from the participant, the participant's family, or a healthcare professional.
 - ✓ Participant comments will pull into the Subjective area from the text boxes in the current Nutrition Interview.
 - ✓ Staff may add additional information in the white text box under Subjective such as:
 - Additional participant comments related to: medical, growth and iron, nutrition practices, lifestyle and/or personal factors.
 - Reason why a staff-assigned risk factor was assigned.
 - Other needs identified.
 - Comments related to follow up on previous goals.
 - Comments related to follow up on previous referrals.
 - Additional subjective information that was not collected during the Nutrition Interview can be added to the open text boxes.

- ✓ **Objective:** is information from measurable facts such as a tests, physical measurements, etc. Participant information such as category, age, blood work, height, weight, week's gestation, and growth percentile data entered in previous Compass panels will pull into the objective area of the care plan. Additional objective information such as special dietary needs, special formulas, and tailored food packages can be added to the open text boxes.
- **Assessment:**
 - ✓ Compass risk factors added in previous Compass panels will pull into the assessment area of the Care Plan. In the white text box under Assessment, WIC staff members **may** add their assessment. An example of an assessment would be "diet high in sugar sweetened beverages" or "participant has gained x amount of weight in x days/weeks." Agencies that use the Nutrition Care Process, (Problem, Etiology & Signs/Symptoms) PES statements may be added here also. **Staff are not required to write an assessment, but may do so if they choose.**
- **Counseling/Plan/Pamphlets:**
 - ✓ Selected counseling topics and pamphlets from the *Nutrition Education Panel* automatically populate into these text boxes when a new Participant Care Plan is selected.
- **Counseling/Education:**
 - ✓ Additional counseling and nutrition education information can be entered into the text box to clarify or enhance the topics and counseling points entered in the *Nutrition Education Panel*.
- **Goals:**
 - ✓ What the participant states will be their next step or what they will work on or do (based on their stage of change).
 - ✓ One goal is required and should be participant centered, specific and time sensitive.
- **Referrals:**
 - ✓ Each agency has a list of organizations that is entered into Compass for outreach and referral purposes. Referrals provided to participants are pulled from those documented on the *Referral-Participant* panel in the *Family/Intake* area of Compass.
- **Plan:**

The plan is a place to record information to be covered at the next visit or additional measures to take. A plan is entered for future visits such as a referral to the WIC High Risk Counselor, the items that need to be completed for the next visit or additional referrals. If applicable, the WIC High Risk Counselors should enter when to schedule the next high risk visit with the WIC High Risk Counselor.

Elements of Quality Nutrition Services Documentation:

- Consistent:** Follows protocols set by Colorado WIC
- Clear:** Precisely stated and easily understood by any reader
- Organized:** Follows a logical order that minimizes duplication
- Complete:** Creates a picture of the participant, the services provided over time, and outlines a plan for future services
- Concise:** Contains relevant information

Documentation of Other Contacts: WIC staff should document other visits or contacts (i.e. **phone breast pump follow-up**) in the participant's care plan, even when this contact does not qualify as an education contact. If goals are set, type the goal in the field labeled Goals and the plan for the next visit in the field labeled Plan.

Editing WIC Records: A participant care plan cannot be edited more than 3 days after it was created. If more information needs to be entered in Compass for a participant after 3 days, a new education note must be created. In this case you would not need to enter a new record in the Nutrition Education panel as you have already created a nutrition education contact for this visit. Create a new record in the Participant Care Plan panel and note the date of the original education note in the new note.

Exit Counseling

Policy: Exit nutrition counseling must be provided and the exit counseling pamphlet offered to all women participants at the end of the pregnancy certification period and again at the end of the postpartum or breastfeeding certification period. If previous exit counseling has occurred and is documented, abbreviated exit counseling should be provided.

Regulation: USDA Memo 94-9

Procedure/Additional Guidance:

Exit counseling must reinforce five important health messages previously received and an exit pamphlet offered, which are:

- Importance of folic acid intake;
- Benefits of Breastfeeding/Continued breastfeeding;
- Health risks of alcohol, tobacco and other drugs.
- A well-balanced diet; and
- Immunizations for herself and her children.

Exit counseling must be documented in the Nutrition Education panel under Nutrition Education Covered. All five exit counseling points must be discussed and documented and the exit pamphlet offered or given (see below) in order to meet the exit counseling requirements.

The exit counseling pamphlet *Focus on You* must be offered during the women's pregnancy certification period and must be offered again during a women's postpartum or breastfeeding certification period. Due to USDA requirements, documentation of the Focus on You pamphlet is different than other pamphlets. WIC staff must specify if the pamphlet was taken by the client, or if the pamphlet was offered but not taken by the client. See example below.

Pamphlets Provided	
<input type="checkbox"/>	Focus on You (offered but not taken)
<input type="checkbox"/>	Focus on You (taken by client)

The information provided in the exit counseling must not replace nutrition education that addresses a participant's nutritional risk factors and individual nutrition needs/concerns as well as emerging health issues.



Food Packages - Infants

Policy: WIC staff shall select infant’s food packages according to the infant’s age, breastfeeding status (Excl BF, Prim Excl/No F Pkg, Prim Excl/Comp, Part BF, No Longer BF, and Never BF), and nutritional needs.

Regulation: 7 CFR 246.10

Procedure/Additional Guidance:

When certifying/recertifying a mother/infant pair, begin with entering infant data into Compass and then proceed with entering the mother’s data. Staff can use the *Colorado WIC Early Breastfeeding Screening Form* to start a dialogue and assess needs for breastfeeding support.

Food Package Types/Categories for Infants:

- Exclusively Breastfed Infants: An infant who is breastfed and receives no WIC formula.
- Fully Formula Fed or “Full Formula”: An infant who receives WIC formula and is not breastfed.
- Partially (Mostly Breastfeeding Infant: An infant who is breastfed and receiving WIC formula.
 - ✓ “Partial (Mostly) BF Within Range”: An amount of standard formula (12.5-ounce cans powder) an infant can receive that allows mother to receive a partially breastfeeding food package for herself
 - ✓ “Partial BF Out of Range”: An amount of standard formula (12.5-ounce cans powder) greater than what is allowed for mother to receive a partially breastfeeding food package for herself.

Age of breastfed infant at first day of the month	BF Within Range	BF Out of Range
Less than 1 month		1 to 9 cans
1 - 3 months	1 to 4 cans	5 to 9 cans
4 - 5 months	1 to 5 cans	6 to 10 cans
6 - 12 months	1 to 4 cans	5 to 7 cans

Infants Less Than 1 Month of Age

Infant must be ≥ 1 month of age at the beginning of the month in order for Compass to recognize the infant as over 1 month of age. There are three food package options for infants less than 1 month of age:

- Exclusively breastfed
 - ✓ No food package is needed for the infant. The mother should receive either a model or tailored food package appropriate for an exclusively breastfeeding woman.
- Partial (Mostly) Breastfeeding Infant
 - ✓ An infant who is being breastfed and formula-fed will not receive a food package with formula unless medically indicated or staff conducts a thorough assessment and determines that the mother will not be breastfeeding long-term. If the mother reports she is breastfeeding and offering formula, staff must find out why formula is being used or requested, and consider the age of the infant and amount of formula being routinely offered. The counseling may be done by the educator or passed on to a WIC RD, RN, or Lactation Management Specialist depending on the situation. Based on the amount of formula given, the mother will receive a model or tailored food package for novel breastfeeding women since she is not exclusively breastfeeding.
- Fully Formula Fed
 - ✓ Formula food package for the infant. The mother should receive a food package for postpartum/non-breastfeeding women

Infants Over 1 Month of Age

There are three food package options:

- Exclusively breastfed
 - ✓ No food package is needed for the infant until he/she is 6 months old. The mother should receive either a model or tailored food package appropriate for an exclusively breastfeeding woman.
- Partially (Mostly) Breastfeeding Infant
 - ✓ If the mother reports that she is breastfeeding and offering formula, find out why formula is being used or requested. Inquire what the mother’s breastfeeding plan or goal is. Depending on the situation, counseling may be done by the educator or can be passed on to a WIC RD, RN, or Lactation



Management Specialist. Discuss with mother the alternatives to formula, such as breast milk collected by hand, or manual or electric breast pump expression. If, after counseling and education, the mother insists she receive formula, verify that the infant's breastfeeding description is "part BF" and **provide only the minimum amount of formula needed**. Remember that mothers have greater breastfeeding success when they continue to empty their breasts. The amount of formula the infant receives determines the mother's food package. Explain that packages with smaller amounts of formula may enable her to receive more food for herself.

□ Fully Formula Fed

- ✓ A fully formula fed infant receives a formula food package and the mother receives a food package for postpartum/non breastfeeding women until her infant is 6 months old. After her fully formula fed infant reaches 6 months or age, the mother is no longer WIC-eligible.

Infants 11 month of age until their first birthday

Issue an infant food package to all infants, including those between 11 and 12 months of age. If the recertification occurs during the month the child turns one year of age, recertify using the Infant Nutrition Interview, assign infant nutrition risk factors, and issue an infant food package for the full month. Issue a child food package at the beginning of the month when the child has already turned one year of age.

Medical Indication for Formula

Certain medical indications may pose a temporary or long term problem for breastfeeding and require supplementation of formula or banked human milk (although banked human milk is not available through Colorado WIC). Staff must work with mothers to determine the amount of formula that the food package shall contain and the length of time the doctor recommended the supplement, particularly if the need is for a standard formula and there is no prescription. If the mother does not know, staff will recommend she contact her infant's provider.

□ Maternal medical indications:

- ✓ Breast anatomical challenges (e.g., tubular breasts or marked breast asymmetry, inverted nipples for which shields and pumping alone will not suffice)
- ✓ Breast surgery (e.g., reduction, augmentation, abscesses, cancer)
- ✓ Endocrine abnormality (e.g., diabetes, pituitary insufficiency - noted as a lack of noticeable breast enlargement during pregnancy, failure of lactogenesis stage 2 - milk did not noticeably come in)
- ✓ Polycystic ovary syndrome (PCOS). Many mothers with PCOS have no problems with breastfeeding, but recent research shows that mothers with PCOS are at greater risk for insufficient milk supply. On the other hand, about one-third of women with PCOS report problems with oversupply.
- ✓ Perinatal complications (e.g., hypertension, hemorrhage, retained placental fragments)
- ✓ Contraindicated medication
- ✓ Severe obesity

□ Infant medical indications:

- ✓ Premature (≤ 37 weeks/0 days gestation) or very low birth weight
- ✓ Excessive weight loss (not regained birth weight by 10 days of age or loss of more than 10% of birth weight)
- ✓ Acute dehydration not responsive to routine breastfeeding
- ✓ Breast milk jaundice
- ✓ Hypoglycemia
- ✓ Inborn errors of metabolism (e.g., PKU)
- ✓ Special formula needed
- ✓ Not feeding well at discharge and sent home pumping with a formula supplement (should be followed by a physician within 24-72 hours after discharge).



No Medical Indication for Formula

If there is no medical indication, provide information and troubleshoot with the mother in order for the mother to receive the Exclusively Breastfeeding food package. Situations in which mothers choose not to receive a food package for exclusively breastfeeding women should be rare, and should occur only after extensive evaluation and counseling by the WIC High Risk Counselor or Lactation Management Specialist. Some non-medical reasons mothers may present include:

- Returning to work soon and has no desire/ability to pump
- Intent to wean over the next couple of weeks

If, after counseling and education, the mother insists she receive formula, determine if the infant is already receiving formula, then change the infant's breastfeeding description to "part BF" and **provide only the minimum amount of formula needed.**

The mother will receive a model or tailored food package for novel breastfeeding women since she is not exclusively breastfeeding. Work with the mother to create food packages for the following months that best support her breastfeeding plan, explaining that smaller formula packages may enable her to receive more food for herself with a food package for partially breastfeeding women.

Infant Formulas Categories

Formulas are classified into four categories:

1. **Primary Contract Brand Infant Formula:** Any (standard) infant formula manufactured by the company with whom Colorado WIC has a formula rebate contract. (See MPSF: WC-00-25-P). A prescription is not required for WIC to issue primary contract brand infant formula.
 - a. All infants enrolled on the Colorado WIC Program receiving a standard infant formula should receive one of five primary contract brand infant formulas: Enfamil Infant, Enfamil ProSobee, Enfamil Gentlease, Enfamil Reguline or Enfamil AR. Mead Johnson Nutritionals contracts with Colorado WIC to provide rebate dollars for each container of Enfamil Infant, Enfamil ProSobee, Enfamil Gentlease, Enfamil Reguline or Enfamil AR issued to WIC participants. Rebate money is used to support additional caseload.

Contract for Infant Formula Rebate: Federal regulations require that state WIC Programs contract with a single infant formula manufacturer. Additionally, federal regulations require the use of Primary Contract Brand Infant Formulas, except when contraindicated by a specific medical condition. The Colorado WIC Program contracts with Mead Johnson Nutritionals to be the provider of standard milk and soy-based formulas. These formulas contain at least 10 mg iron per liter and 20 kilocalories per fluid ounce. Rebates for the contract formulas, which are used to enroll more children and women in WIC, support approximately 25% of the Colorado WIC caseload. There are no exceptions for the provision of standard formulas made by other manufacturers.

Colorado WIC receives rebate for the following formulas:

- **Enfamil Infant** - A milk-based formula
- **Enfamil ProSobee** - A soy-based formula
- **Enfamil Gentlease** - A reduced-lactose milk-based formula that has partially hydrolyzed protein
- **Enfamil Reguline** - A milk-based formula with added prebiotics
- **Enfamil AR** - A milk-based formula with added rice starch

2. **Non-Contract Brand Infant Formula:** Any infant formula or exempt infant formula that is not a contract formula. (See MPSF:WC-00-25-P) As of January 1, 2008, Colorado WIC no longer provides non-contract brand infant formula.
3. **Exempt Infant Formula.** Any infant formula designed for infants with special medical conditions who require a modified infant formula. (See FDC Act 21 U.S.C. 350a). Exempt infant formulas are those that are represented and labeled for use by an infant who has an inborn error of metabolism, a low birth weight or who otherwise has an unusual medical or dietary problem. They are often used with infants who have medical problems that affect their nutritional needs and/or their ability to digest regular infant formulas. It



is very important that a physician regularly reevaluate the need and acceptance by an infant receiving an exempt infant formula.

4. **WIC Eligible Nutritionals:** Certain enteral products that are specifically formulated to provide nutritional support for infants, children, teens and adult women with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC Eligible Nutritionals may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via an oral or tube feeding. WIC Eligible Nutritionals include many, but not all, products that meet the definition of medical foods in Section 5(b) (3) of the Orphan Drug Act [21 U.S.C. 360ee (b) (3)]. WIC eligible nutritionals may not be a conventional food, drug, flavoring, or enzyme.

Issuance of an exempt infant formula and a WIC Eligible Nutritional is only permitted with a properly completed Colorado WIC Program's *Physician Authorization Form* or a physician's prescription and WIC High Risk Counselor approval of prescription prior to issuance. It is important that a physician regularly reevaluates the appropriateness of the type and amount of the formula or nutritional prescribed. For more information, see *Prescription Required Formulas and Nutritionals* policy in Section 2, Nutrition Services.

Formulas to Accommodate Religious Beliefs: In the event that one of Colorado WIC's contract formulas does not meet a participant's religious requirements, such as need for a kosher formula, a non-contract formula can be issued without a physician's authorization. Documentation of the issuance of a non-contract formula to accommodate religious eating patterns must be included in the participant's record.

Issuance of Ready-To-Feed

Federal and State regulations require that infant formulas, exempt infant formulas and WIC eligible nutritionals be issued in concentrated liquid or powder physical forms. Ready-to-feed (RTF) WIC formulas may be authorized when the CWA determines and documents that:

- The family's water supply is contaminated and / or is unsafe for consumption
- The caregiver has difficulty correctly diluting concentrate or powder formula
- For a medically fragile infant (i.e. premature)
- The formula only comes in ready-to-feed form



Infant Food Package

Age	Exclusively Breastfeeding (breastfed- no WIC formula)	Partially Breastfeeding - in range (breastfed and receiving WIC formula.	Partially Breastfeeding - out of range refers to an infant who is breastfed and receiving WIC formula	Fully Formula-Fed (infant who receives WIC formula and is not breastfed)
< 1 month	None	None	Up to 870 oz powder or Up to 806 oz concentrate or Up to 832 fl oz RTF	870 oz powder or 806 oz concentrate or 832 fl oz RTF
1 mo. through 3 mo.	None	435 oz powder or 364 oz concentrate or 384 oz RTF	436 - 870 oz powder or 365 - 806 oz concentrate or 385 - 832 oz RTF	870 oz powder or 806 oz concentrate or 832 oz RTF
4 mo. through 5 mo.	None	522 oz powder or 442 oz concentrate or 474 oz RTF	523 - 960 oz - powder or 443 - 884 oz concentrate or 475- 913 oz RTF	960 oz - powder or 884 oz concentrate or 913 oz RTF
6 mo. through 11 mo.	(31) 2.5-oz jars baby food meat (2-3) 8-oz boxes baby cereal (64) 4-oz jars baby food F/V	384 oz powder or 312 oz concentrate or 338 oz RTF (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V	385 - 696 oz powder or 313 - 624 oz concentrate or 339 - 643 oz RTF (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V	696 oz powder or 624 oz concentrate or 643 oz RTF (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V
9 mo. through 11 mo.	(31) 2.5-oz jars baby food meat (2-3) 8-oz boxes baby cereal (64) 4-oz jars baby food F/V or (32) 4-oz jars baby food F/V + \$8 CVB	384 oz powder or 312 oz concentrate or 338 oz RTF (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V or (16) 4-oz jars baby food F/V + \$4 CVB	385 - 696 oz powder or 313 - 624 oz concentrate or 339 - 643 oz RTF (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V or 16(4-oz) jars baby food F/V + \$4 CVB	696 oz powder or 624 oz concentrate or 643 oz RTF (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V or (16) 4-oz jars baby food F/V + \$4 CVB



Guidelines for Providing Supplemental Formula To Non-Exclusively Breastfed Infants:

Staff carefully determine with mothers the amount of formula the food package shall contain for the non-exclusively breastfed infant. When possible staff should provide the minimum amount of formula needed and issue powder (not concentrate) formula.

Breastfed Infant's Average Daily Formula Intake	Number of cans powder formula			
	Enfamil EnfaCare Nutramigen with Enflora LGG Similac Alimentum Similac NeoSure	EleCare Infant Enfamil Infant Gentlease Prosobee Enfamil AR Enfamil Reguline	Neocate Infant PurAmino Similac PM 60/40	Pregestimil
1-3 ounces	1	1	1	1
4 ounces	2	2	2	1
5-6 ounces	2	2	2	2
7 ounces	3	2	2	2
8 ounces	3	3	3	2
9 ounces	3	3	3	3 * #
10 ounces	4 #	3	3	3
11-12 ounces	4	4 * #	4 * #	3
13 ounces	5 *	4	4	4 +
14-15 ounces	5	5 +	5 +	4
16-17 ounces	6 +	5	5	5
18-19 ounces	6	6	6	5
20 ounces	7	6	6	6
21 ounces	7	7	6	6
22 ounces	8	7	7	6
23 ounces	8	8	7	7
24 ounces	9	8	7	7
25-26 ounces	9	9	8	7
27 ounces	10	9	8	8
28 ounces or more	11	10	9	8

- * Maximum "in range" formula for 1-3 month olds
- + Maximum "in range" formula for 4-5 month olds
- # Maximum "in range" formula for 6-11 month olds



Food Packages - Children

Policy: WIC staff shall select children’s food packages according to the participant’s age and nutritional needs.

Regulation: 7 CFR 246.10

Procedure/Additional Guidance:

- When an infant reaches one year of age, assign and issue a Toddler food package (containing whole milk).
- When a child’s age is between 12 through 23 months, assign and issue a Toddler food package (containing whole milk.)
- When a child’s age is between 24 through 59 months, assign and issue a Child food package (containing low-fat (1%) or fat free milk).

Child Food Package

Food	Children
Milk (gallons)	3 gal + 1 qt
Cheese (pounds)	1
Eggs (dozen)	1
Juice (ounces)	128
Breakfast cereal (ounces)	36
Whole grains (pounds)	2
Dry beans and/or peanut butter	1 lb or 18 oz
Cash Value Benefit (CVB)	\$8

Food Package Allowances/Substitutions

WIC staff may prescribe allowable alternatives and tailor the package according to additional participant needs and preferences.

- WIC staff may determine issuance of the following foods:
 - ✓ Soy-based beverage or tofu as a substitution for milk.
 - Must be based on staff’s determination through individual nutritional assessment and consultation with the child’s health care provider if necessary. It is incumbent upon local agency WIC staff to ensure the endorser/participant understand the importance of milk over milk substitutes and that the diet may be nutritionally inadequate when milk is replaced by other foods. Such determinations can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diet, or religious preference (i.e. kosher).
 - ✓ Reduced fat milks (2% 1% or fat free) for 1 year children for whom overweight or obesity is a concern.
 - The WIC staff may issue reduced fat milks (2%, 1% or fat free) to one-year-old children (12-23 months) meeting these criteria:
 - Overweight: Child’s weight for length is at or above the 98th percentile.
 - Rapid weight gain: A child whose weight for length, initially at or above the 50th percentile crossed two percentile curves. For example, a child going from the 50th to the 90th percentile, or going from the 75th to the 95th percentile.
 - Food packages containing reduced fat milk (2%, 1% or fat free) are accessed by selecting “Special Diet” from the Food Package screen in Compass. WIC staff must complete the Documentation box, noting “concern of overweight/obesity” as the medical diagnosis reason. The authorization period (“Rx Expiration Date”) may be up to the date in which the child turns two years old. Staff should add their name as both “Approved by” and “Authority.” A Physician Authorization form is not required.



- When substantiated with proper and complete medical documentation and approval from the WIC High Risk Counselor, the following formulas can be issued to children:
 - ✓ Primary contract brand infant formula
 - ✓ Exempt infant formula
 - ✓ WIC eligible nutritional
- The WIC High Risk Counselor may approve issuance of the following foods:
 - ✓ Supplemental foods for children receiving “special formulas.”
 - ✓ Whole or 2% milk for ≥ 2 -year-old underweight children receiving “special formula.”

Exchange of Food & Formula Benefits

Policy: Unredeemed food benefits may be exchanged for all participants for current or future months. Participants switching to a different formula may have their benefits exchanged.

Regulation: 7 CRF 246.12, 7 CRF 246.10, USDA WIC Food Package Guidance

Procedure/Additional Guidance:

Exchange of Food Package (Non-Formula)

- Non-formula food packages may only be exchanged if none of the food items have been redeemed.

Unredeemed Formula Exchanges

- Contract Formula: If the switch is to another contract formula, benefits can be exchanged remotely (without requiring the endorser to come to the clinic).
- Non-Contact/Exempt Formula: A complete *Physician Authorization Form* must be obtained. If the switch is to an exempt infant formula or WIC Eligible Nutritional, benefits can be exchanged remotely only if:
 - ✓ The new prescription has been received at the clinic **and**
 - ✓ The WIC high risk counselor determines the endorser does not need to be seen in person to receive additional education or instructions on use of the formula.

Redeemed Formula Exchanges

- ☒ Only formula purchased during the current month may be exchanged.
- ☒ Unopened cans of formula may be returned to the clinic and exchanged for an equivalent or lesser amount of the requested formula. For example, four cans of a 12.9-ounce formula could only be exchanged for three cans of a 16-ounce formula. Compass calculates the amount that can be reissued.
- ☒ If formula is returned, before changing the food package, access the Foods branch and select the “Return Formula” panel. (Once the food package is changed, the previously issued and purchased formula cannot be entered in the Returned Formula panel.)
- Select the “Get Balance” button. The returned formula grid will display a row of the current month’s formula issued to the participant.
- Enter the quantity of formula returned into the grid and save. Compass will not allow entry of more than what the participant purchased with the eWIC card in the current month.
- Compass will automatically calculate how much formula is available for re-issuance to the participant.
- Benefits can be exchanged remotely only if:
 - ✓ No formula is available to be returned, **and**
 - ✓ The switch is to another contract formula or a new prescription has been received at the clinic, **and**
 - ✓ The WIC high risk counselor determines the endorser does not need to be seen in person to receive additional education or instructions on use of the formula.

Compass Steps for Food and Formula Exchanges

- Access the Compass Food Package panel, and select “new” to create a new food package.
- Select a new model food package from the drop down list and perform a save. (Alternatively, staff may tailor a food package, or create a new package “from scratch.”)
- Access the Food Benefits panel and verify the appropriate issuance (1 month, 2 months, 3 months). Once verified, click the “Issue Benefits” button. Compass will automatically calculate the remaining food benefits for the participant.
- Obtain the endorser’s signature to acknowledge receipt of food benefits.
- Review the *Family Food Benefits* printout with the endorser or proxy

Formula Disposal

- ☒ Formula returned by a participant must be disposed and may not be given to another WIC participant (ie. for trial or sample), food bank or animal shelter.

- ☐ Returned formula must be destroyed within two (2) days of receipt.
- ☐ WIC staff must log destroyed formula on the Formula Disposal Log.

Formula Exchanges When Ordered from a Pharmacy

- ☒ Formula that was ordered from a pharmacy and not issued to a participant (has never left the clinic) may be issued to another WIC participant. It may be transferred from WIC clinic to WIC clinic in either of the following ways:
 1. Transferred via WIC Staff Person: If the formula is transferred to another clinic via staff, the formula transfer must be authorized by a supervisor or lead staff person. The formula must be received the same day.
 2. Shipped: If the formula is shipped to another clinic, the formula must be received by the clinic well in advance of the formula's expiration date so that it may be used by a client.

General Guidelines for Formula Exchanges

- ☒ Staff should never authorize exchange of formula at a grocery store or pharmacy.
- ☒ Opened cans of formula cannot be exchanged.
- ☒ Stored formula must be kept out of sight so as not to undermine breastfeeding promotion efforts.
- ☒ Details of any formula exchange must be documented in the participant's record.

Food Benefit Issuance

Policy: WIC staff prescribes monthly supplemental foods in quantities that do not exceed the regulatory maximums and are appropriate for the participant's age, category, profile, and nutritional needs.

Regulation: 7 CFR 246.10

Procedure/Additional Guidance:

WIC staff assign food packages based on the participant's age, category, profile, and nutrition risk factors. Staff may choose a model food package which contain specific combinations of foods that are most frequently issued to participants. From the Food Package panel, staff members have the ability to:

- Assign one of the displayed model food packages -OR-
- Select a model and then tailor it -OR-
- Create a new food package

The selected food package remains in effect until the user selects a different food package. In order to change a food package, the user must enter a new effective date. The food package effective date is the date the food package is first available for issuance. In Compass, the food package effective date defaults to today's date. Compass functionality allows the user to set a future food package effective date. When selecting a new food package for the following month, make the effective date the first day of the following month. For example, on July 15 if a new food package will be needed for August, use the date selector to make the effective date of the new food package August 1. For benefits issued and then exchanged on the same day, the new food package effective date will be the same date as the previous effective date.

Note: Non formula food packages may only be changed in the current month if none of the food items have been redeemed.

Issuance Cycle

The majority of WIC participants are issued food benefits for three months at a time. Compass generally defaults to a three-month issuance cycle except with provisional certifications. There are instances when local agency WIC staff members are required to reduce monthly issuance.

- Issuance for High Risk Participants:
 - ✓ Compass issuance for high risk participants defaults to three months. If the high risk participant has not received high risk counseling from the WIC High Risk Counselor at the certification/recertification visit, staff members are required to schedule the participant for a high risk counseling session with the WIC High Risk Counselor within one month for most high risk nutrition risk factors (one exception: **NRF 113** - overweight child can be issued 3 months benefits at certification).
- Other examples for when clinic staff may change the 3-month issuance to one month are:
 - ✓ Foster children who move frequently
 - ✓ Migrants
 - ✓ Infants receiving a special formula or any formula that is likely to change more often than once every three months.
 - ✓ Breastfeeding mothers receiving a full-formula package for their infant.

Automatic Food Package Update for Infants

Compass automatically changes model food packages for infants at 4 and 6 months of age. When that happens, the word "Changed" is added to the name of the updated food package. Tailored food packages do not automatically update at milestones. WIC staff need to reassess at milestones and create new tailored packages if needed. WIC staff have the ability to over-ride the automatic changes. When a participant's category and age change, Compass displays new model food packages meeting the participant's profile that can be assigned. Changing risk factors may prompt the need to change food packages. If a food package is inappropriate for a participant's age or category, or contains more than the maximum allotment of foods, Compass will not verify the package. Staff must correct the package before issuing food benefits.

Food Package Tailoring

Individual nutrition tailoring is allowed based on the WIC staff's assessment of a participant's supplemental nutrition needs. By federal regulation, the full maximum monthly allowance of all supplemental foods in all food packages must be made available to participants if medically or nutritionally warranted. The one exception is that breastfed infants who also receive supplemental formula should be provided the minimum amount of supplemental formula and offered counseling and support to ensure breastfeeding success. Tailoring the package to provide less than the full amount is appropriate only when:

- ✓ Medically or nutritionally warranted such as removing an item due to a food allergy
- ✓ A participant refuses or cannot use the maximum monthly amount
- ✓ Quantities necessary to supplement another program's contribution to fill a medical prescription are less than the maximum monthly amount.

There are instances when issuance of a food package requires both medical documentation from a health care provider licensed to prescribe in Colorado and approval by the WIC High Risk Counselor.

Documentation of Food Package Tailoring

Any time tailored food packages are assigned due to risk factors or the participant's conditions, documentation must be provided. Documentation is critical so that all staff providing follow up can readily see that a specific tailored food package was purposefully assigned. Documentation may be noted on the Food Package screen in the "Details" or "Comments" field, or captured in the Nutrition Interview and thus transferred into the care plan.

Guidelines for Issuing Homeless Food Packages

The WIC food package may be tailored to accommodate the unique needs and circumstances of homeless participants. Some of these adaptations may be necessary because of their living circumstances. Information regarding storage, transportation, ability to access the grocery store, and use of specific food items should be obtained when certifying the participant. If the person is residing in a shelter, the WIC food package must be kept separate from the general inventories and be used by the participant only. Below is a list of ways a food package may be tailored to meet the needs of homeless individuals:

- If proper refrigeration is not available, eggs and fluid milk, including evaporated, may not be issued to the participant. UHT or powdered milk should be issued instead. The participant should be instructed to mix one glass of milk at a time. Nonfat dry milk should not be used for children between 12-24 months of age.
- Eggs may not be issued if refrigeration and cooking facilities are not available. One 18-ounce jar of peanut butter may be substituted for 1 dozen eggs.
- Participants may be issued single serving containers of juice.
- Breastfeeding should be encouraged as the easiest and safest way to feed the infant. Formula-fed infants should receive powder formula, mixed one bottle at a time. Ready-to feed formula may be issued according to Colorado WIC Food Package Tailoring Guidelines. No exemptions or exceptions are allowed from the requirement for medical documentation to support the issuance of exempt infant formulas and WIC-eligible medical foods.
- Local agency WIC staff determine whether to provide monthly or tri-monthly food benefits. Factors to consider when determining food benefit issuance include: length of time the individual plans to stay in the area, length of time it is possible to stay in the shelter, nutritional risk factors, and access to transportation.



Homeless Food Package Guidelines

WIC Food	Refrigeration, dry storage, and cooking	NO refrigeration and NO cooking facilities with dry storage
Milk	Same as regular food package whereby participant may choose to purchase fluid milk in quarts, half-gallons or gallons-or- powdered or evaporated milk	Powder or UHT
Cheese	Substitute for milk -same as regular food package	Substitute for milk-same as regular food package
Eggs	Same as regular food package	Substitute peanut butter
Juice	Same as regular package -or- issue single serving juice	Single serving
Breakfast cereal & infant cereal	Same as regular package	Same as regular package
Whole grains	Same as regular package	Same as regular package
Peanut butter and Beans	Same as regular package whereby participant has a choice of peanut butter, dry or canned beans	Encourage purchase of peanut butter or canned beans
Canned fish	Same as regular package	Encourage purchase of single serving size cans
Fruit & Vegetable voucher	Same as regular package	Encourage purchase of items that do not require cooking or refrigeration such as apples, oranges, carrots, etc.
Formula	Powder <u>or</u> liquid conc. or ready-to-feed	Powder

For more information regarding certification of and providing services for homeless participants, see the *Homeless Applicants* policy in Section 8, *Certification, Eligibility and Coordination*

Hospitalized or Institutionalized Participants

If a participant is in the hospital, long term care facility or an institution, a WIC food package cannot be provided until discharged, since the institution is responsible for feeding the patient.

Remote Issuance of WIC food benefits

The following are examples when WIC staff may remote issue WIC food benefits (and notify the endorser/participant that their food benefits are available):

- Education Choice for a Follow-up visit (WIChealth.org lesson or Phone/Video follow-up)
- Food package exchanges not requiring formula returned to the clinic.
- Emergency/natural disaster, extreme weather or health conditions prevent either participants or local staff from traveling to the clinic.
- In rare situations when the participant would otherwise lose benefits through no fault of their own, one month of benefits may be remotely issued. Examples include: transferring a participant from a main clinic to a small satellite clinic (where the satellite clinic is not open as frequently and would result in the participant losing benefits); scheduling a participant for high risk counseling in a small clinic where the WIC High Risk Counselor is only available a few days and the participant would otherwise lose benefits.

Food Benefit Signature & proof of ID capture

The endorser/participant/proxy shows proof of ID and electronically signs the signature pad to acknowledge receipt of food benefits. Staff records the proof of ID seen in the Proof of Identification drop down on the Signature Capture pop up in Compass.

No Signature Available

If a signature is not available, staff must check the *No Signature Available* checkbox and select one of the following reasons:

- Equipment malfunction
- Mailed
- Refused
- NE Class
- Remote issuance (may only be used for remote issuance of food benefits)
- Other (If selected, the reason must be documented in the participant's file)

For reasons other than remote benefit issuance, all participants must provide a signature stating that they have received their food benefits. Signatures not captured electronically must be captured on paper and scanned into Compass.

There are two ways to capture an electronic signature from those attending a NE class:

- Signature can be captured at the time benefits are issued.
- If benefits are issued while the participant is in the NE class, staff can capture the participant signature after the class by accessing the NE Class in *Scheduler* and clicking on the *Signature* button.

When a required electronic signature is not captured, staff must complete the appropriate form, obtain the endorser's signature, and scan the form into Compass. The forms to complete are listed in the *Scanned Documents and Obtaining Signature Policy*, Section 4: Organization and Management.



SUMMARY of COLORADO WIC FOOD PACKAGES

	Infant 0-3 mo	Infant 4-5 mo	Infant 6-8 mo	Excl BF Inf 6-8 mo ^a	Infant 9-11 mo	Excl BF Infant 9-11 mo	Child 1 year	Child 2-4 yr	Pregnant Part BF Woman	Postpartum/ Novel BF Woman	Excl BF Woman ^b	Excl BF Multiples
Infant Formula ^c	870 oz pwd 806 oz conc -or- 832 oz RTF	960 oz pwd 884 oz conc -or- 913 oz RTF	696 oz pwd 624 oz conc -or- 643 oz RTF		696 oz pwd 624 oz conc -or- 643 oz RTF							
Infant Cereal			3, 8-oz box	3, 8-oz boxes	3, 8-oz boxes	3, 8-oz boxes						
Baby Food Fruit/Veg.			32 4-oz jars	64 4-oz jars	32 4-oz jars -or- 16 (4-oz) jars FV + \$4 CVB	64 4-oz jars -or- 32 (4-oz) Jars FV + \$8 C						
Baby Food Meat				31 2.5-oz jars		31 2.5-oz jars						
Milk ^{d, e, f}							16 qt. whole	16 qt. 1%/fat free	22 qt. 1%/fat free	16 qt. 1%/fat free	24 qt. 1%/fat free	36 qt. 1%/fat free
Cheese ^g							1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb - and 2 lb may replace 6 qt. milk	1 1/2 lb - and 2 lb may replace 6 qt. milk
Eggs							1 dozen	1 dozen	1 dozen	1 dozen	2 dozen	3 dozen
Juice							2 64-oz containers	2 64-oz containers	3 12-oz fz conc	2 12-oz fz conc	3 12-oz fz conc	4 1/2 12-oz fz conc ^h
Breakfast Cereal							36 oz	36 oz	36 oz	36 oz	36 oz	54 oz
Whole Grains							32 oz	32 oz	16 oz	16 oz	16 oz	24 oz
Dry Beans and/or Peanut Butter							1 lb beans or 18 oz peanut butter	1 lb beans or 18 oz peanut butt	1 lb beans and 18 oz peanut bu	1 lb beans or 18 oz pean butter	1 lb beans and 18 oz peanut butter	1 1/2 times excl BF allowance ⁱ
CVB F/V							\$9.00	\$9.00	\$11.00	\$11.00	\$11.00	\$16.50
Canned Fish											30 oz.	45 oz.

^a Exclusively BF infants 0-6 months are counted as WIC participants even though they are not issued food benefits.

^b Exclusively BF woman's package also issued to women pregnant with multiples, women partially (mostly or "in range") breastfeeding multiples from the same pregnancy, pregnant women who are partially (mostly) breastfeeding singleton infants.

^c Reconstituted ounces of infant formula.

^d Soy milk may be substituted for cow's milk at the rate of 1 quart soy milk per 1 quart cow's milk. The CWA may determine and document the need for soy milk for children. Determination must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary. Such determination can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets or religious preference (i.e. kosher). No additional documentation is needed for women.

^e Tofu may be substituted for cow's milk at the rate of 1 lb tofu per 1 quart milk. The CWA may determine and document the need for tofu for children. Determination must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary. Such determinations can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets or religious preference (i.e. kosher diet). No documentation is needed for women

^f Yogurt may be substituted for fluid milk at the rate of 1 quart yogurt per 1 quart milk. A maximum of 1 quart of milk may be substituted. Additional amounts of yogurt are not authorized. Whole yogurt is the standard yogurt for issuance to 1-year-old children (12 through 23 months.) Lowfat or non-fat yogurt may be issued to 1-year-old children for whom overweight and obesity are a concern. Lowfat or nonfat yogurts are the only types of yogurt authorized for children ≥ 24 months of age and women.

^g Maximum substitution of milk for cheese:
Children: 3 quarts (maximum 1 pound cheese)
Pregnant, Postpartum and Partially (Mostly) BF Women: 3 quarts (maximum 1 pound cheese)
Exclusively BF Women: 6 quarts (maximum 2 lb cheese).

^h Foods can be divided into "even" and "odd" month packages to provide the full authorized amount of juice over a 2-month period.

ⁱ A combination of dry beans, canned beans, and peanut butter may be issued in order to provide the full authorization of beans and peanut butter.

Allowed Substitutions:

- Canned beans may be substituted for dry beans at the rate of 4 16-oz cans beans per 1 lb dry beans.
- When both beans and peanut butter are provided, beans may be substituted for peanut butter and vice versa.
- Canned evaporated milk may be substituted for fresh at the rate of one 12-oz can per quart fresh milk.
- Powdered milk may be substituted for fresh at an equal reconstituted rate.
- Infant cereal (32 oz) may be substituted for 36 oz breakfast cereal for women and children receiving WIC eligible nutritionals (formulas).
- A maximum of one quart yogurt may be substituted for one quart fluid milk.

Standard milk types:

- Whole milk is the standard milk for one-year-old children (12-23 months).
- Low fat (1%) or fat free milk is the standard milk for women and 2-4-year-old children (24-59 months)

Issuing milk for overweight one-year old children

Based on the WIC CWA's determination (through individual nutritional assessment and consultation with the child's health care provider if necessary) fat reduced milks (2%, 1% or fat free) may be issued to one-year-old children for whom obesity and overweight are a concern who meet these criteria:

- Overweight: Child's weight for length is at or above the 98th percentile.
- Rapid weight gain: A child whose weight for length, initially at or above the 50th percentile crossed two percentile curves. For example, a child going from the 50th to the 90th percentile, or going from the 75th to the 95th percentile

Issuing milk for underweight women and 2-4-year-old children

Based on the WIC High Risk Counselor determination (through individual nutritional assessment and consultation with the participant's health care provider if necessary) whole or 2 % milk may be issued to women with insufficient weight gain and underweight 2-4-year-old children (24-59 months) only when participant is also receiving a special formula.

Issuing eWIC Cards

Policy: Local agency staff must issue an eWIC card to WIC families at the same time as notification of certification. Foster children must be issued their own eWIC cards.

Regulation: 7 CFR 246.7, 7 CFR 246.12

Procedure/Additional Guidance:

eWIC Card Issuance

At the clinic the WIC staff person:

- Chooses the participant's individual food package from the Compass model food package drop down list in the Food Package panel. (Alternatively, staff may tailor a food package, or create a new package "from scratch.") Verify the correct food package(s) are assigned to each participant in the economic unit.
- Assigns one eWIC card to each economic unit. Each foster child receives their own eWIC card.
 - ✓ Accesses the Card Operations panel, selects the "Initial Setup" button.
 - ✓ The PAN pop-up appears.
 - ✓ Swipes the eWIC card in the magnetic card reader (or manually enters the 16-digit PAN). Compass performs a search to:
 - Verify the PAN is associated with numbers received by that clinic; and
 - Is not assigned to another economic unit. If the PAN is not assigned and is in the clinic card inventory, the pop-up closes and the active PAN displays at the top of the Card Operations panel.
- Accesses the Food Benefits panel. Verifies the appropriate issuance (1-3 months) and clicks the "Issue Benefits" button to issue food benefits to the family's PAN.
- Obtains the endorser or proxy's electronic signature in Compass to acknowledge receipt of food benefits and record their proof of identification.
- Completes back of eWIC card:
 - ✓ Either initial or additional endorser signs the "Authorized signature" line on back of the eWIC card.
 - ✓ Writes the foster child's name on the back of the eWIC card.
 - ✓ Local Agency option: writes the FID on the back of the eWIC card.
- Instructs the endorser how to:
 - ✓ Set a Personal Identification Number (PIN);
 - ✓ Use and protect the eWIC card;
 - ✓ Change their PIN;
 - ✓ Report lost/stolen/damaged cards.
- Reviews/Explains:
 - ✓ The *Family Food Benefits* printout and provides a printed copy to the endorser/proxy. For subsequent food benefit issuance after the certification visit, staff must offer a printed copy of the *Family Food Benefits* but are not required to provide it if the participant/endorser declines a printed copy. The *Family Food Benefits* can be viewed from the WICShopper app, EBTEdge website, or obtained from the customer service line (844-234-4950).
 - ✓ To the endorser/proxy that s/he can only purchase their WIC foods at Colorado WIC-authorized stores.
 - ✓ To the endorser/proxy that s/he can only purchase the items listed on the current month's *Family Food Benefits* printout.
 - ✓ The *Colorado WIC Food List & Shopping Guide* shows the specific brands, amounts and sizes of WIC foods that can be purchased at the store.
 - ✓ How to select WIC foods at the store and use the eWIC card at checkout.
 - ✓ Ways to obtain the remaining WIC food balance.
 - ✓ Authorized stores are required to follow certain rules and provide only the approved items. Otherwise, they risk not getting paid or being disqualified as a CO WIC-approved retailer.
 - ✓ Potential misuse violations and consequences (as stated on the *Participant Rights and Responsibilities*)
 - ✓ At subsequent WIC visits, the eWIC card serves as a proof of identification for all participants and endorsers of that household.

PIN Unlock

If an endorser or WIC shopper incorrectly enters their PIN 4 times in a row, their account will be locked until midnight. WIC staff may unlock a participant's PIN prior to the re-set at midnight, however WIC staff must first verify the endorser's (or proxy's) identity. This may be done over the phone by asking the participant/endorser the PAN on the card, participant's DOB and address. When in person, staff recognition, or any other acceptable proof of ID may also be used. For security reasons the signed eWIC card may not be used as proof of identity in this particular situation.



Ordering Instructions for Products Not on Retail Shelves

Policy: Local agency WIC staff may special order infant formulas and WIC-eligible nutritionals when a formula is not locally available within the needed time frame, in the quantities needed, or is excessively priced. Orders must be submitted on a monthly basis; no more than one month's issuance of formula may be ordered at a time. All special order formula requests must be sent to the state office. Ward Road Pharmacy is the Colorado WIC Program's authorized retailer for formulas not available locally.

Regulations: Colorado WIC Policy

Procedure/Additional Guidance:

Perform the following steps to special order formula from Ward Road Pharmacy:

1. Ensure that the formula is the correct issuance for that month and will be picked up by the endorser/participant during the valid benefit period.
2. Assign the correct food package and issue benefits to the family's PAN.
3. Complete the [Special Formula Order Form](#) (see example on last page) for each formula requested.
 - a. Enter the participant's first name and the PAN (eWIC card number) **in this format: first six digits, hyphen, last 10 digits.**
 - b. Choose the formula type: standard, specialty, or metabolic.
 - c. From the drop down list of formulas, select the specific formula, ensuring the correct form (powder, concentrate, RTF), size, and flavor (if available). **Ensure the formula being ordered matches the formula that is issued to the participant and is in their benefits.** If a requested formula or flavor doesn't display, enter it in the other comments field.
 - d. Indicate the order amount and the unit (can, case, or 6-pack).
 - e. Indicate the amount already in the clinic (if any).
 - f. Enter the benefit start date **(always the first day of the benefit month)** and the appointment date. The appointment date is the date the formula is needed and must be within the benefit date range.
 - g. Select the WIC clinic name from the drop down list. If the clinic name doesn't display, enter it in the other comments field.
 - h. Enter any additional information in the other comments field, such as clinic closure dates. **If the formula is being delivered to the client's home, include the endorser's name and the delivery address in the comments field.**
4. **If printing the Family Food Benefits list, draw a line through the formula name and note "ordered from Ward Road Pharmacy."** Instruct the family to not purchase the formula at a **retail store**; they will pick it up at the **clinic or it will be delivered to their home.** **If picking up at the clinic, schedule a time within the valid food benefit date for them to return to the clinic to pick up the formula.**
5. Submit subsequent month's orders **by the 15th of the current month (when possible).**

Confirmation of Orders

Local staff ordering the formula will receive **three** emails: 1) **automated** confirmation of submitted order; 2) **copied on email from state office to Ward Road Pharmacy**; 3) email from Ward Road Pharmacy with the date the formula should arrive at the clinic. Email cdphe.wicformula@state.co.us if **any of those** confirmation **emails are** not received.

Order Changes

Email cdphe.wicformula@state.co.us to cancel an order or change quantities of a formula that has already been ordered.



Complete the [Special Formula Order Form](#) to order a different formula.

Formula Pick-up Confirmation

When the formula is picked up at the clinic, obtain the endorser's signature on the packing slip (from the Ward Road shipment box), record the date and save the form in a Ward Road order file. Signed packing slips may be destroyed 3 ½ years from the end of the applicable fiscal year.

When endorser/participant does not pick up the special formula

Make every effort to contact the endorser/participant to learn whether the formula will be picked up. If formula will not be picked up, learn why and document details in the participant's care plan.

1. If the formula is not issued to the participant for whom it was originally intended, the formula may be issued to another WIC participant, donated to a local hospital, or destroyed. If reissue is preferred and a recipient is not identified within the local agency, email the Colorado WIC high risk counselor's Google group (cdphe_wichrcounselors@state.co.us) to see if another agency can use the formula. Include the name of the formula, amount, and expiration date. If no response from other agencies, email the state office at cdphe.wicformula@state.co.us.
2. Once a recipient is identified, follow the instructions below.
 - The original clinic:
 - a. Emails the state office at cdphe.wicformula@state.co.us with the name, FID and, clinic/agency of the new recipient.
 - b. Works directly with the other clinic/agency RD to arrange transfer of the formula, which may be in person, by courier, or by mail. Include the Ward Road Pharmacy packing slip in the shipment.
 - The receiving clinic:
 - c. Provides the formula to the new recipient within the participant's valid benefit period.
 - d. Obtains the endorser's signature and date on the packing slip and keeps the packing slip in the Ward Road file.
 - e. Notifies the state office Help Desk to remove the formula benefits from the participant's account for that month.
3. If the formula is donated or disposed of and not issued to a participant, staff must document the disposition on the packing slip, sign, date, and retain in the Ward Road order file.



Special Formula Order Form

Complete the form below to order special formulas from Ward Road pharmacy. Fill out a separate form for each participant and for each formula order.

Participant's first name *

PAN *

Please enter the first 6 digits of the PAN, one hyphen, then the last 10 digits.

Choose only one brand of formula from the following options.

- Choose formula *
- Standard contract formulas
 - Specialty formulas
 - Metabolic formulas

Order amount *

Please indicate can or case *

- Can
- Case
- 6-pack

Amount in clinic

Benefit start date *

 - -

Month Day Year

Appointment date *

 - -

Month Day Year

WIC clinic name *

Attention *

E-mail address of person placing the order *

Other comments

Submit

Prescription-Required Formula and Nutritionals

Policy: Local agency WIC staff may issue approved medical formulas and nutritionals to infants, children and women based upon qualifying medical conditions and receipt of medical documentation from a healthcare provider licensed to write prescriptions in Colorado (MD, PA, DO, NP). The WIC High Risk Counselor must approve prescriptions for prescription-required formulas prior to issuance. Supplemental foods may also be issued as an accompaniment to the WIC formula.

Regulation: 7 CFR 246.10

Procedure/Additional Guidance:

In order to receive a food package with a prescription required formula or nutritional, participants must have one or more qualifying conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutritional status, and the use of conventional foods is precluded, restricted, or inadequate to meet their special nutritional needs as determined by a health care professional licensed under State law to write medical prescriptions.

The qualifying conditions include but are not limited to:

- premature birth
- low birth weight
- failure to thrive
- inborn errors of metabolism and metabolic disorders
- immune system disorders
- malabsorption syndromes
- gastrointestinal disorders
- severe food allergies that require an elemental formula
- life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutritional status

Prescription-Required Formula Package is Not Authorized For:

- Infants whose only condition is:
 - ✓ A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or
 - ✓ A non-specific formula or food intolerance.
- Women and children who have an intolerance to lactose or milk protein that can be successfully managed with the use of another WIC food packages; or
- Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition. For example, PediaSure should not be issued for a healthy child for the purpose to enhance the child's nutritional intake. Issuance of PediaSure is allowed when the child's health provider specifies its use as part of an overall nutritional plan for a child diagnosed as failure to thrive.

Medical Documentation

Acceptable medical documentation from a health care provider must be provided and approved by the WIC High Risk Counselor prior to issuance of exempt infant formulas, WIC eligible nutritionals, and/or supplemental foods. Medical documentation can be written on the Physician's Authorization Form or a health care provider's prescription pad and scanned to the participant's record. When absolutely necessary, all of the required medical documentation information may be obtained by telephone, provided written medical documentation is received within a reasonable amount of time (i.e., one to two weeks' time). Telephoned requests from a physician must be documented in the participant's record. All medical documentation must be kept on file (scanned to the participant's record) at the local clinic.

Medical documentation must include the following:

- ✓ The name of the authorized WIC formula prescribed, including amount needed per day;
- ✓ Length of time the prescribed WIC formula is required by the participant;
- ✓ The qualifying condition(s) (medical reason / diagnosis) for issuance of the authorized WIC formula and
- ✓ Signature, date and contact information.

Medical Supervision Requirements

Due to the nature of the health conditions of participants who are issued WIC formulas that require medical documentation, close medical supervision is essential for each participant's dietary management. The responsibility remains with the participant's health care provider for this medical oversight and instruction. It is the responsibility of the WIC High Risk Counselor to ensure that the appropriate type and amounts of supplemental foods prescribed by the participant's health care provider or authorized by the WIC High Risk Counselor are issued in the participant's food package.

Prescriptions for Out-of-State Transfers

A participant presenting as an out-of-state transfer may need an exempt infant formula, WIC eligible nutritional and /or supplemental foods but may not have the required medical documentation. The medical documentation requirement can be satisfied by using one of the following approaches:

- Colorado local agency WIC staff calls the originating WIC clinic and verifies that proper and timely medical documentation was presented there.
- The out-of-state VOC satisfies the medical documentation requirements when the VOC specifies recent issuance of an exempt infant formula, WIC eligible nutritional and /or supplemental foods.

In either instance, a description of the approach must be documented in the participant's Compass record with the plan to secure proper written medical documentation from a medical provider in Colorado. Staff may issue a maximum of one-month formula/food benefits prior to receiving written medical documentation.

Obtaining Formula That Is Unavailable from Local Retailers

Refer to [the Ordering Instructions for Products Not on Retail Shelves policy in Section 2: Nutrition Services](#) for instructions on obtaining special formula products that are not available from local retailers.

Approval Procedures for Prescription Required Formulas

The WIC High Risk Counselor must:

- Review and approve or deny the formula request.
- Document appropriate supplemental foods on the approved *Physician Authorization Form*. Changes to the approved foods may be documented in the participant's care plan.
- Complete the "WIC USE ONLY" field with his/her signature, date, and the date the prescription expires.
- Ensure completion of the Medical Documentation screen in Compass with the following:
 - Rx Expiration Date (expiration date of prescription)
 - Medical Diagnosis (choose from drop down list)
 - Medical condition
 - Prematurity
 - Vegan
 - Additional nutrients needed for growth/weight gain
 - Intolerance
 - Concern of overweight/obesity
 - Other (if selected, the reason must be entered in the *Additional Details* field.)
 - Approved by (name of WIC High Risk Counselor)
 - Authority (name of medical provider)
 - Doc ID (as labeled by staff)
- Scan the signed prescription into the family's record in Compass.

If the WIC High Risk Counselor is not available to complete the Medical Documentation field, the Educator may first obtain verbal approval from the WIC High Risk Counselor and then complete the screen.

If the WIC High Risk Counselor is unavailable, the WIC Educator can call a State WIC Nutrition Consultant for issuance approval. In those situations, the WIC Educator must document issuance authorization details in the participant's record and communicate with the WIC High Risk Counselor to review as soon as possible.

Roles and Responsibilities of the Health Care Provider, WIC High Risk Counselor & WIC Educator

Health Care Provider's Role:

- Selects the formula/product and (unless defers to WIC High Risk Counselor) appropriate supplemental foods from a list of allowable WIC products, educates the participant/family on its use, and monitors tolerance, growth, hemoglobin, improvement of symptoms, etc., and continued need. Provides the endorser/participant Medical Documentation in the form of a prescription or the Colorado WIC Program's *Physician Authorization Form*. Complete Medical Documentation includes the following required information:
 - ✓ Name of the authorized WIC formula prescribed, including amount needed per day;
 - ✓ Length of time the prescribed WIC formula is required by the participant;
 - ✓ Medical reason/diagnosis for issuance of the authorized WIC formula;
 - ✓ Authorized supplemental foods (unless deferred to WIC High Risk Counselor); and
 - ✓ Signature, date and contact information.
- Provides the participant with a starter supply of the formula/product when it is needed immediately, to allow the WIC clinic to schedule an appointment for the participant and to arrange stocking with the retailer.
- In addition to a physician (MD), medical documentation can be completed and signed by a physician assistant (PA), a doctor of osteopathy (DO), a nurse practitioner (NP), or a health care professional licensed to write medical prescriptions in Colorado.

The WIC High Risk Counselor's Role:

The following responsibilities of the WIC High Risk Counselor may never be delegated to paraprofessional staff:

- Works in partnership with the physician to provide the formula/product that best meets the participant's needs. Contacts the physician when more information is needed and helps differentiate among the available products to assist the physician in prescribing.
- Reviews the Medical Documentation for completeness and appropriateness for the participant's needs. Maintains all medical documentation in the participant's record.
- Reviews participant record to determine the participant's age, growth, development, symptoms, and diagnosis.
- Reviews history of WIC food package issuance to determine what previous formulas and/or nutritionals and supplemental foods the participant has been issued. How long has the participant used these formulas and what were the symptoms?
- Reviews product list to determine the recommended use, nutritional information, and any cautions mentioned for the prescribed product.
- Determines the appropriate supplemental foods, prescribed amounts, and length of time required.
- Contacts the physician, as needed, to discuss concerns about the prescribed formula and/or supplemental foods. Discusses the following as needed:
 - ✓ Participant's weight history, previous formulas, and reported symptoms.
 - ✓ Other formulas and nutrition products that are WIC approved.
 - ✓ The prescription form and the maximum time prescription are valid.
 - ✓ Instructions for dilution and amount of formula needed.
 - ✓ Amount of formula that WIC can issue and how participant can purchase or obtain additional formula.
 - ✓ Using a less expensive product or changing to a WIC-approved formula to help the participant as much as possible.
 - ✓ The plan to assess the use of the product (examples: use 1 month and see physician; or use 6 months and complete a new prescription for the next WIC appointment; or ongoing long term use and the need for additional authorization forms).
- Determines the length of time the product and/or supplemental foods can be issued without a new prescription. The time limit should not exceed the maximum time that the prescription is valid.
- Signs and dates the Physician Authorization Form in the "WIC Use Only" area and scans to the participant's record. Notes when a new prescription is needed (try to combine with a scheduled WIC mid-certification or recertification appointment to avoid having the participant return for extra appointments).
- Reinforces the physician's recommendations for use of the formula, dilution instructions and any additional supplemental foods.
- Contacts a State WIC nutrition consultant to discuss an order for a formula/product not WIC approved or for consultation regarding a formula/product or medical diagnosis.

- Documents in the WIC participant's care plan to ensure continuity of care: appropriate follow up, education, future directions. Documentation includes formula preparation and dilution instructions provided and any issues encountered with the pharmacy and ordering the special product.
- Makes appropriate referrals to ensure follow up and evaluation (physician, public health nurse, home health care, Department of Social Services, EFNEP, etc.). Is prepared to discuss the following:
 - ✓ Will safety and tolerance be concerns if the product is issued?
 - ✓ Is there adequate measuring equipment available for the participant to use?
 - ✓ Does the participant need help to provide the correct dilution and amount of formula?
 - ✓ Is there a plan for a health care provider to see the participant and evaluate tolerance and continued use of the product? These issues are often a concern with formula exceeding 24 kcal/oz and if the formula requires the addition of other ingredients (carbohydrates, MCT oil, vitamin supplements, etc.).
- Follows the high risk protocol regarding seeing participants and providing necessary documentation when exempt infant formulas and WIC eligible nutritionals are issued to WIC participants.
- Ensures availability of the formula/product by placing an order with a WIC-approved vendor. If the formula/product is not available locally, submits an order to the state office following the procedure: eWIC Ordering Instructions for Products Not on Retail Shelves for Local Agencies.

The WIC Educator's Role:

- Refers to the Medical Documentation to see the WIC High Risk Counselor's notations regarding the length of time the product will be issued.
- Reviews the care plan that has been completed by the WIC High Risk Counselor. Follows any instructions that are given such as food package to provide, number of month's benefits to issue, what retailer to contact, what education to review with the participant or education materials to provide, and when the participant needs to return to the WIC clinic.
- Explains to the participant when the next prescription or authorization is needed and provides the participant with a Physician Authorization Form to bring to the next WIC appointment
- Contacts the WIC retailer as needed to arrange for the product to be stocked, gives timelines for expected use and determines when it will be available.
- Follows the high risk protocol and schedules the participant to see the WIC High Risk Counselor as needed.

Formula and Supplemental Food Amounts for Infants, Children, and Women
Monthly Maximum Amounts

	Infant 0-3 mo	Infant 4-5 mo	Infant 6-11 mo	Child 1-4 years	Women
Formula (reconstituted ounces) (Exempt Infant Formula or WIC eligible nutritionals only)	870 oz powder -or- 806 oz concentrate -or- 832 oz RTF	960 oz powder -or- 884 oz concentrate -or- 913 oz RTF	696 oz powder -or- 624 oz concentrate -or- 643 oz RTF		
Formula (Infant formula, Exempt infant formula or WIC eligible nutritionals)				910 ounces reconstituted formula (powdered, concentrate or ready-to feed)	910 ounces reconstituted formula (powder, concentrate or ready-to feed)
Supplemental foods	None	None	*Age appropriate supplemental infant foods may be approved for issuance by WIC High Risk Counselor	**Age appropriate supplemental child foods may be approved for issuance by WIC High Risk Counselor	**Category appropriate supplemental foods may be approved for issuance by WIC High Risk Counselor

NOTE: Issuance of Special and Metabolic food packages always requires a written order from an authorized health care provider for the formula.

* With medical documentation, infants 6-11 months of age with a medical condition that precludes food may receive the same amount of contract formula, exempt infant formula or WIC eligible nutritionals as 4-5 month old infants in lieu of infant foods (infant cereal, bananas, baby fruits and vegetables).

** With medical documentation, children and women whose special dietary needs require the use of pureed foods (in addition to requiring the use of a special formula) may receive jarred infant food fruits and vegetables in lieu of the cash value benefit. Children may receive 36 (4-oz) jars; women may receive 40 (4-oz) jars.

**COLORADO WIC PROGRAM: AUTHORIZED INFANT FORMULAS
CONTRACT-BRAND INFANT FORMULAS / EXEMPT INFANT FORMULAS**
(as of 8/1/19)

Contract-Brand Infant Formulas:#

- Enfamil Infant
- Enfamil ProSobee
- Enfamil Gentlease
- Enfamil Reguline
- Enfamil AR

Exempt Infant Formulas and WIC Eligible Nutritionals:*

Elecare Infant	Nutramigen with Enflora LGG
Enfamil EnfaCare	Pregestimil
EnfaPort	PurAmino
Neocate Infant	Similac Alimentum
Neocate Syneo Infant	Similac NeoSure
Nutramigen	Similac PM 60/40

Human Milk Fortifier:*

- Similac Human Milk Fortifier +

Exempt Infant Formulas for Inherited Metabolic Diseases:*

Calcilo - XD	Phenex 1
Cyclinex-1	Phenyl Free 1
GA - 1 Anamix Early Years	PKU Periflex Early Years
Glutarex-1	Pro-Phree
HCU Anamix Early Years	ProViMin
Hominex-1	Propimex-1
IVA Anamix Early Years	RCF (Ross Carbohydrate Free)
I Valex-1	TYR Anamix Early Years
Ketonex-1	Tyrex 1
MMA/PA Anamix Early Years	TYROS 1
MSUD Anamix Early Years	

Additional infant formulas designed for metabolic conditions can be approved by the State WIC Office on a case-by-case basis when requested by a physician's prescription.

No prescription needed for Infants up to 12 months of age.

Prescription is needed to issue standard formula for children older than 12 months of age

A prescription is needed to issue additional formula to 6-11 month old infants who cannot tolerate solid foods.

***CO WIC Program *Physician Authorization Form* or prescription required**

+ Prescription required every month

COLORADO WIC PROGRAM: AUTHORIZED WIC ELIGIBLE NUTRITIONALS*
For WOMEN and CHILDREN (as of 8/1/19)

Boost High Protein**	Nutren 1.0 with fiber**
Boost Kid Essentials 1.5 cal	Nutren 1.5**
Boost Kid Essentials 1.5 cal with fiber	Nutren 2.0**
Bright Beginnings Soy Pediatric Drink	Nutren Junior
Compleat Pediatric	Nutren Junior with Prebio Fiber
EleCare Infant	Osmolite 1 cal**
EleCare Junior	PediaSure
Enfamil AR	PediaSure with fiber
Enfamil EnfaCare	PediaSure Enteral
Enfamil Gentlease	PediaSure Enteral with fiber
Enfamil Infant	PediaSure 1.5 cal
Enfamil ProSobee	PediaSure 1.5 cal with fiber
Enfamil Reguline	Peptamen**
Enfaport	Peptamen with Prebio Fiber**
Ensure**	Peptamen Junior
Ensure Plus**	Peptamen Junior with Prebio Fiber
Neocate Infant	Portagen
Neocate Syneo Infant	Pregestimil
Neocate Junior	PurAmino
Neocate Junior with Prebiotics	Similac Alimentum
Neocate Splash	Similac NeoSure
Nutramigen	Similac PM 60/40
Nutramigen with Enflora LGG	Tolerex**
Nutren 1.0 **	Vivonex Pediatric
	Vivonex T.E.N. **

WIC Eligible Nutritionals for Inherited Metabolic Diseases:

Cyclinex 1 and 2	PhenylAde Essential Drink Mix
GA -1 Anamix Early Years	PKU Periflex Early Years
Gluterex-1 and 2	PKU Periflex Junior Plus
HCU Anamix Early Years	Pro-Phree
Hominex-1 and 2	ProViMin
IVA Anamix Early Years	Propimex-1 and 2
I Valex-1 and 2	RCF (Ross Carbohydrate Free)
Ketonex-1 and 2	TYR Anamix Early Years
MMA/PA Anamix Early Years	Tyrex-1 and 2
MSUD Anamix Early Years	TYROS-1 and 2
MSUD Maxamum **	XLeu Maxamum **
Phenex-1 and 2	XMet Maxamum **
Phenyl Free 1 and 2	XMTVI Maxamum **
Phenyl-Free HP	XPhe Maxamum **

Additional metabolic formulas can be approved by the State WIC Office on a case-by-case basis when requested by a physician's prescription.

* CO WIC Program *Physician Authorization Form* or prescription required

** CO WIC-approved for women only

Replacement of eWIC Card

Policy: The local agency must respond to any report of a lost, stolen, or damaged card within one business day of the date of report, and replace the EBT card and benefits within seven (7) business days of notice from the participant, endorser, or proxy.

Regulation: 7 CRF 246.12

Procedure/Additional Guidance:

- When an eWIC card is reported as damaged, lost or stolen, the local agency WIC staff person deactivates the card in Compass.
- When staff reissue a new, active, replacement eWIC card, the benefits are automatically transferred to the new eWIC card and available for purchase.
- The replacement eWIC card may be picked up in person by the endorser/participant, or it may be mailed.
- Proof of ID must be verified before the card can be replaced.
 - ✓ When the replacement card is picked up in person, staff recognition or any other acceptable proof of ID may be used.
 - When the replacement card is mailed, proof of ID may be verified over the phone by asking the participant's and endorser's date of birth, phone number and address. Note, if the stated phone number or address doesn't match what is in Compass due to a recent move or change in telephone number, ask additional questions to verify identity, such as FID, name of clinic, next or last appointment date, name of WIC staff person seen at last appointment, etc.
- When an eWIC card is returned that is damaged or returned by a participant, staff must complete the following:
 - ✓ Deactivate the card in Compass.
 - ✓ Cut damaged card in half and destroy, or place in an appropriate document shredder.



Food Packages: Women (Pregnant, Breastfeeding and Postpartum)

Policy: WIC staff select food packages for pregnant women according to the woman’s nutritional needs. Food packages for breastfeeding and postpartum women are determined by her infant’s age, the amount of formula (if any) issued to her infant(s), and the mother’s nutritional needs.

Regulation: 7 CFR 246.10

Procedure/Additional Guidance:

Food Package Types/Categories for Women

- **Pregnant / Partially Breastfeeding:** For women with singleton pregnancies and women whose breastfed infant receives infant formula in amounts “in range.”
- **Postpartum Woman (not breastfeeding) / Novel Breastfeeding:** For women who are within 6 months postpartum and not breastfeeding, and women who are within 6 months postpartum and breastfeeding an infant who receives infant formula in amounts “out of range” for partially breastfeeding.
 - ✓ When a woman reports that she is partially breastfeeding a > 6-month old infant who receives “out of range” infant formula, the WIC user: 1) issues a final minimum of 15 days food benefits and; 2) chooses “No Food Benefits” in FB Issuance, either on family panel or food package panel. Although she no longer receives a food package, she continues to be counted as an active WIC participant with the category of “breastfeeding” and continues to receive breastfeeding support, nutrition education, and referrals.
- **Exclusively Breastfeeding:** For breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC (these breastfeeding women are assumed to be exclusively breastfeeding their infants). This food package is also designed for issuance to women participants partially breastfeeding multiple infants from the same pregnancy “in range,” women who are pregnant with two or more fetuses (pregnant with multiples), and pregnant women who are also partially (mostly) breastfeeding an infant “in range.”
- **Exclusively Breastfeeding Multiples:** For women who are exclusively breastfeeding multiple infants who receive no formula from WIC. The monthly maximum for these women is 1.5 times the maximum quantity of the Exclusively Breastfeeding Women food package above. In order to provide maximum amounts allowed, foods are divided into “even and odd month” food packages which are issued over a two-month period of time.
- **Women receiving WIC eligible nutritionals are also eligible to receive a food package that can include up to the maximum allowable amount of juice, milk (or milk alternatives), breakfast cereal, cheese, eggs, fruits and vegetables, whole grains, legumes, canned fish, and peanut butter. (The WIC High Risk Counselor can determine appropriate supplemental foods.)**

Summary of Women Food Packages

Food	Pregnant/Partially BFing	Postpartum/Novel BFing	Exclusive BFing	Exclusive BFing Multiples
Milk (gallons)	4 ½ gal + 1 quart	3 gal + 1 quart	5 gal + 1 quart	8 ¼ gallons
Cheese (pounds)	1	1	2	2 (even) 3 (odd)
Eggs (dozen)	1	1	2	3
Juice (ounces)	144	96	144	216
Cereal (ounces)	36	36	36	54
Whole grains (lbs)	1	--	1	1 lb., 8 oz
Dry Beans and/or Peanut Butter	1 pound and 18 oz	1 pound or 18 oz	1 pound and 18 oz	1 lb., 8 oz and 27 oz
Canned fish	--	--	30 oz	45 oz
CVB	\$11	\$11	\$11	\$16.50



High and Low Risk Protocols

Policy: WIC staff must follow the Colorado WIC protocols in identification and follow-up of high and low risk participants. Participants classified as high risk must be scheduled for a high risk nutrition education visit with the WIC High Risk Counselor within the required time frames. All participants must receive nutrition education counseling at their initial visit and at all recertification, mid-certification and follow-up visits.

Regulation: USDA WIC Nutrition Risk Criteria, Colorado WIC Policy

Procedure/Additional Guidance

Assigned nutrition risk factors (NRFs) determine whether a participant is classified as high or low risk. For participants classified as high risk, a minimum of one education contact with the WIC High Risk Counselor is required per certification period. If another (different) high risk NRF is identified after the high risk counseling visit, another visit with the WIC High Risk Counselor is required to address the new high risk NRF. The WIC High Risk Counselor decides whether the subsequent visits will be with the WIC High Risk Counselor or with the WIC Educator and determines if the participant is eligible for an alternate nutrition education contact. Note: A chart review does not count as a high risk contact. If a client misses their high risk appointment, staff should schedule their next appointment with the high risk counselor.

High Risk Counseling Timeframe Requirements

- **Within 30 Days:** In most cases, the WIC High Risk Counselor must counsel the high risk participant within 30 days from the date the high risk factor was identified.
- **Exceptions to the 30-day rule are:**
 - **Within 24 Hours of NRF Assignment:** For the nutrition risk factors listed below, the WIC High Risk Counselor must counsel the high risk participant within 24 hours from the time of the high risk NRF was assigned. When a contact between the endorser/participant and the WIC High Risk Counselor is not possible within 24 hours, the Educator may issue 1 month of food benefits. The WIC High Risk Counselor must contact the participant by telephone/video call within 7 days, document the high risk contact and determine if a clinic visit is needed before the next date of food benefit issuance. For example, a participant is consuming alcohol while pregnant and the High Risk Counselor is not available but calls the participant 1 day later by phone. After talking with the participant she decides to stop drinking. Using professional judgment, the High Risk Counselor decides to schedule a return clinic visit in 3 months.
 - ✓ **NRF 201b Severely Low Hemoglobin/Hematocrit (*Child, pregnant woman, breastfeeding woman and non-breastfeeding woman*):** When a participant's blood value falls within a range specified in the *Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition* table and permission:
 - Has been granted for WIC to contact the health care provider: Print two *Abnormal Blood Work Notices*. Give one copy of the *Notice* to the endorser/participant. On the second *Notice*, write in the WIC High Risk Counselor's name and contact information and fax or email that *Notice* to the health care provider within 24 hours. Schedule an appointment with the WIC High Risk Counselor within the next 30 days.
 - Has not been granted for WIC to contact the health care provider: Print one *Abnormal Blood Work Notice*. Give the *Notice* to the endorser/participant and urge that it be shared with the participant's health care provider. Also, WIC staff must notify the WIC High Risk Counselor of this abnormal blood value within 24 hours.
 - ✓ **NRF 135 - Slowed/Faltering Growth Pattern**
Infant birth up to 2 weeks of age:
Current weight -
Excessive weight loss after birth, defined as $\leq 7\%$ birth weight.
 - ✓ **NRF 372A - Alcohol Use**
Pregnant: Any current alcohol use.
Breastfeeding:
 - High Risk Drinking: Routine consumption of ≥ 8 drinks per week or ≥ 4 drinks on any day.
 - Binge Drinking: Routine consumption of ≥ 4 drinks within 2 hours.

High and Low Risk Protocols

Policy: WIC staff must follow the Colorado WIC protocols in identification and follow-up of high and low risk participants. Participants classified as high risk must be scheduled for a high risk nutrition education visit with the WIC High Risk Counselor within the required time frames. All participants must receive nutrition education counseling at their initial visit and at all recertification, mid-certification and follow-up visits.

Regulation: USDA WIC Nutrition Risk Criteria, Colorado WIC Policy

Procedure/Additional Guidance

Assigned nutrition risk factors (NRFs) determine whether a participant is classified as high or low risk. For participants classified as high risk, a minimum of one education contact with the WIC High Risk Counselor is required per certification period. If another (different) high risk NRF is identified after the high risk counseling visit, another visit with the WIC High Risk Counselor is required to address the new high risk NRF. The WIC High Risk Counselor decides whether the subsequent visits will be with the WIC High Risk Counselor or with the WIC Educator and determines if the participant is eligible for an alternate nutrition education contact. Note: A chart review does not count as a high risk contact. If a client misses their high risk appointment, staff should schedule their next appointment with the high risk counselor.)

High Risk Counseling Timeframe Requirements

- **Within 30 Days:** In most cases, the WIC High Risk Counselor must counsel the high risk participant within 30 days from the date the high risk factor was identified.
- **Exceptions to the 30-day rule are:**
 - **Within 24 Hours of NRF Assignment:** For the nutrition risk factors listed below, the WIC High Risk Counselor must counsel the high risk participant within 24 hours from the time of the high risk NRF was assigned. When a contact between the endorser/participant and the WIC High Risk Counselor is not possible within 24 hours, the Educator may issue 1 month of food benefits. The WIC High Risk Counselor must contact the participant by telephone/video call within 7 days, document the high risk contact and determine if a clinic visit is needed before the next date of food benefit issuance. For example, a participant is consuming alcohol while pregnant and the High Risk Counselor is not available but calls the participant 1 day later by phone. After talking with the participant she decides to stop drinking. Using professional judgment, the High Risk Counselor decides to schedule a return clinic visit in 3 months.
 - ✓ **NRF 201b Severely Low Hemoglobin/Hematocrit (*Child, pregnant woman, breastfeeding woman and non-breastfeeding woman*):** When a participant's blood value falls within a range specified in the *Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition* table and permission:
 - Has been granted for WIC to contact the health care provider: Print two *Abnormal Blood Work Notices*. Give one copy of the *Notice* to the endorser/participant. On the second *Notice*, write in the WIC High Risk Counselor's name and contact information and fax or email that *Notice* to the health care provider within 24 hours. Schedule an appointment with the WIC High Risk Counselor within the next 30 days.
 - Has not been granted for WIC to contact the health care provider: Print one *Abnormal Blood Work Notice*. Give the *Notice* to the endorser/participant and urge that it be shared with the participant's health care provider. Also, WIC staff must notify the WIC High Risk Counselor of this abnormal blood value within 24 hours.
 - ✓ **NRF 135 - Slowed/Faltering Growth Pattern**
Infant birth up to 2 weeks of age:
Current weight -
Excessive weight loss after birth, defined as $\leq 7\%$ birth weight.
 - ✓ **NRF 372A - Alcohol Use**
Pregnant: Any current alcohol use.
Breastfeeding:
 - High Risk Drinking: Routine consumption of ≥ 8 drinks per week or ≥ 4 drinks on any day.
 - Binge Drinking: Routine consumption of ≥ 4 drinks within 2 hours.



Note: For non-breastfeeding women, 372A is a low risk NRF.

✓ **NRF 372B - Substance Use**

Pregnant & Breastfeeding:

- Any illegal substance use and/or abuse of prescription medications.
- Any marijuana use in any form.

Non-Breastfeeding Postpartum:

- Any illegal substance use and/or abuse of prescription medications.

Note: 372B is not assignable to non-breastfeeding women who use marijuana.

✓ **NRF 602 - Breastfeeding Complications or Potential Complications**

Breastfeeding woman with any of the following:

- Severe breast engorgement
- Recurrent plugged ducts
- Mastitis
- Flat or inverted nipples
- Cracked, bleeding or severely sore nipples
- Failure of milk to come in by 4 days postpartum
- Tandem nursing
- Age 40 years or older*

*The 24-hour high risk counseling rule applies to all complications or potential complications that comprise NRF 602 except for “age 40 years and older.” This is low risk and does not require a referral to the WIC High Risk Counselor.

✓ **NRF 603 - Breastfeeding Complication or Potential Complications:**

Breastfed infant with any of the following:

- Jaundice
- Weak or ineffective suck
- Difficulty latching onto mother’s breast
- Inadequate stooling (for age, as determined by a physician or other health care professional) or less than 6 wet diapers per day.

Initial (24 hour high risk) counseling for NRFs 602 and 603 can be conducted via phone or in-person, as determined by the clinical judgment of the WIC High Risk Counselor, **Designated Breastfeeding Expert (DBE), Educator Advanced Lactation Credentials** (CLC, CLE, or IBCLE), or Educator Lactation Management Specialist (LMS).

If initial (24 hour high risk) counseling is provided by:

WIC High Risk Counselor, **DBE, or Educator Advanced Lactation Credentials:**

- Document ‘High Risk Follow up Appointment’ on the Nutrition Education panel and complete the participant’s care plan.
- Provide a phone follow up within two weeks (as best practice).
- Refer a participant to a health care provider when warranted.

WIC Educator LMS:

- Document as individual counseling in the participant’s care plan.
- Schedule a high risk follow up appointment with WIC High Risk Counselor, **DBE, or Educator Advanced Lactation Credentials** within two weeks of risk assignment. Can be conducted via phone or in-person, as determined by the clinical judgment of the WIC High Risk Counselor, **DBE, or Educator Advanced Lactation Credentials.**
- Refer participant to a health care provider when warranted.

• **Within 90 Days from date of NRF assignment**

○ **NRF 113 - Obese**

Child 2-5 years of age

Mandatory Reporting

Policy: All local agency WIC staff are mandatory reporters of child abuse or neglect. Local WIC programs should follow their own local agency's established guidelines and procedures for reporting these situations.

Regulation: Colorado Revised Statute (CRS 19-3-304)

Procedure/Additional Guidance:

It is recommended that local agencies develop written internal reporting procedures and resources (for staff and participants) with input from legal counsel, local law enforcement and child protective services. Written procedures should detail how staff members will respond to any reportable or potentially reportable situation, who is required to report, and to whom the report is made (child protective services or law enforcement agency). It is also recommended that local agencies provide mandatory reporting training and resources for staff members. The Colorado Department of Human Services (CDHS) provides the Child Welfare On-line Training System at <http://www.coloradowts.com/>. This valuable resource introduces staff members to mandatory reporting requirements.

Colorado's definition of child abuse or neglect

Child abuse is an act or omission that threatens the health or welfare of a child and includes signs of physical abuse or physical injury that is not justifiably explained, malnutrition, child is subjected to unlawful sexual behavior, child's parent or legal guardian or custodian does not provide adequate food, clothing, shelter, medical care, or supervision, emotional abuse, a controlled substance is manufactured or attempted to be manufactured either in the child's presence or on the premises where the child resides or is found, a child tests positive at birth for either a schedule I controlled substance or a schedule II controlled substance unless the positive test was for a prescribed medication that the mother was taking. (CRS 19-1-103, 19-3-201, 16-22-102, 18-3-401-405.4, 411, 502).

Types of Child Abuse:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Human Trafficking
- Institutional Abuse

There are five types of neglect:

- Physical Neglect
- Medical Neglect
- Educational Neglect
- Emotional Neglect
- Lack of Supervision

How is a report made?

Reporting procedures are detailed in CRS 19-3-307, 25-1-122 (4) (d) and 25-4-1404 (1) (d).

Depending upon the local agency's reporting guidelines, a report is made immediately by calling the county's child protective service, local law enforcement agency, or Colorado's Child Abuse and Neglect Hotline: 1-844-CO-4-KIDS (or 1-844-264-5437); followed by a written report prepared by the mandatory reporter.

Child protective services (CPS) personnel are required to assess reports of child abuse and/or neglect. CPS works with community professionals, who are mandated reporters, to prevent, identify, and respond to child abuse and/or neglect.

The Participant Care Plan should be used to document WIC-related observations, verbal or written reports. All documentation must be done in a professional manner as any WIC record can be used for legal purposes.

To whom should a report be made?

Generally, interfamilial abuse (includes abuse that occurs within a family context by a child's parent, stepparent, guardian, legal custodian, relative, spousal equivalent or any other person who resides in the child's home) is reported to the child protective services in the county where the victim lives.

Third party abuse (includes abuse by any person who is not a parent, stepparent, guardian, legal custodian, spousal equivalent) is reported to law enforcement where the crime occurred. Local child protective services can provide guidance regarding to whom a report should be made. (Definitions from CRS 19-1-103)

Does a report need to be made? Issues to consider:

1. Is there evidence or suspicion of physical, sexual or emotional abuse?
2. Are there signs of neglect (physical, medical, educational, emotional &/or lack of supervision)?
3. Is the parent/caregiver abusing substances in view of the child/ren?
 - a. How is this impacting the safety/well-being of the child/ren?
 - b. Are substances easily accessible to the child/ren, thereby increasing the risk of accidental ingestion?
 - c. Is there a sober caregiver at home? Is the parent/caregiver driving under the influence with child/ren in the vehicle?

Assistance for mandatory reporters:

Staff should follow the reporting policies established by their local agency. A suspicion of abuse or neglect is adequate for reporting to child protective services. Staff should not attempt to further investigate or probe suspected child abuse or neglect. Staff making a report may find speaking with a fellow staff member or supervisor helpful but the mandatory reporter is ultimately responsible for complying with reporting laws.

If staff is unsure about whether a report should be made, they should contact their local child protective services for guidance.

What happens when a report is made?

When a report of suspected child abuse and/or neglect is made, child protective services collects relevant information from the reporting party and screens the call to determine if a report will be accepted for assessment. Child protective services will prioritize accepted reports and assign them for assessment or for referral to other agencies, community services or another jurisdiction.

After a report is made, the county is required to notify the person who made the report within 30 days regarding whether or not the referral was assigned for assessment. A call may also be made to the county to follow-up to see if the report was assigned. If the referral was assigned, the person making the report may be contacted for additional information.

Note: References are made to various Colorado statutes in the information. Staff should consult the Colorado Revised Statutes for the most current and complete wording of the child abuse and neglect reporting law.

<http://www.lexisnexis.com/hottopics/colorado/>

Nutrition Assessment

Policy: Staff must conduct a thorough nutritional assessment, which includes completing a Nutrition Interview. A nutrition interview must be completed at certification, recertification and mid-certification appointments. As part of a thorough nutrition assessment all questions within the Nutrition Interview must be asked and documented, except the anthropometrics fields for the biological mother and father are not required to be completed. Many questions lead to assignment of risk factors. Breastfeeding information within the interview may be updated as needed at follow-up appointments.

Note: Some questions in the Nutrition Interview are in bold font, this indicates questions used for data surveillance.

Regulation: CRF 246.4(a)(19)

Procedure/Additional Guidance:

A thorough WIC nutrition assessment evaluates the following areas:

- Growth
- Iron/Lead Screening
- Health/Medical
- Nutrition Practices
- Lifestyle
- Personal Factors

Growth: Growth is assessed by taking anthropometric measures on a regular basis and tracking growth patterns. Measures used to assess growth include: stature/weight, BMI, and prenatal weight gain. Growth is an important indicator of nutritional status. For example, poor growth may reflect inadequate nutritional intake or signal an underlying medical problem. Overweight can be associated with current or future health problems in both children and adults. Deviations from normal growth should be referred for follow up since early identification and intervention can prevent more serious health outcomes.

Iron/Lead Screening: Iron levels are measured regularly by performing either a hemoglobin or hematocrit test. The purpose of iron screening is to identify and prevent anemia (low iron in the blood). Lead levels for children are recorded from screenings done outside of WIC. Elevated blood lead levels can adversely affect behavior, development, and IQ. If a child has not had a lead testing, they must be referred to programs where they can obtain such a test.

Health/Medical: Health and Medical history and current conditions are assessed using the Nutrition Interview. Examples of medical conditions that have nutrition implications are: diseases (such as PKU, diabetes, high blood pressure), food allergies, and physical and mental disabilities. Additionally, medications can affect appetite. High-risk medical conditions require a follow up appointment with the high risk counselor at each certification period within 30 days of high risk identification.

Nutrition Practices: The WIC nutrition practices assessment is conducted through dialogue with the participant about breastfeeding, if applicable, the foods they usually eat and their regular eating patterns. Using a discussion format, the WIC educator begins the interview with open-ended question asking the participant to describe their typical eating and drinking habits. The educator evaluates the participant's response against professionally recognized guidelines (e.g. Dietary Guidelines for Americans, My Plate Food Guide, and American Academy of Pediatrics) and the following criteria that are associated with a healthy diet:

- A variety of foods derived from different food groups
- Few processed foods in the diet
- Majority of foods consumed are nutrient dense (they contain a lot of vitamins and minerals)
- The amount of food eaten is appropriate
- Good eating habits (this includes having family meals, eating at set times rather than grazing, children not drinking from the bottle, etc.)

Then, based on the participant's responses, the WIC staff person asks further questions to obtain additional

Description	Definition
Exclusively Breastfeeding	Has been fed only human milk, vitamins, minerals, and/or medications. (This is equivalent to the CDC definition of exclusive)
Primarily Exclusive/ No Formula Package	Has been fed something other than human milk, vitamins, minerals and/or medications on rare occasion or one time feeding of infant formula, human milk fortifier, cow's milk, juice, sugar water, rehydration solution, water, baby food, or anything else. This identifies an infant whose exclusive breastfeeding is interrupted because of special circumstances (e.g., acute illness, hospitalization, caregiver misinformation) is fed.
Primarily Exclusive/ Complementary Foods	Has been fed any complementary foods (e.g. cereal, baby food, table foods) in addition to only being fed human milk, vitamins, minerals and/or medications. These foods are provided on a routine or ongoing basis regardless of the amount.
Partially Breastfeeding	Breastfeeding and receiving formula (WIC or non WIC supplied formula). May also be fed complementary foods.
Breastfeeding Child	Greater than or equal to 12 months and continuing breastfeeding.
No Longer Breastfeeding	Was breastfeeding at some point in time but has now discontinued.
Never Breastfed	Was never breastfed.

information and/or clarify what has been said.

Breastfeeding complications and the breastfeeding description are included on the Infant Nutrition Interview under Nutrition Practices. The following table identifies an infant or child's breastfeeding status:

Lifestyle: Assessment of lifestyle involves finding out about physical activity (including the types and amounts of physical activity they get) and substance use (such as abuse or exposure to alcohol, drugs, cigarettes or second hand smoke).

Immunizations: Immunization information is captured during the infant and child interview for DTaP shot records only.

Oral Health: Oral health information is captured during the infant and child interview to obtain information regarding dental and other oral health concerns.

Breastfeeding Support: For all breastfeeding women, breastfeeding support is included as part of the assessment during the nutrition interview. Breastfeeding complications and assignment of the BFPC are captured on this panel.

Social Environment: Social Environment includes: culture, family structure, education, living and work situations, abuse/neglect, family planning and primary caregiver with limited ability to make appropriate feeding decisions. Understanding social environment enables WIC staff to provide participant centered care and individualized referrals and counseling.

Nutrition Education

Policy: Local agencies shall make nutrition education available or enter into an agreement with another agency to make nutrition education available at no cost to all adult participants, and to parents or caregivers of infant and child participants, and whenever possible, to child participants. Nutrition education may be provided through the use of individual or group sessions. During each six-month certification period, at least two nutrition education contacts must be made available. When participants are certified longer than six months, nutrition contacts shall be made available at a quarterly rate.

Nutrition education shall be participant centered and include behavior change counseling. Goals must be set and followed-up on at subsequent appointments.

Note: A chart review does not count as a nutrition education contact for low or high risk participants.

Regulation: [246.11(b)]: 246.11(d)

Procedure/Additional Guidance:

To complement the provision of healthy foods, WIC provides nutrition education to guide participants towards a healthier lifestyle and to help them make changes to improve their dietary intake. Utilizing a participant-centered approach helps to enhance the effectiveness of these activities.

Type of Nutrition Education Contacts

Face to Face: A face-to-face visit with the participant is either provided individually or in a group, where nutrition issues of consequence to the participant are discussed. Nutrition education should address participant needs (NRFs), participant concerns and/or relevant anticipatory guidance topics. Ideally, only 1-2 topics should be addressed during a single visit. Topics not discussed during the appointment can be entered in the participant's Plan to be addressed at a future visit.

Education Choice for Follow-up Visits

Alternative nutrition education options are available at follow-ups not requiring an in-person visit. An alternate nutrition education option should not be provided to participants who require a certification, recertification, mid-certification, or when current data is needed to make an accurate assessment (such as anthropometric measurements, hemoglobin values). A clinic visit for high risk participants is preferable; however, when not feasible a telephone/video call with the High Risk Counselor can be considered a high risk nutrition education contact per the high risk referral protocol. Education Choice options include:

- **In-person visit.** Participants may choose to return to the clinic for an in-person follow-up visit.
- **Wichealth.org:** An internet-based, online nutrition education website available in English and Spanish. Verification that a wichealth.org nutrition education lesson has been completed by the endorser automatically uploads into the household's *Nutrition Education* panel in Compass. Completion of a corresponding *Care Plan* is not required. The goal that was created at the certification, recertification or mid-certification may be followed-up on at the next in-person nutrition education contact. Upon completion of an online lesson and during the month the participant's food benefits expire, staff will verify the lesson completion, contact the participant, and issue food benefits remotely. Technical and nutrition-related assistance and follow up must be available to address questions and to provide feedback to endorsers. Note: This education contact option is only for low-risk participants.
- **Telephone:** All required components of a WIC visit must be performed per policy, including documentation. During the end of the telephone contact, staff will issue food benefits remotely and schedule the participant for a subsequent visit.
- **Interactive Video Call:** Technology that allows video conference calls, such as Skype or FaceTime. All required components of a WIC visit must be performed per policy, including documentation. During the end of the video call contact, staff will issue food benefits remotely and schedule the participant for a subsequent visit. The local agency will provide for installation and maintenance of the equipment necessary for the video call contact. Interactive video calls should occur in an environment that promotes effective

communication between the WIC staff and the participant and ensures that both are actively involved in the interaction. Confidentiality of participant information must be protected.

Special consideration: For pregnant women, a weight measurement is required for all in-person clinic visits, at least once per each trimester, if applicable. An Education Choice option may be offered one time to low-risk pregnant women after the certification/recertification visit, allowing one measurement to be excused (exception: if the woman has no health care provider, a clinic visit must be scheduled and weight taken unless physical presence presents hardship due to a disability or health condition).

Providing Participant-Centered/Behavior Change Counseling

The education part of the visit should flow naturally from the assessment because it ties in with the participant’s questions and concerns. However, sometimes no clear direction emerges and in this case, the WIC staff person works with the participant to develop an agenda for topics to discuss. Ways to do this are:

- Ask the participant if she has any nutrition questions or concerns that she would like to discuss. Nutrition information provided during the visit should match the participant’s needs and interests.
- Suggest topics based on information the participant has learned during the assessment, including identified nutrition risk factors.
- Suggest topics that provide anticipatory guidance.

Tips for discussing nutrition information with participants:

- Use a conversational format.
- Find out what the participant already knows about a topic and fill in the gaps.
- Affirm those things she is doing well.
- Be non-judgmental.
- Personalize education so the participant understands how making changes can improve her own health and well-being.

Behavior Change Counseling

While sharing nutrition information, WIC staff should assess the participant’s interest in applying the information to their life by making behavior changes. According to the Stages of Change Model, behavior change is a process that takes place gradually as people move through different stages of change. The goal of behavior change counseling is to help participants move from one stage on to the next. Different counseling strategies for behavior change are used depending on the person’s stage of change. Although the model does not perfectly fit every participant or situation, it is useful for providing ideas for ways to approach participants who are in different stages of change. The chart below lists each stage of change and the recommended counseling strategy associated with it

Stage Based Counseling

Stage	Counseling Strategy
↓ Not thinking about changing	Raise awareness (plant seeds)
↓ Know they should change but are not ready	Explore pros/cons of change, concerns/fears
↓ Planning to change	Support & encourage, discuss ways to deal with difficulties/barriers
↓ Have made a change	Encourage, affirm, discuss difficulties to prevent relapse
↓ Maintaining the change	Encourage, affirm, prevent relapse

Goal Setting

Goal setting is an important component of behavior change counseling because it encourages the participant to put into action something that was discussed during the appointment. Consistent with the fact that participants are in different stages of change, the goals set with participants will differ depending on their stage of change. For participants in early stages of change, appropriate goals are ones that help to raise awareness or encourage the participant to think through the pros and cons of change. Examples of goals that are appropriate for early stages are to simply read over educational material, to talk to a spouse or to think about what it would look like to make a specific change. These goals may not seem very ambitious; however, they are realistic and consistent with moving someone through the early stages of change. As the participant becomes more committed to making a change, appropriate goals will be ones that are more action oriented. For example, the goal may be to have the participant take small steps toward making the behavior change.

When setting goals with participants it is important to remember these principles:

- Goal setting should be done interactively with the participant. WIC staff's role is to suggest ideas for goals that might be appropriate for the participant's stage of change. It is the participant's role to make the decision about what they are able and willing to do.
- Goals should be specific. A clearly stated goal is easier to follow.
- Write down the goal (perhaps on a handout) as a reminder after they leave the appointment.

Documentation - Document the goal in the Participant Care Plan. The goal should be described clearly so that WIC staff can easily follow up on the goal with the participant at the next appointment.

Follow up - Since behavior change is a process, it is important to follow up at the next visit by asking the participant about their progress in achieving their goal. Offer praise for any efforts they have made and provide support as appropriate. It may be necessary to adjust the goal to make it more doable.

Following up on goals helps to increase the participant's accountability, provides opportunities for support and problem solving, and demonstrates to the participant that WIC cares about helping them make changes. Document follow up discussion(s) about goals in either the Subjective or Assessment section of the Participant Care Plan.

Handouts:

Giving handouts helps to reinforce educational messages. The educational effectiveness of handouts can be enhanced if the WIC staff review handouts with participants and point out specific sections that reinforce information shared during the appointment. Staff can further individualize handouts by highlighting specific sections, and writing the participant's name and behavior change goal(s).

Missed Nutrition Education Appointments and Non-Denial of WIC Benefits

Although local agencies are required to make reasonable efforts to provide nutrition education to each participant, individuals cannot be denied supplemental foods for failure to attend an educational activity or for lack of willingness, readiness, or ability to participate in the activity.

When a participant does not attend or participate in a scheduled nutrition education contact, document why this occurred in the *Participant Care Plan*.

When a participant misses a scheduled appointment, offer the nutrition education contact the next time you make contact with the participant. If it is not possible to counsel the participant at that visit, issue food benefits for one month and schedule the nutrition education contact for the next month.

Screening (Substance Abuse, HIV/AIDs, Lead and Immunizations) and Referrals

Policy: Local WIC Programs should establish referral systems and provide appropriate health and social services referrals to participants.

Local WIC Programs are responsible for contacting referrals received through online referral systems or other methods within 10 days from the date of submission.

Regulation: Colorado WIC Policy, CFR 246.4 (a)(8) and (9) 246.7 (a) and (n), CFR 246.11 (a)(3) and (b)(1), CFR 246.14 (c)(1) and (9), USDA Memo 94-28

Procedures/Additional Guidance:

Referrals to WIC

The Colorado PEAK online application allows a person using PEAK to select WIC as a program they wish to be contacted by. The PEAK system creates live reports, by county, of those interested individuals' contact information. Designated local WIC agency staff manage referrals via a secure database.

The WIC Statewide Referral Form is an electronic form community partners and the public can use to submit requests for WIC to contact potentially-eligible WIC participants. Designated local WIC agency staff manage referrals via a secure database.

Development of Referral Systems

The establishment of a local agency referral network consists of two components: identification of community resources and education of WIC staff on community resources.

- A local referral network includes programs housed within the same agency as the WIC Program (intra-agency), as well as other community organizations (inter agency). The number of community agencies within the WIC Program service area will determine the size of the referral network.
- To ensure participants are appropriately directed to other community services, it is necessary to inform all WIC staff about the organizations within the referral network. WIC staff should understand the purpose/function and eligibility criteria for each agency/organization in the network.
 - Several mechanisms could be used to inform the WIC staff members. Agency representatives can be invited to provide a short presentation at WIC staff meetings. Pamphlets from the various community organizations could be made available to the WIC staff. Maintaining a "community resource" notebook with these pamphlets would provide the staff with easy access.

Referrals can be informal (informing the client about the SNAP Program) or formal (sending a standardized referral form). This will depend on the reason for the referral. If the referral includes client information or requires local staff to contact the local program or organization on behalf of the family, the participant or endorser's signature of consent must be obtained. If the endorser has granted permission to release information to the physician based on their answer provided in the Nutrition Interview, client information may be released to the physician. Referrals may be printed and given to the participant upon request.

Making Referrals

Agencies have the option to provide either an informal or formal referral. Methods for each type of referral are described as follows:

- Informal Referral: A referral can be accomplished simply by providing all adult participants and caretakers of participating infants and children with the list of available resources.
- Formal Referral: A local agency may opt to develop a more formal referral system wherein a staff member initiates contact with a resource (e.g. substance abuse counseling or treatment agency) on behalf of an interested participant. Please note: Confidentiality rules must be followed.

It is recommended that all clients be directed informally to:

- The Supplemental Nutrition Assistance Program (SNAP)

- Medicaid (Health First Colorado)
- Child Health Plan Plus (CHP+)
- Temporary Assistance to Needy Families (TANF) Programs,
- Colorado PEAK at <https://coloradopeak.secure.force.com> (an on-line service for Coloradans to check for potential food and cash assistance programs, apply for Medicaid and Child Health Plan Plus programs, WIC, SNAP, TANF and Aging and Adult Services Financial programs and manage benefits on-line)

Staff should provide the addresses, web address and/or telephone numbers for these referral resources. The local WIC Program can obtain this information from the Social Services Agency.

Documenting Referrals

All referrals by local WIC staff persons must be entered on the *Referrals - Participant* panel in the Compass system or noted in the participant's Care Plan. All written information given to participants on assistance programs must be recorded.

Referral Follow-Up

To ensure that quality nutritional care is provided to WIC clients, follow up should be provided on all referrals.

Substance Abuse Information and Referral

The Colorado WIC Program screens for drug, alcohol, and tobacco use to determine nutrition/medical criterion through the use of questions asked on the Nutrition Interview. WIC staff must provide information on the dangers of drugs and other harmful substances and referrals to pregnant, postpartum, and breastfeeding women and to the parents and caretakers of WIC infants and children. Participants who indicate that they or their child are exposed to secondhand tobacco smoke must also be warned of the dangers to themselves and/or their children. Information must be provided in verbal form. Visuals, written communication and online resources may supplement the information provided verbally. Staff members are not expected to diagnose drug and other substance abuse or to provide in-depth counseling. Rather, they are to provide information on the dangers of substance abuse and secondhand smoke in the course of routine activities.

Federal Drug and Other Harmful Substance Abuse Information and Referral regulations specify the following requirements for all local WIC Programs:

- Participants with suspected drug or other harmful substance abuse problems must be referred to an appropriate counseling, treatment or education program where services are locally available.
- Each local agency must maintain and make available for distribution a list of local resources for substance abuse counseling and treatment.
 - (e.g., Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Al-Anon Family Groups, Adult Children of Alcoholics, Women for Sobriety), drug and alcohol treatment programs as well as local smoking cessation programs sponsored by organizations such as the American Lung Association and American Cancer Society. In communities where resources are limited, the public health nurse or the participant's physician should be considered as a possible resource.
- Local agencies are required to coordinate with local alcohol and drug abuse treatment services.

HIV/AIDS Information and Referral

The Colorado WIC Program can play an important role in preventing the transmission of HIV/AIDS in the perinatal population. The following guidelines define the policy for the WIC Program regarding issues related to HIV/AIDS and WIC participants:

- Encourage comprehensive health care for all WIC participants.
- Advise all pregnant, postpartum, and breastfeeding women to know their HIV status and receive early diagnosis through routine, voluntary testing, and counseling.
- Provide appropriate referrals to participants for testing, counseling, and medical treatments as needed.
- Strongly encourage and support breastfeeding as the healthiest way to feed infants.
- Inform all participants that HIV-positive mothers should not breastfeed, and that HIV is more easily transmitted through breast milk during the period immediately following the onset of infection.
 - The Colorado WIC Program concurs with the Colorado Department of Public Health and Environment and United States Department of Agriculture to support the recommendations of the American

Academy of Pediatrics and the Centers for Disease Control and Prevention that women in the United States should not breastfeed if they are HIV positive or have AIDS.

Blood Lead Screening Information & Referral

To implement the provision in Public Law 106-387, included in the WIC Appropriations Act FY2001, local WIC Programs are required to:

- Ask if the child has had a blood lead screening test.
- If the child has not had a test, they must be referred (at each certification/midcert/recertification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

The blood screen within the Assessment panel is where staff record if a child has received a blood lead screening test. In Colorado, lead testing is covered by Medicaid and the Child Health Plan Plus (CHP+). Additionally, most private insurance providers will cover the cost of the testing when the test is ordered by a physician. Some local health departments may also provide lead testing. Public Law 106-387 does not allow WIC funds to be used to conduct blood lead screening tests. A hematological test for anemia, such as a hemoglobin or hematocrit, is the only laboratory test required to determine a person's eligibility for WIC. It is therefore, the only cost that may be charged to WIC.

Clinical Laboratory Improvement Amendments (CLIA) Certification Number: Clinical laboratories are registered under the Clinical Laboratory Improvement Amendments (CLIA) federal regulation to ensure quality laboratory testing. All labs that perform testing on human specimens for diagnosis, treatment or health assessment in the United States must hold the appropriate CLIA certificate. The CLIA regulations set standards for personnel, records, quality control and quality assurance.

- Each WIC local agency must operate under a CLIA Certificate. This CLIA Certificate is typically held by the Health Department, not by the WIC Program. Each WIC clinic needs to be listed on the CLIA Certificate, however if a local agency does not know their CLIA Certificate number (typically starts with "06D"), the WIC director may ask the Public Health director, lab manager or nurse manager in their agency. If an agency is unsure of their CLIA number, contact:

Jeff Groff
Program Manager
EBAT and Laboratory Certification
P 303.692.3681 | F 303.344.9965
8100 Lowry Blvd, Denver, CO 80230
jeff.groff@state.co.us

Immunization Screening, Information, and Referral

Low-income children are less likely to be immunized than their higher-income counterparts, placing them at high risk for potentially serious diseases, such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. WIC staff members play a significant role in helping to improve the immunization rates for low-income infants and children by assessing immunization records, educating participants on the importance of immunizations and by making referrals as necessary to bring immunizations up-to-date.

Local WIC agencies are required to:

- Ask caregivers of infants and children under 25 months of age to bring immunization records to all certification/recertification and mid-certification visits. Note: If the record is available in the Colorado Immunization Information System (CIIS), agencies with access to CIIS may access electronic records in lieu of obtaining the immunization information from the caregiver.
- Assess immunization records for infants and children less than 25 months of age for recommended DTaP shots.
 - ✓ 1st DTaP is at 2 months of age
 - ✓ 2nd DTaP is at 4 months of age
 - ✓ 3rd DTaP is at 6 months of age
 - ✓ 4th DTaP is between 15 and 18 months of age
- Provide information on the immunization schedule and refer caregivers to obtain immunizations if the infant or child's immunizations are not up-to-date or the immunization record is not available.

- Continue to ask the immunization status of children 25 months of age and older and make referrals as necessary.

Referral Resources

Referral Resource	General Purpose/Function
<i>Alcohol & Drug Abuse</i>	Prevention counseling and comprehensive treatment for substance abuse
<i>Childbirth Education Associations</i>	Prenatal education
<i>Child Health Plan Plus (CHP+)</i>	Medical Assistance for low income children who are not eligible for Medicaid
<i>Colorado State University Extension Service</i>	Consumer classes, food preparation information, recipes
<i>Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Program</i>	Nutrition education
<i>Family Planning/Planned Parenthood</i>	Guidance and counseling to provide freedom of choice in the number and spacing of children
<i>Supplemental Nutrition Assistance Program</i>	Food assistance for low income
<i>Genetic Counseling/Screening</i>	Genetic counseling, diagnosis and education primarily for PKU, hypothyroidism, galactosemia, sickle cell anemia, homocystinuria, maple syrup urine disease
<i>Health Care Program for Children with Special Needs (HCP)</i>	Diagnosis and treatment services for special needs children
<i>Head Start</i>	Preschool educations for disadvantaged children
<i>Housing Authority</i>	Housing information/placement for low income
<i>Immunization Clinics</i>	Immunizations
<i>La Leche League</i>	Breastfeeding support
<i>Local Physicians, Medical Clinics, Hospitals</i>	Medical care
<i>Maternity Services</i>	Prenatal, postnatal comprehensive care
<i>Medicaid</i>	Medical assistance for low income women and children
<i>Mental Health Services</i>	Prevention and crisis intervention counseling
<i>Prenatal Plus</i>	Assistance for high-risk women who are on Medicaid
<i>Temporary Assistance to Needy Families</i>	Financial assistance for low income children



Referral Resources based on Condition/Problem

Condition/Problem	Referral Source
<i>New Migrant Family</i>	Farm Worker Health Services Program
<i>Infant/Child w/Cleft Palate or other Handicapping Conditions</i>	Health Care Program for Children with Special Needs (HCP)
<i>Infant/Child w/Failure to Maintain Growth Percentile</i>	Public Health Nurse
<i>An individual or family needing food assistance</i>	Supplemental Nutrition Assistance Program
<i>Inadequate Food Supply</i>	Local Food Banks
<i>Breastfeeding Women</i>	La Leche League
<i>Overweight Postpartum Women</i>	Weight control classes
<i>Women entering with Short Inter-Conceptual Period of High Parity</i>	Family Planning/Planned Parenthood
<i>Pregnant Women for HIV Testing</i>	Planned Parenthood, Private Physician, Local Health Department
<i>Pregnant Women who have not received Prenatal Care</i>	Local Prenatal Program, local private physician accepting Medicaid
<i>Pregnant Women who Smoke</i>	A community smoking cessation program Colorado Quitline 1.800.QUIT.NOW (1.800.784.8669) https://www.coquitline.org
<i>A Severely Anemic Participant</i>	Public Health Nurse, local physician
<i>Teenage Mother or Teenage Pregnant Women</i>	Public Health Nurse, Community prenatal support groups



Issue Resolution at the State WIC Help Desk

Policy: Report all suspected Compass application issues and data integrity issues to the State WIC Compass Help Desk.

Regulation: Colorado WIC Policy

Procedure/Additional Guidance:

Computer, Network and Internet Issues

Compass is a web-based system that relies on local area networks and Internet connectivity that is created and maintained by county IT departments. Therefore, some problems must be resolved by the county or local agency IT staff.

When a local agency WIC user encounters a network, computer equipment malfunction, computer login or Internet problem, please contact the local agency IT unit as the first level of support. The local IT unit should be able to solve most reported problems. If the local agency IT determines that additional state support is required to resolve an issue, have a technical person contact the State WIC Compass help desk for level II support.

Compass Application Issues

The WIC Compass Help Desk will investigate the system concern and if they determine that an application error might exist, the Help Desk will create a ticket and the issue will then be reviewed and resolved. The fix will be included in a future release of a new Compass version. If the State WIC Compass Help Desk determines that the application is working correctly, they will provide the local agency or staff person with an explanation and possible written system documentation on the application behavior. As a final step, the State WIC Compass Help Desk may escalate the ticket to the local agency assigned Nutrition Consultant or Compass Training Coordinator if it appears that the problem is a matter of training or policy. The State WIC Help Desk may send it to Level 2 Technical Support if the problem appears to be of a more complex technical nature.

Data Issues

The Help Desk will investigate the concern and if they determine that a data integrity issue may exist, they will immediately escalate the issue to the State Database Administrator for further investigation and resolution.

WIC Compass User Access

Policy: Local WIC Agency Directors must complete necessary forms to ensure that Compass user access is granted to Compass users who actively work at a specific WIC clinic. The **Compass Access Request Form** must be completed and submitted each time a new staff person is hired, when their position responsibilities change and when their WIC employment ends.

Regulation: Colorado WIC Policy

Procedure/Additional Guidance:

Compass Application and Data Security

The Compass system requires a user to log into the system using credentials created by the WIC Compass Care Team. The **Compass Access Request Form** includes the data security, use, and confidentiality agreement that each employee must read and sign. Signatures from the WIC supervisor and WIC employee are required and the printed copy can be faxed or scanned & emailed to the WIC Compass Care Team

Staff can change their passwords after a successful log on using the provided User ID and Password. User IDs and passwords are not to be shared with others. Every 120 days, Compass prompts the user that the old password is about to expire and a new password must be entered. Passwords must be strong to be secure. Strong passwords are at least 8 characters in length, have a mixed case (some capitals and some lowercase letters), have at least one number, and have a special character.

For data security purpose and to ensure that only active user's have access to the Compass sytem, the Colorado WIC State Office will deactivate any user who has not been active in Compass for 8 weeks. Staff that are inactive for 8 weeks due to situations such as medical leave, can be reactivated by submitting a ticket in Elementool.

Central File Requirements

Policy: The local agency must maintain central files of specified documents according to retention policies as noted in the *Retention of WIC Records and Reports* policy.

Regulation: Colorado WIC State Policy

Procedure/Additional Guidance

The local agency will maintain the following central files:

- Civil Rights file (see *Civil Rights Compliance Reviews* policy for required contents)
- Staff Training, including annual Civil Rights training (if not kept electronically in Compass)
- Voter Choice forms
- Vendor Reports
- Ward Road Pharmacy/Sentido Health special formula signed invoices
- Equipment Maintenance and Calibration Logs (scales, measuring boards, and hemoglobin analyzers)

Note: See the *Retention of WIC Records and Reports* policy for retention requirements.

Data Use Policy: Use of Program Participant and Applicant Data

Policy: WIC staff, state and local, direct all requests for the disclosure of individual-level, identifying WIC participant information (i.e., any non-aggregated data) to the Data Manager at the Colorado WIC State Office. The following policy is used to assess the ability to fulfill data requests.

Regulation: 7 CFR 246.26, 7 CFR 246.7(i)(11), 7 CFR 246.3(h)(3)

Procedure/Additional Guidance:

This data use policy clarifies when and how Colorado WIC State Program participant data will be shared with state, local, and external entities while protecting participant confidentiality.

Aggregated Data

Aggregated data arise from processing individual records into summary form in order to track information across populations, organizations, time and other variables of interest. State and local Colorado WIC Program staff may access aggregated data via WIC Data Central (WDC) and Compass reports. Requests for additional aggregated data not available on WDC or within Compass reports shall be directed to the Data Manager.

Maintaining Statistical Stability

Aggregated WIC data sometimes describe rare events and/or small populations, which may compromise statistical stability. Therefore, when possible, aggregated data produced by the Data Manager shall include a description of the variability of the data (i.e., confidence intervals, relative standard error). Additionally, the Data Manager will not disclose counts of less than 12 due to statistical instability and will recommend the requester interpret such data with caution given the small sample size.

Maintaining Confidentiality

When data use occurs outside of state and local Colorado WIC Program staff, rare events and small populations may also endanger participant confidentiality. The Data Manager uses caution when sharing aggregate data with populations of less than 500, reporting counts of less than 12, and producing multiple tables from the same dataset. Should there be concern about a possible breach of confidentiality when sharing outside of state and local WIC staff, the Data Manager will take steps to limit this risk through strategies such as: combining alike groups, producing a coarser analysis, and omitting tables unlikely to contain information that would inform public health efforts. Counts of 12 or less may be censored when producing tables that will be viewed outside of state or local WIC staff to maintain confidentiality.

Personally Identifying Information (PII)

Per Federal regulations (**§246.26**), PII includes any information that individually identifies an applicant, participant, and/or family member(s) that was obtained or created during the course of an individual(s) WIC referral, application, or program participation. This includes but is not limited to: name; WIC participant number; contact information (may include address, phone, email); health data; the fact that a person was referred, applied, and/or participated in WIC; date of birth; health insurance number; source of income; status as a recipient of public assistance; race; ethnicity; gender identity; physical, intellectual and/or developmental disability.

In accordance with Federal regulation **§246.7(i)(11)**, WIC applicants and participants acknowledge in the *Participant Rights & Responsibilities* form through the following language that their PII may be shared for these allowed purposes:

- “WIC respects your right to privacy. The information you share with WIC will be used to decide if you or your child is eligible for WIC and how best to serve you. The information may be shared only with programs directly connected with WIC and for reports and audits as approved by the Colorado WIC Data Use Policy. Any other sharing of your information must be approved by you with a signed consent.”
- “I understand that the WIC Program staff are mandatory reporters and are required to report any known or suspected child abuse or neglect.”

The local Colorado WIC agency must permit applicants and participants to refuse to sign the Rights & Responsibilities statement but must also notify the applicants and participants that signing the form is a condition of program eligibility and participation. These forms must be signed only after the certification is complete.

Prior to PII disclosure for the allowed purposes listed below, the state WIC agency requires a completed data request process. If the request is approved, a data use agreement is created to include:

- a) Specific PII to be shared, why PII is critically necessary, the intended purpose of PII, time frame of PII use, specific individuals with access to PII, plan for safekeeping and timely destruction of PII, and assurance that the partner will not use the information for any other purpose or disclose the information to a third party.
- b) Approval of the Colorado WIC director, the director of the CDPHE Office of Legal & Regulatory Compliance, and CDPHE Privacy Officer.
- c) Signature of the Executive Director of CDPHE.
- d) Amendment to the WIC State Plan in accordance with federal regulation **§246.3(h)(3)**.

The Colorado State WIC Program provides only the PII reasonably necessary to accomplish the approved purpose(s). The initiation of a data request does not compel the Colorado WIC Program to provide PII to the requestor. The Colorado State WIC office will make every attempt to use aggregated data in lieu of disclosing PII in meeting the needs of a requestor. If a request cannot use aggregated data and does not present a clear benefit to applicants/participants or the Colorado State WIC program as a whole, the request will be denied.

If the data requested requires matching or may involve research, Colorado State WIC follows the [Prevention Services Division procedure](#) related to these types of requests.

In alignment with USDA Food and Nutrition Service (FNS) Instruction 800-1, State WIC does not allow the use of universal consents which give an agency unlimited authority to release applicant or participant information, or to take the place of sharing agreements with health and welfare organizations detailed in the regulations. Such open-ended release forms could result in inappropriate sharing of information and reduce the protection of applicant/participant PII.

Disclosure to WIC staff for WIC Purposes

State WIC provides access to PII to state and local WIC staff who administer WIC programming through the data management information system, Compass. Only authorized users are allowed access to this information; no non-WIC staff can be authorized for this access. Notification must be provided as to how the data may be used or shared.

Disclosure to Participant's Healthcare Provider

Participants may consent or deny consent to disclosure of personal information to their healthcare providers. This consent or denial of consent is recorded in Compass in the Nutrition Interview and a signature is captured when the participant signs the Colorado WIC Rights & Responsibilities document. The Colorado WIC Rights & Responsibilities states, "I have been asked about disclosing my confidential healthcare information with my provider. That information can be found in the Nutrition Interview." Prior to documenting a participant's preference (Yes or No) for disclosing information to their healthcare provider, the participant must be notified that their answer (consent or denial) is not a condition of their eligibility, and the possible reasons why information may be shared with their provider.

Any information shared with the healthcare provider should be **minimum necessary**. Minimum necessary means only the relevant information needed to accomplish the task can be shared.

Limited Disclosure to Non-WIC Partners for Approved Purposes

- Non-WIC partners may only use PII with individual, documented participant consent to follow up on referrals and provide additional services to participants and their families.
- Non-WIC partners may use PII under a data use agreement to support evidence-based or promising practices that increase WIC enrollment and/or retention.

Disclosure Related to Subpoenas

Per Federal regulation (**§246.26**), local WIC agencies receiving subpoenas shall immediately do the following;

- 1) Immediately notify the Colorado WIC Program State Office;
- 2) Consult with local legal counsel to determine whether the information is PII and prohibited from disclosure and whether the subpoena is valid and has been correctly served; and
- 3) If the requested information is PII, attempt to quash the subpoena unless CDPHE legal counsel determines that disclosing the PII is in the best interest of the Colorado State WIC Program.
 - a) The decision to disclose PII without attempting to quash a subpoena should be made rarely and the Colorado State WIC Program should inform the receiving party that the requested information is confidential, provide only the specific information requested in the subpoena and no other information, and limit, to the greatest extent possible, public access to the disclosed PII. This may require a signed data sharing agreement at the discretion of the Colorado WIC Program Director and Data Manager.

Disclosure Related to Search Warrants

In responding to a search warrant for PII, the local Colorado WIC Program agency shall do the following:

- 1) Immediately notify the Colorado State WIC Program Director.
- 2) Immediately notify local legal counsel.
- 3) Comply with the search warrant, but inform the individual(s) serving the search warrant that the information being sought is confidential.
- 4) Seek to limit the disclosure by:
 - a) Providing only the specific information requested in the search warrant and no other information; and
 - b) Limiting public access to the confidential information disclosed.

Disclosure to US Department of Agriculture (USDA)/FNS

State and local WIC and contractors must cooperate in studies and evaluations conducted by or on behalf of the USDA, related to programs authorized under the Richard B. Russell National School Lunch Act and the Child Nutrition Act of 1966 (42 U.S.C. 1786).

Release of WIC Records to Endorser

The Colorado State WIC Program releases applicant/participant records to the current initial and/or additional endorser(s) only for the period of time they personally are the endorser. The Colorado State WIC Program is only required to release information that was provided by the applicant/participant, except as required by federal, state or local law. The endorser(s) must show proof of identification (as defined by Colorado WIC Program proof of identity standards) to obtain the records and may only be provided with the portion of the record for which they were the endorser(s).

Records Not Released

Colorado WIC Program records shall not be released to the federal government or third parties, including the Department of Social Services (DSS), without written approval from the Colorado WIC Program or the endorser. Records of a child in foster care may only be released to DSS for that time while the child was in foster care. Requests for records from proxies, past or interim endorsers, relatives, or nonlegal guardians shall not be released. Requests for records for immigration or immigration administration purposes shall not be released. Records requests and releases shall be documented in each participant's care plan.

Direct questions or concerns about this policy to the Colorado WIC Program Director or the Data Manager.

Data Use Policy: Process to Request Participant and Applicant Data

Policy: WIC staff, state and local, direct all requests for the disclosure of individual-level, identifying WIC participant information (i.e., any non-aggregated data) to the Data Manager at the Colorado WIC State Program Office.

Regulation: 7 CFR 246.26, 7 CFR 246.7(i)(11), 7 CFR 246.3(h)(3)

Procedure/Additional Guidance:

Introduction and Background

State agencies administering the WIC program are responsible for the management and protection of confidential WIC applicant and participant information. The Colorado WIC State Program carries out these responsibilities according to state agency policies that ensure compliance with Federal regulations. The USDA grants state agencies the authority to determine with whom confidential WIC applicant and participant information will be shared and for what purposes within the limitations and allowances established in Federal regulation.

Colorado WIC Program policy requires that non-WIC partners may only use PII with participant consent for the following reasons:

- 1) to follow up on referrals and provide additional services to participants and their families.
- 2) under a data use agreement to support evidence-based or promising practices that increase WIC enrollment and/or retention.
- 3) reporting known or suspected child abuse or neglect.

The intent of this request process is to guide public partner organizations who desire use of confidential personal information for meaningful projects that benefit WIC applicants/participants or the Colorado WIC Program. Completion of this request will provide the Colorado WIC State Program Office sufficient information to assess whether the data use purpose meets Federal regulations and upholds program data use values. Expected time for review is within 10 business days. The Colorado WIC Program Director has the authority to approve or decline this request. If a request for data use is approved, additional information about data elements and timelines may be needed to create a data use agreement with all approved parties for approved uses.

In addition to compliance with Federal regulations, the Colorado WIC Program makes decisions regarding data use according to Program policies and values. The Colorado WIC State Program Office intends to support innovation proposed by state and local partners with these values in mind:

- The protection of confidential participant and applicant data is the highest level of priority for the Colorado WIC Program to build and maintain public trust that personal data is protected.
- The Colorado WIC Program holds the interests, desires, and well-being of the public, WIC participants, and WIC applicants at the center of any data use decision. The Colorado WIC Program will ensure that any data use allowed within Federal regulations provides benefit to program participants, applicants and/or to the Colorado WIC Program as a whole.
- Racial and ethnic equity will be preserved by ensuring that no data use agreements result in any type of harm to people or communities of color or any people or communities impacted by public charge.
- The Colorado WIC Program will ensure that only the minimum necessary protected information is provided through data use agreements.
- Robust protections of personal data by the recipient organization will be ensured by the Colorado WIC Program before approving data use agreements.
- Data use requests will be balanced with capacity and resource constraints of the Colorado WIC Program, as the Program does not typically receive additional funding for these purposes.

Request Process

Please answer the following questions to request confidential personally-identifiable information (PII) from the Colorado WIC Program:

- What effort or intervention does your organization plan to execute using Colorado WIC Program data? In your response, please describe how your proposal meets at least one of these state requirements for use of PII with participant consent by non-WIC partners:
 - to follow up on referrals and provide additional services to participants and their families.
 - under a data use agreement to support evidence-based or promising practices that increase WIC enrollment and/or retention.
 - reporting known or suspected child abuse or neglect.
- What evidence demonstrates that this effort or intervention has a promising or proven impact for Colorado WIC Program participants?
- Has your organization conducted engagement work with Colorado WIC Program participants to understand their perspective about your effort or intervention? If yes, please answer the following:
 - In what ways has participant engagement informed your planned effort or intervention?
 - What has the engagement work revealed about participants' perceived benefit of this proposal?
 - What has your community engagement revealed about participants' level of comfort for the Colorado WIC Program using their personal data for these purposes?
- If your organization hopes to streamline administrative procedures and minimize staff burden, have you engaged Colorado WIC Program (state or local) staff for their perspective about the proposal? If yes, what do they perceive as the benefit to their administrative roles?
- What interventions do you hope to do differently based on the availability of this data? How may this change if this request is denied?
- During or after your effort or intervention, what findings would you share with the Colorado WIC Program about the outcomes, impacts, and discoveries of your work that could benefit the future direction of the Program statewide?
- What specific additional value does PII data provide that cannot be met by available sources of aggregate data provided by the Colorado WIC Program?
- Data Security:
 - If this request is approved, who specifically will see and/or utilize Colorado WIC Program data? Please include names, titles, a description of their roles, the name of the entities for which they work, and a description of where they appear in an organizational chart (division, unit, and which positions they report to).
 - Where and how would data from the Colorado WIC Program be stored?
 - What is your planned destruction method for sensitive data? When and would the data from the Colorado WIC Program be destroyed?
 - How can the Colorado WIC Program audit the handling of the data to ensure proper use?
 - What safeguards do you have in place to ensure Colorado WIC Program data will not be used in any way that might harm the individuals represented in the data?
- What long term or future work is planned that relates to this work and the Colorado WIC Program data used for this immediate project?
- Have you gotten permission from your organization to enter into a data use agreement with the Colorado WIC Program, if needed? If so, who would sign the agreement for your organization or program (include name, title, contact information)?
- Please submit your data request electronically to the WIC Data Manager, cdphe_nsbdata@state.co.us.



Homeless and Domestic Violence Shelters: Approval Process

Policy: The State or local agency shall attempt to establish to the extent practicable, that the homeless facility meets the following conditions with respect to resident WIC participants:

- The homeless facility does not accrue financial or in-kind benefit from a person's participation in the Program, e.g., by reducing its expenditures for food service because its residents are receiving WIC foods;
- Foods provided by the WIC Program are not included into a communal food service, but are available exclusively to the WIC participant for whom they were issued;
- The homeless facility places no constraints on the ability of the participant to partake of the supplemental foods, nutrition education and breastfeeding support available under the Program.

The State or local agency staff shall

- Contact the homeless facility periodically to ensure continued compliance with these conditions; and
- Request the homeless facility to notify the State or local agency if it ceases to meet any of these conditions.

Regulation: 7 CFR 246.4, 7 CRF 246.7

Procedure/Additional Guidance:

Homeless Facility: Any of the following facilities which provide meal service: a publicly supervised or privately operated shelter, including a welfare hotel or congregate shelter, designed to provide temporary living accommodations; a facility that provides a temporary residence for individuals intended to be institutionalized; and a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless Individuals

A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodation; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation of not more than 365 days in the residence of another individual; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Steps for Approving A Shelter

The steps for approving a shelter are as follows:

1. Local Agency forwards name and address of facility wishing to become a WIC-eligible homeless shelter to the State WIC Office.
2. State Office sends information and an Application for Approval of a Homeless Shelter (WIC #90) to the shelter.
3. Shelter returns the completed form to the State Office.
4. State Office reviews the form for ability and willingness to comply with required eligibility conditions. If the shelter meets criteria, they become provisionally authorized.
5. State Office sends *Letter of Agreement* signed by State staff with provisional authorization to the shelter. A copy is sent to the local WIC agency to inform staff of the need to visit the shelter.
6. A representative of the local WIC Program visits the shelter within 60 days to conduct an initial orientation visit. This visit will serve as an opportunity for the local WIC Program to become more familiar with the facility, review compliance with the *Letter of Agreement*, and provide information regarding WIC to the shelter. WIC outreach pamphlets and posters should be distributed and displayed in the shelter. The representative completes the Initial Evaluation of a WIC-Eligible Homeless Facility form (WIC #91).
7. After the orientation visit, the local WIC Program representative returns the completed Initial Evaluation of a WIC Eligible Facility form to the State Office. If the shelter is found to be able to comply, a letter will be sent from the Colorado Department of Public Health & Environment/WIC Program to the shelter and local agency, stating that the shelter is a fully-authorized WIC shelter.
8. A biennial (one time every two years) evaluation by a local WIC representative is required to ensure continued compliance with the *Letter of Agreement* and to allow an opportunity for further community outreach with the



shelter. Shelters may receive an on-site visit or telephone contact at the discretion of the local agency. The Biennial Evaluation of WIC-Eligible Homeless Facility form (WIC #94) is to be completed every two years and a copy should be sent to the State Office within thirty (30) days of the evaluation.



Local Agency WIC Equipment and Inventory

Policy: Local Agencies shall purchase and maintain appropriate equipment to operate the Compass computer system.

Regulation: Office of Management and Budget Circular A-130, State Agency and FNS Guidelines and instructions

Procedure/Additional Guidance:

Computers

Based on a standardized refresh schedule and the state office inventory asset tracker, the State office provides additional funding to local agencies through the contract amendment process for the purchase of new WIC desktop and laptop computers. Eligible agencies will be notified in late spring/early summer. Agencies need to work with their local IT department and consider the following information before making computer purchases:

- ☐ Compass works with Windows 10
- ☐ If purchasing 64-bit computers, the only way scanning will work with Compass, is to scan the document as a black & white TIFF or JPEG file outside of Compass first, then the file can be attached to Compass.
- ☐ It is recommended to use either McAfee or Norton for your anti-virus software.
- ☐ Make sure the new computer(s) purchased have plenty of USB ports for your mice, keyboards, signature pads, magnetic stripe card readers and pin pads (for the transition to eWIC). A minimum of 6 USB ports are needed for eWIC Compass.

An example of the computer specifications for the State of Colorado is listed below. These are only suggestions and can be adjusted as needed. A copy of your actual computer quote should be sent to Katy Gasowski at kathryn.gasowski@state.co.us for approval prior to the purchase. Should a laptop or desktop be purchased that exceeds the allotted amount, the local agency will be responsible for covering the additional cost.

The following guides will assist the local IT department in installing the new equipment:

- ☐ *Compass Application Installation Guide*
- ☐ *Lexmark X363dn Scanning Setup*
- ☐ *User Guide Network Downtime Computer Configuration Guide*

When installation of the new computer equipment has been completed the following forms must be completed and returned to Katie Roby at katie.robby@state.co.us.

- ☐ *New Computer asset info form*
- ☐ *Data Destruction Form* for the disposition of your previous WIC computer

The Local Agency WIC Program may retain, sell or otherwise dispose of WIC Program computer equipment (workstations, laptops, monitors, printers, etc.) upon *Equipment Refresh* determined by the State WIC Office. Any proceeds from the sale of the equipment must be retained by the Local Agency WIC Program and used for WIC allowable expenses.

All contract funds, including the computer funding, must be expended by the end of the current fiscal year. Unspent funds will not roll to the next fiscal year.

Computer Specification

Desktop	Laptop
3.3 GHz Core i5 Processor 1333Mhz Front Side Bus 8GB DDR3 RAM 500GB 7200 RPM Serial ATA Hard Drive SuperMulti DVD+/-RW Lightscribe Drive Small Form Factor Case 10/100/1000 NIC 3 Year On-site Warranty (with disk retention) Windows 7 Pro/32 Bit	i5 6200U Processor 8GB DDR4 RAM 256GB TLC Solid-State Drive (SSD) 14" Screen, HD Webcam 802.11 a/b/g/n WiFi with Bluetooth 3 Year On-site Warranty (with disk retention) Windows 7 Pro/32 Bit

Multi-Function Printers

The local agency is responsible for the purchase of multi-function printers. At the local agency's discretion, the MICR printers previously used to print food instruments can be re-purposed to use as a multi-function printer. Instructions to replace the MICR printer ink cartridge with regular toner and repurpose the MICR printers to print *Family Food Benefit* are listed below.

On the left side of the printer is a removable panel which covers a small circuit board (TROY card.) It is plugged into the printer with a black USB cable. With the printer powered off, unplug the USB cable from the printer. Leave everything else as is, replace the panel and power the printer back up. This removes all TROY interaction with the printer.

Magnetic stripe card reader

The initial supply of magnetic stripe card readers, [Magtek Dynamag Reader, part #21073062 or 21073145](#), was provided by the State office. The local agency is responsible for future purchases of magnetic stripe card readers. Compass looks for the card reader device to present the card data as keyboard input and will therefore work with a standard magnetic card reader device such as one of the USB-connected Magtek readers. The critical specifications to consider are:

- The reader must read ANSI/ISO/AAMVA card formats.
- The reader must provide a keyboard emulation interface.

Topaz Signature Pads

The local agency is responsible for purchase of the Topaz Signature Pads and pens.

Specifications for the signature pads and pens are:

Topaz T-L755 Signature Gem LCD 4x3 pad (#T-LBK755-BHSB-R)

Topaz Signature Gem Series Replacement Pen (#P-ET110-HN)

Order from:

Inland Associates, Inc.
18965 W 158th Street
Olathe, Kansas 66061
<http://www.inlandassoc.com/>

Peggy Meader
Account Manager
pmeader@inlandassoc.com
913-764-9799 ext 210

Inventory

Local agencies must maintain a written record of all computer equipment, computer peripherals, television equipment and television peripherals purchased with WIC funds. The written equipment record must include:

- Quantity
- Name/Brand
- Item Description
- Model Number
- Serial Number(s)
- Date Acquired
- Warranty End date(s)
- Purchase Price (if purchased by the local agency)

Local Staffing

Policy: Local WIC programs are required to have specific staff to carry out identified program functions and roles to ensure that local agencies are able to meet all program requirements and functions defined by federal regulations and state policy.

Regulation: CFR 246.11 c (7) (ii), CFR 246.2, CFR 246.6 b (2), **USDA FNS WIC Nutrition Services Standards, FNS WIC Breastfeeding Curriculum: Peer Counselor Management**

Procedure/Additional Guidance

Staffing for the local WIC clinic includes the following positions/roles. Some staff may be in more than one position/role.

- Local Agency WIC Director
- Regional WIC Local Agency Director
- WIC High Risk Counselor (RD/RN)
- WIC Educator
- Local Agency Retail Coordinator
- Local Agency Outreach Coordinator
- Local Agency Breastfeeding Coordinator
- Lactation Management Specialist
- WIC Educator Lactation Management Specialist/**WIC Educator Advanced Lactation Credentials**
- WIC High Risk Counselor Lactation Management Specialist/**WIC High Risk Counselor Advanced Lactation Credentials**
- **WIC Designated Breastfeeding Expert**
- **WIC Designated Breastfeeding Expert IBCLC**
- Breastfeeding Peer Counselor Program Coordinator
- Breastfeeding Peer Counselor
- Breastfeeding Peer Counselor Lactation Management Specialist
- Non-WIC Staff with WIC Duties
- Volunteers

Local Agency WIC Director

Local Agency (LA) WIC Director performs professional administrative and supervisory work in the planning, development, implementation and evaluation of the WIC Program. Oversees and coordinates the WIC activities of all clinic sites to ensure compliance with federal and state regulations. In large agencies, many of the duties described in this role may be delegated to other staff members. However, the ultimate responsibility for each duty falls on the WIC Director. In small agencies, the WIC Director and the WIC High Risk Counselor may be the same individual. The LA WIC Director works under the supervision of the agency's health officer or a designated high level administrator. The LA WIC Director has line authority over subordinate professional and paraprofessional staff involved in the WIC Program.

Qualifications

- **Registration/License:** The WIC Director must be a Registered Dietitian (RD) with the Commission on Dietetic Registration, a Registered Nurse (BSN or RN) licensed to practice in the State of Colorado, or a Medical Doctor (MD). Because WIC is a nutrition program, the position of WIC Director is ideally held by a Registered Dietitian.
- **Education:** Minimum requirements include Bachelor of Science degree from an accredited university with major studies in foods and human nutrition or nursing. Preference is given to those who have a Master of Science (MS) or Master of Public Health (MPH) degree.
- **Experience:** Experience in public health or ambulatory care settings is preferred. A minimum of one-year experience in a public health setting or one year in a hospital setting is acceptable for consideration.

Knowledge, Skills and Abilities

A fully functioning WIC Director should possess the knowledge, skills, and abilities listed below. In hiring for this position, supervisors should look for persons who possess most of these skills:

- Knowledge of human nutrition in health and nutrition needs for disease and its application to public health practices. Knowledge of nutrition needs for infants, children and women during the prenatal, postpartum, and breastfeeding stages.
- Knowledge of training, supervision, counseling, and educational concepts and methods.
- Ability to communicate effectively orally and in writing.
- Ability to manage Program operations and carry out Program planning functions; ability to formulate plans, policies, and procedures.
- Ability to organize, prepare, and analyze reports.
- Ability to establish and maintain effective working relationships.
- Ability to promote breastfeeding as the optimal infant feeding choice while allowing participant choice.
- Ability to supervise and direct professional and paraprofessional staff.
- Ability to develop forms and educational materials.

Responsibilities/Duties

Manages overall WIC clinic operations:

- Formulates plans (including nutrition education plans), policies, standards, and procedures for the operation of the agency WIC Program within state and federal guidelines.
- Understands state and federal rules and regulations and follows up on agency deficiencies.
- Interprets and makes arrangements for implementation of federal and state regulations and policies.
- Evaluates implementation of new policies.
- Manages caseload and spending levels to meet appropriations by the State Office.
- Develops and makes recommendations for WIC budget proposals. Contacts State WIC fiscal officer and/or nutrition consultant regarding fiscal concerns/issues.
- Oversees, coordinates, and manages prescreening and waiting lists.
- Completes all forms/reports as requested by State WIC staff for monitoring and site visits; attends monitoring and site visit sessions; follows up on all monitoring findings and submits a timely response to the State Office.
- Ensures required retail monitoring and vendor training is done and that retailer monitoring reports are completed; works with retailers to prevent or correct problems. Ensures retailer contacts are documented in retailer files, and retailer misuse is documented in participant electronic charts. Ensures the State Retailer Coordinator is contacted with vendor problems/issues.
- Evaluates services to participants including clinic flow, use of staff time, clinic access, phone coverage, clinic space, and community needs.
- Provides the State Office with immediate feedback on adverse consequences of State policies or if policies are not understood.
- Ensures consistency among clinics in technical procedures and use of forms. Makes regular visits to all decentralized clinics to oversee operations.
- Oversees maintenance of equipment and testing for accuracy at all clinic sites.
- Maintains participant confidentiality and ensures that participants are treated equally and with respect, compassion, and empathy.
- Informs the State Office of major changes (i.e., staff, address, telephone, clinic hours which affect services).
- Participates in continuing education activities; attends meetings, conferences, and workshops; keeps abreast of current nutrition research as it relates to the WIC Program and participants. Registered dietitians must maintain registration with the required 75 credit hours per five-year period.
- Runs appropriate reports to verify food benefit issuance and redemption, processing standards, caseload management, etc.
- Contacts nutrition consultant with questions concerning caseload, management reports, clinic flow, State policies, equipment needs, nutrition education, staffing, and monitoring visits.
- Maintains a basic working knowledge regarding the Compass computer system and how it operates.
- Complies with the state WIC office regarding security, operations and functions of the Compass system.
- Ensures that administration areas of Compass are updated: referrals, pamphlets, Master Schedule, etc.
- Acts as LA Breastfeeding Coordinator (unless other staff is appointed).
- Completes the Lactation Management Specialist (LMS) training within the first year of hire.
- Oversees breast pump loan program.

- Oversees Breastfeeding Peer Counseling Program (if applicable).
- Ensures staff is well trained.
 - Recruits, interviews, and recommends individuals for hire.
 - Oversees or conducts the orientation, training, and evaluation of newly hired WIC personnel.
 - ✓ Ensures new staff complete Level I, II and III of the WIC Certification Program as outlined by the state office.
 - ✓ Observes staff interaction during appointments, including performing thorough nutrition assessments and providing nutrition information and counseling participants.
 - Defines staff roles and responsibilities, evaluates participant/staff ratios and staff needs.
 - Supervises WIC staff including annual performance evaluations, ongoing coaching and feedback.
 - Ensures continuing education opportunities for staff, including at least two sessions per year devoted to nutrition education.
 - Holds regular staff meetings to provide and enhance communication, to provide updates on policy and procedures, and provide staff training. Monthly staff meetings are optimal; however, small agencies may need bi-monthly or quarterly meetings.
 - Ensures quality nutrition education services to participants.
 - Develops or adapts and implements protocols of nutrition care.
 - Ensures staff members are trained in protocols.
 - Ensures that a WIC High Risk Counselor is available and trained to provide high risk education contacts.
 - Defines high risk for the agency (ensuring the State defined minimum definitions of high risk are covered); ensures WIC Educators know how to make appropriate referrals of high risk participants to the WIC High Risk Counselor.
 - Observes counseling skills of all staff members to ensure that accurate and appropriate information is being disseminated and that counseling skills are adequate. Trains staff in areas where improvement is needed.
 - Ensures that the documentation in participant electronic chart meets the required criteria listed in the WIC Program Manual.
 - Reviews, selects, or develops nutrition education materials as needed.
 - Attends and ensures that all staff members attend State sponsored WIC training. Attends and ensures that all staff members attend required State sponsored WIC trainings.
 - Recommends and registers staff for the LMS training (including suggesting staff take training as a refresher if staff completed the LMS training more than 5 years prior).
 - Oversees the implementation of Program nutrition objectives, participates in the nutrition education planning process via State Office guidance, and ensures that nutrition education and data collection conforms to standardized and accepted practices.
- Coordinates activities with other community services.
 - Arranges outreach and publicity for the agency WIC Program.
 - Develops formal referral relationships with pediatric and obstetric health caregivers.
 - Acts as a liaison to the community regarding WIC services, policies, and/or nutrition issues (e.g., informing and updating health care providers, social service agencies, assessing community needs).
 - Coordinates and assists staff to be familiar with community resources and services when referring WIC participants.

Regional WIC Local Agency Director

Regional WIC Local Agency Director (RWLAD) performs professional administrative and supervisory work in the planning, development, implementation and elevation of the WIC program. Oversees and coordinates the WIC activities of multiple agencies/counties and clinic “satellite” sites to ensure compliance with federal and state regulations. The RWLAD may delegate some of the duties described in this role; however, the ultimate responsibility for each duty and all contract requirements falls on the RWLAD. The RWLAD works under supervision of the agency’s health officer or a designated high-level administrator and has line authority over subordinate professional and paraprofessional staff involved in the WIC program at all sites in the region. Roles related to the human resource management of staff at satellite agencies may remain a responsibility of that agency, depending on the structure and agreement between agencies and approved by the state authority

Qualifications

- *Registration/License:* The Regional WIC Director must be a Registered Dietitian (RD) with the Commission on Dietetic Registration, a Registered Nurse (BSN or RN) licensed to practice in the State of Colorado, or a

Medical Doctor (MD). Because WIC is a nutrition program, the position of WIC Director is ideally held by a Registered Dietitian.

- **Education:** Minimum requirements include Bachelor of Science degree from an accredited university with major studies in foods and human nutrition or nursing. Preference is given to those who have a Master of Science (MS), Master of Public Health (MPH), or a Doctor of Medicine (MD) degree.
- **Experience:** Minimum of five years' experience in a public health setting is preferred. Minimum of two years' WIC experience is required.

Knowledge, Skills, Abilities

All knowledge, skills, and abilities included in the LA WIC Director description, plus: Ability to manage multi-agency agreements, training, staffing, and resource management.

Responsibilities/Duties

All Responsibilities/Duties included in the LA WIC Director description, plus:

- Monthly:
 - Monthly meetings via zoom
 - CLWDA calls and in person meetings
 - Schedule part time dietitian
- Quarterly:
 - In person check ins
 - Connect with BFPC program
 - Assist with pamphlet ordering
 - Action plan follow up
 - Nutrition education follow up
- Bi-annually:
 - Compass Secure Access forms
- Yearly:
 - Nutrition Education Plans
 - Equipment calibration/replacement as needed
 - Fiscal compliance assistance
- Every other year:
 - State monitoring visit lead
- Continuous:
 - Partnership/rapport with agencies and directors
 - Communicate policy changes
 - Ensure USDA and state policy compliance
 - File retention/documentation
 - Help increase caseload
 - Client complaints/concerns
 - DHS document requests
 - Outreach materials, as needed
 - Assist in hiring, as needed
 - New employee training and orientation
 - Provide feedback to local agencies leadership, as needed

WIC High Risk Counselors (RD/RN)

The WIC High Risk Counselor performs professional and supervisory public health nutrition activities by delivering direct care participant services as well as participating in program planning and evaluation as assigned. In small agencies, this professional may be the same individual as the WIC Director. The WIC High Risk Counselor works under the supervision of the LA WIC Director and may supervise the WIC Educator and/or other WIC High Risk Counselors as assigned.

Possible Titles:

- *Nutritionist*
- *Registered and/or Licensed Dietitian*

- *Community High Risk Counselor*
- *Public Health High Risk Counselor*
- *Community Nurse*
- *Public Health Nurse*
- *WIC High Risk Counselor*

Qualifications

- Because WIC is a nutrition program, the job of the WIC High Risk Counselor is ideally held by a Registered and/or Licensed Dietitian (RDN/RD) approved by the Commission on Dietetic Registration. When a Registered/Licensed Dietitian is not available, an individual with a Bachelor of Science degree in a nutrition-related field may function as the WIC High Risk Counselor with State approval.
- Individuals with the following qualification also qualify to perform the duties of the WIC High Risk Counselor: Licensed Physicians (MD) (licensed by the Colorado Medical Board to practice in the State of Colorado), Physician's Assistants (PA) (licensed by the Colorado Medical Board to practice under supervision of a physician in the State of Colorado), Registered Nurses (BSN or RN licensed to practice in the State of Colorado).
- *Education:* Minimum of a Bachelor of Science degree from an accredited university with major studies in foods and human nutrition or in nursing.
- *Experience:* Experience in ambulatory care, public health, or clinical setting.

Knowledge, Skills and Abilities

A fully functioning WIC High Risk Counselor will need the knowledge, skills, and abilities listed below. In hiring for this position, a supervisor should look for persons possessing the majority of these skills:

- Knowledge of human nutrition in health and disease and its application to public health practices.
- Knowledge of nutrition needs for infants and children and women during the prenatal, postpartum, and breastfeeding stages.
- Knowledge of effective counseling and educational concepts and methods.
- Ability to communicate effectively orally and in writing.
- Ability to establish and maintain effective working relationships.
- Ability to develop and carry out ongoing plans for nutrition education.
- Ability to interpret scientific information for lay audiences.
- Knowledge and understanding of the high risk functions related to the Compass computer system.
- Ability to assess nutritional status, design nutritional care plans, and counsel participants toward improved diets with behavior change.
- Ability to promote breastfeeding as the optimal infant feeding choice while allowing participant choice.
- Ability to be understanding and empathetic when dealing with participants.
- Ability to prepare educational materials and prepare and deliver in service trainings.
- Ability to supervise paraprofessional/professional staff as needed to assist the WIC Director/Coordinator.

Responsibilities/Duties

- Interviews participants and makes thorough nutrition assessments by interpreting anthropometrics and laboratory data, health histories, medical diagnoses, physician's orders, eating habits and nutrition practices, diet assessments, and other related factors.
- Develops, implements, evaluates, and follows up on participant care plans. Counsels participants and families on nutritional needs with consideration of income, cultural and religious food patterns, home facilities, educational level, and other psychosocial factors.
- Maintains participant confidentiality and ensures that participants are treated equally with respect, compassion, and empathy.
- Consults with health care providers on participants' nutritional needs, formula requiring prescription, and health concerns; makes appropriate referrals and follow up.
- Provides appropriate documentation in participant electronic charts, including participant concerns, nutrition assessment, and materials provided, nutrition education, referrals, and progress toward attaining new behavior change nutrition goals, and follow up plans.
- Counsels all high risk participants at least once during a certification period and within the required time frame.
- Determines follow up care for as long as the participant is considered high risk.

- Completes the Lactation Management Specialist (LMS) training within the first year of hire.
- Provides information on the benefits of breastfeeding, aids in breastfeeding promotion in the clinic, offers praise for breastfeeding, and refers staff to IBCLCs as necessary.
- Assesses need and issues breast pumps, instructs on pump use and milk collection/storage, as needed.
- Assesses and provides counseling on common and complex breastfeeding problems, including WIC breastfeeding risk factors and provides high risk follow up, as necessary.
- Authorizes the use of exempt infant formulas, WIC-eligible medical foods, and individual needs for certain tailoring of WIC food packages.
- Reviews and signs as the authorized certifying professional for WIC Educators who have not completed Level I of the WIC Certification Program.
- Provides nutrition education through individual and/or group instruction to participants, professionals, and community groups.
- Helps orient, train, supervise, and evaluate WIC paraprofessionals, volunteers, and clerical staff as assigned.
- Conducts and/or assists with in service education for staff and professional groups.
- Reviews, evaluates, and/or develops nutrition education materials.
- Participates in Program planning development and evaluation; works on assigned nutrition projects.
- Acts as a resource person for nutrition information.
- Assists with outreach and public relation activities.
- Participates in monitoring electronic charts, paper files, clinic activities, nutrition education, and counseling.
- Participates in continuing education activities; attends meetings, conferences, and workshops; keeps abreast of current nutrition research as it relates to the WIC Program and participants.
- Participates in staff conferences, meetings, in service training, and State meetings.
- Attends the Colorado WIC Lactation Management Training to become a WIC LMS.

WIC Educator

The WIC Educator delivers WIC services to participants by determining and documenting eligibility, issuing food benefits, maintaining participant and Program electronic records and paper files related to participant certification, interviewing, providing nutrition education with behavior change goals, and developing individual care plans based on a sound understanding of nutritional concepts.

The WIC Educator develops proficiency in providing the full range of WIC services to participants. Titles of these individuals might include Lead WIC Educator, Administrative WIC Educator, WIC Receptionist, WIC Technician, WIC Clerk, or WIC Program Assistant. Lead WIC Educators are typically assigned higher level duties such as training and supervising other staff.

The WIC Educator is expected to work under minimal supervision and to exercise independent judgment and a high degree of initiative within established procedures. The Educator works under the supervision of the WIC Director, WIC High Risk Counselor or designated WIC Supervisor.

Qualifications

- Because WIC is a nutrition program, the job of WIC Educator is ideally held by a Diet Technician (someone who has a two-year degree in nutrition science). Also highly desirable in this position is a Licensed Practical Nurse (LPN). All persons hired as a WIC Educator must complete the WIC Certification Program modules within defined timelines.
- *Education:* Minimum high school diploma or GED.
- *Experience:* Previous work experience with the public. WIC and/or public health experience and experience with low income participants is preferred.
- *Special Qualifications:* Bilingual (Spanish) desirable.

Knowledge, Skills and Abilities

A fully functioning WIC Educator will need all of the knowledge, skills, and abilities listed here. In hiring for the position, a supervisor should look for the first ten skills. The last six can be learned on the job.

- Knowledge of business English, spelling, and math.
- Knowledge of standard office practices and procedures.

- Knowledge of socio economic conditions of local community and social agencies.
- Ability to operate standard office equipment, including a computer.
- Ability to read and interpret a variety of complex rules, regulations, and other materials.
- Ability to prepare and maintain accurate and neat records.
- Ability to provide participant services to assigned caseload and complete paperwork within time limits.
- Ability to establish and maintain effective working relationships.
- Ability to communicate effectively orally and in writing.
- Ability to work with minimal supervision; ability to work as a team member.
- Ability to pass the WIC Certification Program with the required passing scores for Level I II and III.
- Ability to work with height/length, weight, and measuring devices.
- Ability to perform finger stick blood tests to determine hematocrit or hemoglobin levels.
- Knowledge of effective interviewing and counseling techniques.
- Knowledge of nutrition and nutritional concepts.
- Ability to promote breastfeeding as the optimal infant feeding choice while allowing participant choice.

Responsibilities/Duties

- Completes the WIC Certification Program within the timelines defined.
- Explains the Program to prospective participants; takes applications over the phone and in person; maintains waiting lists by priority and prescreening list, when necessary.
- Provides assistance in completing the certification process for people who have difficulty in speaking or writing.
- Schedules appointments with participants and follows up on participants who miss their appointments.
- Takes accurate health assessments at specified intervals involving heights, lengths, weights, and hematocrit or hemoglobin measurements; accurately enters this information into the Compass computer system and/or routes to appropriate person.
- Collects comprehensive diet information with a participant centered positive approach.
- Determines and documents complete Program eligibility; identifies all relevant risk factors; enrolls participants; reevaluates participants for continued Program eligibility.
- Determines and tailors food packages to individual needs; documents tailoring; and issues food benefits.
- Provides full explanation of the Program to participants to prevent and help resolve participant misuse; explains purpose of the WIC food package and the nutrients provided.
- Educates participants on the *Colorado WIC Program Food List & Shopping Guide*.
- Assesses need for and refers participants to appropriate health care and social service programs; makes individual referrals to health/social professionals and follows up referrals.
- Assists participants with individual nutrition education plans; dialogues with participants to identify appropriate behavior change goals; makes appropriate referrals; follows up and documents progress toward goals; reevaluates and establishes new goals; follows protocols.
- Identifies high risk participants according to the definition and makes appropriate referrals to the WIC High Risk Counselor.
- Provides information on the benefits of breastfeeding, aids in breastfeeding promotion in the clinic, offers praise for breastfeeding, conducts breastfeeding education classes and support groups (as able/necessary) and refers to WIC High Risk Counselor, **DBE, or Educator Advanced Lactation Credentials.**
- Maintains confidentiality of participants and ensures that participants are treated equally with respect, compassion, and empathy.
- Understands retailer requirements; documents participant and retailer requests or problems and resolves simple problems; refers more complex or repeated problems for resolution.
- Ensures all equipment is clean and maintained in working order and tested for accuracy at regular intervals.
- Orders and maintains adequate inventory of office supplies, clinical supplies, forms, educational pamphlets, eWIC card stock, and other materials for the clinic site.
- Participates in on-going training on the Compass computer system.
- Highly encouraged to attend the WIC Lactation Management Specialist Training to become a WIC LMS.

Local Agency Retailer Coordinator (LARC)

WIC contact person for the state office and for the WIC retailers regarding food delivery topics. Communicate with local retailers regarding current WIC policy and procedures. Complete retailer monitoring as

needed. Follow up with participants and store complaints and concerns. The Local Agency Retailer Coordinator (LARC) works under the supervision of the WIC Director, WIC High Risk Counselor or designated WIC Supervisor.

Qualifications

- **Education:** Minimum high school diploma or GED.
- **Experience:** Previous work experience with the public. WIC and/or public health experience and experience with low income participants is preferred. Experience with retail stores and/or cashier experience is helpful.

Knowledge, Skills and Abilities (See the complete listing of skills for the WIC Educator position)

- Ability to read and interpret the WIC retailer rules and regulations.
- Ability to prepare and maintain accurate and neat records.
- Ability to communicate effectively orally and in writing.
- Ability to assist with conflict resolution and confidentiality issues.
- Knowledge of effective counseling and education concepts and methods.
- Ability to establish and maintain effective working relationships.
- Ability to deliver orientation/training/monitoring sessions to various levels of retail staff.

Responsibilities/Duties

(See *Local Agency Retailer Coordinator (LARC) Roles and Responsibilities* in Section 1: Vendor and Farmer Management for detailed listing of local agency management of stores.)

- Sets up a process so that any staff member can record comments or problems. Keeping detailed, precise records is the key to effective coordination between the State, Local Agency and retailers.
- Conducts pre-authorization visits.
- Collects and maintains retailer reports from State WIC staff detailing WIC food benefit redemption, inventory and/or volume history. Assists with training and problem resolution, as needed, for the store.
- Completes training and orientation visit for all new WIC retailers, including shelf surveys.
- Conducts informal site visits and retailer monitoring visits using the Retailer Monitoring Report form.
 - Reviews WIC policy and procedures such as redeeming food benefits, the *Colorado WIC Food List & Shopping Guide*, stocking requirements, with the local agency, retailers, and participants as appropriate.
 - Develops processes for tracking and resolving retailer and participant complaints and/or problems.
 - Participates, as appropriate, in State WIC retailer coordination meetings and conference calls.
 - Provides written documentation supporting sanctions/disqualifications of participants and/or retailers if needed, including testifying at Fair Hearing Procedures.
 - Provide retailer coordination guidance to local agency staff.

Local Agency Outreach Coordinator

Publicizes the availability of the WIC Program, builds an outreach network, informs organizations in the outreach network about the WIC Program, and coordinates with other community resources to increase the WIC caseload. Outreach Coordinator works under the supervision of the WIC Director, WIC High Risk Counselor or designated WIC Supervisor.

Qualifications

- **Education:** (See the education and qualifications listed for all of the WIC positions)
- **Experience:** Previous work experience with the public. WIC and/or public health experience and experience with low income participants is preferred. Experience with other community programs and agencies plus work with various media is helpful.

Knowledge, Skills and Abilities (See the complete listing of skills for the WIC Educator, WIC High Risk Counselor.)

- Ability to coordinate and chair a committee.
- Ability to evaluate all possible outreach approaches and possible audiences.
- Ability to work with a variety of media.
- Ability to communicate effectively orally and in writing.

Responsibilities/Duties

- Coordinates outreach planning with the WIC Director, the WIC staff, an outreach committee or task force.
- Publicizes the availability of the WIC Program.
- Establishes an outreach network with community agencies/programs serving similar populations.
- Educates the agencies/organizations about the WIC Program and how possible participants can apply.
- Documents outreach activities, agencies contacted and the date of completion.
- Assists the LA WIC Director with updating the referral list in Compass.
- Under the direction of the LA WIC Director, performs duties associated with the WIC Referral System (WRS).

Local Agency Breastfeeding Coordinator

Every WIC agency in Colorado has a designated LA Breastfeeding Coordinator, although larger agencies may have a designated coordinator at each clinic. The Breastfeeding Coordinator is responsible for coordinating breastfeeding promotion and support activities for the agency or clinic in collaboration with the agency's WIC Director. The LA Breastfeeding Coordinator works under the supervision of the WIC Director, WIC High Risk Counselor or designated WIC Supervisor.

Qualifications

- *Education:* Minimally, has received at least 20 hours of training in breastfeeding promotion and support beyond the WIC Certification Program (e.g., breastfeeding workshops; WIC breastfeeding training, State WIC Meetings, LMS, CLC, CLE, or **IBCLC**).
- *Experience:* Previous work experience with the public and/or community programs. Breastfeeding experience is desirable, but not required.

Knowledge, Skills and Abilities (See complete listing of skills for the WIC Educator position.)

- Ability to disseminate and implement appropriate policies and guidelines that support and promote breastfeeding as the preferred method of infant feeding.
- Ability to collaborate with prenatal, well child, and family planning programs, hospitals, and/or other community health care providers to coordinate breastfeeding promotion and support activities.
- Ability to prepare and maintain accurate and neat records, and submit reports to the State Office in a timely manner.
- Ability to communicate effectively orally and in writing.

Responsibilities/Duties

- The clinic/agency environment is breastfeeding-friendly by implementing the following requirements:
 - Portray breastfeeding as the preferred infant-feeding method in a culturally and aesthetically appropriate manner.
 - Establish a positive attitude toward breastfeeding by clinic and agency staff.
 - Avoid use of printed and audiovisual materials and office supplies developed by formula manufacturers in any WIC clinic.
 - Store infant formula in areas not visible to the WIC participant.
 - Provide a supportive clinic environment in which women feel comfortable breastfeeding their infant.
 - Incorporate positive peer influence into the prenatal period through use of peer counselors, bulletin boards that display successful breastfeeding mothers and infants, or hosting sessions where pregnant women can talk with breastfeeding women, and/or scheduling pregnant and breastfeeding women at the same time.
 - Include participants' family and friends in breastfeeding education sessions.
 - Issue a formula package consistent with the mother's breastfeeding goals and the infant's nutritional needs.
- Systems/programs are in place to provide timely support services to breastfeeding women and infants. Activities may include:
 - Create procedures to ensure breastfeeding women and infants are certified within 7 to 10 days of delivery.
 - Coordinate in-services on assessing the breastfeeding dyad.
 - Collaborate with community programs/organizations to identify or develop systems of support (e.g., La Leche League, local hospital lactation programs, home visitation program, public health nursing).
 - Coordinate a telephone follow-up program.

- Regularly assess agency needs for breast pumps and supplies and, in collaboration with WIC Director, completes breast pump and supply order form.
- Review policies and procedures for issuing breast pumps and supplies with all staff periodically.
- Use breastfeeding reports to identify common reasons women cease breastfeeding and develop strategies to address barriers.
- Track breastfeeding rates for the agency/clinic.
- Participate in Breastfeeding Coordinator conference calls, meetings, and other activities with the state breastfeeding coordinator.
- Ensures all staff members are competent in providing breastfeeding education and support. Activities may include:
 - Orient new employees on the agency's breastfeeding activities and services, WIC policies and procedures, and the Program's breastfeeding goals.
 - Assess staff training needs and coordinate training opportunities as appropriate, including referring staff to complete the LMS training program.
 - Plan and implement breastfeeding continuing education for staff annually.
 - Review participant breastfeeding education materials and staff training materials annually to ensure they are up-to-date and accessible to staff.
 - Apprise staff of changes in WIC breastfeeding policies, procedures, or recommendations. Review tailoring of the breastfeeding infant food package with staff on a regular basis.
 - Work with the LA Director to include questions in the interview process for prospective employee's ability to provide breastfeeding education as well as in the annual evaluation process of the employee.
 - Serve as a breastfeeding resource person for staff (e.g., is well versed in Colorado WIC breastfeeding policies and procedures, maintains local agency/clinic breastfeeding library [books and videos], and materials needed to complete the Breastfeeding Module).
 - Coach staff to build their skills in providing breastfeeding education and support.
- The clinic/agency staff actively promotes and supports breastfeeding to the WIC population and community. Activities may include:
 - Coordinate activities to celebrate WIC National Breastfeeding Week.
 - Present to local organizations and health care programs on the services provided by WIC emphasizing breastfeeding education and support services.
 - Participate in the local breastfeeding task force or possibly initiate the development of a task force if one does not exist.
 - Submit breastfeeding articles and public service announcements to local media.

WIC Educator Lactation Management Specialist (Educator LMS)/WIC Educator Advanced Lactation Credentials

This is an enhanced role for a WIC Educator who has received higher level breastfeeding education through the Colorado WIC Lactation Management Specialist (LMS) training and/or advanced lactation credentials (CLC, CLE or IBCLC) and has developed their expertise. The following roles and responsibilities are within the scope of practice for an Educator LMS and/or Educator Advanced Lactation Credentials:

Qualifications

- Meets qualifications of a WIC Educator.
- **Education:**
 - Educator LMS - Minimally, has participated in the Colorado WIC LMS training.
 - Educator Advanced Lactation Credentials - Minimally, has obtained advanced lactation credential (CLC, CLE, or IBCLC) from an accredited program including completing course work, passing an exam and maintaining the credential as required by the accrediting body (e.g., continuing education credits, fees).
- **Experience:** Previous work experience with the public and/or community programs.

Knowledge, Skills and Abilities (see WIC Educator role for complete listing)

- Ability to disseminate and implement appropriate policies and guidelines that support and promote breastfeeding as the preferred method of infant feeding.
- Ability to review evidence-based literature and apply to practice.

- Ability to pass the LMS or CLC, CLE, or IBCLC exam at the completion of the training [and pass two required LMS observations (unless already CLC, CLE or IBCLC certified)].

Responsibilities/Duties

- Assesses and provides counseling on common and complex breastfeeding problems.
- Performs the counseling expectations described in the “Breastfeeding Complications or Potential Complications (602/603)” content in the *High and Low Risk Protocol* policy.
 - Note: Educator LMS should refer participants with breastfeeding complications to the WIC High Risk Counselor, DBE, or Educator **Advanced Lactation Credentials** (required within two weeks for NRF 602/603), IBCLCs, and hospital lactation staff or to participant’s medical provider as necessary.
- Provides prenatal anticipatory guidance [responding to concerns and issues about breastfeeding; such as, reinforcing that it takes about a month to establish milk supply; no formula first month; what to request in the hospital (Baby-Friendly Hospital Initiative’s Ten Steps to Successful Breastfeeding), issues returning to work or school; hand expression; breastfeeding resources in community].
- Responds to participant breastfeeding questions, providing information on the benefits of breastfeeding, offering praise for breastfeeding, and aids in breastfeeding promotion activities in the clinic.
- Assesses need, coordinates and loans/issues breast pumps and supplies, instructs on pump use and milk collection/storage.

Optional Functions

- Teaching participant breastfeeding classes and/or leading breastfeeding support groups.
- Providing support calls to mothers prenatally or early postpartum to offer encouragement and respond to questions, including after pump issuance.
- Recommending breast shells, breast pads, and other breastfeeding aids.

WIC High Risk Counselor Lactation Management Specialist (LMS)/WIC High Risk Counselor Advanced Lactation Credentials

All WIC High Risk Counselors are required to participate in a training to be able to function as a lactation management specialist (LMS). WIC High Risk Counselors may also obtain advanced lactation credentials (CLC, CLE, IBCLC) to further their expertise and support for participants. The following roles and responsibilities are within the scope of practice for WIC High Risk Counselor LMS and/or WIC High Risk Counselor Advanced Lactation Credentials.

Qualifications

- Meets qualifications of WIC High Risk Counselor.
- **Education:**
 - High Risk Counselor LMS: Minimally, has participated in the Colorado WIC LMS training.
 - **High Risk Counselor Advanced Lactation Credentials** - Minimally, has obtained advanced lactation credential from an accredited program (CLC, CLE, IBCLC) including completing course work, passing an exam and maintaining the credential as required by the accrediting body (e.g., continuing education credits, fees).
- **Experience:** Previous work experience with the public and/or community programs.

Knowledge, Skills and Abilities

In addition to the following, see complete listing for WIC High Risk Counselors and educators in Local Staffing section, respectively.

- Ability to disseminate and implement appropriate policies and guidelines that support and promote breastfeeding as the preferred method of infant feeding.
- Ability to review evidence based literature and apply to practice.
- High Risk Counselor LMS - Ability to pass the LMS exam at the completion of the training course. High Risk Counselor Advanced Lactation Credentials - Ability to pass the CLC, CLE, and/or IBCLC exam at the completion of the training course(s) and any required observations.

Responsibilities/Duties

- Mentors Educator LMS and BFPC LMS.
- Performs the counseling expectations described in the “Breastfeeding Complications or Potential Complications (602/603)” content in the *High and Low Risk Protocols* policy.
- Provides high risk follow up to a mother and infant within two weeks of risk assignment of NRF 602/603 if initial visit was with an Educator LMS.
- Provides prenatal anticipatory guidance (responding to concerns and issues about breastfeeding; reinforces that it takes about a month to establish milk supply; no formula first month; what to request in the hospital; issues for returning to work or school; hand expression; breastfeeding resources in community).
- Assesses need, coordinates and loans/issues breast pumps and supplies. Can delegate to Educator LMS or **Educator Advanced Lactation Credentials**.
- Makes referrals to health care providers, IBCLC or hospital lactation staff.
- Contacts participant’s health care provider to discuss concerns (e.g. medications and breast milk; formula supplementation prescriptions).
- Responds to participant breastfeeding questions.
- Recommends breast shells, breast pads, and other breastfeeding aids.
- Troubleshoots breastfeeding concerns such as inadequate milk supply (perceived or real) and solutions for engagement.

Optional Functions

- Teaching breastfeeding classes and/or leading support groups.
- Providing support calls to mothers prenatally or early postpartum to offer encouragement and respond to questions.

WIC Designated Breastfeeding Expert

The WIC Designated Breastfeeding Expert (DBE) has special training and experience helping mothers with complex breastfeeding problems that are outside the scope of practice of BFPCs and other WIC staff. The DBE operates within the policies and procedures of the WIC program and within the context of WIC’s role for breastfeeding support. Each LA operating a BFPC program is required to have access to a DBE to assist WIC participants with complex breastfeeding challenges in a timely manner. This role is typically fulfilled by the LA BFPC Coordinator.

Qualifications

- **Education:**
 - Is a Registered Dietitian, Nutritionist (Master’s or Bachelor’s degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), IBCLC, health care provider, registered nurse, physician’s assistants certified by the National Committee on Certification of Physician’s Assistants or has completed a minimum of 8 college courses from an Accredited Institution in the Health Sciences (suggested coursework includes, but is not limited to the following areas: Human Anatomy, Human Physiology, Biology, Infant Growth and Development, Nutrition, Counseling Skills, Sociology, Introduction to Clinical Research, etc.).
 - Successful completion of the FNS competency-based training for WIC Breastfeeding Curriculum (levels 1-4) or completion of a State-approved competency-based breastfeeding training that is consistent with the FNS WIC Breastfeeding Curriculum.
- **Experience:**
 - Experience working with low-income breastfeeding mothers and infants who experience complex breastfeeding challenges.
 - Minimum of one year of experience in counseling breastfeeding mother/infant dyads.
 - Experience providing breastfeeding training/education.

Knowledge, Skills and Abilities

A fully functioning DBE will have the following skills or be able to learn them on the job.

- Knowledge of socio-economic conditions of the local community.
- Critical thinking and problem solving.
- Breastfeeding Assessment and Care Plan Development.

- Ability to clearly communicate complex care plans to the WIC breastfeeding team, as appropriate.

Responsibilities/Duties

The WIC DBE duties include, but are not limited to:

- Acts on referrals from BFPCs regarding complex breastfeeding challenges beyond their scope of practice.
- Assesses, contributes towards the development of a care plan and counsels the mother/infant dyad with complex breastfeeding challenges.
- Performing the counseling expectations described in the “Breastfeeding Complications or Potential Complications (602/603)” content in the *High and Low Risk Protocols* policy.
- Communicates care plan to the rest of the WIC breastfeeding team, as appropriate.
- Refers participants to health care providers for further assessment and medical care when needed.
- Refers to hospital lactation staff and community breastfeeding support resources, as necessary.
- Assesses need, coordinating and loaning/issuing breast pumps and supplies. Can delegate to Educators or High Risk Counselors who are LMSs or have advanced lactation credentials.
- Recommending breast shells, breast pads, and other breastfeeding aids and administering/overseeing supplemental nursing systems (SNS) as necessary.
- Mentors all other WIC staff, specifically Educator LMS, BFPC LMS and High Risk Counselor LMS.
- Maintains lactation credentials and certifications.

Optional Functions

- Teaching breastfeeding classes and/or leading support groups.
- Providing breastfeeding trainings for WIC staff and serving as a resource and mentor.
- Promoting breastfeeding within the community.

WIC Designated Breastfeeding Expert IBCLC

The WIC Designated Breastfeeding Expert IBCLC (WIC DBE-IBCLC) has special training and expertise assisting participants with complex breastfeeding problems. This position requires completion of both DBE requirements and IBCLC credential. This position is optional and can be combined with other WIC staffing roles, or as its own position within the LA.

Qualifications

- Meets qualifications of WIC DBE.
- **Education:**
 - Minimally, has obtained and maintained the International Board Certified Lactation Consultant (IBCLC) credential as provided by and verified by the International Board of Lactation Consultant Examiners (IBLCE).
 - Successful completion of the FNS competency-based training for WIC Breastfeeding Curriculum (levels 1-4) or completion of a State-approved competency-based breastfeeding training that is consistent with the FNS WIC Breastfeeding Curriculum.
 - Maintains consistent continuing education credits and stays up to date on best practices related to lactation.
- **Experience:**
 - Advanced experience assisting families with complex breastfeeding challenges.
 - Experience working with low-income breastfeeding mothers and infants who experience complex breastfeeding challenges.
 - Minimum of one year of experience in counseling breastfeeding mother/infant dyads.
 - Experience providing breastfeeding training/education to colleagues, health care professionals, and the general public.

Knowledge, Skills and Abilities

A fully functioning WIC DBE-IBCLC will have the following skills or be able to learn them on the job.

- Knowledge of socio-economic conditions of the local community.
- Critical thinking and problem solving.
- Breastfeeding Assessment and Care Plan Development.
- Ability to clearly communicate complex care plans to the WIC breastfeeding team, as appropriate.

Responsibilities/Duties

The WIC DBE-IBCLC duties include, but are not limited to:

- Acts as the breastfeeding expert for the agency, responding to referrals from WIC staff and BFPCs regarding complex breastfeeding challenges beyond their scope of practice.
- Troubleshoots breastfeeding concerns such as inadequate milk supply (perceived or real) and solutions for engorgement.
- Assesses, contributes towards the development of a care plan and counsels the mother/infant dyad with complex breastfeeding challenges.
- Performs the counseling expectations described in the “Breastfeeding Complications or Potential Complications (602/603)” content in the *High and Low Risk Protocols* policy.
- Communicates care plan to the rest of the WIC breastfeeding team, as appropriate.
- Contacts participant’s health care provider to discuss concerns (e.g. medications and breast milk; formula supplementation prescriptions).
- Refers to hospital lactation staff and community breastfeeding support resources, as necessary.
- Provides prenatal support and guidance (responds to advanced concerns and issues about breastfeeding; addresses potential physiological challenges that would inhibit/limit breastfeeding; sets expectations for birth and early postpartum, including support to request at the hospital).
- Assesses need, coordinates and loans/issues breast pumps and supplies. Can delegate to Educator/High Risk Counselor LMS.
- Recommends breast shells, breast pads, and other breastfeeding aids and administers/oversees supplemental nursing systems (SNS) as necessary.
- Mentors all other WIC staff, specifically Educator LMS, BFPC LMS and High Risk Counselor LMS.
- Maintains IBCLC credentials and obtains appropriate continuing education credits through training opportunities annually.

Optional Functions

- Teaching breastfeeding classes and/or leading support groups.
- Providing breastfeeding trainings for WIC staff.
- Promoting breastfeeding within the community, especially outreach with health care providers.
- Providing support calls to mothers prenatally or early postpartum to offer encouragement and respond to questions.

Breastfeeding Peer Counselor Program Coordinator

The WIC Breastfeeding Peer Counseling (BFPC) Program Coordinator manages the BFPC Program at the local agency level and works under the direction of the LA WIC Director.

Qualifications

- **Education:**
 - Minimum high school diploma or GED and advanced lactation credentials, such as Certified Lactation Counselor (CLC) or Certified Lactation Educator (CLE). IBCLC preferred.
 - Successful completion of the FNS competency-based training for WIC Breastfeeding Curriculum (levels 1-4) or completion of a State-approved competency-based breastfeeding training that is consistent with the FNS WIC Breastfeeding Curriculum.
 - Successful completion of the FNS *WIC Breastfeeding Curriculum: Peer Counseling Management* training.
- **Experience:**
 - Previous work experience with the public. WIC and/or public health experience and experience with low-income participants is preferred.
 - Has a minimum of one-year experience counseling breastfeeding women.
 - Has experience in program management.
 - Has demonstrated experience in supervision.
 - Has demonstrated expertise in breastfeeding management and promotion.

Knowledge, Skills and Abilities

A fully functioning breastfeeding peer counselor program supervisor/coordinator will have the following skills or be able to learn them on the job.

- Knowledge of socio-economic conditions of the local community.
- Ability to read and interpret a variety of materials.
- Ability to prepare and maintain accurate, neat records.
- Abilities to provide services to the assigned caseload and complete paperwork within time limits.
- Ability to establish and maintain effective working relationships.
- Ability to communicate effectively orally and in brief writing.
- Ability to work as a team member.
- Ability to complete WIC and breastfeeding information modules.

Responsibilities/Duties

The LA BFPC Coordinator duties include, but are not limited to:

- Assists in establishing program goals and objectives.
- Assists in establishing BFPC program protocols and policies.
- Assures that the BFPC program follows the FNS WIC Breastfeeding Model Components for Peer Counseling.
- Determines BFPC program staffing needs.
- Recruits and interviews potential BFPCs in alignment with program policies and standards.
- Arranges training of BFPCs.
- Mentor new BFPCs during the first three months and provide ongoing supervision
- Holds monthly meetings with BFPCs.
- Reviews documentation records and data as appropriate.
- Monitors the program, including conducting spot checks.
- Routinely reports on the program to supervisor and State BFPC Program Coordinator.
- Works with other BFPC supervisors (if available) to assess for ongoing improvements to the program that may be needed.
- Arranges for availability of WIC Designated Breastfeeding Expert (DBE) for managing complex breastfeeding problems beyond the scope of the peer counselor. (Note: May also serve as the LA's DBE.)

Breastfeeding Peer Counselor

The WIC Breastfeeding Peer Counselor (BFPC) is a paraprofessional support person who provides basic breastfeeding information and encouragement to pregnant and breastfeeding WIC participants who are pregnant or breastfeeding. The BFPC is required to document contacts and make referrals to lactation experts when concerns are beyond their scope of practice.

Note: New hires should not have professional training in health, nutrition, or the clinical management of breastfeeding (e.g. CLC, CLE or IBCLC).

Supervision

WIC BFPCs work under the supervision of the LA BFPC Program Coordinator or WIC Director.

Qualifications

To ensure that the BFPC relates with a WIC mother, the position qualifications are:

- Has breastfed at least one baby for at least 6 months (does not have to be currently breastfeeding).
- Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
- Bilingual (Spanish/English) preferred but not required.
- Can work a set number of hours a week (as established by the local agency) and is available to WIC participants outside usual clinic hours.
- Completes the FNS WIC Breastfeeding Curriculum training for BFPCs and all required orientation activities.

Knowledge, Skill and Abilities

A fully functioning BFPC already has the following skills and/or learns them on the job.

- Knowledge of socio-economic conditions of the local community.
- Ability to read and interpret a variety of materials.
- Ability to prepare and maintain accurate, neat records.
- Abilities to provide services to the assigned caseload and complete paperwork within time limits.
- Ability to establish and maintain effective working relationships.
- Ability to communicate effectively orally and in writing.

- Ability to work as a team member.
- Ability to complete WIC and breastfeeding information modules.

Responsibilities/Duties

- Counsels pregnant and breastfeeding WIC participants through phone calls, text messaging, clinic visits, home visits, and/or hospital visits at scheduled intervals determined by the LA.
- Receives a caseload of pregnant and breastfeeding WIC participants and makes routine periodic contacts.
- Provides basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. Helps mothers prevent and handle common breastfeeding concerns.
- May be available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
- Maintains confidentiality.
- Keeps accurate records of all contacts made with WIC participants.
- Refers mothers, according to clinic-established protocols, to appropriate resources:
 - WIC BFPC Coordinator, **DBE**, High Risk Counselor, **Educator Advanced Lactation Credentials**, or Educator LMS.
 - Lactation consultant.
 - Health care providers.
 - Public health programs in the community.
 - Social service agencies.
- Attends and assists with prenatal classes and breastfeeding support groups.
- Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
- Reads assigned books and materials on breastfeeding that are provided by the supervisor.
- May assist WIC staff in promoting the BFPC program through special projects and duties as assigned.

Breastfeeding Peer Counselor Lactation Management Specialist (BFPC LMS)

This is an enhanced role for Breastfeeding Peer Counselors (BFPCs) who have expertise in breastfeeding counseling and management through previous experience as a BFPC and additional lactation training (e.g. Colorado WIC's LMS training) and who can maintain their role as a peer connecting with a peer. This enhanced role is not necessarily available to any peer who has attended the LMS training. Supervisors must consider each BFPC individually (knowledge, skill, desire, etc.) to assess if they fit the criteria and can continue to be a BFPC while having this additional knowledge.

Note:

- BFPCs must have at least 12 months of work experience in the role in order to attend the LMS training. This requirement can be flexed per the discretion of the LA BFPC Coordinator.
- BFPCs should not be in the role of educator or teacher. BFPCs should be considered part of the team for the care of the mother/baby and should know when to yield to the WIC BFPC Coordinator, **DBE**, High Risk Counselor, **Educator Advanced Lactation Credentials**, or Educator LMS.

Qualifications

- Meets qualifications of a WIC BFPC.
- *Education:* Minimally, has participated in the Colorado WIC Lactation Management Specialist (LMS) training.

Knowledge, Skills and Abilities

In addition to the following, see complete listing for BFPC.

- Ability to pass the LMS exam at the completion of the training and pass two required LMS observations.

Responsibilities/Duties

- Provides prenatal anticipatory guidance [responding to concerns and issues about breastfeeding; such as, reinforcing that it takes about a month to establish milk supply; no formula first month; what to request in the hospital (Baby-Friendly Hospital Initiative's Ten Steps to Successful Breastfeeding), issues returning to work or school; hand expression; breastfeeding resources in community].
- Provides support calls to mothers prenatally or early postpartum to offer encouragement and respond to questions.

Local WIC Agency Application Process

Policy: The State Agency evaluates and selects Local Agencies based on the selection criteria outlined in the application, available budget, and cost effectiveness of proposed local agency operations. New Local Agencies must complete the application and be approved before contracting or receiving funding from the State Agency program. Local Agencies enter into agreements with the State Agency annually.

Regulation: CFR 246.4(a)(5)(i) and (7) and 246.5

Procedure/Guidance:

After the receipt of a complete application, the State agency shall notify the applicant agency in writing of the approval or disapproval of its application. When an application is disapproved, the State agency shall advise the applicant agency of the reasons for disapproval and of the right to appeal as set forth in § 246.18. When an agency submits an application and there are no funds to serve the area, the applicant agency shall be notified that there are currently no funds available for Program initiation or expansion. The State agency may fund more than one local agency to serve the same area or special population as long as more than one local agency is necessary to serve the full extent of need in that area or special population.

The State Agency must, when seeking new local agencies, publish a notice in the local media (unless it has received an application from a local public or nonprofit private health agency that can provide adequate services). The notice will include a brief explanation of the Program, a description of the local agency priority system, and a request that potential local agencies notify the State agency of their interest. In addition, the State agency will contact all potential local agencies to make sure they are aware of the opportunity to apply. If an application is not submitted within 30 days, the State agency may then select a local agency in another area. If sufficient funds are available, a State agency will give notice and consider applications outside the local area at the same time.

The State Agency may conduct periodic reviews of the qualifications of authorized local agencies under its jurisdiction. Based upon the results of such reviews the State Agency may make appropriate adjustments among the participating local agencies, including the disqualification of a local agency when the State agency determines that another local agency can operate the Program more effectively and efficiently. In conducting such reviews, the State Agency shall consider the factors listed in regulation in addition to whatever criteria it may develop. The State Agency may require reapplication by Local Agencies at any time as necessary due to operational, budgetary, or policy requirements.



Local Agency WIC Application

Name of agency: _____

Address: _____

Phone: _____ FAX: _____

Type of agency: Public Private, non-profit other (specify)

Geographic area served: _____

Official responsible for WIC:

Name: _____

Title: _____

Address: _____

Phone: _____ FAX: _____

Email Address: _____

Contact Person:

Name: _____

Title: _____

Address: _____

Phone: _____ FAX: _____

Email Address: _____

Please complete and return this application (including pages that follow) to the State WIC Office:

WIC Program Director
Colorado WIC Program
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
Phone: 303-692-2400
FAX: 303-756-9926



The Colorado State WIC Agency selects local agencies in accordance with the following system, which is based on the availability of health and administrative services:

1. First consideration shall be given to a public or a private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care, and administrative services.
2. Second consideration shall be given to a public or a private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care, or administrative services.
3. Third consideration shall be given to a public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category or participants (women, infants, or children).
4. Fourth consideration shall be given to a public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.
5. Fifth consideration shall be given to a public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.

Indicate below which of the five classifications best describes your agency.

_____ 1 _____ 2 _____ 3 _____ 4 _____ 5

Please describe in detail how your agency fits the classification indicated above. In your narrative include details with respect to how ongoing, routine pediatric and obstetric care is provided. If agreements are involved with an outside agency (agencies), please include copies of those agreements:



Proposed Health Services Provided

With respect to your agency, complete the following information:

Staffing Pattern:

Are staff in any of the following areas available in your agency? Give total numbers.

- Physicians
- Nutritionists/Dietitians
- Registered Nurses
- Health Educators

Comments:

Health Services Offered:

Which of the following health services are offered by your agency?

- Physician Services
- Nursing Services
- Home Health Services
- Nutrition Education
- Dental Services
- Occupational Therapy
- Physical Therapy
- Pharmacy
- Social Services
- Family Planning
- Other (specify)

Comments:

Types of Clinics:

Which of the following health clinics are offered by your agency?

- Prenatal*
- Well Child*
- EPSDT
- Family Planning
- Immunization
- Other (specify)

Comments:

***If these services are not available in your agency, who do you refer to for ongoing care?**



Which of the following are available for use by the proposed WIC clinic?

	Available	Needed
Equipment for measuring height and weight	_____	_____
Equipment for determining hematocrits	_____	_____

Is there private, secure space available in close proximity to the proposed WIC clinic where heights, weights, and hematocrits can be performed?

_____ Yes _____ No

Give numbers served per month for health or human services by your agency (if new agency, provide estimates)?

- _____ Pregnant Adults
- _____ Pregnant Teenagers
- _____ Breastfeeding Women
- _____ Infants under 1 year
- _____ Children 1 to 5 years

What income guidelines do you use for determining eligibility for health services by your agency?

Equal Opportunity Requirement:

WIC is an equal opportunity provider and employer. USDA specifically prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in the WIC Program; however, all qualified people are expected to have equal access to the WIC Program. WIC provides services without regard to residency status, including services to undocumented persons. WIC also provides services to those with limited or no fluency in English.

Does your agency have any policies that restrict services to people on the basis of characteristics or classes to which the person may belong (list details of any restrictions)?

Will your agency adhere to the USDA equal opportunity statement listed above? (If no, please explain.)

Confidentiality Requirement:

USDA has a very strict policy with respect to confidentiality of all WIC participant data, including the identity of participants on the Program. Generally, WIC information may not be shared even between programs within an agency (there are some limited exceptions). Can your agency guarantee that WIC participant data will be held confidential? Can your agency maintain access to the internet? If no, please explain any limitations.

Do you currently have any discrimination or civil rights complaints filed against your agency?

Does your agency provide translation services for people who cannot speak English (provide details of how translation is provided and for what languages)?



Service Area Information

Note: Information to complete the following questions can be found on a number of web sites using census tract data. Most data can be found on the Colorado Health Information Dataset (CoHID) web site listed below.

Estimated Population of service area: _____

Number of low income individuals in service area population (<185% poverty level): _____

Service Area Data

Morbidity/Mortality (if available)

Infant Mortality Rate: _____

Maternal Mortality Rate: _____

Pregnancy

Rate of Pregnancy (*total annual pregnancies per 1,000 women aged 15-44 years*): _____

Number of Teenage Pregnancies: _____

Incidence of (if available):

_____ Premature Infants

_____ Low Birth Weight

_____ Nutritional Anemia

Racial Composition of the Population

_____ % White

_____ % Black

_____ % American Indian/Alaskan Native

_____ % Asian or Pacific Islander

Ethnic Composition of the Population

_____ % Hispanic

_____ % Non-Hispanic

Estimated WIC Caseload that would be served

Pregnant women: _____

Breastfeeding women: _____

Postpartum, Non-breastfeeding Women _____

Infants _____

Children _____

Total Estimated _____

Local Resources

The following are web sites which may help with completing information about the local agency service area. The first site listed, CoHID, can provide most of the health information necessary to complete this application.

The Colorado Health Information Dataset (CoHID) gives information on population, mortality/ morbidity, fertility rates, prematurity/low birth weights. <http://www.chd.dphe.state.co.us/cohid/Default.aspx>

Colorado Department of Public Health and Environment home page: <https://www.colorado.gov/cdphe>

Most recent birth and death statistics from the Colorado Department of Public Health and Environment: <http://www.chd.dphe.state.co.us/DataRequestSystem/Default.aspx>

Maternal and Child Health County Datasets from the Colorado Department of Public Health and Environment: <http://www.chd.dphe.state.co.us/DataRequestSystem/Default.aspx>

Colorado Division of Local Affairs contains population estimates and US Census data: www.dola.state.co.us/index.htm

Colorado Health and Hospital Association provides information related to all hospitalizations in the state: www.cha.com/

National Resources

United States Census home page: www.census.gov

National Behavioral Risk Factor Surveillance System dataset: <http://www.cdc.gov/brfss/>

National Center for Health Statistics contains information on births, deaths and other vital statistics: www.cdc.gov/nchs

Healthy People 2020 information and data: www.health.gov/healthypeople

Combined Health Information Database (CHID): <https://phpartners.org/tutorial/02-her/2-sources/2.2.10.html>



WIC Local Agency/Clinic Information

Describe number of clinic sites and clinic space to be used:

Is the space used for the clinic(s) handicap accessible?

What hours of operation are anticipated for each clinic?

What telephone services will be available to each clinic (include information on number of telephones, voice mail, whether the phones will be answered through an operator or call directly into the clinic, and availability of a direct line for data transfer between the local clinic and State WIC)?

Will a photocopier, scanner and fax machine be available for use by WIC staff? Where are they located in proximity to the WIC clinic(s)?

What office equipment will be provided by the local agency (including desks, file cabinets, and waiting room chairs)?

What kind of LAN (local area network) computer system does your agency have? Is the proposed WIC site wired for LAN connectivity?

Describe the proposed staffing for the WIC clinic(s) including number, qualifications, and WIC FTE of WIC staff (the State WIC Office can provide characteristic levels of staff and staff/participant ratios).

Who would supervise the WIC staff? Is this person an RD (Registered Dietician), BSN/RN (Registered Nurse), or MD (Medical Doctor)?

Do you currently have, or have you ever had, a contract with the Colorado Department of Public Health and Environment?



ADDITIONAL INFORMATION

Add any additional information/comments that may facilitate review of this application:

Return this completed application, an organization chart of your agency, and a proposed budget to:

WIC Program Director
Nutrition Services - WIC Program
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
Phone: 303-692-2400
FAX: 303-756-9926

Date

Signature of Local Official Responsible for WIC

Budget

Please complete the enclosed budget form and return it to the State WIC Office with the Application.

Funding for operation of a local agency WIC clinic(s) is disseminated by a funding formula that uses WIC caseload served, percentage of high risk participants, participant turnover rates, local agency salaries, travel and economies of scale (in the case of new agencies projections may be used). Some start up money may be available during the initial startup period to fund one-time expenses such as equipment, office furniture, and WIC computer system installation. The purpose of this budget is to determine fiscal feasibility of the prospective WIC clinic(s).

Budget Instructions

Personnel Summary

See Colorado WIC Program Manual for job descriptions for WIC personnel. At a minimum a WIC clinic must have professional (RD/RN) and paraprofessional staff (WIC Educator).

- Agency Name - Enter your agency's name on each page.
- Enter estimated WIC caseload.
- Budget Period - Budget for 12 months.
- Personnel Services - List position, 12-month salary, fringe benefits, and the FTE that each employee works for WIC. (FTE is based on a 40-hour work week. If your agency works a 35-hour week and a person is full time WIC, then the FTE would be 35 divided by 40, equaling .875. Or if your agency works a 37.5-hour work week and a person is half time WIC, then the FTE would be 18.75 (half of 37.5) divided by 40, equaling .469).
- Personnel Contractual/Fee for Service (if applicable) - Include position, hours worked, rate-per-hour for personnel contracted to provide WIC services).
- Total Personnel Services - Total the columns.
- Complete the bottom table of total FTE for professional, paraprofessional, and other including ratio of clients to staff (Estimated WIC Caseload divided by each FTE).

Operating Expenses

- Office supplies - Fill in amount estimated for general office supplies (paper, pens, pencils, etc.).
- Expendable Medical - Fill in estimated amount for consumable medical supplies (disposable lancets, gloves, capillary tubes, etc.).
- Participant Education Materials - Estimated expenses should be at least \$0.45 per estimated participant.
- Estimated Copier and Printing Costs.
- Estimated Postage Costs.
- Estimated Phone Costs.
- Estimated Travel Costs. Description of travel costs is required including destinations, purpose of travel and cost.
- Staff Training and Education Costs.
- Other - Describe any other expenses that do not fit into the other categories.
- Total Operating Costs - Total items 8 through 16.

Overhead

- Building/Facility Costs - Show rent and other building related costs (utilities, maintenance, etc.) if not included in your indirect rate.
- Administrative/Indirect Cost (if applicable) - Local health departments must provide your current approved CDPHE indirect cost rate and check the appropriate line for which the rate applies.

The maximum allowable indirect rates are:

- 25% Based on Total Direct Costs
- 27% Based on Salary and Fringe Only
- 30% If Billing Only Salary and Fringe



- Total Project Costs - Total lines 6, 17, 18 & 19
- Source of Funding for “Applicant and Other” - List the source of funds for “applicant and other” (i.e., County General Fund).

Equipment Justification

- List all equipment that would be requested to be purchased by the State WIC Office including estimated costs.

Floor Plan

- Attach a floor plan of the WIC office(s) including area used to perform heights, weights, and hematocrits. Show placement of furniture and other equipment. Indicate which furniture and equipment will be provided by the local agency and which will be requested from WIC. Include the dimensions of the rooms.



Budget Instructions- Preliminary Budget

Personnel Summary

1. Agency Name: _____

2. Estimated Caseload: _____

3. Budget for the period _____ to _____ WIC Position	12-Month Salary for WIC Hours (dollars)	12-Month Fringe for WIC Hours (dollars)	Total Dollars Required	FTE for WIC
4. Personnel:				
5. Contractual/Fee-for-Service				
6. Total Personnel Expenses				
			FTE	Caseload/FTE
7. Total Professional FTE (RD/RN)				
Total Paraprofessional FTE (WIC Educators & Clerks)				
Total Other/Administrative FTE				



Total FTE				
-----------	--	--	--	--

Operating Expenses

Agency Name: _____

Operating Expenses	Total Amount Required (dollars)
8. Estimated Office Supplies (pens, pencils, Paper, etc.)	
9. Estimated Expendable Medical (lancets, cotton, gloves, etc.)	
10. Estimated Participant Education Materials (justify any major expenses)	
11. Estimated Copier and Printing Costs	
12. Estimated Postage Costs	
13. Estimated Phone Costs	
14. Estimated Travel Costs (must attach description & justification of travel costs)	
15. Staff Training and Education Costs	



16. Other (must attach description and justification of each item)	
17. TOTAL EXPENSES	

Overhead Expenses

Agency Name: _____

Overhead Expenses	Total Amount Required (dollars)
18. Building/Facility Costs	
19. Estimated Copier and Printing Costs	
<p>Indirect Cost Rate _____%</p> <p>CDPHE Approved? _____ Yes _____ No</p>	



Rate applied to: Total Direct Costs _____ Salary & Fringe _____ Salary _____ Billing for only Salary & Fringe _____	
20. Total Project Costs	

21. Sources of funding for project other than WIC (list sources of funding and amount to be received from each).

Equipment Justification

Agency Name: _____

List all equipment requested to be purchased by the State WIC Office including estimated costs.

Equipment & Justifications	Cost



TOTAL COST	



Floor Plan

Agency Name: _____

Complete a floor plan of the WIC clinic including area to be used for height, weight and hematocrit measurements. Show placement of furniture and other equipment. Include dimensions of rooms.

Measuring Equipment Maintenance and Calibration

Policy: Local agencies are responsible for equipment maintenance and calibration and are required to maintain equipment maintenance and calibration logs in a central file.

Regulation: USDA Nutrition Services Standard 2A6

Procedure/Additional Guidance:

Scales and Measuring Boards

Perform daily maintenance of scales as follows:

- Place scales on a hard, non-carpet surface. If the area is carpeted, place the scale on a piece of plywood or a standing base.
- Before weighing every participant, check that the scale balance is at zero, by moving the ounce and pound weights to zero until the arm rests in the center. Check digital scales to ensure zero reading. If scales do not balance at zero, notify supervisor for scale to be serviced.
- Clean scales with disinfectant as needed. Check for wear and broken or faulty parts. Avoid using the scales until repairs have been completed.
- Clean scales with disinfectant as needed. Check for wear and broken or faulty parts. Avoid using the scales until repairs have been completed.

Perform yearly maintenance of scales as follows:

- Inspection: Scales must be inspected yearly. The scales may be inspected by properly trained staff who are following manufactures instructions, the scales may be inspected by the Colorado Department of Agriculture (CDA) or a private company.
 - CDA inspection fees are dependent on the type of scale tested and can be \$35, \$50, or \$65 per scale. To locate an inspector in your area, contact the Measurement Standards Office 303-869-9101.
 - If scales pass inspection by CDA, an approval sticker will be dated and placed directly on your scale.
 - If scales do not pass inspection by CDA, a blue Work Order sticker will be placed on your scale. Avoid using the scales until repairs have been completed.
- Calibration: If based on the inspection, the scale needs calibration, local agencies may calibrate scales per manufacturer instructions. Staff doing calibration must be properly trained and follow the manufacturer's instructions. If the CDA determines calibration is needed, a list of companies that can calibrate the scale will be given to the local agency. The CDA does not calibrate scales.
- Record repairs, replacements, and yearly inspections on the maintenance log for each scale.

Perform daily maintenance of measuring boards as follows:

- Clean measuring boards with disinfectant as needed.
- Check for wear and broken or faulty parts. Avoid using measuring board until repairs have been completed.

Perform yearly maintenance of measuring boards to check all boards for accuracy as follows:

- Use a metal measuring tape to check for slippage on wall mounted boards; and
- Check the right angle on head and foot boards.
- Record repairs, replacements, and yearly inspections on the maintenance log for each measuring board.

Hemoglobin Analyzers

Perform maintenance of hemoglobin analyzers as follows:

- Clean hemoglobin analyzers, per the manufacturer's directions detailed in the user's guide. Local agencies may determine the frequency of cleaning based on the volume of tests performed. Examples: clean analyzer monthly if < 20 tests per month; clean weekly if > 150 tests per monthly, etc.
- Record all repairs or replacements on the maintenance log for each hemoglobin analyzer.

Nutrition Education Plan

Policy: Each Local WIC Agency must develop an annual Nutrition Education Plan (NEP) that is consistent with the nutrition education component of the State WIC Agency's Nutrition Education Annual Plan.

Regulation: 7 CFR 246.11 (d) (2)

Procedure/Additional Guidance:

The *Colorado WIC Local Agency Nutrition Education Plan Workbook* provides an overview and general planning guidance. The Workbook serves as an additional resource for LA WIC Directors and is especially helpful for those new to this annual planning process.

The Nutrition Education Planning process involves:

1. Conducting a needs assessment
2. Identifying goals based on identified needs
3. Developing measurable objectives to meet the goals
4. Developing an intervention plan including Identifying strategies, tasks and timelines
5. Developing an evaluation plan
6. Evaluating the Nutrition Education Plan from the previous year

The State Office will provide sample Nutrition Education Plan templates for each year's specific focus areas for local agency consideration in development of Nutrition Education Plans. Whether and how they are used is up to the local agency. An agency may insert agency-specific information in a chosen template or can modify the template to accommodate their own plan.

Timelines:

- **July 1:** The state office sends Nutrition Education Plan instructions and specific annual objectives to local agencies
- **September 1:** The local agency submits their agency's completed Nutrition Education Plan to their Nutrition Consultant
- **September 1 - 30:** The Nutrition Consultant provides feedback on the agency's Nutrition Education Plan
- **September 30:** The Nutrition Consultant approves the agency's final Nutrition Education Plan
- **October 1:** The local agency begins implementation of the Nutrition Education Plan
- **October 31:** The local agency submits an evaluation of their previous year's Nutrition Education Plan to their Nutrition Consultant
- **November 30:** The Nutrition Consultant approves the evaluation of the previous year's Nutrition Education Plan



COLORADO WIC PROGRAM
LOCAL AGENCY NUTRITION EDUCATION PLAN
WORKBOOK



Workbook Table of Contents

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1. INTRODUCTION

Federal Regulations:

Federal Regulations: CFR 246.11 d Local Agency Responsibilities

“(2) Develop an annual local agency nutrition education plan consistent with the State’s nutrition education component of Program operations and in accordance with this part and FNS guidelines. The local agency shall submit its nutrition education plan to the State agency by a date specified by the State agency.”

Colorado WIC Policy:

All Colorado local WIC agencies are required to develop their own annual nutrition education plans that are consistent with the nutrition education objectives of the Colorado WIC Program Work Plan annual objectives.

Examples of Colorado WIC Program Strategic Priorities:

- Increase program participation
- Improve program quality and integrity
- Grow the demand for and ease of access to healthy foods
- Enhance collaboration with organizational stakeholders
- Promote breastfeeding as the preferred method of infant feeding
- Increase the initiation, duration and exclusivity prevalence rates of breastfeeding among the WIC population
- Improve local agency staff competency
- Focus on Early Childhood Obesity Prevention (ECOP) efforts

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The State Office will provide sample Nutrition Education Plan templates for each year’s specific focus areas for local agency consideration in development of Nutrition Education Plans. Whether and how they are used is up to the local agency. An agency may insert agency-specific information in a chosen template or can modify the template to accommodate their own plan.

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The Nutrition Education Plan should include Performance Management and Quality Improvement

Performance management is routine monitoring of action plans to inform ongoing implementation. Committing to reviewing priority action plans and progress on a weekly or monthly basis will increase focus and increase the likelihood of achieving goals. It will also help staff identify what is getting in the way of achieving goals and if the direction needs to change because the plan isn’t working as originally designed. Performance management helps us keep track of what we are doing.

Quality improvement (QI) is a set of tools and practices used to overcome those barriers identified when reviewing action plans. QI can help “clear the path” for implementation success. QI can also be used to understand the ingredients for success in order to build on future efforts for greater impact. Quality improvement helps us understand and enhance how or how well we do our work.

2. INSTRUCTIONS FOR COMPLETING THE LOCAL AGENCY NUTRITION EDUCATION PLAN & PREVIOUS YEAR’S EVALUATION

Review Materials

Review the materials provided including introduction, instructions, planning guidance, and information sheet and plan templates. Nutrition education plan templates are provided to serve as a tool for agencies to use to develop their annual plan.

Research Local Agency Needs and Obtain Data

A needs assessment, although optional, can help identify those areas of highest need to address. You need not submit this to State Office. You may use the needs assessment example worksheet provided in this document or another method. If you use the worksheet provided, note that not all questions are relevant to every program. Disregard questions that do not apply. The questions are not intended to imply expectations rather they are simply things to consider.

Develop a Program Plan

Develop a timeline for completing each of the selected focus areas of your plan. The plan involves identifying intervention strategies and linking planned activities to outcomes in the plan. We recommend that you work on developing one focus area at a time. Additionally, consider how to involve your staff in the assessment and planning process. A logic model (described in Section III) is a great way to begin the program planning by capturing your program’s overall vision and making sure your strategies are clearly linked to your short, mid, and long-term intended outcomes.

Complete the required Local Agency Nutrition Education Plan templates

Determine the number of Nutrition Education Plans that are feasible to achieve based on staffing and resources available. Larger agencies may find it feasible to complete more than one Plan. There is no limit to the number of Plans an agency may implement.

Agencies are encouraged to:

- Use the sample nutrition education plan templates provided by the State Office and insert agency-specific information in a chosen template, or
- Modify the template to accommodate your own plan, or
- Use a blank template to develop your own plan that involves one of the focus areas.

If choosing to develop your own plan, steps for completing the plan are outlined in Section 3. After completing the needs assessment, obtaining data and developing a plan, choose one of the provided goals for the focus areas your agency has selected. For each goal identify the following:

- 1-2 SMART objectives to focus the specific aims of your agency in contributing to achievement of this goal
- Lead staff for each objective
- Target population
- Criteria for success and measurement tool(s)
- Specific strategies
- Key activities necessary to complete the action steps
- Target completion date, person or group responsible and plan for monitoring progress towards that key activities:



Please note:

- ✓ If your program is currently implementing an activity that falls under any of the focus areas, you may use this continuing activity for your plan.
- ✓ Each local agency is unique in terms of population served, staffing and resources. Thus, the scope of the activities planned by each agency will differ.
- ✓ Local agencies should submit plans that are realistic for them to accomplish even if the scale of the activities seems small.

Submit your Local Agency Nutrition Education Plan

Submit your Local Agency WIC Nutrition Education Plan electronically to your nutrition consultant by **September 1**. You will receive State Office feedback on the plan no later than **September 30**. Plan implementation period is October 1 through September 30. Should **September 1** be unrealistic for you, determine a mutually agreeable timeline with your Nutrition Consultant.

Submit the Local Agency Nutrition Education Plan Evaluation of the previous year's Nutrition Education Plan

Complete the evaluation sections on your previous year's Local Agency Nutrition Education Plan and Evaluation template. Submit the evaluation to your nutrition consultant by **October 31**. Should **October 31** be unrealistic for you, determine a mutually agreeable timeline with your Nutrition Consultant.

3. NUTRITION EDUCATION PLANNING GUIDANCE

If the thought of doing a nutrition education plan intimidates you, you aren't alone. Fortunately, as a dietitian, nurse or other health professional, you already know the value of planning. A well thought-out plan identifies realistic goals and the steps most likely to lead to successful achievement. This plan can guide decisions about what to do next and the creation of monthly and/or weekly "to do lists." It helps keep team members clear and accountable for key activities or milestones.

A good plan is like a road map: it shows the final destination and usually the best way to get there.

--H. Stanley Judd

In addition to providing a road map to reach specific goals, good planning provides other benefits, such as:

- Increasing the potential to improve staff morale and support for program initiatives when staff members are included in the planning process.
- Providing the ability to both recognize and measure successes in program outcomes.
- Prioritizing resources to ensure they are used effectively and efficiently.
- Providing a concrete tool with goals, objective, strategies and key activities that help guide your program.

□ NEEDS ASSESSMENT

The needs assessment portion of your program planning is optional and an actual needs assessment worksheet does not need to be turned in to the State Office. The purpose of the assessment is to provide a broad understanding of needs, contributing factors and resources for change - in the same way that a patient assessment integrates different types of information (e.g., biochemical, anthropometric, social, cultural, educational, etc.), a program assessment includes a broad range of information. In both cases, the value of the assessment cannot be overestimated as it supplies information that is essential for planning.

In program planning, the assessment identifies the strengths and weaknesses of a program as well as the barriers and resources for making changes. A thorough assessment generally consists of both objective (hard facts, numerical data) and subjective (based on personal opinion) information. Examples of objective information include breastfeeding rates, the number of participants served and participant survey results. Subjective data



sources include information gathered from focus groups, local agency surveys, and feedback collected from staff during clinic meetings. A template example for completing the needs assessment is located in Section IV. The needs assessment process should focus on the nutrition education focus areas of the Local Agency Nutrition Education Plan. You may find that you want to continue working on goals and objectives from the previous year's plan which is perfectly acceptable.

□ **DATA SOURCES**

Data are crucial to program planning. It informs both the needs assessment and evaluation. Data from local sources is called program level data. This data is collected by the local entity for its own purposes, typically through Compass Reports, surveys, interviews, chart reviews, meeting minutes, employee or clinic records, etc. It may also include data from WIC Data Central. The advantages of program-level data are that they speak to your clinic's or your community's particular activities and performance. This is the data that should be used to measure the criteria for success activities; listed in the as measured by section of your plan. For specific Compass data requests related to your Nutrition Education Plan, please contact your Nutrition Consultant.

Program Level Data Sources State Run WIC Reports:

The Compass computer system has several helpful reports available to local agency staff members to utilize for data collection. Several reports are included here but there are others that may be helpful.

Breastfeeding Reports:

- Breastfeeding Equipment Issued: shows of breastfeeding equipment (serialized and non-serialized) by type that has been issued during the time period.
- Breastfeeding Prevalence; this report is used to evaluate exclusive breastfeeding at birth, three months, and six months of age and to evaluate the age to which breastfeeding continued during infancy and childhood.
- Exclusively Breastfeeding and Formula Issuance Report; shows trends for exclusively, primarily exclusive/no formula package and primarily exclusive/Complementary Food for breastfeeding infants through their first birthday.
- First Formula Introduced Report; shows which month formula was first introduced
- Reason Ceased Breastfeeding Report; shows the number of breastfed infants and children and the reasons why breastfeeding ceased.
- Colorado WIC Exclusive Breastfeeding and Formula Issuance report (available at www.breastfeedcolorado.com).

Program Participation Reports:

- Appointment Summary Report; shows the number of appointments kept, missed due to no show, cancelled, rescheduled and mass rescheduled.
- Participation with Benefits Report; shows the participation for the specified month and is broken down by participant category. This can be used for caseload management purposes.
- Termination by System Report; may be used to follow up with those participants that have been terminated due to not pickup up food benefits, failure to provide proofs, etc.
- Processing Standards Non-Compliance Report; shows the participants that were not scheduled within the required processing standards and the reason this occurred.

Local Data Sources:

- Data from participant record reviews
- Data from participant redemptions
- Data from county run reports
- Data from WIC Data Central
- Data from wichealth.org Usage Statistics
- Questionnaires designed to collect pre/post intervention information
- Interviews
- Surveys
- Focus groups
- Staff meeting minutes
- Employee performance plans and supervision records
- Email record of communications

DEVELOPING A NUTRITION EDUCATION PLAN

Planning is enhanced when it involves a team of individuals. This ensures that a variety of perspectives is considered and increases ownership in the plan.

STEP 1:

Choose your Goals and Objectives

For the focus areas, the state office has developed templates with overarching goals. Local WIC agencies will complete the template for the required focus areas. Local agencies may develop and submit additional plans if desired.

STEP 2:

Use a Logic Model to Plan your Intervention

A logic model is an optional step in the planning process but can be a useful tool to plan your intervention. A logic model is a visual representation linking planned activities with their intended outcomes. The purpose of the logic model is not to outline the steps needed to implement the intervention, but rather to show at a high level which interventions are expected to achieve which desired outcomes and in what order. This is illustrated by the example below where the intervention is a class on healthy eating. The diagram shows how the intervention is intended to impact the goal by first achieving intermediate outcomes that lead to the ultimate goal. But your logic model does not show the detailed work that will be involved in creating the intervention - that gets outlined in your NEP (below). Once a logic model is created, it should be discussed with others and modified as needed. The logic model becomes an important tool in developing action steps and monitoring outcomes.

Goal: Colorado WIC families consume healthier foods and beverages

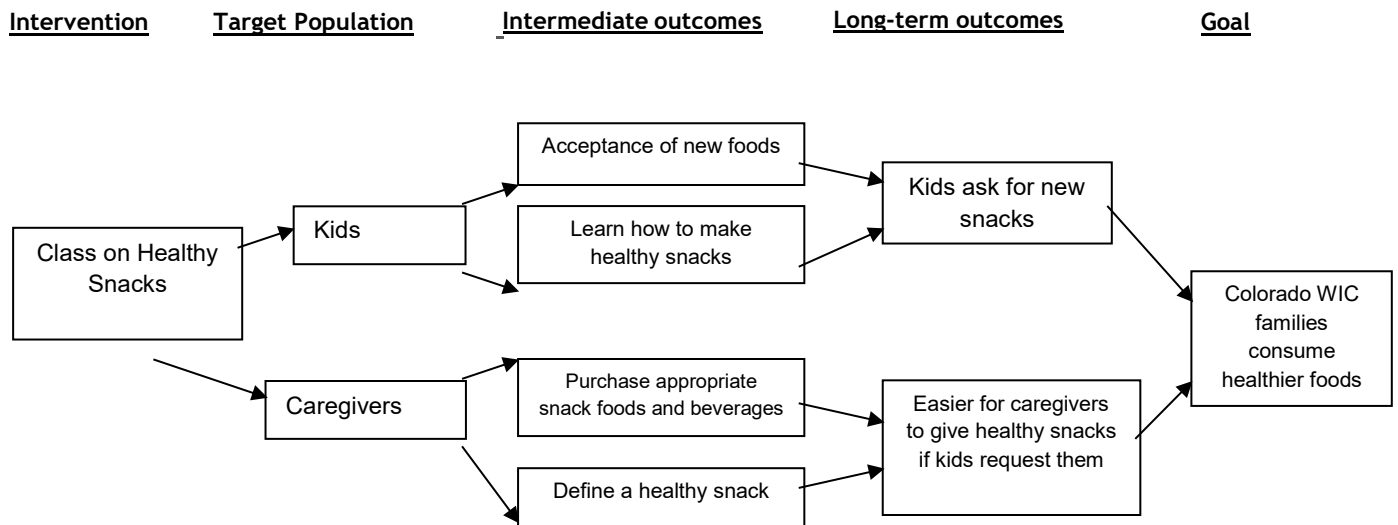
Intervention: Have a WIC class for caregivers and children where children learn to make healthy snacks.

Target Population: WIC children age 2-5 and their caregivers.

Intermediate Outcome: Increase the knowledge of WIC participants regarding healthy snacks for children.

Long-Term Outcomes: By getting children involved and teaching them about healthy snacks they will be more likely to ask for healthy snacks.

Diagram 1: Logic Model for WIC Agency



STEP 3:

Develop SMART Objectives

The SMART objectives you create are the anchor of your nutrition education plan and represent the incremental changes your agency needs to achieve in order to accomplish the stated goal (from above). Objectives are specific and measurable steps or outcomes that lead to the goal. In crafting your objectives, translate the intermediate outcomes from your logic model into 1-2 objectives for each focus area of the plan. Remember that objectives are **achievements**, not strategies, activities or tasks. They are the “what” not the “how”. They define the change you want to see from your work, in clear and specific terms. A lead staff must be assigned to oversee the work on each objective.

You can have process or outcome objectives. **PROCESS** Objectives are about a change in how you conduct your program and accomplish your strategies. Example: Increase attendance at breastfeeding classes by 20% from January 2019 to September 2019. **OUTCOME** Objectives are about changing a specific outcome (knowledge learned, behaviors modified, conditions improved). Example: At least 80% of new moms score at least 8 out of 10 on Breastfeeding True/False Checklist.

SMART Objectives are the “big steps” a program will take to attain its goal. They should be:

- **Specific** (who, what, and where -describe!), if change is desired, include both the current “level” and desired “level”
 - ✓ from X→Y
- Increase exclusive breastfeeding rate from 30 days to 45 days
- **Measurable** (how many, how much, to what quality standard),
 - ✓ This is the **EVALUATION** part
 - ✓ Identify a system of method of tracking
 - ✓ Existing data collection method or develop one
 - ✓ Example: Run the Exclusively Breastfeeding and Formula Issuance Report monthly
- **Achievable** (attainable with resources available),
 - ✓ Consider resources and potential obstacles
 - ✓ Set yourself up for success
- **Relevant** (achieving this adds value & progress toward goal),
 - ✓ Important to your organization
- **Time-bound** (by when),
 - ✓ Clearly state the target date

SMART Objective Example: *By September 30, 2019 Faraway WIC will have increased the exclusive breastfeeding rate of breastfeeding from 30 days to 45 days for at least 80% of WIC participants.*

STEP 4:

Complete the Nutrition Education Plan Template

Once you have chosen your goals and developed 1-2 Smart objectives for each goal, you are ready to complete your Nutrition Education Plan. The remainder of the plan requires you to define a target population, criteria for success, data source, strategies and key activities.

If using the plan template provided by the State Office the remainder of the plan requires you to insert and/or modify agency-specific information, indicate who will be the lead for each objective, and the anticipated date of completion for each key activity and who will be responsible.

Target Population

The target population is the group or groups your plan directly impacts through the defined objective. This can be all WIC participants or a select category that you identify.

Criteria for Success and Measurement

The criteria for success and measurement are the evaluation components of the plan. They bring the spotlight on the “S” and “M” part of your smart objective. They should always be stated as specifically as possible.

Definitions:

Criteria for Success: Briefly describe what will be observed if the objective is met successfully

As Measured By: Briefly describe how the criteria will be measured

Example:

Criteria for Success → Collected data shows that 100% of appointments meet processing standards

As Measured by (Data Source)→ Compass Processing Standards Non-Compliance Report

Strategy

Enter the strategy developed from your planning and/or logic model that addresses the stated objective. A strategy that includes an overall approach or type of effort to achieve one’s objective. It should state the program’s method or intervention that will achieve this increased awareness. Each strategy will include more than one key activities or steps to complete the strategy.

Example of Strategy to increase breastfeeding rates:

Educate and build awareness among WIC participants about the benefits of breastfeeding.

Key Activities

After the intervention strategy is identified, the key activities to implement the intervention are outlined. Key activities outline the specific activities that must be accomplished to achieve each strategy.

Examples of Key Activities for developing a class on health eating:

- Get input from caregivers regarding interest in a class, best times, ideas for content/design, etc.
- Develop a curriculum for the class
- Purchase (or get donations of) food and other supplies for the class

Note: Additional examples of strategies and key activities can be found at the end of this document

Monitoring Plan

The monitoring portion of the implementation plan includes the start and end date, the responsible person or groups and the tracking method.

- **Start and End Date** → Choose a reasonable completion date for each key activity. Some dates may be dependent upon earlier dates. It is best to list the earlier steps first in the plan. You should consider if there are any external factors that may affect the target completion date.
- **Responsible Persons/Group** → Key activities are best completed with a clear indication of who is responsible for the activity.

- **Tracking Method** → Briefly describe how you will monitor progress on this activity. Examples include tracking forms, report out at staff meetings, surveys and spreadsheets.

4. EVALUATING ACHIEVEMENT OF THE PREVIOUS YEAR’S LOCAL AGENCY NUTRITION EDUCATION PLAN

Submit the Nutrition Education and Evaluation template with completed evaluation sections for the past year’s plan by **October 31**. Evaluation involves the systematic assessment of objectives and key activities. The evaluation is an extension of a few key areas of your NEP: the criteria for success, the as measured by, and the monitoring plan. A good evaluation addresses two important questions: 1) Were you able to accomplish your objectives and 2) What barriers were encountered and what were the resulting changes that were made as a result. Two common categories of outcomes in public health are learning and behavior change outcomes.

1. Evaluating Learning Outcomes

The purpose of evaluating is to identify whether or not the key activities were implemented as planned and whether the objective was accomplished. Evaluating the accomplishment of objectives can be a rich source for learning since unmet objectives indicate the presence of unforeseen barriers that may require modification of methods.

Evaluating Learning Outcomes

Learning Outcome Objective Categories	Underlying questions addressed by the evaluation	Possible Methods for Evaluation
Increase awareness	Do people know more about the issue as a result of the intervention?	Surveys (pre/post) can compare two different groups; ask people if they think their awareness has changed.
Change attitude	Did people’s attitudes change? How much did they change?	Survey pre/post (Comparing pre and post requires a valid instrument), can compare two different groups, ask people if they think their attitude is different, retrospective self-report
Increase knowledge	Do people know what they need to know? Did the intervention increase knowledge?	Test of knowledge (pre/post), or just post if you are only interested in knowing if people meet a particular standard
Teach a skill	Can the person perform the task?	Observation, peer-to peer observation, self-evaluation check list

2. Evaluating Behavior Change

Behavior change outcomes differ from learning outcomes because they focus on behaviors that are exhibited. Examples of behavior change outcomes are: stopping smoking, eating more fruits and vegetables, exercising, etc. Behavior change outcomes can be evaluated in a variety of different ways. The list below contains a few different examples of the underlying questions that could be used in an evaluation. There are two things to notice about this list, first each question requires a different data source and collection strategy and second, the underlying question needs to carefully define what is being measured. The actual evaluation methods chosen for a project will be influenced by both validity issues as well as availability of data.

- What percentage of people exposed to the program (or who completed the program) met their behavior change goal(s)?
- What was the average amount of change people made (e.g., eating 1 more fruit/day, walking 10 minutes a day, etc.).



Example:

Evaluating behavior change objectives in WIC County.

The primary outcome of the healthy snack classes is that children will eat healthier snacks. This outcome can be evaluated using the same questionnaire mentioned above. In addition to asking questions to assess the participant’s awareness of healthy snack options, participants could also be asked to list the snacks that were eaten during the last 3 days. Again, comparing answers given before and after the class would show if there were any changes in behavior as a result of the class.

3. Evaluating Changes in Health

Changes in health are both the most significant and most elusive evaluation measures. They are significant because interventions are typically designed to improve health. But they are elusive because health outcomes are often difficult to evaluate because they can be affected by many different factors, so it can be very difficult to know if a change in health happened purely due to the intervention, or some combination of other reasons.

Example:

Evaluating health outcome data in Faraway WIC County.

The health outcome purpose of the healthy snack classes in Faraway WIC County was to reduce the percentage of overweight children aged 2-5. Clinic level data showing the percentage of overweight children would be available, however, it is unlikely to be sensitive to the changes that resulted from the class since only a small number of participants attended the class. Furthermore, there is likely to be a gap between the time the classes occurred and when weight would be affected. A more sensitive way to measure the impact of the classes on children’s weight would be to track the weights of the cohort of children who attended the classes. This would take more time, but would yield potentially better results. Although clinic level data may not be the best way to evaluate the impact of this particular intervention, this data would be useful to track overtime, particularly if the clinic continues to make efforts to prevent overweight and obesity.

4. EXAMPLE: NEEDS ASSESSMENT WORKSHEET

Breastfeeding Promotion and Support

GOAL:

Increase Colorado breastfeeding rates and duration by providing technical assistance and coaching to improve breastfeeding promotion and support to families in early care and education as well as workplace settings.

Data review: What are your local agency’s breastfeeding prevalence rates?

Breastfeeding Prevalence; this report is used to evaluate exclusive breastfeeding at birth, three months, and six months of age and to evaluate the age to which breastfeeding continued during infancy and childhood.

Review the lists below. Indicate with a checkmark the items that your clinic is already implementing.

Section A. Colorado WIC Breastfeeding Standards

(Reference Nutrition Services – Breastfeeding section in Program Manual)

- Ensure that clinic area is free from all formula company materials, trademark images, office supplies (pens, water bottles, cups, etc.), formula samples, and other formula incentives.
- Inform pregnant women about the benefits and management of breastfeeding at initial certification and subsequent visits.
- Provide formula for breastfeeding infants only when requested by the mother and only after thorough counseling to ensure mother is making an informed decision.
- Designate a staff person as Breastfeeding Coordinator.
- Ensure that all High Risk Counselors are lactation management specialists able to respond to breastfeeding high risk factors.
- Prepare mother to communicate effectively with hospital staff about her breastfeeding decision.
- Ensure that breastfeeding mothers receive information about the potential impact of formula supplementation on lactation before any formula is given.
- Provide breastfeeding women with a list of local breastfeeding support resources (La Leche League, support groups, breastfeeding classes, etc.).



- Have an established system of referral resources for breastfeeding women who may need more specialized support or management (IBCLC, breastfeeding clinic or others).

Section B. Best Practices for Breastfeeding Promotion and Support

- Display breastfeeding promotion material and posters in waiting rooms and clinic areas.
- Have one or more staff trained as lactation management specialists.
- Implement a peer counselor program.
- Loan electric breast pumps to participants.
- Provide manual breast pumps to participants, as appropriate.
- Discourage the early use of bottles, pacifiers and artificial nipples with infants who breastfeed.
- Teach new mothers to recognize and respond to their infant's hunger and satiety cues.
- Provide mothers with information on maintaining breastfeeding while separated from their infant.
- Provide a dedicated lactation room for breastfeeding moms (both participants and staff).
- Participate in World WIC Breastfeeding Week with special activities to promote breastfeeding.
- Actively participate in or initiate a community breastfeeding coalition.
- Write breastfeeding support policies and routinely communicate them to all staff and volunteers.
- Provide orientation to all new employees regarding breastfeeding support policies.
- Provide regular classes on breastfeeding management and support for clients.
- Inform pregnant women of the risks and costs associated with formula feeding.

Staff Input:

Discuss with staff the barriers to breastfeeding initiation and continuation in the populations you serve. Describe any breastfeeding promotion activities that you would like to work on over the coming year.

5. EXAMPLE: STRATEGIES AND ACTIVITIES

This section includes suggestions of possible strategies and key activities to give local agencies ideas on how a plan should be completed. You may develop your plan from these suggestions or you may already have ideas.

Possible strategies and activities for each topic area include:

Breastfeeding:

- Leverage the strengths and assets of partners to design programs that improve breastfeeding rates.
 - ✓ Identify a core group of individuals selecting people concerned with breastfeeding to begin the process of reach out to the community.
 - ✓ Select diverse perspectives for your community coalition (health care professionals, lactation experts, hospital staff, employers, charity organizations, food banks, child care providers, faith communities, fathers, mothers, grandparents, policy makers, tribal councils, cultural-interest groups, organizations with similar health missions, youth).
 - ✓ Define your community (it needn't be just one county, consider joining with other county/ies)
 - ✓ Investigate and evaluate sources of breastfeeding data collected by local organizations
 - ✓ Work with Nurse Family Partnership to promote breastfeeding among teen moms
- Educate and build awareness of how to encourage Breastfeeding Supportive Workplaces
 - ✓ Create awareness and provide guidance to employers for how to accommodate breastfeeding employees.
 - ✓ Provide sample employer policies and programs. Establish a lactation policy and place within your organization
 - ✓ Inform employers about state and federal legislation, through hosting a training through the chamber of commerce or individually
 - ✓ Educate on the benefits to employers and employees using the US Department of Health and Human Services Business Case for Breastfeeding.
 - ✓ Provide links to resources
 - ✓ Publicly recognize employers who follow the laws and support breastfeeding employees.
- Strengthen health care professional skills and knowledge
 - ✓ Share the link to CDC's health care provider action guides with health care providers.
<http://www.cdc.gov/breastfeeding/promotion/healthcare.htm>



- ✓ Encourage local hospitals, birth centers, health departments, and group practice clinicians to provide lactation training for all local health care providers (physicians, nurses and other health care professionals). Consider cosponsoring training.
- ✓ Assess types of training required focusing on provider needs (e.g., level of promotion and intervention, and maternal population served- prenatal, early postpartum, late postpartum, infant)
- ✓ Research provider preferred training methods (face to face, on-line, self paced, seminar, etc)
- ✓ Offer and/or recommend lactation training and breastfeeding curricula available
- ✓ Ensure there are International Board certified Lactation Consultants (IBCLC) in the community practicing within the local public health agency, the hospital, in a clinic, or privately
- ✓ Offer Academy of Breastfeeding Medicine (ABM) clinical protocols to providers
- Educate and build breastfeeding support in the community to meet the needs of all mothers
 - ✓ Organize a mom to mom peer breastfeeding support group through a church, a hospital, a clinic, the local public health agency, the library,
 - ✓ Educate parents using the Joint Commission's Speak Up materials: <https://www.jointcommission.org/speakup.aspx>
 - ✓ Develop and distribute a community breastfeeding resource lists to include where to get help with breastfeeding, where to purchase breastfeeding supplies, breastfeeding friendly employers, childcare providers, etc.
 - ✓ Investigate ways to provide breastfeeding supportive services (e.g., electric breast pump rentals through unique settings (e.g., pediatricians or other health care providers) and develop community wide referral systems
 - ✓ Partner with hospitals to include breastfeeding promotion and education as a part of hospital birthing classes, distribute the Colorado Can Do 5! crib cards
 - ✓ Partner with hospitals to set up a WIC electric breast pump loan program
 - ✓ Work as a community to ban the provision of formula samples by health care providers
 - ✓ Provide training to child care providers on infant feeding and how to be a breastfeeding friendly child care
 - ✓ Establish a local public health agency specific lactation policy

Early Childhood Obesity Prevention:

The following healthy weight promotion ideas vary greatly in target, intent, complexity and timeline. Some may be complete in one year, while others may be nutrition education plan activities for multiple years.

- Educate and build awareness of the importance of interconception care
 - ✓ Incorporate special care activities for mothers (and fathers too if appropriate) after the birth of a child.
 - ✓ Promote reproductive life planning (planned pregnancies and child spacing). The following topics can become part of this special care just for mom:
 - Healthy Relationships
 - Future Dreams and Goals
 - Financial Security
 - Emotional Health
 - Family Planning
 - Pregnancy Prevention
 - Health goals for the coming years, if a child is planned in the future or not (well woman exams, healthy eating, active living, taking vitamins, oral health, family health risks)
- Educate and build awareness of low cost physical activity programs for WIC participants in the community and assess community barriers to healthy eating and active living
 - ✓ Increasing access to healthy foods or opportunities for community physical activity.
 - ✓ Connect WIC participants to the community opportunities through marketing and/or incentives.
 - ✓ Conduct survey to determine what barriers exist with physical activity
 - ✓ Conduct interview with participants about what they are purchasing with fruit and vegetable vouchers
 - ✓ Identify community or regional initiatives intended to increase community opportunities for physical activity
 - ✓ Attend community meeting to learn about proposed projects for parks, open space and activities for children
 - ✓ Learn about what local public school program are implementing regarding health eating and physical activity
 - ✓ Participate in local obesity prevention coalitions
- Provide effective and consistent messaging during WIC appointments
 - ✓ Utilize 9 Ways to Grow Healthy Colorado Kids messages to promote in WIC, and in collaboration with at least one community partner.
 - ✓ Include a new message at each staff meeting for staff to learn



- ✓ Provide one page handouts messages at WIC appointments
- ✓ Conduct chart reviews to see if new message are consistently being provided
- ✓ Encourage Wellness Coordinator to provide information on new messages
- Encourage and support staff training in early childhood obesity prevention:
 - ✓ Provide staff training to improve knowledge of the most recent evidence and recommendations related to healthy weight in early childhood.
 - ✓ Participant in the *Wellness Coordinator System*, a strategy to bring state and local WIC agencies together in addressing early childhood obesity through WIC services in Colorado.
 - ✓ The Early Childhood Obesity Prevention webpage, provides a summary of additional resources and recommendations <https://www.colorado.gov/cdphe/ecop-additional-resources>
 - ✓ Include a training on Motivational Interviewing training for staff
 - ✓ Provide a training on 5-2-1-0 concepts
- Incorporate cooking, shopping and nutrition education resources into WIC appointments
 - ✓ Conduct a grocery tour and promote healthy foods and beverages
 - ✓ Provide information on My Plate and 5210 educational resources
 - ✓ Conduct a cooking demonstration one day per week at the WIC Clinic
 - ✓ Provide Cooking Matters, Shopping Matters, Snap-Ed, or Expanded Food and Nutrition Education Program (EFNEP), or other nutrition-related courses for families
<https://cookingmatters.org/>
<http://www.fns.usda.gov/snap/snap-ed>
<http://www.ext.colostate.edu/efnep/>
- Educate and build awareness of the importance of collaboration with Farm to Family and community garden programs
 - ✓ Bring WIC and local farmers together for better health_
<http://www.coprevent.org/search?q=wic+farm+to+family#!/2012/10/wic-farm-to-family-pilot-offers-healthy.html>
 - ✓ Link WIC participants to community gardens and take a tour

Increase Program Participation:

- Conduct classes to decrease appointment wait time see a larger number of participants.
 - ✓ Certification prenatal classes
 - ✓ Follow-Up appointments for children
 - ✓ Breastfeeding classes
 - ✓ Infant feeding classes
 - ✓ Healthy Weight Classes
 - ✓ Topic-specific classes such as “Sugar-Sweetened Beverages”
- Educate and build awareness of strategies for reminding participants of their appointments
 - ✓ Participate in the state-wide texting program
 - ✓ Develop a system to conduct reminder telephone calls
 - ✓ Develop a system to send reminder email messages
 - ✓ Print Appointment Reminder and give to participant for next visit
 - ✓ Send Appointment Reminder printouts in the mail
 - ✓ Encourage participants to call the clinic if they misplaced their materials and/or forget their next appointment
 - ✓ Obtain updated contact information at each appointment: recertification, follow up, mid-certification
 - ✓ Obtain two sources of telephone contact information for each endorser
 - ✓ Conduct a survey to see how participants wish to receive appointment reminders
 - ✓ Run *Appointment Summary Report* to determine missed appointments due to no show
 - ✓ Improve outgoing telephone messages at clinics
- Build awareness of ways to set up the clinic schedule to make appointment as efficient and flexible as possible
 - ✓ Identify alternative methods for nutrition education based on participant preference (video chat, phone, wichealth.org)
 - ✓ Minimize the length of appointment visits as much as is feasible
 - ✓ Provide flexible times when clients can be seen
 - ✓ Set aside appointment slots for new prenatal appointments
 - ✓ Open the clinic one Saturday a month and rotate staff coverage



- ✓ “Lean” your work environment and clinic processes to assist with improvement in time management and to limit distractions
- ✓ Set up an afternoon for follow up missed appointments only
- ✓ Run monthly Processing Standards Non-Compliance report to check on Processing Standards
- ✓ Provide staff training on use of current software technology to increase computer skills and efficiency
- Educate and build awareness of strategies to maintain or increase caseload
 - ✓ Conduct an assessment of staff to client caseload ratios to increase productivity
 - ✓ Consider assigning caseload to each WIC staff to determine productivity
 - ✓ Run monthly *Termination by System Report* to follow up with those participants that have been terminated due to not picking up benefits
 - ✓ Develop outreach strategies for internal referrals within the local agency programs
 - ✓ Advertise the WIC Program in the local newspaper
 - ✓ Advertise the WIC Program with the local radio station
 - ✓ Attend health fairs and other community events to promote the WIC Program
 - ✓ Provide training to local agency partners included on the Rights and Responsibilities form on how to refer to the WIC Program

Ordering and Securing eWIC Cards

Policy: Local agencies are responsible for tracking current eWIC card inventory, ordering and maintaining security of the eWIC cards received for their agency.

Regulation: Colorado WIC Policy

Procedure/Additional Guidance:

Managing eWIC cards

The state office has designated a Replenishment Threshold for each clinic. Local staff must contact State office if the threshold level needs to be reset. When the Current Inventory is below the Replenishment Threshold a warning message will appear that EBT cards are in need of replenishment immediately. The message will appear on the local clinic's LA/Clinic EBT Card Inventory Summary page.

Ordering eWIC cards

- In Compass, go to the *LA/Clinic EBT Card Inventory* in Operations. Go to the Summary page. Click "edit."
- Enter the number of cards requested in the "Currently on Order" field. Note there are 250 cards per box, so orders must be placed in increments of 250.
- Enter the current date in the "Current Order Date" field.
- Save. The order will automatically be sent to the State WIC office.
- Allow at least two weeks for delivery to your clinic or agency.

In emergency situations only, eWIC cards may be ordered by calling the State WIC Office (303-692-2400).

To Receive and Verify eWIC cards

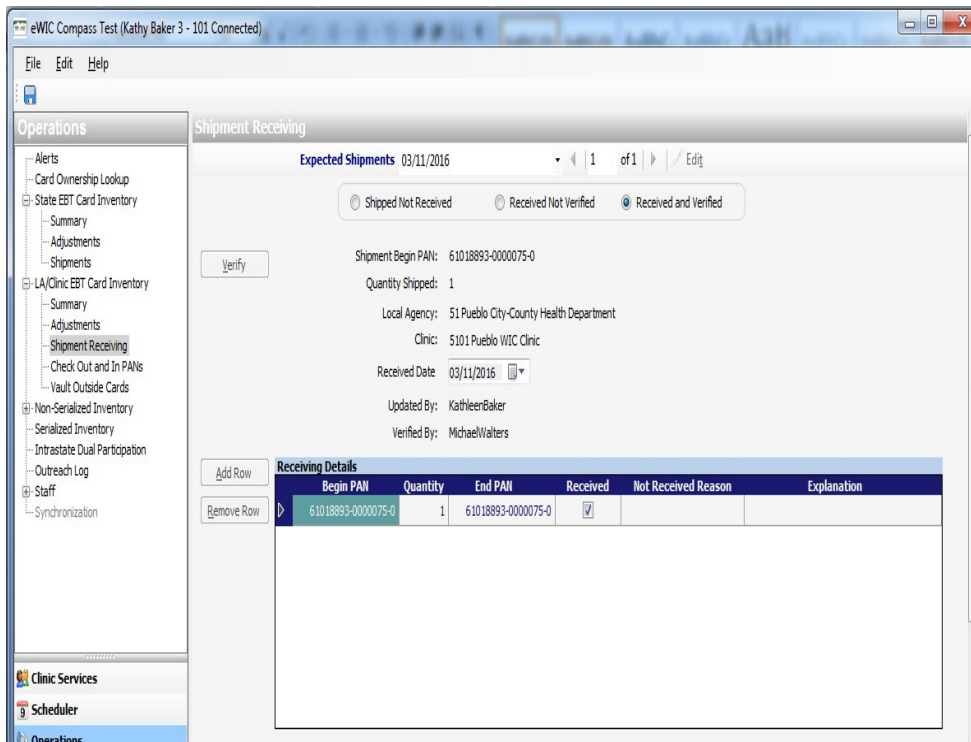
The clinic must receive and verify the shipment before any eWIC cards can be issued to participants. Each shipment of eWIC cards contains a packing list noting the range of cards and the number of boxes sent. Two staff members are required to complete the process of receiving and verifying the order. Steps for receiving and verifying eWIC cards are listed below.

Receiving (First Person)

1. When the shipment of eWIC cards arrives at the WIC clinic, check for damage to the shipment boxes and that all boxes are received. Match the range of PANs listed on the boxes with the range recorded on the packing slip.
2. In eWIC Compass, expand the **LA/Clinic EBT Card Inventory** branch in the **Operations** panel and click "Shipment Receiving."
3. On the Shipment Receiving panel, ensure that "Shipped not Received" is selected to display your clinic's card order information
4. Check that the PANs received match the numbers of those displayed in eWIC Compass.
5. Click "Edit." The "Received Date" will automatically populate with today's date. Click the "Add Row" button (next to the Receiving Details table grid) and enter the Begin PAN and Quantity of the shipment (which is also listed above the Receiving Details grid). Tab over to the "Received" column, select the box and Save.
6. Your name will appear next to the "Updated By": field.

Verifying (Second Person)

1. In eWIC Compass, expand the **LA/Clinic EBT Card Inventory** branch in the **Operations** panel and click "Shipment Receiving."
2. On the Shipment Receiving panel click "Received not Verified."
3. Click the "Verify" button and Save.
4. Your name will appear next to the Verified By: field.



Security of eWIC Cards

Clinic staff members are responsible for the security of eWIC cards. The state office recommends that eWIC cards are maintained within the clinic in the original box and that cards are removed only as needed. All eWIC cards must be kept in a locked area when the clinic is closed.

Physical Inventory

The WIC Director or a designee must perform a physical inventory of all eWIC cards at each location site on a quarterly basis to ensure that all cards are accounted for and correctly assigned to each clinic. Contact the State Office Help Desk if any adjustments need to be made.

Lost and Damaged Cards

Damaged or unusable cards must be destroyed by cutting or shredding before disposing. Lost and damaged cards must be accounted for in the clinic inventory. Contact the State Office Help Desk if any adjustments need to be made.



Participant Satisfaction Survey

Policy: The state office and local WIC agencies collaborate to conduct periodic participant satisfaction survey.

Regulation: WIC Nutrition Services Standards

Procedure/Additional Guidance

The purpose of the survey is to assess customer service, effectiveness of nutrition and breastfeeding promotion and support, and to collect information about participant needs and interests. Participant Satisfaction Survey results help both state and local agencies plan services for the future years.



PEAK Application Requirements

Policy: Local WIC Agencies are responsible for contacting all individuals in the Local Agency's PEAKPro Inbox within two weeks.

Regulation: Colorado WIC Policy

Procedure/Additional Guidance:

The Colorado PEAK online application includes functionality that allows a person using PEAK to mark whether or not they wish to be notified by WIC. The PEAK system creates live reports, by county, of those interested individuals' contact information.

Prevention and Management of WIC Program Abuse at the Local Level

Policy: Local agency policies and procedures must be in place to prevent conflicts of interest in a reasonable manner. At a minimum policies and procedures must prohibit the following WIC certification practices or provide effective alternative policies and procedures when such prohibition is not possible:

- Certifying oneself;
- Certifying relatives or close friends; or
- One employee determining eligibility for all certification criteria and issuing food benefits for the same participant.

Regulation: CFR 246.4(a)(25), CRF 246.4(a) (26), WIC Policy Memorandum #2016-5

Procedures/Additional Guidance

The CO WIC Program Fiscal Manager is responsible for maintaining a file of all staff fraud and/or abuse that includes the nature of the fraud and any associated dollar losses. Local Agencies shall report any occurrence of such violations to the State Office immediately upon detection.

Additionally, the WIC Compass Help Desk will forward all Secure Compass User ID Forms to the CO WIC Program Fiscal Manager that specifies WIC employee separation due to fraud and abuse.

Providing WIC Services to WIC Staff and their Family Members

When local WIC staff and/or members of their family are eligible for the WIC Program, they may not handle the certification or food benefit issuance process for themselves or their family. "Family" includes spouses, children, brothers, sisters, nieces, nephews, or grandchildren. Another WIC staff member must handle the certification and ongoing food benefit issuance for WIC staff that are WIC clients or for family members of WIC staff. WIC staff may never certify or issue ongoing benefits to themselves or their own family members.

Separation of Duties

At a minimum, the staff person who determines income eligibility and the staff person who determines medical or nutritional risk cannot be the same person. Either person may issue food benefits. Further, having one staff member check identification or residency and another staff person conduct the remainder of the certification does not meet the regulatory intent of separation of duties.

If a clinic is unable to achieve acceptable separation of duties, an individual other than the certifier (e.g. the WIC Director) must conduct a record review of all non-breastfeeding infant certification record and at least 20 percent of a random sample of the remaining certification records within two (2) weeks of the certification, and conduct an additional record review of 10 percent of each clinic's certification files every six months. Documentation of both reviews must be maintained on file at the local agency for review during monitoring visits.

If a WIC clinic is unable to achieve acceptable separation of duties and conducting record reviews constitutes a hardship, the local agency director may submit a request to the state office to conduct the record reviews. For those agencies the state office will conduct a record review of all certification and recertification visits. Records meeting the state office's risk criteria will be flagged and reported to the local agency WIC Director for further review.

The local agency WIC Director or designee must conduct a thorough investigation within one week of notification. Documentation of the local agency investigation and response must be maintained on file at the local agency for review during monitoring visits.

A *WIC Local Agency Separation of Duties Plan* must be submitted to the state office for approval. A copy of the state-approved plan is maintained at the State office for each local WIC clinic.



Verification of compliance with this policy is a component of the local agency monitoring visit conducted every other year by State staff. Evaluators observe clinic operations to ensure that the agency's approved *Separation of Duties Plan* is followed as stated. In those clinics using the local agency record review approach, their *Separation of Duties Exception Record Review Logs* will be reviewed.

WIC Local Agency Separation of Duties Plan

Local Agency: _____ **Clinic:** _____

Submitted by: _____ **Title:** _____

Printed Name

Date: _____

Signature

Following is how the potential for conflict of interest will be reduced and separation of duties accomplished at this clinic:

- For all certifications and recertifications, one WIC employee will determine income eligibility and a different WIC employee will determine medical or nutritional risk eligibility.
- The WIC Director or designee will conduct a record review of all non-breastfeeding infant certification record and at least 20 percent of a random sample of the remaining certification records within two (2) weeks of the certification, and conduct an additional record review of 10 percent of each clinic's certification files every six months. Documentation of both reviews will be maintained on file at the local agency.
- The record review will be conducted by the state office and the WIC Director will conduct a thorough investigation of any records sent from state office that are flagged for potential fraud. The above clinic is unable to achieve acceptable separation of duties and conducting record reviews at the local agency is a hardship due to the following reason(s) :

(The hardship reason must be documented by the local agency and approved by the state office.)

Approved by: _____

State agency staff person name and title

Signature

Date



Product Distribution in WIC & Research Requests

Policy: Distribution of products given to WIC clinics or referrals must not take away or replace WIC service. Requested research efforts involving the Colorado WIC Program by both profit and non-profit groups must seek the approval of the Colorado WIC Director.

Regulation: Colorado WIC Policy

Procedure/Additional Guidance:

The State Office allows local WIC agencies to partner with profit and non-profits groups in the distribution of their products following these requirements:

- The distribution or referral must not replace or take away from WIC services.
- Products distributed must be in the best interest of WIC participants.
- Products may not undermine breastfeeding efforts (consider WHO Code compliance).
Local agencies must notify their State Nutrition Consultant before distributing a product.
- Data should not be exchanged for products. Colorado WIC can provide summaries of data at the group level. WIC data is public and available on the Colorado WIC webpage. For more specific information on data sharing, see the *Section 4, Data Sharing For Participant and Applicants Data* policy.

Research Inquiries

Research requests must be approved by the Colorado WIC Director. Research is defined as any request for individual-level data, even if the data does not identify WIC participants, in exchange for distribution of products or any time when WIC participants have additional data collected about them that is not normally collected at the WIC appointment. Common research requests may include but are not limited to asking which participants received the product, the participants' use of the distributed products and/or the impact of the product on WIC participants. Research requests will be judged by the possible benefit of WIC participants, the appropriateness of methods, and the reasonableness of the time required to complete the research.

Retention of WIC Records and Reports

Policy: Local WIC programs shall retain WIC records for the time period indicated.

Regulation: 7 CFR 246.25 (a)

Procedure/Additional Guidance:

The following list summarizes WIC's policies on retention of records and reports. Local health agencies may have local policies that require a longer retention period.

REPORT/RECORD	KEEP FOR
Agency Budget	6 years
Agency Contract	6 years
Caseload Management Work Sheets	At agency discretion
Compass User Access Verification Reports	3 ½ years*
Grocer complaint forms	3 ½ years*
Mandatory reports	5 years (or longer based on agency requirements)
Nutrition Education Plan	2 years*
Receipts	6 years
Retailer Orientation Reports	3 ½ years
Retailer Monitoring Reports	6 years
Secure Compass User ID Forms/Compass Access Request Form	3 ½ years*
Staff meeting minutes	At agency discretion
Time Certification	6 years
Voter Choice forms	2 years
Ward Road Pharmacy/Sentido Health special formula signed invoices	3 ½ years*
WIC client records	5 years (per Compass parameter)

*Years should be counted from the end of the applicable fiscal year. Example: Secure Compass User ID forms with any date between **October 2018 and September 2019 (FY 2019)** should be kept at least through **March 2023**.

Alteration of WIC Records

- Do not alter WIC records.
- Correct paper records by crossing out the errors and initialing them. Never use correction fluid (white-out). This policy protects WIC staff should participant records be subpoenaed in legal actions or in audits.

Staff Training

Policy: All local WIC agency employees of the Colorado WIC Program must complete the Colorado WIC Certification Program, which trains staff on WIC policy and procedures relating to eligibility determination, nutrition assessment, screening techniques, food benefit issuance and nutrition education.

All local agency WIC personnel must attend a minimum of two staff training sessions per year of nutrition-related education and training.

Regulation: CFR 246.1 (c)(2), 246.11 c (7)

Procedure/Additional Guidance:

Colorado WIC Certification Program

The WIC Certification Program is a competency based training program designed for WIC staff. All new staff members are expected to complete the training within the timeframes specified below. The Colorado WIC website (www.coloradowic.com) has a section that posts guidance documents, instructions for accessing the online post-tests and the Orientation Checklists for Level I, II and III.

Objectives:

- To ensure quality service to WIC participants throughout the state.
- To train all staff to properly perform the WIC certification procedure, proper anthropometric and hematologic measurements, nutrition and health assessment, nutrition education, risk identification, and food package selection/issuance.
- To provide all WIC staff with current nutrition information for the WIC population.
- To train using interactive self-directed learning methods.

Assigning A Trainer

Local WIC programs are encouraged to identify a trainer for each new employee to oversee the many aspects of new employee training. This trainer:

- ✓ Ensures new employee completes the required modules, online courses, post-tests, record reviews, observations;
- ✓ Ensures new employee is scheduled participant visits and has ongoing access to expert support;
- ✓ Ensures all participant records entered by the new employee are reviewed and signed off by a CWA;
- ✓ Is available to assist with questions and evaluate progress throughout the training process;
- ✓ Enters new employee training completion by accessing the *Staff Competency* panel under Operations in Compass.

Certified WIC Authority (CWA):

To become a CWA, the new person must complete all required activities outlined in Level I of the Colorado WIC Certification Program to independently perform CWA-designated duties.

For those staff that are completing Level I and are not yet a CWA, a WIC High Risk Counselor or experienced WIC Educator with CWA qualifications must review any participant information recorded by the new employee. The CWA creates a separate Participant Care Plan that includes a note in the Plan section indicating review of eligibility determination, nutrition assessment and participant care plan notes of the new employee. Because a goal is required for each new care plan, the goal created by the new employee can be copied and pasted into the CWA's review care plan to ensure it populates into the Family Panel.

Level I:

- Basic WIC background requirements and procedures to certify and provide benefits to participants.



- Specific training materials:
 - ✓ WIC Orientation Module & Post-Test
 - ✓ Food Package Module & Post-Test
 - ✓ Nutrition Risk Factor Module & Post-Test
 - ✓ Screening Module & Post-Test
 - ✓ Colorado WIC Hemoglobin Testing training video
 - ✓ Welcome to WIC Video
 - ✓ Review of Mini-Manual
 - ✓ Saving the Children: Story of WIC Video Part I & Part II (recommended)
 - ✓ Review of Nutrition Education Counseling Guide
 - ✓ Compass Training Online Course
 - ✓ Level I Participant Record Review
 - ✓ Level I Observation Checklist

All Level I activities must be completed within three months (90 days) of employment. Each new employee must have a local agency trainer/mentor who ensures that all activities on the Level I Orientation Checklist are completed. This designated staff person electronically documents the training activity completion in the Compass system, Staff Competencies.

Online Compass Training course: Online Compass Training consists of 13 self-paced, interactive training modules. The online modules are designed to orient new WIC employees to the Compass computer system. New employees should complete the Level I modules and post-tests prior to beginning the online Compass Training course.

Level II:

- Current nutrition and food safety information for the WIC population including basic nutrition, infant, child, pregnancy, breastfeeding, and postpartum.
- Specific training materials:
 - ✓ Prenatal and Postpartum Module & Post-Test
 - ✓ Breastfeeding Module and Resource Manual & Post-Test
 - ✓ Infant Nutrition Module & Post-Test
 - ✓ Preschool Child Nutrition Module & Post-Test
 - ✓ Basic Nutrition Module & Post-Test
 - ✓ Baby Behavior Online Module & Post-Test
 - ✓ Partnering with WIC for Colorado Kids Video
 - ✓ Closer Look - Allowable Foods Video
 - ✓ WIC Visit Assessment and Counseling Evaluation Tool

All Level II activities must be completed within six months of employment. Each new employee must have a local agency training/mentor who ensures that all activities on the Level II Orientation Checklist have been completed. This designated staff person electronically documents training activity completion in the Compass computer system, Staff Competencies.

Level III:

- Participant- centered care online course. This course offers ten self-paced modules and activities focused on providing Participant-Centered Education (PCE) by incorporating counseling methods i.e. motivational interviewing, rapport building, and active listening.
- Specific training materials:
 - ✓ Introduction: Welcome to WIC PCE
 - ✓ What Motivates People to Change?
 - ✓ The Spirit of PCE
 - ✓ Opening the Conversation
 - ✓ O.A.R.S
 - ✓ Roadblocks to Listening
 - ✓ Moving from Assessment to Counseling
 - ✓ Providing Advice: Offering Nutrition Education
 - ✓ Rolling with Resistance
 - ✓ Next Steps
 - ✓ Level III: PCE Post-Test
 - ✓ PCE handouts and training activities (recommended; not required)

- All Level III activities must be completed within nine months of employment. Each new employee must have a local agency training/mentor that ensures that all activities on the Level III Orientation Checklist have been completed. This designated staff person electronically documents training activity completion in Compass, Staff Competencies.

Staff Training Required to Provide Alternate Nutrition Education

WIC staff members involved in providing alternate nutrition education contacts must receive training on how to fill this role effectively. At a minimum, training is to include the following elements:

- Familiarity with the wichealth.org website, including the format and topic areas, the names of the lessons available, how to access the lessons, and how to access client search to electronically verify lesson completion for WIC participants if needed.
- Completion of the online module, *Providing Phone Nutrition Education for Follow Up Visits*, required prerequisites for the module, and pass the phone counseling observation.

Ongoing Staff Training

All local agency WIC personnel must receive ongoing nutrition-related education and training. It is the local agency's responsibility to determine the educational needs of each staff person. Training sessions can be provided by the state agency or organized/identified by local agency staff.

Examples of acceptable training programs:

- Nutrition lectures or classes presented by state and/or local staff. Community nutrition resources may be utilized: i.e.; hospital dietitians, extension agents, and/or interns, to assist with planning programs and/or speaking.
- A staff representative may attend a nutrition/training program or conference and present an in-service to the remainder of the staff upon his/her return.
- After reviewing current nutrition letters, journal articles, or audiovisual materials, the local agency staff may discuss the information and the implications.
- A staff person successfully completes a self-learning module.
- State and Regional WIC Meetings
- Other pertinent in-service education programs, i.e., team building, supervision, customer service, counseling, communication, computer skills, diversity training.
- Webinars and other on-line trainings

Evaluation of Counseling Skills

Local WIC agencies must comply with their local agency's personnel rules regarding staff performance evaluations. A key part of this process is to identify areas for growth and to advance counseling skills. Each Local Agency WIC Director is required to ensure appropriate staff training is provided.

A nutrition counseling evaluation tool is posted on the CO WIC web site for local agencies' use: *WIC Visit Assessment & Counseling Evaluation Tool*. Local WIC Agencies may also develop and use their own evaluation forms.

Evaluation of WIC Service Delivery

Local agency supervisors may use two staff evaluation tools developed by State Office and posted on the Colorado WIC web site:

- WIC Participant Record Review form
- Clinic Observation Form

Documentation of Training

Successful completion of training is documented in Compass under Operations/Staff/Staff Training.



WIC Branding and Communications

Policy: Colorado WIC has committed to partnering with the National WIC Association on a National Branding campaign to bring more people to WIC, keep people longer and improve perceptions of WIC. In order to ensure consistency of messaging and professional images for WIC materials, local agencies are asked to ensure their materials follow the same branding guidelines. (Branding includes look, feel, design and messaging. It's how an organization presents itself in terms of look and content.) The messages need to be consistent and conform to those developed under the NWA research.

Regulation: Colorado WIC Policy, National WIC Association Branding Campaign

Procedure/Additional Guidance:

Branding:

A unified brand will help you share WIC's story and drive support for WIC services.

- Strengthen the WIC program - all clinics, agencies, state office, national level perceived to be working in a unified and professional manner.
- Increase public awareness - provides instant recognition.
- Increase public support - creates an identity for WIC that people can relate to and trust.
- Communicates the benefits WIC can bring to its participants, its community and statewide.
- Branding is really about consistency. The best brands are easy to recognize because they have a consistent, signature look and that look is used over and over across all channels and materials.
- Brand is who you are and what you value.
- Branding is about getting the word out there in an attractive AND strategic way.

The branding provided by National WIC Association has been focused-group tested with WIC participants and potential participants, so we know the brandm, design and messaging will connect with them and build trust between WIC and participants.

New materials:

In order to ensure consistency in design and messaging of WIC materials and campaigns intended for the public, local agencies are encouraged to use pre-made templates, posters, ads, icons, logos, etc. that are already branded and offered on the website and/or review new concepts and campaign strategies with the state office. The State Office can provide technical assistance on campaigns from research to evaluation. Materials can be reviewed for state-wide consistency, branding, messaging and presentation.

See [National WIC Branding Guidelines document](#).

See [WIC Branding materials](#).

Social media:

When creating or posting to Facebook, Instagram, Twitter, Pinterest or other WIC social media accounts, follow the WIC social media guidelines when posting and responding. Be sure to write about what is of interest to your audience.

See [Social Media Guidance document](#).

Evaluation:

Any campaign or outreach should have an evaluation component to ensure we are meeting our communications goals. It may include measuring changes in behavior (e.g., are you increasing enrollment?); reviewing how advertising, social media or websites are performing and making sure they are getting the intended results (e.g. Do you want to increase awareness? Focus on impressions. Do you want to encourage people to enroll? Be direct in that call-to-action and measure enrollment).

Technical Assistance:

The Communications Specialist at the State Office is available to help. The communications specialist can provide communications consultation on outreach and marketing projects and help support questions about branding guidelines. In addition, images and templates are available for your use on the www.ColoradoWIC.org website under Local Agencies > WIC Branding.



Type alignment

Mostly, Left Justified Works Best

Completely impact multifunctional processes and wireless supply chains. Dynamically engage business meta-services for market-driven data. Collaboratively restore cross-platform users before client-centered manufactured products.

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Assertively evolve long-term high-impact portals through visionary solutions. Professionally harness standardized portals vis-a-vis resource maximizing deliverables. Continually coordinate stand-alone applications rather than virtual communities.

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Left Aligned Text

- Has a straight left edge
- Each line starts at the same edge

Centered Text

- Has a ragged left edge
- Each line starts at a different edge

With left aligned paragraphs a **straight left edge** appears. This anchors readers, so they know where the next line will start each time. This means paragraphs are read faster, increasing the number of articles that are likely to be read.

With centre text, there is no consistent place to move your eyes to, when locating the next line. This:

1. forces visitors to work harder to continue reading
2. slows down reading, when completing each line
3. discourages long-term engagement and 'deep reading'.



Using Right Aligned or Centered Text

In both cases, the reader faces the same issue: dealing with an inconsistent starting position for each line.

So, use for just one or two lines, such as headings or captions. Requiring limited eye movement, it's scannable, without slowing down the reader too much.

Aligning Images with Text

With centred images within a grid, to add symmetry, centre captions. However, as with body text in general, if your images is right aligned, still left align text unless it is a short caption.

Combining Headlines and Body Text

Centered Headline

Left aligned paragraph text does not combine well with centered text. Unsymmetrical line lengths of the paragraph can give the headline the appearance that it's slightly off-center.

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Plain Language

Source: excerpted from *PLAIN: Plain Language Association International*
<http://plainlanguagenetwork.org/plain-language/what-is-plain-language/>

When drafting a plain language text, consider:

- Audience and purpose
- Structure
- Design
- Expression
- Evaluation

Audience and purpose

Start by considering what you want to achieve in writing a communication. If it succeeds, what will happen? How might you measure that?

Then you should think about:

- who your audience is - their age, profession, education, and skills.
- what information they may already know and what they may need.
- what they will want to achieve by reading your communication.

Assessing your audience in this way will help you select the best mix of the following language and design elements to use.

Structure

To select the right structure for a communication, ask yourself:

- What are the common structures used for this type of communication?
- What structures will readers be familiar with?
- What sequence will be logical and easy for readers to navigate?

Principles to apply as you refine your structure include:

- using summaries to present key information before the details.

- dividing each section into roughly equal chunks.
- considering some transitional text to link one section to the next.

Expression

Finally, think about the wording. While some techniques will vary from language to language, key areas to consider include:

- **Tone:** use personal pronouns and write in a formal yet conversational style.
- **Word choice:** use the simplest word that conveys your meaning.
- **Jargon:** avoid jargon and explain technical terms.
- **Sentences:** keep sentences between 15-20 words on average, with individual sentences no longer than 30-35 words.
- **Verbs:** Use the active voice rather than the passive. Write "I read this page" rather than "This page was read by me."

Once you've written your information in plain language, the final step is to review whether your audience can understand and use the information they find.

Evaluation

Always evaluate whether your text is likely to succeed before you send it. At a simple level, this may involve editing the communication against a standard or checklist such as <https://www.cdc.gov/ccindex/ccindex.html>, or having another person review it.

Wherever possible, carry out some user testing with your audience. This might be through surveys, interviews, or testing with people who are representative of your readers.

WIC Text and Voicemail Message Program

Policy: WIC provides automated text messages and voicemail communication to participants. Messages sent to the endorser/participant may include appointment reminders, missed appointment notifications, food benefit reminders, WIC service reminders, requests for participant feedback, or other critical information/alerts as authorized by the State WIC Director (ie. government shutdown, natural disaster, etc.).

Regulation: Colorado WIC Policy

Procedure/Additional Guidance:

Staff must notify all participants of the Colorado WIC Text and Voicemail Messaging Program when the participant's phone number is collected at the initial WIC appointment or updated at subsequent appointments. If a participant would like to receive WIC text and voicemail messages, the "Allow Calls" and "Allow Texts" check boxes must both be checked on the Contact/Address panel.

After the initial WIC appointment, Colorado WIC sends a "Welcome to WIC" text/voicemail message to those opting to receive texts and voicemails. The email contains instructions on how to opt out of the texting/voicemail message program. If a participant choose to opt out, they will be removed from any future texts immediately. If a participant chooses to opt out, they will be removed from any future texts immediately.

To Opt Out at Any Time

Text "STOP" to 22300 or a participant can contact the WIC clinic

To Opt Back In

Text "ALERT" to 22300 and ensure the participant does not have the Do Not Call check box marked on the Contact/Address panel of Compass.

The State WIC Office does not send out text/voicemail messages at request on behalf of local WIC agencies or WIC partners.



Fiscal Overview & Reporting Requirements

Policy: Local Health Agencies shall submit monthly expenditure reimbursement requests and shall submit monthly or quarterly time studies regarding

Regulation: 7 CFR §246.1, 2 CFP Part 200, subpart A_f, 2 CFR Part 400 and 415, Office of Management and Budget Circular A-130, State Agency and FNS Guidelines and Instructions

Procedure/Additional Guidance:

WIC is a federally funded program through the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) with strong financial accountability, and strict rules attached to the use of WIC funds. The Colorado WIC program receives three distinct kinds of funds, for food benefits, for Nutrition Services and Administration (NSA), and for Breastfeeding Peer Counseling (Peer Counseling).

Food funds are spent by WIC participants at the grocery store or pharmacy. Food funds come from the federal WIC grant and rebates received on bid infant formula bought by WIC participants. Breast pumps for participants may also be purchased using food funds.

NSA funds are spent at the state and local level for staff, rent, educational materials, equipment, overhead, and all other costs involved in delivering WIC services to participants. In Colorado, WIC program service funds come entirely from the federal grant and some local agencies' general fund contributions.

Breastfeeding Peer Counseling funds are spent at the state and local level to continue to build up and expand breastfeeding and peer counseling efforts. The use of these funds for activities that are outside of approved breastfeeding peer counseling implementation plans or that are not supported by the Loving Support model is not authorized.

Financial Management Standards

All local agencies must have a financial management system in place which, at a minimum, ensures the following:

- Accounting records are supported by source documents
- Records show the source and application of funds and contain information pertaining to reimbursement from Federal funds, authorizations, obligations, unobligated balances, assets, liabilities, outlays and income
- Accurate, current, and complete disclosure of the financial results of the Program, and effective control over, and accountability for all funds, property, WIC checks, and other Program assets to assure that they are safeguarded and used solely for authorized purposes
- Comparison of actual outlays with budgeted amounts
- A systematic method to assure timely and appropriate resolution of audit and/or monitoring findings and recommendations
- Records detailing all procurements made with WIC funds that assure that such procurements meet Federal and State procurement standards
- An accounting system that ensures that no other program costs are charged to WIC
- Adequate internal controls to assure separation of duties

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Regulation: 7 CFR §246.1, 2 CFR Part 200, subpart A_f, 2 CFR Part 400 and 415, Office of Management and Budget Circular A-130, State Agency and FNS Guidelines and Instructions, [USDA FNS Allowable Costs for Breastfeeding Peer Counseling Funds \(January 2022\)](#).

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- Records show the source and application of funds and contain information pertaining to reimbursement from Federal funds, authorizations, obligations, unobligated balances, assets, liabilities, outlays and income
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Allowable WIC Costs - General

All local Colorado WIC Agencies operate under the auspices of the CDPHE WIC Program. Local agencies perform under the jurisdiction of a State of Colorado contract with the WIC Program.

Federal funds are available to local agencies through contracts/agreements to provide for the following:

- Cost of WIC food benefits
- Certification of WIC participants
- Nutrition education
- Breastfeeding Promotion
- Outreach
- General program administration

Prior to entering into a formal contract, the State WIC Office allocates funds to each local agency through a funding formula. A formal contract, specifying the maximum administrative budget and effective time periods for that budget, is signed by the local agency, the State WIC Office, and the CDPHE. The contract specifies that administrative costs are reimbursed upon the basis of the maximum allocated amount or actual documented expenditures, whichever is less, and that costs will be reimbursed up to the allowed maximum.

Expenses in excess of the maximum will not be reimbursed. WIC contracts cannot be amended retroactively (i.e., if you need additional funds for June and do not request those additional funds until July, WIC will not be able to amend your contract).

If you have any questions regarding maximums or unexpected problems staying within those maximums, please call the WIC Fiscal Unit Manager.

All local agencies are required to follow Federal Regulations (7CFR Part 246 and 7CFR 3016), the State WIC Program Manual, and applicable OMB rules and regulations -2 CFR Chapter I, and Chapter II, Parts 200, 215, 220, and 230 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

This provides guidelines for identifying allowable costs under grants to public entities and nonprofit organizations. It states that users should not construe the failure to mention a particular item of cost as an implication that such cost item is either allowable or unallowable. Users are instructed to determine the appropriate treatment of a cost item that is not expressly mentioned by relating it to the treatment of similar items that are mentioned. The general rule for determining the allowability of costs is the “reasonable and necessary” cost test.

Reasonable Costs:

- Provide the Program a benefit generally commensurate with the costs incurred,
- Are consistent with the costs of similar items from other vendors,
- Are in proportion to other program costs for the function that the costs serve,
- Are a priority expenditure relative to other demands on available administrative resources, and
- Have a proven or intuitive positive impact.

Necessary Costs:

- Are incurred to carry out essential program functions, and
- Cannot be avoided without adversely impacting program operations.

The State WIC Program has final authority over what constitutes reasonable and necessary costs.

The following categories of cost are allowable under WIC regulations:

- The amount of funding allocated for food costs is based on predicted caseload levels.
- Operational and administrative costs allowable costs are outlined as follows:

Direct Costs

Salaries and Wages	Compensation of employees for actual time and effort devoted specifically to the WIC program, including fringe benefits. Time and effort (T & E) certification must be available at the local agency. These T & E forms must include the employee's and supervisor's dated signatures and a certification statement.
Supplies	Costs of materials acquired, consumed, or expended specifically for WIC, i.e., food models and samples; medical supplies such as Band-Aids; office supplies such as paper, pens; nutrition education materials and printing costs (see Nutrition Education below).
Nutrition Education	Nutrition Education and Breastfeeding Promotion expenses, i.e., costs related to individual or group educational sessions with participants; provision of nutrition education and/or breastfeeding promotion materials such as pamphlets, training and evaluation of education, and mailing education materials. These costs must be clearly identified on the Contract Reimbursement Statement.
Equipment	<p>Equipment: Office equipment such as chairs, desks, filing cabinets, non-expendable medical equipment; blood analysis equipment, measuring boards, and scales. Equipment purchases must have prior approval from the Fiscal Unit Manager. Equipment is defined as an article of non-expendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes or \$5,000.</p> <p>All equipment purchased with WIC funds becomes the property of the WIC Program. Per 7 CFR 3016.32(d)(1), property records must be maintained by the local agency that include a description of the property, a serial number or other identification number, the source of the property, who holds the title, the acquisition date, cost of the property, percentage of Federal participation in the cost of the property, the location, use and condition of the property and ultimate disposition data including the date of disposal and sale price of the property. No WIC equipment may be disposed of without State and/or USDA approval. The local agency will return WIC equipment if so requested.</p> <p>A physical inventory of the equipment must be taken and the results reconciled with the property records bi-annually. All ADP equipment must have prior approval from USDA through the Fiscal Unit Manager or it will not be reimbursed.</p> <p>When equipment is billed to the State WIC Program during the last month of the fiscal year, causing the local agency to exceed their contract maximum, it will be processed as follows:</p> <ul style="list-style-type: none"> • When the equipment purchased was requested in the approved WIC budget, or approval has been received from the Fiscal Unit Manager, the amount of the equipment will be reimbursed (while other expenditures to the extent of the contract excess will not be reimbursed) and will become the property of WIC. <p>When the equipment purchased was not requested in the approved WIC budget, or approval was not received from the Fiscal Unit Manager the amount of the equipment will be deducted (not allowed) from the reimbursable amount and the equipment will become the property of the local agency.</p>
Travel	WIC personnel travel to and from clinic sites and travel necessary to fulfill WIC Program functions. All out-of-state travel, and travel other than within the agency service area or to State-sponsored WIC meetings must meet the generally accepted accounting criteria of "reasonable and necessary" and further the goals of the program. Mileage will be reimbursed at the local agency's rate up to the maximum allowed by the IRS.

Lab Fees	Lab fees associated with certification. (Lab fees <u>cannot</u> be charged to participants, Medicaid or other third parties).
Outreach	Outreach costs, including advertising.
Program Incentives	Program incentive items. Reasonable and necessary costs that promote the specific Program purposes of outreach, nutrition education and/or breastfeeding promotion. Program incentive items are primarily intended for use by Program participants or potential participants. Occasionally, it may sometimes be appropriate to distribute Program incentive items to staff when those items present an outreach, nutrition education, or breastfeeding message. These items should be of nominal cost. Contact your nutrition consultant for more information.
Physical Activity	Elements of physical activity promotion as a part of nutrition education may be considered an allowable cost for the WIC Program. Examples of allowable costs include: educational materials that reinforce health benefits of physical activity, nutrition education classes that reinforce and contain physical activity messages, brief physical activity demonstrations, training for staff on the health benefits, promotion of physical activity, and how to promote behavior change in participants. (See Unallowable costs for examples of items that are not allowable.)
Building Space & Related Facility Costs	<p>The rental cost of space in privately - or publicly-owned buildings used for the benefit of the Program is allowable subject to the following conditions:</p> <ul style="list-style-type: none"> • The total cost of space may not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality • The costs charged to WIC must be based on actual costs paid by the agency • WIC's share of the rental costs must be based on WIC's share of the total space based on square footage studies <p>When the building is owned by the county and/or agency and no rent is paid, a usage fee or depreciation cost may be charged. These charges must be in accordance with the appropriate OMB fiscal guidelines.</p>
Purchase, Repair or Renovation of Buildings	The purchase, repair or renovations of real property are capital expenditures that require prior approval from the USDA Regional Office. Only in areas where other options are not available, will USDA approve capital expenditures for the purchase, repair or renovation of buildings. Any local agency requests for prior approval must be submitted to the State WIC Office for submission to the USDA. Upkeep of grounds, necessary maintenance, normal repairs and alterations, and the like are allowable to the extent that they: keep property in an efficient operating condition, do not add to the permanent value of property or appreciably prolong its intended life, and are not otherwise included in rental or other charges for space.

Local agencies shall ensure that no claim is submitted for reimbursement of services already funded by other state or federal programs, or for costs which are not allowable.

Indirect Costs

- Indirect costs are those incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the direct costs specified previously.
 - ✓ Shared expenditures such as postage, phone, and administrative overhead in terms of salaries of administrators, accountants, nurses.
 - ✓ Other shared expenditures such as building space, heating and lighting and printing or copying.
- Documentation must be submitted on a yearly basis (or as the rate changes) to CDPHE for approval.
- Costs included in the indirect cost pool cannot be charged as direct costs.

Questions concerning allowable costs should be directed to the State Fiscal Unit Manager. Effective January 1, 2015 changes in OMB circular guidance allows that agencies may submit indirect costs up to 10% per invoice without prior approval from CDPHE's internal auditing department. No indirect rates exceeding 10% will be reimbursed without a CDPHE approved indirect rate. Rate changes occurring within a contract year must be reflected on contract reimbursement statements.

Local Agency Time Study

Policy: All WIC staff at the state agency and local agencies will maintain time logs/studies. Time Study reports are due by the 20th of the month following the period and are dependent on whether the Agency reports 1 week per month or 1 month per quarter.

Regulation: 7 CFR 246.17, USDA Memo 9/30/92—Addendum to WIC Program Annual Closeout Report

Procedure/Additional Guidance:

The purpose of the time study is to document, through the use of staff time logs, the expenditure of at least 1/6 of Colorado WIC's administrative budget for nutrition education, the expenditure of allocated funds for breastfeeding promotion, and the amount of time spent providing client services and general administration.

- Scope of Study
 - ✓ All WIC staff at the state agency and local agencies will maintain time logs.
- Duration of Data Collected
 - ✓ At local agencies, staff will maintain daily time logs for one full work week (five days) per month or for one full month per quarter. State staff members are required to document daily time and effort. Therefore, costs for State staff will be based on actual time.
- Date Collection Instrument and Reporting
 - ✓ Time logs will be filled in by the worker after each activity. The activity axis will include listings of nutrition education, breastfeeding promotion, client services, and general administration activities performed by WIC staff. Local agencies will provide a report listing the percentage of time spent in each activity for each WIC staff with the Contract Reimbursement Statement.

WIC Funding Formula & Local Agency Contracts

Policy: The state WIC program shall allocate federal WIC funds to local public health agencies to administer the program throughout Colorado.

Regulation: 7 CFR 246.16, 7 CFR 246.4 (a)(5), 7 CFR 246.5 (c)(1)

Procedure/Additional Guidance:

Nutrition Services and Administration funds (NSA) are distributed to local agencies based on a funding formula that was developed by a committee comprised of Local Agency WIC Directors, Local Agency Directors of Administrative Services, and State Office staff. The objective of using a formula is to distribute funding to local agencies in a fair, impartial, and efficient manner.

The formula uses six factors to distribute available funds:

- 1) Number of participants served,
- 2) Number of high-risk participants,
- 3) Participant turnover rate,
- 4) Salaries at each agency,
- 5) Travel set aside for agencies with extensive travel, and
- 6) Economies of scales.

Information for each component of the funding formula is found within the Compass system, with the exception of salary information. Local agencies are required to submit an annual budget, which includes personnel costs and full time equivalent (FTE) caclucations for all employees. This budget is due by November 1st of each contract year to the Fiscal Unit Supervisor.

The Colorado WIC Program runs the funding formula prior to the start of a fiscal year based upon projected awards. It may also be run after USDA announces the Colorado WIC Program's level of funding (depending upon timing of the receipt of annual budget), and awards adjusted accordingly. Contracts are issued to the local health agencies on behalf of the Colorado Department of Public Health and Environment. If it is determined that additional funding is available for local agency contracts, the state office may opt to implement a supplemental funding process. This process allows local agencies to apply for supplemental funds to help with additional budgetary needs, special projects to improve caseload, or capital improvement costs. Amendments are made to the local agency contracts.

Termination of Local Agency Contracts

The State WIC Office may disqualify a local agency and terminate the contract:

- When the State determines noncompliance with Federal and/or State regulations.
- When the State's Program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.
- When the State determines, following a review of local agency operations, that another local agency can operate the Program more effectively and efficiently.
- When the State determines abuse of Program funds.
- When the State determines greater need in another area according to the Affirmative Action Plan.
- When another agency in the area of a higher priority according to the local agency priority system (see 7CFR Part 246, January 1995) is available to administer the Program.
- When another WIC agency in the area is capable of accepting the local agency's participants in order to consolidate local WIC Programs.

The right of appeal shall be granted when, during the course of the contract, a local agency is disqualified or any adverse action which affects participation is taken. Should the need arise to schedule an administrative hearing, the Regulations provide that the local agency shall have one opportunity to reschedule the hearing date upon specific request. EXPIRATION AND SUBSEQUENT NON RENEWAL OF A CONTRACT SHALL NOT BE SUBJECT TO APPEAL.



The State Office shall provide the affected local agency with written notice not less than 60 days in advance of the pending disqualification which includes an explanation of the reasons for disqualification, the date of disqualification, and except in cases of the expiration of a local agency's contract, the local agency's right to appeal as set forth in Federal Regulations 7CFR 246.18.

Outreach

Policy: The WIC Program must publicize the availability of the Program at least once per year using outreach techniques believed to be the most effective. Additionally, the State WIC Office must release an annual statewide general press release.

Regulation: CFR 246.4(a)(7), 246.7(a)(9)

Procedure/Additional Guidance

The United States Department of Agriculture (USDA) specifies that WIC Programs perform the four following principle activities to assure effective outreach (each discussed in detail below):

- Publicize the availability of the WIC Program
- Build an outreach network
- Inform organizations in the outreach network about the WIC Program
- Coordinate with other community resources

Outreach consists of the techniques used to promote and advertise the WIC Program to inform applicants, participants, and potentially-eligible persons of the Program availability, Program participants' rights and responsibilities, the nondiscrimination policy and the procedure to file a complaint. Should the Colorado WIC Program's financial resources become limited, participants at the highest nutritional risk must be served. Therefore, an effective outreach program targets those with the highest nutritional risk.

Principle Activities for Effective Outreach

- **Publicizing the Availability of the WIC Program:** Several techniques can be used to publicize the availability of a local WIC Program. Media related activities include news releases, newspaper feature stories, and public service announcements. Other activities include distribution of flyers, pamphlets, and posters.

Public Service Announcements must include the following elements:

- Program Availability
 - ✓ Hours of operation
 - ✓ Location of clinics
- Complaint Information
 - ✓ How to file a complaint
 - ✓ The WIC Nondiscrimination Statement
- **Building an Outreach Network :** An effective outreach program includes an established network of community agencies, organizations, and employers who serve the same population. The purpose of this network is to ensure that potentially-eligible clients are referred to the WIC Program. Include community agencies and organizations serving low income pregnant, breastfeeding and postpartum women, infants, and children in the outreach network. Since many working families qualify for the WIC Program, include employers of potentially-eligible clients in the outreach network. Provide to these organizations written materials that describe WIC and how to apply
- **Informing Organization in the Outreach Network about the WIC Program**
 - Once the outreach network is established, provide continual updates regarding the WIC Program to the agencies/organizations. This can be accomplished by routinely visiting the agency, through telephone contacts, and/or sending personal update letters or arranging to provide short presentations on the WIC Program at a staff meeting could also be a valuable outreach technique. Minimally, each agency/organization should be contacted at least once a year, and more often if a major change in the Program occurs (i.e., caseload increase or decrease).
 - Community agencies should maintain a stock of pamphlets describing the WIC Program with the address and telephone number of the nearest WIC office, so they can be distributed to potentially-eligible clients. Also, if the agency permits, a WIC poster should be displayed.

- Coordinate with Community Resources: The local WIC Program’s outreach activities should be coordinated with other community programs.

Targeting Outreach Efforts to Special Populations and High Risk Groups

- **Migrant Farm Workers:** The migrant population needs outreach even more than the general population because their newness to the area often means they do not know where to obtain WIC services. Outreach is also necessary to overcome their isolation from the general population. Outreach techniques used for migrants may include:
 - Outreach in migrant camps by bilingual staff members or volunteers.
 - Special WIC clinics held in the migrant camps.
 - Inclusion of migrant farm worker organizations in the outreach network.
- **Refugee Population:** The refugee population also needs outreach more than the general population because of their newness to the area. Outreach techniques that may be useful for the refugee population include:
 - Notifying agencies that sponsor refugees about the WIC Program.
 - Making WIC outreach pamphlets available in the appropriate language(s).
 - Including community organizations that service refugees in the outreach network.
- **Infants and Children under the Care of Foster Parents, Protective Services, or Child Welfare Services** Infants and children in protective services, placed in a foster home, or under the care of child welfare are considered to be families of one and are, therefore, eligible to participate in WIC when caseload slots are available. Outreach is necessary to let the caregivers of this population know about Program services. This population may be reached by:
 - Notifying agencies/organizations that work with infants and children placed in protective care or foster homes:
 - ✓ Medicaid Office
 - ✓ Mental Health
 - ✓ TANF Office
 - ✓ Foster Parent Support Groups
 - ✓ Protective Services Office
 - Use public service announcements (PSAs) targeted specifically toward caregivers of these infants and children.
 - ✓ Encourage clients to do outreach. Support groups for foster parents and other caregivers may exist in some communities. These groups could provide a number of referrals and word of mouth is often the most effective means of getting the word out.

Targeting High Priorities

Target services to the highest WIC priorities, especially when WIC agencies are at caseload. Targeting WIC services to those who would benefit most from the Program includes priorities 1 and 2 or pregnant/breastfeeding women and infants, migrants, and homeless individuals. Infants and children under the care of foster parents, protective services, or child welfare authorities, including infants exposed to drugs prenatally should be targeted. Suggested activities for targeting infants and pregnant/breastfeeding women include:

- Enlist the help of people in the community who are well known and respected by the people you are targeting or who care about the people you are targeting. These key people might be popular radio announcers, grocers, doctors, teachers, nurses, 4-H leaders, athletes, and pharmacists. They may be willing to do spot radio announcements or newspaper interviews on nutrition, discuss WIC with people they work with, or be advocates for WIC in other ways.
- Contact employers in your community to see if they are willing to display outreach posters or brochures or let you speak at a staff meeting can be very effective at reaching working people who are not using WIC services.
- Form a local task force and work with groups to put together a strategy for publicizing WIC to high priorities within the community.
 - Other programs within your health department or nursing service.
 - Church groups.
 - Boards of Education.



- Local chapters of the nursing/physician/dietetic organizations.
 - Mayor or County Commissioners.
 - Local representatives of elected officials.
 - School nurses and wellness teams.
 - Local chapter of March of Dimes.
 - Medicaid offices.

 - Provide WIC information (posters, pamphlets, presentations etc.) to all the places in your community that specifically attract infants and pregnant and breastfeeding women (versus attracting children or families in general). Medicaid offices.
 - Child birth classes.
 - Summer feeding programs.
 - La Leche League meetings.
 - Obstetricians' and pediatricians' offices.
 - Stores/thrift shops that sell maternity or infant clothes.
 - Obstetrics wards in hospitals.
 - Teen mothers' classes or groups.

 - Temporary Assistance to Needy Families (TANF) offices.
 - Supplemental Nutrition Assistance Program (SNAP) offices.
 - Hunger Free Colorado.
 - La Leche League or local breastfeeding task forces.
 - Hospitals.
 - Agriculture extension offices.
 - Day care facilities.
 - New parents' classes at the YMCA/YWCA or Red Cross.
 - Day care centers that serve infants.
 - Babysitting co-ops.
 - Diaper services.
 - Supermarkets - at customer service or next to the baby food, diapers, or formula.
 - Exercise programs geared for pregnant women.
 - Infant swim classes.
 - Birthing clinics.
 - Offices serving other nutrition assistance programs, e.g., Supplemental Nutrition Assistance Program (SNAP), CSU Extension.
-
- Encourage clients to help with outreach. Make a poster directed at clients telling clients (especially pregnant and breastfeeding women or infants) about WIC. Or, give incentive prizes to participants for referring applicants. Extra "points" can be given for referring pregnant and breastfeeding women and infants. Try to get a merchant to donate incentive prizes (such as a half price restaurant meal, a movie pass, or a discount haircut). Participant surveys show that word of mouth referrals are by far the most effective outreach mechanism.
 - Write a newspaper article about good nutrition for pregnancy, breastfeeding, and/or infancy. Use a catchy title that will attract the reader's attention. At the end of the article, describe the WIC Program, and include your local address and phone. Include a "human interest" photo that will attract the readers' attention, (e.g., a pregnant woman being weighed, a mother holding her newborn).
 - Use public service announcements (PSAs) designed specifically to attract pregnant and breastfeeding women and infants. Consider whether your PSAs need to be done in a second language too, such as Spanish. Target radio and television stations with programming oriented to high-priority populations that may be interested in WIC.
 - Outreach in small towns throughout the county. These towns may offer a new pool of high priority clients.
 - Advertise and offer free height and weight screenings for infants. At the screening, let families know about the WIC Program.
 - Include information about WIC on the county or local health department's webpage.
 - Add a link from the county webpage to the Colorado WIC Facebook page. (www.Facebook.com/CDPHE.WIC).
 - Share posts to the Colorado state WIC Facebook page. This helps cross promote both organizations.
 - Let participants know about the Colorado WIC Facebook page.

Considerations When Doing Outreach

- Avoid jargon in your outreach materials. For example, people may not understand the meaning of a "food package" or "nutrition risk criteria."
- Outreach not only to target populations but also to those people who care for them such as grandparents in a local senior citizen group.
- Be sensitive to the community's values. For example, do not stress that WIC is a USDA program in a county where USDA may be associated with farm foreclosures.



- Develop an “additional resources” sheet for people who apply for WIC as a result of outreach efforts but do not qualify or are put on a waiting list.

Documenting and Reviewing Effectiveness of Outreach Activities

Local agencies are encouraged to develop a documentation mechanism that suits their needs. The State agency reviews outreach efforts during monitoring visits through review of the documentation maintained by the agency.

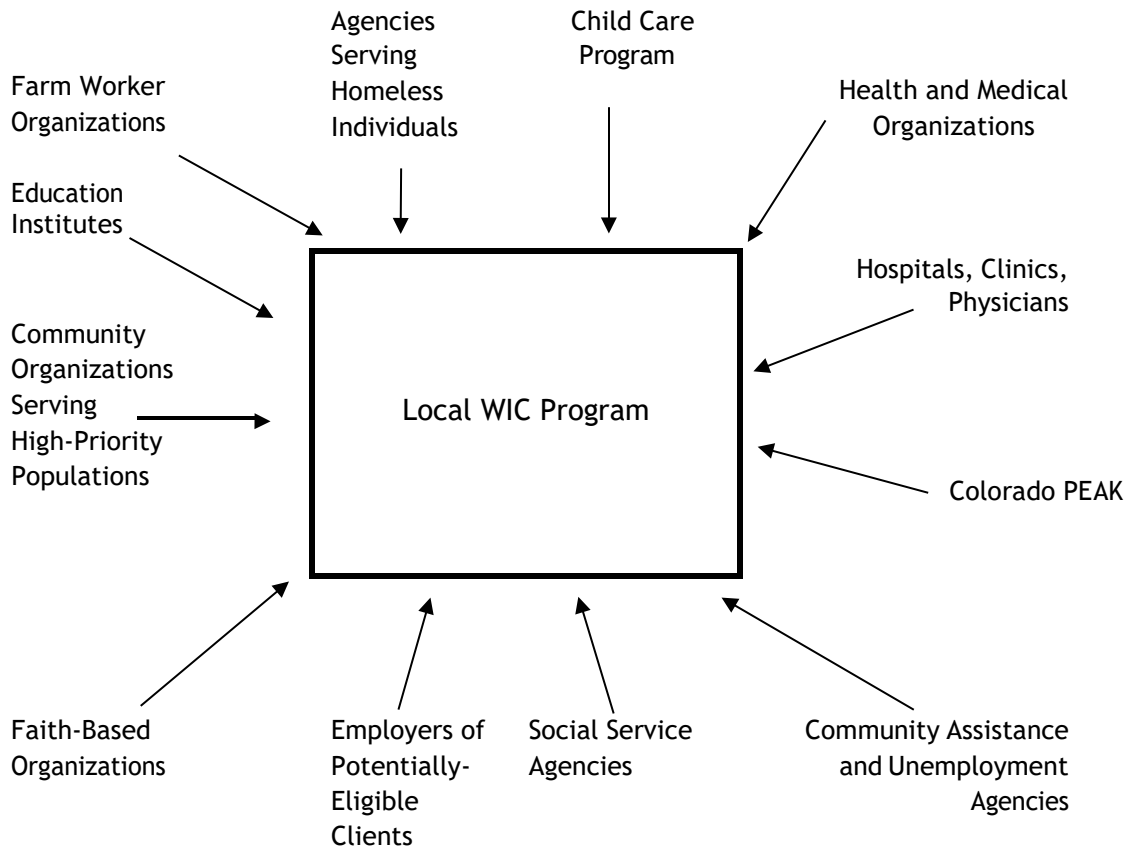
Local agencies may want to determine if their outreach network is functioning effectively. By reviewing the *Referral Summary* report, the agency can see who is making referrals to your clinic and those programs where outreach efforts can be enhanced.

Outreach Resources

The State Office has outreach pamphlets and posters available in English and Spanish. Agencies can adapt these for local use by including the address and telephone number of the nearest WIC office.



WIC Outreach Network



General Agencies or Organizations in the WIC Outreach Network

	Specific Examples
<i>Employers of Potentially-Eligible Clients</i>	Major employers in the community Factories/warehouses Fast food restaurants/restaurants Grocery stores Retail stores
<i>Health and Medical Organizations</i>	Local childbirth associations Local medical associations La Leche League Local dietetic and nursing associations
<i>Hospitals, Clinics and Physicians</i>	Local physicians (obstetricians, pediatricians, etc.) Local hospitals (include Social Service and dietary departments, maternity and pediatric units) Local health department or nursing services (EPSDT) Health Care Program for Children with Special Needs (HCP) Nurse Family Partnership, Health maintenance organizations Family Planning
<i>Community Assistance & Unemployment Agencies</i>	Salvation Army Goodwill Local Job Training Partnership Act (JTPA) Local WIN (Work Incentive) Programs
<i>Social Service Agencies</i>	Medicaid Supplemental Nutrition Assistance Program Temporary Assistance to Needy Families Foster Care Program Colorado PEAK
<i>Religious Organizations/Advocacy Groups</i>	Churches/Synagogues Colorado Advocates Against Hunger Bread-For-The-World Emergency food banks Housing Authority Crisis Center Battered Women Center Community Action Program
<i>Educational Institutes</i>	Adult education programs High school Teen Parents' Program Local colleges and universities CSU-Extension service SNAP-Ed Extended Food and Nutrition Education Program (EFNEP)
<i>Agencies Serving Homeless Individuals</i>	Homeless Shelters Food Kitchens Unemployment Offices YMCA, YWCA

Waiting List

Policy: When funds are insufficient to support Colorado WIC Program's active enrollment, waitlist procedures must be activated. The State agency determines when to activate waiting lists and which participant priorities to place on a waiting list.

Regulation: CFR 246.7 (e)(4), 246.7(f)(1), FNS Instruction 803-6 Rev. 1

Procedure/Additional Guidance:

A waiting list is a list of individuals who have expressed interest in receiving WIC benefits and who are likely to be served when caseload slots become available. The waiting list process ensures that WIC services are provided to participants with the highest nutritional risk (lowest priority). The decision regarding which priorities to place on waiting lists is based on available funding and estimates of the cost to provide WIC services to groups of participants of identical priority. The State agency notifies the local WIC agencies in writing of the need for waiting lists, the type of waiting list, which priorities to place on the waiting list, and the implementation date.

Type of Waiting Lists

Access to the Clinic Services Administration>Waiting List panel is available to selected State Office staff only. On this panel, the State Office user defines the effective date of the waiting list and the specific participant categories and priorities that will be eligible for the waiting list. There are two types of waiting lists - certified and uncertified. When waiting list status is activated, the State Agency will designate whether to implement one or both types:

- **Uncertified waiting lists** include those applicants who expressed interest in applying for the WIC Program but have not been screened. These applicants must be placed on the list based on their highest potential priority (Priority 1 for pregnant and breastfeeding women and infants, Priority 3 for children and Priority 4 for postpartum women). Uncertified waiting lists are manually recorded on a log.
- **Certified waiting lists** include applicants who have been certified eligible through screening, but whose priority is not currently being served. Certified waiting lists will be created by the computer system after the certification information has been entered into the computer. The lists will be grouped by priority.

Documentation

Each local agency must keep a waiting list of all individuals who express interest in receiving WIC benefits, either in person or by telephone. Each local agency will maintain the following data elements for each applicant entered in Compass:

- The applicant's name
- Address and/or phone number
- Applicant status (pregnant, breastfeeding, age of applicant, etc.)
- The date the applicant was placed on the waiting list.

Notifying Applicants & Participants

The local agency WIC user must:

- Screen every interested applicant for eligibility and priority.
- Inform applicants regarding the need for a waiting list. Notify applicants of their placement on a waiting list on the day of initial contact.
- Explain that the local program will serve highest priority applicants first when funding and caseloads are limited and that WIC services will be extended to as many eligible participants as possible.
- Once an applicant is on the waiting list, encourage them to contact the local program with address changes or new telephone numbers to facilitate future appointment scheduling.
- Refer all applicants to other health and social service agencies such as food banks, SNAP, etc.

Any individual who specifically requests to be placed on a waiting list in person must be added to the list, regardless of their qualification status.



Actively enrolled participants who fail to keep their scheduled WIC appointments and then contact the local WIC program requesting to rescheduled appointment when that local program has no appointments available may be placed on the waiting list.

Equal treatment

An applicant who has never been on WIC must have the same access to available appointment slots as a participant who is applying for a second or subsequent certification. Civil rights regulations do not allow a request for information on ethnic classification as part of waiting list procedures.

Discontinuing Waiting lists

The State WIC Office determines when waiting lists will be discontinued and will provide local WIC agencies written notification and instructions. Generally, local agencies will perform the following:

- Contact the first person on the list, either by letter or telephone and schedule them for an appointment to determine eligibility. Make it clear that this is only to complete screening and does not mean that they will be automatically certified on the program.
- Document on the waiting list that notice was given.
- If the attempt is made to contact an applicant by phone and the individual cannot be reached, a follow up letter must be sent to notify the applicant to complete the screening process. Document that the letter was sent.
- Continue down the list and contact each person.
- Applicants who respond to the notification shall complete screening to determine eligibility. Check income if data is older than 30 days. Collect anthropometric and blood work data:
 - if not taken at time of application,
 - is >60 days old, or
 - does not reflect current participant category
- Drop an applicant from the list when they:
 - do not respond to notification after 15 days from the date of the letter;
 - miss their screening appointment;
 - are no longer categorically eligible (i.e. child turns 5); or
 - have completed the screening visit and determined to be either eligible or ineligible.



WIC Service Accessibility

Policy: Local WIC Programs must ensure that service delivery hours and clinic sites are accessible to working parents and to rural residents.

Regulation: CFR 246.4(a)(23)

Procedure/Additional Guidance

In order to ensure that potentially-eligible individuals are faced with fewer barriers in attaining WIC services, agencies are encouraged to:

- Work to provide WIC Program benefits to un-served infants and children in the care of foster parents, protective services, or child welfare authorities, including infants exposed to drugs prenatally.
- Provide information about other potential sources of local food assistance to WIC applicants who cannot be served because the local WIC agency is operating at capacity.
- Improve access to WIC Program benefits for employed persons and rural residents:
 - Ensure that service delivery hours and clinic sites are accessible to working parents and to isolated rural residents by providing service during lunch times and some evening and weekend hours. This may mean allowing some staff to work a flexible schedule according to need (i.e., coming in early or staying after clinic hours to accommodate an individual) or it may mean looking to hire new staff (when turnover occurs) who are willing to work some non-traditional clinic hours.
 - Provide decentralized or mobile clinics, if able.
 - Schedule appointments for all employed individuals even in local agencies that use a walk-in system and do not routinely provide scheduled appointments.
 - Allow Participants to choose their WIC clinic.

During each monitoring visit, State Office Nutrition Consultants review the locations of clinics and the number of individuals who drive long distances for WIC services. Together, recommendations can be agreed upon to provide better access to WIC benefits.



Access to WIC Services

Policy: WIC clinics must make options available for clients who cannot come to regularly scheduled appointments. WIC State agencies are expected to take reasonable measures to continue providing WIC benefits to WIC participants during a disaster.

Regulation: CFR 246.4(a)(23), USDA Guide to Coordinating WIC Services During Disaster

Procedure/Additional Guidance:

Emergencies, natural disasters, extreme weather, health conditions, where a person lives (e.g. rural), or work schedules can prevent either participants or local staff from traveling to the clinic. Suggestions for expanding WIC service accessibility are:

- Reschedule participant's appointment to the next available time slot within the same month.
- Set aside some time slots weekly or monthly where participants can make up missed appointments.
- Offer extended hours including lunch time, weekends and evenings if possible.
- Offer same day appointments whenever possible.
- Accept walk-in's whenever possible.
- Offer alternate nutrition education options for follow up visits, such as wichealth.org, telephone or video call and remote issue food benefits upon completion with eligible participants.
- Extend an infant's or child's certification period. The participant's Certification End Date cannot be extended if the participant has already been terminated or if the Certification End Date has already been extended. If the termination date has been reached, the participant must be recertified.
 - Infants and Children are the only categories of participants eligible for certification extension and must meet the following criteria:
 - ✓ Children who have not reached 5 years of age.
 - ✓ Infants (certification may be extended up to, but not beyond, the 13th month of age).

Providing WIC Services During Natural Disasters

Families affected by disaster may temporarily move in with another household. The displaced individuals may be considered homeless and treated as a separate household or economic unit. Therefore, the family may verbally declare their residence (affidavit). Also, if the family is not able to provide proof of income, that is, if they had to leave home in such a hurry that they were unable to bring the necessary documents with them, or if those documents were destroyed, or if they truly lack income, they may self-declare their income (affidavit). Proof of identity must be provided for all participants

In addition, disaster affected individuals should be:

- Certified as soon as possible or within 10 days of their request for WIC benefits.
- Certified for the normal time frame.
- Given one month of benefits of any special formula or medical food that they state they were previously receiving before evacuating.
- Asked if they have a VOC. For out-of-state transfers without a VOC, staff should attempt to obtain a VOC to be used as proof of both income and nutritional risk eligibility. For a list of each state VOC contact click <https://www.fns.usda.gov/wic/wic-contacts>.
- Given VOC information from Colorado WIC upon certification to help with the continuation of benefits when the participant returns to their home State.
- Given an extended certification period (only for kids and babies that are eligible) when appropriate. Certification may be extended up to, but not beyond, the 13th month of age. This allows one additional month of benefits to be issued before the family has to come to the clinic to recertify.
- Offered an education choice option when eligible and remote issued benefits.



- During a time of disaster, participants may not be able or interested in completing nutrition education via phone or wichealth. The nutrition education can be provided at the next visit. If contacting currently scheduled clients to issue benefits, please document in the Care Plan about the disaster as to the reason why nutrition education was not provided.

Adjunctive Eligibility

Policy: Colorado WIC accepts current participation in Health First Colorado (Colorado Medicaid) or any of Colorado's other Medicaid Programs (e.g. Health First Colorado Limited/Emergency Medicaid, Transitional Medicaid, etc.), Temporary Assistance to Needy Families (TANF - referred to as Colorado Works Program), or the Supplemental Nutrition Assistance Program (SNAP)/Food Distribution Program on Indian Reservations (FDPIR) as evidence of financial eligibility for participation in WIC. This also includes participants who are presumptively eligible for Health First Colorado (Medicaid). This is referred to as adjunctive eligibility or automatic WIC income eligibility.

An individual enrolled in one of the above public assistance programs is adjunctively income eligible for WIC even if their income exceeds the WIC Income limits Eligibility Guidelines.

Regulation: 7 CFR 246.7(d)(2), WIC Policy Memo 94-28

Procedure/Additional Guidance:

All applicants and participants must be screened at certification and recertification for participation in one of the programs that would make them adjunctively or automatically income eligible for WIC.

Colorado Medicaid Programs (Regular, Emergency, Transitional Medicaid Program, Presumptive Eligibility, etc.) will be referred to as Health First Colorado/Medicaid within the policy.

Health First Colorado/Medicaid Participation

- Verify the participant is a current Health First Colorado/Medicaid participant.
 - Determine current participation by one of the following:
 - Phone verification: Call the Colorado Medical Assistance Program Provider Assistance Telephone number: 1-844-235-2387 and enter the following information when prompted:
 - Colorado WIC's non-billing provider number: 83037331.
 - Participant's Member ID (Health First Colorado/Medicaid number) or social security number and date of birth.
 - Health First Colorado/Medicaid Provider Portal using the local agency provider number (not available to all local agencies).
 - Award letter with the dates of eligibility. The WIC certification/recertification date must be within the enrollment dates listed on the Health First Colorado/Medicaid Award letter.
 - Colorado PEAK system or the Colorado Benefit Management System (CBMS).
 - If verified, enter the proof in the Adjunct Eligibility field in Compass and the Health First Colorado/Medicaid number in the 'MA ID' field.
- While proof of gross income is not required when proof of adjunctive or automatic eligibility has been established, to meet federal data collection requirements staff must ask the participant to self-report their household's gross income
 - Enter the amount in the Income Determination field of Compass with "See Proof" as the Source and Medicaid/SNAP/TANF/FDPIR as the Proof. Once the participant is determined to be currently participating on Health First Colorado/Medicaid, SNAP, or TANF, no other proof of income is required.
- If Health First Colorado/Medicaid cannot be verified and no other proofs of income are available, but the participant brought proof of identity and address, staff may provisionally certify the participant. The participant must return within 30 days with acceptable proof of income.

Supplemental Nutrition Assistance Program (SNAP) Participation

- Verify the participant is a current SNAP by ensuring the participant's name is listed on the SNAP Award Letter.
 - The WIC certification/recertification date must be within the enrollment dates listed on the SNAP Award Letter, through the Colorado PEAK system or CBMS.
 - If the participant's name is not on the SNAP Award Letter, another proof of income must be supplied.

- If verified, check the SNAP box in the Adjunct Eligibility field next to each participant's name who is listed on the SNAP Award Letter and select "Award letter" from the dropdown in the Proof field.
- Staff must ask the participant to self-report their household's gross income.
- Enter the amount in Compass in the Income Determination field with "See Proof" as the Source and Medicaid/SNAP/TANF/FDPIR as the Proof.

Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) Participation:

- Verify the participant is a current, FDPIR or TANF participant.
 - The WIC certification/recertification date must be within the enrollment dates listed on the /FDPIR or TANF Eligibility Notice, through the Colorado PEAK System or the CBMS.
- If verified, check the TANF box in the Adjunct Eligibility field and select the proof from the dropdown in the Proof field.
- Staff must ask the participant to self-report their household's gross income.
- Enter the amount in Compass in the Income Determination field with "See Proof" as the Source and Medicaid/TANF/FDPIR as the Proof.

Adjunctive income eligibility applies to other household members when:

- Anyone in the household has FDPIR or TANF benefits.
- A pregnant woman or infant has Health First Colorado/Medicaid.
 - Note: When a newborn's mother has Health First Colorado/Medicaid benefits, that infant is automatically eligible to receive Health First Colorado/Medicaid until one year of age as a result of the Needy Newborn Health First Colorado Coverage legislation. If the newborn's WIC certification occurs prior to the infant being assigned a Health First Colorado/Medicaid number, enter "Pending" for the infant in the MA ID field in Compass and update the record once the Health First Colorado/Medicaid number is known.

See the chart below to help determine who else in the family may be covered by the adjunct eligibility of one family member.

Applicant/Participant	Medicaid	TANF	SNAP*	FDPIR
Pregnant woman	Entire household	Entire household	The woman only	Entire household
Infant	Entire household	n/a (infants and children would not receive benefits individually)	The infant only	Entire household
Child	The child only		The child only	Entire household
Postpartum woman	The postpartum woman only	Entire household	The postpartum woman only	Entire household
Foster Infant or Child	The foster infant/child only	n/a	The foster infant/child only	n/a
Any other household member (example: father)	n/a	Entire household	n/a	Entire household

*For SNAP, only those participant's names who appear on the SNAP Award Letter may use SNAP for adjunctive eligibility.

Adjunctive income eligibility does not apply to other household members when:

- A child has Health First Colorado/Medicaid.
 - In the instance where a child presents an active Health First Colorado/Medicaid card as proof of income and other family members are categorically eligible but do not have proof of income, complete the Adjunct Eligibility link for the child with Health First Colorado/Medicaid and leave the

Income Determination box blank. Next certify the child and provisionally certify the remaining participants in the household.

- A foster child (even if an infant) has Health First Colorado/Medicaid.
 - A foster child can never confer adjunctive income eligibility to other household members since WIC considers the foster child a one-person household.
- A postpartum woman has Health First Colorado/Medicaid. Please see the note for Needy Newborn Medicaid Coverage Legislation Coverage for the infant exception.
- **Not all family members have SNAP.**

Anthropometric and Blood Screening

Policy: Appropriate procedures and equipment will be used to obtain participant weight, length/ height and hemoglobin measurements in WIC clinics. Every effort should be made to obtain hemoglobins/ hematocrits as required by policy. The only reasons which exempt an applicant/participant from hemoglobin testing are:

Religious: If an applicant/participant's religious beliefs won't allow him or her to have blood drawn, staff must choose "Religious" from the *No Test Performed Reason* drop down in the Blood panel in Compass.

Medical Reasons: If an applicant/participant has a medical condition (e.g. hemophilia, fragile bones (osteogenesis imperfecta, or serious skin condition) in which the hemoglobin screening procedure could cause harm to the applicant/participant, documentation from the health care provider of the medical condition must be submitted to WIC and scanned into Compass. If the noted condition is considered treatable, such as a serious skin condition, a new statement from the health care provider would be required for each recert. If the condition is considered "life long" such as hemophilia, a new statement from the health care provider is not necessary for the next recert.

An unknown hemoglobin/hematocrit CANNOT be used as a qualifying risk factor for WIC participation. Participants refusing a hemoglobin/hematocrit screening for religious or medical reasons must qualify for WIC using another nutritional/medical risk factor.

Lead screening: Local WIC Programs are required to ask if a child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, a referral is no longer required.

Regulation: 7 CFR 246.7(e)(1)(i)(A) and (B), 7 CFR 246.7(e)(1)(ii)(B), 7 CFR 246.7(e)(1)(ii)(A), 7 CFR 246.7(e)(2)(i)(A) Memo 92-10 Bloodwork Protocols

Procedures/Additional Guidance:

The ongoing collection of accurate medical/nutritional data for participants allows WIC to provide nutrition education, appropriate referrals to other health services, and to determine nutrition risk factors.

Medical data may be obtained from outside the WIC Program such as through a health care provider, public health nurse, or other public health program. Local WIC clinics are encouraged to obtain information from other sources to prevent repeated measurements, especially repeat hemoglobin measurements.

Anthropometric Measurements: Height and weight measurements from other sources may be used to determine WIC eligibility if the measurement is no more than 60 days old (from the date of actual WIC certification). Weight measurements for women should also reflect the physiological state for which she is being certified. For example, a postpartum woman's weight should be from the time that she is postpartum and not from when she was pregnant.

Hemoglobin Measurements: There is no time limit on how old a hemoglobin value can be when certifying a WIC participant as long as the measurement meets the following criteria:

- For a woman: The hemoglobin value must have been obtained during the physiological state the woman is being certified for. For example, for a pregnant woman, the hemoglobin must have been performed at some time during the current pregnancy for which she is being certified. For a breastfeeding or postpartum woman, the hemoglobin must have been performed after the end of the woman's most recent pregnancy.
- For an infant or child: The hemoglobin must have been performed between 9-12 months of age, again between 15-18 months of age and at least yearly after 18 months of age if the previous hemoglobin value was normal. If the previous hemoglobin value is abnormal, the hemoglobin should be repeated every 6 months until a normal value is obtained and then yearly thereafter.



Repeat Hemoglobin Measurements: WIC funds may be used for only one repeat hemoglobin measurement within a certification period.

Unable to complete Hemoglobin during visit:

- If the staff is unable to obtain a hemoglobin in the clinic due to the participant being noncompliant (e.g. child may harm staff or themselves during hemoglobin procedure), staff may delay the hemoglobin 90 days, document the situation and attempt at a later date. If the participant is noncompliant at the later date again, document the second attempt in the participant's record. The participant cannot be denied WIC benefits for noncompliance as long as staff have documented repeated attempts to collect a hemoglobin within the 90 days, and the participant has another nutritional or medical risk factor.
- If a participant refuses having a hemoglobin screening performed and reasons are not for religious or medical, review the importance of this screening with them and identify a plan for obtaining the information at a later date at the WIC clinic or from their health care provider. The hemoglobin screening may be delayed for up to 90 days. In the *Blood* panel of Compass mark *Results Deferred* and enter a note on why.

If the anthropometric or hemoglobin measurement was taken on a day other than the day certification occurs, the WIC staff must enter the date when the measurement was taken in the appropriate panel in Compass. A hemoglobin may be delayed for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the time of certification.

Anthropometric and Blood Screen Schedules

Pregnant Women

At each certification visit:

- Hemoglobin or Hematocrit
 - If hemoglobin/hematocrit data is not available for a pregnant woman at the time of her certification appointment and all options for obtaining such information have been pursued, local agencies have the option of temporarily certifying a pregnant woman when this data is missing (one time during her pregnancy) for a period not to exceed 90 days, if she is otherwise eligible for Program benefits.
 - The pregnant woman would be assigned either priority 1 or priority 4, based on the nutritional risk criterion that qualifies her for participation, given the missed hemoglobin or hematocrit value. Once the hemoglobin or hematocrit value is available, the participant's risk factors and priority must be reassessed and updated as necessary by assigning a mid-certification nutrition risk factor.
- Weight Height.
- Nutrition Interview.

At a visit at least once each trimester:

- Weight.

Postpartum Non-Breastfeeding Women

At each certification visit:

- Weight.
- Height (for recertifications, a height needs to be taken for women less than 18 years of age only).
- Hemoglobin or Hematocrit.
- Nutrition Interview.

Breastfeeding Women

At initial certification visit after delivery:

- Breastfeeding Support.
- Weight.
- Height (for recertifications, a height needs to be taken for women less than 18 years of age only).
- Hemoglobin or Hematocrit.
- Nutrition Interview.

Infants

Certification visit:



- Length and Weight.
- Nutrition Interview, including breastfeeding description.
- Immunization record.

3-month follow-up visit:

- Length and Weight - recommended.
- Update breastfeeding description as appropriate.

5-7 month mid-certification visit:

Infants certified from birth through 5 months of age receive an infant mid-certification visit when the infant is 5-7 months of age. Explain to the endorser the purpose and benefits of the mid-certification visit. Should the endorser refuse to bring the infant to the mid-certification visit, the agency staff cannot deny WIC benefits to the family.

- Length and Weight.
- Nutrition Interview, including updating breastfeeding description as appropriate.
- Immunization record.

At 9-month follow-up visit:

- Length and Weight - recommended
- Update breastfeeding description as appropriate.

Hemoglobin/Hematocrit for Infants:

Hemoglobin/hematocrit measurement must be completed for infants under the following conditions:

- Infants initially certified between 6 and 11 months of age must have a hemoglobin/ hematocrit result when certified, and again 6 months later when recertified as a child.
- A hemoglobin/hematocrit result must be obtained at 9 months of age for infants at higher risk for anemia, defined as those infants given no routine age appropriate iron source after 6 months of age, such as iron-fortified formula, iron-fortified cereal, meats, or oral iron supplements. All infants initially certified at 6, 7, or 8 months of age should be considered for this additional blood work at 9, 10, or 11 months of age if they are found to lack an age-appropriate iron source.

Infant Certified at Birth Example

Birth	3 months	5-7 months	9 months	1 year	18 months	24 months
Birth weight Birth length Length Weight Nutrition Interview Immunization Records**	Length*** Weight*** Update BFing Description as necessary	Length Weight Nutrition Interview Immunization Records** Update BFing Description as necessary	Length*** Weight*** Hemoglobin (only when no age appropriate iron source) Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records** Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization Records**

* Hemoglobin value required one time per year after 18 months as long as the 18 month hemoglobin is within normal limits. If the hemoglobin value is abnormal at the 18 month visit, repeat the hemoglobin in 6 months. Once a normal value is obtained, then the hemoglobin measurement is only required once per certification.

Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

**Staff members are required to ask endorsers to bring immunization records to all certification, recertification, and mid-cert visits for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record instead of obtaining the



immunization information from the caregiver. These records must be assessed for DTaP shots. **If the information is not available in CIIS and the endorser does not bring their immunization records to the visit, the records cannot be assessed and staff should select "no" to the Compass question (Nutrition Interview, Immunization section, question 2a) "Can we look over your child's shot record today?"** In those situations, staff must ask if the infant or child is up-to-date on their immunizations and document the caregiver's verbal report in the Nutrition Interview or Care Plan. Endorsers/participants cannot be required to bring participant's immunization record to WIC visits.

***Recommended

Infant Certified 8 Months of Age

8 months	11 months	14 months	20 months	26 months
Length Weight Nutrition Interview Hemoglobin Immunization Records** Update BFing Description as necessary	Length*** Weight*** Hemoglobin (only when no age appropriate iron source) Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization records** or verbal Immunization assessment

*Hemoglobin value required one time per year after 20 months if the 20 month hemoglobin is normal. If the hemoglobin is abnormal at 20 months, repeat the hemoglobin in 6 months. Once the hemoglobin is normal, then the hemoglobin measurement is only required once per certification.

Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

Staff members are required to ask endorsers to bring immunization records to all certification, recertification, and mid-cert visits for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. **If the information is not available in CIIS and the endorser does not bring their immunization records to the visit, the records cannot be assessed and staff should select "no" to the Compass question (Nutrition Interview, Immunization section, question 2a) "Can we look over your child's shot record today?" In those situations, staff must ask if the infant or child is up-to-date on their immunizations and document the caregiver's verbal report information in the Nutrition Interview or Care Plan. Endorsers/participants cannot be required to bring participant's immunization record to WIC visits.

Children

At each certification visit:

- Height/length and weight.
- Hemoglobin or Hematocrit and Blood Lead Screening Nutrition Interview.
- Immunization record.

Approximately 5-7 months after the certification/recertification visit, a mid-certification visit must occur. The mid-certification visit for a child is similar to the mid-certification visit for an infant. Explain to the endorser the purpose and benefits of the mid-certification visit. If the endorser refuses to bring the child to the mid-certification visit, the agency staff cannot deny WIC benefits to the family.

- Length and weight.
- Hemoglobin or hematocrit if applicable and blood lead screening.
- Nutrition Interview, including updating breastfeeding description as appropriate.
- Immunization record.



Hemoglobin/Hematocrit for Children:

Hemoglobin/Hematocrit results are required for children at the following times:

- Children who were certified as infants between birth and 5-months of age must have a hemoglobin/hematocrit result at 12 months of age when recertified as a child and again at 18-months of age.
- Children who were certified as infants between 6 and 11 months of age must have a hemoglobin/hematocrit result when certified, again 6 months later when recertified as a child and again 6 months later.
- Children who are initially certified under 18-months of age must have a hemoglobin/ hematocrit result when certified and again 6 months later.
- After 18-months of age, local agencies may choose to screen children for anemia every 12 months if the previous hemoglobin/ hematocrit value was within normal range. If the value (at 18-months of age or older) is below normal, a hemoglobin/hematocrit must be taken 6 months later.

Child Certified at 1 Year of Age Example

12 months	18 months	24 months
Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records** Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization Records**

Child Certified at 16 Months of Age Example

16 months	22 months	28 months
Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening * Immunization Records or Verbal Immunization Assessment

*Hemoglobin value required one time per year after 18 months if the previous value was normal. Otherwise Hemoglobin test is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

Staff members are required to ask endorsers to bring immunization records to all certification, recertification, and mid-cert visits for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. **If the information is not available in CIIS and the endorser does not bring their immunization records to the visit, the records cannot be assessed and staff should select "no" to the Compass question (Nutrition Interview, Immunization section, question 2a) "Can we look over your child's shot record today?" In those situations, staff must ask if the infant or child is up-to-date on their immunizations and document the caregiver's verbal report in the Nutrition Interview or Care Plan. Endorsers/participants cannot be required to bring participant's immunization record to WIC visits.

Certification Periods

Policy: All eligible participants will be certified in the WIC Program according to their category for the length of time allowed by USDA regulations.

Regulation: 7CFR 246.7(g)

Procedure/Additional Guidance:

Pregnant Woman

- A pregnant woman is certified at time of entrance into the Program for the duration of her pregnancy and for up to the last day of the month in which her infant turns six weeks old or the pregnancy ends.
- Within the 6 weeks postpartum period, she may be recertified as:
 - A non-breastfeeding woman up to the last day of the sixth month after her baby is born or the pregnancy ends. For example, the pregnant woman can be recertified as a non-breastfeeding woman within 6 weeks of delivery. If she is recertified during this time period she receives postpartum food benefits. If the recertification is late (i.e., not done within 6 weeks), a woman can still be recertified as a non-breastfeeding and her new certification ends 6 months from the termination of her pregnancy.

OR

- A breastfeeding woman for up to the last day of the month in which her infant turns one year old, or until she stops breastfeeding, whichever occurs first.

Non-Breastfeeding/Postpartum Woman

- A non-breastfeeding woman may be certified within 6 months of termination of pregnancy and is certified for up to the last day of the sixth month after her baby is born or the pregnancy ends.

Breastfeeding Woman

- To be considered a breastfeeding woman, a woman must be breastfeeding her infant on average of at least once a day.
- A breastfeeding woman may be certified at any time during the one-year postpartum period.
- A breastfeeding woman is certified for up to the last day of the month in which her infant turns 1 year old or until she stops breastfeeding, whichever happens first.
- A breastfeeding woman's eligibility will end no later than 1-year postpartum.
- If a breastfeeding woman stops breastfeeding before 6-months postpartum, staff must change her category to postpartum/non-breastfeeding (refer to Section 8: Certification, Eligibility and Coordination, *Ineligible Applicants and Participant Terminations* policy).
- If a woman is partially breastfeeding her infant that is older than 6 months who is receiving an out of range amount of formula, she remains eligible to receive all WIC Program benefits (e.g., breastfeeding support, nutrition education, etc.) except food benefits.

Infant

- The eligibility period for infants entering the Program from birth through 5 months of age begins on the date of certification into the Program until the last day of the month of his/her first birthday.
- An infant who is 6 months up to 12 months of age may be certified for 6 months.
- Category change from Infant to Child automatically occurs at the first recertification following their first birthday.

Child

- The eligibility period for a child begins on the date of certification into the program and ends the last day of the month of a 12 month period.
- A child may continue to receive WIC food benefits through the last day of the month of their 5th birthday.

Priority Levels & Certification Periods

Local WIC programs will serve all priorities unless approval is given by the state office for restriction of priorities served. When an agency is approved to NOT serve priority 6 participants, (which includes postpartum, non-breastfeeding women at nutritional risk who do not qualify as a higher priority) the following apply:



- A breastfeeding woman who stops breastfeeding before 6-months postpartum will be issued a minimum of 15-days benefits and then may no longer receive WIC benefits.
- If benefits expire less than 15 days in the future, staff must issue the next month of benefits to ensure a 15-day notification period.
- If the benefits expire in more than 15 days in the future (redeemed or not), no additional benefits should be issued.

Shortening or Lengthening a Certification Period

Federal regulations allow a participant to be recertified one-month prior or one month after their scheduled termination date. This flexibility allows the issuance of one month of food benefits beyond the certification period for certain categories of participants:

- Children who have not reached 5 years of age.
- Infants (certification may be extended up to, but not beyond, the 13th month of age).

If the participant has a valid reason for not being subsequently certified and meets a requirement for being extended, the termination date can be extended by one month. The participant's termination date cannot be extended if the participant has already been terminated or if the termination date has already been extended. If the termination date has been reached, the participant must be recertified (refer to Section 8: Certification, Eligibility and Coordination, *Access to WIC Services* policy).

Certification Policy and Procedures

Policy: WIC staff will screen WIC applicants for eligibility based on the certification requirements and document each applicant's eligibility and required information in Compass.

Regulation: 7 CFR 246.7, 7 CFR 246.26

Procedure/Additional Guidance:

WIC staff must perform the following steps in order to certify a participant:

1) Obtain and enter Intake information on the New Member/Proxy screen in Compass:

- Endorser name.
- Participant first name and last name.
- Date of birth.
- Sex (for infants and children).
- Participant Category.
- Hispanic/Latino (yes/no).
- Mother's name (for infants and children if on WIC) -or- Mother not on WIC.
- Race.
- Expected DOB (date of birth) (for infants and children). Although Compass allows the user to by-pass, this field must be completed in order for Compass to calculate gestational age.
- Foster Care (for infants and children who are in foster care).

Optional Intake information:

- Additional endorser name.
- Proxy name.
- Middle name.
- Suffix.
- Special needs.

2) Search for possible dual participation

- Click the "Show Hidden Members" in the "View" drop down to ensure a thorough check.
- Prior to enrollment, conduct an Advanced search which can be done by name, date of birth, zip code or home phone number
- To ensure a thorough check, especially when some of the identifying factors may be questionable, enter the first part of a name followed by the "%" sign (i.e., "Gon%") to search for various spellings of Gonzales or Gonzalez.
- During enrollment, search within the Dual Participation Search pop-up within the New Member/Proxy screen.
- Discontinue adding the applicant if found to be already enrolled in another clinic, and transfer into the new clinic if appropriate.

3) Collect and document demographic information on the Family Intake Branch. The following fields must be completed:

- Family panel:
 - Mother's Education Level. Enter the mother's completed years of education. If the child is not in the care of his/her mother (i.e., child in foster care), enter the education level of the caregiver.
 - Printouts Language.
 - Preferred Language Spoken. Leave the field within the Family panel blank when the participant speaks English. Enter the language spoken when any language other than English is preferred
 - Referred to WIC by.
- Identity panel:
 - Proof of Identity.
 - Physically Present.
 - Other Program Participation. If the participant does not receive Medicaid, SNAP or TANF, "None" must be checked.

- Contact/Address panel:
 - Primary Phone Number. (Check appropriate box to identify if landline, cell/mobile)
 - Alternate Phone Number (optional). Check appropriate box to identify if landline or cell/mobile)
 - Alternate Phone Owner (optional).
 - Ask and check appropriate box for approval to allow call and allow texts.
 - Email Address (optional and recommended)
 - Privacy Information (as requested).
 - Record Dates.
 - Proof of Residence.
 - Physical Address.
 - Mailing Address (if different from physical address).
- Income panel:
 - Household Size.
 - Income Determination.
- Voter Registration panel:
 - Refers to whether or not the endorser or woman participant is registered to vote where they currently live or completed a voter registration form that day.
 - Staff are required to complete the voter registration panel at every participant certification and recertification visit, and whenever a client changes an address.

4) Complete and document health assessment on the Assessment branch. The following fields must be completed:

- Pregnancy panel:
 - The Expected Delivery Date and Last Menstrual Period dates are required fields for pregnant women. Update these fields if the due date changes during the pregnancy. The Last Menstrual Period and Expected Due Date are used to calculate a woman's weeks' gestation and her Certification End Date.
 - Pre-Pregnancy Weight:
 - Required field to document the woman's weight before her current pregnancy began. If pre-pregnancy weight is unknown, estimate the woman's pre-pregnancy status (normal, low, high) by considering her current height and weight. From the pre-pregnancy weight determination and weeks gestation, identify the expected weight gain (use the lower line of the weight gain range). Subtract that value from current weight and enter as pre-pregnancy weight.
 - Multifetal Gestation and number of Expected Babies (if applicable).
 - Infants Born from this Pregnancy:
 - Required field to link the mother and baby. Baby must have previously been added to the "New Member/Proxy" field in order for his/her name to appear in the drop down panel.
 - Postpartum information to be completed after delivery
 - Actual Delivery Date.
 - Weight Gained this Pregnancy.
 - Pregnancy termination with no live birth (if applicable).
 - Number of live infants from this pregnancy.
 - Anthropometrics panel: Measurement Date:
 - If height and weight measurements are from another source (i.e., a physician's office), enter the actual date the measurements were taken.
 - Birth Measurement:
 - Required field for all infants and children. Check the "unknown" check box when measurements are not known.
- Blood panel:
 - Record Date:
 - If hemoglobin or hematocrit values are from another source (i.e., physician's office), enter the actual date the blood screening was done. If the values indicate severe anemia, staff must select "severely low hemoglobin/hematocrit" from the risk panel, as this risk factor is not automatically identified when the user selects "determine risk."
 - Print Notice:

- Staff should select “print notice” to print a referral to the physician when a participant has abnormal blood iron results.
- Blood Lead Measurement:
 - Required field to record lead level screening information for children.

5) Complete and document a thorough Nutrition Interview.

6) Assign applicable risks

- Determine Risk
 - User clicks the “Determine Risk” button to pull forward all known risk factors in order to determine the participant’s risk status.

7) Complete the certification

- Staff must notify participants of the certification period.
- The endorser’s signature must be captured on the electronic signature pad for the Rights and Responsibilities form (R&R).

8) Referral

- Referrals must be documented.

9) Provide and document nutrition education

- Staff must complete the Nutrition Education and Care Plan panels

10) Assign food packages and issue benefits

- Staff must assign the appropriate food package, taking into consideration the participants category, breastfeeding level, and food preferences.
- Staff must verify the endorser’s proof of identity and record the type of ID in Compass.
- The endorser’s signature must be captured on the electronic signature pad for the receipt of food benefits.
- No endorser signature is required if food benefits are remotely issued.

11) Schedule and document next appointment

12) Complete the following if required for certification:

- Verification of Certification: For transfers who are currently certified, enter the VOC information in the New Member/Proxy section and any supplied information (risks, measurements, etc.) in the appropriate Compass fields
- Physician Authorization Form (PAF) completed and signed by a prescriptive authority. High risk counselor must review, sign and date, complete medical documentation in Food Package section and scan into Compass.



Determining Income Eligibility

Policy: Local WIC staff will use the current income guidelines when determining income eligibility of the applicant/participant for WIC program benefits at certification and recertification visits. If a participant notifies WIC that their income or financial situation has changed during a certification period, their household's income must be reassessed.

Regulation: 7 CFR 246.7 (d)(2)(ii), 7 CFR 246.7 (d)(2)(iv)

Procedure/Additional Guidance:

Staff must assess the household's income situation and determine the most appropriate method for determining the household's income.

Income Sources to be Included in Determining Income Eligibility:

Income means gross income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. WIC regulations do not allow a household's income to be reduced for hardships, high medical bills, child care payments, taxes, child support, alimony, insurance, or other deductions.

Income includes the following:

- Monetary compensation for services, including wages, salary, commissions, or fees, including active military payments.
- Social Security, Social Security Disability.
- Dividends or interest on savings or bonds, income from estates or trusts, or net rental income.
- Public assistance or welfare payments, foster care payments (SNAP benefits are not counted as income).
- Unemployment Compensation.
- Government civilian employee or military retirement or pensions or veteran's payments.
- Private pensions or annuities.
- Alimony or child support payments.
- Military clothing allowance.
- Military Basic Allowance for Subsistence (BAS).
- Military foreign duty pay.
- Any Cost-Of-Living Allowance (COLA) provided to military personnel on duty in designated high-cost areas within the 48 contiguous states of the United States. This allowance is referred to as the continental United States (CONUS) COLA.
- Regular contributions from persons not living in the household.
- Net royalties.
- Other cash income including, but not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts or other resources which are readily available to the family (See Lump Sum Payments below).
- Education grants and loans are considered income when determining WIC eligibility dependent on the source of the grant or loan (see Income and Benefits Exclusion List). Money received from the G.I. Bill for educational purposes is considered income.
- Lump sum payments may be considered income depending on its classification. Lump sum payments are classified as either "new money" or "reimbursements" for lost assets or for injuries.
 - ✓ Lump sum payments that represent "new money" intended to be used as income should be considered as "other cash income" and counted as income for WIC income eligibility determinations. Examples of "new money" include: gifts, inheritances, lottery winnings, workers' compensation for lost income, and severance pay.
 - ✓ Lump sum payments that represent reimbursements should not be counted as income. Examples of lump sum payments as "reimbursements" that do not count as income include: mileage reimbursements, amounts received from insurance companies (home or auto) for loss or damage of real or personal property incurred by a household, such as payment of medical bills resulting from accident or injury.
 - ✓ Lump sum payments may not fall easily into the categories of "reimbursements" or "new money" but may in fact represent both. Examples include legal or medical settlements that provide reimbursement for lost property and medical expenses, as well as compensation for tangible or intangible physical or



mental injury. In the case that a lump sum payment falls into both categories, the payment should be treated in a way to most accurately reflect the economic situation of the household.

- ✓ For those lump sum payments which are considered as income, the lump sum should be counted as annual income or be divided by 12 to estimate a monthly income.

Income Sources NOT to be Included in Determining Household Eligibility

- Any Basic Allowance for Housing (BAH) received by military services personnel for residing off base or as payments for privatized on-base housing.
- Any Cost-Of-Living Allowance (COLA) provided to a member of a uniformed service who is on duty outside the contiguous states of the United States. This allowance is referred to as the Overseas Continental United States (OCONUS) COLA. Some members of a military family may remain stateside and apply for WIC while a family member on duty overseas receives the OCONUS COLA.
- Combat pay is an additional payment (Chapter 5 of Title 37 of the United States Code) received by the household member who is deployed to a designated combat zone. Combat pay received by service members is normally reflected in the entitlements column of the military Leave and Earning Statement (LES). Family Separation Hardship (FSH) Hardship Duty Pay (HDP) are also exclusions. Combat pay, Hardship Duty Pay, and Family Separation pay are excluded from WIC income eligibility determination when:
 - ✓ Received in addition to the service member's basic pay; and
 - ✓ Received as a result of the service member's deployment to or service in an area that has been designated a combat zone; and
 - ✓ Not received by the service member prior to his/her deployment to or service in the designated combat zone.
 - ✓ Received as Deployment Extension Incentive Pay (DEIP)/Deployment Extension Stabilization Program (DESP) pay. DEIP/DESP payments are given to active service members who agree to extend their military service by completing deployment with their units without re-enlisting. This exemption to income applies until the service member returns to a military installation within the United States. (Note: Any additional DEIP or DESP payment received by the service member while serving within the United States must be counted as income for WIC eligibility determination purposes.)
- The value of in-kind housing and other in-kind benefits (e.g. divorced woman has full custody of child and her ex-husband pays child care expense directly to childcare provider).
- Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Pub. L. 91-646, sec. 216, 42 U.S.C. 4636).
- Any payment to volunteers under Title I (VISTA and others) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteers Service Act of 1973 (Pub. L. 93-113, sec. 404(g), 42 U.S.C. 5044(g)) to the extent excluded by that Act.
- Payment to volunteers under section 8(b)(1)(B) of the Small Business Act (SCORE and ACE) (Pub. L. 95-510, sec. 101, 15 U.S.C. 637(b)(1)(D)).
- Income derived from certain sub marginal land of the United States which is held in trust for certain Indian tribes (Pub. L. 94-114, sec. 6, 25 U.S.C. 459e).
- Payments received: Job Training Partnership Act (Pub.L. 97-300, sec. 42(b),29 .S.C. 1552(b));
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, sec 6).
- Payments received under the Alaska Native Claims Settlement Act (Pub. L. 100-241, sec. 15, 43 U.S.C. sec. 1626(c)).
- The value of assistance to children or their families under the National School Lunch Act, as amended (Pub. L. 94-105, sec. 9(d), 42 U.S.C. sec. 1760(e)), the Child Nutrition Act of 1966 (including free or reduced-price lunches or breakfasts, and meals or supplements in the Child and Adult Care Program and Summer Food Service Program) (Pub. L. 89-642, sec. 11(b), 42 U.S.C. sec. 1780(b)), and the Food Stamp Act of 1977 (Food Stamp Program, including Food Distribution Program on Indian Reservations) (Pub. L. 95-113, sec. 1301, 7 U.S.C. sec 2017(b)).
- Payments by the Indian Claims Commission to the Confederate Tribes and Bands of the Yakima Indian Nation or Apache Tribe of the Mescalero Reservation (Pub.L.95-433,sec.2,25USC609c-1).
- Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, sec. 6, 9(c), 25 U.S.C 1725(l), 1728(c)).
- Payments under the Low-income Home Energy Assistance Act, as amended (Pub. L. 99-125, sec. 504(c), 42 U.S.C. sec. 8624(f)).



- Student financial assistance received from any program funded in whole or part under Title IV of Higher Education Act of 1965, including the Pell Grant, Supplemental Educational Opportunity Grant, State Student Incentive Grants, National Direct Student Loan, PLUS, College Work Study, and Byrd Honor Scholarship programs, which is used for costs described in section 472 (1) and (2) of that Act (Pub. L. 99-498, section 479B, 20 U.S.C. 1087uu). The specified costs set forth in section 472 (1) and (2) of the Higher Education Act
- are tuition and fees normally assessed a student carrying the same academic workload as determined by the institution, and including the costs for rental or purchase of any equipment, materials, or supplies required of all students in the same course of study; and an allowance for books, supplies, transportation, and miscellaneous personal expenses for a student attending the institution on at least a half-time basis, as determined by the institution. The specified costs set forth in section 472 (1) and (2) of the Act are those costs which are related to the costs of attendance at the educational institution and do not include room and board and dependent care expenses.
- Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989 (Pub. L. 100-707, sec. 105 (I), 42 U.S.C. sec. 5155(d)).
- Effective July 1, 1991, payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (Pub. L. 101-392, sec. 501, 20 U.S.C. sec. 2466d).
- Payments pursuant to the Agent Orange Compensation Exclusion Act (Pub. L. 101-201, sec.1).
- Payments received for Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (Pub. L. 100-383, sec. 105 (f)(2), 50 App. U.S.C. sec. 1989b-4(f)(2)).
- Value of any child care payments made under section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act (Pub. L. 100-485, sec. 301, 42 U.S.C. sec. 602 (g)(1)(E)).
- Value of any “at-risk” block grant child care payments made under section 5081 of Pub.L. 101-508, which amended section 402(l) of the Social Security Act.
- Value of any child care provided or paid for under the Child Care and Development Block Grant Act, as amended (Pub. L. 102-586, sec. 8(b), 42 U.S.C. 9858q).
- Mandatory salary reduction amount for military service personnel which is used to fund the Veteran’s Educational Assistance Act of 1984 (GI Bill), as amended (Pub L. 99-576, sec. 303(a)(1), 38 U.S.C. sec. 1411 (b)).
- Payments received under the Old Age Assistance Claims Settlement Act except for per capital shares in excess of \$2000 (Pub. L.98-500, sec. 8, 25 U.S.C. sec. 2307).
- Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80 percent of the median income of the area (Pub. L. 101-625, sec. 522(l)(4), 42 U.S.C. sec.1437 (nt)).
- Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to no less than 50 percent of the median income of the area (Pub. L.100-242, sec. 126(c)(5)(A), 25 U.S.C. sec. 2307).
- Payments received under the Sac and Fox Indian claims agreement (Pub. L. 94-189, sec 6).
- Payments received under the Judgment Award Authorization Act, as amended (Pub. L. 97-458, sec. 4, 25 U.S.C. sec. 1407 and Pub. L. 98-64, sec. 2(b), 25 U.S.C. sec. 117b(b)).
- Payments for the relocation assistance of members of Navajo and Hopi Tribes (Pub. L. 93-531, sec. 22, U.S.C. sec. 640d-21).
- Payments to the Turtle Mountain Band of Chippewas, Arizona (Pub. L. 97-403, sec.9).
- Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) (Pub. L. 97-408, sec. 8(d)).
- Payments to the Assiniboine Tribe of the Fort Belknap Indian community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) (Pub. L. 98-124, sec. 5).
- Payments to the Red Lake Band of Chippewas (Pub. L. 98-123, sec. 3).
- Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act (Pub. L. 99-346, sec. 6(b)(2)).
- Payments to the Chippewas of Mississippi (Pub. L. 99-377, sec. 4(b)).
- Payments received under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 through the prescription drug discount program must not be treated as income.
- Earned Income Tax Credit (EITC) refund/payments.
- National Flood Insurance program payments (USDA Policy Letter WC-06-02-P).
- Treatment of Family subsistence Supplemental Allowance (FSSA)(USDA Policy Letter WC-06-03-P).
- Loans, not including amounts to which the applicant has constant or unlimited access.



- Filipino Veterans Equity Compensation Fund payments (Public Law 111-5, Sections 1002(c) and 1002(g).

Any benefit which is of value, but which is not provided in the form of cash money, is considered in-kind benefit and is not counted as income. Example: A divorced woman's has full custody of a child and her ex-husband pays child care expenses directly to the child's day care center. Those payments are considered an in-kind benefit and are not included in her income. However, if the ex-husband pays the money directly to the divorced woman who then pays the day care then the money is included as income. Another example includes a person receives housing without cost as part of their job. The value of in-kind housing is not considered income. If a person receives a housing allowance (money) then it is considered income.

Special Income Situations/Considerations

Current Income versus Annual Income

- Current income is defined as all income received by the household during the month (30 days) prior to the date they apply for WIC benefits.
 - If the income determination is being done considering income the household will receive in the future (e.g., the sole support of the family has just been laid off but has been approved to receive unemployment benefits for the next six months), "current" refers to income that will be available to the family in the next 30 days.
 - If an individual's income increases and this increase is expected to be sustained (such as a raise in salary), current income should be used for income determination.
 - If an individual's income decreases and the decrease is expected to be sustained (for example, if a person lost a higher paying job and is in a lower paying job) again current income should be used.
- Annual income is defined as income received during the past 12 months. Income determination for a family with temporarily low income should be based on the family's annual income.
 - Families who might be in this category may include, but are not limited to, construction workers, seasonal agricultural workers such as farmers, self-employed persons, teachers, and persons on extended leave due to childbirth or illness. When the adult members of a family become unemployed their income while unemployed should be used for income determination.
 - If a family's receives a temporary increase in income (e.g. military personel overseas), annual income should be used.
 - Bonuses, such as reenlistment and hazardous duty pay should be annualized (amount divided by 12) when determining monthly income.
 - Annual income should not be used to reflect a lower income..

Self-Employed Individuals

For farm and non-farm self-employed persons determine WIC income eligibility using net income rather than gross income. WIC agencies are encouraged to use the applicant's most recently completed Internal Revenue Service (IRS) tax returns as a basis for calculating net income for both farm and non-farm self-employed income. State and local agencies should use the adjusted net income figure shown on the completed Federal tax return; it is not the responsibility of the local WIC staff to challenge or recalculate that amount.

Participants Declaring Zero Income

When an applicant declares zero income for their household, staff should question how basic living necessities such as food, shelter, medical care, and clothing are obtained. Given WIC's definition of economic unit (a group of related or unrelated persons sharing financial and other resources), some WIC participants may incorrectly report having zero income.

- For example, an unemployed pregnant woman may report zero income even though she lives with a friend who provides housing, water, electricity, and/or food. In this example the pregnant woman is actually part of the larger household and must report the income of her friend (and any other household members).

Income Ineligibility and Disqualification

If the participant is found to be over income and not adjunctively eligible, all members of their household should be disqualified from WIC even if they are currently within a certification period. Participants found to be over income and are within their certification period should be issued 15 more days of food benefits, made ineligible,



and be given a *Notice of Ineligibility*. Exception is when 90 days or less remains in the certification period, the remainder of the food benefits may be issued through the current certification period.

Income Eligibility Complaints

Any time a Local WIC program receives a complaint against a participant about questionable income eligibility, either verbally or in writing, local staff shall determine if any further investigation or action is needed to address the reported complaint.



Eligibility Requirements

Policy: To be certified as eligible for WIC Program benefits, an applicant must meet required criteria for category, residence, income, and nutritional risk.

Regulations: 7 CFR 246.7

Procedure/Additional Guidance:

Eligibility Criteria

Categorical: The individual must be a pregnant, postpartum or breastfeeding woman, or an infant or child under five years of age.

Category	Definition
PREGNANT WOMAN*	Woman determined to have one or more fetuses in utero.
NON-BREASTFEEDING, POSTPARTUM WOMAN	A woman up to six months after termination of pregnancy. Termination of pregnancy may occur with delivery of an infant or be due to miscarriage or therapeutic abortion.
BREASTFEEDING WOMAN	A woman up to one year postpartum who is breastfeeding her infant on the average of at least once a day.
INFANT	A person under one year of age (has not yet reached their first birthday).
CHILD	A person who is one year of age but who has not reached their fifth birthday.

***Proof of Pregnancy**

No local agency may require proof of pregnancy as a condition of eligibility for WIC services. Requiring confirmation of an applicant's pregnancy can act as a barrier to intervention and enrolling women in WIC as early as possible in their pregnancy. Agencies may ask women for proof of pregnancy in cases of suspected dishonesty when there is reasonable doubt the pregnancy exists; however, the agency may not withhold services, disqualify, or terminate the participant if they refuse to provide proof. In cases of suspected dishonesty, participants when reasonable doubt exists of a pregnancy, may be reminded that they have signed a form stating that all information they have presented to determine eligibility is truthful.

- **Residence:** The individual must live in Colorado.
- **Income:** The family's income must meet specified guidelines.
- **Nutritional Risk:** The individual must be determined to be at nutritional risk, as documented by a thorough nutritional assessment (growth, hemoglobin/hematocrit, health/medical, nutrition practices, lifestyle, personal factors, etc.).

Homeless Applicants

Policy: WIC staff must make every effort to reduce barriers that could prevent homeless people from receiving WIC Program benefits.

Regulations: CFR 246.7 (e)(2)(iv), 7 CFR 246.7 (n)

Procedure/Additional Guidance:

Definitions of a homeless family and homeless individual are as follows:

Family: A group of related or nonrelated individuals who are living together as one economic unit. Residents of a homeless facility or an institution shall not all be considered members of a single family.

Homeless Individual: A women, infant, or child who lacks a fixed and regular night time residence, or whose primary nighttime residence night is: a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodation; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodations of not more than 365 days in the residence of another individual; or a public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

Questions must be asked to gain insight as to whether a participant can be defined as homeless when living with another. The following two examples describe different situations:

- If the mother and baby have been staying with her sister for 10 months but are sleeping on the living room floor and the brother-in-law is losing patience and demanding that she find a job but she can't because no one else can watch her baby—she's probably homeless.
- If a mother and baby are staying with her sister, have their own room, bring in income from a part-time job, split grocery costs and share child care with the sister—they probably aren't homeless, no matter how long they've been there. It sounds like a fairly fixed arrangement.

Providing WIC Program Services to the Homeless

Staff must implement the following procedures to reduce barriers that could prevent homeless persons from receiving WIC Program benefits.

- **Financial Eligibility**
 - A homeless person may not be excluded from receiving WIC benefits due to an inability to provide proof of financial eligibility.
 - If the person is living in a shelter or institution, the "family unit" does not include other residents of the shelter. Only the participant or group of related persons shall be counted.
 - A homeless person who reports zero income or is unable to provide documentation of income may sign a statement of self-declaration of income or a statement of zero income.
 - A person living in a temporary situation in a shelter or in a friend's home can be considered an economic unit of one; a pregnant woman with her 2-year old child would be an economic unit of three. If after 365 days the participant continues to live in the same home, then the entire household is considered an economic unit and the total household income should be used for WIC eligibility screening.
- **Residence Eligibility**
 - A homeless person may not be excluded from receiving WIC benefits due to an inability to provide proof of residence.
 - A homeless person who is unable to provide documentation of residence may sign a statement of self-declaration of their residence.
- **Certification**
 - Enter a participant's homeless status in the Contact/Address panel in Compass.
 - Conduct normal screening procedures for certification and assign all applicable nutrition risk factors. At a minimum consider these applicants at nutritional risk solely because of their homeless status.



- If during certification it becomes known that the individual resides in a shelter, staff must determine if it is a WIC-eligible shelter.
- Persons staying at a homeless facility should be enrolled for one full certification period even if the shelter is not a WIC-eligible shelter prior to the date of certification. The agency should determine if the shelter is willing and able to be a WIC-eligible shelter prior to the participant's recertification date. The participant should be advised that he/she would not be able to receive WIC food benefits at the next certification period if the shelter is not willing to be a WIC-eligible shelter.
- Participants who continue to live in a shelter which will not comply with the WIC eligibility conditions can be recertified, but will not be able to receive food benefits with the exception of infant formula. The participant can still receive nutrition education and referral services. The participant should then be given the name of a WIC-eligible shelter in the area so he/she can relocate if they so choose.
- **Verification of Certification (VOC)**
 - Staff should provide a Verification of Certification (VOC) form at the first participant visit in order to facilitate a homeless individual staying on the WIC Program when he/she moves.
 - Staff must explain the purpose of the VOC form and request the participant to bring the VOC form to each visit.
 - The date of food benefits issuance must be noted on the VOC form each time food benefits are given.
- **Food Benefit Issuance**
 - Information regarding storage, transportation, ability to access the grocery store, and use of specific food items should be asked to help staff determine, in partnership with the participant, what food package would best meet their needs. Provide the maximum food package that will be safe and sanitary.
 - If the person is living in a shelter, the WIC foods must be kept separate from the facility's general food supply and be used by the participant only.
 - Information regarding storage, transportation, ability to access the grocery store, and use of specific food items should be asked when certifying the participant.
- **Food Package**
 - Colorado WIC regulations allow local agency staff to tailor the WIC food package to accommodate the unique individual needs, circumstances and living situations of homeless participants.
 - No exemptions or exceptions are allowed from the requirement for medical documentation to support the issuance of exempt infant formulas and WIC-eligible medical foods.
 - Participants can purchase as many or as few items as desired per shopping trip and have the option to purchase canned or powdered milk instead of fresh milk and canned beans or peanut butter instead of dry beans.
 - Participants who do not have access to a safe water supply, no refrigeration, or limited storage should be offered options such as juice in individual serving containers and shelf stable (UHT) milk.
 - If proper refrigeration is not available, eggs and fluid milk, including evaporated, should not be issued to the participant.
 - Federal regulations allow extra peanut butter or beans to be issued to homeless individuals in lieu of eggs (at the substitution rate of 18 oz peanut butter or 1 pound beans for 1 dozen eggs).
 - Breastfeeding should be encouraged as the easiest and safest way to feed the infant. Formula-fed infants should be offered powdered formula, mixed one bottle at a time. Ready-to-feed formula may be issued according to Colorado WIC Food Package Tailoring Guidelines.



HOMELESS FOOD PACKAGE GUIDELINES

WIC Food	Refrigeration, dry storage, and cooking	<u>NO</u> refrigeration and <u>NO</u> cooking facilities with dry storage
Milk	Same as regular food package whereby participant may choose to purchase fluid milk in quarts, half-gallons or gallons, -or- powdered, or evaporated milk	Powder or UHT
Cheese	Substitute for milk - same as regular food package	Substitute for milk-same as regular food package
Eggs	Same as regular food package	Substitute peanut butter
Juice	Same as regular package -or- issue single serving juice	Single serving
Breakfast cereal and infant cereal	Same as regular package	Same as regular package
Whole grains	Same as regular package	Same as regular package
Peanut butter and beans	Same as regular package whereby participant has a choice of peanut butter, dry or canned beans	Encourage purchase of peanut butter or canned beans
Canned fish	Same as regular package	Encourage purchase of single serving size cans
Fruit & Vegetable voucher	Same as regular package	Encourage purchase of items that do not require cooking or refrigeration such as apples, oranges, carrots, etc.
Formula	Powder <u>or</u> liquid conc. or ready-to-feed	Powder

□ **Nutrition Education**

- Nutrition education should focus on the participant's specific needs.
- Providing effective and appropriate nutrition education to homeless persons requires that staff have an understanding of the participant's transient lifestyle.
- Because a participant may only be enrolled for a short period of time, ongoing, long-term education goals may not be appropriate.
- Priority topics for discussion include:
 - ✓ How to use the eWIC card.
 - ✓ List of WIC-allowable foods.
 - ✓ Referral to other services.
 - ✓ Use of WIC food with an emphasis on food safety, sanitation, and storage.
 - ✓ Fast and easy nutritious snacks.
 - ✓ Preparation of foods that require little or no cooking.



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- Other information that should be covered with participants who live in a homeless shelter includes the following:
 - ✓ WIC benefits are for the participant only.
 - ✓ WIC foods cannot be used in community meals.
 - ✓ WIC approved facilities cannot prevent WIC participants from receiving WIC foods and nutrition education.

 - **Outreach**
 - Local agencies should include in their outreach plans a procedure for identifying and contacting organizations in their community who work with homeless persons. These organizations should be made aware of the WIC Program.

Households Size

Policy: Local agency WIC staff must assess and document household size for all applicants and participants.

Regulation: 7 CFR 26.7 (d)(2)

Procedures/Additional Guidance

Family/Household definition: A family/household is defined as a group of related or non-related individuals who usually (although not necessarily) live together and share economic resources and consumption of goods and/or services. Residents of a homeless facility or an institution are not considered members of a single family.

Military personnel living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the economic unit when they are sharing financial resources with the household.

- **Pregnant woman:** An income assessment should be conducted counting a pregnant woman as a household size of one first. If she is over income, then the agency can increase the household size by the number of fetuses in utero with the mother's permission.
- **Foster child:** A foster child who is living with a family, but remains the legal responsibility of welfare or other agency is considered a family of one. This foster child's income is the amount of money paid to the foster parent to care for the child.
- **Adopted child/Guardianship:** When a family has adopted a child or has accepted legal responsibility for a child, the child is counted as a member of the family with whom he/she lives. The size and total income of that family are used to determine the child's income eligibility for WIC.
- **Joint custody:** A child that lives in more than one home as a result of a joint custody situation shall be considered as part of the household of the parent/guardian who is applying for WIC on behalf of the child. A child may only receive benefits as part of one household or family.
- **Child support:** If a family pays child support for a child that does not live with them, the child may NOT be considered as part of the household (unless the child lives in an institution or school). The family also may not deduct the cost of the child support when reporting their gross income to WIC.
- **Child in school/institution:** A child who lives in a school or institution, and the child's support is being paid for by the parent or guardian, the child may be counted in the family size of that parent/guardian.
- **Minor:** The final decision of whether a minor is emancipated and thus a separate economic unit for WIC Program purposes is whether or not the minor is living as a separate household without any economic support from any other persons in the household. If the minor receives any support for which she does not pay, such as shelter or meals, she should not be considered a separate household. For example, if the minor has a separate apartment with a kitchen in the family's home and the minor pays all expenses for her own support; it is possible that the minor may then be considered a separate household.
- **More than one family in a house:** When two separate families live under the same roof determining household number is important to determine the economic independence of the family applying for WIC. The income they report must be sufficient to cover their living expenses (i.e., food, clothing, and daycare). Financial resources and support must be retained separately. (See related policy in *Special Populations section, WIC Program Services to the Homeless.*)
- **Temporary living situation:** If an individual who meets the definition of homeless is living temporarily in a shelter or friend's home, he/she can be considered a separate economic unit. If after 365 days the participant continues to live in the same place, then the entire household is considered an economic unit and the total household income should be used for WIC screening.
- **Deployed military service member:** Military personnel living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the economic unit when they are sharing financial resources with the household. When a military individual is counted as a member of the economic unit, their income must also be included in the economic unit.
- **Children in Temporary Care of Friends or Relatives:** When financial information is known for the child (e.g. child in military family unit) then this information can be used. The child would be considered a part of the original family unit. When the family unit's financial information is not available and the parent/s send adequate money to the family caring for the child, then the child can be considered a household of one. If there is no financial information available from the parent/s of the child's previous economic unit and the



new family receives little to no financial support to provide care for the child, then the child is considered part of the economic unit where the child now lives.

Examples:

- ✓ A pregnant woman and her one child live with the woman's boyfriend and his two children. They share food, utility, and rental expenses. The woman has a job and receives child support for her child. The boyfriend has a job. In this case, the economic unit is 5. Income for both adults plus the child support must be included in the income determination. If the family is over income, then the agency can increase the household size by the number of fetuses in utero with the mother's permission.
- ✓ A woman who is not categorically eligible for WIC lives in a house with her two children (one applying for WIC), and the grandmother. The woman is employed and the grandmother receives social security. They share food and other expenses. The economic unit is 4. The woman's income plus the grandmother's social security need to be included in the income determination.
- ✓ A pregnant woman lives with her parents and her younger sister. The pregnant woman is unemployed. Both parents are employed as is the younger sister. The parents provide for all expenses except that the younger sister contributes money for groceries. The economic unit is 4. The income of both parents and the sister need to be included in the income determination. If the family is over income, then the agency can increase the household size by the number of fetuses in utero with the mother's permission.
- ✓ A pregnant woman and her daughter live in the woman's parent's house. The pregnant woman is employed and provides the food, clothing, and other living expenses for herself and her daughter. The parents do not provide any money, and do not share income or food with their daughter or her child. The economic unit is 2 (pregnant woman counts as 2). Only the pregnant woman's income needs to be considered in the income determination. Even though the parents provide "housing" this is not considered income, but is considered an "in-kind" benefit. If the family is over income, then the agency can increase the household size by the number of fetuses in utero with the mother's permission.

Income Guidelines

Policy: In order to financially qualify for the WIC Program, a participant’s combined household gross income cannot exceed the WIC Income Eligibility Guidelines (IEG). The WIC IEGs are 185% of the Federal Poverty Guidelines published in the Federal Register on March 5, 2021. The WIC IEGs listed below are in effect for Colorado beginning July 1, 2021.

WIC INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2021 - June 30, 2022

GROSS INCOME					
HOUSEHOLD SIZE*	YEARLY	MONTHLY	TWICE-MONTHLY	BI-WEEKLY	WEEKLY
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each additional family member, add:	+\$8,399	+\$700	+\$350	+\$324	+\$162

NOTE: An income assessment should be conducted counting a pregnant woman as a household size of one first. If she is over income, then the agency can increase the household size by the number of fetuses in utero.

Regulation: 7 CFR 246.7 (d)(1)

Procedure/Additional Guidance:

Use the following steps to calculate gross income. Compass calculations follow these same steps.

1. If a household has only one income source or if all income sources have the same frequency, compare the income, or the sum of the separate incomes, to the published IEGs for the appropriate frequency and household size.
2. When multiple pay periods occur within the past 30 days, a pay stub from each pay period must be presented for the full 30 days.
3. If a household reports income sources at more than one frequency, perform the following calculations:
 - ☐ Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.
 - ☐ Do not round the values resulting from each conversion.
 - ☐ Add together all the unrounded, converted values.
 - ☐ Compare the total to the annual income for the appropriate household size to determine income eligibility.

Ineligible Applicants and Participant Terminations

Policy: Applicants found ineligible for WIC services are required to receive a Notice of Ineligibility unless the screening is done over the phone. Participants terminated from the WIC Program must receive 15 days of food benefits and a *Notice of Termination*. If benefits expire less than 15 days in the future, staff must issue the next month of benefits to ensure a 15-day notification period. If the benefits expire in more than 15 days in the future (redeemed or not), no additional benefits should be issued.

- 1) The following are exceptions to giving 15 days worth of benefits:
 - When 90 days or less remains in the certification period, the remainder of the food benefits may be issued through the current certification period.
 - If the participant is terminated for one of the reasons below, participant receives no additional food benefits.
 - No recent food benefit pick up (not available for staff selection).
 - Deceased.
 - Dual Participation with WIC.
 - Program Misuse for reason of intentionally misrepresenting circumstances to obtain benefits, and not eligible for the program.
 - No longer in family.
 - No BF 6 months postpartum.

Regulation: 7 CFR 246.7(h), 7 CFR 246.7(i)

Procedure/Additional Guidance:

WIC Applicants

1. Applicant is screened for WIC eligibility.
 - a. If an applicant is determined income ineligible on the Income Determination panel, staff must check the Action box to move the applicant from a Pending status to an Ineligible status.
2. Print the Notice of Ineligibility.

WIC Participants

- 1) Participants may be terminated during their certification for the following staff assigned termination reasons:
 - Terminate Postpartum/BF - Recert as Pregnant.
 - Terminate Postpartum/BF - Recert as Postpartum/BF.
 - Terminate Postpartum/non-BF - Recert as BF.
 - Terminate Pregnant - Recert as non-BF/BF.
 - Terminate Pregnant - Recert as Pregnant.
 - Recertify Active VOC.
 - Not BF 6 months postpartum.
 - Program misuse.
 - Remove from waiting list.
 - Not serving priority.
 - Voluntary Withdraw.
 - Autoterm.
 - Moved Out of State.
 - No Longer in Family.
 - Over Income.
- 2) The effective date of termination is automatically populated with a date 15 days in the future which allows the user to issue 15 days of food benefits for the participant.
 - Note for Over Income:
 - i. A participant found over income at the certification visit may not receive WIC benefits.
 - ii. A participant found over income at a recertification visit may receive benefits through the previous certification period.



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- iii. A participant found over income at a mid-certification visit (that places them over the income guidelines) should be provided with enough food benefits to ensure the participant receives the 15-day notice of ineligibility.
 1. If an Active participant is determined income ineligible on the Income Determination panel, staff must issue any required food benefits (depending on where they are in the certification period) first, then return to the Income panel and click the “Check Income Eligibility” button. Then, staff must check the Action box.
 - iv. If one member of a family or economic unit is found to be WIC income ineligible during a certification/recertification then the entire family is income ineligible.
- 3) When a participant is terminated from the WIC Program, any remaining food benefits should continue to be the same food package (no change in food package is required). However, if a participant is continuing on the Program, but their category has changed (for example, breastfeeding to non-breastfeeding postpartum - and less than 6 months postpartum) then their food package should be immediately changed to reflect their new category.
 - 4) Compass may automatically terminate a participant for the reason listed. It is not required to give a Notice of Termination to participants for reasons such as:
 - Failure to Provide Proof.
 - No Recent Food Benefit Pick-up (occurs when participant has not picked up > 1 month worth of benefits).
 - Failure to Reapply (after certification has expired).
 - BF 1 Year Postpartum.
 - Child’s 5th Birthday.
 - No BF 6 months postpartum.
 - 5) A *Notice of Program Termination* form can be generated from Compass and given to the participant for reference.
 - If the participant or guardian is present at time of termination from the Program, review the Compass generated form with the participant and provide a copy.
 - If the participant or guardian is not present at the time of termination from the Program, mail the computer generated form to her address. It is not necessary to mail a *Notice of Termination* form:
 - ✓ For expiration of certification (as this is noted on the Family Food Benefits list).
 - ✓ When participant is terminated (auto-termed) for failure to pick up food benefits for two consecutive months, endorser/participant need not be notified if this policy was explained at the initial certification.
 - 6) A *Notice of Program Termination* form does not need to be issued for:
 - Participants who are being recertified as a different category.
 - Participants automatically terminated by Compass.
 - Deceased individuals.
 - Individuals who are no longer part of a family and are not transferring to another WIC family.
 - Participants moving out of state.

Reinstatement

A participant who has been terminated by Compass (e.g., No food benefit pickup) may be reinstated if they have not reached their Certification End Date. However, when their Certification End Date has passed, the participant must be recertified in order to receive benefits.

Once the participant reaches their Certification End Date, Compass sets their WIC status to Terminated. To recertify, access the Application panel and create a new application. WIC status changes to Pending and staff may proceed with the recertification.

Procedures for Categorical Ineligibility

Persons who do not meet the definition of pregnant, postpartum, or breastfeeding women, infants and children are categorically ineligible for the Program.

- A child receives WIC Program benefits through the last day of the month of their fifth birthday.
- A breastfeeding woman receives WIC Program benefits until:
 - ✓ The last day of the month her breastfed infant turns one year old.
 - ✓ She reports she has stopped breastfeeding or is breastfeeding less than an average of once a day.
- A woman who ceases breastfeeding and is within 6 months after delivery shall be reclassified as a postpartum woman and receive postpartum food benefits from that date until the end of her certification period (not to exceed 6 months postpartum).
- A woman who ceases breastfeeding more than 6 months after delivery is eligible to receive 15 days of food benefits starting the day she reports she is no longer breastfeeding.
- A non-breastfeeding postpartum woman receives WIC Program benefits for 6 months postpartum (after delivery).

Intrastate Dual Participation

Policy: All clinics must run the intrastate dual participation monthly and resolve those listed on the record as possible dual participants.

Regulations: 7 CFR 246.7 (I)

Procedure/Additional Guidance:

Intrastate dual participation is assessed using the *Intrastate Dual Participation* function in the *Operations* functional area of Compass. A clinic supervisor or designated WIC staff member should run this report at the end of each month. WIC staff must verify in Compass whether each possible dual participant in that clinic is actually dual participating. When another WIC clinic is involved, communication between clinics may need to occur in order to resolve the potential dual participation.

Note: When a person is added to Compass, an immediate dual participant search is conducted by the system on the Dual Participation pop-up. If any names show up in the list indicating possible duals, staff are required to determine whether the person is enrolled in another clinic. If the person is enrolled in another clinic, staff must discontinue adding the person by clicking the “Back” button in the Dual Participation pop-up and then the “Delete” button on the Member/Proxy pop-up. Once this is complete, staff must perform a search to find the participant’s record, and then a transfer the participant into the clinic by accessing the Transfer panel.

Using Compass to verify dual participation:

- Access the *Intrastate Dual Participation* panel in *Operations*.
- Click *Unresolved* in the *View* section of the panel.
- Enter the correct agency and clinic name in the drop down lists.
- Click *Get Data* to populate a list of possible intrastate dual participants.

Not the Same Person (No Dual Participation or Duplicate Record)

When it is determined that the two records are **not** the same person, the matching record must be resolved. This is done by marking the “Resolved” checkbox and selecting “No Dual - Different Person” option in the *Reason* drop down list. Staff may also enter additional clarifying information (i.e., “twins”) in the “comment” field.

True Dual Participation

When a participant is truly a dual participant, defined as enrolled in two or more WIC programs and received benefits from both during the same month for the same participant, WIC staff must follow the procedures outlined in the Section 8: *Participant Violations* policy. Staff must counsel the participant on the illegality of dual participation and apply the required sanctions.

Duplicate records for the same participant

In the process of running the *Intrastate Dual Participation* function, existing duplicate records for the same participant may be discovered. These records can be two or more records within the same clinic or in different agencies. Follow the instructions below to merge duplicate records.

Instructions for Tracking and Merging Duplicate Records

Assign one person from each clinic to track all duplicate records.

- Download the [Dual Participant Record Spreadsheet](#)
- Enter the following information in the *Dual Participant Record Spreadsheet*:
Clinic Name, Clinic contact, Contact Information, Participant Name, Participant ID (PID) Not to Use, Family ID (FID) Not to Use, Family ID to Keep, Date Resolved.
- Communicate to all clinic staff which Compass record will be used and which record will not be used.
- DO NOT edit any participant or family information in Compass. This includes not changing names, adding letters or words before the last name, etc. DO NOT change the status of the participant.
- Navigate to the *Intrastate Dual Participation* panel in Compass and mark the “Resolved” checkbox.
 - ✓ Select “Dual - No Double Benefits Provided” in the *Reason* drop down box.
 - ✓ Record in the Comments field the Family ID Number (FID) that will not be used.



- Check the “**Do not allow food benefits**” box in the Participant Violations Panel of the participant whose record will not be used. Remove the check mark after the records have been merged.
- Send all typed spreadsheets electronically to the **Compass Care Team through Elementool**. DO NOT send in hand-written spreadsheets.
- The **Compass Care Team** will research each duplicate record and make appropriate changes.



Migrant Applicants

Policy: WIC staff must make every effort to reduce barriers that could prevent migrant individuals from receiving WIC Program benefits.

Regulations: CFR 246.2, CFR 246.7(c) & (d)(2)(ix)

Procedure/Additional Guidance:

Definition of Migrant Farm Worker

An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode."

- "Principal employment" means over 50 percent of the migrant farm workers job is in agriculture.
- "Agriculture" means farming in all its branches and includes:
 - Cultivation and tillage of the soil.
 - The production, cultivation, growing, and harvesting of any commodity grown in or on the land, or as an adjunct to or part of a commodity grown in or on the land.
 - Any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer, on a farm, or in conjunction with an activity described in "Agriculture" (above).
- A worker establishes a "temporary abode" when the worker's job location requires him to leave his place of regular residence periodically, not permanently, for one or more 24 hour periods. An automobile, van, or camper may be considered a "temporary abode" when used for temporary residence.
- The decision to include work as a migrant farm worker in the last 24 months was made because barriers to participation in local health services, including WIC, may not immediately be overcome when a participant no longer works as a migrant farm worker.

Migrant farmworkers and their families are at risk of poor nutrition due to low or seasonal income, isolation from dangerous working conditions, exposure to environmental hazards, inadequate housing and often lack of formal education and the English language. For these reasons, migrant farmworker families are a priority for WIC and may need referrals to health providers and local resources.

In order to identify a migrant farmworker or a member of a migrant farmworker family the following questions should be asked to screen for migrant status.

In the past two years:

- Do you, or does someone in your family, work in agriculture - the farm fields, nursery, tree farm?
- Is that work a major source of your family's income?
- Have you, or has someone in your family, moved away from your regular home to do this kind of work?

If client answers "yes" to all questions, they must be considered a migrant farm worker according to the Colorado WIC Program.

Providing WIC Program Services to Migrant Farm Workers

In order to overcome the barriers to migrant farm worker participation and provide quality services, the State and local agencies must do the following.

- Provide a Verification of Certification (VOC)
Staff should provide a Verification of Certification (VOC) form at the first participant visit so that if the participant moves, he/she does not need to be certified in each area to which they travel. The agency must provide program benefits until the certification period written on the VOC expires.
- Complete Income Determination
The income of a migrant farm worker family must be determined at least once a year. Any determination that a migrant farm worker has met the income guidelines, either in the migrant farm worker's regular home location



before beginning farm work for a particular agricultural season or in another area during the agricultural season, shall satisfy the income criteria for the migrant farm worker participant in any state for any subsequent certification during that agricultural season. (This procedure applies only to migrant farm workers.) If there is no indication on the VOC form that this was completed, the local agency must determine financial eligibility at the next certification. Lack of documentation for income should not be a barrier for migrant farm worker families to receive WIC benefits. Farm workers who are unable to provide documentation of income may self-declare their income by signing an affidavit.

□ **Ensure no Double Food Issuance**

It is likely that individuals will receive and redeem food benefits in one state just prior to departing to another state. When they present their VOC cards in the second state, they may still be within the 30-day period of the previous food issuance. Staff must ensure that the participant does not receive double benefits. If benefits have been redeemed for the current month, staff may not provide benefits until the next month. Staff must collect and destroy unused benefits. If benefit information is unavailable, staff should call the previous clinic to verify if the participant has redeemed the benefits.

□ **Tailor Food Packages**

Staff may tailor food packages to meet the participants' individualized needs. With eWIC, participants can purchase as many or as few items as desired per shopping trip and have the option to purchase canned or powdered milk in lieu of fresh milk and canned beans or peanut butter in lieu of dry beans. Participants with a poor water supply, no refrigeration, or limited storage may prefer to have food packages with options such as ready-to-feed formula, juice in individual serving containers, shelf stable (UHT) milk, extra peanut butter or beans instead of eggs (at the substitution rate of 18 oz peanut butter or 1 pound beans for 1 dozen eggs).

□ **Follow Processing Standards for Certification and Priority Determinations**

The local agency must notify the migrant farm worker applicant of his/her eligibility within 10 calendar days of the first request for program benefits. Normal screening procedures will be used and all applicable nutrition risk factors assigned. At a minimum, these applicants must be considered at nutritional risk solely because of their migrant farm worker status. The applicant will be given a priority rating (1-6) using the same criteria as for all WIC participants.

In cases where a local agency is at the maximum participation level and the state has no additional funds to provide to the agency, a person with a valid VOC must be placed ahead of all other persons on a waiting list. This is because any participant with the current certification is entitled to continue receiving program benefits before a person who is not yet participating in the program. If a migrant farm worker with a current VOC arrives, he/she should be placed first on the list. However, if a migrant farm worker participant arrives with an expired VOC at an agency at maximum participation, he/she should be placed on the waiting list according to the priority rating, as any other potential participant.

□ **Provide Nutrition Education**

Providing comprehensive nutrition education to migrant farm worker participants can be challenging due to the participant's transient lifestyle. Because a participant may only be enrolled for a short period of time, ongoing, long-term education goals may not be appropriate. Although they may have access to nutrition education, often they are not in an area long enough to benefit continuously from any comprehensive nutrition education program designed by a state or local agency. In some instances, language barriers exist which also add to the difficulty of supplying appropriate nutrition education to migrant farm worker families.

Many migrant farm workers have participated in WIC Programs in other states where food delivery, allowable foods, and the method of payment (i.e. eWIC card) are very different. Therefore, priority topics for education should include:

- ✓ How to use WIC food benefits.
- ✓ A description of WIC allowable foods in Colorado.
- ✓ How to use the WIC foods with limited storage and cooking equipment.

Nutrition education concerning food preparation should be suited to the participant's situation. For instance, many migrant farm worker parents work in the fields for long hours and do not have time to prepare complicated meals. Tips on food preparation in nutrition education sessions should take this into consideration.



Printed Spanish nutrition education materials are available from the State WIC Office and online versions are available on the USDA WIC Works Resource System. Refer to the [CO WIC Program Materials Order Form](#) posted on the Colorado WIC Program web site for the complete listing.

Migrant farm workers in Colorado are from various ethnic groups. It is important that those providing nutrition education understand the ethnic dietary practices of these groups. One of the most important factors in teaching nutrition to various cultural groups is to point out the positive aspects of the diet and suggest only those changes that will fit into the lifestyle of the family.

□ **Conduct Outreach**

Outreach to migrant farm worker participants is needed more than outreach to the general WIC population because their newness to the area often means they do not know where to obtain WIC services. Outreach is also necessary to overcome the isolation from the main population, which is inherent to the migrant farm workers' lifestyle.

□ **Contact Farm Worker Groups**

Local farm worker organizations are another important community resource for assistance in reaching migrant farm worker participants. Migrant farm workers usually know these organizations and the organizations are very familiar with the situations of migrant farm workers in their area. Some farm worker organizations may be willing to assist the local agency in conducting outreach, or the local agency may wish to contract with the organization for outreach services. At a minimum, these groups can provide information on when to expect migrant farm workers to arrive, how many usually come, how long they will stay and where they are likely to live.

□ **Offer Flexibility of Services**

Another very important factor in serving migrant farm workers is flexibility of service hours. Since farm work is so unpredictable, migrant farm workers must work when employment is available. If the mother or other adult responsible for WIC appointments is working in the fields, she or he may be unable to make appointments during daytime clinic hours. One solution to this problem is for the WIC staff to schedule after-hour clinics for certification appointments and then offer alternate nutrition education methods for follow up visits, such as wichealth.org or a telephone or interactive video call while still providing an effective second nutrition education contact. If the participant chooses an alternate nutrition education method for the follow up visit, food benefits can be issued remotely.

Holding a WIC clinic at the migrant farm worker camp is an effective way to reach the participants. Such an approach would remove transportation problems of those who have no way to reach WIC clinics.

Additional Resources for Migrant Farm Workers

Health service locations can be accessed through the Bureau of Primary Health Care, a division of the U.S. Department of Health and Human Services at <http://www.bphc.hrsa.gov/>.

Information on legal services can be accessed through Colorado Legal Services, Inc., Farm Worker Division, (303) 866-9366 or 1-800-864-4330.

Other information for or about migrant farm workers is available through the National Center for Farmworker Health, Inc., 1-800-531-5120, <http://www.ncfh.org/>.

Missed Appointments

Policy: Local agencies shall attempt to contact each pregnant woman who misses her first WIC appointment to reschedule the appointment. If the pregnant woman is enrolled in the WIC Text/Voicemail Messaging Program, a missed appointment text will be sent automatically. Staff do not need to make an additional contact. However, staff are required to contact pregnant woman who opt out of the WIC Texting Program and miss their first WIC appointment.

Local agencies may choose to enforce a Missed Appointment Policy. Once developed, the local agency must apply their missed appointment policy equally to all participants. This includes informing all participants of their missed appointment policy at Certification during the Initial Explanation of WIC.

Although local agencies are required to make reasonable efforts to provide nutrition education to each participant, individuals cannot be denied supplemental foods for failure to attend an educational activity or for lack of willingness, readiness, or ability to participate in the activity.

Regulations: 7 CFR 246.7

Procedures/Additional Guidance:

Colorado WIC uses an automated messaging system to send appointment reminder text messages or phone calls, and to notify all applicants and participants of missed appointments. If the participant/applicant agrees to receive phone calls or text messages, staff must check the “Allow Calls” and “Allow Texts” boxes in the Contact/Address panel.

Agencies may also elect to notify participants when an appointment is missed by printing and mailing the *Notice of Missed Appointment*, accessed from the Scheduler screen by right-clicking a WIC appointment that was in the past and then selecting *Notice of Missed Appointment*.

Documenting missed appointments

- When a participant misses a scheduled appointment, staff must manually mark the appointment as “No Show” in Compass.

Contacting Participants Who Miss Appointments

Contacting the participant to learn why appointments are missed can help identify and reduce barriers to keeping appointments. Options to reduce barriers include:

- a. Determine if the participant is eligible for an exemption from physical presence requirement due to a disability, medical condition, or an infant or child with working caregivers whose working status presents a barrier to bringing the child to the clinic. Refer to *Physical Presence Requirement* policy for additional information.
- b. Offer nutrition education at a follow-up appointment via wichealth.org, telephone or video call (if eligible). Upon completion of the nutrition education, issue food benefits remotely.

Nutrition Risk Factors & Priority System

Policy: Local WIC agencies must apply the Colorado WIC Program nutritional risk factor definitions when risking an applicant/participant for the program. Nutritional/medical risk(s) are identified at certification and recertification.

If at a mid-certification visit staff identify a nutritional risk factor (NRF) that was not entered during the certification/recertification visit, that NRF should be added to the participant record. If any anthropometric data (height/length, weight) or blood information is entered, a risk assessment through the Determine Risk button should be completed on the Risk panel to determine if a potential system assigned anthro/blood risk is applicable.

Regulation: CFR 246.7(e), USDA WIC Nutrition Risk Criteria, Colorado WIC Policy

Procedure/Additional Guidance:

Assignment of nutritional/medical risk(s) at the certification/recertification visit determines whether the participant is at low or high nutritional risk. Low or high-risk classification determines the scope of counseling services the participant receives from WIC. Nutritional risk assignment also determines the participant's priority (1-6, 1 being the highest priority). The priority system is used when a local agency has reached its maximum participation level and ensures that participants with the highest nutritional risk receive benefits.

Priority 1:

Pregnant women, breastfeeding women, and infants demonstrating nutritional risk by hematological or anthropometric measures or other documented medical conditions. When determining priority, both members of the breastfeeding pair (mother and infant) must be placed in the highest priority level for which either is eligible. This policy applies even if both members of the pair have independent NRFs. For example, a breastfeeding woman is risked for "Failure to Meet Dietary Guidelines" which makes her a priority 4. However, her infant measures underweight which qualifies the infant as a priority 1. Because of this, both the breastfeeding woman and her infant would be certified as priority 1 participants. Priority levels are reevaluated at each recertification.

Priority 2:

Except for those infants who qualify for Priority 1, infants (up to 6 months of age) born to a WIC participant or to a mother who was in medical/nutritional risk during pregnancy.

Priority 3:

Children demonstrating nutritional risk by hematological or anthropometric measurements or other documented medical conditions.

Priority 4:

Pregnant women, breastfeeding women, and infants demonstrating nutritional risk and additional risk factors as allowed by Federal regulations; and postpartum teens.

Priority 5:

Children demonstrating nutritional risk.

Priority 6:

Postpartum women at nutritional risk.



PREGNANT WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Prepregnancy Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) ≥25.0	1	L	S
131	Low Maternal Weight Gain - (singleton pregnancies only) Assign when weight plots, at any point, beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.	1	H	U
133	High Maternal Weight Gain - (Singleton pregnancy only) At any point in a singleton pregnancy, weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.	1	H	U
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
401	<p>Failure to Meet Dietary Guidelines for Americans Pregnant woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on failure to meet Dietary Guidelines for Americans. Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).</p> <p>Note: Assign 401 to a pregnant woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.</p>	4	L	U
427	<p>INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN: Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:</p>	4	L	U
427A	<p>Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: <ul style="list-style-type: none"> ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. </p>	4	L	U
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. </p>	4	L	U
427C	<p>Compulsively ingesting non-food items (pica) - Examples of non-food items are: <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) </p>	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are: <ul style="list-style-type: none"> ▶ Consumption of <27 mg of iron as a supplement daily. ▶ Consumption <150 µg of supplemental iodine per day. </p>	4	L	U
427E	<p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms - Examples of potentially harmful foods are: <ul style="list-style-type: none"> ▶ Raw fish or shellfish, including oysters, clams, mussels, and scallops; ▶ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; ▶ Raw or undercooked meat or poultry; ▶ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; ▶ Refrigerated pâté or meat spreads; ▶ Unpasteurized milk or foods containing unpasteurized milk; ▶ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; ▶ Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; ▶ Raw sprouts (alfalfa, clover, and radish); or ▶ Unpasteurized fruit or vegetable juices. </p>	4	L	U
501	<p>Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
601	Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.			
601A	Priority 1 mother	1	L	U
601B	Priority 2 mother	2	L	U
601D	Priority 4 mother	4	L	U
	Note: Mother must be the same priority as at-risk infant			
602	Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for breastfeeding:			
602A	▶ severe breast engorgement	1	H	U
602B	▶ recurrent plugged ducts	1	H	U
602C	▶ mastitis (fever or flu-like symptoms with localized breast tenderness)	1	H	U
602D	▶ flat or inverted nipples	1	H	U
602E	▶ cracked, bleeding, or severely sore nipples	1	H	U
602F	▶ age 40 years or older*	1	L*	U
602G	▶ failure of milk to come in by 4 days postpartum	1	H	U
602H	▶ tandem nursing (breastfeeding two siblings who are not twins).	1	H	U
	Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.			
801	Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days; or ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p>Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	4	L	U
901	<p>Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Pregnant woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver</p>	4	L	U
903	<p>Foster Care - Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p>	1	L	U

BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - ▶ Woman <6 months postpartum: Prepregnancy Body Mass Index (BMI) ≥ 25.0 ▶ Woman ≥ 6 months postpartum: Current Body Mass Index (BMI) ≥ 25.0	1	L	S
133	High Maternal Weight Gain - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI). Note: Singleton pregnancy only	1	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Breastfeeding woman who meets the eligibility requirements of income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to breastfeeding women when a complete nutrition assessment has been performed <u>and</u> no other nutrition risk(s) are identified.	4	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427A	<p>Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	4	L	U
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are:</p> <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. 	4	L	U
427C	<p>Compulsively ingesting non-food items (pica) - Examples of non-food items are:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) 	4	L	U
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are:</p> <ul style="list-style-type: none"> ▶ Consumption of < 150 µg of supplemental iodine per day ▶ Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily. 	4	L	U
501	<p>Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
601	Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.			
601A	Priority 1 mother	1	L	S
601B	Priority 2 mother	2	L	S
601D	Priority 4 mother	4	L	S
	Note: Mother must be the same priority as at-risk infant			
602	Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for breastfeeding:			
602A	▶ severe breast engorgement	1	H	U
602B	▶ recurrent plugged ducts	1	H	U
602C	▶ mastitis (fever or flu-like symptoms with localized breast tenderness)	1	H	U
602D	▶ flat or inverted nipples	1	H	U
602E	▶ cracked, bleeding, or severely sore nipples	1	H	U
602F	▶ age 40 years or older	1	L	S
602G	▶ failure of milk to come in by 4 days postpartum	1	H	U
602H	▶ tandem nursing (breastfeeding two siblings who are not twins).	1	H	U
	Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.			
801	Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U
802	Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual: ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode.	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
901	Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.	4	L	U
902	Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to: <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. * Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	4	L	U
903	Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.	4	L	S
904	Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home. Note: ETS is also known as passive, secondhand, or involuntary smoke.	1	L	U

NON-BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system. **User Assigned (U):** User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	6	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) \geq 25.0	6	L	S
133	High Maternal Weight Gain - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI). Note: Singleton pregnancy only	6	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	6	L	S
201B	Severely Low Hematocrit/Low Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	6	H	U
211	Elevated Blood Lead Levels - Blood lead level of \geq 5 micrograms/deciliter within the past twelve months.	6	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	6	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Non-breastfeeding woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to a non-breastfeeding woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.	6	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	6	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427A	<p>Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences are:</p> <ul style="list-style-type: none"> ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	6	L	U
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are:</p> <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. 	6	L	U
427C	<p>Compulsively ingesting non-food items (pica) - Examples of non-food items are:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) 	6	L	U
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - For example:</p> <ul style="list-style-type: none"> ▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman. 	6	L	U
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	6	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S



Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
801	<p>Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings. 	6	L	U
802	<p>Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	6	L	U
901	<p>Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	6	L	U
902	<p>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Non-breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver</p>	6	L	U
903	<p>Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	6	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	6	L	U



INFANT

System Assigned (S): Assigned by Compass based on anthropometric, blood values, and/or dates entered system.
User Assigned (U): Assigned by the user by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	At Risk of Underweight - > 2nd percentile and ≤ 5 th percentile weight-for-length	1	L	S
103B	Underweight- ≤ 2nd percentile weight-for-length Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the Birth to 24 months gender specific growth charts.	1	H	S
114	At Risk of Overweight- ► Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy. (Compass assigns using biological mother's most recent pregnancy record.) ► Biological father with a BMI ≥ 30 at the time of certification. BMI must be based on self-reported weight and height by the father in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification.	1	L	S U
115	High Weight-for-Length - ≥ 98 th percentile weight-for-length Note: CDC labels the 97.7 th percentile as the 98 th percentile on the Birth to 24 months gender specific growth charts.	1	L	S
121A	At Risk for Short Stature - > 2nd percentile and ≤ 5 th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: • CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. • Assignment for premature infant is based on adjusted gestational age.	1	L	S
121B	Short Stature - ≤ 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: • CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. • Assignment for premature infant is based on adjusted gestational age.	1	L	S



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
134	Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by endorser/caregiver.	1	H	U
135	Slowed/Faltering Growth Pattern - <i>Infant Birth to 2 weeks</i> <ul style="list-style-type: none"> Excessive weight loss after birth, defined as $\geq 7\%$ birth weight. Note: Requires further assessment and counseling by the WIC High Risk Counselor within 24 hours of risk identification. <i>Infants 2 weeks to 6 months of age</i> <ul style="list-style-type: none"> Any weight loss. Use two separate weight measurements taken at least 8 weeks apart. Note: WIC High Risk Counselor visit is required within 30 days of risk identification.	1	H	S
141A	Low Birth Weight - Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams)	1	H	S
141B	Very Low Birth Weight - Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams)	1	H	S
142A	Preterm Delivery - Delivery of an infant born $\leq 36 \frac{6}{7}$ week gestation.	1	H	S
142B	Early Term Delivery - Delivery of an infant born $\geq 37 \frac{0}{7}$ and $\leq 38 \frac{6}{7}$ weeks gestation.	1	L	S
151	Small for Gestational Age (SGA) - Diagnosed as small for gestational age.	1	H	U
152	Low Head Circumference - <i>Infants birth to 24 months</i> $\leq 2.3^{\text{rd}}$ percentile head circumference-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts. Assignment for premature infant is based on adjusted gestational age. Note: Low Head Circumference is not a measurement WIC Staff take but instead is risked when a health care provider has diagnosed the infant or child with the condition.	1	H	S
153	Large for Gestational Age (LGA) - Birth weight of ≥ 9 pounds (≥ 4000 g) or presence of LGA as diagnosed by a physician or someone working	1	L	S



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
	under a physician's orders, or as self-reported by endorser/caregiver.			
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (High or Low).	1	L/H	U
411	INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS: Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
411A	Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of substitutes: ▶ Low iron formula without iron supplementation; ▶ Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and ▶ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or "other homemade concoctions."	4	L	U
411B	Routinely using nursing bottles or cups improperly. ▶ Using a bottle to feed fruit juice. ▶ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ▶ Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the infant to use the bottle without restriction (e.g. walking around with a bottle) or as a pacifier. ▶ Propping the bottle when feeding. ▶ Allowing an infant to carry around and drink throughout the day from a covered or training cup. ▶ Adding any food (cereal or other solid foods) to the infant's bottle.	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411C	<p>Routinely offering complementary foods* or other substances that are inappropriate in type or timing.</p> <p>Examples of inappropriate complementary foods: ▶ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier. ▶ Introducing any food other than human milk or iron-fortified infant formula before 6 months of age.</p> <p>* Complementary foods are any foods or beverages other than human milk or infant formula.</p>	4	L	U
411D	<p>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p> <p>▶ Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant’s hunger cues). ▶ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. ▶ Not supporting an infant’s need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods).</p>	4	L	U
411E	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</p> <p>Examples of potentially harmful foods: ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); ▶ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). ▶ Donor human milk acquired directly from individuals or the Internet.</p>	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411F	<p>Routinely feeding inappropriately diluted formula.</p> <ul style="list-style-type: none"> ▶ Failure to follow manufacturer’s mixing instructions (to include stretching formula for household economic reasons). ▶ Failure to follow specific instructions accompanying a prescription. 	4	L	U
411G	<p>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> ▶ Scheduled feedings instead of demand feedings; and ▶ Less than 8 feedings in 24 hours if less than 2 months of age. 	4	L	U
411H	<p>Routinely feeding a diet very low in calories and/or essential nutrients.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet ▶ Macrobiotic diet ▶ Other diets very low in calories and/or essential nutrients 	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411I	<p>Routinely using inappropriate sanitation in the feeding, preparation, handling, and storage of expressed human milk or formula.</p> <p>▶ Limited or no access to a:</p> <ul style="list-style-type: none"> • Safe water supply (documented by appropriate authorities); • Heat source for sterilization; and/or • Refrigerator or freezer for storage. <p>▶ Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include:</p> <p>Human Milk</p> <ul style="list-style-type: none"> • Thawing/heating in a microwave • Refreezing • Adding freshly expressed unrefrigerated human milk to frozen human milk • Adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk • Feeding thawed refrigerated human milk more than 24 hours after it was thawed • Saving human milk from a used bottle for another feeding • Failure to clean breast pump per manufacturer’s instruction • Feeding donor human milk acquired directly from individuals or the Internet. <p>Formula</p> <ul style="list-style-type: none"> • Failure to prepare and/or store formula formula per manufacturer’s or physicians instructions • Storing at room temperature for more than 1 hour • Using formula in a bottle one hour after the start of a feeding • Saving formula from a used bottle for another feeding • Failure to clean baby bottle properly 	4	L	U
411J	<p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <p>▶ Single or multi-vitamins;</p> <p>▶ Mineral supplements; and</p> <p>▶ Herbal or botanical supplements/remedies/teas.</p>	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411K	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant’s diet alone cannot meet nutrient requirements.</p> <p>► Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</p> <p>► Infants who are exclusively breastfed, or who are ingesting less than one liter (or 1 quart) per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D.</p>	4	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Infant 4-12 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>Note: A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, must be performed prior to assigning this risk.</p>	4	L	U
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
603	Breastfeeding Complications or Potential Complications - Breastfed infant with any of the following complications or potential complications for breastfeeding:	1	H	U
603A	▶ jaundice			
603B	▶ weak or ineffective suck			
603C	▶ difficulty latching onto mother's breast			
603D	▶ inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day.			
	Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.			
701	Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy - Infant < 6 months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related conditions.	2	L	S
702A	Breastfeeding Infant of Woman at Nutritional Risk - Priority 1 infant	1	L	S
702B	Priority 2 infant	2	L	S
702D	Priority 4 infant	4	L	S
	Note: Infant must be the same priority as at-risk mother			
801	Homelessness - Infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation of not more than 365 days in the residence of another individual; or ▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.	4	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	Migrancy - Infant who is a member of a family that contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	4	L	U
901	Recipient of Abuse - Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.	4	L	U
902	Infant of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Infant whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to: <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>	4	L	U
903	Foster Care - Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.	4	L	S
904	Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home. Note: ETS is also known as passive, secondhand, or involuntary smoke.	1	L	U



CHILD

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.
User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	<p>At Risk of Underweight - <i>Child \geq 12 months to <24 months:</i> > 2nd percentile and \leq 5th percentile weight-for-length</p> <p><i>Child 2-5 years of age:</i> > 5th percentile and \leq 10th percentile Body Mass Index (BMI)-for-age</p>	3	L	S
103B	<p>Underweight - <i>Child \geq 12 months to <24 months:</i> \leq 2nd percentile weight-for-length</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</p> <p><i>Child 2-5 years of age:</i> \leq 5th percentile Body Mass Index (BMI)-for-age</p>	3	H	S
113	<p>Obese - <i>Child 2-5 years of age:</i> \geq 95th percentile Body Mass Index (BMI)-for-age</p> <p>Note: standing height only</p>	3	H	S
114	<p>Overweight - <i>Child 2-5 years of age:</i> \geq 85th and < 95th percentile Body Mass Index (BMI)-for-age</p>	3	L	S
	<p>At Risk of Overweight - <i>Child \geq 12 months to 5 years of age:</i> Biological mother** and/or biological father with a BMI \geq 30 at the time of certification.*</p> <p>*BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not “self-report” for the other parent) or weight and height measurements taken by staff at the time of certification.</p> <p>**If the mother is pregnant or has had a baby within the past 6 months but was not on WIC during that pregnancy, use her preconceptional weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain. For children <24 months of age whose biological mother was on WIC during the most recent pregnancy, Compass assigns using the biological mother’s most recent pregnancy record.</p>	3	L	S/U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
115	<p>High Weight-for-Length - <i>Child ≥ 12 months to < 24 months of age:</i> > 98th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</p>	3	L	S
121A	<p>At Risk for Short Stature - <i>Child ≥ 12 months to < 24 months of age:</i> >2nd percentile and ≤5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> > 5th percentile and ≤10th percentile height-for-age.</p>	3	L	S
121B	<p>Short Stature - <i>Child ≥ 12 months to < 24 months of age:</i> ≤ 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the birth to 24 months gender-specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> ≤ 5th percentile height-for-age</p>	3	L	S
134	<p>Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by endorser/caregiver.</p>	3	H	U
141A	<p>Low Birth Weight - (<i>Child < 24 months of age</i>): Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams)</p>	3	L	S
141B	<p>Very Low Birth Weight - (<i>Child < 24 months of age</i>): Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams)</p>	3	L	S
142A	<p>Preterm Delivery (<i>Child < 24 months of age</i>) - Delivery of an infant born ≤ 36 6/7 week gestation.</p>	3	L	S
142B	<p>Early Term Delivery (<i>Child < 24 months of age</i>) - Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.</p>	3	L	S



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
151	Small for Gestational Age (SGA) - (Child < 24 months of age): Diagnosed as small for gestational age.	3	L	U
152	Low Head Circumference - <i>Infants birth to 24 months</i> ≤2.3 rd percentile head circumference-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts. Assignment for premature infant is based on adjusted gestational age. Note: Low Head Circumference is not a measurement WIC Staff take but instead is risked when a medical care provider has diagnosed the infant or child with the condition.	3	L	U
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	3	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	3	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	3	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	3	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Child ≥ 24 months of age who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on a child's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to child 2-5 years of age when a complete nutrition assessment has been performed and no other nutrition risks are identified.	5	L	U
425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN - Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	5	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425A	<p>Routinely feeding inappropriate beverages as the primary milk source -</p> <p>Examples of inappropriate beverages as primary milk source:</p> <ul style="list-style-type: none"> ▶ Non-fat or reduced-fat milks between 12 and 24 months of age only (unless overweight or obesity is a concern) or sweetened condensed milk; and ▶ Goat’s milk, sheep’s milk, imitation or substitute milks (that are unfortified or inadequately fortified), or other “homemade concoctions.” 	5	L	U
425B	<p>Routinely feeding a child any sugar-containing fluids</p> <p>Examples of sugar-containing fluids:</p> <ul style="list-style-type: none"> ▶ Soda/soft drinks ▶ Gelatin water ▶ Corn syrup solutions; and ▶ Sweetened tea 	5	L	U
425C	<p>Routinely using nursing bottles, cups, or pacifiers inappropriately -</p> <ul style="list-style-type: none"> ▶ Using a bottle to feed: <ul style="list-style-type: none"> • Fruit juice, or • Diluted cereal or other solid foods. ▶ Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. ▶ Using a bottle for feeding or drinking beyond 14 months of age. ▶ Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. ▶ Allowing a child to carry around and drink throughout the day from a covered or training cup. 	5	L	U
425D	<p>Routinely using feeding practices that disregard the developmental needs or stages of the child -</p> <ul style="list-style-type: none"> ▶ Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s request for appropriate foods). ▶ Feeding foods of inappropriate consistency, size, or shape that puts child at risk of choking. ▶ Not supporting a child’s need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods). 	5	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425E	<p>Feeding foods to a child that could be contaminated with harmful microorganisms or toxins- Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); and ▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot). 	5	L	U
425F	<p>Routinely feeding a diet very low in calories and/or essential nutrients - Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet; ▶ Macrobiotic diet; and ▶ Other diets very low in calories and/or essential nutrients. 	5	L	U
425G	<p>Feeding dietary supplements with potentially harmful consequences - Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multi-vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	5	L	U
425H	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements -</p> <ul style="list-style-type: none"> ▶ Providing child < 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Providing child 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula. 	5	L	U
425I	<p>Routine ingestion of nonfood items (pica) -Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Carpet fibers; ▶ Cigarettes or cigarette butts; ▶ Clay; ▶ Dust; ▶ Foam rubber; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch). 	5	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Child ≥ 12 to < 24 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 1) Consume complementary foods and beverages, 2) Eat independently, 3) Be weaned from breast milk or infant formula, or 4) Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, and is at risk of inappropriate complementary feeding <p>Note: A complete nutrition assessment, including #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>	5	L	U
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	5	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	U
801	<p>Homelessness - Child who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation of not more than 365 days in the residence of another individual; or ▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 	5	L	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p>Migrancy - Child who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	5	L	U
901	<p>Recipient of Abuse - Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	5	L	U
902	<p>Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - A child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>	5	L	U
903	<p>Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	5	L	U
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	3	L	U

Clinical/Health/Medical Conditions

All Conditions are User-assigned, unless specifically noted. Risk level assigned (*High or Low Risk*) noted in the Definition section.

NRF Code	Compass Description	Definition	Categories					
			P	B	N	I	C	
301	Hyperemesis Gravidarum*	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. (<i>High Risk</i>)	X					
302	Gestational Diabetes*	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. (<i>High Risk</i>)	X					
303	History of Gestational Diabetes*	History of diagnosed gestational diabetes mellitus (GDM). (<i>Low Risk</i>)	X	X	X			
304	History of Preeclampsia*	History of diagnosed preeclampsia. (<i>Low Risk</i>)	X	X	X			
311A	History of Preterm Delivery	Delivery of an infant born $\leq 36 \frac{6}{7}$ weeks gestation: (<i>Low Risk</i>) Pregnant: Any history of preterm delivery. Breastfeeding/Non-Breastfeeding: Most recent pregnancy.	X					
311B	History of Early Term Delivery	Delivery of an infant born $\geq 37 \frac{0}{7}$ and $\leq 38 \frac{6}{7}$ weeks: (<i>Low Risk</i>) Pregnant: Any history of early term delivery Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X					
312	History of Low Birth Weight	Birth of an infant weighing ≤ 5 pounds 8 ounces (≤ 2500 gm). (<i>Low Risk</i>) Pregnant: Any history of low birth weight Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X					
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	Any history of spontaneous abortion, fetal or neonatal loss. (<i>Low Risk</i>) <ul style="list-style-type: none"> • 321A Pregnant: Any history of fetal or neonatal death or 2 or more spontaneous abortions. • 321B Breastfeeding: Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. • 321C Non-Breastfeeding: Spontaneous abortion, fetal or neonatal loss in most recent pregnancy. <i>Note:</i> Spontaneous abortion occurs before 20 weeks; fetal death occurs at or after 20 weeks gestation; neonatal death is within 0-28 days of life.	X					
331	Pregnancy at a Young Age** **System assigned	331A: < 16 years (<i>High Risk</i>) 331B: 16 to < 18 years (<i>Low Risk</i>) Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X			

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
332	Short Interpregnancy Interval** **System assigned	Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy for the following: <i>(Low Risk)</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
333	High Parity and Young Age** **System assigned	Woman under age 20 years at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome for the following: <i>(Low Risk)</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
334	Lack of or Inadequate Prenatal Care	Prenatal care beginning after the 1 st trimester (after 13 th week). <i>(Low Risk)</i>	X				
335	Multi-fetal Gestation	More than one fetus in: Pregnant: the current pregnancy <i>(High Risk)</i> Breastfeeding: the most recent pregnancy <i>(High Risk)</i> Non-Breastfeeding: the most recent pregnancy <i>(Low Risk)</i>	X	X	X		
336	Fetal Growth Restriction (FGR)*	Fetal weight <10 th percentile for gestational age. <i>(High Risk)</i> Note: Fetal Growth Restriction (FGR) may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR replaces the term Intrauterine Growth Retardation (IUGR)	X				
337	History of Birth of a Large for Gestational Age Infant*	Pregnant: Any history of giving birth to an infant weighing ≥ 9 pounds (4000 grams). <i>(Low Risk)</i> Breastfeeding/Non-Breastfeeding: Most recent pregnancy, or history of giving birth to an infant weighing ≥ 9 pounds (4000 grams). <i>(Low Risk)</i>	X	X	X		
338	Pregnant Woman Currently Breastfeeding	Pregnant woman who is currently breastfeeding. <i>(Low Risk)</i>	X				
339	History of Birth with a Nutrition Related Congenital or Birth Defect*	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g. inadequate zinc, folic acid, excess vitamin A. <i>(Low Risk)</i> Pregnant: Any history of birth with nutrition-related congenital or birth defect. Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
341	Nutrient Deficiency or Disease*	<p>Nutritional deficiency or disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> • Protein energy malnutrition • Scurvy • Rickets • Vitamin K deficiency • Pellagra • Cheilosis • Beriberi • Hypocalcemia • Osteomalacia • Menkes disease • Xerophthalmia 	X	X	X	X	X
342	Gastro-intestinal Disorders*	<p>Disease(s) and/or conditions(s) that interfere with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, (including ulcerative colitis or Crohn's disease) • Liver disease • Pancreatitis • Biliary tract disease 	X	X	X	X	X
343	Diabetes Mellitus*	<p>Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. <i>(High Risk)</i></p>	X	X	X	X	X
344	Thyroid Disorders*	<p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> • Hyperthyroidism • Hypothyroidism • Congenital Hyperthyroidism • Congenital Hypothyroidism • Postpartum Thyroiditis 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
345	Hypertension and Prehypertension*	Presence of Hypertension or Prehypertension, including preeclampsia. <i>(High Risk)</i>	X	X	X	X	X
346	Renal Disease*	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. <i>(High Risk)</i>	X	X	X	X	X
347	Cancer *	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or treatment of the condition, must be severe enough to affect nutritional status. <i>(High Risk)</i>	X	X	X	X	X
348	Central Nervous System Disorders*	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Epilepsy • Cerebral palsy (CP) • Neural tube defects (NTD), such as spina bifida • Parkinson's disease • Multiple sclerosis (MS) 	X	X	X	X	X
349	Genetic and Congenital Disorders*	A hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Cleft lip or palate • Down's syndrome • Muscular dystrophy • Thalassemia major • Sickle cell anemia (not sickle cell trait) 	X	X	X	X	X
351	Inborn Errors of Metabolism*	Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Amino acid disorders • Organic acid metabolism disorders • Fatty acid oxidation disorders • Lysosomal storage diseases • Urea cycle disorders • Carbohydrate disorders • Peroxisomal disorders • Mitochondrial disorders 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
352A	Infectious Diseases Acute*	A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. The infectious disease must be present within the past 6 months. Includes, but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Hepatitis A • Hepatitis E • Listeriosis • Pneumonia • Meningitis (Bacterial/Viral) • Bronchitis (3 episodes in last 6 months) • Parasitic Infections 	X	X	X	X	X
352B	Infectious Diseases Chronic*	Conditions likely lasting a lifetime and require long-term management of symptoms. Includes, but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • HIV (Human Immunodeficiency Virus) • AIDS (Acquired Immunodeficiency Syndrome) • Hepatitis B • Hepatitis C • Hepatitis D 	X	X	X	X	X
353	Food Allergies*	Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. <i>(High Risk)</i> Note: Food allergy reactions occur when the body's immune system responds to a harmless food as if it were a threat. The foods that most often cause allergic reactions include cow's milk (and foods made from cow's milk), eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy. Clarification: Unlike food allergies, food intolerances do not involve the immune system. Food intolerances are adverse reactions to food caused either by the properties of the food itself (such as a toxin) or the characteristics of the individual (such as a metabolic disorder). Food intolerances are often misdiagnosed as food allergies because the symptoms are often similar.	X	X	X	X	X
354	Celiac Disease*	An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as Celiac Sprue, Gluten-sensitive Enteropathy, and Non-tropical Sprue. <i>(High Risk)</i>	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
355	Lactose Intolerance*	The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. (<i>Low Risk</i>) Note: Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
356	Hypoglycemia*	Presence of hypoglycemia. (<i>High Risk</i>) Note: Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age. It is uncommon and of shorter duration in newborns who are of the appropriate size for gestational age.	X	X	X	X	X
357	Drug Nutrient Interactions	Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised. Medication purpose can be an indicator of potential drug nutrient interactions. Includes but not limited to: (<i>High Risk</i>) <ul style="list-style-type: none"> • Diuretic (Midamor, Hygroton, Lasix) • Antacid (Tums) • Antibiotic (Ciprofloxacin) • Proton pump inhibitors (Prevacid, Prilosec) • Thyroid hormone (Synthroid, Levothyroid) • Antihyperglycemic (Metformin) • Analgesic (Methadone) • Antiemetic, Antinauseant (Zofran) • Antiepileptic (Phenobarbital) • Corticosteroid (Prednisone) • Antiulcer, AntiGERD, Antisecretory (Zantac) • Antidepressant (Zoloft) • Ulcerative Colitis Treatment (Sulfasalazine) 	X	X	X	X	X
358	Eating Disorders*	Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: (<i>High Risk</i>) <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics 	X	X	X		

		<ul style="list-style-type: none"> Self-induced marked weight loss <p>Note: Evidence of the condition may be documented by the WIC High Risk Counselor</p>					
359	Recent Major Surgery, Trauma, Burns	<p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: <i>(High Risk)</i></p> <ul style="list-style-type: none"> Within the past two months may be self-reported. More than two months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
360	Other Medical Conditions *	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> Juvenile Rheumatoid Arthritis (JRA) Persistent Asthma (moderate or severe) requiring daily medication Cardio Respiratory Diseases Cystic Fibrosis Lupus Erythematosus Heart Disease 	X	X	X	X	X
361	Depression*	Presence of clinical depression, including postpartum depression. <i>(High Risk)</i>	X	X	X		
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> Minimal brain function Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism Birth injury Head trauma Brain damage Other disabilities 	X	X	X	X	X
363	Pre-Diabetes*	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. <i>(High Risk)</i>		X	X		
371	Maternal Smoking	Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars. <i>(Low Risk)</i>	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
372	Alcohol and Substance Use	<p>372A Alcohol Use Pregnant:</p> <ul style="list-style-type: none"> Any current alcohol use** (<i>High Risk</i>) <p>Breastfeeding (<i>High Risk</i>) & Non-Breastfeeding Postpartum (<i>Low Risk</i>):</p> <ul style="list-style-type: none"> High Risk Drinking: Routine consumption of ≥8 drinks per week or ≥4 drinks on any day. Binge Drinking: Routine consumption of ≥4 drinks within 2 hours. <p>Note: One drink is 1 can (12 oz) of beer; 5 oz wine; 1 ½ fluid oz liquor.</p> <p>372B Substance Use Pregnant & Breastfeeding: (<i>High Risk</i>)</p> <ul style="list-style-type: none"> Any illegal substance use and/or abuse of prescription medications. Any marijuana use in any form. <p>Non-Breastfeeding Postpartum: (<i>High Risk</i>)</p> <ul style="list-style-type: none"> Any illegal substance use and/or abuse of prescription medications. <p>Note: 372B is not assignable to non-breastfeeding women who use marijuana.</p>	X		X		
381	Oral Health Conditions*	<p>Oral health conditions include, but are not limited to: (<i>Low Risk</i>)</p> <ul style="list-style-type: none"> Dental caries, often referred to as “cavities” or “tooth decay” Periodontal diseases (stages include gingivitis and periodontitis) Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality <p>Note: Evidence of the condition may be documented by the WIC staff</p>	X	X	X	X	X
382	Fetal Alcohol Spectrum Disorders*	<p>Fetal Alcohol Spectrum Disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. Effects can include physical, mental, behavioral, and/or learning disabilities with lifelong implications.</p> <p>Infants & Children (<i>High Risk</i>) Pregnant, Breastfeeding & Non-Breastfeeding (<i>Low Risk</i>)</p>	X	X	X	X	X
383	Neonatal Abstinence Syndrome*	<p>Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother’s use of drugs during pregnancy. NAS is a combination of physiologic and neurologic</p>				X	

		symptoms that can be identified immediately after birth and can last up to 6 months after birth. (<i>High Risk</i>)						
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³⁰⁰* Presence of the condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver. A self-reported diagnosis (My doctor says that I have/my son or daughter has…) should prompt the CWA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

Participant Notification: Initial Explanation of WIC, Rights & Responsibilities

Policy: During initial certification and subsequent recertification visits, WIC endorsers and participants receive an explanation to the WIC Program, including their rights and responsibilities.

Regulation: CFR 246.7 (i)(10), CFR 246.7 (j)(1)-(9), CFR246.7 (j)(4)

Procedure/Additional Guidance:

Initial Explanation of the WIC Program

- Explain the reason the participant is being enrolled on the program by stating a *connection between their eligibility and the desired health outcome*. This does not mean every risk must be reviewed, but rather is intended to summarize the reasons the participant is being enrolled. Example: “Your child is being enrolled in WIC to help him have good nutrition and to watch his growth over the next year.”
- *Food provided by the WIC program is supplemental*; it is not intended to provide all of the participant’s daily food needs.
- *A thorough nutrition assessment is the basis for individualized care*. Example: “The goal of the WIC program is to improve the health and nutrition of families. Today we are going to talk about your health and diet, which will help me tailor foods to meet your needs, and I’ll share information on organizations that may be helpful.”
- *Length of certification*. Inform each participant of the length of their certification, when their last food benefits will be issued, and that they will need to be recertified at the end of their certification period to determine if WIC benefits may continue past that period.
- *Local rules and policies*. Explain local WIC program rules or policies, including policies regarding late or missed appointments.
- *Transfer policy*. Explain the transfer policy and use of the VOC card.
- *Participant’s right to a fair hearing* if they disagree with any decision made regarding their participation in the WIC Program.
- *Referrals and importance of health care*. Provide information on how to access and use local health and nutrition services, including: the types of health services available, where they are located, how they may be obtained, and why they may be useful.
- *Correct use of the eWIC card*. See section below.
- *Shopping for their WIC food benefits* using the [Colorado WIC Food List & Shopping Guide](#).
- Instruct participants on the process for receiving additional food benefits at future appointments.
- *eWIC card misuse*: Explain that giving away, selling or attempting to sell WIC foods, formula, or eWIC card online or by any other means will be considered a participant violation. Misuse of the eWIC card may result in participants being dropped or suspended from the WIC Program.
- *Substance Use and Abuse*: Provide education on the harmful effects of drug, alcohol, tobacco, and certain over-the-counter medications on fetal growth and development. For participants who admit use of these substances, discuss the fact that there are no safe levels of exposure and that quitting is recommended.
- *HIV status*: Advise all pregnant, postpartum, and breastfeeding women to know their HIV status. Provide information regarding the risks of transmitting HIV from mother to baby during pregnancy and delivery and the importance of getting early medical treatment to reduce the risk to their baby. Inform all women that HIV-positive mothers should not breastfeed.
- If the local agency is not serving all priorities, explain the nature of the WIC priority system and the participant’s priority designation.

WIC Participant Rights and Responsibilities

The *Participant Rights and Responsibilities* (R&R) document explains the basic rights of WIC participants and describes the responsibilities WIC participants must follow to continue to receive program benefits.

- At every certification and recertification visit, staff provide a viewable copy of the R&R (form 107) to every endorser and/or participant. This document must be read by or read to the participant or his/her guardian, in a language that is understood. Written versions of the R&R are available in English, Spanish, Arabic, Nepali, Burmese, and Somali. Provide a printed version of the R&R when requested in a language the individual understands.

- Capture either endorser's signature (initial or additional) at the time of certification to indicate they have read, understand and agree with the R&R and understand when the certification will end. Compass attaches the captured signature to the participant's Compass record.

In state transfer: When an active participant transfers to a different agency or clinic in Colorado, it is not necessary for the agency or clinic to have the endorser review the R&R. The signature captured from the current certification period transfers with the participant's Compass record.

Out of state transfer: Out of state transfers must read the R&R and staff must capture the endorser's signature.

Program explanation during subsequent recertifications

- Restate the purpose of the current visit.
- Restate the reasons for eligibility, including the connection to the desired health outcome.
- Ask if the participant has any questions or concerns about WIC services, WIC foods or the use of the eWIC food benefits card.
- Offer the participant the *Food Benefits List* and a current **Colorado WIC Food List & Shopping Guide**.
- Request the endorser read/review the R&R in a language the individual understands.
- Capture the endorser's electronic signature at the time of recertification for each participant to indicate they have read, understand and agree with the R&R and understand when the certification ends. Compass attaches the captured signature to the participant's record.

Participant Violations

Policy: The local agency must disqualify, or take other actions in response to participant violations.

Regulations: 7 CFR 246.2, 7 CFR 246.7 (j), 7 CFR 246.7 (l), 7 CFR 246.10 (b) (2) (ii) (D), 7 CFR 246.12 (u) (1), 7 CFR 246.12 (u) (5), 7 CFR 246.23 (c)(1)

Procedures/Additional Guidance

Participant violation means any deliberate action of a participant, parent or caretaker of an infant or child participant, or proxy that violates Federal or State statutes, regulations, policies, or procedures governing the Program. Participant violations include, but are not limited to, deliberately making false or misleading statements or deliberately misrepresenting, concealing, or withholding facts, to obtain benefits; selling or offering to sell WIC benefits, including cash-value vouchers, food instruments, EBT cards, or supplemental foods in person, in print, or online; exchanging or attempting to exchange WIC benefits, including cash-value vouchers, food instruments, EBT cards, or supplemental foods for cash, credit, services, non-food items, or unauthorized food items, including supplemental foods in excess of those listed on the participant's food instrument; threatening to harm or physically harming clinic, farmer, or vendor staff; and dual participation.

Prevention

- Explanation of WIC: Throughout the certification visit, educate the endorser as to how the Program benefits the health and nutrition of WIC participants and explain how tri-monthly benefit issuance procedures work. In an effort to prevent misunderstanding, ask if the endorser has any questions regarding the type of supplemental foods provided or the procedure to be followed when purchasing foods.
- Explanation of Misuse: During the certification visit, WIC staff should carefully explain what constitutes misuse of the WIC Program and the consequences.
- Dual Participation (participating in two WIC Programs simultaneously): Each new enrollee needs to thoroughly understand the illegality of participating in two WIC Programs. At the initial visit clients should be told that they can lose benefits for this action and may be required to pay back the value of benefits obtained while participating in two programs simultaneously.
- Participant *Rights and Responsibilities*: All endorsers must read (or be read) the Colorado WIC Program *Rights and Responsibilities* at each certification and recertification visit. At every certification visit, the endorser/participant must sign electronically acknowledging their understanding of the WIC *Rights and Responsibilities*.

Identifying and Managing Endorser/Participant Misuse

When there is a report of misuse of the Program:

- Investigate the report.
- Determine if a violation occurred.
- If no violation is found, no action should be taken.
- If a violation is identified, document the violation in Compass (see Documenting a Participant Violation or Sanction section in this policy) and counsel the WIC participants on the appropriate use of their WIC benefits.
- Contact the state office for any clarification.

First-Time Suspected Misuse

A first time occurrence is defined as one event or multiple events until the person has been counseled on the specific misuse. Since there are many cases of suspected misuse that cannot be technically proven, counseling should be less accusatory and more informational in nature. Refer to the Summary of Endorser/Participant Misuses and Consequences by Category table below.

To start the session, simply state what was found: i.e., "This Craigslist posting is for the same formula that was issued to you" not "You are selling WIC formula on Craigslist." When possible, state the problem in terms of the issue—not in terms of the endorser.

Next, remind the endorser that this act constitutes **misuse**. Counsel to reeducate on the misuse, and on all other misuses within the same category of violations/misuses. Warn of the consequences of a second misuse. Show him/her the previously signed *Rights and Responsibilities* form.

If the participant/endorser has deliberately misrepresented information to be eligible for WIC Program benefits and is subsequently found ineligible, the State Office must issue a claim for the WIC benefits received. Clinic staff must contact the State WIC Office immediately

Subsequent Occurrences of Endorser/Participant Misuse

A subsequent occurrence of misuse by one individual constitutes a serious situation. A second or third occurrence is defined as one event or multiple events from the time a person was last counseled until the person is subsequently counseled again. While the endorser may still deny the act, the circumstances of the same thing happening twice are too suspicious not to warrant some action. Before enforcing consequences for a second or third occurrence, however, clinic staff members need to have sufficient documentation that a misuse occurred and be certain that the misuse was intentional.

When a second or third occurrence is identified, the local agency **must** proceed with corrective action as outlined in the "**Summary of Endorser/Participant Misuses and Consequences by Category**" listing in this section.

If insufficient evidence is available to assign consequences for a second or third misuse, at a minimum another violation should be entered on the Participant Violations panel **and** counted as another warning. The participant should again be educated and warned of possible consequences of a repeat misuse.

Management of Multiple Misuses in Different Categories

Occasionally a WIC participant may have multiple violations in different misuse categories (e.g., trying to return foods for store credit and verbal abuse). In such a case, document each violation on the Participant Violations panel. The infractions may occur at the same time or at different times. In order to apply the second occurrence consequences, the participant must have two misuse actions in the same category. In other words, if a participant had a misuse in Category I and a misuse in Category III, the participant should be warned, but not disqualified. However, if the consequence for a first occurrence is a mandatory sanction, the appropriate sanction must be applied.

Disqualification from the WIC Program

Disqualification is the withholding of Program benefits for a defined period of time. A participant's disqualification period starts the day after the benefits' Last Date to Use that allow for the 15-day notice period.

All participants (except as noted below) who are being disqualified and terminated from the Program must be told of their termination 15 days prior to the end of their benefits. At the time the participant/endorser is notified of termination, clinic staff must ensure the participant's last set of benefits have an expiration date of 15 days into the future. If benefits expire in less than 15 days staff must issue the next month of benefits to ensure a 15-day notification period. If the benefits expire in more than 15 days (redeemed or not), no additional benefits should be issued. If the participant has two or three months of benefits, they should be allowed to keep only the benefits with dates for the 15-day notice period. All other future benefits must be removed.

Claims & State Office Responsibilities

With certain types of participant violations the State WIC Office is required to file a financial claim against participants when there is substantiated proof the participant or endorser has improperly received or disposed of benefits (see "**Summary of Endorser/Participant Misuses and Consequences by Category**" listing in this section). When one of these violations has occurred the local WIC agency must contact the State WIC Office who will then determine the value of improperly obtained benefits and issue a claim letter to the participant.

When notified by the local agency, the State Office will:

- Investigate the situation to determine if a claim letter should be sent.

- Collect and maintain copies of documentation from the participant's file pertaining to the violation in question.
- Determine the value of the benefits in question.
- Determine if the case should be referred to legal authorities for criminal action.
- Notify the local clinic of a participant's status. In some cases, a participant may be terminated from the Program because of the value of the claim or because the claim is a second claim issued against the participant.
- Send a claim letter to the participant including:
 - Reason for the claim letter.
 - Value of benefits to be repaid.
 - Method of repayment.
 - Contact to discuss repayment.
 - Consequences of non-payment.
 - Participant's rights for a fair hearing and method for obtaining a fair hearing.

Mandatory Disqualification: Whenever the State Office assesses a claim of \$100 or more, assesses a claim for dual participation, or assesses a second or subsequent claim of any amount, the participant will be disqualified from the Program for one year. The State Office may decide not to impose the one-year disqualification if full restitution of the claim letter is made.

Exceptions for Disqualification: The State Office may permit a participant to remain on the Program or to reapply for benefits if full payment is made, if a repayment schedule is agreed upon within 30 days of receipt of a claim letter, or, in the case of a participant who is an infant, child, or under age 18 and not the endorser, the State or local agency may approve the designation of a proxy who can assure that no further violations will occur and that benefits will be used properly.

Procedures for Fair Hearing: At the time of disqualification or when a claim letter is sent, the participant must be advised of the procedures to follow to obtain a fair hearing. In order to continue to receive benefits while waiting for the outcome of a fair hearing, an appeal must be filed within 15 days of notice of disqualification or receipt of a claim letter. Any time a Fair Hearing is requested, either verbally or in writing, local staff should call the State Office immediately and follow the Fair Hearing procedures as described in the Program Manual, section 11, *Civil Rights, Fair Hearing Policy and Procedures for Applicant/Participant Appeals*.

Reinstatement of Program Benefits after Disqualification Period

Once the disqualification period has ended, the local agency's responsibilities are:

- If the endorser returns:
 - ✓ Reinstatement the participant if he/she contacts the agency no later than fifteen (15) days after the end of the disqualification period and he/she is within his/her original certification period.
 - ✓ If the certification period has expired, treat the participant as you would any past participant applying to the Program.
- If the endorser does not return:
 - ✓ Keep the participant in terminated status if the endorser does not contact the agency within the fifteen (15) day period to resume benefits.
 - ✓ If the endorser contacts the clinic after fifteen days, the participant will have to reapply for WIC services as a new applicant.

Documenting a Participant Violation or Sanction

1. Enter the violation and alert in Compass:

- Go to Participant Violations Panel:
 - ✓ Check the *Do not allow food benefits* check box so that WIC staff are required to counsel the participant before the issuance of future benefits. When checked, no new food benefits can be provided for this participant. A family alert message is set indicating that an action is required on the violations panel before food benefits can be issued.
 - ✓ Add a violation row:
 - ✓ Violation Date- Date the violation occurred.

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- ✓ Violation Type- Enter the type of misuse.
 - ✓ Details- Include any know details and whether it is a 1st or 2nd occurrence. Put more details in comments area if more room is needed.
 - Go to the Comments/ Alerts Panel:
 - ✓ Create a new record on the *Comment/Alert* panel describing the situation. Enter an expiration date of 1 year in the future. For example: “Please counsel on not attempting to sell benefits. See participant violations panel before issuing more benefits.” This alert will post on the family alert tab. Check the “Display As Alert” check box.
 - 2. Counsel the Participant.
 - 3. Document the Violation and Sanction.
 - Go to Participant Violations Panel.
 - ✓ Record any comments from the participant in the “Comments” section.
 - ✓ If a sanction is appropriate, add a row for a sanction.
 - ✓ Start Date- Date the participant was counseled.
 - ✓ End Date- One year after the counseling (If disqualifying the participant, the end date should be the date the sanction will be completed and the disqualification is over).
 - ✓ Sanction Type- Enter the sanction type as either: “Warning/Education” or “Disqualify”.
 - 4. If payment is due from the participant, check the *Claim Req* checkbox. Additional supporting detail can be recorded in the comments box or a document can be scanned into the system. Additional claims information will be entered on the financial screens by State WIC Office.
 - 5. Obtain the participant/endorser’s electronic signature after the counseling session. If an electronic signature is not available due to equipment malfunction, staff must print a copy of the notice, obtain the endorser’s signature, and scan the form into the participant’s Compass file.
 - 6. Print out the *Notice of Program Violation* (or *Disqualification* if appropriate) using today’s date as the start and end date. Capturing the participant and WIC staff signatures on the Notice is optional.
 - 7. Uncheck the “Do Not Allow Food Benefits” if food benefits are to be issued.
 - 8. Go to the Comments/ Alerts Panel. Remove the alerts by removing the check mark in the “Display As Alert” check box.

Summary of Endorser/Participant Misuses and Consequences by Category

MISUSE - CATEGORY I	CONSEQUENCES
<p>A. Selling or trying to sell WIC benefits, WIC foods, or eWIC cards to, or exchange with, other individuals or entities. This includes:</p> <ul style="list-style-type: none"> • Trying to return food for cash refunds or store credit. • Selling or trying to sell verbally, in print, or online through websites such as craigslist, Facebook, Twitter, eBay, etc. <p>B. Obtaining or attempting to obtain cash or credit in lieu of or in addition to authorized foods.</p>	<p>FIRST OCCURRENCE: Unsubstantiated claim: Counsel to warn, reeducate, and document in the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form. Counsel and reeducate on the misuse, and on all other misuses within the same category of violations/misuses. Warn of the consequences of a second misuse. Show him/her the previously signed <i>Rights and Responsibilities</i> form.</p> <p>SUBSTANTIATED FIRST OCCURRENCE OR SECOND OR SUBSEQUENT OCCURRENCE WITHIN 2 YEARS FROM DATE OF FIRST WARNING: Counsel, reeducate, and document the second occurrence (or substantiated first occurrence) in the <i>Participant Violations</i> panel.</p> <p>Contact the State Office to issue a claim letter for the value of any misused benefits. Send copies of all documentation to the State WIC Office.</p> <p>Disqualify the participant/endorser from the WIC Program for three months if the claim is under \$100 and is a substantiated first occurrence. Disqualify the participant/endorser for one year (Mandatory Disqualification#) if the claim is for \$100 or more, or if it is a second or subsequent claim for any amount.</p> <p>Give 15 days of benefits* and terminate the participant/endorser with a reason of “program abuse.” Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form.</p>



MISUSE - CATEGORY II	CONSEQUENCES
<p>C. Attempting to redeem WIC benefits at a retailer not authorized by Colorado WIC.</p> <p>D. Obtaining or attempting to obtain unauthorized or excess foods in lieu of authorized foods within the family food benefits.</p>	<p><u>FIRST OCCURRENCE</u>: Counsel to warn, reeducate, and document discussion in the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form. Review benefit-cashing procedures with client/endorser.</p> <p><u>SECOND OCCURRENCE WITHIN 12 MONTHS OF FIRST WARNING</u>: Counsel, reeducate, and document second occurrence in the <i>Participant Violations</i> panel. Disqualify the participant/endorser from the WIC Program for one month. Give 15 days of benefits* and terminate the participant/endorser with a reason of “program abuse.” Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form.</p> <p><i>NOTE: After the disqualification period, at clinic’s discretion, participant/endorser may be required to return to clinic monthly to receive benefits.</i></p> <p><u>THIRD OCCURRENCE WITHIN 12 MONTHS OF FIRST WRITTEN WARNING</u>: Counsel, reeducate, and document third occurrence using the <i>Participant Violations</i> panel. Disqualify the participant/endorser from the WIC Program for three months. Give 15 days of benefits* and terminate the participant/endorser with a reason of “program abuse.” Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form.</p> <p><i>NOTE: After the disqualification period, at clinic’s discretion, participant/endorser may be required to return to clinic monthly to receive benefits.</i></p>



MISUSE - CATEGORY III	CONSEQUENCES
<p>E. Intentionally misrepresenting circumstances (e.g., financial status, residency) to obtain benefits.</p>	<p><u>FIRST OCCURRENCE:</u> If the endorser/participant is eligible, counsel and document in the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form. If the endorser/participant is ineligible, give 15 days of benefits and terminate with a reason of “program abuse.” Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser’s electronic signature and provide a printed copy of the form. Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of the documentation to the State Office.</p> <p><u>SECOND OCCURRENCE:</u> If the endorser/ participant is eligible, counsel and document on the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form. The participant may continue to receive WIC benefits. If the endorser/ participant is ineligible, give 15 days of benefits and terminate with a reason of “program abuse.” Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form.</p> <p>Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of the documentation to the State Office.</p> <p>In the event the participant becomes eligible during the disqualification period, they may not re-apply for WIC Program benefits for one year from the date of their disqualification notice unless full restitution is made or a payment schedule is agreed upon within 30 days of receipt of a claim letter.</p>



MISUSE - CATEGORY IV	CONSEQUENCES
<p>F. Dual participation – Enrolled in two or more WIC programs and received benefits from both during the same month for the same participant.</p>	<p><u>FIRST OCCURRENCE: IF UNINTENTIONAL:</u> Counsel to warn, educate, and document discussion in the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form. Remove any benefits the participant still has for the program from which they are being terminated.</p> <p><u>INTENTIONAL FIRST OCCURRENCE OR SECOND OCCURRENCE:</u> Counsel, reeducate and document second occurrence in the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form.</p> <p>Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of all documentation to the State WIC Office.</p> <p>Issue 15 days of benefits* and disqualify the participant/endorser from both local agency programs for one year (Mandatory Disqualification#) with a reason of “dual participation.” Document actions in the <i>Participant Violations</i> and <i>Certification panels</i>. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form.</p>



MISUSE - Category V	CONSEQUENCES
<p>G. Verbal abuse - Using abusive language, making threats, false accusations, unrealistic demands, etc., to store, clinic staff, or other participants.</p>	<p>FIRST OCCURRENCE: Ask the endorser to leave the clinic or store and return when calm or when a new appointment can be made. Call police if threat of violence. Issue benefits. Counsel to warn, reeducate, and document in the <i>Participant Violations panel</i>. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form.</p> <p>SECOND OCCURRENCE WITHIN 12 MONTHS OF WRITTEN WARNING: Counsel, reeducate and document the second occurrence on the <i>Participant Violations panel</i>. Disqualify endorser/participant from the Program for two months. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form. Give 15 days of benefits* and terminate the participant/endorser with reason of “program abuse.” Document actions on the <i>Participant Violations and Certification panel</i>. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form.</p> <p>The WIC director must assess the situation and decide if the conduct of the clinic or vendor staff may have provoked the incident. The endorser has the right to complain about improper or discourteous treatment and should not be penalized for making a legitimate complaint; however, this does not relieve the participant from treating clinic and retail staff with respect. If the violation is the result of incidents occurring at the store, the WIC director must ascertain that sufficient documentation of misuse has been provided before imposing sanctions.</p>



MISUSE - Category VI	CONSEQUENCES
<p>H. Physical abuse - Physically harm, or attempt to physically harm, store, clinic personnel, or other participants. Theft and/or purposeful destruction of agency or personal property by an adult (<i>does not include theft or not returning a loaned electric breast pump**</i>).</p>	<p>FIRST OCCURRENCE: Report incidents of physical abuse, theft, and destruction of property (agency or personal) to the police. If the person causing the abuse or destruction is the participant or endorser, the participant is disqualified from the Program for one year. Give 15 days of benefits* and terminate with a reason of “program abuse.” Document in the <i>Participant Violations</i> and <i>Certification panels</i>. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the forms.</p> <p>If the person causing the abuse or destruction is not the participant or endorser, the individual is reported to the police and asked to not return to the clinic.</p> <p>SECOND OCCURRENCE: The incident is reported to the police. WIC staff complete the <i>Participant Violations</i> panel documenting the second occurrence. Give 15 days of benefits* and disqualify the endorser for one year. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the disqualification form. Terminate the participant with reason of “program abuse.” Document actions in the <i>Certification</i> panel. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form.</p>

* NOTE: In these situations, WIC is required to provide 15 days of benefits before terminating a participant. If the participant already has benefits for 15 days beyond the date of notification, no additional benefits should be issued. If more than 15 days of benefits have already been issued to the participant, remove them from the participant’s eWIC account. The disqualification or termination period starts when the participant’s 15-day notice benefits have expired.

**Procedures for recovering a lost/stolen WIC-owned electric breast pumps are described in Section 2. *Nutrition Services*, under *Breast Pump Ordering and Maintenance*.

Mandatory Disqualification: Whenever the State Office assesses a claim of \$100 or more, assesses a claim for dual participation, or assesses a second or subsequent claim of any amount, the participant will be disqualified from the Program for one year. The State Office may decide not to impose the one-year disqualification if full restitution of the claim letter is made.

Exceptions for mandatory one-year disqualification: The State Office may permit a participant to remain on the Program or to reapply for benefits if full payment is made, if a repayment schedule is agreed upon within 30 days of receipt of a claim letter, or, in the case of a participant who is an infant, child, or under age 18 and not the endorser, the State or local agency may approve the designation of a proxy who can assure that no further violations will occur and that benefits will be used properly. This exemption only applies to the mandatory one-year disqualifications.

Participant Violations

Policy: The local agency must disqualify, or take other actions in response to participant violations.

Regulations: 7 CFR 246.2, 7 CFR 246.7 (j), 7 CFR 246.7 (l), 7 CFR 246.10 (b) (2) (ii) (D), 7 CFR 246.12 (u) (1), 7 CFR 246.12 (u) (5), 7 CFR 246.23 (c)(1)

Procedures/Additional Guidance

Participant violation means any deliberate action of a participant, parent or caretaker of an infant or child participant, or proxy that violates Federal or State statutes, regulations, policies, or procedures governing the Program. Participant violations include, but are not limited to, deliberately making false or misleading statements or deliberately misrepresenting, concealing, or withholding facts, to obtain benefits; selling or offering to sell WIC benefits, including cash-value vouchers, food instruments, EBT cards, or supplemental foods in person, in print, or online; exchanging or attempting to exchange WIC benefits, including cash-value vouchers, food instruments, EBT cards, or supplemental foods for cash, credit, services, non-food items, or unauthorized food items, including supplemental foods in excess of those listed on the participant's food instrument; threatening to harm or physically harming clinic, farmer, or vendor staff; and dual participation.

Prevention

- Explanation of WIC: Throughout the certification visit, educate the endorser as to how the Program benefits the health and nutrition of WIC participants and explain how tri-monthly benefit issuance procedures work. In an effort to prevent misunderstanding, ask if the endorser has any questions regarding the type of supplemental foods provided or the procedure to be followed when purchasing foods.
- Explanation of Misuse: During the certification visit, WIC staff should carefully explain what constitutes misuse of the WIC Program and the consequences.
- Dual Participation (participating in two WIC Programs simultaneously): Each new enrollee needs to thoroughly understand the illegality of participating in two WIC Programs. At the initial visit clients should be told that they can lose benefits for this action and may be required to pay back the value of benefits obtained while participating in two programs simultaneously.
- Participant *Rights and Responsibilities*: All endorsers must read (or be read) the Colorado WIC Program *Rights and Responsibilities* at each certification and recertification visit. At every certification visit, the endorser/participant must sign electronically acknowledging their understanding of the WIC *Rights and Responsibilities*.

Identifying and Managing Endorser/Participant Misuse

When there is a report of misuse of the Program:

- Investigate the report.
- Determine if a violation occurred.
- If no violation is found, no action should be taken.
- If a violation is identified, document the violation in Compass (see Documenting a Participant Violation or Sanction section in this policy) and counsel the WIC participants on the appropriate use of their WIC benefits.
- Contact the state office for any clarification.

First-Time Suspected Misuse

A first time occurrence is defined as one event or multiple events until the person has been counseled on the specific misuse. Since there are many cases of suspected misuse that cannot be technically proven, counseling should be less accusatory and more informational in nature. Refer to the Summary of Endorser/Participant Misuses and Consequences by Category table below.

To start the session, simply state what was found: i.e., "This Craigslist posting is for the same formula that was issued to you" not "You are selling WIC formula on Craigslist." When possible, state the problem in terms of the issue—not in terms of the endorser.



Physical Presence Requirement

Policy: WIC endorsers and participants must either be physically present at certification and recertification visits or qualify for a physical presence exemption.

Exemptions to the Physical Presence Requirement

1. **Disability:** The Americans with Disabilities Act of 1990 and the Child Nutrition and WIC Reauthorization Act of 2004 specify exemptions to the physical presence requirement for applicants or parents or caretakers of applicants who are unable to be physically present at the WIC clinic because of their disability. These exemptions are:
 - A medical condition that necessitates the use of medical equipment not easily transportable;
 - A medical condition that requires confinement to bed rest and/or;
 - A serious illness that may be exacerbated by coming in to the WIC clinic.
2. **Receiving ongoing health care:** The physical presence requirement may be waived for infants or children receiving ongoing health care if being physically present would pose an unreasonable barrier. They may be granted an exception if both of the following conditions are met:
 - The infant or child was present at his/her initial WIC certification and is receiving on-going health care.
3. **Working parents or caretakers:** The physical presence requirement may be waived for an infant or child under the care of one or more working parents or primary working caretakers whose working status presents a barrier to bringing the infant or child in to the WIC clinic.
 - The infant or child must have been present at his/her initial WIC certification AND was present at certification or recertification within the last 12 months AND is under the care of one or more working parents (or primary working caretakers) whose working status presents a barrier to bringing the infant or child in to the WIC clinic.
4. **Infants under 8 weeks of age** who cannot be present at certification for a reason determined to be appropriate by local agency and for whom all necessary certification information is provided.

Regulation: CFR 246.7(o)(2)

Procedure/Additional Guidance:

When a Participant is Not Physically Present

The local agency schedules an appointment for the applicant's parent or caregiver to bring in all documents and information necessary to determine the applicant's eligibility for the WIC Program, and documents the exception reason in Compass.

Exemption from being physically present must be reevaluated on a case-by-case basis. Participants exempted from being physically present at a certification or recertification visit must provide all documentation required for certification or recertification such as current height, weight, hemoglobin, and nutrition and health information.



Processing Standards

Policy: Local agencies will process all applications for Program benefits made either by phone, in writing, or in person within 10 or 20 days of contacting the local agency, depending on applicant category. All applicants found eligible must be given food benefits on the same day they are told they are eligible. Applicants include all persons who have never received WIC services, and any WIC participants whose certification period has ended.

- The following applicants must be screened and notified of program eligibility/ineligibility within 10 calendar days of the date of their first request for an appointment to receive program benefits:
 - Pregnant women.
 - Members of migrant populations.
 - Homeless individuals.

The State Office may provide an extension of the 10 day notification period to 15 days for local agencies that make a written request including a justification of the need for an extension.

All other likely to be served applicants must be screened and notified of their eligibility/ineligibility within 20 calendar days of the date of their first request for an appointment to receive program benefits. Likely to be served applicants include all priority and age groups the agency is currently serving.

Exception: If the agency is at maximum caseload and funds are insufficient to support Colorado WIC Program's active enrollment and the agency has approval from the State Office, these standards do not apply. See the Waiting List policy in the Caseload Management section for additional details.

Each local agency must routinely schedule appointments for applicants/participants who are employed or who live in rural areas by addressing their special needs through the adoption of procedures and practices to minimize the time participants and applicants must spend away from work and the distances applicants and participants must travel. This shall include at least one of the following procedures: appointment scheduling, adjustment of clinic hours and/or location, or remote benefit issuance.

Regulation: 7 CFR 246.7(f)

Procedure/Additional Guidance:

The processing time frame begins with the applicant's first visit, phone call or written request to the WIC clinic to request WIC Services and applies to all applicants regardless of whether or not they have been certified in the past.

When applicants contact the WIC clinic to request program benefits, follow these steps:

1. Determine if applicant may meet eligibility criteria.
2. Complete the New Member/Proxy pop-up window in Compass and enter the appropriate data including the applicant's name, sex, date of birth, expected date of birth (for age 2 and under), race and ethnicity and category if the family member is not already in the Compass system.
3. Obtain the applicant's address and phone number and enter into the Contact/Address fields within the Family/Intake panel in Compass.
4. Offer an appointment within the required timeframe and enter the appointment date, time and type in Compass Scheduler. Local agencies who do not use the Compass Scheduler must maintain an appointment log documenting the date of the first offered appointment. Clinics that are open only one or two days per month, offer an appointment within 10/20 days at another clinic.



5. If no appointments are available or if the applicant chooses to wait longer than the standard 10 or 20 days, a check mark will appear in the “Processing Standards Exceeded” box. Staff must select the applicable reason from the drop down list before the appointment can be saved. Available reasons are:
 - a. Declined appointment offered - to be used when the client chooses not to accept an appointment offered by clinic staff that is within the processing standards timeframes and requests a later appointment on a more convenient day or time.
 - b. No available appointments - to be used when the clinic does not have any appointments that can be offered to the client within the processing standard timeframes.
 - c. Participant Rescheduled - to be used when the reason for exceeding the processing standards timeframe is because the client missed an earlier appointment or requested an appointment to be rescheduled for a later date.
 - d. Staff Rescheduled - to be used when the reason for exceeding the processing standards timeframe is because staff need to reschedule an appointment for a later date.
6. Attempt to contact pregnant women who miss their first WIC appointment, to reschedule the appointment.
7. If an applicant or WIC participant does not keep their appointment the processing timeframe begins again when the applicant reapplies.

Proof of Identity

Policy: WIC participants, initial endorsers and additional endorsers are required to present an acceptable proof of identity (ID) at all certification, recertification, mid-certification, follow-up visits and transfer visits (in-state and out of state). Documentation of identity for WIC participants is recorded on the Identity panel of the Compass system during all certifications and recertifications as required by the system. However, identity of each participant must be verified at each appointment.

Regulation: 7 CFR 246.7 (c)(2)(i)

Procedure/Additional Guidance:

WIC Staff must view and document in Compass one of the following acceptable proofs of identity below. Note: **It is acceptable for clients to submit proof of ID electronically prior to appointment.**

Acceptable Proof of ID Documentation Includes:

- Driver's license - must be issued by a state or national government, be current, and include a picture (this may include viewing the card or the card via Colorado Digital ID).
- Health First Colorado (Colorado's Medicaid Program) card or portal
- CHP+ card.
- Work/School ID.
- Passport/U.S. Government ID - must be issued by a state or national government, be current, and include a picture (**includes I-94 noting SQ/SI parole**).
- U.S. Passport Card.
- Alien Registration Receipt Card/Permanent Resident Card.
- Temporary Resident Card.
- Employment Authorization Card.
- Tribal Identification Card.
- U.S. Certificate of Naturalization.
- Certificate of U.S. Citizenship.
- U.S. Citizenship Identification Card.
- Department of Corrections ID.
- Green Card.
- Colorado Identification Card (this may include viewing the card or the card via Colorado Digital ID).
- Military Identification Card.
- Original or certified copy of birth certificate from any state or country, including temporary birth certificates.
- U.S. Immunization Record (infant or child only). May be viewed in Colorado Immunization Information System (CIIS). CIIS may only be used as proof of ID if immunization records are present in the record.
- U.S. Hospital Documentation (infant only).
- Colorado eWIC card signed by initial or additional endorser (Recertification, Mid-certifications and Follow up visits only).
- Staff recognition (Recertification, Mid-certification and Follow up visits only).
- Matricula/Consular card
- Original Social Security card.
- Foster Child Papers (issued by State or Local Human Services).
- Other (must have State Office approval when used for eligibility determination).
 - ✓ State Office must approve "Other" forms of ID not included in the above list before users may enter the "Other" code on the Identity panel. When "Other" is chosen as the proof of ID, a description of the "Other" documentation must be entered in the Comments/Alerts panel.
- The following documents are acceptable (when they include a minimum of hospital identifier, infant date of birth and mother's name):
 - ✓ Infant wristband.
 - ✓ Hospital discharge papers.
 - ✓ Footprint card.
 - ✓ Application for birth certificate.
 - ✓ Documentation of birth from a Certified Nurse Midwife/ Registered Midwife.



Unacceptable Types of ID Documentation for Eligibility Determination Include:

- Foreign Electoral Card.
- Non-U.S. Immunization Record.

Change of Name

Documentation is required when a participant reports a name change (marriage, divorce, or other legal name change) before changes can be made to the participant record. The proof can be any of the listed acceptable forms for proof of identification, as well as other forms of proof, such as an announcement in a newspaper or a court document.

Obtaining a Colorado ID

For those clients that are having difficulty obtaining ID, please refer to:

<https://coloradoidproject.wordpress.com/getting-id/> which provides instructions as well as options to assist with payment for IDs.

Proof of Income

Policy: Endorsers/Participants must provide proof of income information during the certification and recertification visits. Staff must document the Endorser/Participant's proof of income in Compass. Electronic or paper versions of proof of income are acceptable.

Regulation: 7 CFR 246.7(d)(2)(v)

Procedures/Additional Guidance

Income is defined as the total gross income of all household members. Gross income is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc. It also includes any money received or withdrawn from any source, including savings.

Acceptable Types of Income Documentation Include:

- Verification of participation or eligibility notice for TANF (Temporary Assistance for Needy Families/Colorado Works), Health First Colorado (Medicaid), or SNAP (Supplemental Nutrition Assistance Program or "food stamps")/ **Food Distribution Program on Indian Reservations (FDPIR)** is acceptable documentation for adjunctive eligibility. See Adjunctive Eligibility policy.
 - ✓ Active participation in Colorado Works/TANF may be verified via official award letters, the Colorado PEAK system, and the Colorado Benefit Management System (CBMS). Active Health First Colorado participation may also be verified through the Health First Colorado Voice Response System and the Health First Colorado Portal. Verification of eligibility may also be verified by a case worker.
- Disability Assistance (SSI): Letter or check stubs.
- Military Leave and Earnings Statement (LES).
- Check stubs from employment.
- Federal or State W-2 forms or income tax forms.
 - ✓ When using the W-2 or income tax forms, staff must ensure that assessment of the annual income is appropriate.
- Unemployment Letter/Notice.
- Written Statement from employer or other person.
- Savings, checking, or CD account statements (when check stubs or tax documents are not available).
- Self-employment documentation/financial records.
- Child support/alimony document.
- Student Award Letter.
- Foster Placement/Award Letter.
- Verification of Certification (VOC).
- Affidavit.
 - ✓ In the event an applicant lacks documentation of income, select "Affidavit", to attest to their income. When an applicant truly lacks documentation of income they may self-declare their gross income. Enter the declared income on the Income panel under "Amount" field, document source as "Verbal Report" and list "Affidavit" as proof of income. Once the Income Determination Table is complete, collect the applicant/endorser's signature.
- Other.
 - ✓ If an applicant provides documentation that clearly establishes household income but the form of documentation presented is not listed in Compass, enter "Other" in Compass along with a description of the documentation in the Notes column.

Note: If a person has documentation of income but has not brought it to the WIC appointment and provided proof of ID and residence leave the Income Determination Table in the Income panel blank. Provisionally certify the participant and issue one month of food benefits. Schedule a return visit or inform the participant to submit

Proof of Residence

Policy: Endorsers/Participants must provide documentation of physical Colorado residence (address) at all certification, recertification, and all in-state (Colorado local agency to local agency) and out-of-state transfer visits. Electronic or paper versions of proof of residence are acceptable. A PO Box is not an acceptable proof of residence.

Regulation: 7 CFR 246.7 (c)(2)(i)

Procedure/Additional Guidance:

WIC Staff must view and document in Compass one of the following acceptable proofs of residency:

Acceptable Proof of Documentation of Residence Includes:

- Driver's license.
- Rent or mortgage receipts.
- Government ID/Document (including Colorado Identification Card and Colorado Address Confidentiality Program authorization card).
- Rental agreement.
- Government mail (including eligibility notices from Medicaid/SNAP/TANF -postmarked envelope or card showing current address).
- Bank or credit card statement/personal check or pay stub with printed address.
- Utility or other bill (including electric, gas, phone, cable, water).
- Written statement from landlord including the parent's, endorser's, or participant's name. In the event that the parent, participant, or endorser's name is not stated on any of the above types (for example, a pregnant woman may live with a friend and all utility and rent bills may be in the friend's name), the applicant may present a letter from the person with whom they live. Written statements from landlords must include name of the parent, endorser or participant, address of the residence, landlord's or primary renter's name, signature, and date. The letter may be from the actual landlord or from the primary renter of the residence.
- Car Registration/Title/Insurance.
- Pay stub/W2 form.
- Matricula/Consular Card
- Medicaid Portal
- Hospital/Medical Facility documentation
- Affidavit. In the event a person lacks documentation of residence, an affidavit may be used attesting to the place of their current residence. Note: If a participant has documentation of residence but has not brought it to the WIC appointment and provided proof of ID and income, , complete a Provisional Certification, issue one month of food benefits, and schedule a return visit or inform to participant submit their proof of residence electronically within 30 days .
- Other. When "Other" is selected, WIC staff must include a description of that proof in the Comments/Alerts panel for that visit day. "Display as Alert" and "Expiration Date" should not be completed. Prior approval from State Office is not required to use "Other" for proof of residence.

Note:

- Rental agreements, rent or mortgage receipts, SNAP Eligibility Letters and landlord letters must indicate a time frame that includes the WIC certification or recertification date. Utility bills, bank statements and WIC/Public Assistance letters should be for a period within 30 days or be postmarked within 30 days of the WIC certification/recertification date.
- Length of residency cannot be a prerequisite to receiving WIC benefits. Documentation of residence establishes where a person currently lives. It does not necessarily represent legal residence or legal residency status. While participants must live in Colorado, they do not need to be legal residents or citizens of Colorado or the United States.

Residence Eligibility Complaints

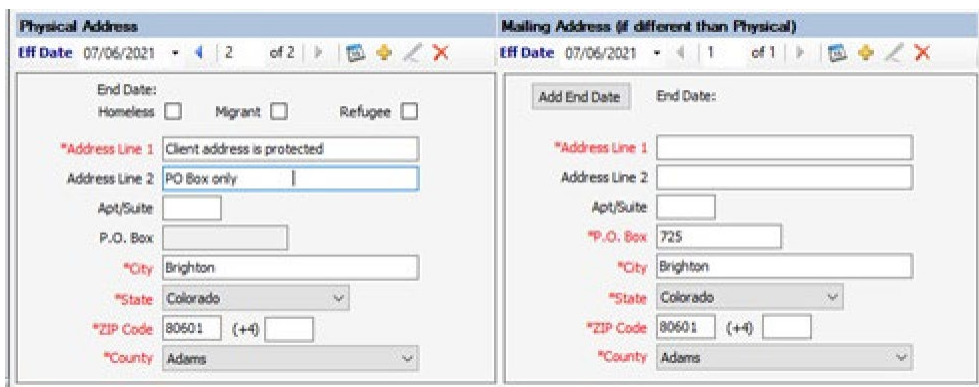
Any time a Local WIC program receives a complaint against a participant about questionable residence eligibility, either verbally or in writing, local staff shall determine if any further investigation or action is needed to address the reported complaint.

Change of Address

When active participants notify WIC of a change of address, enter their new address into the Contact/Address panel to ensure they continue to receive notices mailed from WIC. When a participant moves and prefers to receive WIC from the same local agency, proof of the new residence is not required until the next certification visit.

Documentation of Confidential Addresses

If a participant is in the Colorado Address Confidentiality Program (ACP), the ACP mailing address should be entered in Compass as the participant's mailing address. For participants who need their physical address protected and have a mailing address (PO Box number), but are not enrolled in the ACP, document in the physical address "client address is protected. PO Box only." Document any additional information in the participant's Care Plan.



The screenshot displays two side-by-side address entry panels in the Compass system. Both panels have an effective date of 07/06/2021.

Physical Address Panel:

- End Date: Homeless Migrant Refugee
- *Address Line 1: Client address is protected
- Address Line 2: PO Box only
- Apt/Suite: [Empty]
- P.O. Box: [Empty]
- *City: Brighton
- *State: Colorado
- *ZIP Code: 80601 (+4) [Empty]
- *County: Adams

Mailing Address (if different than Physical) Panel:

- Add End Date: [Empty] End Date: [Empty]
- *Address Line 1: [Empty]
- Address Line 2: [Empty]
- Apt/Suite: [Empty]
- *P.O. Box: 725
- *City: Brighton
- *State: Colorado
- *ZIP Code: 80601 (+4) [Empty]
- *County: Adams



Provisional Certification Requirements

Policy: The applicant must bring in two out of the three proofs in order to qualify for a Provisional Certification. One of those proofs must be proof of identity. If an applicant brings proof of identity but is missing acceptable documentation for both income **AND** residency, food benefits may not be issued at this visit. Instead, schedule a return visit or inform the participant to submit their proof of income or address electronically.

Regulation: 7 CFR 246.7(2)

Procedures/Additional Guidance

There are two situations when an applicant may not have documentation of residence or income and the procedure Local Agency staff must follow.

- **Situation #1: Applicant brings proof of identity but only one of the two additional proofs required (i.e.: brought proof of residence but not proof of income) to the certification/recertification visit. As the applicant has two of the three required proofs:**
 - WIC staff provisionally certifies the applicant for 30 days and provides one month of food benefits. The WIC participant may return to WIC within the next 30 days with the necessary documentation to fulfill the certification or they may submit the missing proof electronically.
 - If the participant provides the documentation within the 30 day grace period, WIC staff records the types of documentation presented on the Income and/or Contact/Address panel, certifies the participant, and provides food benefits (either in person or through remote issuance).
 - If the participant does not provide the documentation within the 30 day grace period, they cannot receive additional food benefits and a second grace period may not be granted.

- **Situation #2: Applicant Does Not Have either Income or Residency Documentation:** In rare situations, an applicant may not have documentation of address or income (e.g employer refuses to provide income documentation, homeless person, documentation does not exist due to fire, theft, disaster, etc.).
 - WIC staff should work with applicants to identify possible forms of documentation. When an applicant does not have documentation of residence or income, they may verbally declare their residence or income.
 - The participant is certified for the normal time frame.

By signing the *Rights and Responsibilities*, the endorser/participant gives WIC permission to verify information presented for certification on the WIC Program.



Proxies

Policy: WIC endorsers may allow another individual to attend a WIC appointment as their proxy.

Regulation: 7 CFR 246.2

Procedure/Additional Guidance:

Proxy means any person designated by a woman participant, or by a parent or caretaker of an infant or child participant, to obtain food benefits on behalf of a participant. Parents or caretakers applying on behalf of child and infant participants are not proxies.

The Role of the Proxy:

- The endorser/participant can choose a proxy to attend the WIC appointment and receive the household's food benefits on their behalf.
- A proxy can only pick-up benefits and receive nutrition education; they are not allowed to certify or recertify participants.
- Participant auto termed during a certification period may be reinstated with a Proxy.
- Use of a proxy is limited to twice in a six-month period. Professional discretion may be used to allow a proxy to attend more than twice in a six-month period or to receive more than one month's food benefits. If a proxy is needed more than two times in a six-month certification, it is an indication for staff to problem solve with the endorser and determine if the endorser needs to be changed and/or determine if the participant is eligible for an Education Choice option for follow up visits.

Procedure:

- When a proxy is used, issue one month's food benefits (loaded to the household account).
 - Compass allows up to 3 proxies to be listed on the Family panel. If additional proxy names are needed, previously listed proxy names should be changed to "inactive."
- Staff must verify endorser authorization by either a signed note, an email from the endorser's email address on file, or a verbal approval.
- The Proxy attending the WIC appointment shows proof of identification.
- WIC staff enters the proxy's name in the proxy field on the Family panel.
- WIC staff issues benefits. Proxy signs electronically to indicate that he/she acknowledges that the WIC benefits have been issued to the WIC participant's household account.
- WIC staff record the proxy's proof of identification in the food benefit screen in Compass.

Transfers, VOC and WIC Overseas Program

Policy: Local programs shall follow the correct procedures to ensure WIC participants who transfer into or out of Colorado WIC will receive continuous benefits during their certification period.

Regulation: 7 CFR 246.5 (c)(3)(i), 7 CFR 246.7 (k)(1)(3)(4), 7 CFR 246.7(d) (ix), 7 CFR 246.7 (j)(4)

Procedure/Additional Guidance:

A *Verification of Certification* (VOC) is a document that is issued to WIC participants as proof of income and nutrition risk factor eligibility for the WIC Program. The purpose of the VOC is to streamline and simplify the process of a participant being certified in the new state. A VOC must be issued to participants transferring out of state; issuing a VOC to participants transferring within the state is optional since in state transfers are handled within the computer system and do not require a VOC. The VOC contains the following information:

- Name, date of birth and Compass ID# of the participant.
- Category and priority at certification.
- Certification dates.
- Income determination date.
- Last visit date and height, weight and hemoglobin/hematocrit measurements.
- Dates of assigned NRFs listed by number, description and priority.
- Month food benefits issued and first and last date to use.
- Name, address and phone number of local agency.
- Signature and title of the local agency staff and date form signed.

Screening during the Intake

- When making an initial appointment, WIC staff must ask if the applicant/participant has been on WIC before, and if so, where and when.
- If the participant is on WIC, follow directions below for in-state and out-of-state transfers.

Notification of the Ability to Transfer & Issuing VOC Requirements

At certification appointments, WIC staff are required to inform participants about the transfer policy and use of the VOC document and review with endorsers as needed at recertification appointments. Local agencies are required to issue a VOC to WIC participants in the following groups:

- Members of a migrant farmworker family.
- Members of a family experiencing homelessness.
- Any current participant who indicates at any time that they are likely to move out of state during their current certification period.

WIC participants affiliated with the military who will be transferred overseas. **Steps for VOC Issuance**

- WIC staff must print a Verification of Certification from the Compass system printouts.
- The staff member who certified the client must print their name on the VOC form and sign and date the form.
- Whenever possible, the initial clinic issues sufficient food benefits to allow the participant time to request a transfer at a new clinic.
- A copy of the PAF and documentation of the number of months special formula is approved must be attached to all VOCs for participants who are transferring from the clinic.
- When possible, a recent documentation of participant misuse is sent by the originating WIC clinic to the clinic where the participant is transferring.
- WIC staff must instruct the participant to bring their eWIC card, VOC, and proof of ID and residence to the WIC clinic nearest them following their move.
- The originating clinic should not change participant status to terminate or mark ineligible.

In-State Transfers from A COWIC Clinic to another COWIC Clinic:

If an in-state transfer arrives at a clinic with or without a VOC, the participant information may be obtained by finding the participant in Compass and performing a transfer on the Transfer Family panel. Proof of identity and residence are required.



When A COWIC Participant Moves Out-of-State

- When a Colorado WIC participant notifies the local WIC clinic that they are moving out-of-state:
 - Give participant their COWIC VOC print out.
- Do not deactivate their eWIC card since moving plans may change.
- When a Colorado WIC participant notifies the local WIC clinic that they now reside in another state:
 - Terminate the participant with a reason of “Moved Out of State” and deactivate their eWIC card.

Out of State Transfers to Colorado:

- Acceptance of Participants With or Without A VOC:
 - With VOC: When a potential WIC participant presents a valid VOC, and the person is within a certification period, the local agency is required to accept the VOC as proof of both financial income and nutritional risk eligibility.
 - If the VOC is incomplete, as long as the participant's name, the date the participant was certified, and the end of certification date are present, staff may use the VOC to transfer them to the clinic.
 - Without VOC: When a participant does not have a VOC, the local agency may contact the state the participant is coming from to ensure a seamless transfer for the participant. State Agencies' point of contacts for VOCs are located here: <http://www.fns.usda.gov/wic/wic-contacts>.
 - There may be times when information on previous WIC participation is not available. During these instances, the participant should be treated as a new certification.
 - The clinic must provide program benefits until the certification period written on the VOC expires. If the certification expires within 30 days, the clinic may want to do a recertification (in lieu of enrolling as a transfer) for the convenience of the participant.
- Scheduling and Intake
 - Schedule the participant the appropriate appointment, regardless of priority
 - Enter certification dates and food benefit dates on the VOC into the Enrollment screen.
 - If the participant arrives with an WIC EBT card issued by another state:
 - For participants coming from a rolling month state:
 - Look at the month of first date to use. The end of that month will be their last benefit date. For example, if the first date to use is August 15, then August 31 will be their last benefit date that is entered into Compass.
 - For participants coming from calendar month state:
 - Contact the issuing state to determine if food benefits for the current month have been redeemed. If any food benefits for the current month have been redeemed, issue Colorado WIC food benefits on the first day of the following month to prevent overlap.
- Reviewing Proof of ID and Residence
 - Proof of identity and residence (address) are required and must be documented in the Identity panel and Residency fields.
 - Proof of ID is required for each participant and the endorser. Acceptable forms of ID include all of those allowed at initial certification visits. Although staff recognition and the eWIC card are accepted forms of ID for recertification, mid-certification and follow up visits, they are not acceptable forms at a transfer visit.
 - When proof of residency is not presented at an in-state transfer, issue one month's food benefits and require proof of residency at the next visit in one month.
 - The participant must be asked about voter registration and the Voter Registration panel must be completed.
- Risk Assignment
 - The clinic may assign the NRFs on the VOC. If none are listed, staff may assign NRF 502 - Transfer of Certification on the Risk Panel.
 - It is not necessary to retake anthropometric or hematological measurements or complete the Nutrition Interview for participants transferring in with a VOC. Enter anthropometric and hematological data provided on the VOC into Compass.
- Certifying and Food Benefits
 - The Rights and Responsibilities must be reviewed and the endorser's signature captured.
 - Assign the COWIC eWIC card and issue appropriate food benefits.

WIC Overseas

The WIC Overseas Program is similar to the USDA funded WIC Program in most respects except that it is funded by the Department of Defense for active duty military personnel, other military support staff and their dependents overseas. The WIC Overseas Program also has certain eligibility restrictions that are different from the USDA funded WIC Program. Income, categories and nutrition risk criteria are similar between the programs.

A participant affiliated with the military should be issued a VOC when they transfer overseas from a Colorado WIC clinic during their certification period. WIC staff members need to issue a VOC to the participant and inform the participant that:

- There is no guarantee that a WIC Overseas Program will be operational at the overseas site where they are transferring.
- Only certain individuals are eligible for the WIC Overseas Program. Not all people eligible for WIC in the United States are eligible to participate in the WIC Overseas Program. For example, the WIC Overseas Program is restricted to US nationals who also have certain defined relationships to the US military.
- Issuance of a VOC does not guarantee continued eligibility and participation in the WIC Overseas Program. Eligibility for the WIC Overseas Program is determined at the overseas WIC clinic.

A participant transferring from a WIC Overseas clinic to a Colorado WIC clinic with a valid VOC is handled the same as a state-to-state transfer. An Overseas WIC Program VOC has the same validity and function as a VOC from another state WIC program. If the participant is within their certification period and the clinic is not at caseload, the participant must be enrolled in the local WIC Program. Active WIC participants who transfer in from the WIC Overseas Program must be placed ahead of all other transfers on the waiting list. Destroy the participant's unused food benefits from the overseas WIC Program.

Hawaii, Alaska, Guam, the US Virgin Island, and Puerto Rico WIC Programs are not part of the WIC Overseas Program; they are part of the USDA-funded WIC Program. VOCs from these Programs are handled as normal state-to-state transfers.

Note: If funds are unavailable, the agency is at caseload and the agency has approval from the State Office to implement waiting lists, the transfer should be placed on the top of the waiting list, regardless of the priority of the nutrition risk and regardless of whether they meet a particular local agency eligibility requirement at that point in time. For example, a non-breastfeeding, non-teen, postpartum women or a priority 5 four-year-old who transfers in from another state with an active VOC would be served through the end of his/her certification period or put at the top of the waiting list (above all other priorities) until a slot becomes available.

Voter Registration

Policy: Local WIC programs must provide potential voters with the opportunity to register to vote, assist those who request help in completing the form, send completed registration forms to local election offices, and document voter registration information in Compass.

Regulation: The National Voter Registration Act (NVRA) of 1993 is a federal civil rights law that requires public assistance agencies including WIC to offer voter registration services to all persons applying for benefits, recertifying or renewing their eligibility, or whenever a client changes an address. The following services are required to be made available to WIC Program applicants who are not already registered to vote:

- Offer the voter registration application forms.
- Assist applicants in completing voter registration application forms (unless the applicant refuses such assistance).
- Accept completed voter registration application forms and send to the appropriate county clerk and recorder within 5 days.

Procedure/Additional Requirements:

At every certification, recertification and change of address, WIC staff members are required to ask all endorsers and adult participants, “If you are not already registered to vote where you live now, would you like to apply to register to vote here today?”

- Endorsers must sign the Rights and Responsibilities form that includes the statement, “I have been offered the opportunity to apply to register to vote”
- Staff must complete the Voter Registration panel in Compass, noting whether or not the endorser or adult participant is registered to vote where they currently live, and if a voter registration form was completed.
- If the client wishes to register to vote, staff must provide an Agency-Based Voter Registration Application (NVRA-1) form and instruct applicants to fill out all required information.
- Agencies are required to offer each applicant with the same degree of assistance in completing the voter registration form as is provided in completing Program forms, unless the applicant refuses such assistance.
- Assistance includes reviewing voter registration application for completeness, and providing bilingual assistance when necessary. Local agency staff must ensure that the following information is kept confidential:
 - Information relating to a declination to register to vote.
 - The identity of the voter registration agency through which any particular voter is registered.
- In addition, local agency staff must not:
 - Seek to influence an applicant’s political preference or party registration.
 - Display any political preference or party allegiance.
 - Make any statement to an applicant or take any action, the purpose or effect of which is to discourage the applicant from registering to vote.
 - Make any statement to an applicant or take any action, the purpose or effect of which is to lead the applicant to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

Tracking of Voter Registration Activities

Voter registration information tracked in Compass is tallied by the State WIC office and reported to the Secretary of State’s office. No separate reporting by local WIC agencies is required.

Ordering Voter Registration Forms and Posters

Voter registration forms can be ordered from: <http://www.sos.state.co.us/ccorner/NVRAAgencyOrderForms.do>
Forms should not be downloaded from the website. The green color-coded voter registration forms available from the secretary of state’s office identifies that the forms came from an NVRA agency and tracks compliance of the NVRA law. Posters informing the public that voter registration services are available may be downloaded from the Secretary of State’s website. Please direct any questions to the secretary of state’s office at NVRA@coloradosos.gov. Note that with the added statement “I have been offered the opportunity to apply to register to vote” added to the Rights and Responsibilities form, the Voter Choice forms are not required.

Voter Registration Training

The Secretary of State's office is responsible for training local staff and providing voter registration forms. Questions regarding voter registration should be directed to the Secretary of State's office at NVRA@coloradosos.gov

An optional on-line training for staff is available from the NVRA agency information web page at: <https://www.coloradosos.gov/pubs/elections/NVRA/NVRAHome.html>

WIC Appointment Protocols

Policy: WIC clinics must use the Compass Scheduler to record all client appointments.

Regulation: 7 CRR 246.7

Procedures/Additional Guidance:

The Compass Scheduler is used to send appointment reminders and informational text messages to WIC clients. For this reason, it is important that all clinics use the Compass Scheduler to schedule client appointments so that all Colorado WIC clients receive the same level and equal services regardless of where they live in the state or which clinic they attend. In addition, many statewide data reports use the data within the Compass Scheduler; use of the Compass Scheduler is critical for accurate data collection and analysis.

Certification/Recertification Appointment

The certification appointment refers to the first appointment a WIC applicant is scheduled to apply for WIC. The recertification appointment is for participant who are or have been on WIC and are reapplying for WIC eligibility. The following occur during this type of appointment:

- Eligibility determination.
- Initial Explanation of WIC (certification appointment or as needed during recertifications).
- Follow up on previous goals (recertification only).
- Nutrition Assessment.
 - ✓ Nutrition Interview.
 - ✓ Anthropometrics (Height/Length, Weight, Hemoglobin (if applicable)).
 - ✓ Nutrition risk assignment.
- Nutrition education.
 - ✓ Counseling and goal setting.
 - ✓ Provide handouts/resources as necessary.
- Referrals.
- Certify.
 - ✓ Inform participant of their certification end date.
- Documentation.
 - ✓ Eligibility proofs provided.
 - ✓ Nutrition Education and goals.
- Food package assignment.
- Food benefit issuance.

Mid-Certification Appointment:

This appointment type must occur for infants (5-7 months of age or **5-7 months after enrollment**) and children (5-7 months between certification visits).

- Follow-up on previous goal.
- Verify contact information.
- Nutrition assessment.
 - ✓ Nutrition Interview.
 - ✓ Anthropometrics (Height/Length, Weight, Hemoglobin (if applicable)).
 - ✓ Nutrition risk assignment.
- Nutrition education.
 - ✓ Counseling and goal setting.
 - ✓ Provide handouts/resources as necessary.
- Referrals.
- Documentation.
 - ✓ Eligibility proofs provided.
 - ✓ Nutrition Education and goals.
- Food package assignment.
- Food benefit issuance.

Follow-up Appointment: In-person Visit

For low risk participants, generally occurs 3 months after the certification appointment and the midcertification appointment. Women receive follow up appointments quarterly or more often as needed.

- Anthropometrics.
 - ✓ For infants: As a best practice, length and weight should be taken at each follow up visit.
 - ✓ For pregnant women: check weight at least once per trimester for all in-person clinic visits. An Education Choice option may be offered one time to low-risk pregnant women after the certification/recertification visit, allowing one measurement to be excused.
 - ✓ For all other participants: Height and weight checks should be done if anthropometric and blood risk factors have been assigned and/or there is a concern with weight status or growth.
- Nutrition education.
 - ✓ Counseling and goal setting.
 - ✓ Provide handouts/resources as necessary.
- Referrals.
- Documentation.
 - ✓ Nutrition Education and goals.
- Food package assignment.
- Food benefit issuance.

Follow-Up Appointment: Education Choice

- wichealth.org
 - ✓ Endorser/participant completes wichealth lesson any time between the previous appointment and before the next date of food benefit issuance.
 - ✓ Verification of lesson completion.
 - ✓ Remote Food benefit issuance.
- Phone/Video contact
 - ✓ Follow-up on previous goal.
 - ✓ Verify contact information.
 - ✓ Nutrition education.
 - Counseling and goal setting.
 - Provide handouts/resources as necessary.
 - ✓ Referrals.
 - ✓ Documentation
 - ✓ Nutrition Education and goals.
 - ✓ Food package assignment.
 - ✓ Remote Food benefit issuance.

When a Client Does Not Attend Their Scheduled Appointment:

- Mark the client as “No Show” in the Compass schedule.
 - ✓ For a phone appointment (low or high risk), staff may want to make an extra attempt to contact the client as some clinic phone numbers show up as “unknown” or as an unrecognized phone number to the client. This extra attempt gives the client another chance to answer the phone.

WIC Endorser

Policy: WIC staff must identify an endorser for every WIC participant. The endorser is either the active participant (woman category only) or a primary caregiver of the WIC participant who usually brings the participant to WIC for certifications, recertifications and nutrition education. The endorser represents and signs for the WIC participant(s) in qualifying them for eligibility. The endorser has the best knowledge of the participant's health/nutrition history and current lifestyle habits.

Regulation: CFR 246.7(2)(i), Colorado WIC Policy

Procedure/Additional Guidance:

There are two categories of endorsers:

- Initial Endorser - For the majority of participants on the WIC Program, the initial endorser is the participant herself or a parent or legal guardian of an infant or child. There are cases when, although not a parent or legal guardian, the initial endorser is the WIC participant's primary caregiver such as a developmentally-disabled woman having another adult serve as the endorser or a grandmother serving as the endorser if the mother is working and unable to attend the WIC appointments. When the initial endorser is not a parent or legal guardian, he or she must provide written documentation as to why they have been selected as an endorser. This documentation is scanned into the participant's Compass record or is maintained in a central file. Examples of acceptable documentation are:
 - Written permission - from the adult participant or parent naming the caretaker as endorser.
 - Self-statement - from a caregiver. In unusual situations such as child abandonment, or the incarceration or incapacitation of the parent or legal guardian, the caregiver may write a self-statement describing the circumstances surrounding the parent or legal guardian and why they have been selected to be the endorser.
- Additional Endorser - Person designated by the initial endorser as a second person who can sign for the WIC participant(s) in qualifying them for eligibility. The additional endorser is typically the other parent or a legal guardian of the WIC participant. The additional endorser can be the child's primary caregiver.

Endorsers' Rights and Responsibilities

Either endorser may participate in the participant's nutrition assessment and education, obtain food benefits, change WIC appointments, and update participant information. Both endorsers have ownership of the WIC participant's information and may receive copies of WIC participant information during the time period that each was endorser without consent of the other endorser. When an endorser represents a WIC participant, WIC staff and the endorser(s) agree to partner towards providing optimal WIC benefits to the participant. Responsibilities are identical for both types of endorser.

Procedure to Add an Additional Endorser

- WIC staff can decide whether or not to ask the initial endorser if they choose to identify the additional endorser.
- Initial endorser is not required to designate an additional endorser.
- When the initial endorser indicates that they would like add an additional endorser, WIC staff enters the additional endorser's name on the Family panel. The endorser may designate an additional endorser at any time. The additional endorser does not need to be present.
 - When the additional endorser attends an appointment, they must show acceptable proof of identification which may be captured on the Certification panel and/or the Food Benefits panel.
- By signing on the Certification panel during the participant's certification or recertification, the initial endorser/additional endorser acknowledges his/her Rights and Responsibilities.
- Either endorser's signature on the Food Benefits panel verifies receipt of food benefits and acknowledgement of the Rights and Responsibilities.
- In the majority of situations, the initial endorser decides whether to add or remove the additional endorser.

Changing Endorsers

Every effort should be made to maintain established endorsership. When either the initial or the additional endorsers are unable to attend a WIC appointment, it is best to designate a *proxy* as opposed to changing *endorsers*. WIC staff should problem solve with the endorser before opting to change endorser (e.g., offer alternate appointment times, Education Choice or a different clinic location, use a proxy and/or an alternate shopper). Nevertheless, certain situations require changing the endorser.

- **Initial Endorser Choice:** Initial endorser voluntarily requests change or removal of either endorser by providing the WIC clinic staff signed and dated permission. Staff can request that the initial endorser present legal documentation prior to changing endorsership. Staff scan this written permission to relinquish/change endorsership into the participant's Compass record. When scanning is unavailable, this written permission is maintained in a WIC clinic central file. Proof of residence and income must be presented when the participant has moved and/or the economic unit has changed.
- **Change of Custody:** If at any time a caregiver or additional endorser arrives at the WIC clinic with legal proof of full (100%) custody of a child participant, endorsership may be changed with accompanying proof of identification. Proof of income and residence from the new endorser must also be provided if the participant has moved and/or the economic unit has changed. If the family unit previously had two endorsers, the endorser with full custody may choose to either maintain or remove the other endorser. When a caregiver provides legal proof of partial (less than 100%) custody, it is the caregivers' role to determine if one or both will be the WIC endorser. WIC staff should not take sides or make decisions regarding endorsership. In difficult situations, staff can refer caregivers to the Department of Human Services for assistance.
- **Foster Care:** A foster parent becomes the WIC endorser of a foster child with proof of custody by a welfare agency or Department of Human Services. If foster parent designation changes, the new foster parents become the new WIC endorser with proof of custody, income, residence and identification.
- **Endorser is Unreachable:** In unusual situations such as child abandonment, or the incarceration or serious illness of the endorser, an interim endorser can be designated. An interim endorser can be approved by the clinic supervisor if permission from the endorser is not obtainable. However, when a parent, who is not listed as the endorser or additional endorser, indicates the other parent (endorser) is not available due to child abandonment, incarceration or serious illness, clinic staff must attempt to contact the **endorser unless the endorser is deceased**. However, if after attempted contacts with the endorser are unsuccessful, legal documentation is not required by the parent seeking WIC services unless custodial rights between the parents are in question. When custodial rights between the parents are NOT in question the clinic supervisor may use professional discretion to add the other parent as an additional endorser without the permission of the permission of the endorser. This must be documented in Compass. When and if the endorser reestablishes caretaker responsibility of the child he/she may remove the additional endorser. This does not apply if the current endorser is a nonparent, such as a foster or kinship caregiver.

Procedure to Change an Endorser:

- WIC staff should attempt to obtain written or verbal permission from the endorser, if possible, and scan or document this permission in Compass.
- In the event permission is not obtained from the endorser, the interim endorser must write a self-statement identifying him or herself as the primary caregiver of the child, relationship to the child and why the endorser is unavailable.
 - The self-statement must be dated and scanned into Compass. A self-statement is not acceptable documentation of custody. (See Referrals to Assist with Legal Custody).
 - The interim endorser shows proof of identification.
 - WIC staff enters the interim endorser's name and proof of ID in the Comments/Alerts field on the Family panel and document the situation in Compass.
 - The interim endorser must bring their proof of income to determine eligibility to complete recertification if needed.
 - WIC staff determine if the current household eWIC card needs to be deactivated and a new card issued. Interim endorser signs electronically to indicate that he/she acknowledges that the WIC benefits have been issued.

- Typically, one month's worth of food benefits are issued to the interim endorser until legal documentation of guardianship/custody is provided. The clinic supervisor can use professional discretion to allow an interim endorser to receive more than one month's benefits at a visit.
- WIC staff reviews the *Colorado WIC Food List & Shopping Guide*, explains how to use the eWIC card at the store, participant's Rights & Responsibilities and purpose of the WIC program.
- The caregiver will continue to be an interim endorser with the current endorser's name left on all WIC records.
- Upon providing legal documentation, the interim endorser may become the endorser and up to three months of food benefits can be issued per visit. Once legal custody is established, the new endorser is added to Compass and the child is retrieved into the new Family ID.
 - Acceptable proofs of guardianship/custody may include:
 - Legal custodial/guardianship agreement.
 - Documentation from the Department of Social Services, Department of Correction, court orders, or a professional statement on institutional letterhead.

Referrals to Assist with Legal Custody

In situations where the endorser "abandons" the participant without leaving forwarding contact information, recommend to the present caregiver that it is to the child's benefit to identify who is legally responsible for the child. WIC can refer the family for assistance through programs such as the Legal Aid Society, Probate Court, a Chaplain or Information Officer at a jail and Department of Social Services.

Release of WIC Records to Endorser

The WIC Program releases participant records to the current initial and/or additional WIC endorser(s) only for that period of time they personally are the endorser. Endorser must show proof of identification to obtain the records. Records should not be released to others, including the Department of Social Services (DSS), without written approval from the endorser. Records of a child in foster care may only be released to DSS for that time while the child was in foster care. Staff may not release records to proxies, past or interim endorsers, relatives, or nonlegal guardians. Details of records inquiries and releases must be documented in the participant's care plan (see *Data Sharing for Participants and Applicant Data* policy in Section 4: Organization and Management).

Colorado WIC Allowable Foods

Policy: The state WIC program is responsible for selecting foods for the *Colorado WIC Food List & Shopping Guide* in accordance with the federal regulations and state policies. Authorized foods are provided through food packages according to the category and nutritional needs of the participant.

Regulations: 7 CFR 246.10 (c), 21 CFR 101.95

Procedure/Additional Guidance:

WIC staff issue Colorado WIC approved foods to women, infants and children enrolled in WIC.

Colorado WIC Food List & Shopping Guide (Effective August 2019)

The list of Colorado WIC Allowable Foods can be viewed at: <https://www.coloradowic.gov/wic-foods-list>

Unauthorized Foods in the Colorado WIC Program

<p>Infant Formula Any formula not specified on the Colorado WIC Physician Authorization Form.</p>	<p>Baby Food Fruit and Vegetables With added sugar, starch or salt</p>
<p>Infant Cereal Cera Meal Wet Pack (jars) Dry Pack with fruit or sweeteners Dry Pack with formula - Milupa</p>	<p>Cereals Any hot or cold cereal except those specified on WIC checks</p>
<p>Fruit Juice Fruit Punch Tang Hi-C Fruit Punch Non-fortified fruit juices (except orange, grapefruit, and orange-grapefruit blend) Hawaiian Punch Fruit Nectars Lemonade Sweetened Juice</p>	<p>Fruits and Vegetables Dried or canned fruits or vegetables Fruits or vegetables with added sugars, fats, oils, sauces or any added ingredients (i.e. salad dressing, croutons, cheese, nuts, meat, pasta, rice, noodles) Items from deli or salad bar Colorado WIC - List of Not Allowed Herbs & Spices (i.e. anise, basil, bay leaves, caraway, chervil, chives, cilantro, dill, fenugreek, mint, horseradish, lemon grass, marjoram, oregano, parsley, rosemary, sage, savory, tarragon, thyme) Fruit baskets and party trays Decorative fruits and vegetables</p>
<p>Milk Raw milk or non-pasteurized milk Half and Half Hot Chocolate Mix Chocolate Drink Chocolate Milk Powdered Buttermilk Milnot Sweetened condensed Milk</p>	<p>Cheese Deli cheese Individually wrapped cheese (except string) Cheese foods Cheese spreads Cheese products Flavored cheese Cream cheese Cottage cheese Imported cheese Sliced cheese (except American)</p>
<p>Canned Beans With added flavoring, fat, oil or meat Baked beans, refried beans or chili beans Soup or soup mix</p>	<p>Baby Food Meat With added sugar or salt</p>

Food Benefit Redemption

Policy: WIC participants are provided with tools to assist them in redeeming food benefits.

Regulation:

7 CFR 246.12 Food delivery methods.
Colorado WIC Program policy

Procedure/Additional Guidance:

At the store the endorser/alternate shopper should:

- Ensure s/he has the eWIC card, the **Colorado WIC Food List & Shopping Guide**, and knows their WIC food balance.
- Select the appropriate WIC-allowed items.
- Separate non-WIC food items from WIC foods if required by store.
- Swipe the eWIC card and enter the PIN when asked.
- Swipe the eWIC card before all other forms of payment.
- Keep the receipt, which lists the remaining food benefit balance.

Note:

- No money is to be given to or paid by the WIC participant in exchange for WIC benefits.
- If an item doesn't ring up as a WIC food, the cashier cannot change or override the item.

Customer Services

WIC participants/endorsers may access a web portal (www.ebtedge.com) or a toll-free 24-hour automated telephone line (1-844-234-4950) to:

- Obtain current food balance information
- Obtain benefit expiration dates
- Set-up or change a PIN

Food balance information is also available from:

- Clinic: printed *Family Food Benefits* list.
- Shopping receipt: remaining balance prints at the bottom of the receipt.
- Store: request a benefit inquiry.
- Smartphone: WICShopper app



Redemption at WIC Authorized Retailers

Policy: WIC participants may redeem Colorado WIC benefits at any Colorado WIC-authorized retailer.

Regulation: 7 CFR 246.12, Colorado WIC Policy

Procedure/Additional Guidance:

Local agency staff should instruct participants where they can redeem WIC benefits. A listing of Colorado WIC-authorized retailers and their locations can be accessed from the Vendor Management functional area of Compass. Staff can view and print a list of the names and locations of WIC-authorized stores within a specified city or county via the Vendor Management search screen.

Selection criteria and details on the process for Colorado WIC authorization of retailers (i.e., grocery stores, farmers, formula warehouses, and commissaries) is available in the Colorado WIC Retailer Handbook and the Colorado WIC Farmer Handbook.



Fiscal Monitoring

Policy: The US Department of Agriculture (USDA) Audit Guide specifies that the objective of a local agency financial audit is "to determine whether the local agency has adequate control over funds and an effective accountability system." The purpose of a WIC local agency fiscal monitoring is to ensure that the local agency is in compliance with State rules and Federal Regulations.

Regulation: 7 CFR 246.19 (b), 7 CFR 246.20, 7 CFR 3015 Implements OMB circulars, 7 CFR 3016 Implements OMB circulars, P.L. 89-642 Child Nutrition Act of 1966 17-62 (11/6/92, p 33) Biennial review requirement P.L. 98-502 Single Audit Act , OMB A-87 Cost principles for state and local governments, OMB A-102 Grants and cooperative agreements with state and local governments, OMB A-110 Grants and agreements with institutions of higher education, hospitals, and other nonprofit organizations , OMB A-122 Cost principles for nonprofit organizations, OMB A-128 Audits of state and local governments, OMB A-133 Audits of institutions of higher education and other nonprofit organizations

Procedure/Additional Guidance:

The local agency financial monitoring is conducted in conjunction with the Colorado Department of Public Health and Environment (CDPHE) Financial Risk Management System (FRMS) team. The FRMS process was created within CDPHE to ensure standardization of the monitoring process across programs within the department and to eliminate duplication of efforts regarding information gathered at the local level during the fiscal monitoring visit. The result of this effort is a partnership between the department and the WIC program in evaluating each agency's compliance with contractual fiscal requirements. FRMS applies to all Colorado local health agencies and some nonprofit agencies.

FRMS provides the department the ability to implement risk-based monitoring. The foundation for the system is a standardized assessment of a contractor's financial management system and results in a risk rating of Low, Medium or High. The rating provides the WIC program with an understanding of how the contractor manages the funding received from the department and consequently what the potential is for noncompliance with fiscal requirements. The FRMS team conducts a thorough examination of each agency's overall accounting practices via a site visit at least once every 24 months and a questionnaire every 12 months for agencies exhibiting low risk. That visitation schedule increases to once per year for agencies rating "high." Areas reviewed include agency payroll and timekeeping efforts and policies and procedures among other topics. The results of this examination are maintained within CDPHE and the overall rating and recommendations for improvement (if applicable) are shared with the WIC program. A diagram of the FRMS process as well as a sample questionnaire is included with this manual.

The State Fiscal Unit Manager and/or WIC Fiscal Officer will perform an in depth fiscal monitoring of each local agency at least once every two years. In addition to using the information provided through the FRMS process, the WIC fiscal personnel will examination operational expenses specific to WIC reimbursement invoices, including supplies, equipment, travel, cost allocations specific to rent, phone, utilities, etc. If through the FRMS process, discrepancies are identified relating to personnel expenses charged to the WIC or the Breastfeeding Peer Counseling program, additional review of invoices may be necessary. Depending upon the size of the agency and the number of expenses to review, the fiscal monitoring visit will either be conducted on-site or through a desk audit process.

For those agencies that do not fall under the FRMS guidelines, the WIC fiscal officer will conduct a full monitoring, including a review of time and effort and payroll costs in addition to the operational costs mentioned above. The monitoring form for those agencies is listed at the end of this section.

An entrance interview conducted either in person or on the phone, will be held prior to the monitoring with appropriate local agency staff to explain the monitoring process. At least one local agency staff member must be available to answer questions. Due to the nature of a fiscal monitoring, this may involve staff members from various departments (i.e., personnel, accounting), as well as a WIC staff member.

An in-depth fiscal monitoring consists of the State staff member looking at the source documentation to back up all costs billed to WIC. The Contract Reimbursement Statements (CRTs) for the period of time being monitored will be



compared to the source documents to assure that all costs are properly supported and allowable. A sample of the fiscal monitoring form is provided on page 3.

The following types of records must be made available by the local agency at the time of the review:

- Original receipts, invoices, etc. for all items charged to WIC (supplies, utilities, etc.).
- Lease agreements (where applicable).
- Documentation of the methodology used for allocation of costs (where applicable).
- Travel expense forms.

An exit conference conducted either in person or on the phone, will be held with appropriate local agency staff to discuss results of the monitoring and any recommendations. A written summary of the monitoring visit will be sent to the local agency within 30 days. The local agency will respond with a written plan of action and target dates for resolution of problems not already corrected. After review of the local agency's response, the State agency will follow up as necessary. Any unallowable costs found during the monitoring will be reclaimed.

All local agencies will ensure that the WIC Program is included in audits of the agency as required in the state/local agency contract.



Fiscal Monitoring Form

PART I: Local Agency Fiscal Monitoring Questionnaire

Agency: _____ Date: _____

A. Financial Risk Management Systems

1. Has a review of your Local Public Health Agency or County been conducted by the CDPHE Financial Risk Management Systems team? CHOOSE ONE
 2. If yes to A.1, what is the date of the last site visit or invoice sample/questionnaire:
 3. What is your current risk rating: CHOOSE ONE
 4. Is there a Performance Improvement Process (PIP) in place or any follow-up required by FRMS? CHOOSE ONE
- Comments: _____

B. Operating Expenses

1. Are there any costs shared between WIC and other programs? CHOOSE ONE
2. Are those costs properly allocated? CHOOSE ONE
3. If yes to B.1 and/or B.2, what are the items and the allocation plan for each shared cost (e.g. Square footage study, FTE, etc.)

Item: _____	Allocation Plan: _____
Item: _____	Allocation Plan: _____
Item: _____	Allocation Plan: _____
Item: _____	Allocation Plan: _____
4. If no to B.2, explain: _____
5. Did you receive prior approval from the State Office for single equipment purchases over \$5,000? CHOOSE ONE
6. Do you have on file a lease agreement for rent charges? CHOOSE ONE
7. If no to B.5 or B6, explain: _____

C. Fiscal Contact

1. Is there a person assigned to monitor/administer the fiscal aspects of the WIC program? CHOOSE ONE

Fiscal Contact Name: _____	Fiscal Contact Number: _____
Fiscal Contact Title: _____	Fiscal Contact Email: _____
2. Additional staff to be included in findings/close out information:

Name: _____	Number: _____
Title: _____	Email: _____
Name: _____	Number: _____
Title: _____	Email: _____
Name: _____	Number: _____
Title: _____	Email: _____
3. State WIC office staff monitoring Local Agency expenses:

WIC Fiscal Contact Name: _____	WIC Fiscal Contact Number: _____
WIC Fiscal Contact Title: _____	WIC Fiscal Contact Email: _____



Fiscal Monitoring Form

PART II: State Fiscal Monitoring Evaluation

D. WIC Operating Expenses

1. Supplies & Equipment

- a. Are invoices on file for all supplies and equipment charged to WIC? CHOOSE ONE
- b. Are invoices, P.O., and/or receiving reports signed by an appropriate WIC and/or agency staff? CHOOSE ONE
- c. Are supplies & equipment receipts detailed? CHOOSE ONE

2. Mileage & Travel

- a. Do forms show employee name, destination, mileage, other expenses (e.g. meals, hotels, etc.) and purpose of trip? CHOOSE ONE
- b. If travel was performed for more than one program, were costs allocated appropriately? CHOOSE ONE
- c. If travel was for purposes other than routine travel between clinics, was prior approval obtained? CHOOSE ONE
- d. Are forms signed and dated by both employee and supervisor? CHOOSE ONE
- e. Do the forms have a certification statement? CHOOSE ONE

3. Indirect

- a. Is there proper documentation of indirect costs on file at the local agency and the State Office? CHOOSE ONE
- b. Is there a current CDPHE approved rate? CHOOSE ONE
- c. What is the approve rate?
- d. Is the 10% de minimus indirect rate being charged in lieu of an approved CDPHE rate? CHOOSE ONE
- e. Is WIC being charged directly for any costs included in the indirect cost pool? CHOOSE ONE

F. Unallowable Costs

- 1. Are all costs (Supplies and Equipment, Mileage and Travel and/or Operational Costs) billed in the correct fiscal year? CHOOSE ONE
- 2. Are all costs (Supplies and Equipment, Mileage and Travel and/or Operational Costs) billed allowable costs? CHOOSE ONE
- 3. If no to F.1 and/or F.2, what item and amount is to be returned to the State WIC Program?
Item: _____ Reason: _____ Amount: _____
Item: _____ Reason: _____ Amount: _____

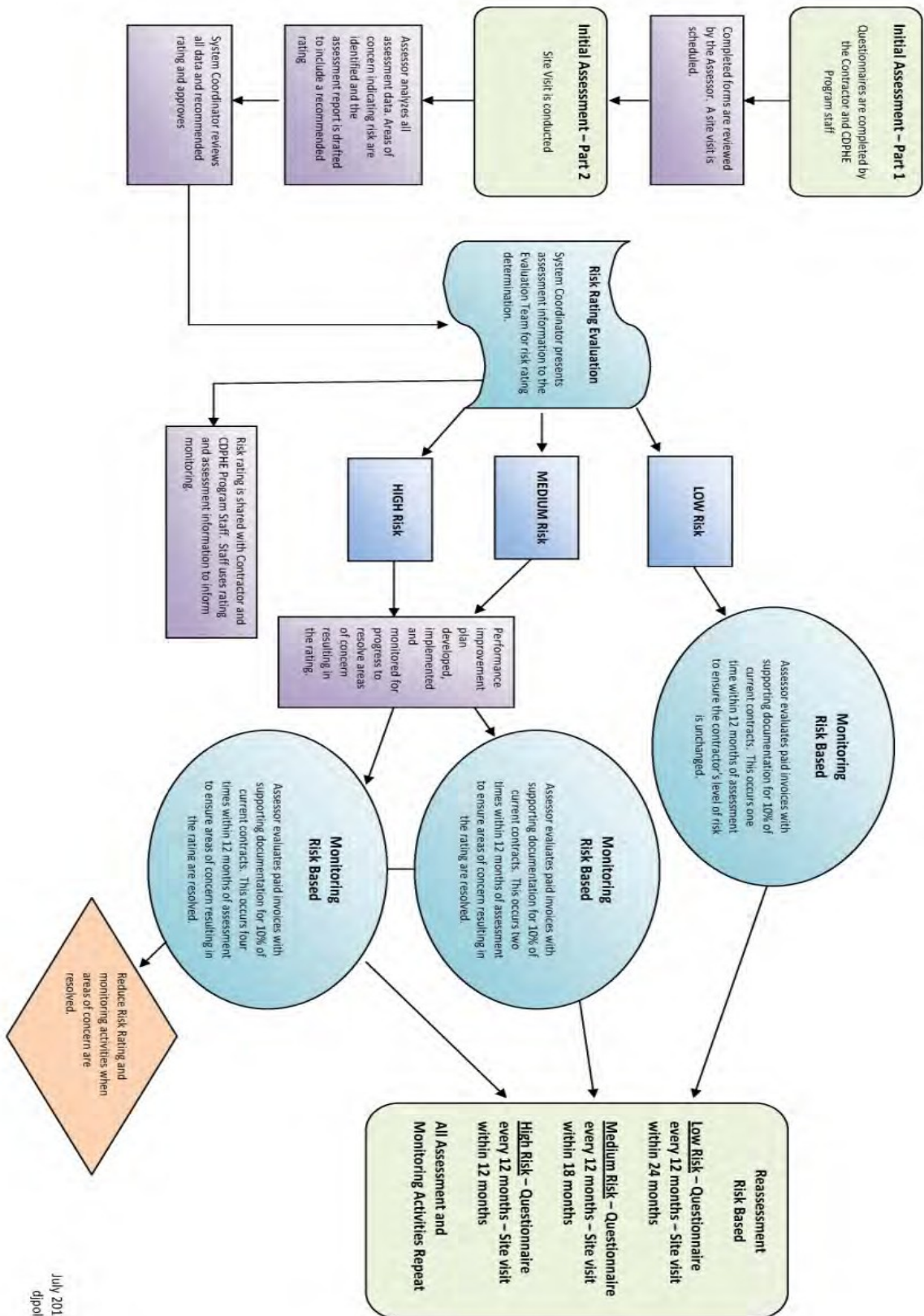
G. CDPHE Reimbursement Invoice Form

- 1. Does the local agency submit the required CDPHE invoice form? CHOOSE ONE
- 2. Are invoices submitted in a timely manner? CHOOSE ONE
- 3. Does the invoice list all personnel by name and title? CHOOSE ONE
- 4. Does the invoice show the correct number of hours or percent of time by individual employee? CHOOSE ONE
- 5. Are nutrition education/breastfeeding promotion costs identified? CHOOSE ONE
- 6. Are time studies submitted in a timely manner? CHOOSE ONE
- 7. Are there any issues or concerns with the invoice or time studies? CHOOSE ONE

Comments: _____



CDPHE Financial Risk Management System



July 2012
dipok

Local Agency Monitoring Visits

Policy: The State WIC Office will conduct onsite monitoring reviews of at least 20% of a Local Agency's clinics every other year to assure program operations are carried out in compliance with federal and state requirements.

Local WIC agencies will establish self-evaluation procedures to review their own operations and those of associated clinics and/or contractors at least every other year by the completion of the Colorado WIC Program Administrative Monitoring Form.

Regulation: 7 CFR 246.19(b)(1-6)

Procedure/Additional Guidance

Monitoring Visits: The process used to evaluate all aspects of the local agency WIC Program including program management, nutrition education, participant services, civil rights compliance, accountability, retailer participation, and food delivery. USDA regulations require the State agency to establish an ongoing management evaluation system which includes monitoring of local agency operations, the review of local agency financial and participation reports, the development of corrective action plans to resolve Program deficiencies, the monitoring of the implementation of corrective action plans, and on-site visits. The State agency may conduct additional on-site reviews as the State agency determines to be necessary.

Site Visits: A site visit is an informal meeting between State and local agency staff at the local agency. State Office budget permitting, each local agency, and representative clinics within that agency, receives a site visit during the year the local agency is not being formally monitored. The purpose of a site visit is to:

- Review unresolved problems or concerns from previous monitoring.
- Train local agency staff.
- Provide appropriate assistance to ensure continued compliance with Federal and State program requirements.
- Accomplish administration planning.
- Prepare local staff for future State initiatives.
- Assist with local agency nutrition education planning.
- Answer questions from local agency staff.

Local Agency Self-Monitoring: The process by which the local agency examines and evaluates its WIC Program operations prior to the monitoring visit in order to identify strengths and problems. The *Colorado WIC Program Administrative Monitoring Form* is the basis for local agency self-monitoring as well as use of the other monitoring forms throughout the year.

Monitoring Forms

- *Colorado WIC Program Administrative Monitoring Form (AMF)*
- *Colorado WIC Program Clinic Observation form*
- *WIC Participant Record Review form*
- *Education Contact/Referrals Review form*
- *Pump/Signature Capture/PAF Review form*
- *Colorado WIC Program Local Agency Monitoring and Site Visit Action Plan*
- *Local Agency Breastfeeding Peer Counselor (BF PC) Program Summary Form*

Forms are available on the Colorado WIC website.

Monitoring Visit Activities: The entire clinic staff is encouraged to participate in the monitoring experience including the visit itself and the pre- and post-monitoring activities. During the in-depth monitoring, all aspects of program operation are thoroughly reviewed.

For new agencies, in operation six months or less by the end of the current fiscal year, the first in-depth monitoring occurs the following fiscal year. Both agencies are responsible for the following procedures:

Pre-Visit Monitoring Procedures

- The State Office Nutrition Consultant (NC) notifies the Local Agency WIC Director/Manager (Director/Manager) approximately 30 days in advance to establish the date(s) for monitoring.
- NC confirms the date(s) in writing and sends/emails it along with the *Colorado WIC Program Administrative Monitoring Form (AMF)* to the Director/Manager.
- Director/Manager completes the *AMF*.
- Once completed, the Director/Manager retains a copy of the *AMF* and emails a copy to NC who reviews the *AMF* prior to the monitoring visit.
- NC will review and evaluate participant records at the State Office prior to the on-site visit. The number reviewed is based on participant caseload. Potential categories for review include:
 - An infant.
 - A child.
 - A pregnant woman.
 - A breastfeeding woman.
 - A non-breastfeeding, postpartum woman.
 - A participant who has terminated from the Program.
 - A participant identified as high risk.
 - An infant or child receiving a special formula.

On-site Monitoring Procedures

- On the day(s) of monitoring, the appropriate local agency WIC staff members and Director/Manager join NC in an entrance meeting to discuss the process and significance of monitoring. NC observes the clinic in operation, sits with staff during appointments, reviews participant records, administrative files, and other pertinent documentation. At least one local agency staff member should be available to answer questions that arise.
- NC observes the following types of clinic operations:
 - Participant certification process
 - Initial explanation of WIC
 - Anthropometric and hematologic measurement techniques and equipment
 - Health and nutrition assessment
 - Food benefit issuance
 - Nutrition counseling of low and high-risk participants
 - Referrals to other health or social service programs
 - Clinic facilities
- Local agency staff and the NC review the following administrative and participant service procedures:
 - Food delivery and vendor relations.
 - Documentation of nutrition services.
 - Staff and participant nutrition education.
 - Quality and continuity of nutrition services to participants.
 - Food package issuance and tailoring.
 - Administrative procedures, including clinic accessibility hours and staffing pattern.
 - Program outreach and referrals.
 - Civil Rights complaints.
 - Breast Pump Loan Program.
 - Staff training requirements.



- Appropriate local agency staff, the Director/Manager and the NC participate in a closing meeting where results of the monitoring visit and subsequent recommendations are shared. Agency strengths and problems identified during the monitoring process are discussed and, where appropriate, a plan, including timeframe, is developed for the resolution of problems.

Post-Visit Monitoring Procedures

- Within 30 days after the monitoring visit, NC sends the final monitoring report to Director/Manager. The report includes the *Local Agency Monitoring and Site Visit Action Plan*, Monitoring Visit Cover Letter, the final AMF, and the *Clinic Observation Forms*, *Participant Record Review*, *Education Contact/Referrals Review* and *Pump/Signature Capture/PAF Review* forms completed during the visit.
- Within 30 days after receiving the final monitoring report, the Director/Manager completes the agency response section of the *Local Agency Monitoring and Site Visit Action Plan* and emails/faxes it to NC. NC reviews the local agency's response and follows up as appropriate. This either includes a second visit or a follow-up telephone call to the Director/Manager within ninety (90) days **to 6 months of monitoring visit.**



Administrative Review Policies and Procedures for Local Agency Appeals

Policy: The State agency must provide full administrative reviews to local agencies that appeal specific adverse actions.

Regulations: 7 CFR 246.18

Procedures/Additional Guidance:

Administrative Review Procedures allow affected local agencies, who file an appeal concerning one of the actions listed in Subsection B of this policy, an opportunity to have a formal hearing by an impartial Administrative Hearing Official (hearing officer) at the State level. Hearings will be conducted in accordance with the Administrative Procedures Act, §24-4-105 and §24-4-106 C.R.S., Code of Federal Regulations 7 Part 246 and WIC policy and procedures.

These procedures provide a mechanism to ensure that:

- Local WIC Agencies (agency) have an objective and impartial avenue of redress when they feel they have been denied authorization, treated unfairly, or have had an adverse action taken against them by the State WIC Program (Program).
- Program standards, policies, procedures and regulations are being applied without prejudice.

Actions subject to Administrative Review

The following actions are subject to an Administrative Review:

- Denial of local agency's application;
- Disqualification of a local agency; and
- Any other adverse action that affects a local agency's participation.

Actions not subject to Administrative Review

The following actions are not subject to an Administrative Review:

- Expiration of an agreement;
- Denial of a local agency application if the State WIC Program's selection is subject to the procurement procedures applicable to the Colorado Department of Public Health and Environment (Department).

Procedures for an Administrative Review

- Notification of Action
 - ✓ When the adverse action is denial of a local agency's application, such denial is effective immediately, and no advance notice will be issued.
 - ✓ For all other adverse actions, the Program will provide the local agency with a written notice of the adverse action at least sixty (60) calendar days prior to the effective date of the action.
 - ✓ The notice of the adverse action shall include the action being taken, the cause(s) for the action, the effective date of the action, and the right to appeal the action. A copy of the Administrative Review Procedures will also be provided.

Appealing an Action

- ✓ Within thirty (30) calendar days of the receipt of the notice of action, the local agency must submit a written request for an Administrative Review to the State WIC Program. The written request should include the local agency name, action(s) being appealed, and the date of the request.
- ✓ A request for a hearing will be denied or dismissed if:
 - the request is not received within thirty (30) calendar days from the date the notice is received by the local agency;
 - the request is withdrawn in writing by the local agency or representative; and/or
 - the local agency or representative failed, without good cause as determined by the hearing officer, to appear at the scheduled hearing.
- ✓ Appealing an action does not relieve a local agency, permitted to continue in the Program while its appeal is in process, from the responsibility of continued compliance with the terms of the contract. The adverse action affecting a participating local agency shall be postponed until a hearing decision is reached.
- Administrative Review Hearing - General Rules and Procedures



- ✓ Upon receipt of the appeal request, the Program shall notify the local agency, in writing, that it has received the request. An explanation of the hearing procedures will be sent with the notice.
- ✓ The local agency will receive a minimum of ten (10) calendar days' advance written notice of the time and place of the hearing. At the time of the written notice the State WIC Office will notify the local agency of their right to:
 - examine, prior to or during the hearing, the documents and records presented to support the decision under appeal;
 - be assisted or represented by an attorney or other persons;
 - bring witnesses;
 - advance arguments without undue interference;
 - question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses; and
 - submit evidence to establish all pertinent facts and circumstances in the case.
- ✓ The Department will provide a hearing officer, an impartial decision maker, whose decision as to the validity of the action shall rest solely on the evidence presented at the hearing, the federal regulations and the Program's policies and procedures.
The local agency shall have the opportunity to present its case and at least one opportunity to reschedule the hearing date upon request.
- ✓ The hearing shall be conducted in accordance with the provisions of §24-4-105 C.R.S.

Administrative Review Decision

- ✓ Within sixty (60) calendar days of the receipt of the request for a hearing, the hearing officer must issue an initial Administrative Review Decision (decision) providing a summary of the facts of the case, specifying the reasons for the decision, and identifying the supporting evidence and the pertinent regulations or policy.
- ✓ The initial decision of the hearing officer shall be submitted, in writing, to the Executive Director of the Department. A copy of the decision will also be provided to the State WIC Program and the local agency.
- ✓ The local agency or Program may file a written appeal of the initial decision with the Department's Executive Director within fifteen (15) calendar days of receipt of the initial decision. The Executive Director may affirm, modify, or reverse the initial decision in accordance with C.R.S. 24-4-105.
- ✓ If an appeal is not received within fifteen (15) calendar days, the initial decision of the hearing officer will be adopted by the Executive Director and shall constitute the final action.
- ✓ If the decision is in favor of the local agency and authorization was denied the local agency will be authorized on receipt of the administrative review decision.
- ✓ If the decision regarding repayment of funds by the local agency is in favor of the Program, efforts to collect the funds will resume immediately.
- ✓ Immediately upon receipt of notice of the initial decision, the Program shall comply with the decision unless an appeal is filed pursuant to §24-4-105 C.R.S.
- ✓ After an unsuccessful appeal, the local agency and/or Program shall comply with the decision.
- ✓ The effective date of the action is the date the local agency receives the decision.

Withdrawal or Default of an Appeal

- ✓ A withdrawal of an appeal occurs when the local agency states, in writing, that it no longer wishes a hearing.
- ✓ A default occurs when the local agency fails to appear at the hearing without good cause, or the local agency cannot be located through the last address of record.

Judicial Review

If the Department's final decision is rendered against the local agency, judicial review may be pursued in accordance with §24-4-106 C.R.S.

[§ 24-4-105. Hearings and determinations](#) & [§ 24-4-106. Judicial review](#)

Links are more effective using Google Chrome



Administrative Review Policy and Procedures for Retailer Appeals

Policy: Policies and procedures must be in place that provide a mechanism to ensure that:

- Retailers have an objective and impartial avenue of redress when they feel they have been denied authorization, treated unfairly, or have had an adverse action taken against them by the State WIC Program (Program) and/or Local WIC Agency (Agency); and
- Program standards, policies, procedures and regulations are being applied without prejudice.

Regulations: 7 CFR 246.12 Food delivery methods (6) *Actions subject to administrative review and review procedures.*)

Procedures/Additional Guidance:

Administrative Appeals Procedures for food vendors are detailed in the [Retailer Handbook](#)

Civil Rights Complaints Processing

Policy: Local agency staff members are required to understand the procedures for processing civil rights complaints.

Regulations: 7 CFR 246.8, FNS Instructions 113-1

Procedure/Additional Guidance:

Specific procedures for local agency handling of all civil rights complaints follow:

- **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action. (Under special circumstances this 180-day time limit may be extended by the Office of Adjudication and Compliance.) Complaints received after 180 days should also be investigated and resolved.
- **Acceptance:** Local and State WIC staff must accept all written and verbal Civil Rights complaints and instruct complainants on how to file a complaint. A copy of the Civil Rights complaint must be forwarded to the Colorado WIC Program Civil Rights Coordinator within 2 days of initial report and to the USDA within 5 days of initial report. Complainants may choose to submit complaint forms themselves. All of the required information must be collected so that USDA is able to determine validity of the complaint, and to contact the person with a reply. Note that all forms or letters must be signed by the complainant or authorized representative.
- **Complaint Filing:** Complainants or their authorized representative should be directed to complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> or at any USDA office, or call (866) 632-9992 to request the form. They may also write a letter containing all of the information requested in the form (see copy of form in this section). The completed, signed complaint form or letter may be mailed, faxed, or emailed to USDA at the addresses below:

Mail

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410

Fax

(202) 690-7442

E-mail

program.intake@usda.gov

For help filling out the form, instruct the complainant to call any of these telephone numbers:

(202) 260-1026 Local area
(866) 632-9992 Toll-free Customer Service
(800) 877-8339 Local or Federal relay
(800) 845-6136 Spanish relay
(866) 377-8642 Relay voice users

- **Verbal Complaints:** In the event a complainant makes verbal allegations, such as through a phone conversation, and is not inclined to place the allegations in writing, the person's name to which the allegations are made and the details of the complaint shall be documented in the *Compass Customer Service Log Description* text box. Every effort must be made to collect sufficient information and to reread the statement back to the complainant to verify completeness and accuracy of the information recorded. The complainant is instructed on how to file a complaint with USDA.
- **Tracking Complaints:** Once a complaint is documented, immediate and appropriate follow up is required. Staff member documents the follow up plan in the *Compass Customer Service Log Resolution* text box. Follow up can include any of the following actions:



- ✓ Local agency WIC Director is notified of the complaint.
 - ✓ Local agency WIC Director meets with local staff to develop a plan for corrective action as needed.
 - ✓ Local agency WIC Director consults with State Nutrition Consultant, Retailer Coordinator, and/or Civil Rights Coordinator to develop a plan for corrective action (e.g., staff training on customer service, policy clarification, staff monitoring).
 - ✓ When State Office staff receive the complaint, the CO WIC Nutrition Consultant and/or Civil Rights Coordinator contacts the local agency WIC Director to discuss the complaint and appropriate follow up.
- **Follow-up Plan:** Staff documents the follow-up plan in the *Compass Customer Service Log Resolution* text box. Additional follow-up or documentation may be entered by editing the original record. Once the complaint has been resolved, WIC staff should close the record by recording the date in the *Closed Date* field.

If USDA determines the local agency to be noncompliant, the plan for corrective action and follow-up activities should be tracked on a Civil Rights Complaint Tracking Log (WIC #81) and entered into the *Compass Customer Service Log Resolution* text box. Documenting follow up on the tracking form and in *Compass* enables WIC staff to track problems, as well as identify any repeated occurrences. The USDA will notify the state office within 90 days when an agency is found in non-compliance. Once 90 days has passed the *Compass Customer Service Log "Closed Date"* may be noted, however no earlier than 90 days from date the complaint was sent to USDA. State and local agencies must keep records of Civil Rights complaints in a Civil Rights file. Complaints against a retailer must also be kept in the retailer file at both the state and local level.



Civil Rights Monitoring and Compliance Reviews

Policy: Biennially, each local WIC agency will be reviewed for Civil Rights Compliance. Local agencies are required to understand the procedures for Civil Rights Compliance and Enforcement information.

Regulations: 7 CFR 246.6 (b)(10), 7 CFR 246.8 , FNS Instructions 113-1, Title VI Civil Rights Act of 1964.

Procedure/Additional Guidance:

Pre-award reviews will be conducted on all applicant agencies to determine if they are in compliance with the Title VI Civil Rights Act of 1964. Biennially, each local WIC agency will be reviewed for Civil Rights Compliance. This review will be accomplished during Program monitoring visits and will include determination of the following items:

- ☐ Do all persons have an equal opportunity to participate in the Program regardless of race, color, national origin, sex, age, or disability?
- ☐ Have case records been coded by racial/ethnic origin?
- ☐ Has the local agency conducted civil rights training for its staff?
- ☐ Do project areas display the USDA WIC nondiscrimination poster or an FNS WIC-approved poster?
- ☐ Is program information being provided to applicants, participants, grassroots organizations or similar minority groups?
- ☐ Is the nondiscrimination statement being included on all printed materials such as applications, pamphlets (other than nutrition education), forms, or any other materials distributed to the public?
- ☐ Are civil rights complaints being handled in accordance with complaint processing procedures? (see Complaint Processing section)
- ☐ Has the local agency corrected all past substantiated civil rights problems or noncompliance situations?
- ☐ Are appropriate staff members, volunteers, or other translation resources available in areas where a significant proportion of non-English or limited English speaking people reside?

In addition, local agencies are required to maintain a civil rights file containing the following:

- ☐ Any civil rights correspondence from the State WIC Office (including policy changes).
- ☐ Documentation of any civil rights training obtained through the local agency.
- ☐ Documentation of all civil rights complaints and actions.
- ☐ UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) Office of Assistant Secretary for Civil Rights USDA Program Discrimination Complaint Form Instructions.
UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) Office of the Assistant Secretary for Civil Rights Program Discrimination Complaint Form.

Civil Rights Training

Policy: All new employees must complete Civil Rights training as a standard component of new employee training. All Employees must complete annual training in the following Civil Rights-related areas:

- ☐ Collection and use of civil rights data
- ☐ Effective public notification systems
- ☐ Complaint procedures
- ☐ Compliance review techniques
- ☐ Resolution of noncompliance
- ☐ Requirements of reasonable accommodations of persons with disabilities
- ☐ Requirements for language assistance
- ☐ Conflict resolution
- ☐ Customer service

Regulation: FNS Instruction 113-1

Procedure/Additional Guidance:

Within 3 months of hire all new employees must complete Civil Rights training as part of the Level I Orientation Module, and document the completion in Compass under Operations - Staff - Staff Training.

Annually, all staff complete the required Civil Rights training and document the completion in Compass - Staff - Staff Training.



Customer Service Complaint Processing

Policy: The State agency must have procedures to document the handling of complaints by participants, parents or caretakers of infant or child participants, proxies, vendors, farmers, farmers' markets, home food delivery contractors, and direct distribution contractors.

Regulations: 7 CFR 246.12, CFR 246.8(b)

Procedure/Additional Guidance:

The specific procedures for handling customer service complaints follow:

- **Right to File a Complaint:** Any person alleging mistreatment has a right to file a customer service complaint.
- **Acceptance:** All customer service complaints, written or verbal, shall be accepted and documented by local or state WIC staff. Complaints elevated to the WIC clinic supervisor and/or state office must be documented in the Compass Customer Service Log. When possible, signed written statements from the complainant should be scanned into Compass. For retailer-related complaints, collect information on the *WIC Retailer Problem Report Form* (WIC #43) located in the *Vendor and Farmer Management* section 1 of the Program Manual.
- **Verbal Complaints:** In the event a complainant makes verbal allegations, such as through a phone conversation, and is not inclined to place the allegations in writing, the person receiving those allegations must document them in the Compass Customer Service Log. Every effort should be made to capture the full complaint; staff members are encouraged to reread the statement back to the complainant to verify the accuracy of the information recorded.
- **Tracking Complaints:** Once a complaint is documented, immediate and appropriate follow up is needed. Document the follow up plan in the *Compass Customer Service Log resolution* text box. Follow up may include any of the following items.
 - ✓ Agency WIC Director or staff supervisor clarifies the complaint with the complainant, if needed.
 - ✓ Local agency staff consults with the agency WIC Director to develop a plan to resolve the situation.
 - ✓ Local agency WIC Director consults with State Nutrition Consultant, Retailer Coordinator, and/or Civil Rights Coordinator to develop a plan for corrective action (e.g., staff training on customer service, policy clarification, staff monitoring).
 - ✓ State Nutrition Consultant and/or Civil Rights Coordinator contacts local agency WIC Director to discuss complaint, if complaint is received at State WIC Office.
 - ✓ Plan for follow up with the complainant and the staff, as appropriate.
- **Follow-up Plan:** Staff documents the follow-up plan in the Compass Customer Service Log Resolution text box. Local Agencies are encouraged, but not required, to keep a written tracking log of all customer service related complaints. This tracking log enables local agencies to track problem resolution, as well as identify any repeated occurrences. Copies of customer service complaints against specific retailers should be kept on file at both the state and local levels.

Data Collection and Reporting

Policy: Local agency WIC staff will collect and document racial and ethnic data in Compass in order to meet the responsibilities of compliance and enforcement. The collected information is maintained on file at both the state and local level for three and a half years.

Regulations: 7 CFR 246.6 (b)(10), 7 CFR 246.8, FNS Instruction 113-1, Title VI of the Civil Rights Act of 1964 and USDA Regulations 7 CFR 15

Procedure/Additional Guidance:

The following designations are used for the collection of racial/ethnic categories:

Ethnic categories:

- Not Hispanic/Latino
- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Racial categories:

- **White:** A person having origins in any of the original peoples of Europe, Middle East, or North Africa.
- **Black:** 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."
- **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.
- **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.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Use of Data

The participant characteristics from the minimum data set are sent to USDA biennially. This information is compared to state and county racial/ethnic breakdown percentages to determine the effectiveness of WIC to reach potentially eligible populations, identify areas where additional outreach may be needed, and assess cultural diversity and sensitivity of the WIC staff.

Required Steps for Collections of Racial/Ethnic Data

Local agency staff must:

- Explain to the individual that the data collection is for statistical purposes only and that it is a USDA requirement as part of the certification process.
- Inform the individual that it does not affect their eligibility for the program.
- Request that the participant self-identify their racial/ethnic background. Participants may choose only one ethnicity but more than one racial category.
- Use visual identification to determine the participant's racial and ethnic categories if a participant chooses not to self-identify a race and/or ethnicity. When performing a visual identification, selection of one or more races is acceptable.
- **Not second guess, 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.**
- Enter the participant's ethnic and racial data in Compass.



Fair Hearing Policy and Procedures for Applicant/Participant Appeals

Policy: The Colorado WIC Program and its contracting agencies must make a fair hearing available to any individual whose application for benefits or services has been denied, reduced, or terminated, or who is otherwise aggrieved by agency action. Participants must be advised of their right to a fair hearing and the procedure to follow to obtain a fair hearing.

Once requested, a fair hearing will be conducted in accordance with the Fair Hearing Procedures outlined below.

Regulations: 7 CFR 246.9, Colorado Administrative Procedures Act, 24-4-105 and 24-4-106 C.R.S.

Procedures/Additional Guidance:

Definition of a Fair Hearing

A Fair Hearing (hearing) allows individuals, who file an appeal concerning one of the actions listed in Subsection B of this policy, an opportunity to have their case heard by an impartial Administrative Hearing Official (hearing officer).

These hearing procedures provide a mechanism to ensure that:

- Applicants/participants have an objective and impartial avenue of redress when they feel they have been denied benefits, treated unfairly, or have had an adverse action taken against them;
- Program standards, policies, procedures and regulations are being applied without prejudice;
- The services and benefits are being provided fairly;
- Certain services are retained pending the outcome of a hearing and;
- Certain services are restored based on the outcome of a hearing.

Actions Subject to Fair Hearing

Applicants/participants may file an appeal when the following actions occur:

- Denial of participation;
- Termination of benefits due to ineligibility;
- Disqualification based on intentional program abuse as defined in the Participant Sanction Policy and/or;
- Claims that are assessed against an individual who has been improperly issued benefits or has improperly obtained benefits.

Procedures for a Fair Hearing

□ Notification of Action

Participants will be notified of an adverse action at least fifteen (15) days prior to the effective date of the action, unless the 15 days falls after the end of the participant's certification period. If this period is less than 15 days, participants should be given benefits for the remaining days of their certification period. Participants may not receive benefits after the end of their certification period. Nor may participants receive benefits if the adverse action is denial of certification on the Program.

Written notification of adverse actions will be provided stating the action, cause(s) for the action, the effective date of the action, the right to file an appeal, and the method by which a hearing may be requested.

□ Appealing an Action

- ✓ An appeal is any clear expression by the individual, the individual's parent, caregiver, or other representative, that he or she desires an opportunity to present his or her case to a higher authority. A request for an appeal can be made to the State WIC Program or local WIC agency.
- ✓ A disqualified or terminated participant must file an appeal within fifteen (15) calendar days of receiving the notice of action to continue receiving benefits until the hearing officer reaches a decision or the certification period expires, whichever occurs first. A participant whose certification period has expired cannot have benefits continue through the appeal.
- ✓ An applicant/participant must file an appeal within sixty (60) calendar days of the date the notice of action is mailed or provided to the applicant/participant.



- ✓ An appeal will be denied or dismissed if:
 - the appeal is not received within sixty (60) calendar days from the date the notice is mailed or provided;
 - the appeal is withdrawn in writing by the applicant/participant or representative; and/or
 - the applicant/participant or representative failed, without good cause (as determined by the hearing officer) to appear at the scheduled hearing.

- The Hearing - General Rules and Procedures
 - ✓ Upon receipt of an appeal, the State WIC Program shall notify the applicant/participant, in writing, that it has received the appeal. A copy of the hearing procedures and a confirmation notice will be sent to the applicant/participant. This confirmation must be signed by the applicant/participant and accompanied by a list of the specific action (s) being appealed. The confirmation of appeal must be returned to the State WIC Program within seven (7) calendar days of receipt.
 - ✓ The applicant/participant will receive a minimum of ten (10) calendar days' advance written notice of the time and place of the hearing. At the time of the written notice the State WIC Office will notify the applicant/participant of their right to:
 - examine, prior to or during the hearing, the documents and records presented to support the decision under appeal;
 - be assisted or represented by an attorney or other persons;
 - bring witnesses;
 - advance arguments without undue interference;
 - question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses
 - submit evidence to establish all pertinent facts and circumstances in the case.
 - ✓ Hearing will be held within twenty-one (21) calendar days from the date the State WIC Program or local WIC agency received the appeal.
 - ✓ The Colorado Department of Public Health and Environment (Department) will provide a hearing officer, an impartial decision maker, whose decision as to the validity of the action shall rest solely on the evidence presented at the hearing, federal regulations and the Program's policies and procedures governing the Program.
 - ✓ The applicant/participant shall have the opportunity to present their case and at least one opportunity to reschedule the hearing date upon request.
 - ✓ The hearing shall be conducted at the State level in accordance with the provisions of §24-4-105 C.R.S.

- Fair Hearing Decision
 - ✓ Within forty-five (45) calendar days of the receipt of the appeal, the hearing officer must issue an initial Fair Hearing Decision (decision) providing a summary of the facts of the case, specifying the reasons for the decision, and identifying the supporting evidence and the pertinent regulations or policy.
 - ✓ The initial decision of the hearing officer shall be submitted, in writing, to the Executive Director of the Department. A copy of the decision will also be provided to the Program and the applicant/participant.
 - ✓ The applicant/participant or Program may file a written appeal of the initial decision with the Department's Executive Director within fifteen (15) calendar days of receipt of the initial decision. The Executive Director may affirm, modify, or reverse the initial decision in accordance with §24-4-105 C.R.S.
 - ✓ If an appeal is not received within fifteen (15) calendar days, the initial decision of the hearing officer will be adopted by the Executive Director and shall constitute the final action pursuant to §24-4-105 C.R.S.
 - ✓ If the final decision is in favor of the applicant/participant, and benefits were denied or discontinued, benefits shall begin immediately.
 - ✓ If the final decision concerns disqualification, and is in favor of the Program, the participant will be terminated as soon as administratively feasible.
 - ✓ If the final decision regarding repayment of benefits by the participant is in favor of the Program, efforts to collect the claim will resume immediately.
 - ✓ The effective date of the action is the date the decision is issued to the applicant/participant.

- Withdrawal or Default of an Appeal



- ✓ A withdrawal of an appeal occurs when the applicant/participant states, in writing, that he or she no longer wishes a hearing.
- ✓ A default occurs when the applicant/participant fails to appear at the hearing without good cause as determined by the hearing officer or the applicant/participant cannot be located through his or her last address of record.

Judicial Review

If the Department’s final decision is rendered against the applicant/participant, judicial review may be pursued in accordance with §24-4-106 C.R.S.

**QUESTIONS AND ANSWERS ABOUT THE FAIR HEARING PROCEDURES
 FOR APPLICANT/PARTICIPANT**

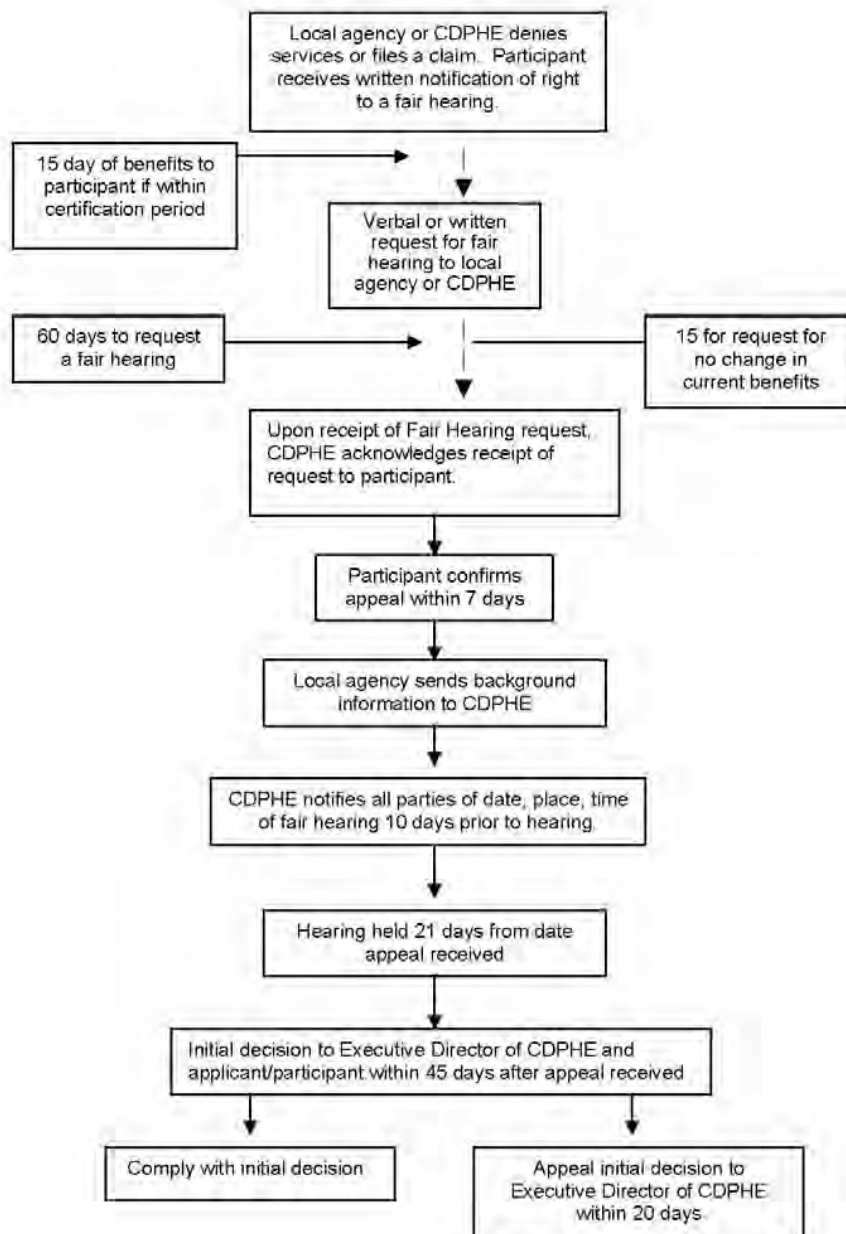
<p>1. Where can I request a fair hearing?</p>	<p>Requests for Fair Hearing may be made to the local agency administering the Program or directly to: Colorado Department of Public Health and Environment WIC Director 4300 Cherry Creek Drive South Denver, CO 80246-1530</p>
<p>2. Is there anything I should do prior to requesting a Fair Hearing?</p>	<p>You might find it helpful to discuss with your local or state program representative your feelings and any questions or concerns that you have before you make a decision to request a Fair Hearing. Questions or concerns can often be answered or addressed prior to a Fair Hearing.</p>
<p>3. Who pays for a Fair Hearing?</p>	<p>The Colorado Department of Public Health and Environment (CDPHE) will pay for the expenses of the hearing officer and, if necessary, the stenographer. The CDPHE will also pay for an interpreter if one is needed.</p>
<p>4. Where will the hearing be held?</p>	<p>The hearing must be held at a time and place convenient to the person making the request.</p>
<p>5. Who conducts the hearing?</p>	<p>A hearing officer who is not involved in the dispute will conduct the hearing. He or she will be designated and paid for by the CDPHE.</p>
<p>6. Who is to be at the hearing?</p>	<p>Besides the hearing officer and possibly a stenographer, the applicant or participant requesting the hearing or his or her representative, such as a relative, friend, legal counsel, or other spokesperson, witnesses, and State WIC staff. (Any person presenting material will be under oath or affirmation and all testimony will be recorded.)</p>
<p>7. How is the hearing conducted?</p>	<p>All hearings conducted in accordance with the provisions of Colorado Administrative Procedures Act §24-4-105 and the Code of Federal Regulations 7 Part 246.</p> <p>Both the individual requesting the hearing and the representative of the local WIC agency or State WIC Program shall have the right to examine and present evidence, present and cross-examine any witness, make arguments, and question or refute evidence. The person requesting the hearing also has the right to examine all documents and records presented to support the decision under appeal prior to the hearing, to be assisted or represented by an attorney or other persons, and bring witnesses.</p>



**QUESTIONS AND ANSWERS ABOUT THE FAIR HEARING PROCEDURES
FOR APPLICANT/PARTICIPANT *Continued***

<p>8. What are the responsibilities of an applicant/participant when requesting a Fair Hearing?</p>	<p>Applicants/participants are responsible for:</p> <ul style="list-style-type: none"> ☐ Requesting assistance from CDPHE or the local agency in submitting a Fair Hearing request; ☐ Requesting the Fair Hearing, verbally or in writing, within the sixty (60) day period; or ☐ Requesting the Fair Hearing, verbally or in writing, within the fifteen (15) day period if services are to be considered for continuation; ☐ Requesting a translator when it is necessary to understand the participant in the Fair Hearing. ☐ Preparing for the Fair Hearing—examining all material, asking witnesses to be present, presenting testimony, etc.; ☐ Attending the Fair Hearing; <p align="center">OR</p> <ul style="list-style-type: none"> ☐ Sending a written notice stating that a Fair Hearing is no longer desired. <p align="center">OR</p> <ul style="list-style-type: none"> ☐ Calling in or sending a written reason explaining why they were not at the scheduled hearing; ☐ Keeping the CDPHE or the local agency informed of any address changes; ☐ If desired, submitting a request for appeal no later than twenty (20) days after the Fair Hearing decision becomes effective.
<p>9. What are the responsibilities of the local agency when a participant/applicant requests fair hearing?</p>	<p>These responsibilities include:</p> <ul style="list-style-type: none"> ☐ Informing individuals of their right to a fair hearing when application for Program ☐ benefits or services is made and informing individuals of the availability of a Program representative to discuss questions, concerns, and to provide further information; ☐ Informing individuals of denial, termination, suspension, or reduction in services, fifteen (15) days before the change in services occur, for the WIC Program; ☐ Assisting individuals in filing a request for a fair hearing and in completing the Acknowledgement and Confirmation of a Fair Hearing Request (if assistance is requested). ☐ Forwarding the request for a fair hearing to the CDPHE within twenty-four (24) hours; ☐ Supplying CDPHE with a written statement describing the reason why the person is requesting a fair hearing, the reason why services have been denied, terminated, or reduced, and any other material relevant to the request including copies of participant notices and other materials relevant to the request. ☐ Preparing and submitting background information on the request to the CDPHE; ☐ Providing the person requesting information with any information that was used in determining eligibility or in changing benefits; ☐ Assisting the CDPHE in finding a time and place convenient to the individual for a fair hearing; ☐ Being present and giving testimony at the fair hearing; ☐ Complying with the fair hearing decision.

Fair Hearing Procedures Timeline and Flowchart



Limited English Proficiency

Policy: Local agencies must ensure that interpretative services are available for participants with limited English proficiency.

Regulations: 7 CFR 246.7, FNS Instruction 113-1

Procedure/Additional Guidance:

- Local agencies must have a plan in place to communicate and provide services in the languages spoken in the service area. This plan should include items such as:
 - ✓ Use of bilingual staff.
 - ✓ Contracting with interpreting services, including in-person or telephone interpretative services.
 - Local agencies cannot require applicants or participants to provide their own interpreters.
 - If a client choose to bring a family member or friend to interpret, this may be allowed as long as it is a responsible individual.
 - A child should not be used as an interpreter.
 - ✓ Translated documents and forms.
 - All outreach and screening materials and most nutrition education materials generated through the State WIC Office are available in both English and Spanish. The Rights and Responsibilities and **Colorado WIC Food List and Shopping Guide** are also available in Arabic, Burmese, Nepali and Somali.
 - For materials and resources needed to serve other non-English speaking populations, contact the agency's assigned State Office Nutrition Consultant.
 - ✓ Use of technology and internet based tools.
 - ✓ Training of staff in the use of resources available to serve LEP individuals.
- Local agencies must record the client's preferred spoken language in Compass in the "Family/Intake" screen in the "family" section.
 - ✓ All commonly spoken languages in Colorado are listed on the drop down menu. Contact the state office if additional language options are needed.
 - ✓ Unless the client is proficient in English, staff should select the native or preferred language of the client to help with statistical reporting of languages spoken in the service area.
 - ✓ Indication can also be made on this screen if an interpreter is needed for the appointment by checking the check box. This code helps to alert the appointment scheduler of any special needs that must be considered for this family, which might include an interpreter, whether in person or via telephone.
 - ✓ Set the printout language to English or Spanish to ensure the correct language for printed notices and appointment reminder texts.

Non-Discrimination Statement

Policy: The following non-discrimination statement must be used in full on all materials and sources (such as websites) used to inform the public about or describe the WIC Program (such as outreach and referral materials), denial and termination letters, missed appointment policies, reminder materials, eligibility standards, and program applications. Internal and interdepartmental newsletters, as well as those meant for participants and/or other outside agencies, that are used to convey WIC benefits and participation requirements, should also include the non-discrimination statement. 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."

The non-discrimination statement is not required to be imprinted on items such as cups, buttons, magnets, and pens that identify the WIC Program, when size or configuration make it impractical or on nutrition education and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention of the program.

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 "This institution is an equal opportunity provider" is sufficient to meet the nondiscrimination requirement.

English nondiscrimination statement - long form:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

English nondiscrimination statement —short form

This institution is an equal opportunity provider

Spanish Non-Discrimination Statement - long form:

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](#), (AD-3027) que está disponible en línea en: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) Correo postal: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; o
- (3) Correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Spanish nondiscrimination statement—short form

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Regulations: FNS Instructions 113-1

Procedure/Additional Guidance:

Include the nondiscrimination statement on all materials and information sources as required by policy.



Program Accessibility for Applicants and Participants with Disabilities

Policy: Reasonable accommodations must be provided to persons with physical and/or mental disabilities.

Regulations: 7 CRF 246.7, FNS Instruction 113-1

Procedure/Additional Guidance:

Local agencies make reasonable accommodations for the known physical or mental limitations of an otherwise qualified applicant or participant with a disability. When structural changes are not viable, local agencies may achieve program accessibility through other methods. These methods include:

- Referring participants to an alternate site that is accessible and within reasonable traveling distance if a particular clinic site may not be readily accessible for disabled individuals.
- Obtaining medical data (height, weight, and hemoglobin/hematocrit) from other sources, such as a private physician, and using it as eligibility criteria (see *Certification, Eligibility and Coordination*, Section 8 of the Program Manual, Physical Presence at Certification and Recertification Visits and Certification Procedures Required Medical/Nutritional Data).
- Providing home visits by WIC staff or coordinating services with a public health nurse who can make a home visit.
- Allowing a proxy designated by the participant to pick up food benefits at the clinic site per policy.
- Offering benefits remotely to a participant per policy.

Public Notification

Policy: Each local agency must implement a public notification system 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.

Regulations: 7 CFR 246.4(a)(7), FNS Instruction 113-1

Procedures/Additional Guidance:

Basic Elements of Public Notification

At least annually, state and local agencies must publish information about the WIC Program. Public service announcements must include the following elements:

- Program availability including hours of operation and location of clinics.
- Information on how to file a complaint.
- The WIC nondiscrimination statement.

Methods of Public Notification

State and local agencies must take the actions below to inform the general public, potentially eligible populations, community leaders, grassroots organizations, and referrals sources about the WIC Program.

- Prominently display the nondiscrimination poster, *And Justice for All*, or an FNS WIC-approved substitute, and ensure that Spanish translations are posted in clinics where applicable.
- 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.
- Provide appropriate information, including Web-based information, in alternative formats for persons with disabilities.
- Include the required nondiscrimination statement on all appropriate FNS and agency publications, Web sites, posters, and informational materials provided to the public.
- Convey the message of equal opportunity in all photographic and other graphics that are used to provide program or program-related information.



Review of Procedures to Protect Against Disability and Sex Discrimination

Policy: Local agency contracts with the CDPHE WIC Program require compliance with the Americans with Disabilities Act (ADA), Public Acts 42USC 6101 et seq, 42USC 2000 d, and 29 USC 794, and the Colorado Antidiscrimination Act. This ensures that no contracted local agency can discriminate on the basis of disability, and program services must be available and accessible for individuals with disabilities. In addition, the CDPHE Equal Employment Opportunity/ Affirmative Action officer requires that every county health department and nursing service has a designated ADA Coordinator to oversee the fulfillment of these acts and to see that any grievances filed are handled properly.

Regulations: Americans with Disabilities Act, Public Acts 42USC 6101 et seq, 42USC 2000 d, and 29 USC 794 Colorado Antidiscrimination Act

Procedure/Additional Guidance:

Local agencies will comply with the policy requirements to protect against disability and sex discrimination.