North Carolina WIC Program Manual
Table of Contents

GLOSSARY AND ABBREVIATIONS

Chapter 1: INTRODUCTION TO WIC
Section 1. Overview of WIC....1
Section 2. Program Policies and Procedures....5
Section 3. No Smoking Policy in Local Agency Facilities....7
Section 4. Staff Conflict of Interest....9
Section 5. Plan of Alternate Operating Procedures…....11
Section 6. Program Materials Available from the Community Nutrition Services Section...15

Attachment 1. Log of WIC Program Numbered Memos *(sample)*
Attachment 2. Separation of Duties Log
Attachment 3. Affidavit Attesting to WIC Food Benefit Loss
Attachment 4. Continuity of Services Form
Attachment 5. NC WIC Program: Business Continuity Plan

Chapter 2: STATE AGENCY ORGANIZATION
Section 1. Community Nutrition Services Section Overview....1
Section 2. State Agency WIC Program Staff....3

Chapter 3: LOCAL AGENCY AGREEMENTS/CONTRACTS
Section 1. Annual Process....1
Section 2. Sub-Contracts....3

Attachment 1. WIC Model Sub-Contract

Chapter 4: CIVIL RIGHTS
Section 1. Nondiscrimination Policy....1
Section 2. Public Notification....7
Section 3. Complaints of Discrimination....11
Section 4. Ethnicity and Race Data Collection....15
Section 5. Staff Training....17

Attachment 1. USDA Program Discrimination Complaint Form

Chapter 5: NUTRITION EDUCATION
Section 1. Required Nutrition Education Topics....1
Section 2. Frequency of Nutrition Education....3
Section 3. Access to Nutrition Education....5
Section 4. Documentation of Nutrition Education....9
Section 5. Nutrition Education Resources....11

Attachment 1. Breastfeeding Anticipatory Guidance Topic Checklist

North Carolina WIC Program Manual
Table of Contents

Chapter 6: CERTIFICATION AND PARTICIPATION (comprised of six sub-chapters)
Section 1. The American Rescue Plan Act Temporary Waivers 1

Attachment 1. NC WIC Program Remote Services Toolkit

Chapter 6A: APPLICATION PROCESS
Section 1. Eligibility Criteria 1
Section 2. Application Process 3
Section 3. Physical Presence 7
Section 4. Proof of Identity 9
Section 5. Proof of Residence 11
Section 6. Representatives for Infants/Children at Certification 13
Section 7. National Voter Registration Act (NVRA) 15
Section 8. Certification Periods 19

Attachment 1. Allowable Proofs for Identity and Residence

Chapter 6B: INCOME ELIGIBILITY
Section 1. Determining Income Eligibility 1
Section 2. Determining Adjunctive Income Eligibility 3
Section 3. Determining Gross Income by Family Size (Economic Unit) 7
Section 4. Military Families – Economic Unit and Income 11
Section 5. Proof of Income 15
Section 6. Changes in Income during a Certification Period 17

Attachment 1. Documenting Income Eligibility in Crossroads
Attachment 2. Income Eligibility Guidelines
Attachment 3. What Counts Toward Gross Income for WIC Program Eligibility

Chapter 6C: NUTRITION ASSESSMENT
Section 1. Nutrition Assessment and Plan of Care 1
Section 2. Anthropometric Data Collection 5
Section 3. Bloodwork Requirements 9
Section 4. Breastfeeding Status 13
Section 5. Staff Who May Determine Nutrition Eligibility for WIC 15
Section 6. Temporary Eligibility for Pregnant Women 17
Section 7. Immunization Screening and Referral 19
Section 8. WIC's Role in Lead Testing and Referral 21

Attachment 1. WIC Program Exchange of Information Form (DHHS 3492)
Attachment 2. WIC Nutrition Risk Criteria
Attachment 3. Procedures for Measuring and Weighing

Chapter 6D: PARTICIPANT NOTIFICATIONS
Section 1. Participant Rights and Responsibilities 1

North Carolina WIC Program Manual
Table of Contents

Section 2. Participant Notices 3

Attachment 1. Summary of Required Participant Notices
Attachment 2. Welcome to the North Carolina WIC Program Notice Template
Attachment 3. NC WIC Multilingual Tagline Notice (Notice of Free Interpretation and Available Assistance Services)

Chapter 6E: CERTIFICATION IN SPECIAL SITUATIONS
Section 1. Transfer of Certification 1
Section 2. Residents of Institutions and Homeless Facilities 5
Section 3. Waiting Lists 7

Attachment 1. Institutions and Homeless Facilities Letter of Compliance for the WIC Program *(Sample letter)*

Chapter 6F: PROGRAM ABUSE BY PARTICIPANTS
Section 1. Participant Violations and Sanctions 1
Section 2. Dual Participation 7
Section 3. Recovering Funds 9

Chapter 7: FOOD PACKAGE
Section 1. Maximum Monthly Allowances of Supplemental Foods 1
Section 2. WIC Supplemental Foods 5
Section 3. WIC Formulas 11
Section 4. Prescribing Food Packages 15
Section 5. Medical Documentation Requirements 21
Section 6. Ordering Formula and Other Products from the Community Nutrition Services Section 25
Section 7. Inventory and Issuance of Formula and Other Products 27
Section 8. Inventory and Issuance of Metabolic Formulas 29

Attachment 1. Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed through WIC
Attachment 2. WIC Program Medical Documentation
Attachment 3. Ordering WIC Infant Formulas and WIC-Eligible Nutritionals
Attachment 4. Examples of Metabolic Product Inventory and Issuance Logs
Attachment 5. Maximum Monthly Allowances of Supplemental Foods for the Food Packages I – VII
Attachment 6. Formula Disposal Log

Chapter 8: FOOD BENEFIT ISSUANCE
Section 1. Electronic Benefit Transfer and North Carolina eWIC 1
Section 2. Food Benefit Issuance 5
Section 3. Food Benefit Issuance Variances 9
Section 4. eWIC Card Orders, Storage and Security 13

North Carolina WIC Program Manual

Table of Contents

Chapter 9: BREASTFEEDING PROGRAM MANAGEMENT

Section 1. Breastfeeding Promotion and Support 1
Section 2. Staff Training 5
Section 3. Breastfeeding Coordinator 7
Section 4. WIC Designated Breastfeeding Expert 9
Section 5. Breastfeeding Supplies 13
Section 6. Issuance, Inventory, and Maintenance of Breastfeeding Supplies 17
Section 7. Breastfeeding Peer Counseling Program 25

Attachment 1. Local Agency Breastfeeding Consultation and Referral Policy
Attachment 2. Clarification of Complex Breastfeeding Issues
Attachment 3. WIC Designated Breastfeeding Expert Scope of Practice
Attachment 4. Pump Issuance/Reservation Reasons
Attachment 5. Indications for Use
- Indications for Medical Necessity for Supplementation
- Indications for Silicone Nipple Shield

Attachment 6. Multi-User Pump Cleaning Log
Attachment 7. Overdue Multi-User Pump Notification Sample Letter
Attachment 8. Peer Counselor Scope of Practice
Attachment 9. Peer Counselor When to Yield
Attachment 10. North Carolina WIC Breastfeeding Peer Counseling Program Welcome Letter
Attachment 11. Monthly Peer Counselor Review Guide
Attachment 12. Breastfeeding Peer Counseling Program Client Satisfaction Survey

Chapter 10: CASELOAD MANAGEMENT

Section 1. Caseload Management 1
Section 2. Participant Retention 5
Section 3. Outreach 9
Section 4 Annual Media Release 13
Section 5. WIC Program Outreach, Recruitment, and Retention Plan 15

Attachment 1. Sample Memorandum of Understanding Template
Attachment 2. Outreach Activity Guide for Local Agencies
Attachment 3. Social Media
Attachment 4. WIC Outreach: Guidelines for Building Media Relations
Attachment 5. Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan Template
Attachment 6. WIC Program Outreach Activity Log

Chapter 11: VENDOR MANAGEMENT

Section 1. Authorizing WIC Vendors 1
Section 2. Maintaining Vendor Status 9
Section 3. Store Changes 15
Section 4. Transacting WIC Benefits 17
Section 5. Vendor Routine Monitoring 25
Section 6. Vendor Sanction System 29

North Carolina WIC Program Manual
Table of Contents

Section 7. Appeals 31

Attachment 1. Customer Service Issue Form
Attachment 2. Local Agency Vendor Triage Form
Attachment 3. Minimum Lane Coverage Criteria
Attachment 4. Vendor Discounts
Attachment 5. Vendor Sanction System
Attachment 6. Participant Access Form
Attachment 7. Participant Hardship Form

Chapter 12: FISCAL MANAGEMENT
Section 1. WIC Program Budget 1
Section 2. Personnel Costs 5
Section 3. Non-Personnel and Shared Program Costs 7
Section 4. Program Incentive Items 9
Section 5. Equipment 13
Section 6. Purchase, Rental, or Renovation of Property 17
Section 7. Foreign Language Translators and Interpreters for the Hard of Hearing 21
Section 8. Audits and Legal Expenses 23

Attachment 1. Equipment Disposal Form
Attachment 2. WIC Program Budget (Attachment B)
Attachment 3. Allowable Costs for Breastfeeding Peer Counseling Programs

Chapter 13: RECORDS RETENTION
Section 1. Records Retention and Disposition Schedule 1

Chapter 14: ADMINISTRATIVE APPEALS
Section 1. Participant Fair Hearings 1
Section 2. Contested Case Hearings 7

Chapter 15: MONITORING/AUDITING
Section 1. State Agency Monitoring of Local Agencies 1
Section 2. Local Agency Self-Assessment 5
Section 3. Audits 9

Attachment 1. WIC Program Monitoring Tool

Chapter 16: CONFIDENTIALITY
Section 1. Confidentiality of Applicant / Participant Information 1
Section 2. Confidentiality of Vendor Information 5
Section 3. Subpoenas and Search Warrants 7

Chapter 17: INFORMATION SERVICES
Section 1. Basic PC Setup and Crossroads Connectivity Guide 1

North Carolina WIC Program Manual

Table of Contents

Section 2. Crossroads User Access.....5
Section 3. Community Nutrition Services Section Customer Service Desk 7
Section 4. System Security 9
Section 5. Connecting Remotely to Crossroads.....11

North Carolina WIC Program Manual
Glossary and Abbreviations

The purpose of this glossary is to serve as a quick reference for terms, topics, or abbreviations and acronyms found within the North Carolina WIC Program Manual.

applicant	pregnant women, breastfeeding women, postpartum women, infants, and children who are applying to receive WIC benefits; applicants include individuals who are currently participating in the program but are re-applying because their certification period is about to expire
authorized product list	the list of universal product codes (UPCs) and product look-up (PLU) codes for WIC supplemental foods, fruits and vegetables that are authorized for purchase by WIC customers; often abbreviated as APL
breastfeeding	the practice of feeding a mother's breastmilk to her infant(s) on the average of at least once a day
breastfeeding woman	*(WIC category)* a woman up to one year postpartum who is breastfeeding her infant(s)
breastfeeding peer counseling program	an adjunct program to WIC program services that provides peer to peer breastfeeding education and support.
cardholder	the individual whose information is linked to the eWIC card; the Participant/ Parent/Guardian/Caretaker, or foster child can be designated as the cardholder
cash-value benefits	a fixed-dollar amount or electronic benefit transfer card or other document which is used by a participant to obtain authorized fruits and vegetables; often abbreviated as CVB
categorical eligibility	an individual who meet the definitions of pregnant women, breastfeeding women, postpartum women, or infants or children
certification	the process in which implementation of criteria and procedures is used to assess and document each applicant's eligibility for the Program
certification period	a period of WIC enrollment lasting up to one year from the date of certification dependent on WIC category
child	*(WIC category)* an individual one year of age up to their fifth birthday
competent professional authority	an individual on the staff of the local agency authorized to determine nutritional risk of and prescribe supplemental foods to a WIC participant; often abbreviated as CPA

contact	direct communication between WIC staff and participant, parent/guardian, or caretaker; methods may include phone calls, home visits, hospital visits, group classes; excludes automated communications e.g. text messages
contract brand infant formula	approved infant formulas produced by the manufacturer awarded the infant formula cost containment contract
Crossroads	proprietary, web-based management information system (MIS) designed and used for WIC operations including client services and vendor management
day	calendar day as opposed to operational business day
documentation	the presentation of proof which may be used for verification of statements made by an applicant or participant or a person applying on behalf of an applicant
dual participation	simultaneous participation in the WIC program in one or more than one WIC clinic(s), or participation in the WIC Program and in the Commodity Supplemental Food Program during the same period of time
electronic benefit transfer	a method that permits electronic access to WIC food benefits using a plastic card with a magnetic strip, abbreviated as EBT; in North Carolina this system is called eWIC
exempt infant formula	an infant formula not included in the infant formula cost containment contract which requires medical documentation for issuance
family / economic unit	a group of related or unrelated persons sharing financial and other resources living in the same household; except residents at a homeless shelter or institution
federal fiscal year	a period of twelve consecutive calendar months beginning October 1 of any calendar year and ending September 30 of the following year
food benefits	the supplemental foods issued to a WIC participant from the WIC program for a selected month
food benefit balance	unspent food benefits for the current month that are available to purchase by the cardholder
redeemed food benefits	the benefits that have been exchanged by the WIC customer after the First Date to Spend and before the Last Date to Spend
food instrument	a check or electronic benefits transfer card used by a participant to obtain supplemental foods

food package	a standardized grouping of supplemental foods designated by a participant's category that is prescribed and modified as warranted by the CPA
fully breastfeeding	status of a breastfeeding woman and infant whose infant receives no formula from WIC; this designation drives the WIC food packages for the breastfeeding dyad
health care provider	a licensed/certified practitioner with prescriptive authority within the state of North Carolina (physician, physician extender such as physician assistant or nurse practitioner, or certified nurse midwife)
health services	ongoing, routine pediatric and/or obstetric care (such as infant and child care and prenatal and postpartum examinations) or referral for treatment
homeless individual	a woman, infant or child who lacks a fixed and regular nighttime residence or whose residence is limited to a temporary living accommodation
human milk	milk sourced directly from the breast
infant	*(WIC category)* an individual under one year of age
local agency	a public or private, nonprofit health or human service agency which provides health services
maximum monthly allowance	the maximum quantities of supplemental foods allowed each month; maximum quantities differ per food item depending on the participant's age and food package; often abbreviated as MMA
mid-certification assessment	the follow-up nutrition assessment and plan of nutrition care conducted five to seven months following the initial or subsequent certification
migrant farmworker	an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months, and who establishes, for the purposes of such employment, a temporary abode
mobile site	see *satellite operation*
non-contract brand infant formula	milk-based or soy-based formula not covered by an infant formula cost containment contract awarded by that State agency and therefore is unable to be issued to participants
nutrition education	individual and group sessions and the provision of information and materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual

nutritional risk	nutritionally related medical condition, diet deficiency, environmental situation, or other condition that directly affects the nutritional health of an individual
nutrition risk criteria / code	a sequenced list of nutritional risks, published by the USDA and adopted by the NC WIC Program, used to adequately assign nutrition risk eligibility for the WIC Program based on findings during the nutrition assessment; nutrition risk codes may be added at any time as they arise and are not limited to the certification nutrition assessment
nutrition services and administration costs	direct and indirect costs, except of food costs, which state and local agencies determine to be necessary to support program operations; often abbreviated as NSA
partially breastfeeding	status of a breastfeeding woman and infant whose infant receives some WIC infant formula, but less than the maximum monthly allowance (MMA); this designation drives the WIC food packages for the breastfeeding dyad
participant	pregnant women, breastfeeding women, postpartum women, infants and children who receive food benefits; infants who do not receive food benefits but whose breastfeeding mother receives food benefits; breastfeeding women who do not receive food benefits but whose infant receives food benefits
participant violation	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 WIC program
participation	the sum of WIC participants (*see above)* during a reporting period
peer counselor	mothers who have personal experience with breastfeeding and are trained to provide counseling and assistance to other mothers with whom they share various characteristics, such as language, race/ethnicity, and socioeconomic status.
postpartum woman	*(WIC category)* an individual up to six months after the end of a pregnancy who is not breastfeeding
pregnant woman	(*WIC category*) an individual determined to have one or more fetuses in utero
priority levels	participant categories arranged by assumed level of nutritional risk
proxy	any person designated by a participant, parent/guardian or caretaker of an infant or child participant, who is authorized to obtain and redeem food

	benefits on behalf of the participant
referrals	the process of identifying a participant's needs and directing the participant to corresponding services or programs
telehealth	the use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations
satellite operation	a local agency facility which routinely operates in the same location two days per week or fewer
signature	a handwritten (wet) signature on paper or an electronic signature
state fiscal year	a period of twelve consecutive calendar months beginning July 1 of any calendar year and ending June 30 of the following year
subsequent certification	the process for assessing the eligibility of an applicant who is currently or has previously participated in the WIC Program
vendor	a business entity operating one or more stores authorized by the State agency to provide authorized supplemental foods to participants under a retail food delivery system
vendor violation	any intentional or unintentional action of a vendor's current owners, officers, managers, agents, or employees (with or without the knowledge of management) that violates the vendor agreement or Federal or State statutes, regulations, policies, or procedures governing the Program
verification	a process whereby the validity of the documents presented is checked through another source; e.g. employer verification of wages, or local DSS office verification
WIC customer	participant, parent/guardian or caretaker of an infant or child participant, proxy for the eligible participant, or a compliance investigator who transacts food benefits at a vendor in exchange for WIC supplemental food
WIC staff	employees whose time worked is allocated to the WIC budget; staff may include WIC directors, nutritionists, breastfeeding coordinators, administrative staff, lab technicians, translators, etc.
WIC-eligible nutritionals	products specifically formulated to provide nutritional support for individuals with a medical condition when the use of conventional foods is precluded, restricted, or inadequate; these products require medical documentation for issuance

AAP	American Academy of Pediatrics
APL	Approved Product List
BFPC	Breastfeeding Peer Counseling
CACFP	Child and Adult Care Food Program
CNSS	Community Nutrition Services Section
CPA	Competent Professional Authority
CSD	Customer Service Desk
CVB	Cash-Value Benefits
DBE	WIC Designated Breastfeeding Expert
DCFW	Division of Child and Family Well-Being
DHHS	United States Department of Health and Human Services
EBT	Electronic Benefit Transfer
FMNP	Farmer's Market Nutrition Program
FNA (formerly FNS)	Food and Nutrition Administration (effective 6/1/2026); formerly Food and Nutrition Service
GAO	General Accounting Office
HIPAA	Health Insurance Portability and Accountability Act
IBCLC	International Board Certified Lactation Consultant
IHS	Indian Health Service (of the US Department of Health and Human Services)
LA	Local Agency
LATCH	WIC Lactation Area Training Center for Health
LEP	Limited English Proficiency
MIS	Management Information Systems (Crossroads in North Carolina)
MMA	Maximum Monthly Allowance
NCAC	North Carolina Administrative Code

NSA	Nutrition Services and Administration
NVRA	National Voter Registration Act (of 1993)
OIG	Office of the Inspector General (of the USDA)
PC	Peer Counselor
PCPM	Peer Counselor Program Manager
PLU	Product Look Up (code)
RLT	Regional Lactation Trainer
RNC	Regional Nutrition Consultant
SNAP	Supplemental Nutrition Assistance Program; formerly known as the Food Stamp Program
UPC	Universal Product Code
USDA	United States Department of Agriculture
WCHS	Women's and Children's Health Section
WEN	WIC-Eligible Nutritionals
WHO	World Health Organization
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WPM	WIC Program Manual

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Chapter 1
Introduction to WIC

Table of Contents

This chapter introduces the WIC Program and information on the required local agency policies, staff conflict of interest, management of program policies and procedures, and resources available from the Community Nutrition Services Section to support program activities.

Section 1. Overview of WIC.....1
- Introduction
- WIC Program Benefits
- Eligibility for WIC
- Participation in WIC
- Impact of WIC on Health Status
- WIC in North Carolina

Section 2. Program Policies and Procedures.....5
- Distribution of the WIC Program Manual
- Updating Program Policy
- Local Agency Policies and Procedures

Section 3. No Smoking Policy in Local Agency Facilities.....7

Section 4. Staff Conflict of Interest 9
- Certifying and Issuing Food Benefits to Self, Relatives, or Close Friends
- Separation of Duties During Eligibility Determination
- WIC Staff and WIC Vendors

Section 5. Plan of Alternate Operating Procedures……...11
- Eligibility Criteria for Evacuees and Others Impacted by Disasters
- Flexibility in Operations
- Food Benefits
- Local Agency Plan of Alternate Operating Procedures (PAOP)

Section 6. Program Materials Available from the Community Nutrition Services Section….15
- Ordering Materials
- Receiving Materials

Attachments:

Attachment 1. Log of WIC Program Numbered Memos *(sample)*
Attachment 2. Separation of Duties Log
Attachment 3. Affidavit Attesting to WIC Food Benefit Loss
Attachment 4. Continuity of Services Form
Attachment 5. NC WIC Program: Business Continuity Plan

Required Local Agency Written Policies and Procedures

- Local Agencies must have a written policy to ensure separation of duties that address strategies implemented when separation of duties is not possible due to limited staff (Section 4, page 9).

- Local agencies must develop, revise, and maintain a written plan of alternate operating procedures consistent with local and State operations (Section 5, page 13-14).

Overview of WIC

The **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** is a federal program administered by the United States Department of Agriculture (USDA). The WIC Program is designed to provide supplemental foods, health care referrals, and nutrition education to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. Additional information on WIC can be found at https://www.fna.usda.gov/wic.

Introduction

The purpose of the WIC Program is spelled out in Section 17 (a) of Public Law 95-627 (Child Nutrition Amendments of 1978).

The Congress finds that substantial numbers of pregnant women, infants, and young children are at special risk in respect to their physical and mental health by reason of poor or inadequate nutrition or health care, or both. It is, therefore, the purpose of the program authorized by this section to provide…supplemental nutritious foods and nutrition education as an adjunct to good health care during critical times of growth and development, to prevent the occurrence of health problems and improve the health status of these persons.

To fulfill the legislated purpose of the Program in North Carolina, the following must be present at the level of implementation:

- Integration of WIC with established health services,
- WIC food packages that are tailored as a prescription for individual participants, and
- Tailored nutrition education services for participants.

WIC Program Benefits

- **WIC Food Prescription.** The food categories available through WIC contain nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants and children. Refer to Chapter 7 for information on the food categories and quantities of supplemental foods included as part of a WIC food prescription.
- **Nutrition Education.** Nutrition and physical activity education is an integral part of the WIC Program and is 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 socioeconomic situation as well as personal and cultural preferences. Refer to Chapter 5 for information on the nutrition education benefit of the WIC Program.
- **Breastfeeding Promotion and Support.** Pregnant, breastfeeding and postpartum women who participate in WIC receive comprehensive breastfeeding education and support. Refer to Chapter 9 for information on the breastfeeding associated benefit of the WIC Program.

- **Health Screenings.** Health screenings such as growth check, anemia screenings, lead screenings, and more contribute to health assessments and support the identification of participant nutrition risk. Participant tailored nutrition intervention and counseling are a unique and integral WIC Program benefit for participants.

- **Referrals to Health Care and Public Assistance Programs.** WIC Program applicants and participants receive referrals and information about other relevant health care services (e.g., immunization services, prenatal care, well child health care), appropriate public assistance programs (e.g., Food and Nutrition Services, Medicaid), and potential sources for food assistance.

Eligibility for WIC

To qualify for the North Carolina WIC Program, an applicant must meet four eligibility criteria. Refer to Chapter 6 for additional information about each of these criteria.

- **Categorical eligibility.** A participant must be a pregnant woman, a non-breastfeeding postpartum woman up to six months after the birth of the infant or the end of the pregnancy, a breastfeeding woman up to one year postpartum, an infant up to the first birthday, or a child up to the fifth birthday.

- **Residential eligibility.** A participant must live in the State of North Carolina and in the health services delivery area of the local agency.

- **Income eligibility.** A participant must have a gross annual income at or below 185% of the federal poverty line. All Medicaid, TANF (Work First), and Food and Nutrition Services recipients are automatically income-eligible for WIC (i.e., adjunctively eligible).

- **Nutrition risk eligibility.** A participant must have at least one identified nutrition risk as related to medical or dietary-based conditions and as assessed by a competent professional authority (CPA). Nutrition risks include but are not limited to anemia, poor growth, poor outcome in previous pregnancy, inadequate diet, and other nutrition-related problems.

Participation in WIC

Over 250,000 North Carolina women, infants, and children receive WIC Program services each month. Monthly participation in WIC is defined as the sum of pregnant women, breastfeeding women, postpartum women, infants and children who receive food benefits or cash-value benefits during the reporting period. WIC program participation for individuals in a breastfeeding dyad include:

- The number of breastfeeding infants who did not receive food benefits, but whose breastfeeding mother received food benefits or cash-value benefits during the reporting period; and

- The number of breastfeeding women six months or more postpartum who did not receive

food benefits or cash-value benefits, but whose breastfed infant(s) received food benefits during the reporting period.

Refer to Chapter 7 for more information on the supplemental food benefits of WIC and to Chapter 8 for information on the issuance of food benefits.

Impact of WIC on Health Status

Over the years, USDA has conducted extensive evaluations of the WIC Program as have a variety of other groups, including the federal General Accounting Office. WIC provides quality, cost-effective care to thousands of families across North Carolina. Evidence demonstrates that women who participate in WIC have improved pregnancy and birth outcomes, resulting in healthier babies. There are numerous benefits to women, infants and children who participate in WIC. Studies have shown that:

- **WIC reduces infant mortality.** WIC provides pregnant women with effective nutrition invention that positively impacts the success of a pregnancy. WIC participation is associated with lower preterm birth and infant mortality for low-income women (Journal of the American Medical Association, 2019).

- **WIC connects pregnant women to prenatal care, provides nutritious foods and encourages health-promoting behaviors**. These factors are linked to positive birth outcomes (USDA, 2012).

- **WIC saves healthcare dollars**. Women who participate in WIC are less likely to have pre-term or low-birth weight babies, contributing to healthier babies and reduced medical costs (Institute of Medicine, 2006). WIC participation resulted in healthcare cost savings by preventing preterm births and healthier birth outcomes. WIC's efforts to reduce income-based disparities in childhood obesity and promote higher dietary quality and variety for children are effective strategies to mitigate early onset of chronic diet-related conditions set the trajectory to reduce healthcare costs of the next generation (Journal of Preventive Medicine, 2019).

- **WIC improves children's health**. WIC health screenings lead to referrals for immunizations, prenatal or pediatric care, dental care and social services. Children who participate in WIC are more likely to receive regular preventive health services and have higher rates of childhood immunization than non-participating low-income children (Journal of Preventive Medicine, 2019).

- **WIC improves infant feeding practices and diet quality**. WIC promotes and supports breastfeeding as the standard method of infant feeding. In addition, revisions to the WIC food package have resulted in increased intake of fruits, vegetables, whole grains and low-fat dairy among WIC participants (USDA, 2012; Center on Budget and Policy Priorities, 2015).

- **WIC provides individualized nutrition services**. A full nutrition assessment of WIC participants including the assignment of WIC nutrition risk code correlates with

increased referrals to other services, tailored food packages, and nutrition education (USDA, 2024).

- **WIC supports cognitive development**. Research shows that WIC services can mitigate the harmful effects of poor nutrition during critical periods of growth and development, leading to lifelong cognitive gains (USDA, 2012). The WIC Program provides children with nutrients from food groups that are essential for physical and cognitive development, resulting in greater academic success as children enter school (American Journal of Preventive Medicine, 2014).

- **WIC in North Carolina**

  WIC is administered at the state level by the NC Department of Health and Human Services, Division of Child and Family Well-Being, Community Nutrition Services Section. Locally, the WIC Program is administered by public health agencies (e.g., county health departments and community and rural health centers) serving all 100 counties. Additional information about the North Carolina WIC Program can be found at https://www.ncdhhs.gov/ncwic.

  In addition to the WIC Program federal regulations (https://www.fna.usda.gov/resources), program activities are governed by rules outlined in the **North Carolina Administrative Code (NCAC), Title 10A Health and Human Services, Chapter 43, Subchapter D.** The NCAC can be accessed online at http://www.oah.state.nc.us/rules/. Under **Rules Division**, select **NC Administrative Code** to access the NCAC Table of Contents. From Table of Contents, select NCAC Title 10A - Health and Human Services, Chapter 43 - Personal Health, Subchapter D - WIC/Nutrition.

Program Policies and Procedures

The North Carolina policies and procedures are described in writing in the WIC Program manual. All staff working with the WIC Program must have ready access to the WIC Program manual.

- **Distribution of the WIC Program Manual**
  The complete NC WIC Program manual is available on the website: www.ncdhhs.gov/ncwic. The Local WIC Director is responsible for:

  - Making staff aware of the WIC Program manual's contents and updates;
  - Ensuring all copies of the WIC Program manual in the local agency are updated as program manual revisions are implemented; and
  - Ensuring that all staff members have ready access to the WIC Program manual.

- **Updating Program Policy**
  The Community Nutrition Services Section periodically issues numbered memorandum to local agencies to communicate changes in federal and state regulations, rules, and/or policies and procedures. Numbered memos contain policy changes which may be short-term solutions to temporary challenges or permanent policy changes such as a WIC Program manual revision. Staff should maintain a file and a log of all numbered policy memos, so they can be easily referenced. A sample numbered memos log is provided in Attachment 1.

  Additionally, WIC Program manual revisions may be issued throughout the year. When staff receive revisions, they should follow the guidance specified in the correspondence for reviewing, distributing, and implementing changes in policies and procedures.

- **Local Agency Policies and Procedures**
  Local agencies must develop some written policies and procedures specific to their agency. Sections within the WIC Program which require a local agency written policy and procedure are listed in the bottom section of each chapter's "Table of Contents".

  When developing agency specific written policies and procedures, staff should:

  - Use a consistent format;
  - Ensure each policy and procedure is signed and dated by the WIC Director (and any other staff per agency protocol); and
  - Review with update as needed the policies and procedures at least every two years.

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No Smoking Policy in Local Agency Facilities

To receive WIC administrative funds, local agencies and WIC clinics must have an announced public policy that prohibits smoking. Each local agency shall ensure that the local agency prohibits smoking in the space used to carry out the WIC Program during the time any aspect of WIC services are performed; including satellite operations.

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Staff Conflict of Interest

To preserve the integrity of the certification and food benefit issuance processes, and to minimize the potential for staff fraud and program abuse, federal regulations require the implementation of policies and procedures that prevent conflict of interest or the appearance of conflict of interest by local agency staff. Refer to Chapter 8 for information on food benefits issuance.

- **Certifying and Issuing Food Benefits to Self, Relatives or Close Friends**
  To prevent the appearance of conflict of interest, local agency staff must not participate in any component of the certification process or food benefits issuance to herself/himself, relatives, or close friends.

  - **Relatives** include spouse, parents, children, grandchildren, grandparents, brothers, sisters, aunts, uncles, nieces, nephews, first cousins, stepparents, stepchildren, stepbrothers, and stepsisters by blood or marriage.

  - **Close friends** cannot be defined in a way that fits every situation; therefore, local agencies have authority to determine if a WIC applicant or participant is a close friend of a local agency WIC staff.

  WIC staff who are scheduled or who have a relative or close friend scheduled for a certification or appointment that includes food benefit issuance shall notify the WIC Director or clinic supervisor, so that arrangements can be made for other staff to certify and issue the food benefits.

- **Separation of Duties During Eligibility Determination**

  - **Separation of Duties**. There must be a separation of duties among local agency staff so that the same person does not complete both income eligibility determination and medical or nutritional risk eligibility determination for the same participant. It is acceptable for one staff member to conduct part of the certification (i.e., determine nutrition eligibility) and a different staff member determine income eligibility; either of the staff members may issue food benefits in this situation.

  - **Local Agency Separation of Duties Policy.** Each local agency must have a written policy that describes how the local agency ensures separation of duties when it is not possible due to limited staff. The local agency policy must address that the guidelines below are followed:
    - Staff completing the certification when separation of duties is not achieved must complete the first five columns of the Separation of Duties Log (Attachment 2), recording each certification in consecutive order by date.
    - The local agency will designate staff other than the certifier to review a sample of certification records for which separation of duties was not achieved. When available,

this staff member should be a competent professional authority (CPA) but may also be a local agency WIC Director, Health Director, or designee.

- Within 14 calendar days of the certification, the designated staff member conducting the review shall validate certification was accurately assessed and complete the last five columns of the Separation of Duties Log.
- Post-certification record review includes all non-fully breastfed infant certification records and at least 20 percent of the remaining certification records.
- The completed Separation of Duties Log must be filed at the local agency in a secure and retrievable manner and shall be made available for review during monitoring events.
- The local agency WIC Director or designee must contact the agency's Regional Nutrition Consultant immediately if the local agency review of the Separation of Duties Log suggests irregularities in WIC certification activity.

■ **WIC Staff and WIC Vendors**

To ensure there is no appearance of conflict of interest regarding the relationship of local agency staff and WIC vendors, the policies below must be followed.

- Local agency staff whose salary is paid in whole or any part by WIC Program funds are prohibited from having financial ownership in any authorized WIC vendor.

- Local agency staff whose salary is paid in whole or any part by WIC Program funds shall not be employed by and handle or transact WIC food benefits or cash-value benefits for a WIC vendor in the same county served by the local WIC Program. Likewise, local agency WIC staff must not have a spouse, child, or parent who is employed by and processes or transacts WIC food benefits or cash-value benefits for a WIC vendor in the same county served by the local WIC Program.

Plan of Alternate Operating Procedures

The WIC Program is a supplemental food and nutrition program that serves specific categorically eligible individuals with special nutritional needs; it is not designed to be a disaster assistance program, nor is it considered a first response option for disaster survivors. However, the WIC Program needs to establish a relationship with relief agencies responsible for disaster and public health emergency planning as appropriate to support data-informed approaches when responding to emergency periods, supplemental food recalls, and other supply chain disruptions.

The NC WIC Program guidance for emergency and disaster situations outlined in this section applies to events that threaten to interrupt or have already interrupted the provision of WIC Program services. Types of emergencies or disaster situations may include natural disasters, human pandemics, and biological emergencies. WIC's role in responding to disasters is limited; however, there are ways the Program can contribute to relief efforts. In the event of a disaster, the State WIC Director or designee, is responsible for planning, coordinating, and activating the NC WIC Program disaster response.

- **Eligibility Criteria for Evacuees and Others Impacted by Disasters**
  During an emergency or disaster, there are operational flexibilities for displaced participants and applicants impacted by a disaster.

  - Verification of Certification (VOC).
    Each participant displaced by an emergency or disaster must be provided with VOC information to ensure the continuation of benefits should the participant relocate to another state. For further guidance, see *Chapter 6E, Section 1: Transfer of Certification*.

  - Application Process.
    Displaced participants and applicants impacted by a disaster may qualify as homeless, defined as an individual who lacks a fixed and regular nighttime residence or whose residence is limited to a temporary living accommodation. Participants displaced by a disaster are at additional nutrition risk since they are considered homeless.
    - Processing Standards. A homeless applicant must be notified of their eligibility or ineligibility for WIC Program services within 10 calendar days from initial request for services. For further guidance on priority levels for application processing standards, see *Chapter 6A, Section 2: Application Process*.
    - An applicant impacted by a disaster may not have access to proof of identity, residency, and/or income and requiring of documentation for determination of eligibility may present an unreasonable barrier to participation. As such, it is appropriate to utilize a signed affidavit for proof of identity, residency, and/or income (with self-declared income) for WIC Program certification
      - If an applicant impacted by a disaster moves in with another household, the displaced individual(s) will be considered homeless and treated as a separate economic unit.
      - During an officially declared "State of Emergency", the State Director of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

or designee will provide additional guidance for the verification and documentation of required proofs during modified program services.

- **Flexibility in Operations**

  WIC Program regulations provide flexibility with physical presence requirements, certification periods, and eWIC benefit issuance. Approved flexibilities should be exercised to the fullest extent allowed and reasonable to meet the needs of individuals affected by the disaster and to minimize disruption to services.

  - Participant Flexibilities.
    - Physical Presence. Applicants with a serious illness that may be exacerbated by coming into the WIC clinic may be exempt from the physical presence requirement.
    - Extended Certification Period. Local agencies may extend the certification period for infants and children up to 30 days when scheduling difficulties occur.
    - Remote Food Benefit Issuance. Local agencies may issue electronic food benefits to participants not physically present per remote food benefit issuance guidance.

  - Administrative Flexibilities.
    - Local agencies may operate temporary alternative clinic sites for program services.
    - The State WIC Director or designee has the authority to authorize State-Assisted Issuance (SAI) of food benefits to eligible participants during an emergency.
      - During SAI, the Community Nutrition Services Section (CNSS) will notify each impacted local agency the time frame for SAI and list of participants to whom benefits have been issued.

- **Food Benefits**

  During an emergency, the full maximum monthly allowance of prescribed supplemental foods across all food packages must be made available to participants if medically or nutritionally warranted.

  - Adjusted Food Package.
    - If a participant impacted by a disaster is unable to provide medical documentation for WIC-eligible infant formula/nutritional and local agency staff are unable to externally verify a medical condition that indicates need, one-month issuance of the WIC-eligible infant formula/nutritional may be issued following assessment and documentation.
    - Local agencies should adjust food prescriptions for participants who are experiencing homelessness or lack access to adequate food storage or preparation facilities.

  - Replacement of Destroyed Food Benefits.

    Redeemed food benefits that were destroyed in a disaster may be eligible for replacement during the same benefit period per the following conditions:
    - Only the food benefits damaged or destroyed due to a disaster may be replaced.
    - Replacement does not result in the replacement of prior month benefits.

- Quantity of replacement food benefits reflect the pro-rated portion of food benefits for which the participant is eligible.
- North Carolina WIC requires a signed statement attesting that the food benefits of a participant have been damaged or destroyed as a result of a disaster. The participant/parent/guardian/caretaker signs the 'Affidavit Attesting to WIC Food Benefit Loss' (Attachment 3).
- The local agency notifies the CNSS Customer Service Desk to assist with replacement.

- Vendors will not have the option to accept out-of-state WIC benefits.

■ **Local Agency Plan of Alternate Operating Procedures (PAOP)**
In conjunction with the Business Continuity Plan (Attachment 5), each local agency must maintain a written Local Agency Plan of Alternate Operating Procedures (PAOP) to ensure a planned, organized, and effective local response for emergency and disaster situations. At a minimum, the procedure must contain written plans addressing the program sub-topics: coordination and communication, benefit issuance and redemption, vendor management, and nutrition services.

Coordination and Communication
The local agency must include a written plan to address local agency operations during and after a disaster to coordinate local agency services and internal and external communications with relief organizations, vendors, and CNSS.

- Coordinate in advance with internal and external partners to plan for disaster situations that may interrupt services. At minimum, this includes:
  - Designation of a disaster contact within the local agency.
  - Maintenance of current and alternate contact information for local agency staff, community partners and programs, local authorized vendors, and the local agency Regional Nutrition Consultant.

- Outline local agency disaster situation communication protocols to address intended audience, communication method, and notification content. Immediately upon disruption or impact to local agency services, the WIC Director must notify the assigned Regional Nutrition Consultant. If possible for additional communications, identify the responsible staff and consider the frequency of communication or update.
  - Consider onsite signage, recorded voicemail and text messages, and digital updates.

Benefit Issuance and Redemption
The local agency must have a written plan for addressing food benefit issuance and redemption through consideration of:

- Remote certification and benefit issuance.

- Process for requesting replacement EBT cards through any local agency or through contacting the eWIC vendor.

- Management and process for participants to request from the local agency replacement of supplemental foods that were damaged or destroyed during a disaster.

Vendor Management

- Plan to address impacts to WIC authorized vendors and method of communication used to relay store closures or changes in operating hours.

Nutrition Services

- Alternate procedures including a plan for providing services when computer systems are down, alternate clinic location and service hours, and use of mobile equipment to provide services (Attachment 5),
  - Extending Certification: Include the consideration for extending the certification period for infants and children up to 30 days to accommodate difficulty in scheduling appointments
  - Alternate Clinic Site: Reference Chapter 12, Section 6: Fiscal Management: Purchase, Rental, or Renovation of Property and Chapter 17: Information Services, Section 1: Basic PC Setup and Crossroads Connectivity Guide (New Sites, Site Moves, and Other Site Changes).

- Identify processes for providing Issuance of Verification of Certification (VOC).

- Plan for the provision of breastfeeding promotion and support activities in addition to the issuance and replacement of breast pumps or breastfeeding supplies during disaster response.

Program Materials Available from the Community Nutrition Services Section

The Community Nutrition Services Section (CNSS) stocks a wide variety of materials used by local agency staff for WIC Program activities, including breastfeeding education and support, program outreach, nutrition education, and vendor management.

A complete list of available materials can be found on the CNSS Materials Requisition Form (DHHS 2507) available at https://www.ncdhhs.gov/ncwic under 'For Local Agency Staff'. Refer to Chapter 5 for additional information on nutrition education resources.

- **Ordering Materials**
  To order materials from CNSS, local agencies complete the CNSS Materials Requisition Form (DHHS 2507) available on the website and email the request to NSBmaterialsreq@dhhs.nc.gov.

  When ordering materials, local agencies are requested to:

  - coordinate orders with other staff in the agency who use CNSS materials;
  - submit no more than one order a month to help with CNSS efficiency in serving all agencies submitting orders; and
  - do not order more than a 3-month supply.

- **Receiving Materials**
  The Community Nutrition Services Section will fill an order in its entirety and ship requested materials within two to three (2-3) weeks of receiving a requisition form with the following exceptions.

  - **Materials in Limited Supply**. When an item is in limited supply, CNSS will ship only a portion of the quantity ordered. A note regarding limited quantity will be in the comments section of the packing list. The remaining quantity will not be shipped, and the local agency will need to reorder once the item is back in stock.
  - **Out of Stock Materials**. When an item is temporarily out of stock, CNSS will provide notification in the comments section of the packing list that the item is out of stock. The item(s) will need to be reordered by the local agency once the item is back in stock.

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Log of WIC Program Numbered Memos
(*sample)*

Memo #	Date of Memo	Date Received	Recipient (initials)	Subject of Memo and/or Comments

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Separation of Duties Log

Certifier (1-5) (Completed by certifier on the date of certification.)					**Reviewer (6 – 10)** (Reviewer must not be the certifier.)				
1. Date of Certification	**2. Family ID**	**3. Participant Category** **P**-Pregnant **B**-Breastfeeding **PP**-Postpartum **I**-Infant **C**-Child	**4. Fully Breastfed Infant?** **Y**-Yes **N**-No	**5. Signature of Certifier**	**6. Income Eligibility Determined Appropriately?** **Y**-Yes **N**-No	**7. Nutrition Risk Code(s) valid**? **Y**-Yes **N**-No	**8. Correct Food Package Prescribed/ Issued?** **Y**-Yes **N**-No	**9. Date of Review**	**10. Signature of Reviewer**

Instructions or Completing Separation of Duties Log

For the Certifier:
When separation of duties is not possible, the certifying staff member completes the first five columns (1 through 5) on the date of certification.

1. Enter the date of certification, Crossroads family ID number, and participant category.
2. Identify if an infant participant is a fully breastfed infant.
   - All food packages containing infant formula require post-certification record review.
3. Sign in the certifier column.

For the Reviewer:
Within 14 days of the date of certification, the designated reviewer will conduct a post-certification record review of all **non**-fully breastfed infant certification records and at least 20 percent of the remaining certification records by completing the remaining five columns (6 through 10). For each record review, the reviewer shall:

1. Navigate to the Income Information under Certification quick links. Expand Income History and review Selected Row Details for the date of the certification being reviewed. Determine if income eligibility was determined appropriately by checking for verification details of adjunctive eligibility; identifying the source, proof, frequency, amount, and duration if not adjunctively eligible; viewing the scanned affidavit if no proof of income exists; or viewing the reason for zero income if zero income was documented. Assess for unexpected or irregular patterns among the certification records reviewed, such as frequent use of zero income or frequent round or repeated numbers in income amounts. Indicate yes or no based on whether income appears to be determined appropriately. (See the WIC Program Manual, Chapter 6B and Attachment 1 for more information.)
2. Navigate to the Care Plan Summary under Care Plan quick links. Expand the care plan for the participant's record being reviewed. View the assigned risk codes for the certification being reviewed and determine if they are valid. Document findings on the log.
3. Navigate to the Care Plan Detail under Care Plan quick links. Expand the care plan for the participant's record being reviewed and determine if the correct food package was prescribed by examining the current food prescription. Determine if the prescription consistent with participant category and documentation in the nutrition assessment. Document findings on the log.
4. Enter the date the record was reviewed in the date column and sign in the reviewer column.
5. If the reviewer answered no to any questions, notify the agency's Regional Nutrition Consultant immediately or no later than within one business day of identification.

North Carolina WIC Program

AFFIDAVIT ATTESTING TO WIC FOOD BENEFIT LOSS _____
(*NAME of Disaster/ Personal Misfortune)*

Family ID_____ Family Issue Date_____

The North Carolina WIC Program may replace *current* food benefits for the month of (_____)
Month / Year

that were redeemed but damaged or destroyed due to (_____). WIC benefits are current if the
Name of Disaster
Last Date to Spend (LDTS) is equal to the current day or is in the future. If the LDTS is in the past, the benefits are expired and cannot be replaced.

Attestation Signature

I understand that by signing and dating this form, I am certifying that the information I am providing is correct.
Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta.

_____
(Participant/Parent/Guardian/Caretaker Signature /Firma) (Date/Fecha)

_____
(Staff Signature) (Date)

Lost Benefits:

Food Category	Food Subcategory	Container Size	Quantity

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

(1) correo:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) fax:
(833) 256-1665 o (202) 690-7442; o

(3) correo electrónico:
program.intake@usda.gov

Esta institución es un proveedor que ofrece igualdad de oportunidades.

eWIC card # _____ **Continuity of Services Form** ☐Certification

Application Date: _____ **WIC: BREASTFEEDING/POSTPARTUM WOMAN** ☐Mid-Certification Assessment (Breastfeeding)

Demographics

Applicant ☐ Client Present ☐ Not Present Justification_____

Name: _____
Last First MI

DOB:_____

Proof of identification _____

Ethnicity: ☐Declared ☐Observed ☐Hispanic/Latino ☐Not Hispanic/Latino

Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American

Address:_____
Street

_____
City Zip Code

Proof of residence_____

☐Foster care ☐Homeless ☐Migrant

Proof of identification:_____

Telephone #: (____) _____
☐Home ☐Work ☐Cellular

Preferred method of contact:_____

Language: Read:_____Spoken:_____

Voter Registration:
☐Declined ☐Form provided ☐Ineligible ☐Registered

Family Assessment:
Does anyone smoke inside the home? ☐Yes ☐No

Income

Adjunct program participation: ☐SNAP ☐Medicaid ☐TANF **Family size:** ____ Number of expected infants: ____ **TOTAL** family size: ____

Self-declared income or range: $_____ ☐Zero-Income Declaration

Source	Amount	Frequency
	$	
	$	
	$	

Verification Document: _____

Income Eligible ☐ Yes ☐ No

Income Verification completed _____
Staff Signature/Title Date

Certification Signature

I understand that by signing and dating this form, I am certifying that the information I am providing is correct, that I understand my rights and responsibilities as related to the WIC program, and that I understand my right to a fair hearing.

Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta; que entiendo mis derechos y responsabilidades en relación con el programa WIC; y que entiendo mi derecho a una audiencia justa.

_____
Applicant/Parent/Guardian/Caretaker Signature Date

Anthro/Lab

Height: _____ **Weight:** _____ **Date:** _____ Collected by / source: _____

BMI:_____

☐Hgb / ☐Hct: _____ **Deferred/Exempt Reason:**_____ **Date:**_____

Collected by / source:_____

Health Information

Pre-pregnancy weight:_____ **Pre-pregnancy BMI:**_____ **Delivery date:**_____ **Weight at delivery:**_____

☐Multiple gestation: # of fetuses this pregnancy:____

Outcome:_____ **Delivery type: ☐Vaginal ☐Cesarean** **Gravida:**_____ **Para:**_____

Health Conditions	Medications and Supplements

Pregnancy-induced Health Conditions

Cigarettes per day: three months prior to pregnancy_____
last trimester_____
postpartum_____

Drinks per week: three months prior to pregnancy _____
last trimester _____
postpartum _____

Name: _____ **Date of Birth:** _____

Health Info

Are you breastfeeding? ☐ No ☐ Yes Breastfeeding Frequency: _____

If no, have you ever breastfed? ☐ No ☐ Yes Age infant stopped breastfeeding _____

Reason infant stopped breastfeeding _____

Do you give your baby any formula? ☐ No ☐ Yes Amount in 24-hr period: _____

Dietary & Health

_____

_____

_____

_____

WIC Nutrition Risk Criteria Codes (Identify all that apply)_____

Care Plan

Nutrition Education: ☐ Immunizations ☐ Tobacco, alcohol and illegal drugs ☐ Folic acid ☐ Breastfeeding basics/anticipatory guidance

☐ Other _____

Referrals: _____

Goals: _____

Food Prescription ☐ Standard ☐ Modified _____

Follow-up / Next Appointment: _____

_____

Certifier/CPA _____

Signature Title

AFFIDAVIT FOR PROOF OF IDENTITY, RESIDENCY, and / or INCOME

The following is to be completed for certifications when proof of identity, residency, and/or income does not exist, obtaining proof places undue burden to or harm on applicant, or an individual declares that their economic unit has no income.

I understand that by completing, signing and dating this form, I am certifying that the information I am providing is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta. Entiendo que proveer información incorrecta intencionalmente puede resultar en tener que devolver a la agencia estatal, en efectivo, el valor de los beneficios de comida recibidos indebidamente.

	Reason for lack of proof OR zero income declaration
ID	
Residence	
Income	

Applicant/Participant/Caretaker Signature/Firma | Date/Fecha | Staff Signature | Date

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eWIC card # _____

Application Date: _____

Continuity of Services Form

WIC: CHILD

☐Certification

☐Mid-Certification Assessment

Demographics

Applicant ☐ Client Present ☐ Not Present Justification_____

Name: _____
Last First MI

DOB:_____ **Sex:** ☐Male ☐Female

Proof of identification _____

Ethnicity: ☐Declared ☐Observed ☐Hispanic/Latino ☐Not Hispanic/Latino

Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American

Address:_____
Street

_____
City Zip Code

Proof of residence_____
☐Foster care ☐Homeless ☐Migrant

Parent/Guardian ☐1 ☐2 ☐Caretaker

Name:_____
Last First MI

DOB:_____

Relationship to applicant:_____

Proof of identification:_____

Telephone #: (____) _____
☐Home ☐Work ☐Cellular

Preferred method of contact:_____

Language: Read:_____Spoken:_____

Voter Registration:
☐Declined ☐Form provided ☐Ineligible ☐Registered

Family Assessment:
Does anyone smoke inside the home? ☐Yes ☐No

Income

Adjunct program participation: ☐SNAP ☐Medicaid ☐TANF **Family size:** ____ Number of expected infants: ____ **TOTAL** family size:____

Self-declared income or range: $_____ ☐Zero-Income Declaration

Source	Amount	Frequency
	$	
	$	
	$	

Verification Document: _____

Income Eligible ☐ Yes ☐ No

Income Verification completed _____
Staff Signature/Title Date

Certification Signature

I understand that by signing and dating this form, I am certifying that the information I am providing is correct, that I understand my rights and responsibilities as related to the WIC program, and that I understand my right to a fair hearing.

Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta; que entiendo mis derechos y responsabilidades en relación con el programa WIC; y que entiendo mi derecho a una audiencia justa.

_____
Applicant/Parent/Guardian/Caretaker Signature Date

Anthro/Lab

☐**Length /** ☐**Height:** _____ **Weight:**_____ **Date:**_____ Collected by / source:_____

BMI (≥ age 2) _____ **%BMI / Age:** _____ **OR %Weight / Length (< age 2)** _____

☐**Hgb /** ☐**Hct:**_____**Deferred/Exempt reason:**_____ **Date:**_____

Collected by / source:_____

Health Information

Birth weight:_____ **Birth length:**_____ **Weeks gestation:**_____ ☐ **Multiple gestation**

Hospital discharge weight:_____Date: _____

Medical Conditions	Medications and Supplements

Immunizations: ☐Up-to-date ☐Not up-to-date ☐Unknown ☐Referred

Feeding complications: _____

Name:_____ **Date of Birth:**_____

Health Info

Are you breastfeeding? ☐ No ☐ Yes Breastfeeding Frequency: _____

If no, have you ever breastfed? ☐ No ☐ Yes Age infant stopped breastfeeding _____

Reason infant stopped breastfeeding _____

Dietary & Health

WIC Nutrition Risk Criteria Codes (Identify all that apply)_____

Care Plan

Nutrition Education: ☐ Tobacco, alcohol and illegal drugs ☐ Other _____

Referrals: _____

Goals: _____

Food Prescription ☐ Standard ☐ Modified _____

Follow-up / Next Appointment: _____

Certifier/CPA _____

Signature/Title Date

AFFIDAVIT FOR PROOF OF IDENTITY, RESIDENCY, and / or INCOME

The following is to be completed for certifications when proof of identity, residency, and/or income does not exist, obtaining proof places undue burden to or harm on applicant, or an individual declares that their economic unit has no income.

I understand that by completing, signing and dating this form, I am certifying that the information I am providing is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta. Entiendo que proveer información incorrecta intencionalmente puede resultar en tener que devolver a la agencia estatal, en efectivo, el valor de los beneficios de comida recibidos indebidamente.

	Reason for lack of proof OR zero income declaration
ID	
Residence	
Income	

Applicant/Participant/Caretaker Signature/Firma Date/Fecha Staff Signature Date

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eWIC card # _____

Application Date: _____

Continuity of Services Form

WIC: INFANT

☐Certification

☐Mid-Certification Assessment

Demographics

Applicant ☐ Client Present ☐ Not Present Justification_____

Name: _____
Last First MI

DOB:_____ **Sex:** ☐Male ☐Female

Proof of identification _____

Ethnicity: ☐Declared ☐Observed ☐Hispanic/Latino ☐Not Hispanic/Latino

Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American

Address:_____
Street

_____
City Zip Code

Proof of residence_____

☐Foster care ☐Homeless ☐Migrant

Parent/Guardian ☐1 ☐2 ☐**Caretaker**

Name:_____
Last First MI

DOB:_____

Relationship to applicant:_____

Proof of identification:_____

Telephone #: (____) _____
☐Home ☐Work ☐Cellular

Preferred method of contact:_____

Language: Read:_____Spoken:_____

Voter Registration:
☐Declined ☐Form provided ☐Ineligible ☐Registered

Family Assessment:
Does anyone smoke inside the home? ☐Yes ☐No

Income

Adjunct program participation: ☐SNAP ☐Medicaid ☐TANF **Family size:** ____ Number of expected infants: ____ **TOTAL** family size: ____

Self-declared income or range: $_____ ☐Zero-Income Declaration

Source	Amount	Frequency
	$	
	$	
	$	

Verification Document: _____

Income Eligible ☐ Yes ☐ No

Income Verification completed _____
Staff Signature/Title Date

Certification Signature

I understand that by signing and dating this form, I am certifying that the information I am providing is correct, that I understand my rights and responsibilities as related to the WIC program, and that I understand my right to a fair hearing.

Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta; que entiendo mis derechos y responsabilidades en relación con el programa WIC; y que entiendo mi derecho a una audiencia justa.

_____
Applicant/Parent/Guardian/Caretaker Signature Date

Anthro/Lab

Length:_____ **Weight:**_____ **Date:**_____

Collected by / source:_____

☐**Hgb /** ☐**Hct:**_____ **Deferred/Exempt reason:**_____ **Date:**_____

Collected by / source:_____

Health Information

Birth weight:_____ **Birth length:**_____ **Weeks gestation:**_____ ☐ **Multiple gestation**

Hospital discharge weight:_____Date: _____

Medical Conditions	Medications and Supplements

Immunizations: ☐Up-to-date ☐Not up-to-date ☐Unknown ☐Referred

Feeding complications: _____

☐< 6 wet diapers per day ☐Inadequate stooling (as determined by physician/health professional)

☐Difficulty latching on to mother's breast ☐Jaundice ☐Weak or ineffective suck

Name:_____ **Date of Birth:**_____

Health Info

Are you breastfeeding? ☐ No ☐ Yes Breastfeeding Frequency: _____

If no, have you ever breastfed? ☐ No ☐ Yes Age infant stopped breastfeeding _____

Reason infant stopped breastfeeding _____

Do you give your baby any formula? ☐ No ☐ Yes Amount in 24-hr period: _____

Dietary & Health

_____

_____

_____

_____

WIC Nutrition Risk Criteria Codes (Identify all that apply)_____

Care Plan

Nutrition Education: ☐ Tobacco, alcohol and illegal drugs ☐ Other _____

Referrals: _____

Goals: _____

Food Prescription ☐ Standard ☐ Modified _____

Follow-up / Next Appointment: _____

_____

Certifier/CPA _____

Signature/Title Date

AFFIDAVIT FOR PROOF OF IDENTITY, RESIDENCY, and / or INCOME

The following is to be completed for certifications when proof of identity, residency, and/or income does not exist, obtaining proof places undue burden to or harm on applicant, or an individual declares that their economic unit has no income.

I understand that by completing, signing and dating this form, I am certifying that the information I am providing is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta. Entiendo que proveer información incorrecta intencionalmente puede resultar en tener que devolver a la agencia estatal, en efectivo, el valor de los beneficios de comida recibidos indebidamente.

	Reason for lack of proof OR zero income declaration
ID	
Residence	
Income	

Applicant/Participant/Caretaker Signature/Firma Date/Fecha Staff Signature Date

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eWIC card # _____ Continuity of Services Form ☐Certification

Application Date: _____ **WIC: PREGNANT WOMAN**

Demographics

Applicant ☐ Client Present ☐ Not Present Justification_____

Name: _____
Last First MI

DOB:_____

Proof of identification _____

Ethnicity: ☐Declared ☐Observed ☐Hispanic/Latino ☐Not Hispanic/Latino

Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American

Address:_____
Street

_____
City Zip Code

Proof of residence_____

☐Foster care ☐Homeless ☐Migrant

Proof of identification:_____

Telephone #: (____) _____
☐Home ☐Work ☐Cellular

Preferred method of contact:_____

Language: Read:_____Spoken:_____

Voter Registration:

☐Declined ☐Form provided ☐Ineligible ☐Registered

Family Assessment:

Does anyone smoke inside the home? ☐Yes ☐No

Income

Adjunct program participation: ☐SNAP ☐Medicaid ☐TANF **Family size:** ____ Number of expected infants: ____ **TOTAL** family size: ___

Self-declared income or range: $_____ ☐Zero-Income Declaration

Source	Amount	Frequency
	$	
	$	
	$	

Verification Document: _____

Income Eligible ☐ Yes ☐ No

Income Verification completed _____
Staff Signature/Title Date

Certification Signature

I understand that by signing and dating this form, I am certifying that the information I am providing is correct, that I understand my rights and responsibilities as related to the WIC program, and that I understand my right to a fair hearing.

Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta; que entiendo mis derechos y responsabilidades en relación con el programa WIC; y que entiendo mi derecho a una audiencia justa.

_____
Applicant/Parent/Guardian/Caretaker Signature Date

Anthro/Lab

Height: _____ **Weight:**_____ **Date:**_____Collected by / source:_____

Weeks gestation:_____ **Expected weight gain:**_____**Actual weight gain:**_____

☐**Hgb** / ☐**Hct:** _____ **Deferred/Exempt Reason:**_____**Date:**_____

Collected by / source:_____

Health Information

Pre-pregnancy weight:_____**Pre-pregnancy BMI:**_____

Expected Delivery date:_____**First Prenatal Visit Date:**_____**Medical Home:**_____

☐**Multiple Gestation: # of fetuses this pregnancy:**_____ **Gravida:**_____ **Para:** _____

Health Conditions	Medications and Supplements

Pregnancy-induced Health Conditions

Cigarettes per day: 3 months prior to pregnancy _____ **Drinks per week: 3 months prior to pregnancy** _____

Today: _____

Name:_____ **Date of Birth:**_____

Health Info

Pregnancy History

Date (mm/yy)									
Outcome									
Weeks gestation									
Birth weight/length									

Dietary & Health

_____

_____

_____

_____

WIC Nutrition Risk Criteria Codes (Identify all that apply)_____

Care Plan

Nutrition Education: ☐ Tobacco, alcohol and illegal drugs ☐ Folic acid ☐ Breastfeeding basics/anticipatory guidance ☐ Healthy eating during pregnancy ☐ Other _____

Referrals: _____

Goals: _____

Food Prescription ☐ Standard ☐ Modified _____

Follow-up / Next Appointment: _____

_____

Certifier/CPA _____

Signature/Title Date

AFFIDAVIT FOR PROOF OF IDENTITY, RESIDENCY, and / or INCOME

The following is to be completed for certifications when proof of identity, residency, and/or income does not exist, obtaining proof places undue burden to or harm on applicant, or an individual declares that their economic unit has no income.

I understand that by completing, signing and dating this form, I am certifying that the information I am providing is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

Entiendo que al completer, firmar y fechar en esta forma, certifico que la información que proveo es correcta. Entiendo que proveer información incorrecta intencionalmente puede resultar en tener que devolver a la agencia estatal, en efectivo, el valor de los beneficios de comida recibidos indebidamente.

	Reason for lack of proof OR zero income declaration
ID	
Residence	
Income	

Applicant/Participant/Caretaker Signature/Firma Date/Fecha Staff Signature Date

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NC WIC Program: Business Continuity Plan

Under the plan of alternate operating procedures, the NC WIC Program Business Continuity Plan guides local agency preparations and actions for the continuation of WIC services in the event that local agency Crossroads system access is disrupted for an uncertain duration.
Note: In the event of a statewide outage, business operations will cease until such a time that Crossroads is restored.

Planning

It is critical to plan ahead for potential disruptions to local agency (LA) access to Crossroads by:

- Maintaining an updated Local Agency Plan of Alternate Operating Procedures (WPM, Chapter 1, Section 5),
- Establishing working partnerships with neighboring local WIC agencies that may be able to assist in providing participant services during disruption,
- Considering the purchase and maintenance of technology that may serve as back-up during an outage including a work-assigned cell phone or laptop for critical WIC Program staff,
- Ensuring that the local agency has on-hand the following resources as ordered from CNSS or as linked on the Community Nutrition Services Section (CNSS) website under NC WIC Program: Business Continuity Plan:
  - 'Continuity of Services Form' (DHHS 3302, 3303, 3304, 3305)
  - 'NC WIC Program Guidance: Emergency and Disaster Situations'
  - Growth charts and prenatal weight gain charts
  - Required 'Welcome to the North Carolina WIC Program Notice' Template

Provision of WIC Services by the LA

If Crossroads is NOT available in the local WIC agency, immediately:

- Check with local IT support to determine if the interruption is a local problem
- Notify the Regional Nutrition Consultant (RNC)
- Notify the CNSS Customer Service Desk (CSD)

The LA must continuously update the RNC and CSD per system access status (including internet, phone, fax status) and provides alternative LA contact information.

- It is recommended that the LA share with CNSS a list of all employees (name and position/role) and Crossroads User ID's.

If phone, fax, and/or email service are available in the LA, daily:

- The CSD faxes the Detail Clinic Daily Appointment Schedule to the LA.
- The LA provides services to the maximum extent possible, documenting information on the 'Continuity of Services Form'.
- The LA faxes 'Continuity of Services Form' completed to the WIC Nutrition Services Unit (WNSU) at fax#: 984-236-8298.
- WNSU staff enter information into Crossroads from the completed 'Continuity of Services Form' at the level required to complete certification or continue services within two (2) business days. WNSU supported WIC services include:
  - Certification of applicant / participant;
  - Update to demographic or personal information of the applicant / participant;

  - Revision to the:
    - WIC food prescription of the applicant / participant
    - number of months of food benefits to be issued;
  - Activate and/or replace an eWIC card; and/or
  - Apply the "Extend Certification" feature as appropriate.

  Note: Incomplete data entered on the Continuity of Service Forms will delay CNSS actions. It is recommended for local agency and CNSS staff to coordinate and communicate while actively working under the Business Continuity Plan.
- The CSD will issue participant food benefits or modify issued food benefits then share with the LA a 'Welcome to the North Carolina WIC Program Notice' for participants served, as applicable.
- The LA provides the participant with the 'Welcome to the North Carolina WIC Program Notice' and as applicable, the 'Shopping List Remaining Benefits'.

If phone, fax, and email service NOT available in the LA, daily:

Note: At this level of service interruption, it is likely that food benefits issuance will be delayed.

- The CSD provides the Detail Clinic Daily Appointment Schedule to the LA as able.
- The LA provides services to the maximum extent possible, documenting information on the 'Continuity of Services Form'.
- LA staff communicates the participant information entered on the Continuity of Services Form to WNSU staff for entry into Crossroads.
- If local outages extend beyond five days, LA follows their Local Agency Plan of Alternate Operating Procedures (WPM Chapter 1, Section 5) for providing services through alternative processes.
  - As applicable: For LA's receiving nutrition product orders during this time, the requirement for the LA to notify CNSS of order receipt remains time-sensitive.

Crossroads Service is Restored

When the service to the Crossroads system is restored, the LA must:

- Enter remaining data from the Continuity of Services Forms into the Crossroads participant record,
- Scan the Continuity of Services Form into the Crossroads participant record, and
- Schedule future appointments in communication with participant/family.

Chapter 2
State Agency Organization

Table of Contents

The North Carolina WIC Program operates within the Community Nutrition Services Section and under the auspices of the Division of Child and Family Well-Being, North Carolina Department of Health and Human Services (NCDHHS). This chapter provides an overview of the Community Nutrition Services Section and the staff that work with the WIC Program.

Section 1. Community Nutrition Services Section Overview 1

- Federal Programs Administered by the Section
- Systems Administered by the Section
- Units Within the Section
  - Administrative Services Unit
  - Information Systems Unit
  - WIC Nutrition Services Unit
  - Special Nutrition Programs Unit
  - Vendor Unit

Section 2. State Agency WIC Program Staff.....3

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Community Nutrition Services Section Overview

The Community Nutrition Services Section (CNSS) is housed within the Division of Child and Family Well-Being (DCFW) in the North Carolina Department of Health and Human Services (NCDHHS). Activities of the Community Nutrition Services Section promote sound nutrition habits among infants and children and women in their childbearing years. Section staff work with county, state and private agencies to improve health status by reducing the incidence of nutritional risk factors including food insecurity, improving pregnancy outcomes, and by hastening recovery from illness and injury through the provision of technical assistance, education and supplemental foods.

- **Federal Programs Administered by the Section**
  - Child and Adult Care Food Program (CACFP)
  - WIC Farmers' Market Nutrition Program (FMNP)
  - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- **Systems Administered by the Section**
  - NC Nutrition and Epidemiology Surveillance Systems (NC-NESS) containing demographic and geographical characteristics and Nutrition Risk profile of WIC participants.
  - Crossroads Management Information System (MIS) used by the WIC Program to certify participants, issue food benefits and document program requirements.
  - MyNCWIC Portal allows families currently participating in the WIC Program to upload documentation, answer health questions, request a new appointment, and communicate with their WIC clinic.
  - NC eWIC the electronic benefit transfer system for WIC benefit issuance. Families use their eWIC card and PIN to access their food benefits at the grocery store.
  - NC CACFP CONNECTS (MIS).
- **Units Within the Section**
  - **Administrative Services Unit.** The Administrative Unit provides overall administration and management of all programs operated through the Community Nutrition Services Section.
  - **Information Systems Unit.** The Information Systems Unit administers, develops and operates the WIC, CACFP, and FMNP information systems (Crossroads and NC CACFP CONNECTS) and the Customer Service Desk.

- **WIC Nutrition Services Unit.** The WIC Nutrition Services Unit is responsible for developing program policy, procedures, and implementation guidance related to participant and clinical services of the WIC; developing program efforts to promote, protect and support breastfeeding; supporting quality assurance of nutrition programs through policy, monitoring, evaluation and data analysis; coordinating programmatic and nutrition training for local agency staff, and staff of public and private entities; developing nutrition education and outreach resources that promote breastfeeding, healthful eating and physical activity in women, children, youth and families; providing consultation and technical assistance to local health agencies and other public and private community agencies managing the NC NESS, supporting other surveillance and evaluation efforts, developing and maintaining the WIC computer system, and providing related training.

- **Special Nutrition Programs Unit**. The Special Nutrition Programs Unit administers the CACFP. As the administering agency, this unit provides training, technical assistance, monitoring, interpretation of federal regulations, audits, and nutrition education. This assistance helps local sponsors of these programs operate effectively.

- **Vendor Unit.** The Vendor Unit administers all aspects of the Vendor component of the WIC Program including program policy and vendor contracting, education, surveillance, inventory audits, and compliance buys.

State Agency WIC Program Staff

The following tables provide a brief overview of staff within the Community Nutrition Services Section (CNSS) with one or more areas of responsibility with the WIC Program. Staff with WIC Program responsibilities but who are housed outside of CNSS are also listed.

Position	Name of Individual	Primary Area(s) of WIC Program Responsibility
COMMUNITY NUTRITION SERVICES SECTION ADMINISTRATION		
Assistant Director Division of Child and Family Well-Being	Jennifer Bailey MS, MPH, RDN, LDN	State WIC Director. Overall responsibility for WIC Program including supervision and recruitment of staff; financial management; administrative aspects & caseload management.
Deputy Director	Kim Lovenduski, MPA	Program Manager II serves as the Deputy Director. Responsible for IT systems, and all section operations. Supervises the Financial, Vendor, MIS, Purchasing, and Information Services Units.
Program Coordinator II	VACANT	Management support, contracts coordinator.
Business Manager I	Beata Mioduszewski	Coordinates local agency budgets and expenditure reports; contracts; financial reporting; oversees warehouse.
Business Officer I	Sarah Menditto	Fiscal management, federal reporting, rebate reporting.
Administrative Officer I	Lydia Jackson	Coordinates purchasing activities for the section.
Procurement Specialist II	Clariza Saldi	Contracts, Agreement Addendum, budget revision of local WIC Agencies.
Administrative Officer I	VACANT	Administrative support.
Inventory Associate II	John Noonan	Section Warehouse Coordinator responsible for mailing and inventory of administrative and nutrition education materials to stakeholders.
Business Service Coordinator I	VACANT	Accounts payable and fixed assets.
Application Systems Analyst II	Molly Jones, CSM, CSPO, SSM	Provides release management coordination for NC for the WIC Crossroads MIS System.
WIC NUTRITION SERVICES UNIT		
Program Manager I	VACANT	State Nutrition Coordinator; leadership and coordination of policy & procedures development related to participant and clinical services; coordination of local agency program reviews; program evaluation; training and development of nutrition education materials and resources.
Administrative Specialist I	Darnell Jones	Coordinates processing of infant formula orders for WIC participants, including placing orders, fielding delivery issues, reconciling orders for payment and documentation.

Position	Name of Individual	Primary Area(s) of WIC Program Responsibility
Administrative Specialist II	Cassandra Rogers	Management support.
Program Manager I	Ashley Pugh, MS, RD, LDN, IBCLC	WIC Policy and Quality Assurance Team Leader. Develop program policy, procedures, and implementation guidance related to participant and clinical services of the WIC Program and to support quality assurance of nutrition programs through program monitoring and evaluation.
Program Manager I	Sara Moss, MPH, RD	Nutrition Education and Training Team Leader. Coordinate programmatic and nutrition training for local health agency staff and staff of public and private entities; to develop nutrition education tools that promote breastfeeding, healthful eating and physical activity in women, children and families; to conduct social marketing and health education campaigns; and to support quality assurance of nutrition programs through program monitoring and evaluation.
Public Health Epidemiologist	Najmul Chowdhury, MBBS, MPH	Pregnancy and Pediatric Nutrition Epidemiology Surveillance System (PedNESS) program evaluation.
Program Manager I	Chiara Phillips, MS, RD, LDN, IBCLC	State Breastfeeding Coordinator, Responsible for supervising the Breastfeeding Promotion and Support Team. This includes leading efforts to promote, protect and support breastfeeding within WIC and DCFW and to support quality assurance of nutrition programs through program monitoring and evaluation.
Nutrition Program Consultant (Breastfeeding Promotion and Support Team)	Charlotte Zuber Patton, MPH, RD, LDN, IBCLC	State Peer Counselor Coordinator; policy, procedures, and program development for peer counseling programs and to support quality assurance of nutrition programs through program monitoring and evaluation.
Nutrition Program Consultants (Policy and Quality Assurance Team)	Bhuvana Parmar, MS, RD, LDN Kimberly Wright, MS, RD, LDN Mallory Smith, MS RD LDN Ana Martinez, MS, RD, LDN	Develop program policy, procedures, and implementation guidance related to participant and clinical services and to support quality assurance of nutrition programs through program monitoring and evaluation.
Nutrition Program Consultants (Nutrition Education and Training Team)	Katharine Clarke, MS, RD, LDN Angela Harpell MS, RD, LDN Meredith Ebersohl, MS, MPH, RD, LDN Rita Fiagbor, PhD, RD	Coordinate programmatic and nutrition training for local health agency staff and staff of public and private entities; to develop nutrition education tools that promote breastfeeding, healthful eating and physical activity in women, children and families; to conduct social marketing and health education campaigns; and to support quality assurance of nutrition

Position	Name of Individual	Primary Area(s) of WIC Program Responsibility
		programs through program monitoring and evaluation.
Nutrition Program Consultant	Nan Pardington, MS, RD	Translates program policy into the WIC MIS; develops tools to support data integrity and training of local agency staff on MIS; supports data analysis and reporting of WIC MIS data.
Program Manager I	Kathy Griffin, MS, RD	Supervising the Regional Nutrition Consultants. This includes supervising consultation and technical assistance on program policy to local health agencies and to support quality assurance of nutrition programs through program monitoring and evaluation.
Nutrition Program Consultants (Regional Nutrition Consultants)	Cara Perdue, PhD, RD, LDN VACANT Ashton Cooper, MS, RD, LDN Leigh Ellen Dudley, MS, RDN, LDN Tonya Nicholson, MS, RD Natasha Vos, MPH, RD, LDN	Provides consultation and technical assistance on program policy to local health agencies and to support quality assurance of nutrition programs through program monitoring and evaluation.
INFORMATION SYSTEMS UNIT		
Application Systems Analyst I	VACANT	Information System Manager, provides leadership, supervision & management of WIC Information System.
User Support Analysts–CNSS Customer Service Desk	Dovella Black Janice Freeman Troy Hirt Carmen Ketchum	WIC Information System support activities.
VENDOR UNIT		
Program Manager I	Wyatt Jordan	Provides leadership, supervision & direction for food delivery system and vendor surveillance.
Human Service Planner/Evaluator II	William Webb	Coordinates compliance activities related to WIC vendors. Manages the WIC Farmers' Market Nutrition Program (FMNP).
Program Coordinator IV	Jasmine Martin	Coordinates local agency vendor activities, completes local WIC agency reviews/monitoring analysis, and provides technical assistance to vendor staff locally and vendors statewide. Prepares and analyzes vendor data and coordinates eWIC vendor-related activities.
Program Coordinator IV	Heather Dingess, MPA	Coordinates local agency vendor activities, completes local WIC agency reviews/monitoring analysis and provides technical assistance to vendor staff locally and vendors statewide. Assists with coordination of the WIC Farmers' Market Nutrition Program.

Position	Name of Individual	Primary Area(s) of WIC Program Responsibility
Program Coordinator IV	Thermon Newton	Coordinates local agency vendor activities, including all training events, completes local WIC agency reviews/monitoring analysis and provides technical assistance to vendor staff locally and vendors statewide.
Program Coordinator IV	Lakia Jones, MS	Coordinates local agency vendor activities, completes local WIC agency reviews/monitoring analysis and provides technical assistance to vendor staff locally and vendors statewide. Prepares and analyzes vendor data including Federally required reports. Submits vendor-related Federal reports annually.
Finance and Business Compliance Analyst II	Sam Cabrera	Conducts inventory audits. Investigates potential fraud cases. Represents the Vendor Unit as needed in litigation.
Program Coordinator IV	Shekiyah Powell-Gentry	Conducts compliance buy investigations on WIC vendors.
Administrative Specialist I	Melissa Cromartie	Provides administrative support for the Vendor Unit and the Information Services Unit.
Administrative Specialist I	Adrienna Singletary	Completes compliance-related activities for the Vendor Unit to include claims tracking/resolution, dissemination of vendor correspondence regarding program compliance in addition to recording, organizing, and summarizing compliance data for authorized vendors.

There are staff also who work directly with the WIC Program but who are housed outside of CNSS.

Position	Name of Individual	Primary Area(s) of WIC Program Responsibility
LEGAL STAFF (Attorney General's Office)		
Special Deputy Attorney General	Ryan Zellar	Legal Consultant to the WIC Program. Represents the program in administrative appeals and court actions.

Chapter 3
Local Agency Agreements/Contracts

Table of Contents

This chapter briefly describes the local agency agreement/contracting process.

Section 1. Annual Process.....1
- Consolidated Agreements and Agreement Addendum
- Contracts

Section 2. Sub-Contracts.....3

Attachment

Attachment 1. WIC Model Sub-Contract

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Annual Process

Annually, each local WIC Program must enter into an agreement/contract with the State of North Carolina to receive WIC Program funds. The agreements/contracts are updated annually and sent to each agency director.

- **Consolidated Agreements and Agreement Addendum**
  WIC Programs that operate within local public health departments are subject to the terms of the annual Consolidated Agreement. The Consolidated Agreement is between the State of North Carolina (as represented by the State Health Director) and "The Health Department" for the purpose of maintaining and promoting the advancement of health in North Carolina. The Consolidated Agreement pertains to all activities offered by the local health department for which they receive State funding (i.e., state, federal, and/or special funding or funds channeled from the State).

  In addition to the consolidated agreement, local agencies operating within health departments must complete a budget and an agreement addendum for each program for which they receive funding from the State. The agreement addendum is a set of performance objectives specific to a program's services. The WIC agreement addendum also provides the mechanism for developing the Local Agency Nutrition Education Plan, which is a federal requirement.

- **Contracts**
  WIC Programs that operate in an agency other than a local public health department are required to enter into a contract with the North Carolina Department of Health and Human Services, Division of Child and Family Well-Being. The templates for and the terms/conditions of the contracts are the responsibility of the Division of Child and Family Well-Being Contracts Unit.

  On an annual basis, the Community Nutrition Services Section negotiates a contract and budget with each contracting agency for the provision of WIC Program services. Among other things, this contract provides the mechanism for developing the Local Agency Nutrition Education Plan, which is a federal requirement. Each contracting agency receives a duplicate original of the contract to be maintained in the agency files.

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Sub-Contracts

Periodically, a local WIC agency will sub-contract for an individual or agency to provide WIC Program services. Attachment 1 offers a "model sub-contract" that should be used when subcontracting any WIC Program services. Sub-contracts must be reviewed annually, but they may be approved for up to three years if there are no changes in the terms or conditions.

Prior to being signed, all sub-contracts (new or renewal) must be approved in writing by the local agency's Regional Nutrition Program Consultant.

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WIC Model Sub-Contract

CONTRACT

NAME OF AGENCY

(WIC PROGRAM)

THIS CONTRACT made and entered into this _____ day of _____, 20__ by and between the (NAME OF AGENCY/INDIVIDUAL CONTRACTING WITH) hereinafter referred to as the "Contractor," and (NAME OF AGENCY - WIC PROGRAM) hereinafter referred to as the "Department."

WITNESSETH:

THAT WHEREAS, the Department and the Contractor deem it to be of mutual interest to contract for (description of services to be performed); and

WHEREAS, both parties desire to reduce the terms of this agreement to writing;

NOW THEREFORE, for and in consideration of the mutual promises to each other as hereinafter set forth, the parties hereto do mutually agree as follows:

A. The Contractor hereby agrees to perform in a manner satisfactory to the Department the following activities:

(DESCRIBE THE ACTIVITIES)

B. The Department agrees to provide the following:

(DESCRIBE REFERRAL MECHANISMS, SUPPORT, ETC.,

GUIDELINES TO BE PROVIDED.)

C. The Contractor will be compensated by the Department in the following manner:

1) For services rendered, the Department will compensate the Contractor at a rate of ____ per _____ for a maximum of _____ during the period of the Contract.

2) (THIS PARAGRAPH SHOULD INDICATE THE AGREED-UPON BILLING AND PAYMENT PROCEDURES, PLUS THE FOLLOWING): Total compensation paid to the contractor under the terms of this contract shall not exceed $_____.

3) Final expenditure reports are to be received by the Department within _____ days after the end of the contract period.

D. This contract is for the performance of services rendered during the period beginning _____ and ending _____.

E. Either party may terminate this agreement by giving 30 days written notice to the other party. If the contract is terminated by the Department, the Contractor will be paid only for services actually rendered.

F. It is understood and agreed between the Contractor and the Department that the payment specified in this agreement, its continuation or any renewal or extension thereof, is dependent upon and subject to the allocation or appropriation of funds to the Department for the purpose set forth in this agreement.

G. The Contractor agrees that claims for WIC support costs will not be used to claim reimbursement for services already funded by other sources.

H. The contractor agrees that the state, USDA, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers, and records of the contractor which are directly pertinent to that specific contract, for the purpose of making audit, examination, excerpts, and transcriptions. The contractors shall maintain all required records for the period specified in the North Carolina Department of Health and Human Resources Records Retention and Disposition Schedule for Local Health Departments, found at https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention.

I. All parties to the contract agree to abide by all laws and regulations governing the confidentiality of patient information, and further agree to vigorously safeguard privileged information.

J. All activities under this contract will be conducted in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C.2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race,

color, national origin, age, sex (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which Federal financial assistance is received for the administration of the WIC Program; and hereby gives assurances that it will immediately take measures necessary to effectuate this agreement. By providing this assurance, the contractor agrees to compile data, maintain records and submit records and reports as requested by the Community Nutrition Services Section to permit effective enforcement of the nondiscrimination laws, and to permit the Community Nutrition Services Section personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Community Nutrition Services Section shall have the right to seek judicial enforcement of this assurance. This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for the purchase or rental of

food service equipment or any other financial assistance extended in reliance on the representations and agreement made in this assurance.

K. The contract may be renewed annually upon the mutual agreement of both parties. Any renewal shall be negotiated 30 days prior to the beginning of the contract period.

L. This contract may be amended upon the mutual agreement of the parties to the contract. All amendments shall be in writing and signed by both parties to the contract.

SIGNATURES:

Contractor	Date
Agency, Center, Department	Date

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Chapter 4
Civil Rights

Table of Contents

The purpose of this chapter is to describe civil rights policy and how the policy must be implemented by local WIC programs, including local agency responsibilities for data collection, staff training, and handling complaints of alleged discrimination.

Section 1. Nondiscrimination Policy……1
- Sex and Age Discrimination
- Meaningful Access for Individuals with Limited English Proficiency (LEP)
- Equal Opportunity and Equally Effective Communication for Persons with Disabilities
- Sub-contracts and Agreements

Section 2. Public Notification.……..……7
- Program Availability
- Program Rights and Responsibilities
- Required Notification for Available Assistance Services
- Nondiscrimination Policy

Section 3. Complaints of Discrimination……11
- Civil Rights Program Complaints of Discrimination
- Content of Complaints
- Guidelines for Processing Civil Rights Complaints
- Civil Rights Compliance Reviews
- Protection of Complainant
- Complaint Resolution

Section 4. Ethnicity and Race Data Collection……...15
- Obtaining the Information
- Documenting the Information

Section 5. Staff Training……17
- Required Content of Civil Rights Training
- Documentation of Participation in Training

Attachments:

Attachment 1. USDA Program Discrimination Complaint Form

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Nondiscrimination Policy

The North Carolina state agency and local WIC agencies must comply with the provision of

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.),
- Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.),
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794),
- Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.);
- Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36);
- Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000),
- all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

■ **Sex and Age Discrimination**

Section 17 of the Child Nutrition Act of 1966 defines the purpose of the WIC Program as providing supplemental foods and nutrition education, including breastfeeding promotion and support at no cost to eligible persons. Any reference to sex and age in the nondiscrimination policy as it relates to applicants and participants or categorically eligible individuals in the WIC Program is subject to these qualifications.

■ **Meaningful Access for Individuals with Limited English Proficiency (LEP)**

Reasonable steps are required to ensure that people with Limited English Proficiency (LEP) have meaningful access to the programs, services and information agencies provide. Local agencies are required to ensure meaningful access to programmatic websites, online services, and customer service lines. Failure to provide services to applicants and participants with Limited English Proficiency (LEP), or to deny them access to WIC, may be discriminating on the basis of national origin in violation of Title VI and its implementing regulations. Refer to the NCDHHS 'Policy on Meaningful Access for Individuals with Limited English Proficiency and Equally Effective Communication for Individuals with Disabilities'.

Examples of practices that may violate Title VI:

- *failing to inform LEP persons of the right to receive free interpreter services;*
- *requiring LEP persons to provide their own interpreter such as family, friends, or children (LEP individuals should be permitted to use family and friends if appropriate only after offering free language assistance.);*
- *subjecting LEP persons to unreasonable delays in the delivery of services;*
- *limiting participation in a program or activity on the basis of English language proficiency; and/or*
- *providing services to LEP persons that are more limited in scope or lower in quality than those provided to other persons.*

Where a significant number or proportion of the population eligible to be served needs service or information in a language other than English to be informed of or to participate in the Program, the local agency shall take reasonable steps to provide translated information in appropriate language to these persons. Oral interpretation services, direct in-language communication or sight translations must be used to communicate with LEP individuals, despite the population size.

Local Agency staff, at the point of first contact with an individual, must determine whether that person is LEP, must determine their primary language read and spoken, and must procure the appropriate language assistance services. Adherence to this process is documented on the Family Demographic screen by selecting the primary language read and spoken and selecting the interpreter box as appropriate. It is necessary to document the reasonable steps taken to ensure LEP applicants/participants receive meaningful access.

- **Oral Language Assistance.** Local WIC agencies have options for providing oral language assistance. Which option to use will depend on a variety of factors including the frequency of need and size of the population(s) being served. Oral language assistance must be provided through the use of a qualified interpreter, a highly trained individual who mediates spoken communication between people speaking different languages without adding, omitting, or distorting meaning or editorializing. A qualified interpreter is competent to provide interpretation services at a level of fluency, comprehension, impartiality, and confidentiality appropriate to the specific nature, type, and purpose of the information at issue. Options for oral language assistance may include:
  - hiring qualified bilingual staff who provide direct in-language communication or interpret for patient and participant contact positions;
  - hiring qualified interpreters;
  - contracting for qualified interpreter services;
  - utilizing qualified community volunteers; and
  - contracting with a telephone interpreter service.

- **LEP Access to Customer Service Telephone Lines.** Individuals with LEP must have meaningful access to information provided by staff answering customer service telephone lines available to the public. The local agency must include an English, Spanish, and other frequently encountered language option early within voice mail prompts or menu on customer service lines. It could also provide information about available language assistance services and how to get them. Staff answering the local agency's telephone should have access to a telephonic language line service to communicate with the LEP individual without delay.

- **Written Language Assistance.** The necessity to translate written documents may vary depending on several factors including the size of the population(s) being served and the size of the agency or provider. Written language assistance must be provided through the use of a qualified translator. A qualified translator is a highly trained individual who is able to render text from a source language into a target language while preserving meaning and adhering to generally accepted translator ethics and principles, including confidentiality. Even if written translations are not dictated by need, local agencies and

providers must provide oral interpretation (sight translation) of written documents as necessary, to ensure meaningful access for a LEP person.

- **LEP Access to Websites and Digital Services.** Local agencies must ensure that LEP individuals have meaningful access to its program websites and digital services such as online applications and Electronic Benefit Transfer account management systems, and web-based forms, and brochures. All vital information published online must be accurately translated into commonly encountered languages spoken by LEP individuals. This includes hyperlinks to vital information, dropdown boxes, webpages, PDF documents, and/or online forms. Multilingual tagline notices offering free language assistance must also appear on program websites and online platforms. It is recommended that local agencies link to the 'Notice of Free Interpretation and Available Assistance Services' resource on the NC WIC website.

- **Equal Opportunity and Equally Effective Communication for Persons with Disabilities**
Local public health agencies are required to comply with Section 504 of the Rehabilitation Act of 1973 and the Title II and Title III of the Americans with Disabilities Act of 1990 (ADA, as amended by the ADA Amendments Act of 2008. (7 CFR 15b, 28 CFR 35, and 28 CFR 36.) This act guarantees equal opportunity and equally effective communication for individuals with disabilities to public services, public accommodations, and telecommunications. For reference, please review the NCDHHS 'Policy on Meaningful Access for Individuals with Limited English Proficiency and Equally Effective Communication for Individuals with Disabilities'. Additionally, it is recommended that local agencies link to the 'Notice of Free Interpretation and Available Assistance Services' resource on the NC WIC website.

  - **Reasonable Modifications**
  Reasonable modification is a key concept in Title II and III regulations. Local agencies must modify policies, practices and procedures when necessary to ensure a person with a disability an equal opportunity unless to do so would fundamentally alter the nature of the service, program, or activity.

  Some examples of reasonable modifications include:
  - Service animals,
    - Service animals are dogs that are individually trained to do work or to perform tasks for individuals with disabilities. Service animals are working animals, not pets.
    - Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.
  - Miniature horse if it has been individually trained to do work or perform tasks for the benefit of the individual with a disability.
  - Wheel chairs, mobility aids, and other power-driven mobility devices.

  - **Auxiliary Aids and Services**
  Local agencies are required to provide auxiliary aids and services to make sure individuals with speech, hearing, and vision disabilities can understand what is said or

written and can communicate effectively. The local agency must not require individuals with disabilities to furnish their own auxiliary aid or services. This includes ensuring equally effective communication for applicants, participants, members of the public, and companions with disabilities. A companion means a family member, friend, or associate of an individual seeking access to a service, program, or activity of a public entity, who, along with such individual, is an appropriate person with whom the public entity should communicate.

- Local agencies must consult with the person with a disability to give primary consideration to the type of auxiliary aid or service requested unless they can demonstrate that another equally effective means of communication is available or that the aid or service requested would fundamentally alter the nature of the program, service, or activity or would result in undue financial and administrative burdens.
- If the choice expressed by the person with a disability would result in an undue burden or a fundamental alteration, the local agency must provide another aid or service that provides effective communication, if possible.

Additionally, the local agency must:

- Use qualified interpreters when communicating with individuals with disabilities that require interpreters to communicate. A qualified interpreter (for disability) is an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators.
- Only use an adult companion (never a child) as an interpreter in situations not involving an imminent threat when an individual requests this, the accompanying person agrees to interpret, and reliance on the accompanying adult is appropriate under the circumstances.
  - Not rely on an accompanying adult to interpret in situations not involving an imminent threat when there is reason to doubt the person's impartiality or effectiveness.
  - Limit the use of adult or minor child (companions) as interpreters to emergency situations involving an imminent threat to the safety of welfare of an individual or the public when a qualified interpreter is not available.
- Require reasonable advance notice from people requesting aids or services, based on the length of time needed to acquire the aid or service, but may not impose excessive advance notice requirements (add limit to advance notice).

Some examples of common auxiliary aids and services include:

- qualified sign language interpreter
- qualified notetaker
- written materials
- real time captioning
- qualified speech-to-speech transliterator
- more time
- written communication
- telecommunications relay service

- qualified readers large print, braille, or computer screen reading program
- audio recordings

Documentation of reasonable modifications or auxiliary aids and services must be noted in Crossroads in both on the Participant Demographic screen by selecting the appropriate drop-down option from the list under Special Needs and in the participant Care Plan. Refer to Chapter 4, Section 2 for guidance regarding notification requirements.

Fundamental Alteration

The local agency is not required to provide the requested auxiliary aid or service if there is documentation that making the modification would fundamentally alter the nature of the service, program, or activity. If the aid or service requested would cause undue financial burden on the program or activity to the level that it would make continued operation of the program unfeasible, the aid or service need not be provided. However, denying the requested auxiliary aid or service under the fundamental alteration exception should not result in the denial of access to the program or other benefits or services.

The decision that a particular aid or service would result in an undue burden or fundamental alteration must be made by a high level official no lower than a the head of the Department or its responsible entity or their designee and must be accompanied by a written statement of the reasons for reaching that conclusion. If the choice expressed by the person with a disability would result in an undue burden or a fundamental alteration, the Department and responsible entities still have an obligation to provide an alternative aid or service that provides effective commutation if one is available.

Sub-Contracts and Agreements

When a local WIC agency enters into a sub-contract or agreement with an individual or agency to provide WIC Program services, the local agency must ensure the inclusion of assurance of nondiscrimination as follows:

All activities under this contract will be conducted in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C.2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which Federal financial assistance is received for the administration of the WIC Program; and hereby gives assurances that it will immediately take measures necessary to effectuate this agreement. By providing this assurance, the contractor agrees to compile data, maintain records and submit records and reports as requested by the Community

Nutrition Services Section to permit effective enforcement of the nondiscrimination laws, and to permit the Community Nutrition Services Section personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Community Nutrition Services Section shall have the right to seek judicial enforcement of this assurance. This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for the purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreement made in this assurance. The contract may be renewed annually upon the mutual agreement of both parties. Any renewal shall be negotiated 30 days prior to the beginning of the contract period.

Prior to being signed, all sub-contracts (new or renewal) must be approved in writing by the local agency's Regional Nutrition Program Consultant.

Public Notification

Local agencies must inform potentially eligible persons, program applicants, and participants of program availability, program rights and responsibilities, the nondiscrimination policy, and the process for filing a complaint in a language and alternate format that they can understand. The complaint process is addressed in Section 3.

- **Program Availability**
  Local Agencies are required to complete an annual media release regarding the availability of the WIC Program. Refer to Chapter 10 for more information about the requirements of the annual media release.

- **Program Rights and Responsibilities**
  Refer to Chapter 6 for requirements for informing applicants and participants about their program rights and responsibilities.

- **Required Notification for Available Assistance Services**
  It is required for the local agency to notify individuals with LEP about the availability of free interpreters and translated materials and individuals with disabilities about the availability of auxiliary aids and services and reasonable modifications. The “LEP/ADA” poster (6/2023) must be on display where it may be read by those who receive WIC services in in a language that the WIC applicant can understand. Refer to Chapter 6D: Participant Notifications.

- **Nondiscrimination Policy**

  - **Display USDA's "And Justice For All" Poster.** The USDA “And Justice for All” poster must be on display where it may be read by those who receive WIC services. It may also be displayed in group or individual nutrition education areas. Posters can be ordered from the Community Nutrition Services Section using the CNSS requisition form.

  - **Use the USDA Nondiscrimination Statement.** The exact statement noted below must be in all notifications and administrative forms that deal with program eligibility and certification. It must also be included in all locally printed publications, outreach materials, pamphlets, press releases, handouts, leaflets and brochures, television and radio announcements, and internet sites that describe the WIC Program.

    In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

    Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s

TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

- When space prohibits use of the full statement, the following statement must be included in print size no smaller than the text: "This institution is an equal opportunity provider."

- A nondiscrimination statement is not required to be imprinted on items such as cups, buttons, magnets, and pens that identify the program, when the size or configuration makes it impractical. In addition, recognizing that radio and television public service announcements are generally short in duration, the full nondiscrimination statement must be provided but does not have to be read in its entirety. Rather the short "This institution is an equal opportunity provider" may be used to meet the nondiscrimination requirement.

- Nutrition education and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention of the WIC Program are not required to contain the nondiscrimination statement.

- At a minimum, the full nondiscrimination statement or a link to the statement in English and most frequently encountered languages (Spanish) must be included on the home webpage displaying WIC program information. The current nondiscrimination statement is not required to be included on every page of a program's website.

- The nondiscrimination statement must be available in a language that WIC applicants can understand. Ensure that the nondiscrimination statement on the WIC program website does not translate with any automated translation software.

Recommendation: From the local agency website, link to the State WIC agency webpage where the translated nondiscrimination statements are available.

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Complaints of Discrimination

Any person alleging discrimination under any of the protected classes identified in the USDA nondiscrimination statement (not all protected bases apply to all programs) has a right to file a complaint of discrimination within 180 days of the alleged discriminatory action. Only the Secretary of Agriculture or their representative can waive this time frame for good cause. Complainants must be provided with guidance about how to file a complaint with the USDA and/or assistance with completing and filing the complaint form.

Reference the NCDHHS Civil Rights Complaint Procedures. Local and state staff may not discourage or deny groups or individuals their right to file a complaint of discrimination. Only the USDA or its Food and Nutrition Administration (FNA), Civil Rights Division (CRD), may determine whether a complaint applies to the WIC Program or may reject a complaint based on lack of merit. Staff must offer free language assistance services (i.e. qualified interpreter and/or a translated complaint form) for complainants who are limited English proficient and auxiliary aids and services and reasonable modifications for individuals with disabilities who need assistance filing a complaint.

- **Civil Rights Program Complaints of Discrimination**
  In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

  Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

  To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
  2. **fax:**
     (833) 256-1665 or (202) 690-7442; or

3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

■ **Content of Complaints**

Every effort should be made to have the complainant provide the following information about the alleged discriminatory action:

- Complainant name, mailing address, email address, and telephone numbers.
- The name of the organization or office where the alleged discrimination occurred.
- Best way to reach the complainant; mail, phone, e-mail, or other.
- Indicate Yes or No to, "Do you have a representative (lawyer or other advocate) for this complaint?", and if so, provide name, address, phone number and email address.
- The names of person(s) involved in the alleged discrimination (if known).
- The names, titles, and business addresses of persons who may have knowledge of the alleged discriminatory action.
- Name of the program to which complainant applied.
- The USDA Agency that conducts the program – which for our purposes would be Food and Nutrition Administration.
- What happened?
- When the discrimination occurred. If it occurred more than once, list all dates.
- The basis or bases upon which the claim of discrimination is being made, meaning race, color, national origin, disability, age, and sex (including gender identify and sexual orientation). Additionally, reprisal is prohibited based on prior civil rights activity.
- How the complainant would like to see the complaint resolved.
- Information on whether a complaint about the incident(s) has been filed with any other federal, state, or local agency or with a court and if so, what agency or court and when it was filed.
- The signature of the complainant and the date. The complainant has the ability to electronically sign the form.
- The complaint does not need to be written or signed if it is submitted in an alternate format to accommodate the complaint filing needs of a person who has a Limited English Proficiency (LEP), a disability, or other special need. Anonymous complaints are handled as any other complaint to the extent feasible based on available information. Incomplete information or an unsigned form will delay the processing of your complaint.

- **Guidelines for Processing Civil Rights Complaints**
  Complaints filed against any USDA program or activity administered by Divisions, Offices of the NCDHHS, and their subrecipients must be handled in accordance with the FNA *CRD and NCDHHS State Agency Complaints Processing Memorandum of Understanding* dated 9/19/2016.

  - All complaints alleging discrimination must be reported by the local agency WIC Director or designee to their RNC within 24 hours of receipt.
  - The complaint must be submitted in writing by the local agency WIC Director or designee to the State WIC Director within 48 hours of receipt.
  - The State agency is required to forward complaints alleging discrimination to Food and Nutrition Administration Regional Office of Civil Rights within 5 calendar days of receipt.

- **Civil Rights Compliance Reviews**
  Civil Rights compliance will be conducted during a regular program monitoring review visit by State WIC staff.

  - It is an automatic finding if the agency has unreported discrimination complaint(s).
  - The Corrective Action Plan for the finding requires the local agency to state:
    - how the non-compliance occurred for each case listed,
    - how the non-compliance will be resolved, and
    - steps that will be taken to assure future compliance with Civil Rights discrimination monitoring requirement(s).

- **Protection of Complainant**
  An applicant's /participant's rights or privileges under the WIC Program may not be interfered with because they have made a complaint alleging discrimination. Staff must keep the identity of a complainant confidential except for the purposes of investigation, hearing, or judicial proceedings. All records of complaints received must be kept separate from employment and program complaints and only be accessible by authorized staff. This form must be maintained in accordance with the Records Retention and Disposition Schedule for Local Health Departments. Refer to Chapter 13 for additional information.

- **Complaint Resolution**
  Working with the state and local WIC agencies, the USDA Food and Nutrition Administration, Civil Rights Division, will process, manage, and facilitate resolution of civil rights complaints in accordance with federal regulations and directives.

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Ethnicity And Race Data Collection

It is a federal requirement that federal programs collect data on ethnicity and race in a uniform and comparable manner. The collection and reporting of this data will help to assure that this program is administered in a nondiscriminatory manner.

- **Obtaining the Information**
  Local agencies must ensure that data on ethnicity and race is collected and documented for all individuals at the time of initial application for WIC Program services. However, the local agency staff must first explain and ensure the applicant understands that provision of this data is: voluntary, solely for the purpose of determining the State's compliance with Federal civil rights laws, and that responding will not affect consideration of the program application and may be protected by the Privacy Act. By providing this information, the applicant will assist in assuring that this program is administered in a nondiscriminatory manner.

  - **Declared.** Self-identification by the applicant is the preferred method of obtaining ethnicity and race information. Only one ethnicity can be selected, but multiple racial categories may be selected.

  - **Observed.** If an applicant declines to self-identify his/her ethnic and/or racial group, the applicant should be informed that another method including visual observation of his/her ethnicity and/or race will be made and recorded in the data system. Visual observation by a program staff member must then be used to determine the applicant's ethnic and/or racial category. If visual observation is used, the identification of the ethnicity and one race is acceptable.

    NOTE: There are a variety of ways to request ethnicity and race information. The following example offers one approach:
    "We need to know your ethnicity and race. Your response will not affect how we consider your application. If you prefer not to provide this information, we will need to choose an ethnicity and race category for you. Are you (is your child) of Hispanic or Latino ethnicity? What race or races are you (is your child)?"

- **Documenting the Information**
  Race/Ethnicity on each applicant must be documented on the Participant Demographics screen in the Crossroads system.

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Staff Training

It is a federal requirement that staff who interact with program applicants/participants and the supervisors of this staff participate in civil rights training on an annual basis and that this training include the required components outlined by the United States Department of Agriculture (USDA), Food and Nutrition Administration (FNA).

Local agencies are responsible for assuring that local agency WIC Program personnel who interact with program applicants or participants, and persons who supervise these staff participate in civil rights training annually. Staff may participate in training provided annually by the Community Nutrition Services Section or through another training which includes the required content (see below). Local agencies must include civil rights training as part of new employee orientation.

- **Required Content of Civil Rights Training**
  The content of the civil rights training should include at a minimum, the topics listed below.

  - Collection and use of data (refer to Section 4)
  - Effective Public notification systems (refer to Section 2)
  - Complaint procedures
  - Compliance review techniques (refer to Chapter 15)
  - Resolution of noncompliance
  - Requirements for reasonable modifications and auxiliary aids and services for individuals with disabilities
  - Requirements for language assistance for persons with limited English proficiency
  - Conflict resolution and customer service

- **Documentation of Participation in Training**
  Documentation of staff participation in annual civil rights training should be maintained on file for three years. The documentation should at a minimum include the date and names of persons trained and an outline or agenda of the topics covered in the training.

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U.S. Department of Agriculture
USDA Program Discrimination Complaint Form

Complainant Information		
First name	Middle Initial	Last Name
Mailing Address (Include Full City, State and Zip Code)		
Primary Phone Number	Alternate Phone Number	Email
Best way to reach you: ☐ Mail ☐ Phone ☐ Email ☐ Other		
If you have difficulty understanding the English language, you may request language assistance services by calling 866-632-9992. Assistance will be available for individuals who are not proficient in English. Persons with disabilities who require alternative means of communication (e.g., braille, large print, American Sign Language) should contact the responsible State or local Agency that administers the program or contact the United States Department of Agriculture (USDA) through the Federal Telecommunications Relay Service at 711 (voice TTY).		

Representative Information	
Do you have a representative? ☐ Yes ☐ No	Do you have written authorization from representative? If so, please attach. ☐ Yes ☐ No
First name	Last Name
Mailing address (Include Full City, State and Zip Code)	
Phone	Email

Complaint Information
(attach additional pages and supporting documentation as needed)

1. Provide the name of the program you applied for (if known/applicable).

2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program.
   - ☐ Agricultural Marketing Service, AMS
   - ☐ Foreign Agricultural Service, FAS/Trade and Foreign Agricultural Affairs, TFAA
   - ☐ Food and Nutrition Service, FNS
   - ☐ Forest Service, FS
   - ☐ Farm Service Agency, FSA
   - ☐ National Institute of Food and Agriculture, NIFA
   - ☐ Natural Resources Conservation Service, NRCS
   - ☐ Rural Development, RD
   - ☐ Other ☐ Unknown

3. Date of recent alleged discrimination (mm/dd/yyyy)	4. Location and/or address of the office where discrimination occurred

5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known).

6. What happened to you (please include dates of each allegation)?

7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on:

☐ Race	☐ Sex	☐ Marital Status
☐ Color	☐ Disability	☐ Family/Parental Status
☐ National Origin	☐ Age	☐ Income from Public Assistance
☐ Political Beliefs	☐ Religion	☐ Retaliation (prior civil rights activity)

Remedies

8. How would you like to see this complaint resolved?

9. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

10. If yes, with what agency or court did you file?	11. If yes, when did you file? (mm/dd/yyyy)

Complainant Signature _____ Date _____ Representative Signature _____ Date _____

INSTRUCTIONS

PURPOSE: The Agriculture Department 3027(AD 3027) Program Discrimination Complaint Form may be used to file a complaint if you believe you have experienced discrimination in any USDA program or activity, and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin (including limited English proficiency), religion, sex, disability, age, marital status, family/parental status, income derived from public assistance program and political beliefs. You may also use this form to file a program complaint alleging an adverse environmental impact to your health or the environment of a protected group caused by the program or activities of USDA, its Mission Areas or agencies.

You are not required to use this form to file a discrimination complaint, you may send a letter or email instead of this form. The letter or email must include the information requested in items 1-11 on this form. If you decide to use this form, please type or print all information in items 1-11 of this form and use additional pages if more space is needed. If you need assistance completing this form, call 866-632-9992.

Pursuant to 7 CFR 16.4(d), beneficiaries and prospective beneficiaries in programs supported by indirect financial assistance from USDA may file written complaints with USDA alleging violations of the rule's religious freedom protections by contacting or filing a written complaint with USDA's Office of the Assistant Secretary for Civil Rights (OASCR).

If you need assistance filling out this form (including translation services), you may call (866) 632-9992; assistance will be available in English and for individuals who are not proficient in English or in other languages. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, and American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY)

We must have a signed copy of your complaint. An incomplete or unsigned form or letter will delay processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed within 180 days from the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint is received by USDA. Complaint documentation or Complaint Forms sent by email will be considered filed on the date the complaint is received. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated; or
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibit discrimination against you based on race, color, and national origin includes discrimination based on shared ancestry or ethnic characteristics or based on citizenship in a country with a dominant religion. Discrimination based on race, color, and national origin also includes discrimination, including harassment, because you and/or another individual are, for example, Jewish, Muslim, Arab, Hindu, or Sikh; or based on other ethnic and religious characteristics. For example, individuals who have been subjected to ethnic slurs (such as antisemitic or anti-Muslim harassment); harassed for how they look, dress, or speak in ways related to their ethnic background (such as skin color, religious attire, or language spoken); or stereotyped based on their perceived ethnic characteristics. USDA will determine if it has jurisdiction under the law to process the complaint on the basis identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

WHERE TO FILE YOUR COMPLAINT: You may submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence, Ave, SW, Mail Stop 9410, Washington, DC 20250-9410.

e-Mail: program.intake@usda.gov.

For more information visit: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint.

LEGAL INFORMATION

CONSENT: This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974 (5 U.S.C. §552a) and is used to solicit information for processing complaints of discrimination. USDA requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint, the information collected during the investigation will be used to process your program discrimination complaint.

RETALIATION PROHIBITED: No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

PRIVACY ACT STATEMENT*(5 U.S.C. § 552a)*

AUTHORITIES: Collection of this information is authorized by Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); and Sections 504 and 508 of the Rehabilitation Act of 1973 (29 U.S.C. §§ 794; 794d) and any other anti-discrimination statutes, rules and regulations.

PURPOSE: The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice. Any information obtained from this form will be maintained in our system of record.

ROUTINE USES: More information on the routine uses for the system can be found in the System of Records Notice USDA-2021-0007 records maintained by OASCR can be seen via the internet at https://www.usda.gov/home/privacy-policy/system-records-notices.

DISCLOSURE: Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint or rejection of the complaint due to an inadequate information to continue processing.

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to process it fully. OASCR will use the information to process your discrimination complaint.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know and will be protected from public disclosure pursuant to the provisions of the Privacy Act, (5 U.S.C. § 552a(b)). The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, DC 20250-9410. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. **The OMB Control Number for this form is 0508-0002.**

TITLE VI
Title VI of the Civil Rights Act of 1964 requires federal agencies to ensure that programs or activities receiving federal funding, including those that affect human health, do not use discriminatory criteria, methods, or practices that adversely impact protected groups. USDA is advancing justice by carrying out its responsibilities under the law to identify and address disproportionate and adverse public and cumulative impacts on communities with concerns. USDA invites the public to bring to its attention possible violations of our nation's laws. Please understand that submitting this complaint form has no effect on any statute of limitations or other filing requirements that might apply to any complaint you may have. Further, by submitting this complaint you have not commenced a lawsuit or other legal proceeding, and this office has not initiated a lawsuit or proceeding on your behalf.
NATIONAL ORIGIN DISCRIMINATION
Discrimination based on national origin includes discrimination based on the country, world region, or place where a person or their ancestors come from; a person's limited English proficiency or English learner status; and a person's actual or perceived shared ancestry or ethnic characteristics, including membership in a religion that may be perceived to exhibit such characteristics (e.g., Hindu, Jewish, Muslim, and Sikh students).
USDA ACCESSIBILITY STATEMENT
Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d) authorizes individuals to file administrative complaints and civil actions against the Department, limited to the Department’s alleged failure to procure accessible technology. The statute requires federal agencies to process Section 508 complaints according to the same complaint procedures used to process Section 504 complaints. USDA is committed to making its digital content accessible. USDA customers, employees, job applicants, and members of the public with disabilities must have access to information and communication technology (ICT) comparable to the access available to those without disabilities.

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Chapter 5
Nutrition Education

Table of Contents

This chapter describes WIC's nutrition education component, including required nutrition education topics, frequency of nutrition education contacts, making nutrition education available, guidance for documenting nutrition education, and information on nutrition education resources.

Section 1. Required Nutrition Education Topics 1
- Definition and Goal of Nutrition Education
- Nutrition Education for all Women
- Required Substance Abuse Education for all Parents and Caretakers
- Nutrition Education for Parents and Caretakers before Issuance of Infant CVB

Section 2. Frequency of Nutrition Education 3
- Required Minimum Nutrition Education Contacts
- Additional Nutrition Education Contacts

Section 3. Access to Nutrition Education 5
- Nutrition Education at Certification/Subsequent Certification
- Follow-up Nutrition Education
- Participant Input

Section 4. Documentation of Nutrition Education.....9
- Nutrition Education Made Available by Agency Staff
- Nutrition Education Provided by Staff Outside the Local Agency
- Non-Participation in Nutrition Education

Section 5. Nutrition Education Resources 11
- Education Resources Available from the Community Nutrition Services Section
- Education Resources Obtained or Developed by the Local Agency

Attachments

Attachment 1. Breastfeeding Anticipatory Guidance Topic Checklist

Required Local Agency Written Policies And Procedures

- Local Agencies that use WIC management support staff to provide mini-lessons must have a written policy. (Section 3, page 6)
- Local Agencies that provide group education must have written class outlines on file. (Section 3, page 7)

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Required Nutrition Education Topics

Nutrition education, including breastfeeding promotion and support, must be made available to all WIC Program participants. At the time of certification, the local agency shall emphasize the positive, long-term benefits of nutrition education and encourage the participant to participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities.

- **Definition and Goal of Nutrition Education**
  WIC program services offer nutrition education using methods, materials, and tools that are designed to enhance a participant's understanding of the importance of nutrition and physical activity, to affect a desired change in behavior, or to reinforce desired behaviors related to dietary habits or health practices. The goal of nutrition education is to empower participants to make choices that will have a positive impact on their health and nutrition status.

- **Nutrition Education for all Women**
  All women participating in the Program must receive documented verbal and written information on the following five topics at least once during a woman's participation. Best practice is inclusion at the initial certification.

  - **Importance of good nutrition.** Local agencies must make information available on the importance of good nutrition and health.

  - **Breastfeeding.** Local agencies must make information available on breastfeeding (unless contraindicated for health reasons) as the normal method of infant feeding. Staff must offer breastfeeding promotion and support to all pregnant and breastfeeding women throughout the prenatal and postpartum period. Please refer to Attachment 1 "Breastfeeding Anticipatory Guidance Topics Checklist" to tailor breastfeeding promotion and support based on the needs of the participant. For additional breastfeeding promotion and support information, see Chapter 9.

  - **Substance abuse education.** Local agencies must make information available on the health risks associated with the use of alcohol, tobacco (including exposure to environmental tobacco smoke), and drugs. Local agencies must maintain a current list of local counseling and treatment resources for substance abuse and make this list available to all pregnant, breastfeeding, and postpartum women participating in WIC.

  - **Childhood immunizations.** Local agencies must make information available to women regarding the importance of immunizations for their infants and children.

  - **Folic acid**. Local agencies must make information available regarding the importance of folic acid for women.

- **Required Substance Abuse Education for all Parents and Caretakers**
  WIC Program Federal Regulations require that all parents/caretakers of infants and children participating in the WIC Program receive information about the health risks associated with

the use of alcohol, tobacco (including exposure to environmental tobacco smoke), and drugs. This information should be provided to the parent/caretaker at least once during an infant's/child's participation, preferably at the initial certification of the infant/child. The information may be provided verbally or in writing.

- **Nutrition Education for Parents and Caretakers before Issuance of Infant CVB**
  The standard food package for infants 6 – 11 months old includes infant fruits and vegetables as ounces and as cash-value benefit, infant cereals, and infant meats for the fully breastfeeding infant. Prior to issuance of any infant CVB, the CPA must ensure participants are meeting their nutritional needs in a safe and effective manner by providing and documenting required nutrition education addressing developmental readiness, safe food preparation, storage techniques, and feeding practices.

Frequency of Nutrition Education

The frequency of nutrition education made available to a participant depends on the WIC participant category and nutritional needs of the participant.

- **Required Minimum Nutrition Education Contacts**
  Per federal regulation, local WIC agencies must make nutrition education available at a minimum frequency as outlined in the table below to ensure that health care and nutrition services are offered. A nutrition education contact may be made available in conjunction with a required nutrition assessment. Refer to Chapter 6C for information on nutrition assessment requirements.

  NOTE: A contact of an administrative nature (such as exchanging formula, phone call to a pharmacy to order a special formula, etc.) does not qualify as a nutrition education contact unless it also includes a substantive nutrition education component.

Participant category	**# of nutrition education contacts to be made available during a certification period**
Pregnant Women	2 contacts
	1 contact for pregnant women certified ≥37 weeks gestation
Breastfeeding Women	4 contacts
	2 contacts for breastfeeding women whose infants are certified ≥ 6 months of age
Postpartum Women	2 contacts
Infants certified < 6 months of age	4 contacts. Best practice is to make nutrition education available at a quarterly rate.
Infants certified ≥ 6 months of age	2 contacts
Children	4 contacts. Best practice is to make nutrition education available at a quarterly rate.

- **Additional Nutrition Education Contacts**
  Making additional nutrition education available is optional and is based on a participant's interests and nutritional needs as determined by a complete nutrition assessment. Follow-up may be more frequent for a participant assessed to have a high level of nutritional risk. Refer to Section 3 for more information on the level of nutritional risk.

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Access to Nutrition Education

Nutrition education content and method for making nutrition education available must be appropriate to the participant's age, nutritional requirements, interests, household circumstances, cultural preferences, language spoken and any special considerations the participant may have. Examples of specific considerations include migrant status; experiencing homelessness; having vision, hearing or learning impairments; and/or having limited English proficiency.

Nutrition education should be made available to adult participants, to parents/guardians/caretakers of infants and children, and to children directly whenever possible. Proxies may participate in nutrition education only as appropriate for the participant's care plan.

- **Nutrition Education at Certification/Subsequent Certification**
  Nutrition education must be provided by a competent professional authority (CPA) directly to a participant/parent/guardian/caretaker on an individual basis as a part of the certification/subsequent certification. Refer to Chapter 6C for information on who qualifies to be a CPA.

- **Follow-Up Nutrition Education**
  A participant's nutrition status is evaluated and nutrition risk(s) identified during a nutrition assessment. Per the plan of care following an assessment, a participant may need low-risk or high-risk nutrition education follow-up contacts made available. A minimum number of nutrition education contacts must be made available to participants during a certification period as indicated in Section 2.

  - **Low-Risk Follow-Up Nutrition Education**
    Low-risk nutrition education generally focuses on anticipatory guidance such as complementary infant feeding practices, avoiding tobacco smoke exposure or the recommended immunization schedule for young children. It can also focus on public health nutrition messages that promote lifelong positive dietary and physical activity habits such as eating more fruits and vegetables, choosing lower fat foods, increasing physical activity or limiting TV and screen time. Staff must ensure that nutrition education is made available and documented per Section 4 guidance, including any materials or additional resources provided at the agency or mailed or emailed as part of the nutrition education contact.

    Low-risk follow-up nutrition education may be appropriate for:
    - a postpartum woman (non-breastfeeding);
    - a breastfeeding woman who has completed the mid-certification assessment;
    - a breastfeeding infant who has completed the mid-certification assessment;
    - a non-breastfeeding infant on a contract standard milk- or soy-based infant formula; or
    - a child.

    Low-risk follow-up nutrition education may be provided by:
    - a CPA,
    - a trained non-CPA staff member (mini lessons only), or
    - an approved source outside the local agency.

Individual Education

Individual low-risk nutrition education is provided directly to an individual, parent/guardian/caretaker, or proxy when appropriate, by appropriate local agency staff. When possible, staff should provide education directly to participants, including children.

Types of individual low-risk nutrition education include:

- Mini Lessons. These are brief, single objective communications which are developed by a nutritionist. Non-CPA staff in the agency who have been trained can provide simple nutrition or physical activity-related information referred to as mini lessons.
  - Each mini lesson used in an agency must have a written outline which includes the target audience, one educational objective, a summary of the information to be communicated to the participant, and a copy of any or all the educational handout(s) to be given to the participant.
  - Mini lessons may be offered in-person, over video conference, or by telephone as determined by the local agency mini-lesson policy.
  - *Local agency mini lesson policy:* Local agencies that train non-CPA staff to provide individual low-risk nutrition education must have a written policy to outline:
    - staff position responsible for coordination, provision, and documentation of mini lesson training for non-CPA staff. The documentation must include the training dates, content of the training, names of staff participating in the training, and name and title of trainer;
    - the specific staff or groups of staff who will be trained to provide mini lessons;
    - how the staff training will be provided on an ongoing basis to ensure staff maintain current knowledge of the nutrition subject(s);
    - a communication plan detailing which participants will receive a mini lesson, appropriate methods for providing mini lesson (in-person, videoconferencing, telephone) and when the mini lesson is to be provided; and,
    - Crossroads documentation expectations for mini lessons that have been made available to and/or completed by participants. Refer to Section 4 for documentation of nutrition education contacts.
- Online. Online nutrition education provides independent learning opportunities for participants and allows them to complete low-risk follow-up nutrition education contacts at their convenience on a computer or mobile device. This should be made available as an option for all low-risk follow-up nutrition education.
  - Wichealth.org:
    CNSS subscribes to wichealth.org, an online nutrition education system. This system allows participants to complete web-based educational modules on a variety of relevant topics.
  - Other online platforms:
    Refer to Section 5 on education resources developed or obtained outside of CNSS. Refer to Chapter 12 for more information on obtaining prior approval for the purchase of nutrition education items or equipment.

Group Education

Agencies providing group low-risk nutrition education must have a written class outline

for each class including at a minimum**:** the target audience, objective(s), content of the presentation, and any activities/materials used.

- Class outlines should be periodically reviewed and updated by a CPA to ensure they are relevant and accurate.
- Staff may choose to coordinate with other group education services in the agency such as, but not limited to, childbirth education, breastfeeding, or parenting classes. These classes may fulfill low-risk nutrition education contacts if they include a clear nutrition component. The local agency must maintain a copy of the class outline on file.
- Participant evaluation of classes is encouraged and recommended.

Nutrition Education Provided Outside the Local Agency

Follow-up nutrition education may be provided by individuals who work outside the local WIC agency. For example, staff trained to provide general nutrition education who work in programs such as the Expanded Food and Nutrition Education Program (EFNEP) and the Head Start Program, may provide low-risk nutrition education to individuals who also participate in WIC. Refer to Section 4 for information on the communication and documentation of nutrition education provided by staff outside of the local agency.

High-Risk Follow-Up Nutrition Education

High-risk follow-up nutrition education is generally focused on education or counseling specific to a nutrition-related health/medical condition and is made available on an individual basis. Refer to Section 4 for information on documentation of nutrition education contacts.

High-risk follow-up nutrition education must be made available for:

- all pregnant women;
- all breastfeeding mother-infant dyads who have not completed the mid-certification assessment;
- all infants receiving any formula other than the contract standard milk- or soy-based infant formula;
- all participants receiving WIC-Eligible Nutritionals as part of Food Package III; and
- any participant per CPA discretion following nutrition assessment.

Individual Education

Individual high-risk nutrition education is made available directly to an individual, parent/guardian/caretaker, or proxy when appropriate, by a local agency CPA. Best practice methods for high-risk nutrition education include in-person and videoconferencing; however, a CPA can make high-risk nutrition education available over the phone due to participant hardship circumstances such as illness, confinement to bedrest, weather conditions or transportation limitations.

Nutrition Education Provided Outside the Local Agency

A nutritionist, registered dietitian, dietetic technician registered, registered nurse, nurse practitioner, physician assistant, or physician who works in a setting outside of the local WIC agency may provide specialized nutrition education and counseling to WIC participants. Typical settings apart from WIC where specialized nutrition education and

counseling may occur include Children's Developmental Services Agencies, metabolic centers, hospital outpatient clinics, high-risk maternity clinics, and private physicians' offices. Refer to Section 4 for information on the communication and documentation of nutrition education provided by staff outside of the local agency.

- **Participant Input**

  To help ensure that the agency's approach to nutrition education is relevant and meets the needs and interests of participants, staff are encouraged to obtain input from WIC participants. Examples of areas for input include nutrition education topics, barriers to attending or completing nutrition education sessions, preferred methods of nutrition education instruction, and/or effectiveness of breastfeeding promotion and support activities.

  When gathering input, staff may establish a system just for WIC or coordinate their efforts with other programs in the agency. Participant input can be gathered in a variety of ways including surveys, focus groups, an advisory board comprised of participants, and/or an ongoing suggestion box located in the agency.

Documentation of Nutrition Education

All nutrition education made available to participants as part of the plan of care must be documented in the Crossroads system.

■ Nutrition Education Made Available by Agency Staff

- **Initial Nutrition Education.** At an initial certification, all nutrition education provided by the CPA must be documented in the Crossroads system as part of the participant's nutrition assessment and plan of care. Documentation should include at a minimum:
  - The person(s) who received the nutrition education,
  - Nutrition education topic(s)/content, and
  - Method of delivery.

  Note: Crossroads automatically captures the date of contact and staff identification during certification.

- **Follow-Up Nutrition Education.** Follow-up nutrition education made available by the local agency to the participant/parent/guardian/caretaker must be documented in the Crossroads system. If a participant does not attend or complete planned nutrition education, the local agency must make at least one additional contact attempt to provide nutrition education and document the details of the attempted contact(s) in Crossroads. Refer to Section 3 for low-risk and high-risk nutrition education information.
  - **Low-Risk Nutrition Education**
    Local agency staff must document the nutrition education topic(s)/content and method of delivery on the nutrition education screen.
  - **High-Risk Nutrition Education**
    A CPA must document the nutrition education topic(s)/content made available for each participant and method of delivery in the participant Care Plan Summary screen.

■ Nutrition Education Provided by Staff Outside the Local Agency

When nutrition education or counseling provided by an outside agency is documented as part of the WIC plan of care, documentation from the external provider must be provided to the local WIC agency. This documentation should be scanned into the participant's Crossroads record and a note entered in the participant Care Plan Summary screen. The note should state that the participant received nutrition education or counseling from an external source and reference the scanned document.

- **Low-Risk Nutrition Education.** There should be a written agreement between the local WIC agency and any outside agency routinely providing nutrition education to WIC participants. The agreement must include arrangements for documenting and communicating information to the local WIC agency including date, nutrition topic(s)/content covered, and method of delivering nutrition education to the participant.

- **High-Risk Nutrition Education.** Health professionals outside of the local WIC agency who provide specialized nutrition education and counseling to WIC participants should send written documentation of the service (including the date, content, and provider) to

the local WIC agency for inclusion in the participant's health record as outlined above.

- **Non-Participation in Nutrition Education**
  The local agency must document the types and formats of Nutrition Education made available to participants. The refusal of a participant to participate in nutrition education made available to them must be documented in the Crossroads system in the Nutrition Education Refusal section on the Nutrition Education screen.

Nutrition Education Resources

Local WIC agency staff are encouraged to use nutrition education resources to enhance their nutrition education efforts. Staff may use approved printed materials, visual displays, audiovisual materials or electronic resources for nutrition education. The Community Nutrition Services Section has made a variety of approved nutrition and health education resources available for local agencies in both printed or digital form.

- **Education Resources Available from the Community Nutrition Services Section**
  The Community Nutrition Services Section (CNSS) has printed education materials on a variety of topics. These materials may be ordered from CNSS using the Community Nutrition Services Section Materials Requisition Form (DHHS Form 2507) available on the NC WIC Program website. Refer to Chapter 1 for more information about ordering materials.

- **Education Resources Obtained or Developed by the Local Agency**
  All nutrition education resources including but not limited to electronic, online, or printed resources, regardless of cost or funding source, must be approved by the local agency's RNC prior to purchase (if applicable) or use with WIC participants. Refer to Chapter 12 for more information on obtaining prior approval for purchasing equipment.

  The criteria below should be used to evaluate the quality, usefulness, and appropriateness of materials for use within the WIC Program.

  - **Language.** Materials should be provided in languages commonly spoken by the agency's participants.
  - **Literacy level.** Materials should be written at or below a sixth grade reading level.
  - **Content.** Information must be current, accurate and promote scientific and evidence-based nutrition and physical activity practices that are relevant to WIC Program participants.
  - **Graphic Design**. Graphics and photographs should reflect the participants served by the WIC Program.
  - **Advertising.** Materials should be free from any manufacturer advertising or marketing and free from any advertising or marketing of any products and/or concepts that are not scientific and evidence-based nutrition principles or do not support goals of the WIC Program including the promotion and support of breastfeeding.
  - **Non-Discrimination Statement.** Refer to Chapter 4 for requirements on use of the nondiscrimination statement on locally developed materials.

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Breastfeeding Anticipatory Guidance Topic Checklist

Breastfeeding Topic*	Prenatal	0 Months	3 months	6 months	9 and 12 months
WIC encourages and supports moms to breastfeed	X	X	X	X	X
Changes to a mother's body	X	X			
Breastfeeding benefits the mom and the baby	X	X	X	X	X
Support is critical to breastfeeding success	X	X	X	X	X
Hospital practices and their impact on the breastfeeding relationship	X	X			
Supplemental feedings interfere with a mother's milk supply and her breastfeeding success	X	X	X		
Maternal nutrition during breastfeeding	X	X	X	X	X
Breastfeeding when returning to work or school	X	X	X		
Breastfeed as soon as possible after birth	X	X			
Importance of colostrum and transition to mature milk	X	X			
Comfort and proper positioning	X	X			
Recognize hunger and fullness cues	X	X	X	X	X
Feeding frequencies and maintaining milk supply	X	X	X	X	X

Breastfeeding Topic*	**Prenatal**	**0 Months**	**3 months**	**6 months**	**9 and 12 months**
Signs the infant is getting enough human milk	X	X	X	X	
Appropriate weight gain/loss for infants	X	X	X	X	X
Basic breast care/Avoidance of common breastfeeding related breast and nipple issues		X	X		
Appetite/Growth spurts		X	X	X	X
Vitamin D and iron supplementation		X	X	X	
Teething				X	X
Introducing complementary foods			X	X	
Breastfeed for as long as mutually desirable	X	X	X	X	X

*The timeframes are guidelines and may need to be adjusted depending on the participant's individual needs determined at assessment.

Chapter 6
Certification and Participation

Table of Contents

Chapter 6 describes the program policies and procedures related to application, certification, and participation in the WIC Program. The chapter is divided into six focus areas.

Section 1. The American Rescue Plan Act Temporary Waivers 1

Attachments
Attachment 1. NC WIC Program Remote Services Toolkit

Chapter 6A: Application Process
Section 1. Eligibility Criteria 1
Section 2. Application Process 3
Section 3. Physical Presence 7
Section 4. Proof of Identity 9
Section 5. Proof of Residence 11
Section 6. Representatives for Infants/Children at Certification 13
Section 7. National Voter Registration Act (NVRA) 15
Section 8. Certification Periods 19

Attachments
Attachment 1. Allowable Proofs for Identity and Residence

Chapter 6B: Income Eligibility
Section 1. Determining Income Eligibility 1
Section 2. Determining Adjunctive Income Eligibility 3
Section 3. Determining Gross Income by Family Size (Economic Unit) 7
Section 4. Military Families – Economic Unit and Income 11
Section 5. Proof of Income 15
Section 6. Changes in Income during a Certification Period 17

Attachments
Attachment 1. Documenting Income Eligibility in Crossroads
Attachment 2. Income Eligibility Guidelines
Attachment 3. What Counts Toward Gross Income for WIC Program Eligibility

Chapter 6C: Nutrition Assessment
Section 1. Nutrition Assessment and Plan of Care 1
Section 2. Anthropometric Data Collection 5
Section 3. Bloodwork Requirements 9
Section 4. Breastfeeding Status 13
Section 5. Staff Who May Determine Nutrition Eligibility for WIC 15
Section 6. Temporary Eligibility for Pregnant Women 17

Section 7. Immunization Screening and Referral 19
Section 8. WIC's Role in Lead Testing and Referral 21

Attachments
Attachment 1. WIC Program Exchange of Information Form (DHHS 3492)
Attachment 2. WIC Nutrition Risk Criteria
Attachment 3. Procedures for Measuring and Weighing

Chapter 6D: Participant Notifications
Section 1. Participant Rights and Responsibilities 1
Section 2. Participant Notices 3

Attachments
Attachment 1. Summary of Required Participant Notices
Attachment 2. Attachment 3. Welcome to the North Carolina WIC Program Notice Template
Attachment 3. NC WIC Multilingual Tagline Notice (Notice of Free Interpretation and Available Assistance Services)

Chapter 6E: Certification In Special Situations
Section 1. Transfer of Certification 1
Section 2. Residents of Institutions and Homeless Facilities 5
Section 3. Waiting Lists 7

Attachments
Attachment 1. Institutions and Homeless Facilities Letter of Compliance for the WIC Program *(Sample letter)*

Chapter 6F: Program Abuse By Participants
Section 1. Participant Violations and Sanctions 1
Section 2. Dual Participation 7
Section 3. Recovering Funds 9

The American Rescue Plan Act Temporary Waivers

The North Carolina WIC Program has opted into remote service waivers from the Food and Nutrition Administration (FNA) of the United States Department of Agriculture (USDA) allowed under the American Rescue Plan Act (ARPA) of 2021. The waivers provide flexibility to support State Agency and local agency efforts to modernize WIC through building and enhancing remote services. The approved waivers are effective until FNA ends evaluation efforts and are outlined below.

- Physical Presence
  42 U.S.C. 1786(d)(3)(C)(i) and 7 CFR 246.7(o)(1), which require that each individual seeking to participate in the WIC program must be physically present at each certification or recertification in order to determine program eligibility. The approval to waive the physical presence requirement includes the deferral of anthropometric and bloodwork measurements (as required in 7 CFR 246.7 (e)(1)) no more than 60 days.

- Remote Benefit Issuance
  7 CFR 246.12(r)(4), which requires in-person pick up of food instruments when a participant is scheduled for nutrition education or has a subsequent certification appointment.

- The use of these waivers requires the NC WIC Program to:

  - Meet all other Federal WIC Requirements unless additional waivers are obtained;

  - Provide participants the option to obtain in-person services; and

  - Describe how remote and in-person services will be provided including:
    - Obtaining and documenting certification requirements, and
    - Anthropometric and blood iron level data.

- Impact in NC WIC
  Refer to Attachment 1, the North Carolina WIC Program Remote Services Toolkit to identify flexibilities available through these waivers for the provision of services.

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REMOTE SERVICES TOOLKIT

The North Carolina WIC Program has opted in to waivers from the Food and Nutrition Administration (FNA) of the United States Department of Agriculture (USDA) that provide flexibility to support State Agency efforts to modernize WIC through building and enhancing remote services. The approved waivers are effective until FNA ends evaluation efforts and are outlined below:

Physical Presence:

42 U.S.C. 1786(d)(3)(C)(i) and 7 CFR 246.7(o)(1), which require that each individual seeking to participate in the WIC program must be physically present at each certification or recertification in order to determine program eligibility. The approval to waive the physical presence requirement includes the deferral of anthropometric and bloodwork measurements (as required in 7 CFR 246.7 (e)(1)) no more than 60 days.

Remote Benefit Issuance:

7 CFR 246.12(r)(4), which requires in-person pick up of food instruments when a participant is scheduled for nutrition education or has a subsequent certification appointment.

Effective August 1, 2023, local agencies must provide the option for participants to obtain in-person services. Best Practice, *both* **in person** and **remote appointments** are presented as options to WIC applicants and participants to support flexible accommodation for participants' needs when scheduling appointments for families. Local agency convenience and preference may **NOT** be a factor in the determination of appointment type.

New families who do not have an eWIC card should be encouraged to come in to the local agency for their initial appointment. An initial appointment at the WIC office allows applicants to meet and establish rapport with their WIC team, receive breastfeeding assistance when demonstration (and virtual connectivity is impeded) or hands on assistance is needed, and receive their eWIC card.

The local agency must provide the option for participants to obtain in-person services. The local agency should work with the participant to determine the best appointment method based on the family's resources (i.e. equipment such as a phone, transportation, etc.), needs (i.e. breastfeeding assistance/ immediate food benefit access), and ability to provide eligibility documentation needed. Local agencies should make every attempt to honor requests for remote appointments, but there may be some situations where remote appointments may not be appropriate or feasible.

A local agency should consider the following information when discussing the best appointment type with a family:

- Do they prefer in-person or remote services?
- Do they have reliable transportation?
- Do they have appropriate equipment available to complete remote appointments? (Telephone, smart phone, computer, etc.)
- Do they have adequate broadband, cellular, or internet access to complete the appointment?
- Have they been issued an eWIC card?

  Can they pick up the eWIC card from the local agency during operating hours? OR

  Can the participant wait to receive food benefits via mail?
- Do they have access to the MyNCWIC portal?
- Is breastfeeding assistance or breast pump issuance needed?
- Can they provide anthropometric data within 60 days and biochemical data within 90 days of appointment?

Icons

Each icon represents a required element of the WIC appointment.

Icon	Meaning
	Proof of Identity
	Proof of Residence
	Proof of Income
	Certification Signature (Rights and Responsibilities)
	National Voter Registration Act

Icon	Meaning
	Nutrition Assessment
	Anthropometric Data
	Biochemical Data
	Nutrition Care Plan
	Food Benefit Issuance

Definitions

MyNCWIC Portal: An internet portal where NC WIC participants with a Crossroads Family ID and eWIC card can upload documents and telehealth appointments can take place.

Remote Appointment: Certifications/Appointments where physical presence is waived.

Telehealth: The use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations.

Abbreviations

CPA: Competent Professional Authority

FNA: Food and Nutrition Administration

FNS: Food and Nutrition Services (Food Stamps or Supplemental Nutrition Assistance Program [SNAP])

LA: Local Agency

NVRA: National Voter Registration Act

OLV: Online Verification

TANF: Temporary Assistance for Needy Families (Work First)

USDA: United States Department of Agriculture

WPM: North Carolina WIC Program Manual

Published: 7/12/2023

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Required Remote Appointment Elements

	Initial Certification	Subsequent Certification	Mid-Certification	High-Risk Education	Low-Risk Education
 Proof of Identity	✓	✓	✗[1]	✗[1]	✗[1]
 Proof of Residence	✓	✓	✗	✗	✗
 Proof of Income	✓	✓	✗	✗	✗
 Certification Signature	✓	✓	✗	✗	✗
 National Voter Registration Act	✓	✓	✗[2]	✗[2]	✗[2]
 Nutrition Assessment	✓	✓	✓	✓	✗[3]
 Anthropometric Data	✓	✓	✓	✗[4]	✗
 Biochemical Data	✓	✓	✗[4,5]	✗[4]	✗
 Nutrition Care Plan	✓	✓	✓	✓	✓
 Food Benefit Issuance	✓	✓	✓	✓	✓

1. Proof of identity is required as a component of food benefit issuance.
2. NVRA is required if staff are notified of change of address or name.
3. Nutrition education (including breastfeeding promotion and support) must be documented for low-risk nutrition education.
4. Required by CPA discretion.
5. Required for children 12-23 months of age.

Proof of Identity

Requirement: LA staff must review at least one current form of identification for each applicant/participant and document the type of identification reviewed in the Crossroads system. Refer to the WPM Chapter 6A Attachment 1 for acceptable proof of identity.

Remote initial/subsequent certifications, WIC staff may use one or more of the following methods to review proof of identification:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✗	Refer to your LA Communication Policy

Proof of Residence

Requirement: LA staff must review at least one proof of residence for each applicant/participant. LA staff must document the type of proof of residence in the Crossroads system. Refer to WPM Chapter 6A Attachment 1 for acceptable proof of residence.

Remote initial/subsequent certifications, WIC staff may use one or more of the following methods to review proof of residence:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✗	Refer to your LA Communication Policy

Proof of Income

Requirement: During the certification process, LA staff must review at least one proof of income for the family and document the type of proof in the Crossroads system. Refer to the WPM Chapter 6B Attachment 3 for other acceptable proofs of income.

Remote initial/subsequent certifications, WIC staff may use one or more of the following methods to review proof of income:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✗	Refer to your LA Communication Policy

Certification Signature (Rights and Responsibilities)

Requirement: The applicant/participant/parent/guardian/caretaker must provide their signature to attest that they have provided accurate information, understand their rights and responsibilities as related to the WIC Program, and understands their right to a fair hearing.

Remote initial/subsequent certifications, WIC staff may use one or more of the following methods to collect certification signature:



Telehealth[1]	MyNCWIC Portal	Email/Fax[1]	Text Message[1]	Telephone[2]	Alternative Platform[1]
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

1. Write "signature captured by [email/text/other platform]" on e-signature pad. Scan captured signature.
2. Read the Rights & Responsibilities aloud; following expression of understanding from the applicant/participant or Parent/Guardian/Caretaker, WIC staff will indicate "Mailed-ARPA" on the e-signature pad in Crossroads. A printed copy of the Rights & Responsibilities must be included in the certification package mailed to the family.

National Voter Registration Act (NVRA)

Requirement: WIC staff are required to offer all program applicants/participants the opportunity to register to vote and provide a Voter Registration Preference Form to complete and sign. Refer to WPM Chapter 6A, Section 7 for more information.

Remote initial/subsequent certifications or notification of change in address or name, WIC staff may use one or more of the following methods:



Offering opportunity to vote

Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

Distribution and collection of Voter Registration Preference Form

Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✗	✓	✓	✓	✗	Refer to your LA Communication Policy

Nutrition Assessment

Requirement: A complete nutrition assessment includes the collection of anthropometric, biochemical, breastfeeding, clinical/health history/ disease status, dietary and physical activity behaviors, and eco-social behaviors. Applicants/participants/parent/guardian/caretakers may receive and/or send questionnaires to collect breastfeeding, clinical/health history/disease status, dietary and physical activity behaviors, and eco-social behaviors. All confidentiality requirements must be maintained and outlined within the LA's communication policy. A CPA must identify all applicable WIC nutrition risk criteria for each participant to determine nutrition eligibility. Refer to WPM Chapter 6C Attachment 2 for a list of all risk criteria used to determine nutrition eligibility.

Remote initial/subsequent certifications, mid-certification and high risk nutrition education: WIC staff may use one or more of the following methods to collect nutrition assessment categories:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

Anthropometric Data

Requirement: Both weight and height/length must be collected and recorded at each certification and mid year assessment for all participant categories. This data is required at low and high risk education appointments at the CPA's discretion. Anthropometric data must be collected by the WIC clinic staff or obtained via referral from a CPA. Therefore, measurements taken by the applicant themselves or by the parent/caregiver, or self-reported from memory are not allowable. If anthropometric data is not available it may be deferred no more than 60 days. If deferred, all other relevant nutrition assessment information (i.e., nutrition and breastfeeding practices, clinical data, etc.) must be collected at certification. Risk code assignment is necessary to complete a certification therefore at least one code must be assigned. Local agencies should continue to make reasonable efforts to try to collect this data even after the 60-day period has ended so that, if needed, the nutrition risk code(s) can be updated and the nutrition education appropriately tailored. Refer to the WPM Chapter 6C Section 2 for anthropometric data requirements.

Remote initial/subsequent certifications and mid-certification, WIC staff may use one or more of the following methods to collect anthropometric measures:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone[1]	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

1. Referral from a CPA such as pediatric office for anthropometric data may be provided via telephone.

Examples of acceptable anthropometric data* collection methods could include, but are not limited to:

- Weight and length or height from a recent (up to 60 days) clinical visit with a healthcare provider. This data may be sent by the provider's office with the participant (print out or written down), or electronically (faxed or accessed in a portal). Alternately, the participant may take a screenshot, show WIC clinic staff the data on their patient portal (i.e., on their phone), or send the data directly from the health record.
- Data from another trusted partner who is trained in taking accurate anthropometric measurement (i.e., a health manager for Head Start during an assessment, a home visiting program nurse, or a public health nurse).
- A referral source who may have such data on file and authority to share it with WIC, such as a social worker.

*Note that the most important aspect is that the data is accurate and reliable

Biochemical Data

Requirement: Hemoglobin or hematocrit is required to screen for iron deficiency anemia. The NC WIC Program aligns with the Centers for Disease Control and Prevention (CDC) guidelines for hemoglobin and hematocrit testing of infants, children, and pregnant and postpartum women. Biochemical data must be collected by the WIC clinic staff or obtained via referral from a CPA. Therefore, biochemical data self-reported from memory is not allowable. If biochemical data is not available, it may be deferred no more than 90 days. If deferred, all other relevant nutrition assessment information (i.e., nutrition and breastfeeding practices, clinical data, etc.) must be collected at certification. Risk code assignment is necessary to complete a certification therefore at least one code must be assigned. Local agencies should continue to make reasonable efforts to try to collect this data even after the 90-day period has ended so that, if needed, the nutrition risk code(s) can be updated and the nutrition education appropriately tailored. Refer to the WPM Chapter 6C Section 3 for biochemical data requirements.

Remote initial/subsequent certifications[1]**,** WIC staff may use one or more of the following methods to collect biochemical data:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone[2]	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

1. Biochemical data is not required for infants less than 9 months of age. Infant (9-11 months) and children (12-23 months) must have hemoglobin and hematocrit tests performed between 9-12 months of age and again 6 months later (ideally around 15-18 months of age). Refer to the WPM Chapter 6C, Section 3 for a complete of bloodwork requirements by participant category and age. Pregnant and postpartum women and children (>24 months) may be required to provide biochemical data additional appointments during the certification period if this data was not collected at the initial or subsequent certification.
2. Referral from a CPA such as a medical office for biochemical data may be provided via telephone.

Examples of acceptable biochemical data* collection methods could include, but are not limited to:

- Hemoglobin/hematocrit from a recent (up to 90 days) clinical visit with a healthcare provider. This data may be sent by the provider's office with the participant (print out or written down), or electronically (faxed or accessed in a portal). Alternately, the participant may take a screenshot, show WIC clinic staff the data on their patient portal (i.e., on their phone), or send the data directly from the health record.
- Data from another trusted partner who is trained in taking accurate biochemical measurement (i.e., a home visiting program nurse, or a public health nurse).
- A referral source who may have such data on file and authority to share it with WIC, such as a social worker.

*Note that the most important aspect is that the data is accurate and reliable

Nutrition Care Plan

Requirement: The nutrition assessment informs the care plan. CPAs must work with the participant/parent/guardian/caretaker to establish a nutrition plan of care. The required components of a nutrition plan of care are goals, nutrition education, breastfeeding promotion and support (if applicable), referrals, WIC food package, and follow-up. Refer to the WPM Chapter 6C, Section 1 for a complete list of required components. The established and communicated nutrition care plan must be documented in the participant's health record in the Crossroads system.

Remote initial/subsequent certifications, mid-certification, high risk and low risk nutrition education WIC staff may use one or more of the following methods to establish and communicate the nutrition care plan:



Telehealth	MyNCWIC Portal	Email/Fax[1]	Text Message[1]	Telephone	Alternative Platform
✓	✓	✗	✗	✓	Refer to your LA Communication Policy

1. Email/fax and text message may be used to reinforce the nutrition care plan, but is NOT permitted as the primary means for the establishment and communication of the nutrition care plan.

Food Benefit Issuance

Requirement: WIC food benefits are accessible through the linkage of one eWIC card to the family's electronic benefit account. After initial eWIC card issuance, the card becomes active when the first food benefits are issued to the family's electronic benefit account. Food benefits are issued for each eligible participant and aggregated (combined) into family-based benefits. Local agency staff must complete specific activities listed in Chapter 8, Section 1 for the initial eWIC card issuance and Chapter 8, Section 2 when the first food benefits are issued. For replacement eWIC cards or with subsequent food benefit issuance, the education may be tailored based on participant need.

If participants opt for a remote initial appointment, they must consent to the delayed availability of food benefits due to their eWIC card being mailed or held at the LA for pick-up. If a family is being served remotely and requests issuance of an initial eWIC card by mail, the local agency staff must: verify identity and mailing address in Crossroads, create a Family alert to document: family request, understanding and consent to a delay in access to food benefits. For more information on mailing the initial eWIC card, see Chapter 8, Section 1.

Local agencies may provide food benefits to cardholders when they are not physically present under the flexibilities provided by the ARPA waiver.

During remote issuance, staff must select the radio button corresponding to their own name on the "Food Benefits Issuance Signature Confirmation" screen in Crossroads, document "ARPA" on the signature pad, and select save. Selecting the staff name in Crossroads indicates that staff member has confirmed the proof of identity.

WIC staff may use one or more of the following methods for food benefit issuance:



Telehealth	MyNCWIC Portal	Email/Fax[1]	Text Message[1]	Telephone	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

1. Email/Fax or text message may be used for providing required elements of program notices.

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Chapter 6A
Certification/Participation - Application Process

Table of Contents

This chapter describes policies and procedures related to the process of applying for WIC Program benefits including eligibility requirements, processing standards, requirements for physical presence and proof of identity and residence, requirements of the National Voter Registration Act, and the certification schedule.

Section 1. Eligibility Criteria 1
- Categorical Eligibility
- Residential Eligibility
- Income Eligibility
- Nutrition Risk Eligibility

Section 2. Application Process 3
- Processing Standards
- Local Agency Processing Standards Policy
- Requests for WIC Program Services
- Local Agency Texting/Digital Platform Policy

Section 3. Physical Presence.....7
- Documentation of Physical Presence
- Exceptions to the Requirement for Physical Presence at Certification

Section 4. Proof of Identity.....9
- Acceptable Proof of Identity
- Documentation of Proof of Identity
- Individual Lacks Proof of Identity

Section 5. Proof of Residence.....11
- Acceptable Proof of Residence
- Documentation of Proof of Residence
- Individual Lacks Proof of Residence
- When Place of Residence Must be Kept Confidential

Section 6. Representatives for Infants/Children at Certification 13
- Parents
- Guardians
- Caretakers
- Offer the Option of Naming a Parent/Guardian 2 and/or Caretaker

Section 7. National Voter Registration Act (NVRA) 15
- Requirements of the NVRA for WIC Programs
- Required NVRA Forms - North Carolina State Board of Elections

- NC Voter Registration Application
- Voter Registration Preference Form
- NVRA Agency Transmittal Form
- NVRA Training
- Display of the NVRA Poster
- Local Agency Protocol

Section 8. Certification Periods 19
- Initial Certification Periods
- Subsequent Certification Period Start Date
- Certification Period Extension

Attachments

Attachment 1. Allowable Proofs for Identity and Residence

Required Local Agency Written Policies and Procedures

- Local agencies must have a written policy for handling applications within processing standards when an applicant contacts the agency, and specific appointments are not given such as in open access scheduling or walk-ins allowed. (Section 2, page 4)

- Local agencies must have a written policy guiding the clear expectations for secure communication when using a texting or digital platform in the provision of WIC and Breastfeeding Peer Counseling (BFPC) Program services and conversation between staff and applicants/participants. (Section 2, page 5)

- Local agencies must have a written policy that identifies the staff position and alternate staff position who will be the Local NVRA Point Person. This point person is responsible for the management of "NVRA Agency Transmittal Forms" and retention of the "Board of Elections Voter Registration Preference Forms". (Section 7, page 18)

Eligibility Criteria

An individual must fulfill four requirements to be eligible to participate in the North Carolina WIC program. Eligibility must be determined at each certification. Refer to Section 8 for information on the WIC certification schedule.

- **Categorical Eligibility**
  An individual must belong to one of the following categories of people:

  - **Pregnant Woman** (proof of pregnancy is not required)

  - **Breastfeeding Woman (up to one year postpartum)**
    A woman up to one year postpartum who breastfeeds or expresses her breastmilk with the intention to feed to her infant on the average of at least once a day.

    A non-birth woman who breastfeeds a WIC infant is eligible for up to the infant's first birthday. A non-birth breastfeeding woman must be an adoptive mother of the WIC infant and/or living in the same household as the WIC infant that is receiving her breastmilk and she must meet all eligibility requirements of residency, income, and nutrition risk.

  - **Postpartum Women (up to 6 months postpartum)**
    A woman who has been pregnant within the past 6 months is categorically eligible to participate in WIC, regardless of the length of the pregnancy or its outcome (i.e. live term birth, fetal death, miscarriage or neonatal death).

  - **Infants (birth to under one year of age)**

  - **Children (one year of age up to their fifth birthday)**

- **Residential Eligibility**
  An individual must reside within the state of North Carolina. Length of residency within North Carolina is not a factor impacting eligibility for WIC. Refer to Section 5 of this chapter for additional guidance on residential eligibility.

- **Income Eligibility**
  An individual must provide documentation of adjunctive eligibility or a gross household income at or below 185% of the current federal poverty income guidelines. Refer to Chapter 6B for additional guidance on income eligibility.

- **Nutrition Risk Eligibility**
  An individual must be at nutritional risk, as determined by a competent professional authority (CPA) using North Carolina's nutrition risk criteria. Refer to Chapter 6C for additional guidance on completing a nutrition assessment and determining nutrition risk eligibility.

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Application Process

Local agencies must accept applications whenever the agency is open. An application for WIC Program certification must be started whenever an individual/parent/guardian/caretaker contacts (by phone, via text, digital format or in-person) the local agency and asks for WIC services. The application process must be provided at no cost to the applicant.

Local agencies must address the needs of ***all*** applicants but are required to make program services more accessible for applicants who live in rural areas, have transportation problems, and/or are employed or attend school. Time specific appointments should be made available to individuals who are in school or who work to minimize time spent away from work and school. Refer to Chapter 10 Caseload Management for additional information about program access.

- **Processing Standards**
  Local agencies must inform applicants whether they are eligible (or ineligible) for the WIC Program within the required time frames. These time frames are called "Application Processing Standards" and they become effective whenever an individual contacts the local agency and asks for WIC services. The time intervals shown below must be used to meet processing standards.

WIC Program Processing Standards	
Type of applicant	**Time interval in which applicant must be notified of eligibility/ineligibility**
▪ Pregnant women eligible as Priority I participants ▪ Infants younger than six months ▪ Migrant farmworkers* and their family members who soon plan to leave the agency's service area ▪ Homeless individuals**	10 calendar days from contact
▪ All other applicants	20 calendar days from contact

*** Migrant Farmworkers**
Migrant farmworkers and their family members are defined by federal regulation as individuals whose principal employment (over 50 percent) is in agriculture on a seasonal basis, who have been so employed within the last 24 months, and who establish a temporary residence for the purpose of such employment.

****Homeless Individuals**
Homeless individuals are defined by federal regulations as a woman, infant or child who lacks a fixed and regular nighttime residence, or who have a primary nighttime residence that is a supervised public or private shelter, including an emergency shelter, a congregate shelter, a shelter for victims of domestic violence designated to provide temporary living accommodation; an institution that provides 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 designated for, or ordinarily used as a regular accommodation for human beings.

- **Local Agency Processing Standards Policy**
  When an applicant contacts the local agency, and the agency does not routinely give specific appointments, such as in open access scheduling systems or allow walk-ins, a written policy must be in place detailing how applications will be handled within processing standards.

- **Requests for WIC Program Services**
  When someone contacts the local agency and asks for WIC services, staff should take the following actions:

  - **Conduct a State-wide Crossroads Search**
    Local agency staff should conduct a state-wide Crossroads search to locate an existing Crossroads record or establish a new Crossroads record for the family for whom the caller is inquiring.

  - **Explain Eligibility Requirements**
    Staff should explain categorical, income, residential, and nutrition eligibility requirements and the types of documents that will be needed to complete the eligibility determination, including proof of identity, proof of residence, and proof of income. The caller should be informed they must visit the local WIC agency in person to be determined for WIC eligibility.

  - **Schedule a WIC Initial Certification Appointment within Processing Standards**
    When an applicant contacts the local WIC agency by phone or comes in and asks for WIC services, the applicant must be given an appointment within processing standards. Refer to WIC Program Processing Standards table on page 3.
    - **Applicant Request.** An appointment may only be scheduled outside of processing standards due to applicant request. Staff must document the reason the appointment was made outside of processing standards in the applicant's record. Acceptable reasons include:
      – the applicant prefers an appointment outside of the applicable processing standard
      – the applicant wishes to coordinate the appointment with another family member that causes the appointment to be outside of the applicable processing standard.

      Note: If "Other" is selected in the dropdown, the reason the appointment is made outside of processing standards must also be documented in the applicant's record.
    - **Local Agency Request.** If an appointment is scheduled outside of processing standards due to the local agency's request, the agency must document the reason in the participant's record.

    The "Detail Initial Certification Appointments Made Outside of Processing Standards" report can be used to identify trends and details and evaluate ways to decrease appointments made outside of processing standards within the local agency's control.

  - **Follow-up**
    Local agencies can use the Crossroads "Daily Appointments to be Rescheduled Detail" report to identify and follow-up with applicants who do not keep their appointment for WIC eligibility determination. Required follow-up is within ten days of the date of the

missed appointment for pregnant women and within fifteen days for all other WIC categories.

- **Local Agency Texting/Digital Platform Policy**
  Each local agency engaging in conversation with program applicants or participants via text or digital platform must have a Local Agency Texting/Digital Platform Policy to guide clear expectations for secure communication between staff and applicants/participants in addition to use in the provision of WIC and Breastfeeding Peer Counseling (BFPC Program services. The local agency policy must address the following components:

  - **Handling Protected Health Information (PHI).** Protected health information includes any personal identifying data that are private/confidential such as the name of an applicant or participant, address, telephone number, health data for the individual and application status for and/or participation status in the WIC Program. To protect participant information, the local agency must:
    - Ensure the security of the utilized digital platform
    - Use only agency-issued technology and user accounts (no personal devices or personal user account)
    - Determine a process to offer the applicant/participant the chance to opt-in or out of each technology platform and document the participant's acceptance/refusal

  - **Use in WIC Program Services.** To provide secure and accurate information plus adhere to consistent documentation expectations, there are limits to texting/digital platforms for the provision of WIC program services.
    - A digital platform is appropriate for scheduling, appointment reminders and invitation to nutrition education classes.
    - WIC appointments must not be conducted by text.
      - Messages should be short and straightforward with attention to the use of proper punctuation, spaces, only easily understood abbreviations included on the local agency's approved abbreviation list, and not using images or icons (i.e., emojis).
      - Any situation that requires a more complex or nuanced discussion must happen in person, over the phone, or an alternative communication route such as video, chat or portal.
    - Document conversations in Crossroads within the participant Care Plan for continuity of care.

  - **Use in Breastfeeding Peer Counseling (BFPC) Program Services**. Written digital communication (e.g., text messaging, email, or other approved messaging platforms) is permitted as a method of participant communication, when used in accordance with the local agency's BFPC Service Delivery Model Policy (Chapter 9, Section 7). All such communication must comply with the security, privacy, and communication standards outlined in this policy.

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Physical Presence

All applicants/participants must be physically present at the initial certification and at each subsequent certification, and their presence must be documented. Physical presence can be verified with the incorporation of videoconferencing in the provision of WIC Program services.

- **Documentation of Physical Presence**
  Staff must document whether or not the individual is physically present on the Participant Demographics screen in Crossroads.

  When the applicant/participant is not physically present and the reason for his/her absence meets one of the allowable exceptions; staff must make a selection from the Physical Presence Exception Reason drop down and complete the eligibility determination.

  When the applicant is not physically present and the reason for his/her absence does not meet one of the allowable exceptions, the eligibility determination must be deferred but completed within processing standards (Refer to Section 2 for information on processing standards).

- **Exceptions to the Requirement for Physical Presence at Certification**
  Allowable exceptions to the physical presence requirement are limited to the following situations and must be evaluated for each individual at each certification.

  - **An applicant/participant or parent/guardian/caretaker with a current medical condition** which can be self-reported by the applicant/participant/guardian/caretaker, or documented by a physician or other health care provider in the applicant's/participant's health record, or provided through a medical referral form. **The conditions are limited to:**
    - a medical condition that necessitates the use of medical equipment that is not easily transportable;
    - a contagious illness that may be communicated to others by coming to the agency;
    - a serious illness that may be compromised by coming to the local agency, or a medical condition that requires confinement to bed rest; or
    - a fragile premature infant who may be compromised by coming to the local agency.

  - **An Infant Under Eight Weeks of Age** who cannot be present at certification may be exempt from the physical presence requirement for a reason determined to be appropriate by the local agency. All necessary information that pertains to ongoing healthcare to complete the certification must be provided by the parent/guardian/caretaker.

  - **An Infant or Child Receiving Documented Ongoing Health Care** from any health care provider, including the local agency, may be exempt from the physical presence requirement when being physically present would pose an unreasonable barrier to participation. This exemption may be used if the infant or child was present at his/her initial certification.

- **An Infant or Child Whose Parent(s)' Working Status Presents a Barrier**
  An infant or child who is under the care of one parent who works, or is under the care of two parents who both work, may be exempt from the physical presence requirement when the work schedule of the parent(s) presents a barrier to bringing the infant or child to the WIC clinic. This exemption may be used if the infant or child was present at his/her initial certification *and* was present at his/her certification/subsequent certification within the past twelve months, and this certification period has not expired.

Proof of Identity

At each certification appointment, proof of identity must be provided by the applicant/participant or by the parent/guardian/caretaker if the applicant/participant is an infant or child.

- **Acceptable Proof of Identity**
  Refer to Attachment 1 for documents that can be used by the applicants/participants to establish proof of identity.

- **Documentation of Proof of Identity**
  Local agency staff must review at least one current form of identification (ID) for each applicant/participant and document the type of identification reviewed in the Crossroads system. It is NOT necessary or required to scan a copy of the proof used to confirm identity. Documents may be provided in an electronic/digital format (laptops, emails, cell phones, tablets, texted pictures, etc.). If there is concern about the authenticity of the document, staff should attempt to verify the documents in every way possible. If the documentation cannot be verified, staff may require the participant/parent/guardian/caretaker provide the original documents.

- **Individual Lacks Proof of Identity**

  - **Failure to Bring Existing Proof of Identity**
    - At a certification appointment when an individual has proof of identity but fails or forgets to bring the proof, the determination of eligibility must be deferred but completed within processing standards (Refer to Section 2 for information on processing standards). Review with the applicant Attachment 1 for documents that may be reviewed to establish proof of identity.
    - At a subsequent certification appointment, eligibility determination cannot be completed until proof of identity is provided. Once the application for subsequent certification is begun in Crossroads, the participant's record status moves to applicant status. No further benefit issuance would be allowed until the subsequent certification is completed. Review with the applicant Attachment 1 for documents that may be reviewed to establish proof of identity.

  - **Proof of Identity Does Not Exist**
    "The Affidavit for Identity" must be printed from Crossroads, completed, signed and scanned back into the Crossroads system. Legitimate situations may exist when an individual is unable to provide proof of identity. These include when an individual:
    - is a victim of theft, loss, or disaster,
    - is homeless,
    - is a migrant farm worker, and/or
    - has had to flee from a high risk situation (i.e., battered women/children, evacuee, or refugee) and subsequently left behind all identification.

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Proof of Residence

At each certification appointment, proof of the place of residence (where the applicant routinely lives or spends the night) must be provided by the applicant/participant or by the parent/caretaker if the applicant/participant is an infant/child. The physical address must be a North Carolina residence. There is no requirement on the length of time an applicant must reside at the location or address before applying for WIC.

- **Acceptable Proof of Residence**
  Refer to Attachment 1 for documents that can be used by applicants/participants to establish proof of residency.

  Any item used for proof must show a current physical address. When the applicant/participant only has documents that lists a post office box, staff must document the physical address as well as the mailing address in the Crossroads system. Documents may be provided in an electronic/digital format (laptops, emails, cell phones, tablets, texted pictures, etc.). If there is concern about the authenticity of the document, staff should attempt to verify the documents in every way possible. If the documentation cannot be verified, staff may require the participant/parent/guardian/caretaker provide the original documents.

  The proof of residence provided may be in the name of a family household member other than the applicant/participant. The document can serve as proof of residence for each applicant/participant in the family household.

- **Documentation of Proof of Residence**
  Local agency staff must review at least one proof of residence for each applicant/participant. Staff must document the type of proof of residence in the Crossroads system. It is NOT necessary or required to scan a copy of the proof used to confirm residency.

- **Individual Lacks Proof of Residence**

  - **Failure to Bring Existing Proof of Residence**
    - At an initial certification appointment when an individual has proof of residence but fails to bring the proof to the certification appointment, the determination of eligibility must be deferred but completed within processing standards unless the applicant prefers to return outside of processing standards.
    - At a subsequent certification appointment, eligibility determination cannot be completed until proof of residence is provided. Inform the participant of the needed documentation and complete the eligibility determination at a subsequent visit as per local agency policy. Once the application for subsequent certification has begun in Crossroads, the participant's record status moves to applicant. No further issuance would be allowed until the subsequent certification is completed. Review with the applicant Attachment 1 for documents that may be reviewed to establish proof of residency.

- **Proof of Residence Does Not Exist**
  When an individual is unable to provide proof of residence, the reason for lack of proof must be documented in the Crossroads system. The Affidavit for Residency must be printed from Crossroads, completed, signed and scanned into the Crossroads system. Legitimate situations where proof of residence may be lacking include when an individual:
  - has moved recently and his/her current address is not yet on any documents;
  - is a victim of theft, loss, or disaster;
  - is homeless;
  - is living in a shelter or institution; (Refer to Chapter 6E for information on WIC Program requirements related to institutions and homeless facilities.)
  - is a migrant farm worker; and/or
  - has had to flee from a high risk situation (i.e. battered women/children or refugee) and subsequently left behind all proof of residence.

Staff should use professional judgment in a consistent manner when evaluating the merit of other situations that may be presented as a reason for lacking proof of residence.

- **When Place of Residence Must be Kept Confidential**
  It is essential to maintain confidentiality of residency for applicants/participants who are living in a shelter or residential facility for battered women and/or children. The physical address is a required field on the Family Demographics screen in Crossroads system. The local agency may choose to use either the agency address, "Confidential" or "See Affidavit" as the entry in this section as a means to protect the at risk woman or family. Proof Provided by Affidavit should be selected as proof of residence. Staff should print from Crossroads, complete, sign and scan the "Affidavit of Residency" into the Crossroads system.

Representatives for Infants/Children at Certification

Infants and children should be accompanied by their parent/guardian/caretaker at each certification.

- **Parents**
  Parents, natural or by marriage (step-mother or father), can serve as the infant/child's representative when applying for WIC benefits.

- **Guardians**
  Foster parents and other court appointed guardians can serve as the infant/child's representative when applying for WIC benefits.

  A child is considered a family unit of one if he/she is living in foster care designated by the local Department of Social Services (DSS) or is living in a private/public child placement agency licensed by the State of North Carolina/DHHS/DSS. The foster parent must provide proof of identity and residency for the infant/child in foster care.

- **Caretakers**
  A caretaker may be an extended family member such as a grandparent, aunt, uncle, or other family member 18 years of age or older. A caretaker may also be a neighbor or friend in whose care the child is routinely placed.

  When an infant/child is left in the care of an adult for reasons such as child abandonment, incarceration of the parent, or death of the parent, the adult may be considered a caretaker. The circumstance that requires the use of an emergency caretaker must be documented in the infant/child’s Crossroads record. The emergency caretaker can serve in the place of the absent parent as the infant/child’s representative when applying for WIC benefits. Once the requirements for certification are met, staff should issue food benefits for an appropriate time based on the nutrition care plan and schedule the next appointment.

- **Offer the Option of Naming a Parent/Guardian 2 and/or Caretaker**
  Staff should explain the role of the parent/guardian 2 and caretaker as being able to perform all the functions of the parent/guardian 1 as the representative for an infant or child. Naming a second or third representative provides convenience to the parent/guardian 1 by allowing them to bring the infant/child to mid-certification and subsequent certification appointments, as well as signing for food benefits.

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National Voter Registration Act (NVRA)

The National Voter Registration Act (NVRA) of 1993 requires a number of benefit programs, including the WIC Program, to offer program applicants/participants/parents/guardians/caretakers the opportunity to register to vote.

For the WIC Program, the requirements of the NVRA are effective whenever an individual applies for WIC Program services, is subsequently certified for Program services, or notifies staff of a change in address or name. For infants/children, the NVRA requirements apply to their parents/guardians/caretakers.

■ **Requirements of the NVRA for WIC Programs**
At the time of application for program benefits, subsequent certification, or a change in residential address or name, local agency WIC staff must:

- Offer the opportunity to register to vote by asking the following question using the exact wording stated: "If you are not registered to vote where you live now, would you like to apply to register to vote here today?"
  - The above question must be asked to all present applicants/participants/parents/guardians/caretakers 18 years or older, or be at least 16 years old with the understanding that the individual must be at least 18 years old on election day of the general election to vote or to update their address or name information with the local Board of Elections.
    NOTE: The voter registration area in Crossroads will not be active for anyone under 18 years of age at the time of the visit. Local agency staff must remember to ask the question of participants/parent or guardians who are 16 or older and proceed with providing voter registration materials and assistance in completing the forms as needed.
  - It must be clarified that the applicant/participant/parent/guardian/caretaker's decision to accept or decline the opportunity to register to vote will in no way affect any decision regarding their eligibility for the WIC Program.
  - Document in Crossroads the response to the voter registration question by selecting the applicable dropdown box option.

- Provide the applicant/participant/parent/guardian/caretaker a Voter Registration Preference Form (available in English and Spanish) to complete and sign.
  - Form completion includes checking the appropriate box to document that they have been offered the opportunity to register to vote. If an individual declines to sign, the individual will be considered to have decided not to register to vote at this time.

- Offer the NC Voter Registration Application (available in English and Spanish) to all applicants/participants/parents/guardians/caretakers and offer assistance in completing the application upon request.

NOTE: It is the responsibility of the boards of elections and not Local Agency staff to determine the eligibility of participants to register and vote in North Carolina.

- Maintain a copy of the original Voter Registration Preference Form in a confidential manner on site for a period of four years. Forms must be available for review upon request.
  NOTE: WIC confidentiality requirements do not allow the release of WIC applicant/ participant information beyond the completed NC Voter Registration Application to parties outside the WIC Program.

There may be instances when a participant reports to LA staff a change in residential and/or name over the phone or videoconferencing. The requirements of the NVRA remain and LA staff must:

- Offer the opportunity to register to vote by asking the following question using the exact wording stated: "If you are not registered to vote where you live now, would you like to apply to register to vote here today?"

- Document the response to the voter registration question by selecting the applicable dropdown box option that is provided in the Crossroads system.

- Complete the Voter Registration Preference Form by documenting the response of the applicant/participant and include the name in the signature field. The LA staff providing the service must also include their initials and document "transaction conducted via telephone" on the form.

- Staff must mail a Voter Registration Application to the individual regardless of their response to the NVRA question.

- Advise the individual that assistance is available by contacting the North Carolina State Board of Elections at:
  - Phone: 919.814.0700 or 866.522.4723
  - E-Mail: elections.sboe@ncsbe.gov.

■ **Required NVRA Forms – North Carolina State Board of Elections**
There are three required forms the NC WIC Program must utilize to implement the WIC Program NVRA policy, the forms are listed below:

1. NC Voter Registration Application
2. Voter Registration Preference Form
3. NVRA Agency Transmittal Form

■ **NC Voter Registration Application**
All local agencies must maintain a supply of Voter Registration Applications on site to implement the requirements of the NVRA. This form is available for ordering from the NC

State Board of Elections (SBOE), https://www.ncsbe.gov/registering/national-voter-registration-act-nvra/request-voter-registration-applications-nvra-agencies-and-county-boards. Voter Registration Application Forms for use by local agencies are numbered with a specific source code and local agencies should not photocopy other registration forms with a different blank source codes for convenience.

- **Voter Registration Preference Form**
  Voter Registration Preference Forms may be ordered directly from Community Nutrition Services Section (CNSS) using the CNSS Requisition Form.

- **NVRA Agency Transmittal Form**
  The NVRA Agency Transmittal form is a summary of completed Voter Registration Applications. The preference form count is also included on the transmittal form.

  - The completed packet along with the transmittal form is submitted by designated local agency staff to their county Board of Elections office by the delivery method options listed on the form: In person, Mail, Courier or County Mail.

  - In the event an agency has no NC Voter Registration Applications to submit, the NVRA Transmittal Form must be completed with the preference form count included. This completed form must be submitted within five (5) business days of obtaining Preference forms. The completed form may be emailed to the local Board of Elections (BOE), after confirmation with the local BOE that this is acceptable.

  - NVRA Transmittal Forms are specifically customized for local WIC agencies and are available for order on the CNSS Materials Requisition Form or from the CNSS website https://www.ncdhhs.gov/divisions/child-and-family-well-being/community-nutrition-services-section/wic/staff/wic-local-agency-resources.

  - Forms must be available for review upon request.

  NOTE: *The completed NVRA Agency Transmittal Form and completed Voter Registration Applications must be submitted to the county BOE by local agency designated staff within five business days. Local agency designated staff must maintain a copy of the original Voter Registration Preference Form and the NVRA Transmittal Form in a confidential manner on site for a period of four years.*

- **NVRA Training**
  The State Board of Elections provides a minimum of one (1) annual NVRA training for all WIC program staff. NVRA training is encouraged to be included as part of new employee orientation.

- Documentation of staff participation in annual NVRA training should be maintained on file in the local agency. The documentation should at a minimum include the date and names of persons trained and an outline or agenda of the topics covered in the training

- **Display of the NVRA Poster**
  The NVRA poster must be on display where it may be read by those who receive WIC services. It may also be displayed in group or individual nutrition education areas. The poster is created by the State Board of elections and shared with the CNSS. A local agency can order the poster using the CNSS requisition form.

- **Local Agency Protocol**
  Each local agency must have a written policy that identifies the Local NVRA Point Person position and alternate Local NVRA Point Person position responsible for the management and retention of the NVRA Agency Transmittal Forms, Voter Registration Preference Forms, and Voter Registration Applications.

  When the staff position changes, the WIC Director or local agency designated staff must update the policy and immediately notify the Regional Nutrition Consultant (RNC).

Certification Periods

Individuals are initially certified for a defined period of time depending on their participant category. At the end of each certification period, individuals must "reapply" and be subsequently certified for program benefits to continue.

- **Initial Certification Periods**
  The length of the initial certification period is outlined below. At the end of the initial certification period, eligible participants must be subsequently certified according to the below defined schedule in order for WIC Program benefits to continue.

Category of Participant	Length of Certification Period
Women	
Pregnant Women	duration of pregnancy and until 6 weeks postpartum
Breastfeeding Women	until the breastfed infant turns 1 year or when breastfeeding stops, if infant is greater than 6 months
Postpartum Women	until 6 months postpartum, regardless of pregnancy outcome
Infants	
Infants certified before 6 months of age	until first birthday with the local agency ensuring that the infant receives the required health and nutrition assessments
Infants certified between 6 months of age and one year*	6 months
Children	
1 to 4 years of age (certified until the day before their fifth birthday)	1 year with the local agency ensuring that the child receives the required health and nutrition assessments

**Note: In Crossroads, there are times that an infant initially certified in their 11th month will have a certification period of one year. Users are encouraged to create a plan of care reflective of the length of the certification period.*

- **Subsequent Certification Period Start Date**
  A subsequent certification can be performed up to 30 days prior to the end of the current

certification period. The subsequent certification period for a child begins the day following the end of the initial/prior certification period. The subsequent certification period for a woman begins on the day she is certified in a new participant category.

If a participant is determined ineligible for a subsequent certification prior to the expiration of the current certification period, local agency staff must provide food benefits for the remainder of the current certification period.

- **Certification Period Extension**
  A 30-day certification extension is an option when an infant or child needs a subsequent certification and scheduling difficulties occur. A one-time maximum 30-day extension is allowed when the current date is within 30-days of the end of the certification period. Refer to Chapter 8 for additional guidance on food benefits issuance during an extended certification period.

ALLOWABLE PROOFS FOR IDENTITY AND RESIDENCE**

Integrity Document **(must be original documents, not copies)**	***Proof of Identity** *(Must be in applicant's name)*	***Proof of Residence** *(Must include current physical address)*
Affidavit (unmarried mothers)	*(only for infants)*	✓
Bill, account statement, or receipt less than 60 days old (e.g., bank, credit card, loan papers, mortgage/ rental, utility)	✓	✓
Birth Certificate	✓	*(only for infants)*
Blank Check	✓	✓
Check cashing, credit, or bank ATM card	✓	
Letterhead correspondence < 60 days old (with address and telephone number of source. (Note: postmarked forwarded mail and WIC generated correspondence is acceptable)	✓	✓ *(only if in applicant's name)*
Food and Nutrition Services certification letter	✓	✓
Foster Child placement letter	✓	✓
Hospital crib card or discharge papers	✓	✓
Hospital ID Card or Bracelet	✓	✓
Immunization Record	*(only for Infants & children)*	✓
Income tax filing for the most recent tax year	✓	✓
Insurance Card or Insurance Policy	✓	✓
LES (military Leave and Earnings Statement)	✓	✓
Marriage License less than 60 days old	✓	✓
Medicaid or Medicaid Presumptive Eligibility (*Must first verify current eligibility)*	✓	✓
Medicaid or NC Health Choice Approval Notice (DMA-5003)	✓	✓
Mother's Verification of Facts (MVF) signed and dated' less than 12 months old	*(only for infants)*	✓
NCDHHS Vital Records Working Copy Document	*(only for infants born after 12/31/2023)*	✓
Paycheck stub or direct deposit notification <60 days old *	✓	✓
Permanent Residence Card ("green card")	✓	✓
Photo ID (current): DMV, US governmental agency, US passport, military, school	✓	✓
Property tax statement	✓	✓
Proof of birth letter	*(only for infants)*	
Social Security card	✓	
Unemployment letter/notice	✓	✓
Verification of certification (VOC) (for current certification period)	✓	
Voter registration card for NC	✓	✓

Work ID card	✓	✓
Only at Recertification		
Visual Recognition	✓	
**NC eWIC Card	✓	

* In some cases, the allowable document may be provided in a digital format. If there is concern about the authenticity of the document, staff should attempt to verify the documents in every way possible. If the documentation cannot be verified, staff may require the participant/parent/guardian/caretaker provide the original documents.

** NC eWIC card can be used as identification after initial certification has been established. Local agency staff must ask participant/parent/guardian/caretaker their name, address and date of birth and confirm this information in Crossroads system. When an individual present is the proxy, identification must be established before food benefits can be issued according to allowable proof of identity.

When the applicant/participant only has items that list a post office box, staff must document the physical address as well as the mailing address in the Crossroads system.

Chapter 6B
Certification/Participation - Income Eligibility

Table of Contents

This chapter describes policies and procedures related to determining and documenting income eligibility of individuals at initial application and at each recertification.

Section 1. Determining Income Eligibility 1
- Adjunctive Eligibility
- Gross Income by Family Size (Economic Unit)
- Transfer Participants
- In-Stream Migrant Farm Workers
- Income Eligibility Determination in the Event of a Natural Disaster

Section 2. Determining Adjunctive Income Eligibility 3
- Applicants who are Adjunctively Income Eligible for WIC
- Verifying Adjunctive Income Eligibility
- Documentation of Adjunctive Income Eligibility
- Summary of Adjunctive Income Eligibility

Section 3. Determining Gross Income by Family Size (Economic Unit).....7
- Define the Family Size
- Determine the Total Gross Income for the Economic Unit
- Income Eligibility Determination

Section 4. Military Families – Economic Unit and Income.....11
- Determining Size of the Economic Unit for Military Families
- Determining Gross Income for Military Families

Section 5. Proof of Income 15
- Acceptable Proof of Income
- Documentation of Proof of Income
- Individual Lacks Proof of Income
- Verification of Income

Section 6. Changes in Income During a Certification Period.....17
- Required Income Assessment During a Certification
- Participant is Found to be No Longer Income Eligible During a Certification

Attachments

Attachment 1. Documenting Income Eligibility in Crossroads
Attachment 2. Income Eligibility Guidelines
Attachment 3. What Counts Toward Gross Income for WIC Program Eligibility

Determining Income Eligibility

Income eligibility must be assessed at the initial certification and each subsequent certification. Income eligibility may be determined using one of the following methods.

- **Adjunctive Eligibility**
  Applicants who are currently eligible for Medicaid, Food and Nutrition Services (FNS) (Food Stamps), and/or Temporary Assistance to Needy Families (TANF) (Work First) are also income eligible for WIC because their incomes have already been screened by these programs. Refer to Section 2 for guidance on using adjunctive eligibility for determining income eligibility for WIC.

- **Gross Income by Family Size (Economic Unit)**
  Applicants whose gross income by family (or economic unit) is documented to be at or below 185% of the Federal Poverty Income Guidelines are income eligible for WIC. This approach should be used when adjunctive eligibility does not apply or cannot be documented. When using this method to determine income eligibility, situations will vary and there is no clear answer to every situation that may arise. Local agency staff must rely on professional judgment and ensure that such judgment is consistently applied across all applicants who present with similar economic situations. Refer to Section 3 for additional guidance on using gross income by family size for determining income eligibility.

  NOTE: For information about determining the economic unit and gross income applicable to military families, refer to Section 4.

- **Transfer Participants**
  For a transferring participant, documentation in Crossroads serves as proof of income eligibility. Refer to Chapter 6E for more information on transfer participants.

- **In-Stream Migrant Farm Workers**
  A migrant farm worker is 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 a temporary abode for the purposes of such employment. Once migrant farm workers have been determined to be income-eligible, they and their family members remain income eligible for the following 12 months as long as they remain "in-stream" (i.e. traveling to do farm work). This is true even if their WIC certification has lapsed. Nutritional risk however, still must be assessed for in-stream migrants and/or their family members at every certification. Refer to Chapter 6C for information on the nutrition assessment process.

  If a Verification Of Certification (VOC) document indicates that an in-stream migrant farm worker’s certification period has expired, the individual is still income eligible if the VOC document verifies that the individual was income eligible within the past 12 months. If the VOC document indicates the income determination is more than 12 months old, then the local agency must reassess the individual for adjunctive or gross income eligibility.

- **Income Eligibility Determination in the Event of a Natural Disaster**
  In the event of a natural disaster, the Community Nutrition Services Section will issue specific guidance on income eligibility determination of disaster victims.

Determining Adjunctive Income Eligibility

Adjunctive income eligibility means that an applicant is income eligible for WIC based on his or her participation in Medicaid, Food and Nutrition Services (FNS) Program (Food Stamps) and/or the Temporary Assistance to Needy Families (TANF) Program (Work First), since he or she has already met the income criteria for these programs. Documentation of current eligibility for Medicaid, FNS and/or TANF serves as the income eligibility screening for WIC and no additional income screening is necessary.

Whenever adjunctive income eligibility cannot be verified, staff will need to complete an assessment of gross income. Refer to Section 3 for information about completing an income assessment using gross income.

- **Applicants who are Adjunctively Income Eligible for WIC**
  Individuals who are adjunctively income eligible for WIC are limited to the following:

  - **Medicaid**
    - A current Medicaid participant
    - A pregnant woman presumptively eligible for Medicaid.
    - An infant born to a woman who was on Medicaid during her pregnancy.
    - A member of a family in which a pregnant, breastfeeding or non-breastfeeding postpartum woman or an infant is currently participating on Medicaid.

    Note: Having a child over one year of age participating on Medicaid does not make his/her other family members adjunctively income eligible for WIC.

  - **FNS Program (Food Stamps).** A current recipient of FNS or a member of a household which receives FNS.

  - **TANF (Work First).** A current TANF participant or a member of a family that receives assistance under TANF.

- **Verifying Adjunctive Income Eligibility**
  The method used to verify adjunctive income eligibility for WIC depends on what program is being used to determine adjunctive income eligibility [i.e., Medicaid, FNS (Food Stamps), or TANF (Work First)].

  - **Medicaid Participation.** Medicaid eligibility must be verified each time an applicant presents an insurance coverage card or claims to be eligible for Medicaid. Any type of Medicaid is acceptable for adjunctive income eligibility for WIC.
    There are several ways to verify Medicaid eligibility for adjunctive income eligibility:
    - **Access the Crossroads On-Line Verification (OLV) system.** See Attachment 1 for further instructions on how to verify Medicaid eligibility in Crossroads**.**
    - **Access the NC Medicaid Program Automated Voice Response (AVR) System**
      Local agencies can use the toll-free Medicaid **Automated Voice Response** telephone number to check an applicant's eligibility. The toll-free number is: 800-723-4337. To use the toll-free number, staff will need the local agency's Medicaid provider

number; date of inquiry; applicant's Medicaid number (or social security number); and applicant's date of birth. Detailed instructions on using the AVR system may be found in the July 2001, Special Bulletin II, *Automated Voice Response System Provider Inquiry Instructions.* This special bulletin is available on the DMA's website at: https://medicaid.ncdhhs.gov/documents/providers/bulletins/archives/0701specbulletin/download.

- **A completed Presumptive Eligibility Determination Form for Pregnancy – Related Care (DMA-5032)**. An example of this form may be found at: https://policies.ncdhhs.gov/document/dma-5032presumptive-eligibility-determination-form-for-pregnancy-related-care/.
- **A completed Presumptive Eligibility Transmittal Form (DMA-5033).** An example of this form may be found at: https://policies.ncdhhs.gov/document/dma-5033presumptive-eligibility-transmittal-form/.
- **A Notice of Benefits (DSS 8108)** from the local Department of Social Services. An example of this form may be viewed at: https://policies.ncdhhs.gov/document/dss-8108-notice-of-benefits/.
- **Access NCTracks system.** Local health departments may have access to NCTracks to verify Medicaid eligibility as a provider. If desired, it is up to the local agency to establish a system for utilizing NCTracks as a verification method.

- **Infant Born to a Woman on Medicaid during Pregnancy.** An infant born to a woman who was on Medicaid during her pregnancy is automatically eligible for Medicaid through the month in which the infant turns one year of age. Staff must confirm the mother's Medicaid participation during the pregnancy. To do so, staff may look up the mother's Medicaid eligibility using the Income Summary section in the Certification History grid on the Certification Summary screen of Crossroads, the AVR system, NCTracks or with the local DSS office.

- **FNS (Food Stamps) Program.** A letter of FNS certification (DSS 8551) may be used to verify FNS Program adjunctive eligibility. EBT cards and FNS identification cards are NOT acceptable means of documentation because they do not show dates of eligibility. An example of a notice of eligibility, denial, or pending status for FNS Program benefits form may be viewed at: https://policies.ncdhhs.gov/document/dss-8551-notice-of-eligibility-denial-or-pending-status/. When a letter of FNS certification is not available, one of the following methods may be used to verify household participation in the Food and Nutrition Services Program.
  - **Access the Crossroads On-Line Verification (OLV) system.** See Attachment 1 for further instructions on how to verify FNs participation.
  - **Call the EBT Customer Service Center** at 1-866-719-0141. When calling this number, the following information must be provided:
    - Name of caller
    - Name of entity for which the caller works
    - Reason for the call

  - Name and date of birth of the household member of the WIC applicant about whom the caller is seeking to verify current eligibility for Food and Nutrition Services.
- **Call the local DSS office**. A signed release of information may be required by the local DSS before any information can be verified. This requirement for a signed release of information varies by county.

- **TANF (Work First).** Participation in TANF is linked with Medicaid; therefore, if a household has been approved for TANF, the household will be enrolled in Medicaid. TANF households are mailed an automated approval notice. The Work First Approval notice is DSS Form 8108. When this written notification is not available, one of the following methods may be used to verify a household's participation in TANF:
  - **Access the Crossroads On-Line Verification (OLV) system.** See Attachment 1 for further instructions on how to verify TANF participation in Crossroads.
  - **Call the EBT Customer Service Center** at 1-866-719-0141. When calling this number, the following information must be provided:
    - Name of caller
    - Name of entity for which the caller works
    - Reason for the call
    - Name and date of birth of the household member of the WIC applicant about whom the caller is seeking to verify current eligibility for TANF.
  - **Call the local DSS office**. A signed release of information may be required by the local DSS before any information can be verified. This requirement for a signed release of information varies by county.

■ **Documentation of Adjunctive Income Eligibility**

Adjunctive eligibility is documented on the Income Information screen in the Crossroads system. For those adjunctively eligible, document the annual 'Self- Declared Income' or 'Self-Declared Income Range' for the economic unit as reported by the participant.

■ **Summary of Adjunctive Income Eligibility**

Category of Participant	Program	Eligibility
Pregnant (P), Breastfeeding (B), Non-breastfeeding Postpartum Woman (N)	Medicaid	Entire family
Infant (I)*	Medicaid	Entire family
Child (C)	Medicaid	Only child
Anyone in the family**	SNAP (FNS/food stamps)	Entire family
Anyone in the family**	TANF (Work First)	Entire family

**Note: If the infant's Medicaid eligibility cannot be verified through the On-Line Verification (OLV) System or through another verification resource, the WIC agency staff may research the mother's Medicaid eligibility during pregnancy. An infant born to a woman who was on Medicaid during her pregnancy is automatically eligible for Medicaid through the month in which the infant turns one year of age. This can be found at the following link: NC Medicaid*

Division of Health Benefits. To verify the mother's Medicaid eligibility, use the date of delivery as the date of service, rather than the date on which the income eligibility is being determined.
***Note: If the person receiving benefits is not among the applicants, OLV cannot be used to verify eligibility. WIC agency staff will need to verify eligibility through other documented resources.*

Determining Gross Income by Family Size (Economic Unit)

If adjunctive income eligibility cannot be verified, the WIC Program determines income eligibility based on the total gross income of the applicant's family (or economic unit). Applicants are income eligible for WIC if the total gross income of their economic unit is equal to or less than the WIC income eligibility guidelines (IEGs) which are 185% of the poverty level published annually by the U.S. Department of Health and Human Services (DHHS). The total gross income of the economic unit is compared to the IEGs by Crossroads. Refer to Attachment 1 for a copy of the guidelines.

- **Define the Family Size**
  For purposes of determining income eligibility, the terms "family" and "economic unit" can be used interchangeably. A family (or economic unit) is composed of a person or group of persons, related or nonrelated, who usually (although not necessarily) live together, and whose production of income and consumption of goods or services are related.

  A key rule to apply to all participants, including minors, is that an economic unit must have its own source of income (or savings) to support living expenses. The applicant/participant should be counted as a member of the economic unit that directly supports the living expenses of the applicant/participant. When determining the size of the economic unit, every person who is directly supported by the income or savings should be counted. Include all people living in the household, related or not (such as grandparents, other relatives, or friends) who share income and expenses.

  Residents of a homeless facility or shelter (such as for pregnant women or victims of domestic abuse) shall not all be considered as members of a single economic unit.

  NOTE: For information about determining the economic unit and gross income applicable to military families, refer to Section 4.

  - **Questions to consider when determining the economic unit for an applicant/ participant.**
    - Who contributes income or savings that are shared amongst the applicant/participant's family?
    - Is that income or savings used to support the applicant/participant?
    - Who else is directly supported by that income or savings?
    - In cases of joint custody, the child can be counted as a member of only one family during a certification period.

  - **Examples of an economic unit**.
    - Groups of individuals living in the same house are considered as separate economic units if each group has a separate income which is not shared with the other group. For example, two sisters and their respective children, living in the same house, may be separate economic units if each sister has a source of income that supports herself and her children.

- A college student maintaining a separate residence but receiving most of her support from her parents or guardians would be included as part of her parents' or guardians' economic unit.
- A self-supporting college student maintaining a separate residence from her parents or guardians would be a separate economic unit.
- A pregnant teenager with no income must be considered part of the economic unit that is providing her support (unless she is homeless or living in a shelter).
- A foster child assigned by DSS is an economic unit of one. The child support payment received by the foster parent for the care of the child is the child's income.
- An individual or family staying in a shelter is considered a separate economic unit. For example, if a mother and her children were staying in a shelter for battered women, the income of the other residents is not included.

- **Determining Size of Economic Unit for Pregnant Women.** The size of the economic unit of a pregnant woman can be increased by the number of expected infants she is carrying. This increase in the size of the economic unit may be used when certifying her or other categorically eligible family members.
  NOTE: In some cases, counting an expected infant in determining the economic unit conflicts with the client's cultural, religious, or personal beliefs. In these situations, this optional policy would not be applied and the size of the economic unit would not be increased.

■ **Determine the Total Gross Income for the Economic Unit**

Income means gross cash income before any deductions including but not limited to income taxes, employees' social security taxes, insurance premiums, bonds. For self-employed applicants (both farm and non-farm), gross income means the net income after the deduction of legitimate business expenses. Refer to Attachment 3 for a listing of what does and does not count towards gross income.

Local agency staff must document the income of each member of the family for the current rate of income or the past 12 months, which ever best reflects the income status of that family member. Current income is defined as the most recent available proof of 28-31 consecutive days' worth of income received by the household.

Local agency staff must document the frequency and duration of the income source(s) of the family. Many WIC applicants and participants are members of families with more than one source of income, e.g., several adults with different jobs, a grandparent receiving Social Security or Supplemental Security Income (SSI), child support payments, seasonal income from farming, etc. Income sources are often paid on different payment schedules. In all instances, the 28-31 day period of income documentation must be assessed. For example, weekly = 4 pay stubs, biweekly = 2 pay stubs, monthly = 1 pay stub. Generally, other types of income (Social Security, SSI, child support, or alimony) may be received once a month. Seasonal or fluctuating income may need to be documented at different rates of duration such as someone with a regular salary for a ten-month duration or a seasonal salary for a two-month duration.

Determining annual income in consideration of income at different rate of duration for the past 12 months may be more appropriate including situations such as:

- A self-employed person, who works year around or seasonally, and whose income fluctuates throughout the year;
- A household member on unpaid temporary leave of absence (maternal, paternal, family leave, or extended unpaid vacation from their job);
- Teachers paid on a 10-month basis;
- College students who work only during the summer months and/or school breaks.
- Periods of no income due to unpaid leave, plant closures, or unemployment.

If a household has an income source for which the pay varies significantly (shift work, tips, overtime, commissions, etc.), then pay stubs within the most recent 28-31 days prior to the date of application must be documented. Staff must document each income source associated with the family until all applicable income is reported.

NOTE: Income for a member of the economic unit who is currently unemployed or laid off should be counted as zero. Other sources of income such as unemployment benefits, alimony, child support, interest from savings or dividends, etc. must still be counted.

- **Income Eligibility Determination**
  Final income determination should not be made until all the income sources applicable for the economic unit have been entered. All information is documented on the Income Information screen in the Crossroads system.

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Military Families – Economic Unit and Income

Income and/or household makeup for a military family can change dramatically including times when a reservist is called to active duty or when a service member is deployed to hazardous or combat duty. Determination of current economic unit size and household income impact participant income eligibility and requires attention to inclusion or exclusion of specific types of pay.

- **Determining Size of the Economic Unit for Military Families**
  Military personnel serving overseas or on a military base away from home are considered members of the household, even if they do not live in the house. That means they are included in determining the economic unit and gross income. Sometimes, a military household changes significantly. For instance, one or both parents may be deployed or stationed abroad and the children may live with relatives or friends. In these circumstances, the local agency has three choices. The agency should use whichever approach most accurately reflects income of the particular applicant/participant.

  - **Count the absent parents and the children as one economic unit**. The local agency can only use this option if it can document the income of this economic unit using a Leave and Earnings Statement (LES). Refer to Attachment 3 for information about the types of pay that are found on an LES.

  - **Count the children as a separate economic unit**. The local agency can only use this option if this economic unit has its own income, such as a children's allotment and the income can be documented. A child's allotment would be part of a "Discretionary" entry on the LES. The guardian would identify the portion that is allotted for the child.

  - **Count the children as part of the economic unit in which they currently live and require proof of income.**

- **Determining Gross Income for Military Families**
  To determine income for families with household members in the military, staff must review their current Leave and Earnings Statement (LES). Attachment 3 includes a table describing the types of income that may appear on the LES.

  Combat Pay
  When a household member is deployed to a designated combat zone and receives military combat pay during the deployment, the combat pay must be excluded from the gross income if it meets **all** three criteria listed below:

  - Received in addition to the service member's basic pay;

  - Received as a result of the service member's deployment to, or service in an area that has been designated as a combat zone; and

  - Not received by the service member prior to his/her deployment to, or service in the

designated combat zone.

NOTE: Combat Related Injury and Rehabilitation Pay (CRIRP) is always excluded from gross income.

A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. Designated combat zones may be found at: https://www.irs.gov/newsroom/combat-zones. Information regarding deployment to or service in a combat zone may also be available through military orders or public records on deployment of military units.

- **Combat Pay Entitlement Categories**. As with other types of income commonly received by military personnel (such as the Basic Allowance for Housing or Basic Allowance for Subsistence payments), combat pay received by service members is normally reflected in the entitlements column of the military Leave and Earning Statement (LES), although it may be difficult to discern immediately as combat pay. Staff may need to request LES documents from prior to the deployment to determine if there has been a difference in income due to the deployment.

  Categories of entitlement pay that are typically considered to be combat pay include:
  - Hostile Fire Pay/Imminent Danger Pay (HFP/IDP): received when the service member is put on deployment orders and deployed to a combat zone, and
  - Hardship Duty Pay (HDP): for serving in locations where living conditions create undue hardship or for performing a designated hardship mission. HDP is sometimes indicated on the LES as:
  - HDP-Mission (HDP-M): for specific missions and paid whenever any part of a month is served fulfilling the specific mission (see note below)
  - HDP-Location (HDP-L): for service in a designated area for over 30 days and pay ends upon departure from that area.
    NOTE: For HDP-M and HDP-L locations may be, but are not necessarily, combat areas; therefore local agency staff will need to determine if the three listed criteria on page 11 are applicable to decide whether to include or exclude this particular payment from the WIC income eligibility determination.

- **Potential Combat Pay Entitlement Categories**. The following types of pay, while not directly related to being in combat, may be paid to service members while serving in a combat zone. Using the three criteria for combat pay, local agency staff must determine if the following entitlements may be excluded from the WIC income eligibility determination:
  - Family Separation Pay (FSA): FSA is for service members with dependents who meet certain eligibility criteria. FSA is only excluded if the service member is en route to a training location prior to deployment to a designated combat zone or on deployment orders to a designated combat zone.
  - Foreign Language Proficiency Pay (FLPP): FLPP that was not received prior to the time of deployment to a designated combat zone should be excluded from the WIC

income eligibility determination.

- Hazardous Duty Incentive Pay (HDIP): the performance of several types of duties may qualify a service member to receive HDIP. A service member can receive up to two different types of HDIPs during the same period if s/he performs more than one of these duties as required by the mission. HDIP that was not received prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.
- Special Duty Assignment Pay (SDAP): SDAP that was not received prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

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Proof of Income

The applicant who is not adjunctively income eligible for WIC is required to provide written documents to establish proof of the gross income of the entire economic unit. Staff is required to document the sources of written proof that are reviewed.

- **Acceptable Proof of Income**
  Refer to Attachment 3 for a listing of what counts towards gross income. Proof of income must be provided for all members of the economic unit earning or receiving cash income contributing to the gross income of the economic unit.

- **Documentation of Proof of Income**
  Staff must document the source(s) of written proof that were reviewed to establish the gross income of an applicant's economic unit. It is NOT necessary or required to retain the actual documents, scanned or photocopies of the original documents used to confirm proof of income. Documents may be provided in an electronic/digital format (laptops, emails, cell phones, tablets, texted pictures, etc.). If there is concern about the authenticity of the document, staff should attempt to verify the documents in every way possible. If the documentation cannot be verified, staff may require the participant/parent/guardian/caretaker to provide the original documents.

  NOTE: W-2 forms must only be used as proof of income when annual income is assessed (see Section 3). Example: Self-employed/seasonally employed individual.

- **Individual Lacks Proof of Income**

  - **Failure to bring existing proof of income**
    - At a certification appointment when an individual reports gross income of the economic unit but fails to bring written proof of that income, the eligibility determination cannot be completed until the written proof of income is provided. The determination of eligibility must be completed within processing standards (refer to Chapter 6A, Section 2 for information on processing standards). The record will remain in applicant status for up to 30 days until the income proof is provided. After 30 days, local agency staff will need to initiate a subsequent certification appointment to proceed with the record.
    - At a subsequent certification appointment, income eligibility determination cannot be completed until proof of the reported income is provided. Inform the participant of the needed documentation and complete the income eligibility determination at a subsequent visit as per local agency policy.

  - **Proof of income provided with affidavit**
    When an applicant reports income, but is unable to provide proof of income, document the situation in Crossroads by selecting "Proof provided with affidavit" from the drop-down list of proofs and have the applicant sign the related affidavit. For more information about documenting proof provided by affidavit, refer to Attachment 1. This documentation should <u>not</u> be used for individuals who forgot to bring proof of income.

Legitimate situations where proof of income may be lacking include when an individual:

- is a victim of theft, loss, or disaster,
- is homeless,
- is a migrant farm worker,
- has had to flee from a high-risk situation (i.e. battered women/children or refugee) and subsequently left behind all proof of income, and/or
- is paid in cash and has an employer(s) who will not document on paper the applicant's income.

- **Zero Income**
  WIC defines a family (economic unit) as a group of related or unrelated persons sharing financial and other resources. Applicants declaring a zero income should be asked to describe their living circumstances and how they obtain basic living necessities such as food, shelter, medical care and clothing. Sources of income such as withdrawals from savings, child support, or assistance from sources not living in the economic unit, should be reviewed. If no income is revealed after reviewing all potential sources, document zero income. For more information about documenting zero income, refer to Attachment 1. In cases where it is established that an individual is living with minimal or no resources, staff should offer information on sources of assistance.

- **Verification of Income**
  In cases where the documentation of income is questionable, staff should attempt to verify the documentation. Verification is a process whereby the validity of the documents presented is checked through another source e.g. employer verification of wages, or local DSS office verification.

Changes in Income During a Certification Period

Participants are not required to report income changes during the certification period. A reassessment of income eligibility may be required in certain situations; however, income eligibility is only reassessed when more than 90 days remain in the participant's certification period.

- **Required Income Assessment During a Certification**
  If more than 90 days remain in the current certification period, local agency staff must reassess income of a participant if:

  - the local agency has received credible complaints about the participants' income eligibility;
  - the local agency receives information indicating that the participant's household income has changed; and/or
  - a participant voluntarily reports a change in income.

  In these situations, staff should contact the participant immediately and schedule an appointment for a reassessment of income eligibility for the individual and all members of the household on WIC.

- **Participant is Found to be No Longer Income Eligible During a Certification**
  If a participant is no longer income eligible based on a reassessment of income, the participant must be informed of the ineligibility and issued the "No Longer Eligible/Termination Due" notice. The participant must be terminated from the NC WIC Program no less than 15 days from the time of reassessment. Refer to Chapter 6D for information on participant notifications.

  At the time of termination, previously issued food benefits for future months are automatically voided; however, previously issued food benefits for the current month remain available for redemption by the participant.

  NOTE: Regardless of the time remaining in a certification period, a WIC participant previously found to be adjunctively eligible cannot be disqualified during a certification solely because they or certain family members no longer participate in Medicaid, TANF (Work First), or FNS (Food Stamps). These participants may only be disqualified after their income eligibility has been reassessed for adjunctive eligibility through another program or through determining gross income of the economic unit.

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Documenting Income Eligibility in Crossroads

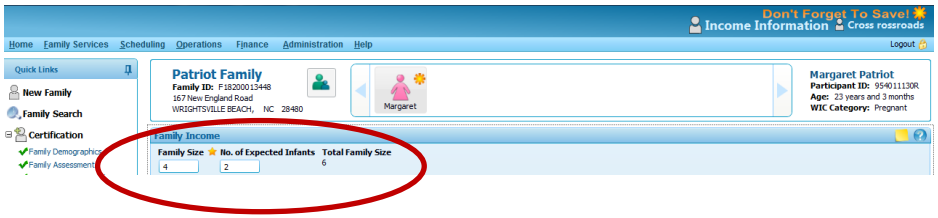
The Income Information screen is a family screen. It can be completed with any family member selected in the carousel. Total Family Size is used to determine the Eligibility Guideline Amount. There are three ways to document income eligibility in Crossroads: 1) Adjunctive eligibility; 2) Full income screen; and 3) Zero income declaration. Documenting self-reported adjunct program participation is **mandatory** for federal reporting requirements. It must be collected even if the participant is not proven adjunctively eligible for WIC.

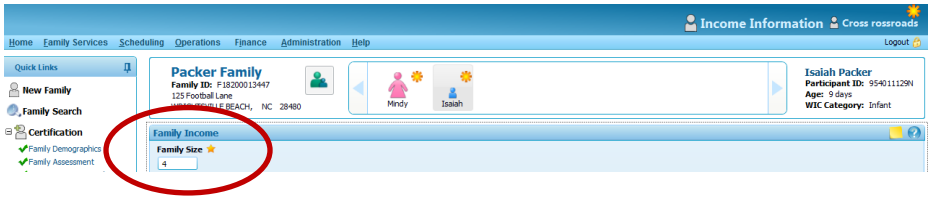
Below are the required steps for each process. The steps begin after a Family has been added and the user has navigated to the **Income Information** screen in the Certification section of Quick Links.

Adjunctive Eligibility

Step One: Family Size

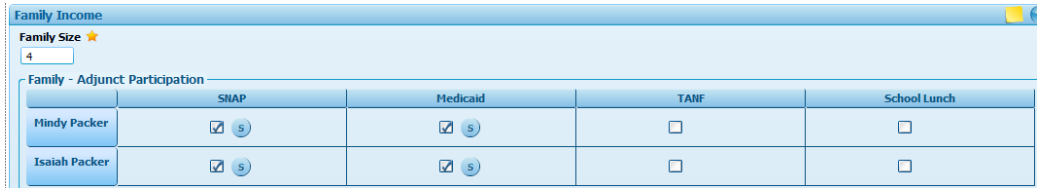
- Enter the number of members in the family in **Family Size**.
- Enter the number of expected infants in **No. of Expected Infants**, if applicable
- The values for **Family Size** and **No. of Expected Infants** are combined to indicate the **Total Family Size**.





Step Two: Self-Reported Adjunct Program Participation

- Within the **Family – Adjunct Participation** grid, select all programs that the participant or parent/guardian/caretaker self-reports participating in (if any) for each family member that is participating in WIC.
- An "S" (for "self-reported") is displayed.



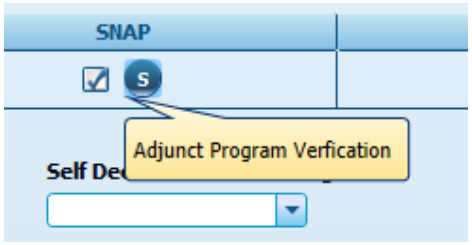
Note: SNAP = Food and Nutrition Services (FNS) Program (Food Stamps)
TANF = Work First

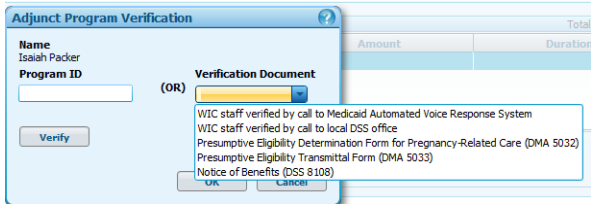
Step Three: Verify Adjunct Program Participation

For at least one program selected, do the following:

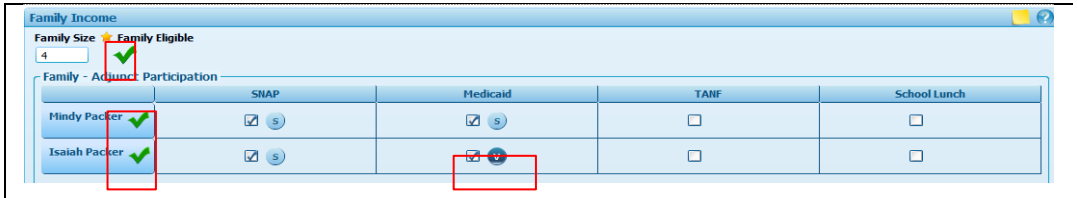
- Click the **Adjunct Program Verification** button S to display options to document how adjunct eligibility is verified. The **Adjunct Program Verification** screen displays.
- Click **Verify** to use Online Verification (OLV) OR select a **Verification Document**.
- Click **OK** to process the screen. You are returned to the Income Information screen. If adjunct program participation is verified, a V is displayed instead of an S, and a green check mark displays under **Family Eligible** and/or next to the participant's name in the **Family – Adjunct Participation** box. It varies depending on the program selected and whether eligibility is conferred to the entire family.

Note:



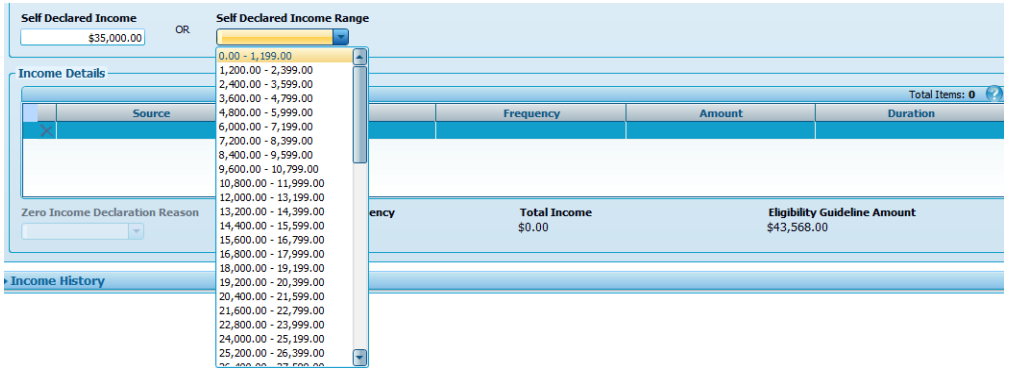


Medicaid: If a Pregnant Woman or Infant is eligible, the entire family is eligible.
SNAP: If any member of the family is eligible, the entire family is eligible.



Step Four: Complete Self Declared Income/Range

- Enter a **Self Declared Income** (Dollar amount) or select a **Self Declared Income Range** from the drop down list.
- If the green check mark does not display, continue to the instructions for **Full Income Screen** below.
- Click **Save**. A status message displays indicating success and you are navigated to the next screen in the process, **Health Information**.

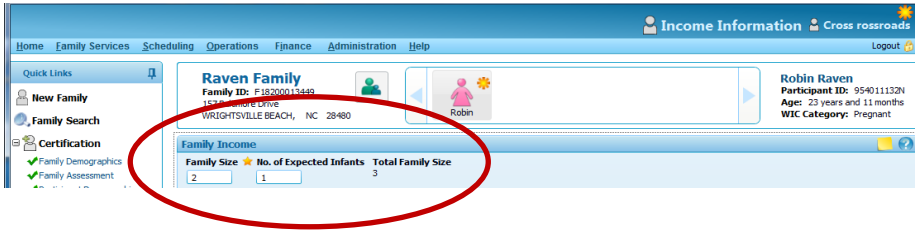


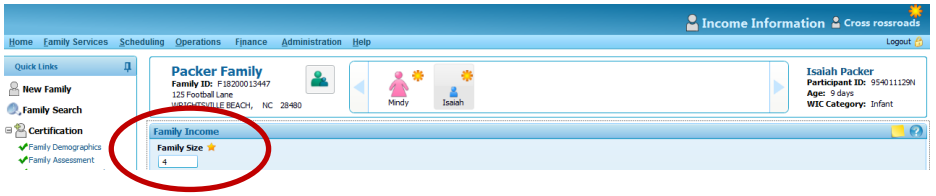
Full Income Screening

The Income Detail grid is required if family eligibility is not determined by Adjunct Program Participation Income.

Step One: Family Size

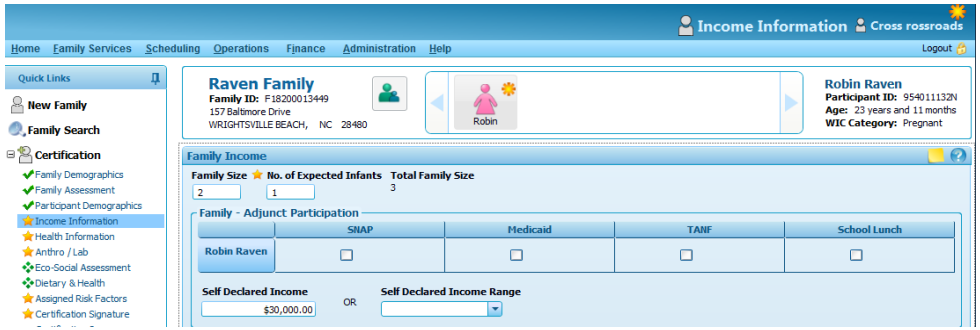
- Enter the number of members in the family in **Family Size**.
- Enter the number of expected infants in **No. of Expected Infants**, if applicable
- The values for **Family Size** and **No. of Expected Infants** are combined to indicate the **Total Family Size**.





Step Two: Self-Reported Adjunct Program Participation

- Within the **Family – Adjunct Participation** grid, select all programs that the participant or parent/guardian/caretaker self-reports participating in (if any) for each family member that is participating in WIC.
- An "S" (for "self-reported") is displayed.

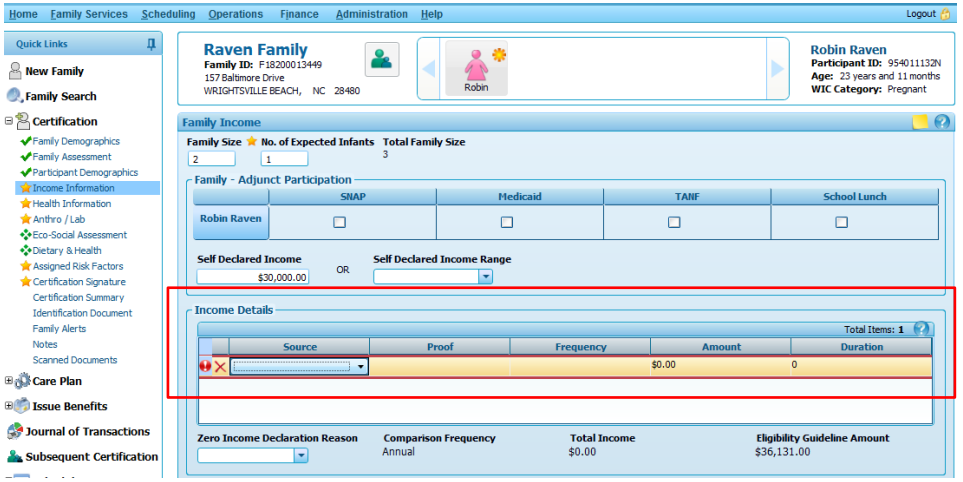


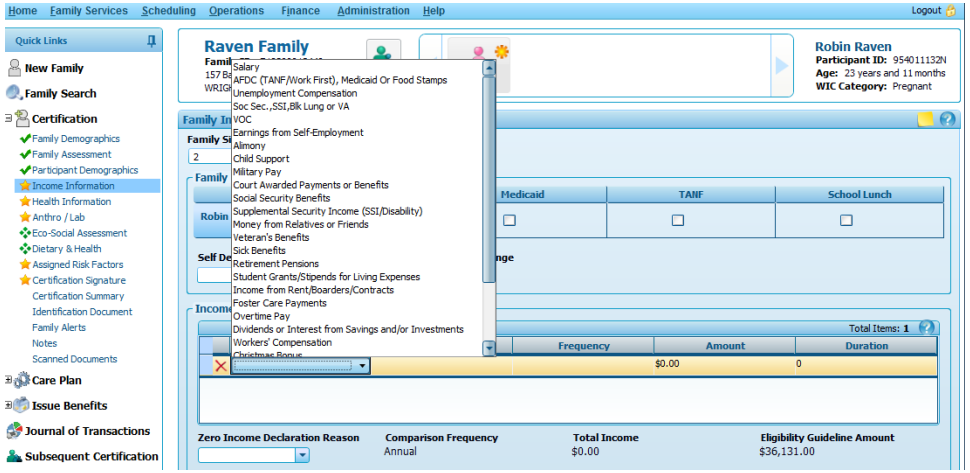
Note: SNAP = Food and Nutrition Services (FNS) Program (Food Stamps)
TANF = Work First

Step Three: Income Details

Within the **Income Details** grid, enter a row of information for **each** income source associated with the family **until all applicable income** is reported by doing the following:

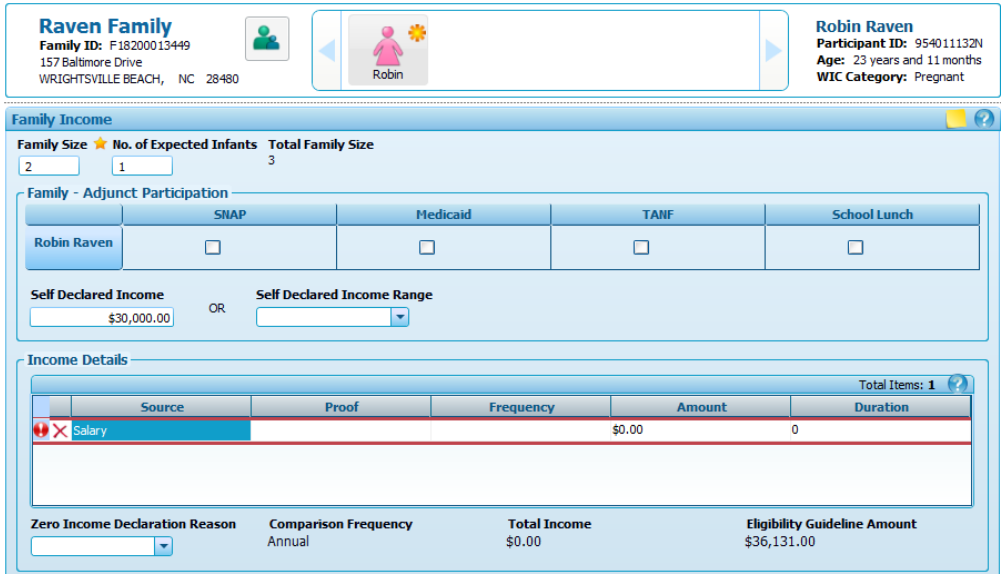
- Click on the **Source** column header and select a source of income from the drop down menu.



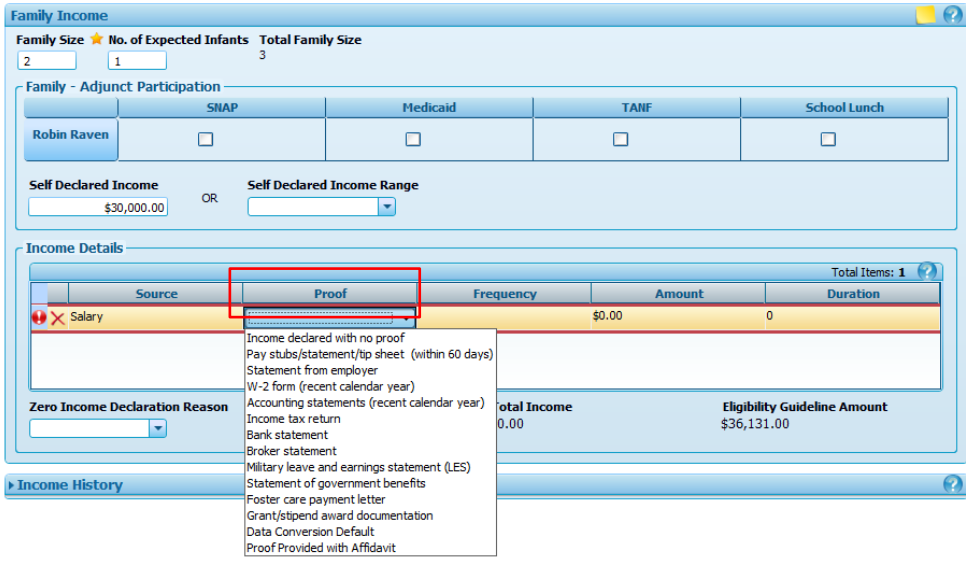


Drop Down Menu for Source of Income

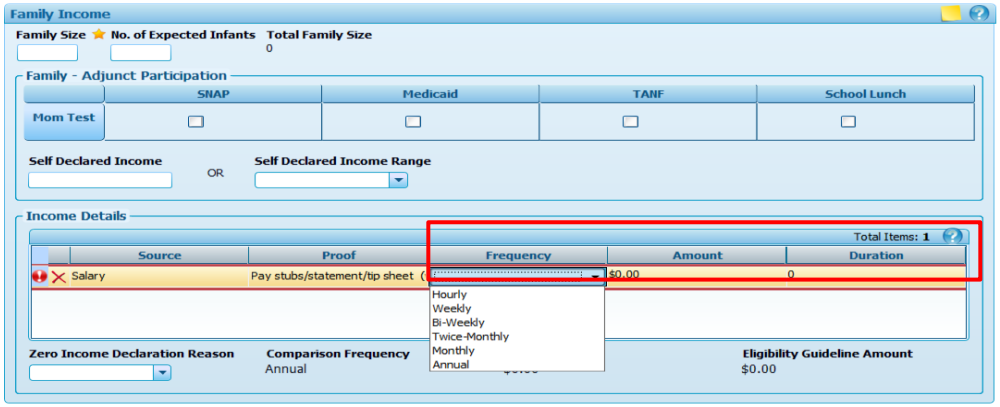
- Select the **Proof**. When no proof exists, choose "Proof Provided with Affidavit." See **Step Four** below.

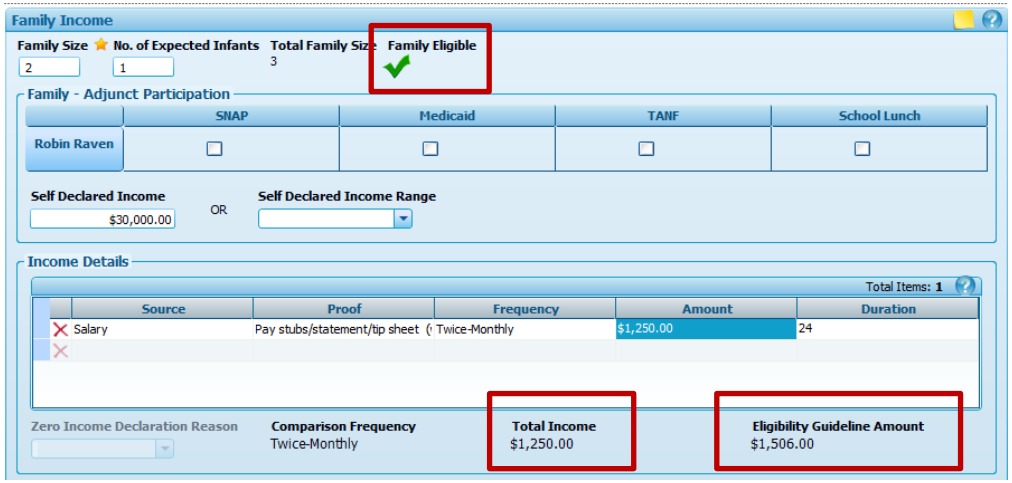


- Click on the **Proof** column header and choose a proof of income from the drop down menu.



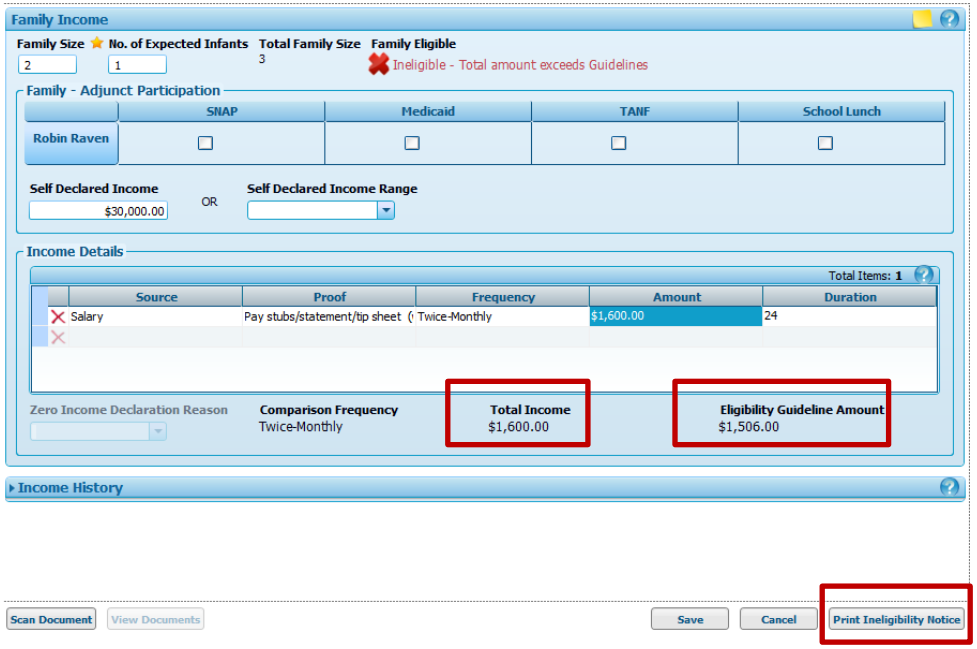
- Select the **Frequency**, enter the **Amount** and enter the **Duration** by clicking on the header and choosing from the drop down menu.
- **Comparison Frequency** is adjusted to annual when more than one income frequency exists for a family. Exception: hourly is included in weekly income.
- **Total Income** is calculated by the system and compared to the **Eligibility Guideline Amount**.
- If the **Total Family Income** is less than or equal to the **Eligibility Guideline Amount**, the family is income eligible. A green check mark displays at the top of the screen.





Family Eligible

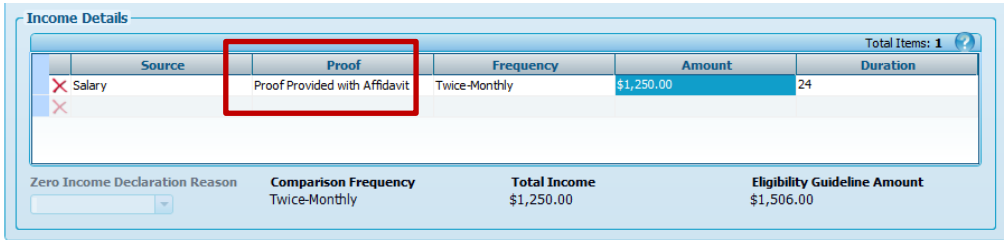
- If the Total Family Income is greater than the Eligibility Guideline Amount, the **Applicant Ineligible** icon ( ) displays at the top of screen indicating the family is not income eligible.
- **Print** the **Ineligibility Notice**.
- Click **Save**. The system refreshes and you are navigated to the next screen in the process.



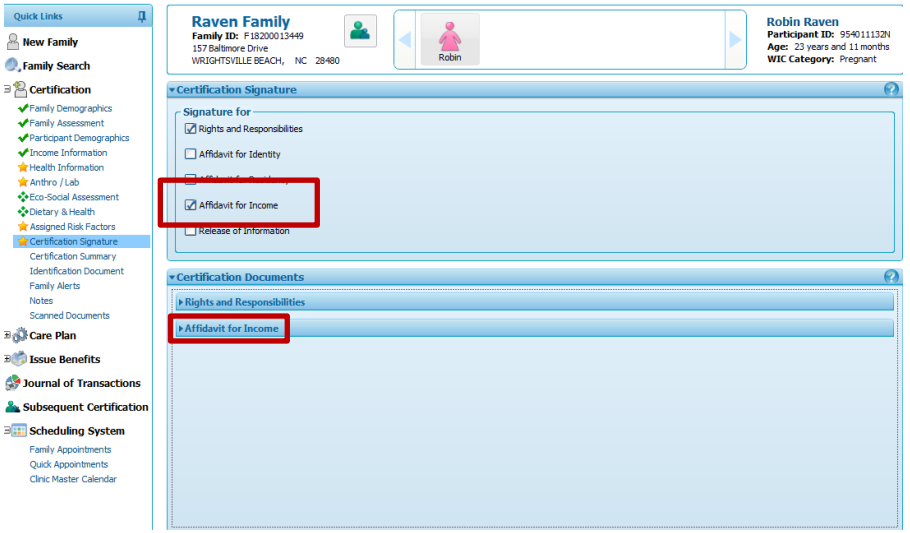
Family Ineligible- Total amount exceeds Guidelines

Step Four: Income Declared with No Proof (if applicable)

- When no proof exists, choose “Proof Provided with Affidavit.”
- Click **Save**. The system refreshes and you are navigated to the next screen in the process.

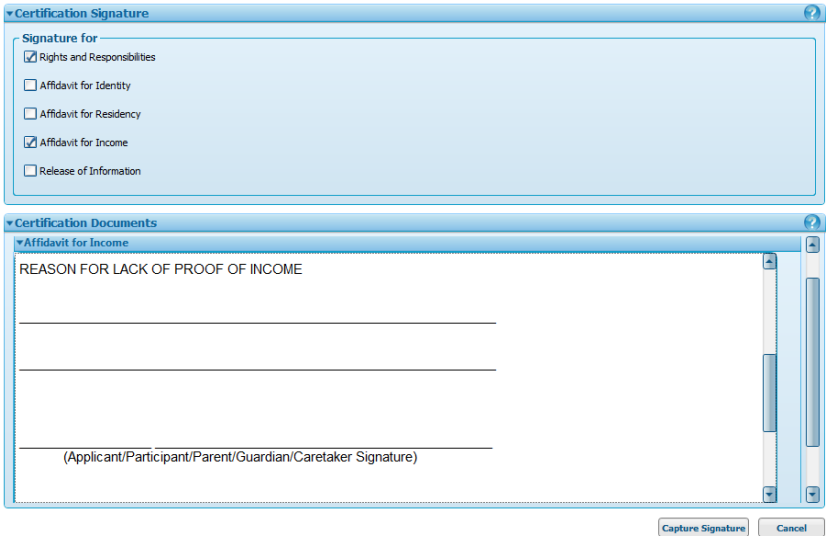


- Navigate to the **Certification Signature** screen by using the **Quick Links** bar.
- Choose the **Affidavit for Income** checkbox. The **Affidavit for Income** appears in the **Certification Documents** grid.

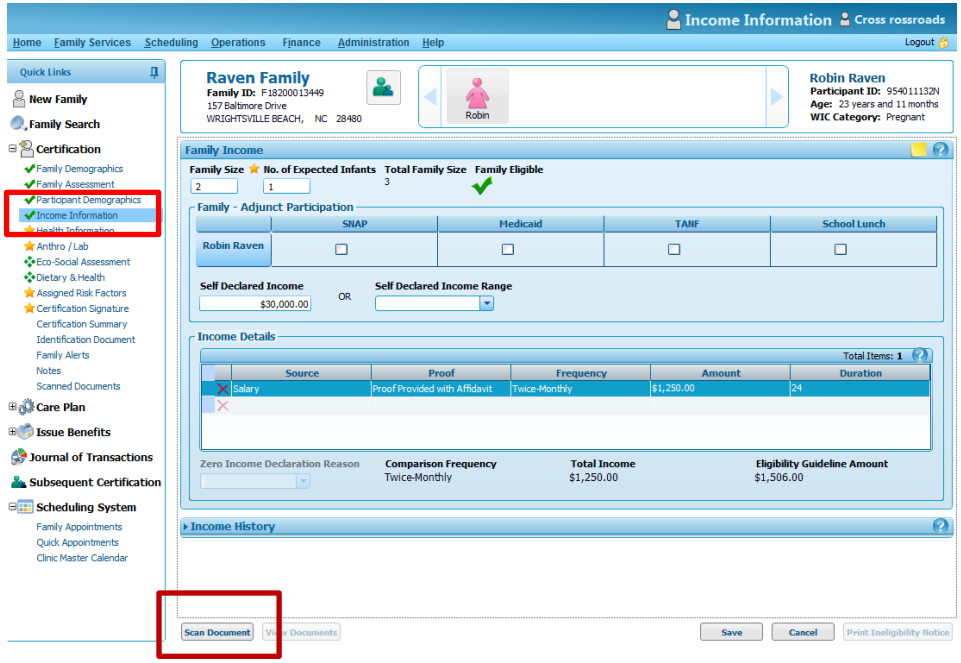


- Print the affidavit; complete the Reason for Lack of Proof of Income.
- Have the participant/parent/guardian/caretaker sign the affidavit.
- See the Interim WIC Program Manual, Chapter 6B, Section 5, pages 15-16 for acceptable reasons for No Proof.





- Return to the **Income Information** screen and choose the **Scan Document** button to scan the affidavit back into the system.

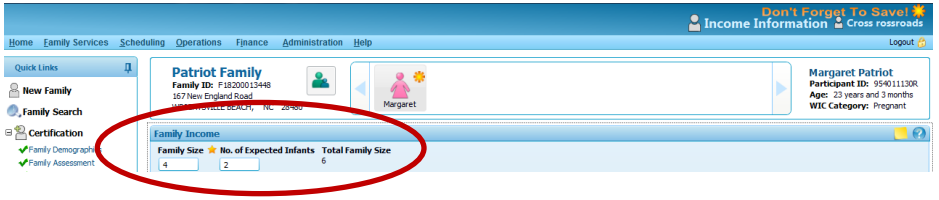


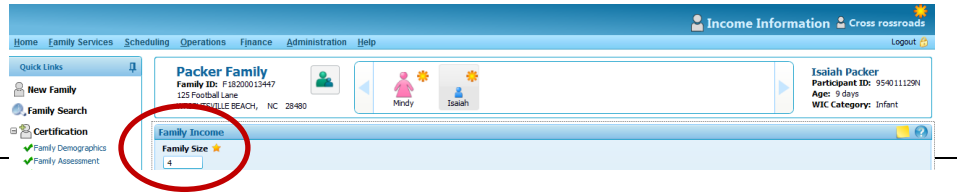
Zero Income Declaration

The **Zero Income Declaration Reason** field is required when the family reports zero income and Adjunctive Income Eligibility cannot be verified. For more information about Zero Income Declaration, see the WIC Program Manual, Chapter 6B, Section 5, page 16.

Step One: Family Size

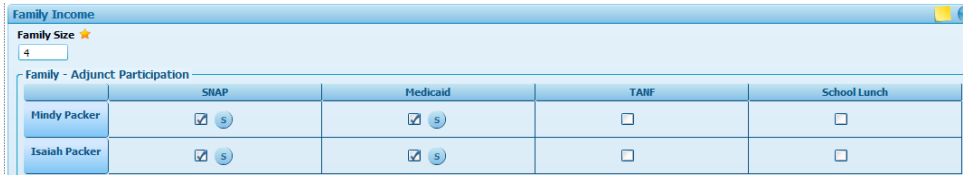
- Enter the number of members in the family in **Family Size**.
- Enter the number of expected infants in **No. of Expected Infants**, if applicable
- The values for **Family Size** and **No. of Expected Infants** are combined to indicate the **Total Family Size**.





Step Two: Self-Reported Adjunct Program Participation

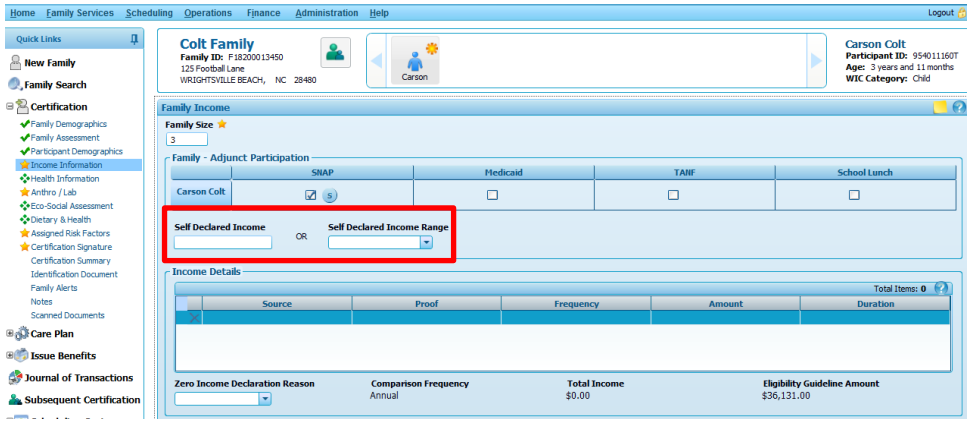
- Within the **Family – Adjunct Participation** grid, select all programs that the participant or parent/guardian/caretaker self-reports participating in (if any) for each family member that is participating in WIC.
- An "S" (for "self-reported") is displayed.

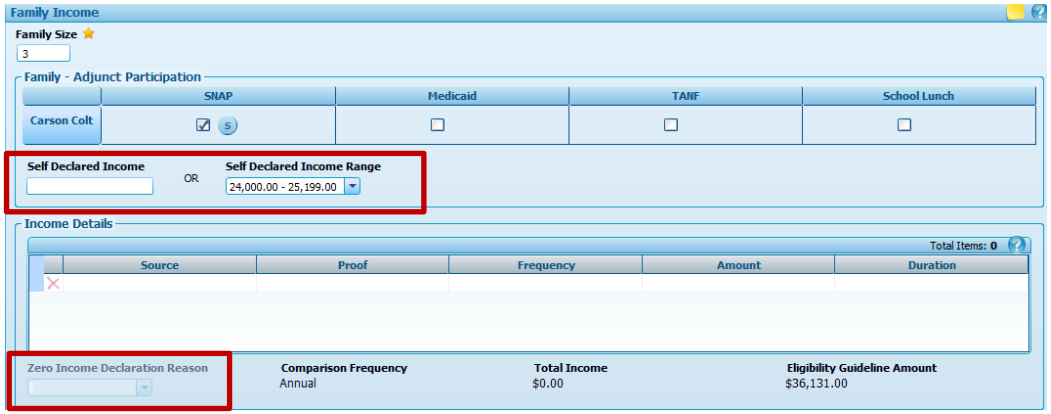


Note: SNAP = Food and Nutrition Services (FNS) Program (Food Stamps)
TANF = Work First

Step Three:

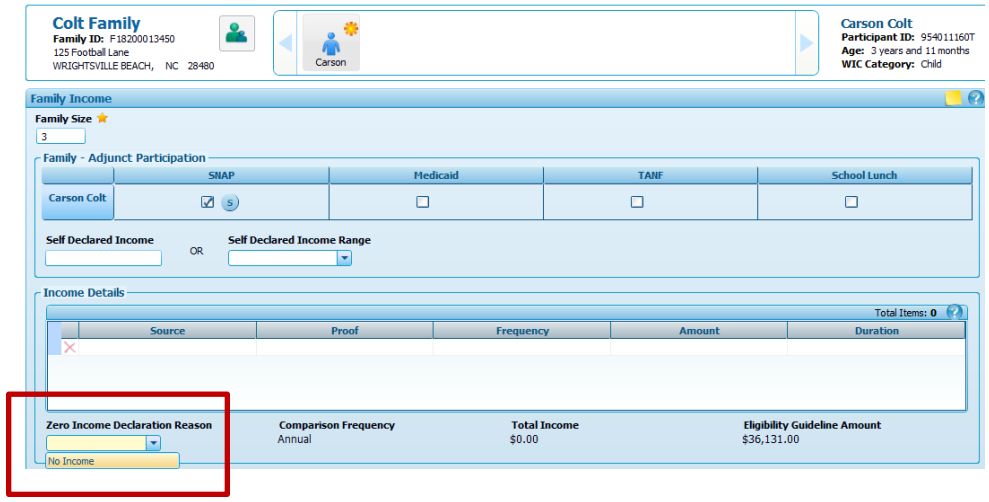
- Leave the **Self Declared Income** and **Self Declared Income Range** fields and the **Income Details** grid blank.
- Note that the **Zero Income Declaration Reason** field is disabled if an entry appears in the **Self Declared Income** or **Self Declared Income Range** fields.

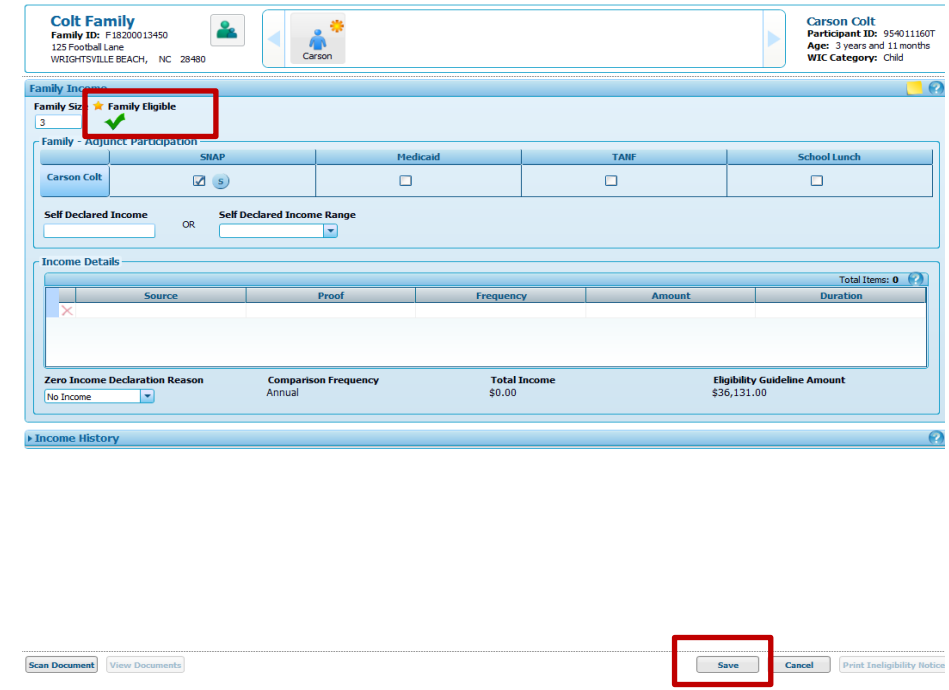




Zero Income Declaration Reason is disabled if an entry appears in the **Self Declared Income** or **Self Declared Income Range** fields

- Select “No Income” from the **Zero Income Declaration Reason** drop down list box.
- A green check mark displays at the top of the screen.
- Click **Save**. A status message displays indicating success and you are navigated to the next screen in the process.





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Income Eligibility Guidelines

Once the size and gross income of the economic unit have been determined and documented, staff use the Federal poverty guidelines included in the chart below to determine income eligibility. The guidelines are published by the U.S. Department of Health and Human Services (DHHS).

185% of Federal Poverty Guidelines (Effective June 8, 2026)					
Size of Economic Unit	**Maximum Gross Income**				
	Annual	**Monthly**	**Twice Monthly**	**Bi-Weekly**	**Weekly**
1	$29,526	$2,461	$1,231	$1,136	$568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
9	113,590	9,466	4,733	4,369	2,185
10	124,098	10,342	5,171	4,773	2,387
11	134,606	11,218	5,609	5,178	2,589
12	145,114	12,093	6,047	5,582	2,791
13	155,622	12,969	6,485	5,986	2,993
14	166,130	13,845	6,923	6,390	3,195
15	176,638	14,720	7,360	6,794	3,397
16	187,146	15,596	7,798	7,198	3,599
For each additional member of economic unit, add:					
	+$10,508	+$876	+$438	+$405	+$203

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What Counts Toward Gross Income For WIC Program Eligibility

Counts Towards Gross Income	DOES NOT Count Towards Gross Income
▪ salaries, wages, commissions, fees, tips ▪ overtime pay ▪ earnings from self-employment ▪ dividends or interest from savings, stocks, bonds, other investment income, or net rental income ▪ public assistance or welfare payments ▪ unemployment compensation ▪ alimony and child support payments ▪ military allotments including re-enlistment bonuses, jump pay, and uniform allowance *(refer to the other side for more information on military income as indicated on military leave and earning statements)* ▪ Social Security benefits ▪ Veterans Administration benefits ▪ Supplementary Security Income (SSI) benefits (includes disability) ▪ retirement and pension payments ▪ workers compensation ▪ student grants/stipends paid to the student for living expenses ▪ Christmas bonuses, prize winnings, lottery winnings ▪ money received from individuals not living in the household ▪ cash income including but not limited to cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which are readily available to the family ▪ foster care payment	▪ money earned by children for baby-sitting, lawn mowing and other such tasks. ▪ military housing benefits (on-base or off-base). ▪ cost of living allowance for military personnel on duty outside of the contiguous 48 states (OCONUS COLA). ▪ mandatory salary reduction amount for military service personnel which is used to fund the Veteran's Educational Assistance Act. ▪ value of in-kind benefits. ▪ short term, non-secured loans ▪ value of Earned Income Tax Credit (EITC) refund/payment. ▪ value of any child care payments - made under section 402(g)(1)(E) Social Security Act - provided or paid for under the Child Care and Development Block Grant Act. ▪ the value of assistance to children or families under the: - National School Lunch Act. - Child Nutrition Act of 1966. - Food Stamp Act of 1977. ▪ payments to volunteers under: - Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973 - Section 8 (b) (1) (B) of the Small Business Act (SCORE and ACE). ▪ payments/reimbursements received under any of the following Acts: - Job Training Partnership Act - Low Income Energy Assistance Act - Disaster Relief Act of 1974 - Carl D. Perkins Vocational Education Act - Old Age Assistance Claims Settlement Act - Cranston-Gonzales National Affordable Housing Act - Housing and Community Development Act of 1987. - Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 - Agent Orange Compensation Exclusion Act - Economic Stimulus Act of 2008 ▪ student financial assistance received from any program funded in whole or part under: - Title IV of the higher Educational Opportunity Grant, - State Student Incentive Grants, - National Direct College Student Loan, - PLUS, - College Work Study and Byrd Honor Scholarship programs. ▪ Government stimulus pay (CARES ACT, American Rescue Plan) ▪ Filipino Veterans Equity Compensation Fund payments ▪ other exclusions listed in 7CFR 246.7(d)(iv)

Military Leave & Earnings Statement (LES)

Type	Description	Counts as Income for WIC**
BAH	BASIC ALLOWANCE FOR HOUSING	NO
BAS	BASIC ALLOWANCE FOR SUBSISTENCE	YES
BASE	BASE PAY	YES
CARSEA	CAREER SEA PAY	YES
CEFIP	CAREER ENLISTED FLYER INCENTIVE PAY	YES
CIP	COMBAT RELATED INJURY AND REHAB PAY	NO
CLOTHING	CLOTHING ALLOWANCE	YES*
CMAI	CIVILIAN CLOTHING MAINTAINANCE ALLOWANCE	YES*
COLA	COST OF LIVING ALLOWANCE	YES
FDP	FOREIGN DUTY PAY	YES
FLPP	FOREIGN LANGUAGE PROFICIENCY PAY	YES**
FLY	FLY PAY	YES
FSA	FAMILY SEPARATION ALLOWANCE	YES**
FSH	FAMILY SEPARATE HOUSING	NO
FSSA	FAMILY SUBSIST SUPPLEM ALLOWANCE	NO
HDIP	HAZARDOUS DUTY INCENTIVE PAY	YES**
HDP	HARDSHIP DUTY PAY	YES**
HDP-L	HARDSHIP DUTY PAY - LOCATION	YES**
HDP-M	HARDSHIP DUTY PAY - MISSION	YES**
HFP / IDP	HOSTILE FIRE PAY / IMMINENT DANGER PAY	YES**
JUMP	JUMP PAY	YES
OCONUS COLA	OVERSEAS CONTINENTAL U.S.	NO
OHA	OVERSEAS HOUSING ALLOWANCE	NO
OLA	OVERSEAS LIVING ALLOWANCE	NO
SAVE	A CALCULATED DIFFERENCE IN GRADE PAY	YES*
SBP	MILITARY SURVIVOR BENEFITS PLAN	YES
SDAP	SPECIAL DUTY ASSIGNMENT PAY	YES**
SEA PAY	CAREER SEA PAY	YES
SEB	SERVICE MEMBER ENLISTMENT BONUS	YES*
SEP	SEPARATION PAY	YES
SPEC	SPECIAL FORCES	YES
SRB or SRBP	SELECTIVE RE-ENLISTMENT BONUS PAYMENT	YES*
TDY	TEMPORARY DUTY	YES
TLA	TEMPORARY LODGING ALLOWANCE	NO
REBATE	REBATE	NO

For information about other types of income that appear on the LES, go to: https://www.dfas.mil/militarymembers/payentitlements/aboutpay/.

* use 1/12th the amount listed when using monthly income to determine income eligibility

** If determined to be combat pay, exclude from calculation of gross income. Refer to Section 4 for more information on combat pay and determination of gross income.

Chapter 6C
Certification/Participation-Nutrition Assessment

Table of Contents

This chapter describes policies and procedures related to the nutrition assessment process used to determine an individual's nutrition status, including nutrition eligibility for WIC, and to develop the plan of nutrition care.

Section 1. Nutrition Assessment and Plan of Care 1
- Frequency of Nutrition Assessment
- Sources of Nutrition Assessment Information
- Categories of Nutrition Assessment Information
- Establishing Nutrition Risk Eligibility for WIC
- Summarizing the Participant's Nutrition Status
- Developing the Care Plan
- Documenting the Nutrition Assessment and Care Plan

Section 2. Anthropometric Data Collection.....5
- Anthropometric Data Requirements
- Anthropometric Medical Equipment
- Procedures for Weighing and Measuring

Section 3. Bloodwork Requirements 9
- Minimum Requirements
- Timing of the Bloodwork
- Medical Exceptions to Bloodwork Requirements
- Refusal to have Bloodwork Completed
- Documentation of Bloodwork

Section 4. Breastfeeding Status.....13
- Breastfeeding Status Data
- Minimum Requirements

Section 5. Staff Who May Determine Nutrition Eligibility for WIC 15
- Competent Professional Authority (CPA)

Section 6. Temporary Eligibility for Pregnant Women.....17
- Documentation of Temporary Eligibility
- Issuance of Food Benefits
- Nutrition Assessment and Continuation of Program Benefits

Section 7. Immunization Screening and Referral 19
- Immunization Screening
- Immunization Referrals
- Documentation Requirements
- Local Agency Protocol

Section 8. WIC's Role in Lead Testing and Referral 21

Attachments:

Attachment 1. WIC Program Exchange of Information Form (DHHS 3492)
Attachment 2. WIC Nutrition Risk Criteria
- Appendix A: Medical Conditions – Risks 341 - 363
- Appendix B: Inappropriate Nutrition Practices for Women – Risk 427
- Appendix C: Inappropriate Nutrition Practices for Infants – Risk 411
- Appendix D: Inappropriate Nutrition Practices for Children – Risk 425

Attachment 3. Procedures for Measuring and Weighing
- Measuring Recumbent Length
- Measuring Standing Height
- Weighing – Infant Scale
- Weighing – Standing Scale

Required Local Agency Written Policies and Procedures

- Each local agency must have a written protocol for immunization screening and referral. (page 18)

Nutrition Assessment and Plan of Care

The nutrition assessment process determines an individual's nutrition status, including nutrition eligibility for WIC, and provides the framework for developing an individual's plan of nutrition care.

- **Frequency of Nutrition Assessment**
  A nutrition assessment must be completed and a plan of nutrition care developed for each applicant/participant at each certification and at the following intervals**:**

  - Infants must receive a nutrition assessment five to seven months after birth.
  - Breastfeeding postpartum women must receive a nutrition assessment five to seven months after delivery.
  - Children must receive a nutrition assessment at mid-certification, i.e., five to seven months after certification.

- **Sources of Nutrition Assessment Information**
  Information required for the nutrition assessment may be collected from a variety of sources including the applicant/participant/parent/guardian/caretaker (i.e., self-report), the local agency, a private health care practice, and/or any other type of health care facility.

  Regardless of the source, the information must be documented in the individual's health record in the Crossroads system. Written information obtained from outside the local agency must be scanned and saved in the applicant's/participant's record in the Crossroads system. The information received may be documented from various sources such as the "WIC Program Exchange of Information" form (refer to Attachment 1), "WIC Program Medical Documentation" form (refer to Attachment 2), physician's prescription form, and written correspondence (e.g., memo, letter, discharge summary).

  Information obtained from the applicant/participant/parent/guardian/caretaker is collected through an interview process. To facilitate this process, staff may choose to use a questionnaire the client voluntarily completes prior to the nutrition assessment interview. Client-completed questionnaires are not required to be retained.

- **Categories of Nutrition Assessment Information**
  To complete a nutrition assessment, staff must collect information in each of the following categories.

  - **Anthropometric Information.** This information is collected to assess growth and physical development of infants and children and prenatal weight gain and weight status of women. Refer to Section 2 for more guidance on requirements for anthropometric data collection. The information is documented under the Anthro/Lab quick link in the Crossroads system.

- **Biochemical Information.** This information is collected to assess blood serum indicators of nutrition risk, such as iron status and lead levels. Refer to Section 3 for details about requirements for biochemical data collection. The information is documented under the Anthro/Lab quick link in the Crossroads system.

- **Breastfeeding Status.** This information is collected to assess breastfeeding history, current infant feeding practices, healthcare provider recommendations, breastfeeding goals and any concerns or challenges.

- **Clinical/Health History/Disease Status.** This information is collected to assess medical and clinical indicators of nutrition risk, health history and disease status. Health and disease conditions are evaluated for nutrition-related consequences. The information is documented under the Health Information quick link in the Crossroads system. Clinical information that is assessed includes but is not limited to:
  - pregnant and postpartum women: pregnancy-related conditions, history of pregnancies and birth outcomes, presence of medical conditions, use of substances (tobacco, alcohol, drugs), use of medications (e.g., prescription, over-the-counter, herbal supplements), oral health status, and depression.
    Note: Local agencies must maintain a current list of local health and mental health resources for referral for diagnosis and treatment of maternal depression.
  - infants and children: presence of medical conditions, use of medications (e.g., prescription, over-the-counter, herbal supplements), immunization status and oral health status. Refer to Section 6 for information on immunization screening requirements in WIC.

- **Dietary and Physical Activity Behaviors.** This information is collected to assess dietary and physical activity behaviors which may be indicative of nutrition risk. Behaviors that are assessed include but are not limited to usual eating or feeding pattern, fruit and vegetable consumption, type of milk/beverages consumed, frequency of physical activity, and amount of TV time. The information is documented under the Dietary & Health and Eco-Social quick links in the Crossroads system.

- **Eco-social Information**. This information includes eco-social behaviors and conditions which may indicate nutrition risk. Eco-social information that is assessed includes but is not limited to household composition, food security, working appliances for food preparation and source of drinking water, homelessness, and migrancy status. The information is documented under the Family Demographics, Family Assessment and Eco-Social quick links in the Crossroads system.

■ Establishing Nutrition Risk Eligibility for WIC

Staff must identify all applicable WIC nutrition risk criteria for each participant at each certification/subsequent certification. Refer to Attachment 2: "WIC Nutrition Risk Criteria" for a list of all risk factors used to determine nutrition eligibility. The Assigned Risk Factors quick link lists the system-identified risk factors and allows the CPA to add additional nutrition risk codes based on the interview, observation and assessment performed.

- **Summarizing the Participant's Nutrition Status**
  Staff must organize, integrate, and synthesize the information gathered during the nutrition assessment process in the creation of the Care Plan.

  - **Summary of Nutrition Status/Assessment.** Staff must write a brief statement in the Nutrition Assessment container that summarizes the findings of the nutrition assessment, including problems and potential problems. The container is located under the Care Plan, Care Plan Summary quick link in the Crossroads system.

- **Developing the Care Plan**
  Based on the summary of nutrition problems and potential problems, staff must work with the participant to establish a nutrition plan of care. Consideration must be given to the participant/parent/guardian/caretaker education, understanding of nutrition principles, beliefs, skills, cultural practices, family and social environment resources, access to food and health care services, and stage of readiness to make changes in behaviors for her/himself or her/his family. The required components of a nutrition plan of care are:

  - **Goals.** A goal is intended to be a specific change a client is willing to make to improve a nutrition or physical activity habit or behavior. They generally are one or two actions the participant/parent/guardian/caretaker establishes or agrees to, that he/she will do to achieve the desired health outcome(s). The goals are documented in the Crossroads system under the Care Plan, Maintain Goals quick link. Goals can be Family Goals and/or Individual Goals and should be relevant, achievable, measurable, and realistic.

  - **Nutrition education.** Nutrition education should be related to the goals and any required nutrition education. Nutrition education is documented in the Crossroads system under the Care Plan, Nutrition Education quick link. Refer to Chapter 5 for information on required nutrition education topics.

  - **Breastfeeding support.** Breastfeeding support should address the participant's breastfeeding goals, current breastfeeding practices, and any identified breastfeeding concerns or challenges. This may include counseling on breastfeeding techniques or strategies. The issuance of a breast pump and/or breastfeeding aid should be related to the participant's breastfeeding goals, identified breastfeeding issues, and/or health needs.

  - **Referrals.** Referrals to other health, welfare and social services should be made to help meet additional needs, assist in improving health and achieving positive health outcomes. Referrals should also be related to the goals, identified nutrition problems/potential problems and health needs, and documented in the participant's record. Referrals are documented in the Crossroads system under the Care Plan, Referral Program quick link when the program to which the participant is being referred can be chosen from the screen. Otherwise, the referral must be documented as a note in the Nutrition Assessment section on the Care Plan Summary screen.
    Note: To update information about any programs or services accessible on the Referral Program screen, the local agency should contact their Regional Nutrition Consultant and provide information about the changes needed.

- **Required referrals.** WIC staff must provide written information at certifications or subsequent certifications to adult participants and adult individuals applying for the NC WIC Program for themselves or on behalf of others about the Medicaid Program. The information should include income limits according to family size if they have a family income that appears to be below the monthly income limit and are not currently receiving Medicaid. Additional information about Medicaid can be found at: https://medicaid.ncdhhs.gov/.

- **WIC food package.** The food package prescribed should reflect the participant's nutritional needs and cultural practices.

- **Follow-up.** Follow-up should include a specific timeframe and purpose/action and should be related to the goals, referrals, and health needs.

■ **Documenting the Nutrition Assessment and Care Plan**

Staff are required to document the nutrition assessment and care plan in the client's health record in the Crossroads system.

The primary purpose of documentation is to ensure continuity of care by communicating information among health care providers about a participant's nutrition status. Another purpose of documentation is to serve as a legal record of services provided. Documentation must be clear in the Crossroads system. Use abbreviations consistent with the local agency's approved abbreviation list. Errors must be corrected using an additional entry in the care plan in the Nutrition Assessment area beginning with the text "Additional data or correction to data entered on [date of previous entry]." These documentation practices are critical should the record ever be needed for a legal procedure/action.

Anthropometric Data Collection

Anthropometric data collection is used to assess health and nutritional status. The information correlates with identification of all nutrition risk codes for a participant and the alignment of associated program services.

Staff must comply with Program policies for the type of anthropometric data that is collected, when data is collected, the type of medical equipment used, and procedures staff use to weigh and measure individuals.

■ **Anthropometric Data Requirements**

Both weight and height/length must be collected at each certification for all participant categories. This information may be obtained through weighing and measuring at the time of certification, from documentation in the Crossroads system, or through written referral information from a health care provider. Anthropometric data used for certification must not be more than 60 days old at the time of certification.

The following additional requirements apply:

For Pregnant women	▪ Weight and height data must be collected during pregnancy. ▪ At least two weights must be collected during pregnancy and documented in the Crossroads system appropriate for the woman's pre-pregnancy BMI.* *Note: Only one weight is required if the woman is certified at 37 weeks or greater gestation.*
For Postpartum and Breastfeeding women	▪ Weight and height data must be collected after pregnancy. ▪ Pre-pregnancy weight must be collected or determined.* ▪ Pregnancy outcome and gestational age; as appropriate, birth weight and birth length for delivered infant. ▪ Weight and height data must be collected at the mid-year assessment of postpartum breastfeeding women.
For Infants and Children	▪ Gestational age, birth weight and birth length collected for all infants and children up to 24 months of age. ▪ The expected rate of weight gain must be determined for: - infants and children with a recent history of poor growth (e.g., inadequate weight gain, a decrease in weight-for-age, a decrease in length/height-for-age within the past year) and - any infant or child for whom the clinician determines it necessary, ▪ Parental BMI must be assessed for: - Infants: at the initial or 5-7 month nutrition assessment - Children 12-24 months of age: initial nutrition assessment (i.e. they were not certified for WIC as infants), and - any child for whom the clinician determines it necessary.

* Pre-pregnancy weight may be obtained through participant self-report, documentation in the Crossroads system, or written referral information from a health care provider. In cases

when a woman's pre-pregnancy weight cannot initially be determined through any of these methods, it is required to obtain a pre-pregnancy weight. Staff should ask the participant probing questions related to her weight prior to pregnancy compared to her current weight (e*.g., How do you think your weight has changed since you became pregnant?; How has your appetite changed since you became pregnant?; How do your clothes fit now compared to before you became pregnant?, etc.)* and come to a mutual decision with the participant to identify a pre-pregnancy weight. As always, staff should use their professional judgment.

■ **Anthropometric Medical Equipment**
Medical equipment (i.e., scales and measuring boards) used by local agency staff to obtain anthropometric data is subject to specific purchasing requirements, must meet certain specifications, and must be routinely maintained to assure accurate measurements. Refer to Chapter 12 for additional guidance pertaining to purchasing medical equipment.

- **Specifications for Medical Equipment**
  - **Scales (weight).** There are two types of scales, double beam balance and digital. A double beam balance scale has both a main and a fine weight, adjusts manually; has engraved beam graduations, has a tare (zero) adjustment, and has a precise heavy-duty lever system with heat-treated pivots (no spring system). A digital scale has a load cell(s) and a digital read-out. For both types of pediatric scales**,** the weighing tray and surface should be able to be sanitized.
    Specifications for both beam balance and digital scales are:
    - Infant scales: a minimum increment of 10 grams or ½ ounce and a maximum weight of at least 20 kilograms or 40 pounds
    - Adult scales: a minimum increment of 100 grams or ¼ pound
  - **Infantometers and Stadiometers (length/height)**
    - Infant Board (Infantometer). These boards should be constructed to resist warping and have surfaces that can be sanitized. They should have a moveable foot board and a fixed right-angle head-board. Length should be indicated by fixed and measured increments on the board.
    - Adult Board (Stadiometer). These boards should have a moveable right-angle head-board which indicates the height using fixed, measured increments. Wall-mounted boards must be installed on a stationary wall (e.g., not on a door) and in such a manner to avoid base-board molding and/or carpeted floors which can impact the measurement accuracy.
    - Minimum Specifications.
      Infantometer and Stadiometer minimum increments: 0.1 centimeter or 1/8 inch
      Stadiometer minimum height: 190.5 centimeters or 75 inches.

- **Maintenance of Clinic Scales.** Scales used to obtain anthropometric data must be "zero adjusted", tested for accuracy, and calibrated when found to be inaccurate.
  - **Zero adjustment** of balance beam scales should be done after each measurement and each time the scales are moved. Digital scales make this adjustment automatically.
  - **Testing for accuracy** of scales must be done annually. This can be accomplished by requesting services in writing to the North Carolina Department of Agriculture. The request should include a contact person at the local agency, when the service is

needed and the site/location of each clinic scale that needs to be tested. An inspector will contact the local agency to provide this service free of charge.

North Carolina Department of Agriculture
Standards Division, Measurement Section
Mail Service Center 1050
Raleigh, NC 27699-1050

Local agency staff must retain the receipt from this testing. Any rejected scales which do not meet the testing standards must be removed from service immediately.

- **Calibration of scales** is required only when the result of the annual accuracy testing of scales indicates that it is necessary. This can be accomplished by contacting a medical equipment company or scale technician in your area or the medical equipment manufacturer. The North Carolina Department of Agriculture does not provide this service.

■ **Procedures for Weighing and Measuring**

Staff who weigh and measure individuals must be trained and must follow standard procedures. For standard procedures that must be used when weighing and measuring, refer to Attachment 3. Ensure the established area is designed to maintain the rights of applicants or participants in a manner that does not compromise privacy, dignity and confidentiality. Refer to Chapter 16 for information related to confidentiality.

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Bloodwork Requirements

WIC requires that a hemoglobin (hgb.) or hematocrit (hct.) be completed to screen for iron deficiency anemia. To meet this requirement, WIC Programs should align their efforts with the Centers for Disease Control and Prevention (CDC) guidelines for bloodwork testing of infants, children, and pregnant and postpartum women. The flexibility of these guidelines allows WIC to coordinate with other health programs serving WIC applicants/participants and to minimize repetitive, costly and invasive blood testing procedures. Results of tests performed outside the agency may be used or WIC agencies may perform the bloodwork test themselves at no charge to the applicant/participant.

- **Minimum Requirements**
  The bloodwork requirements for WIC *(which are based on CDC guidelines)* are summarized in the following table.

Participant Category / Age at Certification	Blood work Requirements
WOMEN	
Pregnant	Bloodwork must be performed at the earliest opportunity **during** current pregnancy.
Postpartum non-breastfeeding	Bloodwork must be performed **after** pregnancy ends (ideally 4-6 weeks after pregnancy ends).
Postpartum breastfeeding: *Delivery to 6 months postpartum*	Bloodwork must be performed **after** delivery (ideally 4-6 weeks after delivery).
Postpartum breastfeeding: *6 months to 12 months postpartum*	Additional bloodwork is **not** required if performed since delivery (*and results are available to the WIC Program.)* Otherwise, bloodwork is required.
INFANTS / CHILDREN	
less than 9 months of age	Bloodwork is not required.
9 months through 23 months of age	Bloodwork must be performed between 9-12 months of age** **and again** 6 months later (ideally around 15-18 months of age). *** A blood test performed before 9 months of age may be appropriate on a case-by-case basis (e.g., preterm, early term or low birth weight infant not fed iron-fortified formula).*
24 months to 60 months of age	Bloodwork is required annually beginning at 24 months of age unless the previous test indicates a hemoglobin less than 11.1 g/dL or a hematocrit less than 33%. When hemoglobin is less than 11.1 g/dL s or a hematocrit is less than 33%, a blood test must be performed at 6-month intervals until the hemoglobin is equal to or greater than 11.1 g/dL or the hematocrit is equal to or greater than 33%.

- **Timing of the Bloodwork**
  There is considerable flexibility in the schedule for blood tests used for WIC certifications. Depending on the situation, blood tests may be performed prior to; the same day as; or up to 90 days after the date of certification.

  - The result of a blood test performed **prior to the date of certification** may be used for women when the result reflects the woman applicant's category, meaning the test must have been taken for a pregnant woman during pregnancy and for a postpartum or breastfeeding woman after the end of her pregnancy; or for infants and children, conforms to the anemia screening schedule as outlined in the previous table.

  - The result of a blood test performed on the **same day as certification** may be used for any participant.

  - For pregnant, postpartum breastfeeding and postpartum non-breastfeeding women, and for children; the hematological test may be **deferred for up to 90 days after the date of certification** when the individual has at least one qualifying nutritional risk factor present at the time of certification.

    If no qualifying risk factor is identified at certification, then a hematological test for anemia (hgb/hct) must be performed or obtained from referral sources to complete the eligibility determination. The one exception to this requirement is pregnant women who are certified with temporary eligibility (nutrition risk criterion 503) since these women may be certified for up to 60 days without an evaluation of nutrition risk. Refer to Section 6 for more information on temporary eligibility of pregnant women.
    NOTE: Nutrition risk criteria 401or 428 may not be used unless bloodwork is completed.

    Staff must make every effort to collect bloodwork that has been deferred for up to 90 days after the date of certification. If the participant/parent/guardian/caretaker does not provide the bloodwork information or have the bloodwork performed by the local agency, staff should not withhold Program benefits or terminate the participant from the Program.

- **Medical Exceptions to Bloodwork Requirements**
  Hemoglobin/hematocrit tests are not required if an individual has a medical condition (e.g., hemophilia, fragile bones, a serious skin disease) for which the procedure of collecting a blood sample could cause harm to the applicant/participant. Others for whom the test is not required include individuals for whom the test could cause unnecessary physical burden if they were required to visit the local WIC agency to provide a blood sample (e.g., they are medically confined to bed).

  In cases where a medical condition precludes obtaining a blood test, scan and save the physician’s documentation of the medical condition in the Crossroads system. If the medical condition is treatable, obtain the physician’s documentation of the medical condition at each certification. If the medical condition is lifelong, then document the situation only once. Local agency staff should make every effort to obtain referral medical data, including hematocrit/ hemoglobin data, from the individual’s health care provider.

- **Refusal to have Bloodwork Completed**
  For whatever reason, including religious reasons, the participant/parent/guardian/caretaker may refuse to provide test results or to allow the local agency to do the blood test. When this situation occurs, staff should certify the individual and document in Crossroads that the participant/parent/guardian/ caretaker refused to provide results or to allow the blood test. Staff must document refusal to have bloodwork completed in the Crossroads system at each recertification.
  NOTE: The nutrition risk criteria 401 or 428 may not be used unless bloodwork is completed.

- **Documentation of Bloodwork**
  Staff must document the actual date of the blood test, the test results, and the source of measures in the Crossroads system.

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Breastfeeding Status

As part of the comprehensive nutrition assessment for every participant, the CPA gathers breastfeeding status information by collecting feeding intentions, factors that may influence meeting these goals, current and historical feeding practices, and any healthcare provider recommendations.

Breastfeeding Status Data

At a minimum, feeding information must be collected for every participant at the time of certification. Based on participant category, additional breastfeeding assessment may be required mid-year, when changes in breastfeeding status are reported, or if a participant requests a food package change.

Documentation of actual feeding practices is recorded in the applicable Health Information or Dietary & Health quick links in Crossroads. Any relevant details not captured in these fields should be recorded in the participant's care plan.

Minimum Requirements

To support an integrated nutrition plan of care, breastfeeding status information should be collected through participant interviews and healthcare providers as appropriate. At a minimum, this includes the following information:

Participant Category	Breastfeeding Status Requirements
Pregnant Woman	▪ Breastfeeding intention, considering: – Intensity: exclusive, partial, or minimal – Duration – Method: direct breastfeeding, pumping, or combination ▪ Current or previous breastfeeding experience, considering: – Intensity, duration, method and reason for discontinuation with each child (if applicable) – Confidence in ability to breastfeed and meet personal feeding goals ▪ Perceived or potential barriers, considering: – Personal/Physical limitations such as pain, milk supply concerns, etc. – Psychosocial barriers such as return to work or school, lack of support, external pressure to wean ▪ Healthcare & medical factors: – Healthcare provider recommendations related to breastfeeding ▪ Rationale if recommendations differ from standard breastfeeding guidelines – Current or planned medications
Breastfeeding Woman/Infant or Child	▪ Current feeding practices, including: – Average number of breastfeeding sessions in 24 hours – Method – If supplementing:

Participant Category	Breastfeeding Status Requirements
	▪ Type of supplement ▪ Average amount in 24 hours ▪ Method of supplementation (spoon, bottle, SNS, etc.) – Feeding patterns (cue-based, scheduled, long gaps, cluster feeding, supplementing after each feed) – Infant intake indicators (voids & stool diapers, stool characteristics [early days], infant temperament, growth/weight gain) ▪ Breastfeeding experience & self-efficacy – Anticipated changes to current breastfeeding status – Confidence in ability to breastfeed and meet goals – Identification of supportive resources (e.g. Peer Counselor, healthcare provider, family, friends, etc.) – Use of a breastfeeding aid or accessory ▪ Perceived or potential barriers, including: – Personal/Physical limitations such as pain, milk supply concerns, etc. – Psychosocial barriers such as return to work or school, lack of support, external pressure to wean – Use, need, or request for breastfeeding aids, accessories, or infant formula in response to a reported breastfeeding issue ▪ Healthcare & medical factors – Healthcare provider recommendations related breastfeeding ▪ Rationale if recommendations differ from standard breastfeeding guidelines – Current or planned medications *Note: If a breastfeeding woman was not certified during her pregnancy, the CPA should use professional judgment to collect the relevant breastfeeding-related information outlined under the Pregnant Woman category, as appropriate, to ensure a complete and thorough nutrition assessment.*
Postpartum Woman/Infant	▪ Whether breastfeeding was initiated – If yes, duration of breastfeeding and reason for discontinuation.

Staff Who May Determine Nutrition Eligibility for WIC

Nutrition eligibility for the WIC Program must be determined by a competent professional authority.

- **Competent Professional Authority (CPA)**
  A competent professional authority is an individual on staff at a local agency authorized to determine nutritional risk eligibility and prescribe supplemental foods for the WIC Program. A CPA may be a nutritionist, registered dietitian (RD), dietetic technician registered (DTR), registered nurse (RN), nurse practitioner (NP), physician assistant (PA), or physician (MD). A CPA shall determine if a person is at nutritional risk and eligible for the WIC Program through a comprehensive nutrition assessment. Refer to Section 1 for information on nutrition assessment and care plan.

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Temporary Eligibility for Pregnant Women

A pregnant woman who meets the eligibility requirements for identity, residency, and income may be certified temporarily without an evaluation of nutrition risk for a period up to 60 days and receive up to one month worth of food benefits.

- **Documentation of Temporary Eligibility**
  To document "temporary eligibility" of a pregnant woman, a CPA should use the nutrition risk criterion code 503, "Temporary Eligibility for Pregnant Women". This criterion must be documented in the participant's record in the Crossroads system.

  NOTE: The CPA must complete the starred/required fields on the follow-up visit to complete the certification in Crossroads on the Family Assessment, Anthro/Lab and Health Information screens then navigate to the Certification Summary screen and select Complete Assessment.

- **Issuance of Food Benefits**
  Pregnant women certified as temporarily eligible may receive up to one month of food benefits at the time of certification. Additional food benefits must not be issued until the nutrition assessment (which includes the determination of nutrition eligibility) has been completed. To prevent an interruption of food benefits, staff should schedule an appointment within 30 days of the certification with a Competent Professional Authority (CPA) to complete the nutrition assessment, develop a plan of nutrition care, and provide nutrition education.

- **Nutrition Assessment and Continuation of Program Benefits**
  Pregnant women, who are considered temporarily eligible, should have a nutrition assessment completed. The assessment would ideally be completed within 30 days, but must be completed within 60 days, of the date of certification, to identify nutrition risk criteria. If the nutrition assessment is not completed within 60 days of the date of certification, the woman's application expires. The woman may subsequently reapply for Program benefits and may participate in the Program if found to be residentially, categorically, and income eligible and at nutritional risk.

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Immunization Screening and Referral

The immunization status of infants/children participating in the WIC Program must be determined at initial and subsequent WIC certification visits up to 24 months of age and at the infant mid-year nutrition assessment visit. Infants and children not up-to-date on immunizations at any one of these visits must be referred for immunization services.

To facilitate meeting this requirement, the parent/guardian/caretaker should be asked to bring immunization documentation to each of their infant's/child's WIC certification visits up to 24 months of age.

Immunization Screening

The purpose of immunization screening is to identify children under age two who are at risk for under-immunization.

- **Documented Immunization Record:** To determine immunization status, use a documented record on which actual vaccination dates are recorded. This documentation can be:
  - a paper source such as a client's immunization record (from the primary health care provider) or client's health record, or
  - a computerized record such as the North Carolina Immunization Registry (NCIR) or some other computerized data system.

- **Minimum Screening Requirements:** At a minimum, immunization screening for WIC participants is based on the number of doses of DTaP vaccines the infant/child has received in relation to their age as follows:

By 3 months of age, received 1 dose of DTaP
By 5 months of age, received 2 doses of DTaP
By 7 months of age, received 3 doses of DTaP
By 19 months of age, received 4 doses of DTaP

Immunization status of the DTaP vaccine (diphtheria and tetanus toxoids and acellular pertussis) is used because it is an indicator or predictor of overall immunization status. The Centers for Disease Control (CDC) Recommended Childhood and Adolescent Immunization Schedule recommends doses of this vaccine be given at 2 months, 4 months, 6 months and 18 months.

Immunization Referrals

- **Not Up-To-Date on Immunizations.** If the result of the immunization screening indicates the infant/child is not up-to-date on immunizations:
  - provide information on the recommended immunization schedule appropriate to the current age of the infant/child; and
  - refer infant/child for immunization services according to the local agency protocol.

- **Unknown Immunization Status.** If the immunization status cannot be determined due to lack of information:
  - provide information on the recommended immunization schedule appropriate to the current age of the infant/child;
  - refer infant/child for immunization services according to local agency protocol; and
  - request the parent/guardian/caretaker bring the immunization record to the next certification visit.

Documentation Requirements

Staff must document in the Crossroads system when immunization status is not-up-to-date or is unknown and when referrals to immunization services are made.

Note: Activities related to immunization screening, referral, and documentation in addition to those described in this section are NOT required by the WIC Program. Examples of "extra" activities include but are not limited to: requesting immunization records from health care providers, filing or recording immunization data in the client's agency medical record, making copies of immunization data, screening children older than 24 months of age, and entering historical immunization data into the NCIR.

Local Agency Protocol

Each local agency must have a written protocol which:

- identifies staff responsible for:
  - screening immunization status of infants/children participating in WIC and
  - documenting immunization status in the Crossroads system as up-to-date, not-up-to-date or unknown and when referrals to immunization services are made.

- defines:
  - where children not up-to-date on immunizations will be referred and
  - what to do when a documented immunization record is not available.

WIC's Role in Lead Testing and Referral

In North Carolina, universal blood lead testing at 12 months and again at 24 months of age (or at first contact between 25 and 72 months, if the child has not been previously tested) is encouraged.

Children who participate in Health Check, Health Choice or WIC are encouraged to receive a blood lead test at 12 and 24 months from their health care provider. When children 18-30 months old present for WIC certification, WIC staff should assess whether a blood lead test has been performed by the child's health care provider. If a blood lead test has not been performed or blood lead tests are not available, the child should be referred to the agency's blood lead coordinator or to the child's health care provider, depending on the agency's protocol.

If lead test results are available, the data can be documented on the Anthro/Lab screen in the Crossroads system.

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WIC Program Exchange of Information (DHHS 3492)

PURPOSE: To facilitate the exchange of information necessary for WIC certification between a health care provider and the local WIC Program.

GENERAL INSTRUCTIONS: WIC Program staff should complete the appropriate side of the form (infants/children or women) with the following information and forward it to the individual's health care provider (e.g., faxed, mailed, or given to the individual to take to the health care provider).

- **WIC Agency Name, Address, & Phone Number** of local WIC Program where person receives program services.
- **Patient Name & DOB (date of birth)** of individual being certified for WIC.
- **Client's Signature with Date** authorizing the exchange of information.

The health care provider should complete the relevant medical information, sign and date the form, and return it to the Local WIC Program.

If requested, the local WIC Program should provide a summary of nutrition services to the referring individual.

DISTRIBUTION: Scan and maintain a copy of the WIC Program Exchange of Information form in the Crossroads system. Send a copy to the referring health care provider if requested.

DISPOSITION: This form may be destroyed in accordance with the Records Retention and Disposition Schedule for Local Health Departments. Refer to Chapter 13 for additional information.

REORDER INFORMATION: Additional copies of this form (DHHS 3492) may be ordered from CNSS using the Community Nutrition Services Requisition Form on the NC WIC Program website.

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North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section / WIC Program

RETURN COMPLETED FORM TO LOCAL AGENCY:

WIC PROGRAM EXCHANGE OF INFORMATION: Infants and Children

Name of Client: _____ **Date of Birth:** _____

I authorize the exchange of the information below between the WIC Program and my child's Health Care Provider.
Autorizo el intercambio de la siguiente información entre el programa WIC y el proveedor de atención médica de mi hijo.

Parent's/Caretaker's Signature/Firma: _____ Date/Fecha: _____

The following information is to be completed by the Health Care Provider.

1. Client is insured through (check one): ❒ Medicaid ❒ Other ❒ No health insurance
2. Document if client is ≤ 24 months of age: Birth Weight _____ Birth Length _____ Weeks Gestation _____
3. Enter date and results of most recent measurements / tests:
   Date: _____ Weight: _____
   Date: _____ Recumbent Length: _____ or Standing Height: _____
   Date: _____ Hemoglobin: _____ or Hematocrit: _____
   Date: _____ Blood Lead: _____ or ❒ Results not yet available
4. Immunization status (check one): ❒ Up-to-Date ❒ Not Up-to-Date
5. Medical conditions and medications:

6. Special instructions for nutritional support or feeding:

7. Would you like to receive a summary of nutrition services provided by the WIC Program staff? ❒ Yes ❒ No

Completed by: _____ **Date:** _____ **Phone No.:** _____
Signature/Title

SUMMARY OF NUTRITION SERVICES (*to be completed by the WIC Program Staff)*

Completed by: _____ **Date:** _____ **Phone No.:** _____
Signature/Title

The North Carolina WIC Program operates in all 100 counties in North Carolina.
For more information, go to https://www.ncdhhs.gov/ncwic or contact your local WIC Program.
This institution is an equal opportunity provider.

North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section / WIC Program

RETURN COMPLETED FORM TO LOCAL AGENCY:

WIC PROGRAM EXCHANGE OF INFORMATION: Women

Name of Client: _____ **Date of Birth:** _____

I authorize the exchange of the information below between the WIC Program and my Health Care Provider.
Autorizo el intercambio de la siguiente información entre el programa WIC y mi proveedor de atención médica.

Parent's/Caretaker's Signature/Firma: _____ Date/Fecha: _____

The following information is to be completed by the Health Care Provider.

1. Actual or expected date of delivery: _____
2. Pre-pregnancy weight (if available): _____
3. Enter date and results of ***most recent*** measurements / tests:

   Date: _____ Weight: _____

   Date: _____ Height: _____

   Date: _____ Hemoglobin: _____ or Hematocrit: _____

4. Obstetric history:

5. Medical conditions and medications:

6. Special instructions for nutritional support or feeding:

7. Would you like to receive a summary of nutrition services provided by the WIC Program staff? ❒ Yes ❒ No

Completed by: _____ **Date:** _____ **Phone No.** _____
Signature/Title

SUMMARY OF NUTRITION SERVICES (*to be completed by the WIC Program Staff)*

Completed by: _____ **Date:** _____ **Phone No.:** _____
Signature/Title

The North Carolina WIC Program operates in all 100 counties in North Carolina.
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RISK CODE	PRIORITY	CRITERION

PREGNANT WOMAN

ANTHROPOMETRIC CRITERIA

101	I	**UNDERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) < 18.5
111	I	**OVERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) ≥ 25.0
131	I	**LOW MATERNAL WEIGHT GAIN:** • A low rate of weight gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: - Underweight (BMI < 18.5) prior to pregnancy with weight gain < 1 lb. per week - Normal weight (BMI 18.5-24.9) prior to pregnancy with weight gain < 0.8 lb. per week - Overweight (BMI 25.0-29.9) prior to pregnancy with weight gain < 0.5 lb. per week - Obese (BMI > 30.0) prior to pregnancy with weight gain < 0.4 lbs. per week • Low weight gain at any point in this pregnancy, such that using a National Academies of Sciences, Medicine, and Engineering (NASEM – formerly known as the Institute of Medicine)-based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category as follows: - Underweight (BMI < 18.5) total weight gain range 28 – 40 lb. - Normal weight (BMI 18.5-24.9) total weight gain 25 – 35 lb. - Overweight (BMI 25.0-29.9) total weight gain 15 – 25 lb. - Obese (BMI > 30.0) total weight gain 11 – 20 lb. • Until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility.
133	I	**HIGH MATERNAL WEIGHT GAIN:** • A high rate of weight gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: - Underweight (BMI < 18.5) prior to pregnancy with weight gain > 1.3 lbs. per week - Normal weight (BMI 18.5-24.9) prior to pregnancy with weight gain > 1 lb. per week - Overweight (BMI 25.0-29.9) prior to pregnancy with weight gain > 0.7 lb. per week - Obese (BMI > 30.0) prior to pregnancy with weight gain > 0.6 lb. per week • High weight gain at any point in this pregnancy, such that using an Institute of Medicine (IOM)-based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category.

BIOCHEMICAL CRITERIA

201	I	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests:

Weeks at Test	Hgb. (gms)	Hct. (%)
0 to 13 (1st Trimester)	< 11.0	< 33
14 to 27 (2nd Trimester)	< 10.5	< 32
28 to 42 (3rd Trimester)	< 11.0	< 33

211	I	**ELEVATED BLOOD LEAD LEVEL:** blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

341 342 343 344 345 346 347 348 349 351 352a	352b 353 354 355 356 357 358 359 360 361 362	I Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
301	I	**HYPEREMESIS GRAVIDARUM (HG):** Severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances. This nutrition risk is based on a chronic condition, not single episodes. HG is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded. *Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or self-reported by applicant/participant/guardian/caretaker.*
302	I	**GESTATIONAL DIABETES:** Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/ guardian/caretaker.*
303	I	**HISTORY OF GESTATIONAL DIABETES:** *Condition must have been diagnosed by a physician/ physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
304	I	**HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension):** History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
311	I	**HISTORY OF PRETERM OR EARLY TERM DELIVERY** • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation
321	I	**HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS** defined as having had any of the following**:** • Two or more (≥ 2) spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams) • Fetal death (spontaneous termination of a gestation at ≥ 20 weeks) • Neonatal death (death of an infant within 0-28 days of life) C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
331	I	**PREGNANCY AT A YOUNG AGE:** Conception of current pregnancy was prior to the 21st birthday
332	I	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
334	I	**LACK OF OR INADEQUATE PRENATAL CARE** defined as: • Woman is 14-21 wks. gestation and has had 0 prenatal health care visits • Woman is 22-29 wks. gestation and has had ≤ 1 prenatal health care visits • Woman is 30-31 wks. gestation and has had ≤ 2 prenatal health care visits • Woman is 32-33 wks. gestation and has had ≤ 3 prenatal health care visits • Woman is ≥ 34 wks. gestation and has had ≤ 4 prenatal health care visits • Prenatal care was initiated after 26 weeks gestation
335	I	**MULTIFETAL GESTATION**: More than one (>1) fetus in current pregnancy
336	I	**FETAL GROWTH RESTRICTION (FGR)** (replaces the term Intrauterine Growth Retardation (IUGR) *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
337	I	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE (LGA) INFANT:** Any history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms) Condition *must be diagnosed by a physician/ physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
338	I	**PREGNANT WOMAN CURRENTLY BREASTFEEDING** (i.e., nurses at least once every 24 hrs.)
339	I	**HISTORY OF BIRTH WITH 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. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
371	I	**NICOTINE AND TOBACCO USE:** Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in current pregnancy.
372	I	**ALCOHOL AND SUBSTANCE USE** including: • Any alcohol use in current pregnancy, • Any illegal substance use and/or abuse of prescription medications, and/or • Any marijuana use in any form.
381	I	**ORAL HEALTH CONDITIONS**: Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth). *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
602	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS:** A pregnant woman who is breastfeeding with any of the following complications or potential complications limited to: severe breast engorgement; recurrent plugged ducts; mastitis; flat or inverted nipples; cracked, bleeding, or severely sore nipples; age ≥ 40 years; failure of milk to come in by 4 days postpartum; tandem nursing (breastfeeding siblings who are not twins).
		DIETARY CRITERIA
401	IV	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* 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.) **401 is assigned only to individuals for whom a complete nutrition assessment (including assessment of risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.**
427	IV	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN:** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix B for definitions.)*

ECO-SOCIAL CRITERIA

RISK CODE	PRIORITY	CRITERION
502	NA	**TRANSFER OF CERTIFICATION**: Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category and shall be accepted as proof of eligibility for Program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
503	IV	**TEMPORARY ELIGIBILITY FOR PREGNANT WOMEN:** A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutrition risk for a period of up to 60 days. *(Refer to Chapter 6C, Section 6.)*
601	I, II, IV	**BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK:** A pregnant woman who is breastfeeding and whose breastfed infant has been determined to be at nutritional risk based on Priority I, II, or IV criteria. *Must be the same priority as at-risk infant.*
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	IV	**MIGRANCY:** Being a member of a family which has 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.
901	IV	**RECIPIENT OF ABUSE:** Defined as the experience of physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound a woman. The abuse may be self-reported by the individual, by a family member, a social worker, health care provider or other appropriate personnel. Types of abuse include but are not limited to Domestic Violence (DV) and/or Intimate Partner Violence (IPV).
902	IV	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples include, but are not limited to a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications. • Mental illness, including clinical depression 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. • Intellectual disability 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. • Physical disability to a degree which impairs or limits food preparation abilities. • ≤ 17 years of age.
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during the previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE (ETS):** Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

POSTPARTUM WOMAN

ANTHROPOMETRIC CRITERIA

101	III	**UNDERWEIGHT (Women):** Pre-Pregnancy or current Body Mass Index (BMI) < 18.5
111	III	**OVERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) ≥ 25.0
133	III	**HIGH MATERNAL WEIGHT GAIN** in most recent pregnancy with total gestational weight gain exceeding the upper limit of the IOM's (Institute of Medicine) recommended range based on Body Mass Index (BMI) for singleton pregnancies as follows: • Underweight (BMI < 18.5) prior to pregnancy with > 40 lbs. total weight gain • Normal weight (BMI 18.5 – 24.9) prior to pregnancy with > 35 lbs. total weight gain • Overweight (BMI 25.0 – 29.9) prior to pregnancy with >25 lbs. total weight gain • Obese (BMI ≥ 30.0) prior to pregnancy with > 20 lbs. total weight gain

BIOCHEMICAL CRITERIA

201	III	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests: Age at Test — Hgb. (gms) — Hct. (%) < 15 yrs. — < 11.8 — < 36.0 15 to <18 yrs. — < 12.0 — < 35.9 ≥ 18 yrs. — < 12.0 — < 36.0
211	III	**ELEVATED BLOOD LEAD LEVEL:** Blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

341 342 343 344 345 346 347 348 349 351 352a	III 352b 353 354 355 356 357 358 359 360 361 362 363	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
303	III	**HISTORY OF GESTATIONAL DIABETES** in most recent pregnancy OR history of gestational diabetes. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
304	I	**HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension):** History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
311	III	**HISTORY OF PRETERM OR EARLY TERM DELIVERY (**in most recent pregnancy) • Preterm Delivery: Delivery of an infant born < 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born > 37 0/7 and < 38 6/7 weeks gestation

RISK CODE	PRIORITY	CRITERION
321	III	**SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS** in most recent pregnancy by having had any of the following**:** • spontaneous abortion (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams) • a fetal death (spontaneous termination of a gestation at ≥ 20 weeks) • a neonatal death (death of an infant within 0-28 days of life) *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
331	III	**PREGNANCY AT A YOUNG AGE:** Conception of most recent pregnancy was prior to the 21st birthday.
332	II	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
335	III	**MULTIFETAL GESTATION:** More than one (>1) fetus in most recent pregnancy
337	III	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT** in most recent pregnancy OR history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms. *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
339	III	**HISTORY OF BIRTH WITH NUTRITION-RELATED CONGENITAL OR BIRTH DEFECT** in most recent pregnancy (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) C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
371	III	**NICOTINE AND TOBACCO USE:** Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in postpartum period.
372	III	**ALCOHOL AND SUBSTANCE USE** including**:** • Alcohol use - A serving, or standard sized drink is 12 oz. beer; 5 oz. wine; or 1½ oz. 80 proof distilled spirits (e.g. rum, vodka, whiskey, cordials or liqueurs) – 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. • Any illegal substance use and/or abuse of prescription medications.
381	III	**ORAL HEALTH CONDITIONS:** Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth). *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
382	III	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
		DIETARY CRITERIA
401	VI	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* 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. **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.**
427	VI	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN** defined as routine nutrition practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix B)*
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category and shall be accepted as proof of eligibility for Program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
801	VI	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	VI	**MIGRANCY:** Being a member of a family which has 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.
901	VI	**RECIPIENT OF ABUSE**: Defined as the experience of physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound a woman. The abuse may be self-reported by the individual, by a family member, a social worker, health care provider or other appropriate personnel. Types of abuse include but are not limited to Domestic Violence and/or Intimate Partner Violence.
902	VI	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR TO PREPARE FOOD**. Examples include, but are not limited to, a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression 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. • Intellectual disability 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. • Physical disability to a degree which limits food preparation abilities • ≤ 17 years of age

RISK CODE	PRIORITY	CRITERION
903	VI	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	IV	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of childcare, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE | PRIORITY | CRITERION

BREASTFEEDING WOMAN

ANTHROPOMETRIC CRITERIA

101 | I | **UNDERWEIGHT (Women)**:
- For women < 6 months postpartum: Pre-Pregnancy or current Body Mass Index (BMI) < 18.5
- For women ≥ 6 months postpartum: Current Body Mass Index (BMI) < 18.5

111 | I | **OVERWEIGHT (Women)**:
- For women < 6 months postpartum: Pre-Pregnancy Body Mass Index (BMI) > 25.0
- For women > 6 months postpartum: Current Body Mass Index (BMI) > 25.0

133 | I | **HIGH MATERNAL WEIGHT GAIN** in most recent pregnancy with total gestational weight gain exceeding the upper limit of the IOM's (Institute of Medicine) recommended range based on Body Mass Index (BMI) for singleton pregnancies as follows:
- Underweight (BMI < 18.5) prior to pregnancy with > 40 lbs. total weight gain
- Normal weight (BMI 18.5 – 24.9) prior to pregnancy with > 35 lbs. total weight gain
- Overweight (BMI 25.0 – 29.9) prior to pregnancy with >25 lbs. total weight gain
- Obese (BMI ≥ 30.0) prior to pregnancy with > 20 lbs. total weight gain

BIOCHEMICAL CRITERIA

201 | I | **LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests**:**

Age at Test	Hgb. (gms)	Hct. (%)
< 15 yrs.	< 11.8	< 36.0
15 to <18 yrs.	< 12.0	< 35.9
≥ 18 yrs.	< 12.0	< 36.0

211 | I | **ELEVATED BLOOD LEAD LEVEL:** blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

341 352b 342 353 343 354 344 355 345 356 346 357 347 358 348 359 349 360 351 361 352a 362 363 | I | Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

303 | I | **HISTORY OF GESTATIONAL DIABETES** in most recent pregnancy OR history of gestational diabetes. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

304 | I | **HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension):** History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
311	I	**HISTORY OF PRETERM OR EARLY TERM DELIVERY (History of Preterm or Early Term Delivery)** in most recent pregnancy • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation
321	I	**FETAL OR NEONATAL LOSS** in 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**:** • a fetal death (spontaneous termination of a gestation at ≥ 20 weeks gestation) • a neonatal death (death of an infant within 0-28 days of life) *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/caretaker.*
331	I	**PREGNANCY AT A YOUNG AGE:** Conception of most recent pregnancy was prior to the 21st birthday
332	I	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
335	I	**MULTIFETAL GESTATION:** More than one (>1) fetus in most recent pregnancy
337	I	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT** in most recent pregnancy OR history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
339	I	**HISTORY OF BIRTH WITH NUTRITION-RELATED CONGENITAL OR BIRTH DEFECT** in most recent pregnancy (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) *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian caretaker.*
371	I	**NICOTINTE AND TOBACCO USE***:* Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in postpartum period.
372	I	**ALCOHOL AND SUBSTANCE USE:** • Alcohol Use - A serving, or standard sized drink is 12 oz. beer; 5 oz. wine; or 1½ oz. 80 proof distilled spirits (e.g. rum, vodka, whiskey, cordials or liqueurs). – 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. • Any illegal substance use and/or abuse of prescription medications. • Any marijuana use in any form.
381	I	**ORAL HEALTH CONDITIONS:** Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth) *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
602	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS:** A breastfeeding woman with any of the following complications or potential complications for breastfeeding and which are limited to: severe breast engorgement; recurrent plugged ducts; mastitis; flat or inverted nipples; cracked, bleeding, or severely sore nipples; age ≥ 40 years; failure of milk to come in by 4 days postpartum; tandem nursing (breastfeeding siblings who are not twins)
		DIETARY CRITERIA
401	IV	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* 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). **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.**
427	IV	**INAPPROPRIATE NUTRITIONAL PRACTICES FOR WOMEN** defined as routine nutrition practices that may result in impaired nutrient status, disease, or health problems *(Refer to Appendix B).*
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category and shall be accepted as proof of eligibility for Program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC
601	I, II, IV	**BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK.** A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk based on Priority I, II, or IV criteria. *Must be the same priority as at-risk infant.*
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	IV	**MIGRANCY:** Being a member of a family which has 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.

RISK CODE	PRIORITY	CRITERION
901	IV	**RECIPIENT OF ABUSE:** Defined as the experience of physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound a woman. The abuse may be self-reported by the individual, by a family member, a social worker, health care provider or other appropriate personnel. Types of abuse include but are not limited to Domestic Violence (DV) and/or Intimate Partner Violence (IPV).
902	IV	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR TO PREPARE FOOD**. Examples include, but are not limited to, a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression 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. • Intellectual disability 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. • Physical disability to a degree which limits food preparation abilities. • < 17 years of age.
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

INFANT

ANTHROPOMETRIC CRITERIA

103	I	**UNDERWEIGHT** (weight-for-length ≤ 2.3rd percentile as plotted on the 2009 Centers for Disease Control (CDC)/WHO Birth to 24 months gender specific growth charts*) **OR** **AT RISK OF UNDERWEIGHT** (weight-for-length ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*)
114	I	**AT RISK OF OVERWEIGHT** based on the presence of one or both of the following: • **Infant of obese mother:** Having a biological mother with BMI ≥ 30.0 at time of conception of this infant or at any time in 1st trimester of this most recent pregnancy (*BMI must be based on pre-pregnancy weight and height self-reported by the mother or on weight and height measurements that were taken during her pregnancy by staff or a health care provider.)* • **Infant of obese father:** Having a biological father with BMI ≥ 30.0 at time of certification (*BMI must be based on weight and height self-reported by the father or on weight and height measurements taken by staff at time of certification.)*
115	I	**HIGH WEIGHT-FOR-LENGTH:** weight-for-length ≥ 97.7th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*
121	I	**SHORT STATURE** (length-for-age ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) **OR** **AT RISK OF SHORT STATURE** (length-for-age ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) *For premature infants (i.e., ≤ 37 weeks gestational age), risk assignment is based on adjusted gestational age.*
134	I	**FAILURE TO THRIVE** *Presence of failure to thrive must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.* The diagnosis describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex.
135	I	**SLOWED/FALTERING GROWTH PATTERN** defined as**:** • **Infants birth to up to 2 weeks of age *(at the time of certification)*:** Excessive weight loss after birth, defined as ≥7% birth weight • **Infants 2 weeks up to 6 months of age *(at the time of certification)*:** Any weight loss. Use two separate weights taken at least 8 weeks apart.
141	I	**LOW BIRTH WEIGHT** (>1500 gms - ≤ 2500 gms or >3 lbs. 5oz - ≤ 5 lbs. 8 oz.**) AND** **VERY LOW BIRTH WEIGHT** (≤ 1500 gms or ≤ 3 lbs. 5 oz.)
142	I	**(HISTORY OF) PRETERM OF EARLY TERM DELIVERY:** • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation
151	I	**(HISTORY OF) SMALL FOR GESTATIONAL AGE (SGA)** *Presence of SGA must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
153	I	**BIRTH WEIGHT ≥ 9 LBS (4000 GMS) OR LARGE FOR GESTATIONAL AGE (LGA)** *Presence of LGA must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*

*Based on 2006 World Health Organization international growth standards

RISK CODE	PRIORITY	CRITERION
		BIOCHEMICAL CRITERIA
201	I	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests: Age at Test — Hgb (gms) — Hct (%) 6 to < 12 mo. — < 11.8 — < 33.0
211	I	**ELEVATED BLOOD LEAD LEVEL:** Blood lead level ≥ 5 ug/dL within the past 12 months
		CLINICAL CRITERIA
341 342 343 344 345 346 347 348 349 351 352a 352b 353 354 355 356 357 359 360 362	I	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
381	I	**ORAL HEALTH CONDITIONS:** Conditions may include tooth decay (including nursing or baby bottle caries), chronic oral sores/lesions, oral candidiasis, or an abscessed tooth. *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS**: Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
383	I	**NEONATAL ABSTINENCE SYNDROME** 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 symptoms that can be identified immediately after birth and can last up to 6 months after birth. *This condition must be present within the first 6 months of birth and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the infant's caregiver.*
603	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS** which are present at the time of certification and which are limited to: jaundice, weak or ineffective suck, difficulty latching onto mother's breast, inadequate stooling (as determined by physician/healthcare professional), < 6 wet diapers per day
		DIETARY CRITERIA
411	IV	**INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS** defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix C)*
428	IV	**DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES** and current chronological age is ≥ 4 months. Infants who meet the eligibility requirements of income, category and residence and who have begun or are expected to begin to consume complementary foods are at risk of inappropriate complementary feeding. **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**

RISK CODE	PRIORITY	CRITERION
		assessment of the risk criterion 411 "Inappropriate Nutrition Practices for Infants") has been performed and for whom no other risk(s) is identified.
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category and shall be accepted as proof of eligibility for Program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC
701	II	**INFANT < 6 MONTHS OF AGE, BORN TO WOMAN WHO PARTICIPATED ON WIC DURING THIS PREGNANCY OR INFANT < 6 MONTHS OF AGE, BORN TO WOMAN WHO DID NOT PARTICIPATE ON WIC DURING PREGNANCY BUT WHO WAS AT NUTRITIONAL RISK BASED ON PRIORITY I CRITERIA.** Document mother's nutritional risk in infant's health record.
702	I, IV	**BREASTFED INFANT WHOSE MOTHER IS AT NUTRITIONAL RISK BASED ON PRIORITY I CRITERIA OR BREASTFED INFANT WHOSE MOTHER IS AT NUTRITIONAL RISK BASED ON PRIORITY IV CRITERIA.**
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	IV	**MIGRANCY:** Being a member of a family which has 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.
901	IV	**RECIPIENT OF ABUSE:** Child abuse and/or neglect defined as any act or failure to act that results in harm to a infant or put an infant at risk of harm. Child abuse may physical (including shaken baby syndrome), sexual, or emotional, or neglect of an infant by a parent, caretaker, or other person in a custodial role. It may be self-reported by the individual, by a family member, documented or reported by a social worker, health care provider or other appropriate personnel.
902	IV	**INFANT OF PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples include, but are not limited to an infant of caregiver with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression 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. • Intellectual disability 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. • Physical disability to a degree which impairs ability to feed infant or limits food preparation abilities. • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

CHILD

ANTHROPOMETRIC CRITERIA

103	III	**UNDERWEIGHT** • For age 12-23 months (weight-for-length ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (BMI-for-age ≤ 5th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) OR **AT RISK OF UNDERWEIGHT** • For age 12-23 months (weight-for-length ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (BMI-for-age ≤ 10th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts)
113	III	**OBESE (Children 2 – 5 years of age):** 2-5 years and BMI-for-age ≥ 95th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts
114	III	**OVERWEIGHT:** age 2-5 years and BMI-for-age ≥ 85th and < 95th percentile as plotted on the 2000 Centers for Disease Control (CDC) 2-20 years gender specific growth charts **OR** **AT RISK OF OVERWEIGHT** based on the presence of one or both of the following: • **Child of obese mother:** Having a biological mother with BMI ≥ 30.0 at time of certification of this child (*BMI must be based on weight and height self-reported by the mother or on weight and height measurements taken by staff at the time of certification. If mother is pregnant or had a baby within the past 6 months, use her pre-pregnancy weight to determine BMI since her current weight will be influenced by pregnancy-related weight gain.)* • **Child of obese father:** Having a biological father with BMI ≥ 30.0 at time of certification of this child (*BMI must be based on weight and height self-reported by the father or on weight and height measurements taken by staff at time of certification.)*
115	III	**HIGH WEIGHT-FOR-LENGTH (Children < 24 months of age):** weight-for-length ≥ 97.7th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*
121	III	**SHORT STATURE** • For age 12-23 months (length-for-age ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (stature-for-age ≤ 5th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) **OR** **AT RISK OF SHORT STATURE** • For age 12-23 months (length-for-age ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (stature-for-age ≤ 10th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) *For children < 2 years old with a history of prematurity (i.e., ≤ 37 weeks gestational age), risk assignment is based on adjusted gestational age.*
134	III	**FAILURE TO THRIVE** *Presence of failure to thrive must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.* The diagnosis describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex.
141	III	**LOW BIRTH WEIGHT** (> 1500 gms - ≤ 2500 gms or > 3 lbs. 5oz - ≤ 5 lbs. 8 oz.) **OR VERY LOW BIRTH WEIGHT** (≤ 1500 gms or ≤ 3 lbs. 5 oz.): current chronological age is < 24 months

*Based on 2006 World Health Organization international growth standards.

RISK CODE	PRIORITY	CRITERION
142	III	**HISTORY OF PRETERM OF EARLY TERM DELIVERY:** Current chronological age is < 24 months of age and • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation gestational age was ≤ 37 weeks
151	III	**HISTORY OF SMALL FOR GESTATIONAL AGE (SGA):** Current chronological age is < 24 months *SGA must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*

BIOCHEMICAL CRITERIA

201	III	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests:

Age at Test	Hgb (gms)	Hct (%)
1 to < 2 years	< 11.0.	< 32.9
2 to < 5 years	< 11.1	< 33.0

211	III	**ELEVATED BLOOD LEAD LEVEL:** blood lead level ≥ 3.5 ug/dL within the past 12 months

CLINICAL CRITERIA

		III		Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
341	348	355		
342	349	356		
343	351	357		
344	352a	359		
345	352b	360		
346	353	361		
347	354	362		

381	III	**ORAL HEALTH CONDITIONS**: Conditions may include tooth decay (including nursing or baby bottle caries) or other conditions which interfere with the ability to ingest food in adequate quantity or quality such as chronic oral sores/lesions, abscessed teeth, chronic bleeding gums (gingivitis, periodontal disease), or severe malocclusions. *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
382	III	**FETAL ALCOHOL SPECTRUM DISORDERS.** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*

DIETARY CRITERIA

401	V	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS AND CURRENT CHRONOLOGICAL AGE IS > 24 MONTHS.** Children two years of age and older who meet the income categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to Meet the Dietary Guidelines* 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. **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**

RISK CODE	PRIORITY	CRITERION
425	V	**INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN** defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. (*Refer to Appendix D*)
428	V	**DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES** and current chronological age is < 24 months**.** Children who meet the eligibility requirements of income, category, and residence and who consume complementary foods, eat independently, are being weaned from breast milk or infant formula and begin to transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans,* are at risk of inappropriate complementary feeding. **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category and shall be accepted as proof of eligibility for Program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
801	V	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	V	**MIGRANCY:** Being a member of a family which has 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.
901	V	**RECIPIENT OF ABUSE**: Child abuse and/or neglect is defined as any act or failure to act that results in harm or puts a child at risk of harm. Child abuse may be physical, sexual, or emotional or neglect of a child under the age of 18 by a parent, caretaker, or other person in a custodial role. It may be self-reported by the individual, by a family member, or by a social worker, health care provider or other appropriate personnel.
902	V	**CHILD OF A PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples may include individuals who are**:** • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression 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. • Intellectual disability 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. • Physical disability to a degree which impairs ability to feed child or limits food preparation abilities. • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	V	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	III	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

MEDICAL CONDITIONS

FOR THESE CRITERIA TO APPLY:

- **There must be a diagnosed medical condition present at the time of certification that may jeopardize the individual's nutritional status by its presence or by its treatment, through adverse effect on the ingestion, absorption or utilization of nutrients.**
  - **the presence of the condition must be diagnosed by a physician/physician extender**
  - **the diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/caretaker.**

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
Cancer	All Categories 347	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.
Celiac Disease	All Categories 354	An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. Also known as**:** • Celiac Sprue • Gluten-sensitive Enteropathy • Non-tropical Sprue
Central Nervous System Disorders	All Categories 348	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically or both. These include but are not limited to**:** • Cerebral Palsy (CP) • Epilepsy • Multiple Sclerosis (MS) • Neural tube defects (NTDs), such as Spina Bifida • Parkinson's disease
Mental Illness	Excludes infants 361	A syndrome characterized by clinically significant disturbance in an individuals cognition, emotion regulation or behavior that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Include but not limited to: • Depression

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
		• Post-Traumatic Stress Disorder (PTSD) • Personality Disorders • Schizophrenia • Anxiety Disorders • Obsessive-Compulsive Disorder (OCD) • Bipolar Disorders • Attention-Deficit/Hyperactivity Disorder (ADHD)
Developmental, Sensory or Motor Disabilities Interfering with Ability to Eat	All Categories 362	Disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Includes disabilities such as but not limited to**:** • Birth injury • Feeding problems due to developmental disability • Head trauma or brain damage • Minimal brain function • Other disabilities
Diabetes Mellitus	All Categories 343	Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.
Drug-Nutrient Interactions	All Categories 357	Use of prescription or over-the-counter drugs that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status will be compromised and which will be used for >3 weeks. Examples of prescribed drugs which may be included are: Dilantin, steroids, diuretics, isoniazid, phenobarbital, oral contraceptives, Depo-Provera and many antimicrobials. For additional information, refer to a current drug reference such as a Physician's Desk Reference (PDR), a text such as Food-Medication Interactions, a drug insert, or consult with a pharmacist.
Eating Disorders	Excludes infants and children 358	Eating disorders are characterized by severe disturbances in eating behaviors related to thought and emotions. The most common eating disorders are:

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
		• Anorexia Nervosa (AN): Severe restriction of calories and fear of weight gain or Self-starvation • Bulimia Nervosa (BN): recurrent episodes of binge eating followed by purging. Including self-induced vomiting, use of laxatives or excessive exercising. Recurrent binge eating followed by purging. • Binge-Eating-Disorder (BED): recurrent episodes of binge eating, no purging and a sense of lack of control over food consumption and eating.
Food Allergies	All Categories 353	Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Examples include IgE mediated allergic reactions and non-IgE mediated allergic reactions including: • Food protein-induced enterocolitis syndrome (FPIES) • Food protein-induced allergic proctocolitis (FPIAP) • Food protein-induced enteropathy (FPE)
Gastrointestinal Disorders	All Categories 342	Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. Diseases/conditions include but not limited to: • Biliary tract diseases • Gastroesophageal reflux disease (GERD) • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome
Genetic and Congenital Disorders	All Categories 349	Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
		metabolically, mechanically, or both. Disorders include but are not limited to: • Aplasitic, hypoplastic or hemolytic anemia • Bleeding disorders such as hemophilia • Cleft lip or palate • Down's syndrome • Fragile X • Muscular dystrophy • Muscular dystrophy • Prader-Willi • Sickle cell anemia (not sickle cell trait) • Symptomatic congenital cardiovascular defects • Thalassemia major
Hypertension and Prehypertension	All Categories 345	Hypertension: persistently high arterial blood Pressure with systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg Prehypertension: blood pressure readings between 130/80 to 139/89 mm Hg
Hypoglycemia	All Categories 356	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 (SGA).
Inborn Errors of Metabolism	All Categories 351	Generally, refers to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: • Galactosemia • Hyperlipoproteinemia • Maple syrup urine disease (MSUD) • Phenylketonuria (PKU) • Tyrosinemia
Infectious Diseases-Acute	All Categories 352a	Acute conditions are characterized by a single or repeated episode of relatively rapid onset

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
		and short duration. The infectious disease must be present within the past 6 months. Diseases include, but not limited to: • Hepatitis A • Hepatitis E • Meningitis (Bacterial/Viral) • Parasitic Infections • Listeriosis • Pneumonia • Bronchitis (3 episodes in last 6 months)
Infectious Diseases-Chronic	All Categories 352b	Chronic conditions are likely lasting a lifetime and require long-term management of symptoms. The infectious disease must be present within the past 6 months. Diseases include, but not limited to: • Human Immunodeficiency Virus (HIV) • Acquired Immunodeficiency Syndrome (AIDS) • Hepatitis D • Hepatitis B • Hepatitis C
Lactose Intolerance	All Categories 355	Syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.
Nutrient Deficiency or Disease	All Categories 341	Any currently treated or untreated nutrient deficiency or disease. Diseases caused by insufficient dietary intake of macro and micronutrients. Treated or untreated. Diseases include, but not limited to: • Protein-Energy Malnutrition • Scurvy • Rickets • Beriberi • Hypocalcemia • Osteomalacia • Vitamin K deficiency • Pellagra • Xerophthalmia • Iron deficiency

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
Other Medical Conditions	All Categories 360	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. Diseases include but are not limited to: • Juvenile Idiopathic Arthritis (JIA) • Systemic Lupus Erythematosus • Polycystic Ovary Syndrome (PCOS) • Cardiovascular Disease (CVD) • Persistent asthma (moderate or severe) requiring daily medication • Cystic Fibrosis
Pre-Diabetes	Postpartum and Breastfeeding 363	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT). These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.
Recent Major Surgery, Trauma, Burns	All Categories 359	Major surgery (including C-sections), physical trauma or burns severe enough to compromise nutritional status. Any occurrence**:** • within the past two (≤2) months may be self-reported • more than two (>2) 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
Neonatal Abstinence Syndrome	Infant Category 383	Symptoms of NAS generally involve the central nervous system, autonomic nervous system, and the gastrointestinal tract. The severity of the infant's symptoms is commonly assessed using the Modified Finnegan Score Sheet. The Modified Finnegan Score Sheet consists of 21 symptoms that are associated with NAS. Following the determination of a baseline score, infants are assessed every 4 hours unless the severity of the symptoms requires more frequent monitoring. The

Allowable Medical Condition	Category & FNS Risk Code	Examples of Medical Condition
		following list includes symptoms associated with NAS: • Loud, high-pitched crying • Sweating • Yawning • Sleep disturbances • Feeding difficulties • Poor weight gain • Excessive sucking • Regurgitation • Diarrhea
Renal Disease	All Categories 346	Any renal disease including pyelonephritis and persistent proteinuria but excluding urinary tract infection (UTI) involving the bladder.
Thyroid Disorders	All Categories 344	Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. These conditions include but not limited to: • Congenital Hyperthyroidism • Congenital Hypothyroidism • Hyperthyroidism • Hypothyroidism • Postpartum Thyroiditis

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Inappropriate Nutrition Practices for Women – 427

Inappropriate nutrition practices are defined as routine practices that may result in impaired nutrient status, disease, or health problems. These practices are outlined below.

Inappropriate Nutrition Practices for Women	Examples of Inappropriate Nutrition Practices
427.1 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: ▪ Single or multiple vitamin; ▪ Mineral supplements; ▪ Herbal or botanical supplements/remedies/teas; or ▪ Cannabidiol (CBD) (Only Pregnant and Breastfeeding women). *Products labeled as CBD with any form of THC should be a risk with 372 Alcohol and Substance Use*
427.2 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.	▪ Low-calorie diet; ▪ Strict vegan diet; or ▪ Any other diet restricting calories and/or essential nutrients.
427.3 Compulsively ingesting non-food items (pica).	▪ Baking soda ▪ Burnt matches ▪ Chalk ▪ Cigarettes ashes ▪ Coffee grounds ▪ Dirt/clay ▪ Large quantities of ice and/or freezer frost ▪ Paper ▪ Starch (laundry and cornstarch) ▪ Uncooked rice
427.4 Inadequate vitamin/ mineral supplementation recognized as essential by national public health policy.	▪ Consumption of less than 27 mg of iron as a supplement daily by pregnant woman. ▪ Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women. ▪ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.
427.5 Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.	Potentially harmful foods: ▪ Seafood: Any raw or undercooked fish or shellfish or food containing raw or undercooked seafood (e.g. sashimi), found in some sushi or ceviche; refrigerated smoked fish; partially cooked seafood such as shrimp and crab. ▪ 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; ▪ Pâtés: unpasteurized, refrigerated pâté or meat spreads; ▪ Deli salads prepared without preservatives in a deli-type store or restaurant. ▪ Unpasteurized milk or foods containing unpasteurized milk ▪ Soft cheeses made with unpasteurized milk such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco or queso fresco;

	▪ Eggs: raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings (Caesar), cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; ▪ Raw sprouts (alfalfa, bean, clover, radish, microgreens); ▪ Unpasteurized fruit or vegetable juices; or ▪ Unwashed fruits and vegetables.

Inappropriate Nutrition Practices for Infants – 411

Inappropriate nutrition practices are defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below.

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices
411.1 Routinely using a substitute(s) for breast milk or 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. ▪ Imitation or substitution milks (such as rice- or-soy-based beverages, non-dairy creamer) or other "homemade concoctions".
411.2 Routinely using nursing bottles or cups improperly.	Examples of improper use of nursing bottles or cups: ▪ 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 infant to fall asleep/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.
411.3 Routinely offering complementary foods* or other substances that are inappropriate in type or timing. **Complementary foods are any foods or beverages other than human milk or infant formula.*	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.
411.4 Routinely using feeding practices that disregard the developmental needs or stage of the infant.	▪ 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).

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices
411.5 Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.	Examples of potentially harmful foods: • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheese such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. • Honey (added to liquid or solids, used in cooking, as part of processed foods, on a pacifier, etc.). • Raw or undercooked meat, fish, poultry, or eggs. • Raw vegetable sprout (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.
411.6 Routinely feeding inappropriately diluted formula.	• Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons). • Failure to follow specific instructions accompanying a prescription.
411.7 Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.	Examples of inappropriate frequency of nursing: • Scheduled feedings instead of demand feedings • Less than 8 feedings in 24 hours if less than 2 months of age
411.8 Routinely feeding a diet very low in calories and/or essential nutrients	Examples: • Strict vegan diet. • Macrobiotic diet. • Other diets very low in calories and/or essential nutrients.
411.9 Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula.	Limited or no access to a: • Safe water supply (documented by appropriate officials, e.g. municipal or health department authorities). • Heat source for sterilization. • Refrigerator or freezer for storage. Failure to prepare, handle and store bottles, storage containers or breast pumps properly. Examples include: <u>Human Milk</u>: • Thawing/heating in a microwave oven. • 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 human milk more than 24 hours after it was thawed. • Saving human milk from a used bottle from another feeding. • Failure to clean breast pump per manufacturer's instruction. • Feeding donor human milk acquired directly from individuals or the Internet. <u>Formula</u>: • Failure to prepare and/or store formula per manufacturer's or physician instructions • Storing at room temperature for more than one (1) hour • Using formula in a bottle one (1) hour after the start of a feeding • Saving formula from a used bottle for another feeding

	• Failure to clean baby bottle properly
411.10 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: • Single or multi-vitamins • Mineral supplements. • Herbal or botanical supplements/remedies/teas.
411.11 Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.	▪ Infants 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. ▪ Infants who are exclusively breastfed, or who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.

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Inappropriate Nutrition Practices for Children – 425

Inappropriate nutrition practices are defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below.

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices
425.1 Routinely feeding inappropriate beverages as primary milk source.	Examples of inappropriate beverages as primary milk source: ▪ Non-fat or reduced-fat milks (between 12 and 24 months of age unless allowed by State agency policy for a child for whom overweight, or obesity is a concern) or sweetened condensed milk. ▪ Goat's milk, sheep's milk, imitation or substitute milks (that are unfortified or inadequately fortified) or other "homemade concoctions".
425.2 Routinely feeding a child any sugar-containing fluids.	Examples of sugar-containing fluids: ▪ Soda/soft drinks; ▪ Gelatin water; ▪ Corn syrup solutions; and ▪ Sweetened tea.
425.3 Routinely using nursing bottles, cups or pacifiers improperly.	▪ Using a bottle to feed • Fruit juice, or • Diluted cereal or other solid foods. ▪ Allowing the child to fall asleep or be put to bed with 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/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.
425.4 Routinely using feeding practices that disregard the developmental needs or stage of the child.	▪ 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/beverage or ignoring a hungry child's requests for appropriate foods). ▪ Feeding foods of inappropriate consistency, size, or shape that put children 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 food when the child is ready and capable of eating mashed, chopped or appropriate finger foods).

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices
425.5 Feeding foods to a child that could be contaminated with harmful microorganisms.	Examples of potentially harmful foods for a child: ▪ 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 (such as alfalfa, clover, bean, and radish). ▪ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).
425.6 Routinely feeding a diet very low in calories and/or essential nutrients.	Examples: ▪ Vegan diet ▪ Macrobiotic diet ▪ Other diets very low in calories and/or essential nutrients
425.7 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: ▪ Single or multi-vitamins; ▪ Mineral supplements; and ▪ Herbal or botanical supplements/remedies/teas
425.8 Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.	▪ Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▪ Providing children 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 if a child consumes less than 1 liter (or 1 quart) of Vitamin D fortified milk or formula.
425.9 Routine ingestion of non-food items (pica).	Examples of inappropriate non-food items ▪ Ashes; ▪ Carpet fibers; ▪ Cigarettes/cigarette butts; ▪ Clay; ▪ Dust; ▪ Foam rubber; ▪ Paint chips; ▪ Soil; ▪ Starch (laundry and cornstarch).

Procedures for Measuring and Weighing
Measuring Recumbent Length

Age
- Infants
- Children up to age 24 months

Materials/Equipment
- Recumbent length board with fixed headboard and movable footboard, both at right angles
- Two people are required; the measurer and an assistant (assistant can be child's parent/guardian/caretaker).

  Note: Prior to measuring a participant or applicant, it is essential to consider their right to privacy, dignity and respect. All applicant or participant information is confidential. Refer to chapter 16 for information related to confidentiality.

Procedure*

1. Put a clean paper sheet on measuring board, being sure to cover the fixed head board.
2. Remove shoes, hats and bulky clothing from child being measured.
3. With the help of the assistant, position the child face-up on the measuring board with the head placed against the fixed headboard. The assistant should stand behind the headboard and hold the child's head firmly against the headboard.
4. With the child positioned so the head, shoulders, back and buttocks are flat along the center of the board, the measurer should hold the child's knees together, gently pushing them down against the board with one hand to fully extend the child. With the other hand, the measurer should slide the movable footboard toward the child's feet and place the footboard so both heels are firmly against it with toes pointing directly upward.
5. Read and record the measured length to the nearest 1/8 inch.
6. If the measurement deviates remarkably from previous measures, or is otherwise questionable, measure the child again.
7. Length boards must be sanitized between clients.

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* Measuring in special situations:

1. *Child is unable to straighten:* In this case, an approximate length can be obtained using the sum of partial measures. Straighten the child as much as possible then measure from the top of the head to the end of the spine, then from the end of the spine to the back of the knee, then from the back of the knee to the base of the heel. Add the measurements to determine the length.
2. *Child is too long for the length board:* In this case, a longer length board is best practice. Alternatively, attempt to obtain measures from the child's medical home. If no current reliable measure is available, an approximate length can be obtained by using a flat surface, a tape measure and two hard flat blocks (or books). Position the child face-up on the flat surface, place the blocks perpendicular to the flat surface at the child's head and feet and measure the distance between the blocks.

Procedures for Measuring and Weighing
Measuring Standing Height

Age
- Children two years of age and older who can stand unassisted
- Adolescents and adults*

Materials/Equipment
- Wall mounted measuring board with movable headboard (stadiometer), marked in increments of 1/8 inch. Stadiometers must be checked for accuracy of height. If a stadiometer protrudes from the wall such that all four contact points (see Step 3 below) are not in a straight line, an adaptation such as a heel strike plate should be made to the floor or the wall to accommodate this.
- Two people, the measurer and an assistant, may be required for children. The assistant could be the child's parent/guardian/caretaker.

  Note: Prior to measuring a participant or applicant, it is essential to consider their right to privacy, dignity and respect. All applicant or participant information is confidential. Refer to chapter 16 for information related to confidentiality.

Procedure*

1. Have child's parent/caretaker remove child's shoes, hats, obstructing barrettes and bulky clothing. Ask adult to remove shoes, hats, barrettes, and bulky outer clothing.
2. Position the child/adult against the measuring device facing forward, instructing child/adult to stand straight and tall, with shoulders level, hands at sides.
3. Make sure the child/adult stands flat-footed with feet slightly apart and knees extended, looking straight ahead, then check for four (4) contact points: 1) head, 2) shoulders, 3) buttocks, and 4) the back of the heels. If necessary, ensure the child's lower body stays in position by having the assistant firmly press his or her hands on the child's knees and ankles.*
4. Lower the headboard until it firmly touches the crown of the head.
5. Read and record the measured height to the nearest 1/8 inch.
6. If the measurement deviates remarkably from previous measures, or is otherwise questionable, measure the child or adult again.
7. Between each client, sanitize the headboard and replace the disposable paper sheet on which the child/adult stands. If a disposable paper sheet is not used, the floor must be sanitized between each client.

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* If the client cannot stand straight (due to obesity, scoliosis, or some other reason) and make contact with the board at the four points as recommended in Step 3, have client stand as reasonably straight as possible.

Procedures for Measuring and Weighing
Weighing – Infant Scale

Age
- Infants
- Young children with weights up to scale tolerance, usually 30 pounds

Equipment
- Infant scale with beam balance or digital infant scale. (The accuracy of scales must be tested annually. Refer to Section 2 for more information.)

Note: Prior to measuring a participant or applicant, it is essential to consider their right to privacy, dignity and respect. All applicant or participant information is confidential.
Refer to chapter 16 for information related to confidentiality.

Procedure*
1. Put clean, paper sheet on scale.
2. Beam balance scales: Balance the scales at zero position, i.e. with paper sheet on tray; place the main and fractional sliding beam weights directly over their zero positions. Check to see if the scale balance indicator is centered and adjust if needed to assure that the scale is balanced at zero.
3. Remove child's shoes and outer clothing. A t-shirt and a clean dry diaper may be worn. If child is wearing braces and/or orthotics, remove these also.
4. Place child in center of scale (may be sitting or lying down).
5. Beam balance scale: Move the weight on the main beam away from the zero position (left to right) until the indicator shows excess weight, then move the weight back (right to left) towards the zero position until too little weight has been obtained. Move the weight on the fractional beam away from the zero position (left to right) until the indicator is centered and stationary. Read and record weight to the nearest ½ ounce.
6. Digital scale: Allow the scale to lock onto a weight. Read the weight in the display area of the scale. Record the weight value including the first number to the right of the decimal.
7. If the weight deviates remarkably from previous measure, or is otherwise questionable, weigh the infant or child again.
8. Scales should be sanitized between clients.

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* Weighing in special situations:
Child cannot stand unassisted but exceeds infant scale tolerance:
Follow steps 1-3 above.
- a Beam Balance Scale: Ask the parent to hold the child and weigh both individuals together. Without removing any clothes or shoes, weigh only the adult and subtract this weight from the weight of both together.
- b Digital Scale: Turn off the scale and ask the parent to stand on the scale, facing out. Turn on the scale; be sure it reads 0.0, then return the child for the parent to hold.

Child is too heavy to lift:
Ask the parent if he or she knows the child's weight at the time of the last visit to the child's medical home, or, if at all possible, attempt to locate wheelchair scales to obtain current weight.

Procedures for Measuring and Weighing
Weighing – Standing Scale

Age
- Children who can stand unassisted
- Adolescents and adults *

Equipment
- Standard platform beam balance scale or digital scale. (The accuracy of scales must be tested annually. Refer to Section 2 for more information.)

Note: Prior to measuring a participant or applicant, it is essential to consider their right to privacy, dignity and respect. All applicant or participant information is confidential. Refer to chapter 16 for information related to confidentiality.

Procedure*

1. Beam balance scales: Balance the scales at zero position by placing the main and fractional sliding beam weights directly over their zero positions. Check to see if the scale balance indicator is centered, assuring the scale is balanced at zero.
2. Have child's caretaker remove child's shoes, hat and heavy clothing (including jeans and sweaters/sweatshirts). Ask adults to remove shoes, hats, bulky outer clothing, and heavy belts or jewelry.
3. Have child/adult stand with both feet in the center of the platform, body upright and arms hanging naturally (children with wandering hands may do better if asked to place their hands on their hips or stomachs or to fold their arms).
4. Beam balance scale: Move the weight on the main beam away from the zero position (left to right) until the indicator shows excess weight, then move the weight back (right to left) towards the zero position until too little weight has been obtained. Move the weight on the fractional beam away from the zero position (left to right) until the indicator is centered and stationary. Read and record weight to the nearest ¼ pound.
5. Digital scale: Allow the scale to lock onto a weight. Read the weight in the display area of the scale. Record the weight value including the first number to the right of the decimal.
6. If the weight deviates remarkably from previous measure, or is otherwise questionable, weigh the child or adult again.

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* If unable to get a weight on a client due to obesity, attempt to get the weight from the client's medical home.

Chapter 6D
Certification/Participation - Participant Notifications

Table of Contents

This chapter describes the process of informing participants about the WIC Program and their rights and responsibilities and the notifications that are used to inform participants about their eligibility and participation.

Section 1. Participant Rights and Responsibilities 1
- Rights and Responsibilities
- Explanation of the WIC Program

Section 2. Participant Notices 3
- Required Content of Notices
- Required Participant Notices
- Optional Notices
- Required Documentation of Notices

Attachments

Attachment 1. Summary of Required Participant Notices
Attachment 2. Welcome to the North Carolina WIC Program Notice Template
Attachment 3. NC WIC Multilingual Tagline Notice (Notice of Free Interpretation and Available Assistance Services)

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Participant Rights and Responsibilities

Participants in the WIC Program are both entitled to certain rights and information and are expected to accept certain responsibilities of participation.

- **Rights and Responsibilities**
  At the initial certification and every subsequent certification, the applicant/participant/parent/guardian/caretaker must read, or have read to them in their language of preference, the statements of rights and responsibilities under the WIC Program. These statements are as follows:

  1. Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

  2. I have applied to receive WIC benefits from the Federal Government. Program officials may check the truth of the information I have provided. I certify that the information I have provided to decide my eligibility is correct.

  3. The local agency will decide whether I may receive WIC benefits. To appeal the decision, I must ask for a fair hearing no more than 60 days after the local agency tells me the decision.

  4. The local agency will offer me health services and nutrition education and will encourage me to participate in these services.

  5. Lying and hiding or withholding facts may mean that I will have to repay, in cash, the State Agency for the value of foods that I should not have received. I may be charged with breaking state and federal law. I certify that I do not receive benefits from another WIC clinic.

  6. The WIC program may give information to other public organizations designated by the state health officer to enhance the health, education, or well-being of WIC applicants and participants. I understand that the organizations may contact me, but they may not give my information to anyone else without asking my permission.

  7. Exchanging the NC eWIC card, WIC foods and/or formula for cash, credit, non-food items, or non-WIC food, is a violation subject to federal and state sanctions.

  8. The local agency may routinely ask me about my plans to move out of state. I am aware that I may obtain free of charge the Out of State Transfer Information Sheet that serves as Verification of Certification. This document contains key family information to minimize disruption in my WIC services when transferring out of state.

  After reading or having read to them, the applicant/participant/parent/guardian/caretaker must indicate by signing the signature pad, that s/he has provided accurate information; understands his/her rights and responsibilities as related to the WIC Program; and understands his/her right to a fair hearing.

During remote services, the local agency can accept alternative electronic signatures from the applicant/participant or Parent/Guardian/Caretaker to indicate understanding of information.

- **Explanation of the WIC Program**

  At a minimum, staff should assure that the participant/parent/guardian/caretaker understands the following about the WIC Program.

  - The purpose of the WIC Program is to provide nutrition education, supplemental foods, referrals to health and social service programs and breastfeeding promotion and support to achieve positive health outcomes.

  - The purpose of the nutrition assessment is to identify each participant's nutrition needs and interests so that staff can develop a plan of nutrition care and provide program benefits and make appropriate referrals to other health and social service programs in response to the participant's needs and interests.

  - That WIC staff hopes their relationship with them is a partnership – with two-way communication – working to achieve positive health outcomes.

  - WIC food benefits are prescribed for the individual to promote and support the nutritional well-being of the participant but are not intended to provide all the participant's daily food requirements. If the food benefits provided are in excess of what the participant can use, the participant/parent/guardian/caretaker should discuss this with the CPA so the food package can be tailored to better meet the needs. The sale or intent to sell or trade verbally, in print or online any WIC Program benefits is strictly prohibited. See Chapter 6F for more information regarding participant violations and sanctions.

  - Each participant must reapply at the end of the certification period and be reassessed for WIC Program eligibility.

Participant Notices

Written notification must be provided to applicants or participants related to WIC program services at specific times during the application process or certification period. See Attachment 1 for a summary of required participant notices.

The Crossroads system generates participant notices in both English and Spanish based on 'Language Read' field on the Family Demographics screen. Local agencies should ensure that the applicant/participant/parent/guardian/caretaker reads or has the notification read to them in their language of preference. If a language other than English or Spanish is selected for Language Read, an English version of the notice will be generated and the local agency must provide a multilingual tagline notice to accompany the program notice. See Attachment 3 for the NC WIC Program multilingual tagline notice, called the 'Notice of Free Interpretation and Available Assistance Services'. The resource can be ordered using the Community Nutrition Services Section Materials Requisition Form.

- **Required Content of Notices**
  All notices must include a reason for the action being taken (e.g., the reason a participant is no longer eligible) and the full USDA nondiscrimination statement. Notices that reflect a decision about program eligibility and/or termination must also include a statement of the participant's right to a fair hearing.

  Refer to Chapter 4 for information on the nondiscrimination statement and to Chapter 14 for information on fair hearings.

- **Required Participant Notices**
  Staff must provide the following program notices customized to the applicant/participant (see Attachments 1 and 3).

  - **Notice of Ineligibility**
    This notice must be provided at the time of eligibility assessment when an applicant is found to be ineligible or when termination is due for WIC program services. If the applicant/participant/parent/guardian/caretaker leaves the agency before receiving the written notice of ineligibility, the notice must be mailed to the applicant/participant/parent/guardian/caretaker's address of record within 15 days.
    - This notice must be provided at the time of eligibility assessment when an applicant is found to be ineligible due to:
      - not belonging to a category of participant being served,
      - income is greater than what is allowed,
      - no nutrition risk,
      - not living in an area being served, or
      - residing in an institution/homeless facility that does not follow conditions necessary for participation in WIC.
    - This notice must be provided at the termination of a participant certification due to:
      - moved outside the service area,
      - no longer meets WIC category eligibility*,

- no longer income eligible,
- participant or parent/guardian/caretaker request, or
- suspension or removal from the program.

*When an individual certified as a breastfeeding woman discontinues breastfeeding, the individual transitions to participant category of postpartum woman. When breastfeeding is discontinued 6 months or more past date of delivery, the postpartum woman is no longer categorically eligible for WIC program services and the certification is terminated. In this situation, the Notice of Ineligibility is required.

- **Welcome to the North Carolina WIC Program Notice**
  All applicants/participants found eligible and certified for WIC Program services must be provided a "Welcome to the North Carolina WIC Program" notice customized for program services according to participant certification and category. The following services require notification and are included within the notice:
  - **Mid-Certification Assessment**. This serves as notification of the complete nutrition assessment required for infants, children, and breastfeeding women five to seven months after certification.
  - **Subsequent Certification.** This serves as notification at least 15 days before the expiration of the participant's current certification and need for subsequent certification.

- **Missed Initial Certification Appointment**
  Local agencies must send this notice within 10 days when a pregnant woman misses her initial certification appointment. All other applicants must receive this notice within 15 days of the missed initial certification appointment.

- **Missed Subsequent Certification Appointment**
  Participants must receive this notice within 15 days of the missed subsequent certification appointment.

■ **Optional Notices**
When determined feasible or beneficial (such as low participation rate), the following notices can be printed on an individual basis or in a batch process.

- **Initial Certification Appointment**
  - Booked Initial Certification Appointment Notification
  - Cancelled Initial Certification Appointment Notification
  - Rescheduled Initial Certification Appointment Notification

- **Subsequent Certification Appointment**
  - Booked Subsequent Certification Appointment Notification
  - Cancelled Subsequent Certification Appointment Notification
  - Rescheduled Subsequent Certification Appointment Notification

- **Food Benefit Issuance Appointment**
  - Booked Food Benefit Issuance Appointment Notification

- Cancelled Food Benefit Issuance Appointment Notification
- Missed Food Benefit Issuance Appointment Notification
- Rescheduled Food Benefit Issuance Appointment Notification

Nutrition Education Individual Appointment

- Booked Nutrition Education Individual Appointment Notification
- Cancelled Nutrition Education Individual Appointment Notification
- Missed Nutrition Education Individual Appointment Notification
- Rescheduled Nutrition Education Individual Appointment Notification

■ **Required Documentation of Notices**

The Crossroads system automatically documents all notices generated.

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Summary of Required Participant Notices

Notice	Required For	When Notice Must Be Given	Crossroads Location
Notice of Ineligibility	Applicants who are found to be ineligible due to: • not belonging to a category of participant being served, • income is greater than what is allowed, • no nutrition risk, • not living in an area being served, or • residing in an institution/ homeless facility that does not follow conditions necessary for participation in WIC.	At time of eligibility assessment.	• Certification Summary Screen • Income Information Screen
	Participants who are no longer eligible because: • moved outside the service area • no longer meets WIC category eligibility • no longer income eligible • participant or parent/ guardian/ caretaker request.	At the time participant no longer meets eligibility criteria. *(Termination due no less than 15 days from the time of reassessment and notification.)*	
	Participants who are no longer eligible due to sanction following program violation. *(Refer to Chapter 6F, Section 1: 'Participant Violations and Sanctions'.)*	At the time participant certification is terminated. **Separate and different written notice of program violation & sanction must be provided at least 15 days before termination of certification.*	

Notice	Required For	When Notice Must Be Given	Crossroads Location
Welcome to the North Carolina WIC Program Notice	All participants to provide notification of: • certification start date, • mid-certification assessment due, subsequent-certification due, and • certification end date reflecting no longer eligible, if applicable.	At time of certification.	• Certification Summary Screen • Issue Food Instruments Screen
Missed Initial Certification Appointment	Applicants who miss the initial certification appointment (for current participant category application).	Pregnant women: Within 10 days of the missed initial certification appointment. All other participant categories: Within 15 days of the missed initial certification appointment.	Operations Dropdown → Notifications
Missed Subsequent Certification Appointment	Participants who miss a subsequent certification appointment.	Within 15 days of the missed subsequent certification appointment.	Operations Dropdown → Notifications

Welcome to the North Carolina WIC Program Notice Template

<Family First Name> <Family Last Name> <Today's Date>
<Family Mailing Address>
<Family City>, <Family State> <Family Zip Code>

Dear <Individual First Name> <Individual Last Name>,
Thank you for participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Your current WIC certification starts <Certification Start Date> and ends on <Certification End Date>.
During your certification, the local agency will make health services, nutrition education and breastfeeding support available to you, and you are encouraged to participate in these services.

___ **Nutrition Education.** WIC makes nutrition education available in person, in classes, and online. We encourage you to participate!

___ **Mid-Certification**. If available, please bring your recent measurements from the health care provider to this appointment. If no recent measurements are available, WIC staff can gather measurements in the clinic.

The certification for <Individual First Name> will end on <Certification End Date>.
After this time, you *may* be eligible for continued benefits with a subsequent certification if you are pregnant, an infant, or a child under 5. Contact your local agency to schedule a subsequent certification appointment for staff to review your eligibility!

___**Subsequent Certification.** At this appointment, please bring proofs of income, residence, and identity along with recent measurements from the health care provider, if available. If no recent measurements are available, WIC staff can gather measurements in the clinic

At the end of the current certification period, your participant category is not eligible for continued benefits:
___Non-breastfeeding women: 6 months after the pregnancy ended.
___Breastfeeding women: one year after the baby was born or at the time breastfeeding stops if the baby is 6 months or older.
___Children: 5 years old and above

If at any time during your WIC certification you move outside of our service area or are no longer income-eligible, please notify your local WIC agency.

If you disagree with a decision made by our staff which affects your eligibility for the WIC Program, you or a representative of your choice may request a fair hearing by asking our staff or by writing to: State WIC Director, Community Nutrition Services Section, 1914 Mail Service Center, Raleigh, NC 27699-1914. Your request for a fair hearing must be made within 60 days of the decision with which you disagree.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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Welcome to the North Carolina WIC Program Notice Template

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Notice of Free Interpretation and Available Assistance Services

Free services are required by Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000 et seq.; 28 C.F.R. § 42.101 et seq., Title II of the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. § 12132 et seq.; 28 C.F.R. § 35.101 et seq. and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 et seq.; 45 C.F.R. § 84.1 et seq.

English	If you have difficulty communicating with us because you do not speak English or have a disability, please notify a staff person. Free interpretation services, translated materials or other assistance is available on request.
Amharic አማርኛ	የእንግሊዝኛ ቋንቋ ስለማይናገሩ ወይም የአካል ጉዳት ስላለብዎ ከእኛ ጋር የመገናኘት ችግር ካለብዎት፣ እባክዎ ለአንድ የሰራተኛ አባል ያሳውቁ። ነፃ የማስተርጎም አገልግሎቶች፣ የተተረጎሙ ሰነዶች ወይም ሌሎች እርዳታዎች ሲጠየቁ ሊገኙ ይችላሉ።
Arabic ةيبرعلا	إذا كان لديك صعوبة في التواصل معنا بسبب عدم تحدثك اللغة الإنجليزية أو تعاني من إعاقة، يرجى إبلاغ أحد الموظفين. تتوفر خدمات الترجمة الشفوية المجانية أو المواد المترجمة أو أساليب مساعدة أخرى حسب الطلب .
Bosnian Bosanski	Ako imate poteškoća u komunikaciji s nama, zbog činjenice da ne govorite engleski, ili zbog činjenice da imate invaliditet, molimo vas da o tome obavijestite našeg saradnika. Besplatne usluge usmenog prevodioca, prevedeni materijali ili druga potrebna pomoć dostupni su na zahtjev.
Burmese မြန်မာ	သင့်အနေဖြင့် အင်္ဂလိပ်စကား မပြောနိုင်သည့်အတွက် သို့ မဟုတ် မသန်စွမ်းမှုရှိသည့်အတွက်ကြွေးနှိ ပ်တိုနှင့်ဆက်သွယ်ပြောဆိုရာတွင် အခက်အခဲရှိပါကဝန်ထမ်းပုဂ္ဂိုလ်တစ်ဦးကို အသိပေးအကြောင်းကြားပါ။ တောင်းဆိုချက်အပေါ်မူတည်၍ အခမဲ့စကားပြန်ဝန်ဆောင်မှုများ၊ ဘာသာပြန်ဆိုထားသော အရာများ သို့ မဟုတ် အခြားအကူအညီကို ရရှိနိုင်သည်။
Simplified Chinese 简体中文	如果您因为不会说英语或身体有残疾而与我们沟通困难，请通知工作人员。我们可以 根据您的需要提供免费的口译服务、翻译资料或其他帮助。
Traditional Chinese 繁體中文	如果您因為不會說英語或身體有殘疾而與我們溝通困難 請通知工作人員。我們可以 根據您的需要提供免費的口譯服務、翻譯資料或其他幫助。
Farsi یسراف	اگر به دلیل عدم تکلم به زبان انگلیسی یا ازکارافتادگی برای برقراری ارتباط با ما مشکل دارید، لطفا به یکی از کارمندان اطلاع دهید. خدمات رایگان ترجمه شفاهی، مطالب ترجمه شده و انواع کمک های دیگر در صورت نیاز فراهم است
French Français	Si vous avez des difficultés à communiquer avec nous car vous ne parlez pas anglais ou si vous avez un handicap, veuillez informer un membre du personnel. Des services d'interprétation gratuits, des documents traduits ou toute autre assistance sont disponibles sur demande.
German **Deutsch**	Sollten Sie Schwierigkeiten haben, mit uns zu kommunizieren, weil Sie kein Englisch sprechen oder eine Behinderung haben, informieren Sie bitte einen Mitarbeiter. Auf Anfrage helfen wir Ihnen gerne mit einem kostenlosen Dolmetscherdienst, übersetztem Material oder anderweitig weiter.
Gujarati ગુજરાતી	જો તમને અમારી સાથે વાતચીત કરવામા મુશ્કેલી થાય છે કારણ કે તમે અગરેજી બોલતા નથી અથવા અપગતા ધરાવો છો, તો કૃપા કરીને સ્ટાફના વ્યક્તિને સૂચિત કરો. વિનંતી પર નિ:શુલ્ક અર્થઘટન સેવાઓ, અનુવાદિત સામગરી અથવા અન્ય સહાયઉપલબ્ધ છે
Haitian Creole Kreyòl Ayisyen	Si ou gen difikilte pou kominike avèk nou paske ou pa pale Angle oswa si ou gen yon andikap, tanpri enfòme yon manm pèsonèl. Sèvis entèpretasyon gratis, materyèl tradwi oswa lòt asistans disponib sou demann.
Hindi हिंदी	यदि आपको हमसे बातचीत करने में कठिनाई हो रही है क्योंकि आप अंग्रेजी में बात नहीं करते हैं या आप दिव्यांग हैं, तो कृपया हमारे कर्मचारी को सूचित करें। नि:शुल्क अनुवाद सेवाएं, अनुवादित सामग्री या अन्य सहायता अनुरोध पर उपलब्ध है।
Italian **Italian**	In caso di difficoltà a comunicare con noi perché non si parla l'inglese o si ha una disabilità, comunicarlo a un membro del personale. Sono disponibili su richiesta servizi di interpretariato gratuiti, materiali tradotti o altra assistenza.
Korean 한국어	영어를 못 하시거나 기타 사유로 인해 저희와 소통하기 어려우시다면 스태프에게 알려주십시오. 요청에 따라 통역 서비스, 번역 자료 및 보조적인 도움을 무료로 받으실 수 있습니다.
Portuguese Português	Caso tenha dificuldade em comunicar-se conosco por não falar inglês ou por ter alguma deficiência, favor informar isso a um funcionário. Serviços de interpretação gratuitos, materiais traduzidos ou outros tipos de assistência estão disponíveis mediante solicitação.
Russian Русский	Если вы испытываете затруднения при общении с нами, потому что вы не говорите по-английски или имеете инвалидность, пожалуйста, сообщите об этом нашему сотруднику. Бесплатные услуги устного перевода, перевод материалов или другая помощь предоставляются по запросу.
Somali Soomaali	Haddii ay kugu adagtahay inaad noola hadashid sababtoo ah Ingiriis kuma hadashid ama naafonimo aad qabtid awgeed, fadlan usheeg qofka shaqaalaha ah. Adeegyada turjubaanka bilaashka ah, fasiraada qalabka ama kaalmo kale ayaa laguu heli karaa markaad codsatid.
Spanish Español	Si tiene dificultad para comunicarse con nosotros porque no habla inglés o tiene una discapacidad, notifique a un miembro del personal. Contamos con servicios de interpretación gratuitos, material traducido y otros tipos de asistencia a pedido.
Tagalog **Tagalog**	Kung nahihirapan kang makipag-ugnayan sa amin dahil hindi ka nagsasalita ng Ingles o mayroon kang kapansanan, mag-abiso sa isang staff. Makakakuha ng mga libreng serbisyo sa interpretasyon, nakasaling materyales, o iba pang tulong kapag hiniling.
Vietnamese Tiếng Việt	Nếu có khó khăn khi giao tiếp với chúng tôi vì quý vị không nói được tiếng Anh hoặc bị khuyết tật, vui lòng thông báo cho nhân viên. Dịch vụ phiên dịch, bản dịch tài liệu hoặc các hỗ trợ khác sẽ được cung cấp miễn phí theo yêu cầu.

Department of Health and Human Services • Division of Child and Family Well-Being
Community Nutrition Services Section • wwww.ncdhhs.gov/nc-wic-cacfp
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Chapter 6E
Certification/Participation - Certification in Special Situations

Table of Contents

This chapter describes policies and procedures related to the certification of individuals in situations that are out of the daily routine.

Section 1. Transfer of Certification 1
- Verification of Certification (VOC)
- State VOC Point of Contact Personnel
- Assisting Transferring Families
- Accepting Transferring Families

Section 2. Residents of Institutions and Homeless Facilities 5
- Definition of Institutions and Homeless Facilities
- Compliant Institutions and Homeless Facilities
- Verifying Compliance of Institutions and Homeless Facilities
- Non-Compliant Institutions and Homeless Facilities

Section 3. Waiting Lists 7
- Implementation of a Waiting List
- Participant Reinstatements
- Waiting List Referrals
- Transfer Participants

Attachments:

Attachment 1. Institutions and Homeless Facilities Letter of Compliance for the WIC Program *(Sample letter)*

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Transfer of Certification

The primary intent of the transfer or Verification of Certification (VOC) provision is to ensure seamless and continued participation of certified participants through the entirety of their certification period.

It is important to take steps throughout the certification period to ensure that the participant/parent/guardian/caretaker know the availability, process and purpose of the VOC. This includes VOC availability, the process for requesting a VOC as in the Rights and Responsibilities statement, and local agency staff routinely asking participants if they plan to move during the certification period. Populations that tend to move frequently include migrant farm workers, homeless participants, persons who live in institutions or homeless facilities, and military participants. Staff must print from the Crossroads system the Out of State Transfer Information sheet for a family in which there is a migrant farm worker and to any other family that is likely to be relocating during the certification period. Staff should also provide the NC WIC Program Notice and tailor the notice according to the participant's situation. Refer to Chapter 6D for information on providing notifications.

Participants and families moving within NC will not need the Out of State Transfer Information sheet from the local agency they are leaving. The receiving local agency (agency to which the family is transferring into) will simply transfer the family record to their agency using the Crossroads system.

- **Verification of Certification (VOC)**
  The Out of State Transfer Information sheet serves as verification of certification and is provided to participants who are planning to move out of state. It is addressed to the participant (if an adult) and the parent/guardian/caretaker of an infant or child participant. VOC documents, though unique for each state and the WIC Overseas Program, are recognized nationally. North Carolina VOC is valid to the end of the participant's certification period and is designed to serve more than one participant in a family. All information for the family is compiled automatically from the Crossroads system.

  - VOC documents may be unique from state to state. In order to provide key information for the seamless provision of WIC services and to prevent duplicate benefit issuance (dual participation), WIC regulations include eight items that must be present on the VOC documents as described below:
    - Name of participant,
    - Date the certification was performed,
    - Date income eligibility was determined,
    - The nutritional risk of the participant,
    - Date the certification expires,
    - The signature and printed name of the certifying local agency official,
    - The name address and phone number of the certifying agency, and

- An identification number or other form of VOC accountability.

Additional information provided but **not** required:

- Food Benefit Data: first date to spend, last date to spend, name of exempt formula or medical food, medical reason for prescription, and prescription expiration date (if applicable) or food prescribed.

- Food Prescription: participant name, (name of exempt formula, medical food, or food prescribed, medical reason and prescription expiration date if applicable) or food prescribed.

■ **State VOC Point of Contact Personnel**

If clients present with questionable or missing information or without the Verification of Certification the receiving agency is encouraged to contact the sending agency to verify any questionable information contained on the VOC. If the local agency cannot successfully obtain VOC information from the sending agency, they should connect with the designated VOC contact for that state. Listings of state VOC point of contact personnel may be accessed at the following website: https://www.fna.usda.gov/contacts.

State VOC personnel have one business day from the contact request to retrieve necessary information. If a local agency cannot verify the certification status within this time frame, local agency staff must treat the family as new applicants and determine program eligibility within appropriate processing standards. Handwritten information is permitted/acceptable if the current management information system or form does not currently include certain information.

A signed client release is not required to provide certification information to another WIC Program or WIC Overseas agency. Local agencies must not routinely require participants to sign a release of information with other WIC State or local agencies. Regulations allow a sending WIC agency to share information about a transferring participant with a receiving agency, without prior consent or written release by the participant.

■ **Assisting Transferring Families**

Staff must assist families who are moving within NC by identifying a WIC Program in their new residence location. Staff should inform families that the receiving WIC Program will electronically transfer the family records into their agency using the Crossroads system.

- **Assist "overseas" transfers.** In addition to a VOC, a WIC participant who is a member of the Armed Forces, a civilian employee of a military department, or a Department of Defense (DOD) contractor, including his/her family members, who indicates intent to relocate overseas during a certification period, should be given the following information about the DOD WIC Overseas Program**.**

- There is no guarantee that the Department of Defense (DOD) WIC Overseas Program will be operational at the overseas site where they will be transferred. Locations of the WIC Overseas Program can be found at: http://tricare.mil//Wic/.
- By law, only certain individuals are eligible for the WIC Overseas Program. Issuance of the VOC (Out of State Transfer Information sheet) does not guarantee continued eligibility and participation in the WIC Overseas Program.

Information about the WIC Overseas Program may be accessed on the TRICARE website http://tricare.mil//Wic/.

- **Terminate the participant.** Once it is known that a family has transferred out of state, local agency staff should terminate the family from their program and deactivate the family's eWIC card on the Issue EBT Card screen or void any current and future benefits on the Food Instrument List screen. Refer to Chapter 6D for information on providing notifications.

Accepting Transferring Families

- **In State Transfer**: When a transferring family contacts the WIC office in their new location, WIC staff should transfer the family without delay to ensure that the family receives program benefits to which they are entitled. WIC staff must complete the transfer using the Crossroads system which moves the electronic record into the receiving agency. Refer to Section 3 for information on enrolling transferring families if the local agency has a waiting list.

- **Display: "Are you Moving" Poster.** The "Are You Moving" poster must be displayed where it may be read by those who receive WIC services. It may also be displayed in group or individual nutrition education areas. Posters may be ordered from the Community Nutrition Services Section (CNSS) using the CNSS requisition form.

- **Transfers from Out of State**:
  VOC documentation from a WIC Program in another state or WIC Overseas Program must contain at minimum these elements to be valid:
  - participant name
  - most recent certification date
  - date the current certification period expires

  NOTE: Transferring participants who present a VOC with a minimum of these items must be treated as if the VOC contains all the required information. If a nutritional risk code is not documented on the VOC or if the participant was certified based on a nutrition risk condition that is no longer in use by the receiving agency, the receiving agency must use the equivalent risk code" Transfer of Certification" to establish nutritional risk for that participant. Refer to Chapter 6C for information on nutrition risk code. All VOC

documents must be scanned into the Crossroads System upon receipt.
Some states limit the certification of infants, children, and postpartum breastfeeding women to a six-month period. If an infant, child or postpartum breastfeeding woman transfers from one of these states, their certification period will be changed to reflect the North Carolina certification period.

Staff must use professional judgment around issuance of food benefits to a transferred family from another state. Out-of-state electronic benefits card (EBT) cannot be used in NC. The into-state transferring family must surrender to the local agency any unused food instruments (FIs) and cash-value vouchers (CVVs) or Electronic Benefit Transfer (EBT) card in their possession. The local agency must destroy any FIs, CVVs or EBT card(s) from the transferring family. Do not return the FIs, CVVs or EBT cards to the sending agency or to CNSS.

When the transferring family claims unused FIs/CVVs or EBT card are misplaced or lost during moving, staff must verify which months of food benefits have been issued by contacting the transferring agency. Staff are not allowed to reissue food benefits if the transferring agency issued food benefits and they are still in date. Refer to Chapter 8 on food benefits misplaced by the recipient.

When the transferring family provides the receiving local agency with FIs or CVVs or EBT card, staff should do the following:

- For the current month, if the family has already redeemed part of their FIs/CVVs, issue a prorated food package by adjusting the first month's food prescription based on the amount of benefits already redeemed. If the FIs and CVVs have not been redeemed and all are in hand, then establish a family issuance day and issue a full food package.
- For future months, issue a food package to the extent practicable that ensures the participant receives the maximum monthly allowance.

Residents of Institutions and Homeless Facilities

Residents of institutions and homeless facilities who are eligible for WIC may participate in the program. Refer to Chapter 6A, Section 5 on documentation of residency for residents of institutions and homeless facilities.

Definition of Institutions and Homeless Facilities

Institutions and homeless facilities are two different types of places.

- **Institution.** An institution is any residential accommodation, other than a private residence or homeless facility, which provides meal service. Examples include women's shelters, maternity homes, institutions where pregnant women are incarcerated, and colleges.

- **Homeless Facility.** A homeless facility is any facility that fits the following definitions and also provides meal service.
  - a supervised public or privately operated shelter designated to provide temporary living accommodations (*such as a rescue mission, congregate shelter, or shelter for victims of domestic violence*); or
  - a facility that provides a temporary residence for individuals intended to be institutionalized; or
  - a public or private place not designed for, or normally used as, a regular sleeping accommodation for human beings.

Compliant Institutions and Homeless Facilities

If a participant resides in an institution or homeless facility, the institution or homeless facility must comply with the following three conditions for the participant to receive WIC Program food benefits.

- The institution or homeless facility does not accrue financial or in-kind benefits from a resident's participation in WIC (i.e., reducing its expenditures for food service because its residents are receiving WIC foods).

- Foods provided by the WIC Program are available exclusively to the WIC participant to whom they were issued and are not used in a communal food service.

- The institution or homeless facility supports the resident's participation in the WIC Program, including use of supplemental foods, participation in nutrition education, and breastfeeding promotion and support.

Verifying Compliance of Institutions and Homeless Facilities

Once a participant reports their residency as being an institution or homeless facility, staff must assure that the institution or homeless facility is compliant with program policy. To verify compliance, staff should take the following steps.

- **Contact the institution or homeless facility.** Contact must be made with the institution or homeless facility by phone or in person to determine compliance with the required three conditions.
  Note: The local agency must follow-up with the institution or homeless facility to assure compliance with the conditions.

- **Obtain a signed letter from the institution or homeless facility.** The local agency must obtain a signed letter from the institution or homeless facility verifying their compliance with the required conditions. This letter must be scanned into the participant's record in the Crossroad system. (Refer to Attachment 1 for an example of a letter).
  - The institution or homeless facility must notify the Community Nutrition Services Section or local agency if the required conditions are unable to be met.

■ **Non-Compliant Institutions and Homeless Facilities**
When the local agency becomes aware that a WIC participant is living in an institution or homeless facility that does not meet the three required conditions or will not provide a signed letter verifying that they do, staff must:

- Refer the participant/parent/guardian/caretaker to a compliant institution or homeless facility if available;

- Continue providing nutrition education, breastfeeding promotion and support, food benefits, and referral services during the certification period; and

- Inform the participant/parent/guardian/caretaker that the local agency will discontinue food benefits (with the exception of infant formula) at the end of the certification period, if the participant still resides in a non-compliant institution or homeless facility.
  - If the participant continues to live in a non-compliant institution or homeless facility at the end of the certification period, the local agency staff must discontinue the participant's food benefits (with the exception of infant formula). Staff should print the NC WIC Program Notice and check the appropriate reason for the discontinuation of food benefits. The participant shall continue to be eligible to receive nutrition education, breastfeeding promotion and support, and referral services.

Waiting Lists

If the State WIC Program is spending its maximum allotment of food dollars, there may be insufficient funds to continue serving all eligible participants or to serve new applicants. When North Carolina WIC applicant/participant/guardian/caretaker cannot be served due to inadequate food dollars, the State WIC Program may require local agencies to implement a waiting list.

- **Implementation of a Waiting List**
  If waiting lists are to be implemented, Community Nutrition Services Section (CNSS) will notify local agencies and establish the Wait List Criteria in the Crossroads system. The notification will include the following information.

  - The effective date of the waiting list. Once the need for a waiting list is determined by CNSS, individuals meeting the defined criteria will be identified by the Crossroads system at initial certification and subsequent certification. Staff should complete the screens listed in the certification process. At the point where the user can certify, Crossroads will offer the option to place the applicant/participant on the waiting list rather than having the option of clicking the Certify button.

  - An applicant/participant/parent/guardian/caretaker must be notified in writing when being placed on a waiting list. The notification is printed from the Crossroads system.

  When funds become available to serve additional applicants/participants, CNSS will instruct local agencies on how to proceed with modifying or discontinuing their waiting list.

- **Participant Reinstatements**
  During the time that a waiting list is in effect, local agencies may reinstate a terminated participant only if his/her certification period is still current, his/her participant category and age are being served, and his/her priority level and risk score are being served.

  Otherwise, Crossroads applies the identified wait list criteria and places the participant on the waiting list

- **Waiting List Referrals**
  When an applicant is placed on a waiting list, the applicant/participant/parent/guardian/caretaker must be referred to other available food assistance programs such as: Food and Nutrition Services, food banks, food pantries, soup kitchens, and any other local agency emergency resource providers.

- **Transfer Participants**
  If a transferring participant from out-of-state with current verification of certification (VOC) documentation applies for services when the local agency is maintaining a waiting list, the transferring participant shall be placed on the waiting list and enrolled ahead of all other persons on the waiting list, regardless of their priority.

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-- Sample Letter --

Institutions and Homeless Facilities
Letter of Compliance for the WIC Program
(Official institution or homeless facility letterhead)

Date

To: *Name*, Local Agency WIC Director
Name, Local Agency WIC Program
Local Agency Mailing Address

We understand that the following three conditions must be met for a resident of our facility to participate in the WIC Program. We agree that we are in compliance with these conditions.

- Our facility does not accrue financial or in-kind benefits from a resident's participation in WIC (i.e., by reducing food service expenditures because residents are receiving WIC foods).

- The foods provided by the WIC Program are available exclusively to the WIC participant to whom they were issued and are not used in a communal food service.

- Our facility supports the resident's participation and services received from the WIC Program, including use of supplemental foods, participation in nutrition education, and breastfeeding promotion and support.

We agree to inform the local WIC agency if we cease to meet any of the conditions outlined above.

We agree to allow informal on-site visits by the local WIC agency to ensure compliance with the specified conditions.

_____
Name of Institution/Facility

_____
Name of Director/Administrator (print)

_____
Signature of Director/Administrator Date

_____ _____ _____
Phone Number Fax Number Email Address

_____
Institution/Facility Address

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Chapter 6F
Certification and Participation: Program Abuse by Participants

Table of Contents

The purpose of this chapter is to provide policy and procedures on issues related to abuse of the program by a participant/parent/guardian/caretaker of an infant or child participant, or a proxy and sanctions that must be imposed when violations occur. Sanctions include the recovery of funds related to the value of program benefits that have been obtained or disposed of improperly as the result of a participant violation.

Section 1. Participant Violations and Sanctions 1
- Handling Suspected or Reported Participant Violations
- Violations with Resulting Sanctions
- Exceptions to the Disqualification Sanction
- Notification and Right to a Fair Hearing
- Reapplying for Program Benefits

Section 2. Dual Participation 7
- Preventing Dual Participation
- Identification
- Investigation and Resolution
- Intentional Misrepresentation

Section 3. Recovering Funds 9
- Recovering Funds
- Payment of Recovered Funds

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Participant Violations and Sanctions

A participant violation of the WIC Program is any deliberate action of a participant, parent, guardian or caretaker of an infant or child participant, or proxy that violates Federal or State statutes, regulations, policies or procedures governing the WIC Program. Once program abuse by a participant, parent or caretaker of an infant or child participant, or proxy is suspected or a complaint is received, Local Agency staff is required to investigate the situation and take appropriate action.

North Carolina's procedures for dealing with WIC Program abuse do not exclude or replace any criminal sanctions, civil sanctions, or other remedies that may be applicable under federal or state statute or local ordinance.

Refer to Section 3 for information on recovering funds in cases of program abuse by a participant/parent/guardian/caretaker of an infant or child participant, or proxy.

■ Handling Suspected or Reported Participant Violations

- Once program abuse by a participant/parent/guardian/caretaker of an infant or child participant, or proxy is suspected or a complaint is received, staff should take the following steps:
  - Document in the Family Care Plan section in Crossroads, as fully as possible, the suspected/alleged program abuse. Scan any evidence into the Crossroads system. Any evidence that cannot be scanned must be kept on file using standard procedures chosen by the local agency.
  - Discuss the situation, with a local agency witness present, with the participant or parent/guardian/caretaker of an infant or child participant, or the proxy within one month of suspected violation. Staff may need to schedule a special appointment with the person if the next visit (i.e., issuance or subsequent certification) is several weeks away. Show the participant/parent/guardian/caretaker their captured signature pertaining to the rights and responsibilities in Crossroads. Verify to the participant/parent/guardian/caretaker that the alleged action(s) violate the rights and responsibilities to which they have agreed. Document all actions taken in the Family Care Plan section in Crossroads.
  - Let the participant/parent/guardian/caretaker make a statement on her/his behalf and document the response in the Family Care Plan section in Crossroads

- Based on the available documentation, the response of the participant/parent/guardian/caretaker and the severity of the violation, staff should determine the appropriate sanction(s) for the participant and proceed accordingly. Staff may wish to discuss the sanctions with the agency's Health Director or other administrative staff of the agency prior to imposing the sanctions on the participant.

■ **Violations with Resulting Sanctions**

When a violation is committed by a participant/parent/guardian/caretaker of an infant or child, or a proxy, there are sanctions that must be imposed. The table below outlines the type of violation and the resulting sanction(s) against the participant.

Violation	Sanction Against Participant
▪ Selling or offering to sell for cash: food benefits, breast pumps or breastfeeding supplies in person, print, or online.	When committed by a participant, parent, guardian or caretaker of an infant or child participant, or a proxy; any of these violations shall result in: ▪ a one-year disqualification of the participant from the WIC Program* and ▪ the assessment of a claim for the full amount of any improperly obtained or disposed of Program benefits.
▪ Exchanging food benefits for alcohol, alcoholic beverages, tobacco products, firearms, ammunition, explosives, or controlled substances.	
▪ Incurring a claim for dual participation resulting from intentional misrepresentation, including participating simultaneously in one WIC program under two names, or participating in more than one WIC Program (see Section 2 for more information on dual participation).	
▪ Intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts to obtain Program benefits, including failing to report correct income during the certification process (e.g., reporting more members than live in the household; failing to report members of the household and/or their income during the certification process; not residing at the residence claimed during the certification process).	
▪ Incurring any participant violation for which a claim of one hundred dollars ($100.00) or more is assessed.	
▪ Incurring a second or subsequent claim assessed for any participant violation, regardless of the dollar amount. The second or subsequent claim does not have to be for the same participant violation as the initial claim to result in a one-year disqualification.	
▪ Inflicting physical harm to clinic, farmer's market or vendor staff.	
▪ Exchanging food benefits, breast pumps or breastfeeding supplies in person, print or online for credit.	When committed by a participant, parent, guardian or caretaker of an infant or child participant, or proxy; these violations shall result in:

Violation	Sanction Against Participant
	▪ a written warning for the first violation, and ▪ the assessment of a claim for the full amount of any improperly obtained or disposed of Program benefits. A 90-day disqualification of the participant shall be imposed if, within 30 days of receiving a letter demanding repayment, the claim is not paid in full or a repayment schedule is not agreed upon. * The occurrence of a second or subsequent occurrence of any of these violations shall result in a one-year disqualification of the participant* and the assessment of a claim for the full amount of any improperly obtained or disposed of Program benefits. The second or subsequent violation does not have to be the same as the initial violation to result in a one-year disqualification.
▪ Exchanging food benefits for non-food items, other than alcohol, alcoholic beverages, tobacco products, firearms, ammunition, explosives, or controlled substances.	
▪ Exchanging food benefits for unauthorized food items, including supplemental foods more than the food prescription remaining on the family shopping list.	

Violation	Sanction Against Participant
▪ Threatening physical harm to, or verbal abuse of clinic, farmer's market, or vendor staff.	When committed by a participant, parent, guardian or caretaker of an infant or child participant, or proxy; this violation shall result in a written warning for the first occurrence of this violation. A second occurrence within a 12-month period shall result in a 90-day disqualification of the participant*.

** Refer to following discussion in this section about exceptions to the disqualification sanction.*

■ **Exceptions to the Disqualification Sanction**

There are two situations when a disqualification should not be imposed against the participant.

- A claim is assessed, and full payment is made or a repayment schedule is agreed upon within 30 days of receipt of a written demand for repayment of the claim for the improperly obtained or disposed of Program benefits.

- The participant is an infant, child, or under age 18 and the state or local agency approves the designation of a proxy for the participant. Designation of a proxy shall be approved only if the proxy:
  - is at least 18 years of age;
  - presents proof of identification in the form of a government-issued photo identification card, work or school identification card, health benefits or social services program card, social security card, birth certificate, or a pay stub or utility bill no more than 60 days old;
  - has written authorization from the participant/parent/guardian/caretaker of an infant or child participant;
  - will be the person who redeems or receives food benefits, and
  - has not been found previously to have committed abuse against the WIC Program.

■ **Notification and Right to a Fair Hearing**

At the time of a sanction, the participant/parent/guardian/caretaker must be given/sent a written notice of the action being taken. In the cases of suspension or termination, this notice must be provided at least 15 days before the suspension/termination occurs. The notification must be documented in the Family Care Plan section in Crossroads and include the reason for ineligibility; right to a fair hearing; the method by which a fair hearing may be requested, including the time limit (60 days from the date of the state or local agency action); who may represent the individual; and the USDA nondiscrimination statement. Refer to Chapter 6D

for information on notifications and to Chapter 14 for information on fair hearing requests and administrative appeals.

- At the time of sanction, a Family Alert must be documented in the Crossroads with the end date of suspension/termination period to prevent recertification prior to the end of termination period.

- **Reapplying for Program Benefits**
  For any disqualification imposed as a result of a participant violation, a participant may reapply for Program participation if, during the period of the disqualification, full payment is made or a repayment schedule is agreed upon, or in the case of a participant who is an infant, child, or under age 18, the state or local agency approves the designation of a proxy as previously discussed in this section.

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Dual Participation

A WIC participant shall not participate in the WIC program at more than one clinic simultaneously during the same certification period. Appropriate identification and resolution should take place through the local agency in which they are most recently participating. All instances of dual participation must be resolved appropriately within 120 days of identification. If dual participation results in dual redemption through intentional misrepresentation, the local agency must establish a claim against the participant with a plan for repayment in accordance with guidelines outlined in Section 3 and applicable program sanctions.

- **Preventing Dual Participation**
  At the time of application the local agency staff must navigate to the Family Search screen in Crossroads, select the radio button preceding State-Wide under Search Location and select Search to determine if the applicant/transfer is currently active or has been active in NC WIC and take appropriate action to prevent duplicate record creation.

  Local agency staff must also emphasize #5 of the Participant Rights and Responsibilities (Chapter 6D, Section 1) at the time of application to alert applicants and authorized representatives to their responsibility to not participate in multiple locations or programs simultaneously.

- **Identification**
  Community Nutrition Services Section (CNSS) staff will run and review the Crossroads Report "Potential Participant Dual Participation Matches" for all local agencies on a monthly basis. CNSS will communicate with each affected local agency within 30 days of identifying potential cases of dual participation to request that the local agency investigate, resolve, and report status.

- **Investigation and Resolution**

  - Investigation. Local agency staff will investigate the matches listed on the local agency 'Potential Participant Dual Participation Matches Report' provided by CNSS through review and comparison of data for indicators of potential dual participation.
    For each participant match, the local agency is responsible for determining if the individuals are separate and distinct individuals or the same individual.
    - When identified as the same individual, the local agency must determine if there are overlapping certifications, overlapping benefits, and/or dual redemption has occurred for any of the matches.

  - Resolution. The local agency has 30 days following CNSS notification to report the outcome of the investigation using the Local Agency Dual Participation and Redemption Investigation template. The local agency must maintain on file all working papers from the investigation.

- **Intentional Misrepresentation**
  Dual participation resulting from intentional misrepresentation may occur when a participant:

- Receives WIC food benefits under two or more participant identities in a single WIC program during the same issuance period and transacts food benefits received under two or more identities;

- Receives WIC food benefits from more than one WIC clinic during the same issuance period and transacts food benefits received from two or more of the clinics; or

- Receives WIC food benefits from more than one state agency during the same issuance period and transacts food benefits received from two or more state agencies.

In the case of dual participation with dual redemption as a result of participant intentional misrepresentation, the participant/parent/guardian/caretaker of an infant or child participant shall repay program benefits improperly received because of the dual participation, and the participant (apart from infants) may be disqualified from participation in the program for the period of one year from the last issuance date. Staff must notify the participant or parent/ guardian/ caretaker of an infant or child participant of the suspected violation, required repayment, and possible sanction within 30 days of determining the outcome of the investigation. Refer to Section 1 for more information on sanctions resulting from a dual participation violation.

Recovering Funds

When staff of a Local WIC Agency determines that a WIC participant or parent/guardian/caretaker of an infant or child participant, or a proxy has abused the program, they should recover the cash value amount of food benefits that the individual received while ineligible for the program and/or benefited from by selling, trading, altering or otherwise misusing food benefits.

- **Recovering Funds**
  To recover funds, Local WIC Agency staff must:

  - notify the WIC participant/parent/guardian/caretaker in writing of the reason for the claim, the cash value of the food benefits that must be paid back to the WIC Program, and the participant's right to a fair hearing;

  - maintain documentation of the notification in the Crossroads system;

  - inform the CNSS of the participant/parent/guardian/caretaker/proxy notification; and

  - develop an agreement with the participant/parent/guardian/caretaker, which both parties must sign. This agreement must include a repayment schedule.
    - The repayment schedule be at least $10.00 per month with the entire balance being paid within one year.

- **Payment of Recovered Funds**
  The local WIC agency will receive communication regarding repayment from CNSS. The WIC participant/parent/guardian/caretaker must make payments according to the instructions received and adhere to the agreed upon payment scheduled. Payments received by the local agency shall be sent immediately upon receipt, to:

  NC Department of Health and Human Services
  Community Nutrition Services Section, 8th Floor
  Attention: Business Manager
  1915 Health Services Way
  Raleigh, NC 27607

  To ensure compliance with the DHHS Cash Management Plan, the CNSS finance team will be responsible for coding and coordination of submission of payments with Accounts Receivable and Federal Reporting Sections of the Controllers Office.

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Chapter 7
Food Package

Table of Contents

The WIC Food Package is a major benefit of the WIC Program. The purpose of this chapter is to provide policy on what the allowable foods are and how to determine the most appropriate food package prescription to meet the participant's needs. The chapter also provides information on infant formulas and other products allowed through WIC medical documentation requirements.

Section 1. Maximum Monthly Allowances of Supplemental Foods……1
- Food Packages I – VII
- Crossroads Description of Food Packages
- Exempt Infant Formulas (EXF) and WIC-Eligible Nutritionals (WEN)
- Maximum Monthly Quantities of Supplemental Foods
- Infants Ages 6 – 11 Months on Food Package III
- Women Fully Breastfeeding Multiple Infants – Food Package VII+
- Participants who Need Formula and Other Products in Excess of Amounts Allowed through WIC

Section 2. WIC Supplemental Foods……....5
- WIC-Eligible Foods

Section 3. WIC Formulas……11
- Participants Eligible to Receive Formulas
- Types (Forms) of Formulas
- Formulas and Other Products
- Donated and Promotional Formula
- Metabolic Formulas
- Non-Approved WIC Costs

Section 4. Prescribing Food Packages……15
- Default (Standard) Food Package
- Adjusted Food Package
- Situations Prompting Food Package Adjustment
- Breastfeeding Status
- Infant Food Packages
- Infants 6-11 Months of Age on Food Package III
- Automatic Food Package Change when an Infant Turns One Year of Age

Section 5. Medical Documentation Requirements……..21
- Situations Requiring Medical Documentation
- Individuals Authorized to Prescribe
- Required Medical Documentation
- Types of Medical Documentation

- Medical Conditions Indicating Need for Prescribed Products
- Medical Documentation Changes for Formula and Other Products
- Participant Transfers

Section 6. Ordering Formula and Other Products from the Community Nutrition Services Section……..…….25
- Crossroads Operations
- Ordering Products
- Receiving Products
- Issuing Products

Section 7. Inventory and Issuance of Formula and Other Products……27
- Receipt of Formulas and Other Products
- Storage of Formulas and Other Products
- Quarterly Reconciliation of Physical Inventory
- Issuance of Formula and Other Products from Inventory
- Disposal of Damaged or Expired Product

Section 8. Inventory and Issuance of Metabolic Formulas.……..29
- Receipt of Metabolic Formulas
- Storage of Metabolic Formulas
- Documentation of Issuance of Metabolic Formula
- Confidentiality of Information
- Disposal of Damaged or Expired Product

Attachments

Attachment 1. Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed through WIC
Attachment 2. WIC Program Medical Documentation
Attachment 3. Ordering WIC Infant Formulas and WIC-Eligible Nutritionals
Attachment 4. Examples of Metabolic Product Inventory and Issuance Logs
Attachment 5. Maximum Monthly Allowances of Supplemental Foods for Food Packages I-VII
Attachment 6. NC Formula Disposal Log

Maximum Monthly Allowances of Supplemental Foods

There are seven federally defined WIC food packages, each with maximum quantities of supplemental foods allowed each month.

- **Food Packages I - VII**

  - **I:** Available supplemental foods for infants receiving contract infant formula (IF) ages 0 through 5 months. The NC contract infant formulas include Similac Advance, Similac Soy Isomil, Similac Sensitive and Similac Total Comfort.

  - **II:** Available supplemental foods for infants receiving contract infant formula (IF) ages 6 through 11 months.

  - **III:** Available supplemental foods for infants, women or children who have medical documentation (qualifying condition) to receive an IF, exempt infant formula (EXF) or WIC-eligible nutritionals (WEN).

  - **IV (A):** Available supplemental foods for children 12 through 23 months.

  - **IV (B):** Available supplemental foods for children 1 through 4 years.

  - **V (A):** Available supplemental foods for pregnant women, pregnant women fully formula feeding, pregnant women (single or multiple fetuses) partially breastfeeding > MMA.

  - **V (B):** Available supplemental foods for partially breastfeeding women ≤ MMA, women who are pregnant with multiple fetuses, or women who are pregnant with multiples fetuses AND partially breastfeeding > MMA or fully formula feeding.

  - **VI:** Available supplemental foods for non-breastfeeding postpartum women or women who are partially breastfeeding > MMA (single or multiple infants).

  - **VII:** Available supplemental foods for fully breastfeeding women, women who are partially breastfeeding multiple infants (from the same pregnancy) who receive formula amount ≤ MMA, pregnant women (single or multiple infants) who are fully breastfeeding or partially breastfeeding ≤ MMA.
    NOTE: women who are fully breastfeeding multiple infants are eligible for 1.5 times the foods available in Food Package VII.

  For Food Packages I, II and III, only one infant formula, exempt infant formula or WIC-eligible nutritional at a time can be issued.

- **Crossroads Description of Food Packages**
  Crossroads describes food packages using WIC category, age category and breastfeeding status. The following terms are used throughout this section:
  - **Monthly Maximum Allowance** (MMA) indicates a specific amount of formula that may

be provided to an infant in an age category with a particular breastfeeding status. This is not the same as the Category Max Quantity listed on the Prescribe Food Screen.

- **WIC Category**
  - Pregnant woman means a woman who has one or more fetuses in utero.
  - Breastfeeding woman means a woman up to one year postpartum who is feeding her breastmilk to her infant on the average of at least once a day.
  - Postpartum woman means a woman up to six months after the end of a pregnancy who is not breastfeeding.
  - Infant means an individual under one year of age.
  - Child means an individual one year of age up to their fifth birthday.

- **Age Category**
  - Infant 0 months
  - Infant 1 to 3 months
  - Infant 4 to 5 months
  - Infant 6 to 11 months
  - Child 12 to 23 months
  - Child 2 years to 5 years

- **Breastfeeding Status:** applies to both women and infants.
  - 'Fully Breastfeeding' means the dyad is breastfeeding and receiving no formula from WIC.
  - 'Partially Breastfeeding ≤ MMA' means the dyad is breastfeeding and is receiving some formula from WIC up to the maximum amount allowed for the partially breastfed infant in an age range.
  - 'Partially Breastfeeding > MMA' means the dyad is breastfeeding and is receiving formula from WIC in a range above the maximum for partially breastfed infants in an age range.
  - 'Fully Formula Feeding' means the dyad is not breastfeeding and receives the maximum amount of formula allowed for fully formula fed infants in an age range.

- **Additional Options:** applies to women only.
  - Multiple Fetuses means a woman reports more than one fetus in a pregnancy.
  - Multiple Infants means a woman is fully breastfeeding more than one infant.

- **Reconstituted Fluid Ounces** (RFO) means the amount of formula that a product will produce when prepared at standard dilution.

- **Full Authorized Nutrition Benefit** (FNB) is the minimum amount of formula for a fully formula fed infant. The amount is established at the level for reconstituted liquid concentrate. This is the Category Max Quantity listed on the Prescribe Food page. Note that the Category Max Quantity in Crossroads is not always the MMA. Crossroads will allow any form of IF to be prescribed on the Prescribe Food screen.
  NOTE: The food package with maximum quantities of supplemental foods allowed each

month to WIC participants are described in Attachment 5 based on a participant's WIC category, age, and breastfeeding status.

■ **Exempt Infant Formulas (EXF) and WIC-Eligible Nutritionals (WEN)**
WIC-eligible nutritional products can be prescribed only after appropriate medical documentation is completed in the system.

The competent professional authority (CPA) can prescribe any amount of formula up to the MMA for that feeding option depending on the form of product (powder, concentrate or ready-to-feed).

- Example:
  - Category Max Quantity for Similac Advance Powder is listed at 806 oz.
  - CPA prescribes maximum amount of 806 oz. for a fully formula fed 2-month-old infant.
    - 9 total cans of formula will be issued.
    - Each can reconstitutes to 90 ounces.
    - Total RFO = 9 x 90 =810.
    - Crossroads will issue at least the FNB up to the MMA.

- Ready-to-feed (RTF) formula may only be prescribed under certain circumstances. See Chapter 7, Section 3 for specific information.
  NOTE: There is no range in the amount of formula available in Food Package III to women and children. There is only one value of 910 RFO; this is the MMA. Issued is the greatest RFO of a product without going over the MMA.

- Example:
  - A 2-year-old has Medical Documentation of a qualifying condition and is prescribed to have Pediasure 4 cans per day.
    - Each can is 8 oz.
    - 4 cans/day x 8 oz. = 32 oz./day
    - 32 oz. /day x 30 days per month = 960 oz.
    - WIC maximum = 910 oz.
    - CPA prescribes 910 oz.
    - 113 cans will be issued.
    - 113 cans x 8 oz. /can = 904 oz.
    - 904 oz. is the maximum that can be provided for that product
    - One more can would put the issuance at 912 oz. which would be over the maximum allowed.

■ **Maximum Monthly Quantities of Supplemental Foods**
In most instances the default amounts initially displayed on the Prescribe Food screen is the maximum quantity allowed per food category. The exception is the partially breastfed infant which defaults to zero and requires the quantity of formula to be prescribed with intention.

- **Infants Ages 6 – 11 Months on Food Package III**
  Infants ages 6 – 11 months on Food Package III on IF, EXF or WEN may receive formula at the amounts of an infant age 4 – 5 months if no infant foods (infant cereal and infant fruits and vegetables) are provided.

- **Women Fully Breastfeeding Multiple Infants – Food Package VII+**
  The food package for women fully breastfeeding multiple infants is equal to 1.5 times the food items in Food Package VII. The provision of 1.5 times the juice quantity in containers is not possible on a monthly basis due to approved foods sizes; therefore, juice container amounts must alternate every other month. For example, only 64-ounce containers of juice are approved, but 1.5 times offers 96 ounces of juice monthly in this food package. Juice must be issued as one 64-ounce container in one month and then two 64-ounce containers the following month. This distribution allows for the maximum provision in purchasable sizes. The fluid juice alternative as CVB benefit does appropriately issue with this food package and does not require alternating month amounts.

  Food package III for women who are fully breastfeeding multiple infants includes all of the foods listed above plus up to 1365 RFO of an approved and prescribed WIC-eligible nutritional.

- **Participants who Need Formula and Other Products in Excess of Amounts Allowed through WIC**
  The amounts outlined earlier in this section are the maximum amounts available for distribution through the WIC Program. Alternative options may be available for participants on Medicaid requiring excess amounts of formula not provided by WIC. Staff is encouraged to assist participant families in obtaining the approval for additional product through Medicaid. Additional information is available at www.ncdhhs.gov/ncwic under Local Agency Resources.

  Information about assistance provided to the family should be documented in the participant care plan in Crossroads.

WIC Supplemental Foods

Federal regulations define the minimum criteria for determining WIC supplemental foods with each State Agency having the ability to further define the selection criteria. The tables below outline the criteria to assess if a food item may be approved in the NC WIC Program for each WIC-eligible food category. Retail availability and cost are also reviewed in assessment of a food item prior to approval in the NC WIC Program.

Local agency staff refer participants to the most current "NC WIC Program Shopping Guide" and to the most current "North Carolina WIC Vendor Transaction Guide" used by vendors. These guides may be ordered from the Community Nutrition Services Section. The most current NC WIC Approved Product List (APL) and NC WIC Approved Foods Nutrition Criteria are available at https://www.ncdhhs.gov/ncwicfoods.

■ WIC-Eligible Foods

- Milk and milk substitutes including cow's milk, plant-based milk alternative, cheese, plant-based cheese alternative, yogurt, plant-based yogurt alternative, and tofu.

Cow's Milk	
Approved ▪ 1 gallon, ½ gallon and 1-quart fresh fluid milk ▪ ½ gallon lactose-reduced or lactose-free milk ▪ 1 quart Ultra High Temperature (UHT) milk ▪ 12 oz. canned evaporated milk ▪ Skim, 1%, 2% and whole pasteurized milk	**Not Approved** ▪ Buttermilk ▪ Chocolate or other flavored milk ▪ Goat's milk ▪ Milk drinks ▪ Powdered milk ▪ Organic milk
Plant-based Milk Alternative	
Approved ▪ 64 oz. container, unflavored	**Not Approved** ▪ Flavored plant-based milk alternatives ▪ Plant-based milk alternatives with artificial sweeteners ▪ Organic plant-based milk alternatives
Cheese	
Approved ▪ 8 oz. or 16 oz. prepackaged block or sliced (wrapped or unwrapped), snack, cubed, shaped, crumbled, strips, sticks, diced, grated, string or shredded cheese ▪ Any of the following types of cheese or blends of any of these cheeses: o Brick o Cheddar o Colby o Monterey Jack o Mozzarella o Muenster o Pasteurized processed American o Provolone o Swiss	**Not Approved** ▪ Cheese foods ▪ Cheese products ▪ Cheese spreads ▪ Cheese with additions such as wine, nuts, seeds, jalapenos, pimentos, herbs, spices, seasonings or flavorings (wine or smoked) ▪ Deli or hoop cheese ▪ Organic cheese

▪ Lower-sodium varieties ▪ Reduced-fat and reduced-cholesterol varieties	
Plant-Based Cheese Alternative	
Approved ▪ 8 oz. or 16 oz. prepackaged block or sliced (wrapped or unwrapped), snack, cubed, shaped, crumbled, strips, sticks, diced, grated, string or shredded cheese ▪ Must contain a minimum of 250 mg of calcium per 1.5 ounces plant-based cheese ▪ Must contain a minimum of 6.5 grams of protein per 1.5 ounces plant-based cheese	**Not Approved** ▪ Plant-based curd cheese ▪ Organic plant-based cheese
Yogurt	
Approved ▪ 32 oz. (quart) container or 2 oz. and 4 oz. packages that total exactly 16 oz. or 32 oz. ▪ Pasteurized ▪ Must contain no more than 16 grams of *added sugar* per 1 cup plant-based yogurt	**Not Approved** ▪ Yogurt sold with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts and similar ingredients ▪ Drinkable yogurt ▪ Organic yogurt
Plant-Based Yogurt Alternative	
Approved ▪ 32 oz. (quart) container or 2 oz. and 4 oz. packages that total exactly 16 oz. or 32 oz. ▪ Must contain no more than 16 grams of *added sugar* per 1 cup plant-based yogurt	**Not Approved** ▪ Plant-based yogurts sold with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts and similar ingredients ▪ Drinkable plant-based yogurt ▪ Organic plant-based yogurt
Tofu	
Approved ▪ 14 oz. - 16 oz. prepackaged ▪ Must contain a minimum of 100 mg of calcium per 100 grams of tofu	**Not Approved** ▪ Tofu with added fats, sugars, oils or sodium ▪ Tofu with artificial sweeteners ▪ Organic tofu

- Juice.

Juice	
Approved ▪ 64 oz. container ▪ 100% juice, unsweetened, pasteurized ▪ Juices fortified with calcium, vitamin D or vitamin C ▪ Vegetable juice may be regular or low sodium ▪ Packaged in plastic, glass, cans or refrigerated paper cartons	**Not Approved** ▪ Freshly squeezed juices ▪ Juice drinks or cocktails ▪ Juices promoted for use by infants ▪ Juices with added nutrients/additives other than calcium, vitamin D or vitamin C ▪ Sports drinks ▪ Organic juice

- Peanut, Nut, and Seed Butters.

Peanut Butter	
Approved ▪ 16 oz. – 18 oz. containers ▪ Less-sugar varieties	**Not Approved** ▪ Freshly ground peanut butter ▪ Peanut butter combinations (such as jelly, chocolate, marshmallow)

▪ Lower-sodium, sodium-free or salt-free varieties ▪ Plain, creamy, crunchy, or chunky ▪ Reduced-fat varieties ▪ Natural varieties	▪ Peanut butter spread ▪ Peanut butter with artificial sweeteners ▪ Organic peanut butter
Nut and Seed Butter	
Approved ▪ 16 oz. – 18 oz. containers ▪ Less-sugar varieties ▪ Lower-sodium, sodium-free or salt-free varieties ▪ Plain, creamy, crunchy, or chunky ▪ Reduced-fat varieties ▪ Natural varieties	▪ Freshly ground nut and seed butter ▪ Nut and seed butter combinations (such as jelly, chocolate, marshmallow) ▪ Nut and seed butter spread ▪ Nut and seed butter with artificial sweeteners ▪ Organic nut and seed butter

- Legumes including mature beans, peas, or lentils packaged dry and/or canned.

Mature Legumes (Beans, Peas, Lentils)	
Approved ▪ 16 oz. bag or box ▪ 15 oz. - 16 oz. cans **Dry** beans, peas, lentils ▪ Any type of plain, unseasoned mature dry beans, peas, or lentils **Canned** beans, peas, lentils ▪ Any type of plain, unseasoned mature canned beans, peas, or lentils ▪ Low-sodium mature canned beans, peas or lentils	**Not Approved** ▪ Canned beans with meat or added sugars, fat, or oils ▪ Frozen mature legumes (beans, peas, or lentils) o **May only obtain with cash-value benefit** ▪ Green beans or green peas (canned, fresh, or frozen) o **May only obtain with cash-value benefit** ▪ Soup mixes ▪ Organic dry or canned beans, peas, lentils

- Eggs.

Eggs	
Approved ▪ One dozen container ▪ Grade A, Large, white chicken eggs	**Not Approved** ▪ Powdered, liquid or hard-boiled eggs ▪ Brown eggs ▪ Specialty eggs ▪ Organic eggs

- Whole wheat bread and other whole grains.

Bread/Buns/Bagels/Rolls	
Approved ▪ 14 - 24 oz. loaf or package ▪ 100% whole-grain and/or whole-wheat bread, buns, bagels, or rolls	**Not Approved** ▪ Bread, buns, bagels, or rolls with artificial sweeteners ▪ Organic bread, buns, bagels, or rolls
Brown Rice	
Approved ▪ 14 oz. - 24 oz. bag or box ▪ Plain, whole-grain brown rice ▪ Instant, quick, or regular cooking	**Not Approved** ▪ Mixtures of rice ▪ Seasoned or flavored rice

	▪ Brown rice with added sugar, fats, oils, or salt (i.e., sodium) ▪ Brown rice with artificial sweeteners ▪ Organic brown rice
Tortillas	
Approved ▪ 14 - 24 oz. package ▪ Soft corn (yellow or white) tortillas ▪ Whole wheat tortillas	**Not Approved** ▪ Hard-shelled corn tortillas ▪ Tortillas with artificial sweeteners ▪ Organic tortillas
Whole Wheat Pasta	
Approved ▪ 14 - 24 oz. bag or box ▪ 100% whole-grain and/or whole-wheat pasta ▪ All shapes	**Not Approved** ▪ Added sugars, fats, oils, or salt (i.e., sodium) ▪ Organic pasta
Bulgur	
Approved ▪ 14 oz. - 24 oz. bag or box ▪ Plain, whole-grain bulgur ▪ Instant, quick, or regular cooking	**Not Approved** ▪ Added sugars, fats, oils or salt (i.e., sodium) ▪ Organic bulgur
Whole Grain Barley	
Approved ▪ 14 oz. - 24 oz. bag or box ▪ Plain whole-grain barley ▪ Instant, quick, or regular cooking	**Not Approved** ▪ Added sugars, fats, oils or salt (i.e., sodium) ▪ Organic whole-grain barley
Oatmeal/Oats	
Approved ▪ 14 oz. - 24 oz. bag or box ▪ Plain, old fashioned, rolled, cut, or steel cut ▪ Instant, quick, or regular cooking	**Not Approved** ▪ Added sugars, fats, oils or salt (i.e., sodium) ▪ Organic oatmeal/oats

- Breakfast cereal.

Breakfast Cereal	
Approved ▪ 12 oz. - 36 oz. bag or box ▪ At least 28 mg iron per 100 grams dry cereal ▪ Less than or equal to 6 grams added sugar per dry oz. cereal ▪ Includes whole grain as the primary ingredient by weight AND meets labeling requirements for making a health claim as a "whole-grain food with moderate fat content"	**Not Approved** ▪ Single serving packets ▪ Cereals with artificial sweeteners ▪ Organic cereals

- Infant cereal.

Infant Cereal	
Approved	**Not Approved**
▪ 8 oz. box ▪ Plain, dry infant cereal ▪ Organic infant cereal	▪ Infant cereal with added fruit or formula ▪ Infant cereal with artificial sweeteners

- Infant fruits and vegetables.

Infant Fruits and Vegetables	
Approved	**Not Approved**
▪ 2 oz, 3.5 oz, and 4 oz containers (single or multi-packs) ▪ Single fruit or blend of fruits ▪ Single vegetable or blend of vegetables ▪ Combination of fruit and vegetable ▪ Organic infant fruits and vegetables	▪ Infant fruits and vegetables with added sugar, starches, or salt (sodium) ▪ Infant fruits and vegetables with artificial sweeteners

- Infant meats.

Infant Meats	
Approved	**Not Approved**
▪ 2.5 oz. containers (single or multi-packs) ▪ Plain meat with gravy or with broth ▪ Organic infant meats	▪ Meat and pasta mixtures ▪ Meat and vegetable mixtures ▪ Infant meats with added sugars or salt (sodium)

- Canned fish.

Fish	
Approved	**Not Approved**
▪ 5 oz.- 6 oz. cans or foil packs ▪ **Pink Salmon**: Any brand, plain unseasoned, packed in water and with or without bones ▪ **Chunk-Light Tuna**: Any brand, plain unseasoned, packed in water	▪ Fish with added ingredients ▪ Lunch packs or kits ▪ Organic fish

- Formulas or WIC-Eligible Nutritionals.

Infant Formula, Exempt Infant Formula, or WIC-Eligible Nutritionals
Approved
▪ Only the brand, size, type and quantity as indicated on shopping list.

- Fruits and vegetables per the cash-value benefit (CVB).

Fruits and Vegetables	
Approved ▪ **FRUITS** with no added sugar, fats, oils or salt o Fresh fruit o Frozen fruit o Fruit, juice-packed or water-packed in cans, glass or plastic containers o Pre-cut, diced or sliced fruit o Single serving packets o Organic fruits ▪ **VEGETABLES** with no added sugar, fats, or oils o Fresh vegetables o Frozen mature legumes (beans, peas or lentils) o Frozen vegetables o Vegetables in cans, glass or plastic containers o Low-sodium vegetables o Pre-cut, diced, sliced or shredded vegetables o Canned tomato sauce or canned tomato paste o Single serving packets o Organic vegetables o Fresh herbs	**Not Approved** ▪ Breaded vegetables ▪ Catsup or other condiments ▪ Dried fruits or vegetables ▪ Dry or canned mature legumes (beans, peas, or lentils) o May obtain when listed under legume category. ▪ Fruit and/or vegetable juices o May obtain when listed under the juice category. ▪ Fruit baskets ▪ Fruit leathers and fruit roll-ups ▪ Fruit or vegetable items on salad bars ▪ Fruits or vegetables mixed with sauces or foods other than other fruits and vegetables ▪ Fruits or vegetables with added corn syrup, high-fructose corn syrup, maltose, dextrose, sucrose, honey, and/or maple syrup ▪ Fruit packed in cans, glass, or plastic containers with artificial sweeteners ▪ Infant fruits and vegetables ▪ Ornamental and decorative fruits and vegetables ▪ Pickled vegetables, olives ▪ Soups

WIC Formulas

The WIC program safeguards the health of women, infants, and children by encouraging and protecting breastfeeding and ensuring that families are making infant feeding decisions based on complete and impartial information. Following a breastfeeding assessment, the WIC program can provide infant formula options when appropriate. When medically necessary, exempt infant formulas or WIC-Eligible nutritionals are available for participants. For any participant, only one formula/WIC-Eligible nutritional can be issued at a time.

Participants Eligible to Receive Formulas

The following groups of participants may receive formulas and other products through WIC:

- Infants (birth up to 12 months of age)
- Children and women when a physician, physician extender (physician assistant or nurse practitioner) or certified nurse midwife determines that the use of formula or other product is medically necessary
- Participants who are not hospitalized or living in an institution

Types (Forms) of Formulas

Formulas may come in three types (or forms): powder, concentrate, and ready-to-feed. Often, the same product is available in more than one type/form but only one form of formula may be included in current food benefit issuance.

- **Powder.** These products must be mixed with water or added to another fluid product according to manufacturer's instructions or to instructions of the prescribing health care provider.
- **Concentrate**. These products must be mixed with water according to manufacturer's instructions or to instructions of the prescribing health care provider.
- **Ready-to-Feed (RTF).** These products do not require mixing with water. They may be used only when the CPA confirms and documents one or more of the following:
  - **Multi-serving containers (e.g., 32 oz.)**
    - The product is available only in ready-to-feed.
    - The participant's household has an unsanitary or restricted water supply.
    - The caretaker may have difficulty in correctly diluting the concentrate and powder products.
  - **Single-serving containers (e.g., 2 oz., 8 oz.)**
    - The product is available only in single-serving RTF sizes.
    - No other size may be appropriate (i.e., participant is homeless and without adequate refrigeration and/or a way to prepare product in a sanitary manner).
    - There is an emergency or catastrophic situation such as a hurricane or major flood. In these instances, additional guidance would be distributed by the State WIC Program.

- **Participants on Food Package III**. There are two allowances for the issuance of a ready-to-feed product for participants with a documented medical condition on Food Package III:
  - If a ready-to-feed form better accommodates the participant's condition; or
  - If it improves the participant's compliance in consuming the prescribed product.

NOTE: Single-serving nursette bottles (i.e., 2 oz.) should not be used simply to provide a higher caloric density formula. If a health care provider provides medical documentation for a higher caloric density formula (i.e., 22 or 24 calories per ounce), the CPA should contact the prescribing individual to discuss if an alternative method of providing additional calories is appropriate.

Formulas and Other Products

- **Infant Formulas (IF). (contract standard milk- and soy-based)** Most infants who are not fully breastfed consume standard milk- or soy-based infant formulas (IF) for the first year of life. Contract standard milk- or soy-based IF are products for which the North Carolina WIC Program receives a reimbursement per unit of formula transacted (i.e., a rebate). The contract formulas allowed by the North Carolina WIC Program are Similac Advance, Similac Sensitive, Similac Total Comfort and Similac Soy Isomil.

  NOTE: Standard milk- and soy-based IF which are nutritionally comparable to the contract IF but for which the North Carolina WIC Program does not have under contract are NOT allowed.

- **Exempt Infant Formulas (EXF).** WIC allows EXF to meet the nutritional needs of infants with a medical condition for which a standard milk-or soy-based infant formula is contraindicated.

- **WIC-Eligible Nutritionals (WEN).** WIC also allows other formulas and products to meet the nutritional needs of participants with a documented medical condition.

Medical documentation is required for a participant to receive an EXF or a WEN through WIC. Refer to Section 5 for information about medical documentation requirements and to Attachment 1 for a listing of the more frequently used EXF and WEN.

If medical documentation is received for an EXF or WEN and it is not listed on Attachment 1, the CPA should contact the Community Nutrition Services Section.

Donated and Promotional Formula

A local agency is prohibited from the acceptance of donated and/or promotional formulas, bottles, pacifiers, or nipple/teats for distribution to WIC Program participants and/or staff.

Metabolic Formulas

Most products used by individuals with a metabolic disorder are ordered by the Community Nutrition Services Section (CNSS) or Innovation Health Center and shipped to the local

agency WIC Program (Refer to Section 8 for information on receipt of products from the CNSS). Staff should receive a memo from the ordering agency in advance of any shipment of metabolic products. This correspondence includes the contact information for staff at the tertiary medical center that follows the participant. It also includes instructions regarding nutrition care and nutrition education for the participant, and other products and/or WIC-allowable foods which may be provided.

- **Non-Approved WIC Costs**
  All apparatus or devices (e.g., enteral feeding tubes, bags, and pumps) designed to administer WIC formulas are not allowable WIC costs. Refer to Chapter 12, Section 1 for further information on WIC costs.

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Prescribing Food Packages

Staff must offer but not exceed the monthly maximum allowances of supplemental foods in each food package category. A Competent Professional Authority (CPA) must prescribe a specific food package at each certification and when modifications are requested or required. There are several considerations in prescribing an appropriate food package.

- **Default (Standard) Food Package**
  When the CPA navigates to the Prescribe Food screen in Crossroads, the default (standard) food package appropriate for the participant WIC category, age category and breastfeeding status will display. The standard package offers the maximum monthly allowances (MMA) for each category of supplemental food.

- **Adjusted Food Package**
  Adjustments to the standard food package may be made by the CPA to reflect nutrition tailoring for a category MMA and/or supplemental food substitutions. A CPA must document in the care plan the justification for adjustments to the food package due to:

  - Medical documentation which indicates one of the following modifications to a standard food package:
    - exempt infant formula (EXF) for an infant,
    - contract infant formula (IF), EXF or WIC-Eligible nutritionals (WEN) for a woman or child, or
    - whole milk for a child over 2 years of age or a woman participant;

  - Participant request or medical documentation for elimination of a specific category as requested can be completed on the Prescribe Food screen;

  - Substitution within and between categories or participant declination of one or more of the following specific food categories:
    - Infant formula
    - Infant cereal (no subcategories)
    - Infant meats (no subcategories)
    - Milk
    - Juice
    - Breakfast cereal (no subcategories)
    - Eggs
    - Legumes (dry beans, canned beans or peanut butter)
    - Breads/Whole Grains
    - Canned fish (tuna or salmon) (no subcategories)
    - Fruits and vegetables (cash value benefit) (no subcategories).

  - Standard milk type for issuance:
    - For children 24 months of age and older and women, low-fat (1%) milk or non-fat (skim) milk is the standard milk type for issuance.

- Reduced fat (2%) milk may be issued to children age 24 months of age and older or to women when a CPA determines there is a medical need based on an individual nutrition assessment. Reduced fat (2%) milk may not be issued based on a personal preference.
  - Examples of medical need include underweight BMI, weight loss in children and weight loss during pregnancy. When 2% milk is offered or provided to women or children 24 months of age and older, the justification must be clearly documented in the participant's care plan.
- Whole milk is the standard milk for issuance to children 12 to 23 months of age.
  - Reduced-fat (2%) milk may be issued to a child 12 to 23 months of age when a CPA determines there is a medical need based on an individual nutrition assessment, not a preference.
  - Examples of medical need include children for whom overweight or obesity is a concern. Reduced-fat milk may also be issued to children 12 to 23 months of age when the child's health care provider has instructed that the child have it in place of whole milk. When 2% milk is offered or provided for children 12 to 23 months of age, the justification must be clearly documented in the child's care plan.
- Participants may choose milk from one of the following subcategories (no medical documentation by participant's health care provider is required):
  - Evaporated milk
  - UHT milk (only if participant has limited refrigeration)
  - Lactose-free or lactose-reduced milk
  - Plant-based milk alternative
- Participants may choose one or more of the following milk substitutions (no medical documentation by participant's health care provider is required):
  - Cheese
    - Food Package IV, V or VI: maximum of one pound of cheese may be substituted for 3 quarts of milk.
    - Food Package VII: maximum of two pounds of cheese may be substituted for 6 quarts of milk.
  - Tofu (see table on page 17)
  - Yogurt (maximum of 2 quarts of yogurt may be substituted for 2 quarts of fluid milk)

NOTE: The same guidance in the preceding section on whole milk and reduced fat milk options to children (12-23 months of age) apply to yogurt issuance. Low fat or nonfat yogurts are the only types of yogurt authorized for children age 24 months of age and older and women.

■ Situations Prompting Food Package Adjustment

‣ Participants with Specific Food Intolerances/Vegan Diet.

- **Lactose Intolerance.** When the condition is reported by the participant, parent/guardian/caretaker of an infant or child, or by the health care provider, it must be documented in the participant's health record. Adaptation may include:
  - Lactose-reduced milk as a substitute for fresh fluid milk.

  - Plant-based milk alternative as a substitute for fresh fluid milk (refer to the additional information below for restrictions).
  - Tofu as a substitute for fresh fluid milk (refer to the additional information below for restrictions).
  - Yogurt as a substitute for fresh fluid milk (refer to the additional information below for restrictions).
- **Food Allergies.** When a food allergy is reported by the participant/caretaker or by the health care provider, it must be documented. Participants who have a food allergy should receive a food package adapted to their needs. The CPA must remove one or more categories of foods when requested by the participant/caretaker or indicated on the medical documentation.
- **Vegan Diet.** When adherence to a vegan diet is reported by the participant or parent/guardian/caretaker of an infant or child, it must be documented, and the food package adapted to their needs.

Issuance of Plant-Based Milk Alternative and Tofu

Children:

Issuance of tofu and plant-based milk alternative as substitutes for milk must be based on an individual assessment and consultation with the child's health care provider if necessary.

- Plant-based milk alternative may be substituted for milk on a quart-for-quart basis up to the total maximum allowance of milk.
- Tofu may be substituted for milk at the rate of 1 pound per quart of milk up to the maximum allowance of milk, for lactose intolerance or other reasons assessed and documented by CPA.

Women:

- Plant-based milk alternative may be substituted for milk on a quart-for-quart basis up to the total maximum allowance of milk.
- Tofu may be substituted for milk at the rate of 1 pound per quart of milk up to the maximum allowance of milk, for lactose intolerance or other reasons assessed and documented by CPA.
- One pound tofu OR one pound dry or four 15-16 ounce cans beans, peas, or lentils OR one 16-18 ounce container of peanut, nut, or seed butter may be substituted for each one dozen eggs with CPA assessment and documentation.

- **Participants Who are Homeless.** If an individual is homeless, it should be indicated in the Participant Demographics in Crossroads. Depending on the living situation, a homeless participant may need certain foods and/or alternative packaging to accommodate available food storage and preparation facilities.

- **Participants Who Have Limited or No Refrigeration.** Changes that can be made in the food package to adapt for any participant with limited or no refrigeration include:
  - Ordering single-serving ready-to-feed infant formula from the state office
  - Substituting UHT milk or evaporated milk for fresh fluid milk
  - Not issuing cheese or eggs

■ **Breastfeeding Status**

The certified woman (breastfeeding and postpartum) and her infant(s) are considered a dyad. The selections made on the Health Information screen by the CPA during a full nutrition

assessment reflect the actual feeding information and corresponding breastfeeding status of the dyad.

- There are four breastfeeding status classifications in Crossroads: fully breastfeeding, partially breastfeeding < = Maximum Monthly Allowance (MMA), partially breastfeeding > MMA and non-breastfeeding/fully formula feeding. See Section 1 of this chapter for more information on MMA.

Dyad Breastfeeding Status	**Infant: Participant Category**	**Woman: Participant Category**
Fully breastfeeding	Infant	Breastfeeding Woman
Partially breastfeeding < = MMA	Infant	Breastfeeding Woman
Partially breastfeeding > MMA	Infant	Breastfeeding Woman*
Non-breastfeeding / Fully formula feeding	Infant	Postpartum Woman*

**Note: After six months of age, this woman is not eligible for food benefits.*

- All postpartum women and infants are assigned the standard fully breastfeeding food package by default at certification. Adjustments to the infant food package are determined by the breastfeeding status. The infant food package drives the assignment of the corresponding food package for the woman.

- There are four corresponding food packages/feeding options for dyads: fully breastfeeding, partially breastfeeding < = MMA, partially breastfeeding >MMA, and non-breastfeeding/fully formula feeding.
  - If infant formula is added to the infant food package, the amount of formula in the infant food package in Crossroads will drive the assignment of the mother's food package prescription. After an infant food prescription has been saved, adjustments to the woman's food package may be initiated on the Prescribe Foods screen.
  - If the food packages within the dyad contradict, Crossroads will provide an error message alerting the user that corrections must be made to prevent over issuance or to provide both dyad members the maximum allowable supplemental foods.
  - Women breastfeeding an infant six months of age or older and receiving the 'partially breastfeeding > MMA' or 'non-breastfeeding' food packages are not eligible for food benefits but continue to be certified as a breastfeeding woman eligible for breastfeeding education, support and supply issuance.

  NOTE: It is possible for the breastfeeding status on the Prescribe Food page to not correspond with the dyad's actual feeding practice.

■ Infant Food Packages

- **Partially Breastfeeding**. For breastfeeding dyads who do not receive the fully

breastfeeding food package:

- The CPA is expected to tailor the amount of formula prescribed based on the assessed needs of the breastfed infant. The MMA quantity for the fully formula feeding food package should not be issued as the standard for any breastfeeding infant, rather the minimum amount of formula that meets but does not exceed the infant's nutritional needs should be prescribed.
  - Care must be exercised to ensure that the provision of formula does not interfere with or undermine the breastfeeding relationship.
  - When the CPA issues formula to a breastfeeding infant during the first month of life, the CPA must document the justification of issuance and appropriate provision of counseling and breastfeeding support.
- Automatic changes occur in formula amount for fully formula fed (IF or EXF).

- **Complementary Foods.** When an infant turns six months of age, the infant is age-eligible to receive complementary foods including WIC supplemental foods: infant cereal, infant fruits and vegetables and/or a cash-value benefit (CVB) for fresh, frozen, and canned fruits and vegetables, and infant for the fully breastfeeding infant. The Crossroads system automatically notes this date in the carousel to take effect on the first issue date after reaching six months of age.
  - Fully breastfeeding infants receive:
    - Infant fruits and vegetables and/or CVB
    - Infant meats, and
    - Infant cereal.
  - Partially breastfeeding < = MMA; partially breastfeeding > MMA and fully formula feeding infants receive:
    - Infant fruits and vegetables and/or CVB and
    - Infant cereal.

  The default food package for infants 6-11 months old includes both infant fruits and vegetables as ounces and CVB categories. Refer to Chapter 5, Section 1 for nutrition education requirements prior to issuance of the infant CVB.
  - Default: $11 CVB and 64 ounces infant fruits and vegetables
  - A CPA can tailor the infant food package as appropriate to offer instead:
    - 128 ounces infant fruits and vegetables or
    - $22 CVB.

  If complementary foods are not appropriate for the participant, staff must adjust the food package and document in the participant care plan.

■ **Infants 6 – 11 Months of Age on Food Package III**

Federal regulations allow the issuance of exempt infant formula (EXF) at the MMA for a 4-5 month old infant if no infant foods (infant cereal and infant fruits and vegetables) are prescribed. Medical documentation is required for the issuance of any exempt infant formula.

Federal regulations allow the issuance of contract infant formula (IF) at the MMA for a 4-5 month old infant if no infant foods (infant cereal and infant fruits and vegetables) are

provided. Medical documentation is required for this *level* of issuance for the contract infant formulas.

- If the increased amount (MMA level as that of 4-5 month old infant) of IF or EXF is prescribed, the CPA must delete the infant foods before saving the prescription in Crossroads.

- **Automatic Food Package Change when an Infant Turns One Year of Age**
  The infant food package is provided throughout the first year. In Crossroads, all infant participants are assigned a default 12 to 23 month old child food package in the carousel effective the first birthday of the participant.

  - When the first date to spend is on or after the first birthday of the participant, a child food package (IV(A) will be issued.

Medical Documentation Requirements

WIC Program medical documentation from an authorized health care provider is required for the prescription and issuance of many products allowed through the WIC Program. All medical documentation is subject to WIC approval and provision based on program policy and procedures.

■ Situations Requiring Medical Documentation

- An infant requires a formula other than the contract milk-or soy-based infant formulas (IF)
- A child or woman requires an exempt infant formula (EXF) or WIC-Eligible nutritional (WEN)
- A child 24 months of age and older or a woman requires whole milk
- Any IF, EXF, WEN or supplemental foods prescribed to an infant, child, or adult who receives Food Package III.

Nutrition assessment and determination of appropriate nutrition risk code by a Competent Professional Authority (CPA) is required when:

- New medical documentation changes the IF, EXF or WEN, or supplemental foods.
- The medical documentation form expires and the participant will no longer receive Food Package III.
- The participant requests a different formula or supplemental foods that are not prescribed by their health care provider.

■ Individuals Authorized to Prescribe

Formula/products or foods requiring medical documentation may be authorized only when prescribed by a physician, a physician extender (physician assistant or nurse practitioner) or a certified nurse midwife.

■ Required Medical Documentation

The WIC Program medical documentation must include the following information as applicable:

- Participant’s name and date of birth,
- Specific name of the formula, product or whole milk prescribed, including amount of formula/product needed per day,
- Specific qualifying condition(s) requiring use of the prescribed formula/product or whole

milk,

- Duration of medical documentation
  - Infants: not to exceed 12 months of age
  - Children and women: not to exceed 12 months in duration,
- Specific WIC foods not allowed due to the qualifying condition,
- Signature of the prescribing individual,
- Prescribing individual's printed name,
- Contact information (address, phone, fax) for the healthcare provider, and
- Date of signature (considered to be the date of medical determination).

If a CPA has questions about the medical documentation, including the appropriateness of the product prescribed, the CPA should contact the prescribing individual. Staff unfamiliar with the product prescribed should refer to the manufacturer's website for up-to-date information.

Types of Medical Documentation

- **Written Medical Documentation.** The medical documentation must be on the WIC Program Medical Documentation Form (Attachment 2), a physician's prescription pad, or documented in the health record if the participant receives health care within the local agency. All required information must be included. Prescription forms developed by product manufacturers are not acceptable. Staff may accept written medical documentation that is faxed, emailed, or mailed by the prescribing individual, or is brought to the agency by the participant. Medical documentation must be scanned into the participant record in Crossroads.

- **Verbal Medical Documentation**. One month's issuance may be provided with verbal medical documentation from the prescribing healthcare provider. Documentation of verbal medical documentation must be made in the participant record in Crossroads and include the date, name and contact information of prescribing individual and required data elements. Staff must obtain written confirmation of the medical documentation within 2 weeks after accepting the medical documentation verbally. Upon receipt of the medical documentation, the timeframe for the approval should be adjusted by re-entering the medical documentation in Crossroads.

Medical Conditions Indicating Need for Prescribed Products

In the WIC program, a qualifying condition is a medical condition that impairs ingestion, digestion, absorption or utilization of nutrients that could adversely affect a participant's nutrition status.

- **Formula or WEN.** The prescribing individual must document a qualifying condition that indicates a need for the prescribed formula or WEN in the treatment or management of

the condition. The responsibility for this treatment or management of the condition remains with the prescribing individual.

- **Food Package III Contraindications.** The issuance of formula or WEN in food package III is **not** allowed for the following:
  - infants with a non-specific formula or food intolerance that can be successfully managed with the use of a standard infant formula;
  - infants with a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that can be successfully managed with the use of a standard infant formula;
  - women and children who have food intolerance to lactose or milk protein that can be successfully managed with tailoring of the other WIC food packages; or
  - solely for the purpose of enhancing nutrient intake or managing body weight.

- Per federal regulations, the following list includes but is not limited to the example qualifying conditions which impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect a participant's nutrition status:
  - cancer
  - cardiac disorder
  - eating disorder (anorexia or bulimia)
  - endocrine disorders
  - failure to thrive
  - gastrointestinal disorder
  - feeding disorder
  - hyperemesis gravidarum
  - immune system disorder
  - inborn errors of metabolism
  - liver disease
  - low birth weight
  - lung disease
  - malabsorption syndrome
  - metabolic disorder
  - neuromuscular or neurological disorder
  - premature birth
  - renal disease
  - severe food allergies that require an elemental formula.

- **Whole milk for children 24 months of age and older and for women.** The prescribing individual must document a qualifying condition that indicates a need for whole milk in the treatment or management of the condition.

■ **Medical Documentation Changes for Formulas and Other Products**
Refer to Chapter 8 for information about procedures when medical documentation changes after issuance has occurred.

- **Participant Transfers**
  Transferring participants who are eligible to receive WIC formula (IF, EXF, or WEN) in Food Package III must have one or more qualifying conditions, and who can be verified as having received the product via verification of certification (VOC), can be issued the product for the duration of the certification period with no further documentation. However, the transferring participant should be encouraged to establish a medical home in the new area as soon as possible for continuity of care.

Product Used By Transferring Participant	Actions That Staff Must Take
Contract milk- or soy-based infant formula	▪ An infant should be issued the same product. ▪ A child should be issued the same product if s/he has VOC documentation of the product issuance.
Non-contract milk-or soy-based infant formula	▪ Participant must be switched to a corresponding contract product.
Exempt formula/product or WIC-eligible nutritionals offered by NC WIC	▪ Verify VOC documentation of issuance of the EXF or WEN. ▪ Complete Medical Documentation in Crossroads prior to issuing the product: • Prescription Date: o Effective Date = Date VOC was prepared o Expiration Date = End of Certification Period per VOC o Prescription Date = Transfer Date • Diagnosis Information: o Medical Reason = Diagnosed Condition • Physician Information: o Physician's Name = VOC o Physician's Phone = Phone number listed on VOC ▪ Document circumstances and issuance of the transferring participant in the Nutrition Assessment section of the Care Plan Summary screen.
Whole milk	▪ Children who are 24 months of age or older and women may only be issued whole milk if they have medical documentation for its use.

Ordering Formula and Other Products from the Community Nutrition Services Section

Certain products must be ordered from the Community Nutrition Services Section (CNSS) because they are not readily available in the retail system. Generally, only human milk fortifier and nursettes are ordered through CNSS.

Attachment 1 indicates which products must be ordered from CNSS. Retail availability in certain geographic areas may necessitate the ordering of products not designated on Attachment 1 and should be addressed on a case by case basis.

- **Crossroads Operations**
  When a participant requires a product that **must** be ordered from CNSS, follow the below guidance for Crossroads food benefits.

  - Participant must be de-aggregated from family issuance.
  - Place family on a monthly issuance frequency.
  - Prescribe food package and save.
  - **DO NOT ISSUE.**
  - Place order with CNSS per ordering guidelines (see below.)
  - Upon receipt of product order, follow guidelines below to add product to local agency inventory and contact family to alert them to product availability.
  - Refer to Section 7 for guidance on documentation of issuance of formula and other products received from the CNSS.

- **Ordering Products**
  To order products from CNSS, a local agency CPA must complete a 'Formula and WIC-Eligible Nutritionals Order Request' (Attachment 3: Ordering WIC Infant Formulas and WIC-Eligible Nutritionals') and submit it to CNSS. The 'Formula and WIC-Eligible Nutritionals Order Form' contains instructions for completing and submitting the order to the CNSS.

  - The original order form must be scanned into the participant's medical record in Crossroads.

  Unless otherwise notified, orders will be processed by the CNSS within two working days of receipt. Products should arrive at the local agency within five working days from the date CNSS processes the order. Local agency staff should inform the WIC participant/parent/guardian/caretaker of the anticipated delivery date (e.g. up to 7 working days from the time the order is submitted to CNSS by the local agency).

- **Submitting Orders.** Order no more than a one (1) month supply of formula or other product.
  - Local agency staff is responsible for reordering products as participant need dictates.

- **Confirmation of Orders by the CNSS.** Once an order has been approved by CNSS and processed by the manufacturer, CNSS will return the original order form to the originating local agency with completed order information.

■ **Receiving Products**

Immediately upon product delivery at the local agency, staff must verify that the correct product and quantity is received without damage.

- **Correct Shipment**. If the shipment is correct and undamaged, local agency staff should:
  - Document receipt of the shipment. Refer to Section 7 for guidance on inventory of formula and other products.
  - Contact the participant/parent/guardian/caretaker and arrange product issuance from the agency.
  - Within 24 hours of product receipt, send the signed and dated packing slip to the CNSS via email NSB.PHNUReceipts@dhhs.nc.gov.
    - Some address labels serve as packing slips.
    - Do not send freight/trucking slips as these do not contain complete information.
    - If the packing slip is lost, misplaced, or was never received, local agency staff can fill out the 'Memo of Receipt: CNSS Nutritional Product Order' form under Local Agency Resources on the NC WIC website and submit per instructions on the form.

  Note: A timely packing slip is required for CNSS to pay an invoice.

- **Problem Shipment.** If the shipment arrives incorrect (product or quantity) or in damaged condition, local agency staff must call CNSS immediately to report directly with CNSS staff responsible for ordering formula and other products.
  - **Resolution.** To expedite resolution for orders with incorrect or damaged product, it is recommended for local agency to take pictures of all delivered products showing labels on boxes and documenting the extent of damage. These pictures can be shared with CNSS staff via NSB.PHNUReceipts@dhhs.nc.gov.
  - **Disposal**. Whenever a product is received damaged and approved by CNSS for disposal, local agency staff must dispose of product per guidelines and document the disposal of products on the Formula Disposal Log.

  Note: If a formula shipment has not arrived within the expected timeframe, local agency staff should contact CNSS staff via NSB.PHNUReceipts@dhhs.nc.gov.

■ **Issuing Products**

Refer to Section 7 for guidance on documentation of issuance of formula and other products received from the CNSS.

Inventory and Issuance of Formula and Other Products

Local agencies may have formula or other products on hand that were ordered by the Community Nutrition Services Section (CNSS) for a program participant or received from another local agency. In each of these situations, staff is accountable for the management of the products and associated documentation related to product receipt, storage, inventory, issuance, and disposal.

- **Receipt of Formulas and Other Products**
  Products received from the CNSS are intended for issuance to a specific individual. Any product received must be checked immediately for damage, signs of tampering, and expiration date, and should not be used if problems are identified. Do not issue damaged products to a participant.

  Within 24 hours of product receipt, send the signed and dated packing slip to the CNSS via email NSB.PHNUReceipts@dhhs.nc.gov. Refer to Section 6 for additional guidance.

  - **Received from manufacturer**. Local agency staff must add the complete shipment into the local agency formula inventory in Crossroads.

  - **Received from another local WIC agency**. A local agency may have a specialized formula or other product in their inventory that could be used by a participant in another local agency. The transfer of product from one agency to another must be documented by both agencies (issuance from one agency and receipt by the other). Any product received must be checked immediately for damage, signs of tampering, and expiration date and should not be used if problems are identified. Do not issue the damaged product to participant.

  - **Received from a Participant/Parent/Guardian/Caretaker**. Any formula returned by a participant or not received directly from the manufacturer (or another local agency) must be properly disposed of and documented. r. Returned formula must not be donated to food banks, food pantries, shelters, or animal shelters.
    - Products containing formula must be opened and emptied.
      - Liquid formula must be opened and poured down the drain.
      - Powder formula must be opened and emptied into the trash or reconstituted and poured down the drain.
    - Two staff members must be present for disposing formula and documenting it on the Formula Disposal Log, Attachment 6.
    - Local agency staff should maintain Formula Disposal Logs on site and maintain records according to retention rules (see Chapter 13).

- **Storage of Formulas and Other Products**
  Staff must store all formula and other products in a secure area which is not visible to participants.

  - Store formula received from CNSS, another local agency, authorized vendor or

wholesaler separate from formula received from a Participant/Parent/Guardian/Caretaker until it is disposed of in safe manner.

- **Quarterly Reconciliation of Physical Inventory**
  Staff must maintain an ongoing inventory and complete inventory at least quarterly (recommend February, May, August and November) by reconciling the issuance/inventory log with the physical inventory of containers on hand.

- **Issuance Of Formulas and Other Products from Inventory**

  - Documentation of issuance of infant formula, exempt infant formula, or WIC-eligible nutritionals must be done in the Crossroads system and can be found in the Journal of Transactions.

  - Inventory must be deducted when product is sent to another local agency for use by one of their program participants.

- **Disposal of Damaged or Expired Product**
  Products must not be issued if problems are identified. Whenever a product in inventory is damaged, shows signs of tampering, or is past its expiration date, the product must be opened, disposed of in a safe manner and removed from the clinic and Crossroads inventory.

  - **Product Received from the Manufacturer.** Prior to disposing of product received from the manufacturer through CNSS order, call the CNSS for instructions.

  - **Documentation of Disposal.** Staff must document the disposal of products on the Formula Disposal Log.

Inventory and Issuance of Metabolic Formulas

Local agencies serve as metabolic formula pick-up locations for individuals receiving care in NC metabolic clinics. Orders for metabolic formulas are placed by the Community Nutrition Services Section (CNSS) and Innovation Health regardless of WIC status (e.g., many individuals receiving metabolic products are not categorically or income eligible for WIC).

Local agency staff is responsible for the accountability of metabolic products including receipt, storage, inventory, issuance, and documentation of issuance regardless of the recipient's WIC participation status. Issuance is a paper system separate from Crossroads.

- **Receipt of Metabolic Formulas**
  Metabolic formulas ordered by the CNSS or Innovation Health are intended for issuance to a specific individual. For metabolic product orders placed by CNSS, additional communication will be sent by CNSS to the receiving local agency to guide order receipt and issuance.

  - **Product Received from the Manufacturer.** Any product received must be checked immediately for damage, signs of tampering, and expiration date and should not be used if problems are identified. Do not issue damaged product to participant.

    Within 24 hours of product receipt, send the signed and dated packing slip to CNSS via email NSB.PHNUReceipts@dhhs.nc.gov. Refer to Section 6 for additional guidance.

    NOTE: Metabolic products can not be accepted for return at the local WIC agency. Metabolic clients should be advised to contact the metabolic clinic that manages their prescription.

  - **Received From Another Local WIC Program**. A local agency has metabolic formula that is not picked up by the client for whom the product was ordered and which could be used by a metabolic client in another county. In such cases, CNSS will coordinate the transfer of the product from one agency to the other. This transfer between agencies must be documented by both agencies (issuance from one agency and receipt by the other). Upon delivery, the products must again be checked for damage, signs of tampering, and expiration date and must not be issued if problems are identified.

- **Storage of Metabolic Formulas**
  Staff must store all metabolic formula in a secured area which is not visible to program participants.

- **Documentation of Issuance of Metabolic Formula**
  Documentation of receipt and issuance of metabolic products is kept on a paper log regardless of WIC participation status. Refer to Attachment 4 which offers a description and examples of inventory/issuance logs that can be used to document receipt and issuance of metabolic formula.

  - **Receipt** must be documented using the paper system outlined above for all metabolic formulas received directly from the manufacturer or from another local WIC Program.

- **Issuance** must be documented using the paper system outlined above for a metabolic product issued to a WIC participant, to an individual not on WIC but receiving a metabolic formula, or to another local WIC Program for use by one of their program participants.

■ **Confidentiality of Information**

Inventory and issuance logs do not directly disclose medical information; however, recipient and specialized nutritional product names are shown. To protect participant privacy staff are encouraged to:

- Not document any medical information on inventory and issuance logs.
- Cover any participant identifiers or use a separate page when the participant/parent/caretaker signs for receipt of the product.

■ **Disposal of Damaged or Expired Product**

Products must not be issued if problems are identified. Whenever a product is damaged, shows signs of tampering, or is past its expiration date, the product must be opened, and disposed of in a safe manner.

- **Product Received from the Manufacturer.** Prior to disposing of product received from the manufacturer through CNSS order, call the CNSS for instructions.
- **Documentation of Disposal.** Staff must document the disposal of products on the Formula Disposal Log.

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
Alfamino Infant *Nestle*		EXF	14.1 oz.	PWDR	96
Alfamino Jr. *Nestle*		WEN	14.1 oz.	PWDR	62
Boost *Nestle*		WEN	8 oz.	RTF	8
Boost Breeze *Nestle*		WEN	8 oz.	RTF	8
Boost High Protein *Nestle*		WEN	8 oz.	RTF	8
Boost Kid Essentials 1.0 *Nestle*		WEN	8 oz.	RTF	8
Boost Kid Essentials 1.5 *Nestle*		WEN	8 oz.	RTF	8
Boost Kid Essentials 1.5 with Fiber *Nestle*		WEN	8 oz.	RTF	8
Boost Plus *Nestle*		WEN	8 oz.	RTF	8
Compleat Pediatric Organic Blends *Nestle*		WEN	300 ml	RTF	10.1
Compleat Pediatric Original *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Original 1.5 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Peptide 1.0 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Peptide 1.5 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Standard 1.0 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Standard 1.4 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Reduced Calorie *Nestle*		WEN	250 ml	RTF	8.45
EleCare for Infant *Abbott*		EXF	14.1 oz.	PWDR	95
EleCare Jr Flavored *Abbott*		WEN	14.1 oz.	PWDR	65
EleCare Jr Unflavored *Abbott*		WEN	14.1 oz.	PWDR	65
Enfamil NeuroPro EnfaCare *Mead Johnson*		EXF	13.6 oz.	PWDR	87
	X	EXF	2 oz.	RTF	2
Enfamil Human Milk Fortifier *Mead Johnson*	X	EXF	5 ml	LIQUID	1
Enfamil Human Milk Fortifier HP *Mead Johnson*	X	EXF	5 ml	LIQUID	1
Enfamil 24 *Mead Johnson*	X	EXF	2 oz.	RTF	2

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
Enfamil Premature 20 *Mead Johnson*	X	EXF	2 oz.	RTF	2
Enfamil Premature 24 *Mead Johnson*	X	EXF	2 oz.	RTF	2
Enfamil Premature High Protein 24 *Mead Johnson*	X	EXF	2 oz.	RTF	2
Enfamil Premature 30 *Mead Johnson*	X	EXF	2 oz.	RTF	2
Enfaport Infant *Mead Johnson*		EXF	6 oz.	RTF	6
Ensure *Abbott*		WEN	8 oz.	RTF	8
Ensure Clear Nutritional Beverage *Abbott*		WEN	10 oz.	RTF	10
Ensure Plus *Abbott*		WEN	8 oz.	RTF	8
Fortini Infant *Nutricia*	X	EXF	4 oz.	RTF	4
Glucerna *Abbott*		WEN	8 oz.	RTF	8
KetoCal 4:1 *Nutricia*		WEN	11 oz.	PWDR	70
			8 oz.	RTF	8
KetoCal 3:1 *Nutricia*		WEN	11 oz.	PWDR	69.9
Monogen *Nutricia*		WEN	400 gm	PWDR	88.5
Neocate Infant DHA/ARA *Nutricia*		EXF	14.1 oz.	PWDR	97
Neocate Junior Unflavored *Nutricia*		WEN	14.1 oz.	PWDR	64
Neocate Junior with Prebiotic Chocolate *Nutricia*		WEN	14.1 oz.	PWDR	62
Neocate Junior with Prebiotics Vanilla, Strawberry *Nutricia*		WEN	14.1 oz.	PWDR	64
Neocate Splash Flavored *Nutricia*		WEN	8 oz.	RTF	8
Neocate Splash Unflavored *Nutricia*		WEN	8 oz.	RTF	8
Neocate Syneo Infant *Nutricia*		EXF	14.1 oz.	PWDR	95
Neocate Syneo Junior *Nutricia*		WEN	14.1 oz.	PWDR	62
Nepro *Abbott*		WEN	8 oz.	RTF	8
Nestle Extensive HA *Nestle*		EXF	14.1 oz.	PWDR	96

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
Nutramigen *Mead Johnson*		**EXF**	13 oz.	CONC	26
			8 oz.	RTF	8
			32 oz	RTF	32
Nutramigen with Probiotic LGG *Mead Johnson*		EXF	12.6 oz.	PWDR	87
Nutren Junior *Nestle*		WEN	8.45 oz.	RTF	8.45
Nutren Junior with Fiber *Nestle*		WEN	8.45 oz.	RTF	8.45
PediaSure *Abbott*		WEN	8 oz.	RTF	8
PediaSure with Fiber *Abbott*		WEN	8 oz.	RTF	8
PediaSure Peptide 1.0 Cal Flavored *Abbott*		WEN	8 oz.	RTF	8
PediaSure Peptide 1.0 Cal Unflavored *Abbott*		WEN	8 oz.	RTF	8
PediaSure Peptide 1.5 Cal Flavored *Abbott*		WEN	8 oz.	RTF	8
PediaSure Standard 1.0 *Abbott*		WEN	8 oz.	RTF	8
PediaSure Standard 1.0 with Fiber *Abbott*		WEN	8 oz.	RTF	8
PediaSure Standard 1.5 *Abbott*		WEN	8 oz.	RTF	8
PediaSure Standard 1.5 with Fiber *Abbott*		WEN	8 oz.	RTF	8
Peptamen Junior *Nestle*		WEN	8.45 oz.	RTF	8.45
Peptamen Junior High Protein *Nestle*		WEN	8.5 oz.	RTF	8.5
Peptamen Junior with Fiber *Nestle*		WEN	8.45 oz.	RTF	8.45
Peptamen Junior 1.5 *Nestle*		WEN	8.45 oz.	RTF	8.45
Peptamen Junior with Prebiotics *Nestle*		WEN	8.45 oz.	RTF	8.45
Pepticate Infant *Nutricia*		EXF	13.2 oz.	PWDR	86
Pregestimil *Mead Johnson*		EXF	16 oz.	PWDR	112
Pregestimil 24 *Mead Johnson*	X	EXF	8 oz.	RTF	8
ProPhree *Abbott*		EXF	14.1 oz.	PWDR	102
PurAmino DHA & ARA *Mead Johnson*		EXF	14.1 oz.	PWDR	98

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
PurAmino Junior *Mead Johnson*		WEN	14.1 oz.	PWDR	65
Renastart *Vitaflo (Nestle)*	X	WEN	14.1 oz.	PWDR	57
Renastep *Vitaflo (Nestle)*	X	WEN	6.7 oz.	RTF	6.7 oz
Ross Carbohydrate Free (RCF) *Abbott*		EXF	13 oz.	CONC	25.6
Similac Advance *Abbott*		IF	12.4 oz.	PWDR	90
			13 oz.	CONC	26
			32 oz.	RTF	32
Similac Sensitive *Abbott*		IF	12.5 oz.	PWDR	90
			32 oz.	RTF	32
Similac Gentle Comfort *Abbott*		IF	12.6 oz.	PWDR	90
Similac Soy Isomil *Abbott*		IF	12.6 oz.	PWDR	90
			13 oz.	CONC	26
			32 oz.	RTF	32
Similac Alimentum *Abbott*		EXF	12.1 oz.	PWDR	87
		EXF	32 oz.	RTF	32
	X	EXF	2 oz.	RTF	2
Similac for Diarrhea *Abbott*		EXF	32 oz.	RTF	32
Similac NeoSure *Abbott*		EXF	13.1 oz.	PWDR	87
		EXF	32 oz.	RTF	32
	X	EXF	2 oz.	RTF	2
Similac Human Milk Fortifier *Abbott*	X	EXF	5 ml	CONC	1
Similac PM 60/40 *Abbott*		EXF	14.1 oz.	PWDR	102
Similac Special Care 20 *Abbott*	X	EXF	2 oz.	RTF	2
Similac Special Care 24 *Abbott*	X	EXF	2 oz.	RTF	2
Similac Special Care 24 High Protein *Abbott*	X	EXF	2 oz.	RTF	2
Similac Special Care 30 *Abbott*	X	EXF	2 oz.	RTF	2

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
Suplena with Carb Steady *Abbott*		WEN	8 oz.	RTF	8
Vivonex Pediatric *Nestle*	X	WEN	400 gm	PWDR	70

Category: Infant Formula = IF Exempt Infant Formula = EXF WIC-Eligible Nutritional = WEN

Type: Powder = PWDR Ready to Feed = RTF Concentrate = CONC
Liquid = LIQUID

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

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WIC Program Medical Documentation

PURPOSE: To facilitate the collection of required medical documentation necessary for the issuance of specific products through the WIC Program.

GENERAL INSTRUCTIONS: WIC Program staff should provide the WIC Program Medical Documentation form to any participant needing the issuance of an exempt infant formula (EXF) or WIC-eligible nutritional (WEN), or whole milk for women or children 24 months of age or older. The WIC Program Medical Documentation form may be faxed, mailed, securely emailed if appropriate, or given to the individual to take to the health care provider.

The health care provider should complete the relevant sections of the form, including:

- qualifying medical condition;
- product information including: name of product and /or suitable substitutions*, amount prescribed per day, identification of WIC supplemental food(s) not allowed during the duration of prescription for the participant;
- duration of prescription (up to 12 months);
- health care provider name, credentials, signature, and date of prescription.

The form must be returned to the local agency in which the participant receives services.

DISTRIBUTION: Maintain a scanned copy of the WIC Program Medical Documentation form in Crossroads.

DISPOSITION: The WIC Program Medical Documentation form should be scanned into Crossroads and saved. The physical form should be destroyed upon confirmation that the scan is legible and retrievable from Crossroads.

REORDER INFORMATION: Additional print copies of this form may be ordered on the Community Nutrition Services Section Requisition Form on the website: https://www.ncdhhs.gov/ncwic. Under information 'For Community Partners' on the website, a fillable form is also available.

* *Medical providers can put more than one infant formula on medical documentation form if substitutions for preferred formula are available.*

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North Carolina Department of Health and Human Services
Division of Child and Family Well-Being/Community Nutrition Services Section

WIC Program Medical Documentation
Infant (Birth to 12 Months of Age)

The WIC Program promotes breastfeeding for infants the first year of life and beyond and actively supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk.

A written prescription is required for an infant who uses a formula/product other than a North Carolina WIC contract milk- or soy-based infant formula. Prescription is subject to WIC approval and provision based on program policy and procedures.

Please complete all sections (A-D) for <u>all</u> prescriptions.

A. PARTICIPANT INFORMATION

Participant's name:	**DOB:**
Medical condition(s) indicating need for prescribed product:	

B. FORMULA/PRODUCT

Formula/product prescribed:
Amount prescribed per day:
Special instructions for preparation or dilution:
Duration of prescription (limited to 12 months of age):

C. SUPPLEMENTAL FOODS

Beginning at six months of age through the 11th month of age, WIC supplemental foods are available in addition to the prescribed formula. Please indicate which foods this infant should <u>not</u> receive for the duration of this prescription.

❑ No Infant Cereal ❑ No Infant Fruits or Vegetables

D. HEALTH CARE PROVIDER INFORMATION

Signature of health care provider (include credentials):		
Provider's name (please print)**:**		
Medical office/clinic (include address)**:**		
Phone #:	**Fax #:**	**Date:**

Contact your local WIC program for information on formulas allowed through the NC WIC Program.

North Carolina Department of Health and Human Services
Division of Child and Family Well-Being/Community Nutrition Services Section

WIC Program Medical Documentation
Child (12 Months of Age and Older) or Woman

Complete sections A and D for all prescriptions.
► To prescribe a **formula or product** for a child (12 months of age or older) or a woman, also complete **section B.**
► To prescribe **whole milk** for a child (24 months of age or older) or a woman, also complete **section C.**

Prescription is subject to WIC approval and provision based on program policy and procedures.

A. PARTICIPANT INFORMATION

Participant's name:	**DOB:**
Medical condition(s) indicating need for prescribed product:	
Duration of prescription (limited to 12 months):	

B. FORMULA / PRODUCT AND WIC SUPPLEMENTAL FOODS

Formula/product prescribed:

Amount prescribed per day:

Special instructions for preparation or dilution:

Supplemental foods:

❑ No supplemental foods are allowed for this participant as offering these foods is contraindicated at this time.

— or —

Identify any WIC supplemental food not allowed for this participant; otherwise, some or all of the following food options may be provided depending on the participant category:

❑ No Milk	❑ No Breakfast Cereal	❑ No Juice
❑ No Whole-Wheat Bread or Other Whole Grains	❑ No Fruits and Vegetables	❑ No Peanut Butter
❑ No Cheese	❑ No Tofu	❑ No Nut or Seed Butter
❑ No Canned Fish	❑ No Yogurt	❑ No Eggs
❑ No Plant-Based Milk Alternative	❑ No Juice	❑ No Legumes

C. WHOLE MILK — CHILD (24 MONTHS OF AGE OR OLDER) OR WOMAN

❑ Whole milk prescribed. Otherwise, these individuals receive skim/1%.

D. HEALTH CARE PROVIDER INFORMATION

Signature of health care provider (include credentials):		
Provider's name (please print):		
Medical office/clinic (include address):		
Phone #:	**Fax #:**	**Date:**

Contact your local WIC program with any questions about current policy or for more information.

Ordering WIC Infant Formulas and WIC-Eligible Nutritionals

Purpose: To order formulas or WIC-eligible nutritionals through the Community Nutrition Services Section (CNSS).

Preparation: The local agency staff will:

1. Review WIC Program Medical Documentation Form (Attachment 2). A product and/or equivalent substitutions may be listed by the health care provider.
2. Ensure accuracy and appropriateness, then scan in Crossroads.
3. CPA complete assessment and care plan summary of the participant's medical status.
4. Update Nutrition Risk Codes based on diagnosis (if needed).
5. Prescribe Food Package with consideration:
   - only one product and product type can be prescribed on the current participant's food prescription;
   - the product quantity (RFO) prescribed reflects health care provider documentation, discussion of feeding plan with family, with consideration of breastfeeding status and dyad goals.
6. Complete 'Formula and WIC Eligible Order Form' with consideration of family issue date and calculate proration of benefits as needed.
   - The most current form of 'CNSS WIC Formulas and WIC-Eligible Nutritionals Order Form' is available on the North Carolina WIC website as a fillable form.
7. CPA sign and date the form. Then scan into participant's record in Crossroads.
8. Fax the completed order form to the Community Nutrition Services Section. (No cover sheet is required.)

The State agency staff will:

1. Receive the Formula and WIC-Eligible Nutritional Order Form.
2. Review for accuracy of required information needed to approve request.
3. Complete the bottom part of the form.
4. Approve formula request and complete processing of the order.
5. Send confirmation of the processed order to the local agency.

Receiving: Product from CNSS or another local WIC Program:

1. Receive product and collect packing slip.
   - If the packing slip is lost, misplaced, or was never received, local agency staff can fill out the 'Memo of Receipt: CNSS Nutritional Product Order' form under Local Agency Resources on the NC WIC website and submit per instructions on the form.
   - *Note: If a formula shipment has not arrived within the expected timeframe, local agency staff should contact CNSS staff via NSB.PHNUReceipts@dhhs.nc.gov.*
2. Check packages and containers for damage, tampering, and accuracy.

- Immediately report damages or incorrect product to CNSS for additional guidance.

3. Sign and date the packing slip and email to NSB.PHNUReceipts@dhhs.nc.gov within 24 hours or product receipt.
4. Add shipment to formula inventory in Crossroads.
   - Complete inventory log on paper if formula received is not listed in Crossroads.

Any product not received from CNSS, another local agency or authorized vendor or wholesaler must be properly disposed of in a safe manner. See Chapter 7 Attachment 6 instructions for disposal and Formula Disposal Log.

Storage: The local agency staff must store all formula and other products in a safe and secure area which is clean, well-organized, and not visible to program participants.

Distribution: The local and State Agency must retain and file all documents in a secure manner.

Disposition: This form may be destroyed in accordance with the Records Retention and Disposition Schedule for Grants, North Carolina Department of Health and Human Services.

FORMULAS AND WIC-ELIGIBLE NUTRITIONALS ORDER FORM

Department of Health and Human Services
Community Nutrition Services Section (CNSS)

Instructions: Complete Sections I – IV then fax the form to CNSS at (984) 236-8298.

I. Contact Information for Competent Professional Authority (CPA) authorizing order

Order date _____Name and title of CPA: _____

Phone # _____ Email _____ Fax # _____

II. Participant Information

First name _____ Last name _____ DOB _____

Participant ID # _____ Medicaid ❒ Yes ❒ No

List all specific participant medical condition(s) indicating the need for the product

_____

III. Product Information ❒ Initial Order ❒ Reorder

Product Name _____

Flavor (if applicable) _____

Product Type	Product manufacturer
❒ Ready-to-Feed	❒ Abbott ❒ Mead Johnson
❒ Concentrate	❒ Nestle ❒ Nutricia
❒ Powder	❒ Vitaflo

Requested # Reconstituted Fluid Ounces (RFO's) _____

If the amount requested is less than the maximum monthly amount and differs from the amount indicated by the health care provider, indicate if:

❒ Agency has a partial supply of _____ containers or _____ RFO's

❒ Client declines or does not use the maximum monthly amount

❒ Other _____

IV. Shipping Information

Local WIC Agency Name _____

Main Site Shipping Address _____

City / State _____ Zip Code _____

CPA signature _____ _____

Name Date

State Office Use Only

Product _____ # cases_____ Order approved by/ date _____

Account # _____ PO # _____ Confirmation Order # _____

Ordered by/ date _____ Estimated delivery date _____

Order is for _____ containers. Issue ____ containers. Place remaining _____ containers in inventory.

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Examples of Metabolic Product Inventory and Issuance Logs

The purpose of a metabolic products inventory log is to track receipt and issuance of metabolic products received by the Local Agency from the Community Nutrition Services Section, from Innovation Health, or from another local WIC Program. The minimum requirements for these logs are outlined in Chapter 7 Section 7.

There are a variety of ways to maintain inventory logs. This attachment includes two examples of logs that local agency staff may use or modify as needed for metabolic products.

Example #1 documents receipt and issuance specific to a product type and size such as RTF, concentrate, powder. That is, each product/product type would have its own inventory log.

Example #2 documents receipt and issuance that is not specific to a product type and size. Every product/product type would be on one inventory log.

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Metabolic Product_____ **Page #** _____

		Product Received		Product Issued			
Date	**# Cases Received (+) or Issued (-)**	**Received From** *	**Date Client Contacted** **	**Issued To** *(include WIC ID if client on WIC)*	**Dated signature of parent/ participant/proxy receiving product** *(or document other disposition ***)*	**Total # Cases in Inventory**	**Staff Initials**

* Enter source of product; e.g., CNSS or another local agency or Innovation Health.
** If product was received for a specific individual, enter the date that the client was notified that the product arrived.
*** Other disposition includes sending to another agency, destroying product due to out-of-date or damage, and returned to the CNSS

Page # _____

INVENTORY INFORMATION	ISSUANCE INFORMATION
PRODUCT NAME: _____ Date Received: _____ Amount Received: _____ Received by: _____ Date client contacted: _____ Notes:	Date Issued: _____ Amount Issued: _____ Staff Initials: _____ Client's Name: _____ **WIC ID _____ Client's Signature: _____ **-OR-** Other (e.g., destroyed/shipped elsewhere) Reason _____ Date: _____ Notes:
PRODUCT NAME: _____ Date Received: _____ Amount Received: _____ Received by: _____ Date client contacted: _____ Notes:	Date Issued: _____ Amount Issued: _____ Staff Initials: _____ Client's Name: _____ **WIC ID _____ Client's Signature: _____ **-OR-** Other (e.g., destroyed/shipped elsewhere) Reason _____ Date: _____ Notes:

** Complete only if issued to WIC participant

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

■ Food Package I, II, III

- Fully Breastfed Infants

Supplemental Foods	Maximum Monthly Allowance
0 through 5 months (Food Package I)	
None	None
6 through 11 months (Food Package II)	
Infant cereal	16 ounces
Infant fruits and vegetables	128 ounces OR 64 ounces and $11.00 CVB OR $22.00 CVB
Infant meats	40 ounces

- Partially Breastfed Infants

Supplemental Foods	Maximum Monthly Allowance
0 through 3 months (Food Package I & III)	
Similac Advance Powder	4 - 5 Cans
4 through 5 months (Food Package I & III)	
Similac Advance Powder	5 Cans
6 through 11 months (Food Package II & III)	
Similac Advance Powder	4 Cans
Infant cereal	8 ounces
Infant fruits and vegetables	128 ounces OR 64 ounces and $11.00 CVB OR $22.00 CVB

- Fully Formula Fed Infants

Supplemental Foods	Maximum Monthly Allowances
0 through 3 months (Food Package I & III)	
Similac Advance Powder	9 Cans
4 through 5 months (Food Package I & III)	
Similac Advance Powder	10 Cans
6 through 11 months (Food Package II & III)	
Similac Advance Powder	7 Cans
Infant cereal	8 ounces
Infant fruits and vegetables	128 ounces OR 64 ounces and $11.00 CVB OR $22.00 CVB

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

■ Food Package IV

- Food Package IV(A): Children 12 to 23 Months

Supplemental Foods	Maximum Monthly Allowance
12 through 23 months	
Juice	64 fluid ounces OR $3.00 CVB
Milk	4 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fruits and vegetables	$26.00 CVB
Whole wheat bread or whole grains	24 ounces
Fish	6 ounces
Dry or canned beans, peas or lentils OR peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **or** 1 peanut butter 16-18 ounces

- Food Package IV(B): Children 2 to 4 Years

Supplemental Foods	Maximum Monthly Allowance
2 through 4 years	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	4 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fruits and vegetables	$26.00 CVB
Whole wheat bread or whole grains	24 ounces
Fish	6 ounces
Dry or canned beans, peas or lentils OR peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **or** 1 peanut butter 16-18 ounces

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

- **Food Package V**

  - Food Package V(A):
    - Pregnant women
    - Pregnant women who are fully formula feeding an infant
    - Pregnant women who are breastfeeding (single or multiple infants) > MMA

Supplemental Foods	**Maximum Monthly Allowance**
Prenatal/Up to 1 year postpartum	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	5.5 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fish	10 ounces
Fruits and vegetables	$48.00 CVB
Whole wheat bread or whole grains	48 ounces
Dry or canned beans, peas or lentils **and** Peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **and** 1 peanut butter (16-18 ounces)

  - Food Package V(B):
    - Partially breastfeeding women ≤ MMA
    - Women pregnant with multiples or pregnant with multiples AND partially breastfeeding > MMA or fully formula feeding

Supplemental Foods	**Maximum Monthly Allowance**
Prenatal/Up to 1 year postpartum	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	5.5 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fish	15 ounces
Fruits and vegetables	$52.00 CVB
Whole wheat bread or whole grains	48 ounces
Dry or canned beans, peas or lentils **and** Peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce can) **and** 1 peanut butter (16-18 ounces)

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

Food Package VI

- Non-breastfeeding postpartum women
- Partially breastfeeding women (single or multiple infants) >MMA

Supplemental Foods	**Maximum Monthly Allowance**
Up to 6 months post-partum	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	4 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fish	10 ounces
Fruits and vegetables	$48.00 CVB
Whole wheat bread or whole grains	48 ounces
Dry or canned beans, peas or lentils or peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **or** 1 peanut butter 16-18 ounces

Food Package VII

- Fully breastfeeding women whose infant does not receive formula from WIC
- Women who are partially breastfeeding multiple infants (from the same pregnancy) who receive formula amounts ≤ MMA
- Pregnant women (single or multiple fetuses) who are fully breastfeeding or partially breastfeeding ≤ MMA

Supplemental Foods	**Maximum Monthly Allowance**
Up to 1 year postpartum	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	6 gallons
Breakfast cereal	36 ounces
Eggs	2 dozen
Fruits and vegetables	$52.00 CVB
Whole wheat bread or whole grains	48 ounces
Fish	20 ounces
Dry or canned beans, peas or lentils **and** Peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **and** 1 peanut butter (16-18 ounces)

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

■ Food Package VII +

- Women fully breastfeeding multiple infants who do not receive formula from WIC

Supplemental Foods	**Maximum Monthly Allowance**
Up to 1 year postpartum	
Foods	**Maximum Monthly Allowances**
Juice	96 fluid ounces OR $4.50 CVB
Milk	9 gallons
Breakfast cereal	54 ounces
Eggs	3 dozen
Fruits and vegetables	$78.00 CVB
Whole wheat bread or whole grains	72 ounces
Fish	30 ounces
Dry or canned beans, peas or lentils **and** Peanut butter	1.5 x [1 container beans/peas (16-ounce bag dry **or** (4) 15-16-ounce cans)] **and** 1.5 x 1 peanut butter (16-18 ounces)

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

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Formula Disposal Log

Date Formula Received	Date of Disposal	Status: **E**xchanged, **D**amaged, **O**ut-of-date, **R**ecall (*If R, include Batch #)	Formula Name and Type	No. of Containers	Container Size	Staff 1: Name and Signature	Staff 2: Name and Signature	WIC Director or Designee: Name, Signature and Date

E = Exchanged D = Damaged, O = Out-of-date, R = Recall

Instructions for Formula Disposal & Completing Formula Disposal Log

Staff 1 & 2:

1. Disposal of formula requires two staff members to be present.
2. Formula containers must be opened, and contents disposed of in a safe manner.
3. Enter the date formula was received, date of disposal, status (exchanged, damaged, out-of-date, recall), formula name, type (powder, concentrate, RTF) and container size.
4. Staff 1 & 2 print name and sign in designated columns.
5. Reconcile Crossroads inventory.
6. WIC Director or designee must, print name, sign and date within 24 hours of disposal.

WIC Director:

1. Create a regular schedule for formula disposal (suggest at least weekly).
2. Designate two (2) staff positions responsible for disposal process.
3. Maintain completed logs on site according to record retention rules (Chapter 13).

Chapter 8
Food Benefit Issuance

Table of Contents

The North Carolina WIC Program provides WIC approved foods through a retail purchase system. This chapter discusses policies and procedures for issuing food benefits to WIC participants. It describes the North Carolina WIC Electronic Benefit Transfer (EBT) system, the steps involved in initial and subsequent issuance, special issuance situations, and various issues related to storage and security of eWIC cards.

Section 1. Electronic Benefit Transfer and North Carolina eWIC 1
- Issue a North Carolina eWIC Card
- Explain How to Use the NC eWIC Card
- Explain How to Select a Personal Identification Number (PIN)
- Provide Information on NC eWIC Card Replacement

Section 2. Food Benefit Issuance.....5
- Food Benefit Access
- Food Benefit Issuance to a Proxy
- Food Benefit Issuance Requirements

Section 3. Food Benefit Issuance Variances.....9
- Monthly Issuance
- Food Package Prescription Change
- Proration of Food Benefits
- Change to Primary Caretaker of Infant or Child
- Issuance in the Last Month of Certification or Categorical Eligibility
- Issuance When the Certification Period is Extended
- Issuance When the Cardholder is Not Physically Present
- Replacement of Redeemed Food Benefits Destroyed or Damaged Due to Personal Misfortune
- Exchange of WIC Food Benefits
- Issuance during Fair Hearings

Section 4. eWIC Card Orders, Storage and Security.....13
- Initial eWIC Card Order
- Card Shipment and Verification of Receipt
- eWIC Card Storage and Security
- Additional eWIC Card Information
- Records Retention

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Electronic Benefit Transfer and North Carolina eWIC

Electronic Benefit Transfer (EBT) is a food benefit delivery system that permits electronic access to WIC food benefits using a plastic card with a magnetic stripe. In North Carolina (NC), the WIC EBT system is called eWIC. Each eWIC card has a 16-digit Primary Account Number (PAN) that is linked to the family's Electronic Benefit Account (EBA). The card becomes active when food benefits are issued to the EBA. The card can be used to purchase food benefits after the cardholder self-selects a four-digit Personal Identification Number (PIN). Both the eWIC card and the PIN are required at point of purchase. The PIN is a numeric password used to authenticate the individual to the eWIC system. The PIN acts as an electronic signature at the point of purchase.

Local agency staff initiate the EBT process through the Crossroads Management Information System (MIS). Each family is assigned a PAN and an eWIC card is issued. Aggregated food benefits for the family are issued to the EBA and the food benefits are transacted by the cardholder at WIC-authorized vendors and pharmacies. All food benefits, including supplemental foods prescribed to each participant and/or a fixed-dollar amount to purchase fruits and vegetables (Cash Value Benefit or CVB) are listed on a family shopping list called Shopping List Remaining Benefits. Only the prescribed foods on the Shopping List may be purchased using the eWIC card.

Sample NC eWIC Card





- **Issue a North Carolina eWIC Card**
  Only a WIC participant, Parent/Guardian 1, Parent/Guardian 2, or Caretaker (Participant/PG1/2/Caretaker) can be issued an NC eWIC card (initial or replacement). When an eWIC card is issued or replaced at the local agency, staff must verify proof of identity of corresponding Participant/PG1/2/Caretaker. An eWIC card may not be issued to a proxy. Refer to Chapter 6A for information on representatives for infants and children.

  - **Issuance of an initial eWIC card.**
    The local agency staff member issuing the initial NC eWIC card must verify proof of identity of corresponding Participant/PG1/2/Caretaker.
    - *In hand at the local agency*. The issuance of an initial eWIC card in hand at the local agency is the default issuance method and is sufficiently documented in the Crossroads journal of transactions.
    - *By mail***.** If a family is being served remotely and requests issuance of an initial eWIC card by mail, the local agency staff must:
      - verify identity of Participant/PG1/2/Caretaker being issued the eWIC card and verify mailing address in Crossroads;
      - explain that mailing the initial eWIC card will not change the amount of food benefits in the family EBA; however, the family will not have immediate access to the active food benefits until the eWIC card is received by the family; and
      - create a Family alert in Crossroads to document: Participant/PG1/2/Caretaker request for issuance of initial eWIC card by mail, Participant/PG1/2/Caretaker understanding and consent to a delay in access to food benefits, and date the local agency staff mailed the eWIC card.

  - **Issuance of a replacement eWIC card.**
    - *In hand at the local agency*. The issuance of a replacement eWIC card in hand at the local agency is sufficiently documented in the Crossroads journal of transactions.
    - *By mail.* The eWIC card can be replaced by mail after the cardholder calls the eWIC Customer Service system (also known as the Interactive Voice Response [IVR] system). Mailed cards may take up to 7 days to be received. Local clinic staff may not mail replacement cards.
      - The eWIC card will be mailed to the family address as in the Crossroads record. The eWIC Customer Service representative cannot make changes to the family address and will refer the cardholder to their local agency to make any address changes.

- **Explain How to Use the NC eWIC Card**
  Local agency staff must provide written information on using electronic food benefits.

- **Explain How to Select a Personal Identification Number (PIN)**
  To use the NC eWIC card, a PIN must be assigned. Only the Participant/PG1/2/Caretaker can select the PIN. Staff should provide instructions on PIN self-selection.

- **Provide Information on NC eWIC Card Replacement**

  When a replacement NC eWIC card is requested, the local agency staff must document in the family record the reported reason for eWIC card replacement (self-reported or verified by a third party). Reported seasons for an eWIC card replacement can be the original card was destroyed, damaged, stolen or lost. The eWIC card may be replaced in hand at the local agency staff or by mail after the cardholder calls the eWIC Customer Service. The eWIC card should be replaced when the card does not swipe at the vendor and the vendor has to key in the eWIC card number.

  An eWIC card may be replaced as many times as needed; however, families who need their card replaced more than three times should be encouraged but are not required to use the eWIC Customer Service system for a mailed replacement. It is recommended that local staff review the reasons for multiple (excessive) replacements and discuss ways to reduce card replacement with the cardholder as needed.

  Replacing the NC eWIC card does not change the amount of food benefits in the family EBA. The PIN for the card remains the same as the previous card. Any current food benefits reported as missing or stolen from an eWIC card cannot be reissued. Refer to Section 3 for the replacement of redeemed food benefits reported as destroyed or damaged due to personal misfortune.

  Note: In times of natural disasters such as a hurricane, the State WIC Program will provide guidance on handling replacement of destroyed NC eWIC cards.

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Food Benefit Issuance

Supplemental food benefits shall be made available to participants throughout their certification period. Food benefits must not be withheld, delayed or denied to participants who refuse or fail to participate in nutrition education.

- **Food Benefit Access**
  The NC eWIC card is the instrument by which food benefits are made available to participants. The participant's food benefits are issued to a family Electronic Benefits Account (EBA) and the corresponding eWIC card and Personal Identification Number (PIN) are required to securely access and transact food benefits at authorized vendors or pharmacies.

- **Food Benefit Issuance to a Proxy**
  The participant/parent/guardian/caretaker must be offered the option of appointing up to two proxies. A proxy is any individual appointed by a participant/parent/guardian or caretaker of an infant or child. A proxy must be 18 years of age and is authorized to use the NC eWIC card on behalf of the family. A proxy is not authorized to act as the parent/guardian/caretaker of an infant or child at certification or mid-certification assessments. When a local agency staff person who is authorized to provide food benefit issuance also serves as a proxy, then issuance must be performed by a different staff person.

  A proxy must read or have read to them in their language of preference, the WIC Program rights and responsibilities (refer to Chapter 6D). By signing the signature pad, the proxy is indicating understanding of the rights and responsibilities as related to the WIC Program and for food benefit issuance.

- **Food Benefit Issuance Requirements**
  Local agency staff may issue up to three months of food benefits to a participant. At the time of food benefit issuance, there are local agency requirements for documentation, review, and notification. Flexibilities for food benefit issuance allow for in-person or remote issuance along with issuance to individual families or to a group of participants (automated food benefit issuance).

  - **Signature**.
    If the participant/PG1/Caretaker/Proxy is present at food benefit issuance, obtain signature using the electronic signature pad.
    - If the individual cannot write his/her name, instruct the individual to make his/her "mark" on the electronic signature pad. If the individual does not have a usual "mark" staff must have the individual make an "X." Staff then must print the person's name on the signature pad, initial and date this entry.

    Using the American Rescue Plan Act (ARPA) flexibilities referenced in Chapter 6, the local agency may issue food benefits remotely. If the participant/PG1/Caretaker/Proxy is not present at food benefit issuance, the local staff may select the radio button corresponding to their own name on the "Food Benefits Issuance Signature

Confirmation" screen in crossroads, document ARPA on the signature pad and select save.

- **MIS Documentation.**
  When food benefit issuance through Crossroads is scheduled for a group of participants, there is no signature requirement. At the time of issuance, the MIS creates an entry in the participant journal of transactions documenting the time, date, and name of staff member issuing the food benefits.

- **Initial Food Benefit Issuance**.
  At initial certification and issuance of initial food benefits, staff must:
  - Explain to the participant/parent/guardian/caretaker that supplemental foods benefits are issued for each eligible participant and aggregated (combined) into the family EBA.
    - Review the aggregated food benefits on the Food Instrument List screen with the participant/parent/guardian/caretaker/proxy prior to issuing food benefits.
  - Instruct the participant/parent/guardian/caretaker and proxies on how to select the food items specified on the "Shopping List Remaining Benefits" including the use of the Cash Value Benefit.
    - If the cost of the approved fruits and vegetables exceeds the available CVB benefit, the participant/parent/guardian/caretaker/proxy is responsible for paying the difference or return item(s). No tax can be charged on payments made with an EBT card; however, tax will be charged on payments made by cash, debit or credit card.
  - Explain and instruct the participant/parent/guardian/caretaker/proxy on how to use the eWIC app, *ebt*EDGE[SM].
  - Explain to the participant/parent/guardian/caretaker/proxy that they are entitled to use coupons (i.e. manufacturer or store coupons), "valued customer" cards, and "in-store" specials for WIC approved foods just as they would use them with any other purchases.
    - The participant/parent/guardian/caretaker/proxy is not responsible for paying tax on the value of the coupon or "in-store special."
  - Provide to the participant/parent/guardian/caretaker/proxy a list of currently authorized eWIC vendors and pharmacies in local service area.
  - Provide a "North Carolina WIC Program Shopping Guide" resource.
  - Instruct the participant/parent/guardian/caretaker/proxy that food benefits are for their use only and that exchanging the eWIC card, WIC foods and/or formula, for cash, credit, non-food items, or non-WIC food, is a violation subject to federal and state sanctions. Refer to Chapter 6F for further guidance on program abuse by participants.

- **Subsequent Food Benefit Issuance**.
  At any subsequent food benefit issuance and as needed, staff should:
  - Review a participant's food benefit redemption history.
    - Evaluate a participant's food benefit redemption history to identify food benefit categories not being redeemed. Inquire for reasons the benefit is unredeemed, offer the participant/parent/guardian/caretaker/proxy education on possible uses,

and tailor the food package to maximize redemption of all food benefits. (See Chapter 7, Section 4 for additional information about food package tailoring.)

- Review and answer questions pertaining to:
  - selection of food items specified on the "Shopping List Remaining Benefits" including the use of the Cash Value Benefit,
  - use the eWIC app, *ebt*EDGE[SM],
  - use of coupons, valued customer cards or in-store specials
- Provide an updated list of authorized vendors and pharmacies.

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Food Benefit Issuance Variances

There are a variety of situations impacting food benefit issuance. These may include but are not limited to monthly issuance, food package prescription changes, proration, primary caretaker changes, replacement of destroyed or damaged redeemed food benefits due to personal misfortune, and circumstances that prevent or do not require physical presence.

Monthly Issuance

There are times when monthly issuance is either required or preferred.

- **Required Monthly Issuance**. Staff must keep a family on monthly issuance when:
  - A pregnant woman is within two weeks of her expected date of delivery (EDD) or
  - A participant/parent/guardian/caretaker who informs the local agency staff that he/she is moving out-of-state within one month. Staff also should issue a Verification of Certification (VOC) sheet and remind the participant/parent/guardian/caretaker that the North Carolina eWIC card cannot be used outside of North Carolina. See Chapter 6E for information on Transfer of Certification.

- **Preferred Monthly Issuance.** Participant/parent/guardian/caretaker may request monthly or bi-monthly issuance.

Food Package Prescription Change

- **Food Subcategory Change**
  In the current month, food benefits may be replaced when the subcategory of a food item changes (i.e. a change from milk to lactose-reduced milk). The CPA must enter a new food prescription prior to staff replacing the food package.

- **Infant Formula, Exempt Infant Formula or WIC-Eligible Nutritional Change**
  - Type: Food benefits may be replaced when the type of Infant Formula (IF), Exempt Infant Formula (EXF) or WIC Eligible Nutritional (WEN) changes on the participant's food prescription.
    - After staff receive appropriate medical documentation (if required) for the new formula and/or WIC-eligible nutritional, a CPA should update the participant food prescription as appropriate and use the Exchange/Increase Formula feature in Crossroads to update the food benefits.
  - Quantity: When an IF, EXF or WEN is added or quantity changed, the CPA must update the participant food prescription and the food benefits. For an infant participant, staff should review the food packages for the woman and the infant(s).

- **Incorrect Food Package Issuance**
  If an incorrect food package was prescribed and issued, local agency staff may correct the prescribed food package and reissue food benefits as appropriate.

Proration of Food Benefits

The Crossroads system automatically prorates a participant's food package according to the

following principles:

- Some food categories/sub-categories cannot be partially provided and thus the maximum value is always issued each month. No proration for the following food category/sub-categories:
  - Cash Value Benefit (CVB)
  - Bread/whole grains
  - eggs
  - cheese
  - yogurt
  - juice
  - fish
  - legumes
  - infant cereal
  - infant fruits and vegetables

- The remaining food package is prorated as follows:

Number of Days remaining to the last date to spend (inclusive)	Food Package Size
11 – 19	2/3 Package
1 – 10	1/3 Package

Proration rules apply to any situation when the family issuance day is fixed, and the provision of a full food package is not indicated. Examples: a participant receives food benefit issuance with fewer than 19 days before the last date to spend or a newborn is added to the program and given the same family issuance day as the rest of the family and there are 9 days remaining to the last date to spend. The family issuance date should never be changed to avoid proration.

A family issuance date may be changed before issuance occurs if a family re-enrolls after more than three months off the program and has no current food benefits.

■ **Change to Primary Caretaker of Infant or Child**

Each situation should be evaluated individually when the primary caretaker of an infant/child has changed due to abandonment, incarceration, death, a legal change of custody, or a change in foster care and that infant/child's food benefits cannot be retrieved from the person to whom they were issued.

Staff must document the change of primary caretaker, after verifying through written documentation or verbal confirmation from an agency such as the police or sheriff's department, or the Department of Social Services; or by a legal document or a public record such as a newspaper; or by self-report from the new primary caretaker.

Staff should try to retrieve any redeemed IF, EXF or WEN. If the infant or child is in the custody of the Department of Social Services, staff should ask the appropriate social worker for assistance. If the food benefits are not retrievable, staff should deactivate the previous card and issue a new NC eWIC card to the new primary caretaker and replace any unredeemed food benefits. Staff must document the situation for replacement in the

participants record in Crossroads. When an infant requires an EXF or a child requires a WEN, staff should order these products from Community Nutrition Services Section (CNSS).

- **Issuance in the Last Month of Certification or Categorical Eligibility**
  The Crossroads system issues to a participant in the last month of his/her certification period when the family issuance day is prior to the end of the certification period. Crossroads determines whether issuance can occur and how much to issue. If a subsequent certification is not completed, further issuance is not allowed.

  The Crossroads system issues to a participant in his/her last month of categorical eligibility when the family issuance day is prior to the date of the end of the categorical eligibility. Further issuance is not allowed.

- **Issuance When the Certification Period is Extended**
  Issuance of one month of food benefits is allowed if an infant or child's certification period is extended. The Crossroads system will issue one month of food benefits beginning with the family issuance day. No further issuance is permitted. Refer to Chapter 6A, Section 8: Certification Periods.

- **Issuance When the Cardholder is Not Physically Present**
  Local agencies may provide food benefits to cardholders when they are not physically present through remote issuance following program policy (Chapter 8, Section 2.)

  - **Food Package Changes**
    Food package changes that do not require medical documentation or nutrition assessment (for example, food subcategory changes) may be completed without the cardholder's physical presence. Formula exchange or increases may require additional assessment and documentation or require in-hand return/ issuance of products which requires physical presence on a case-by-case basis.

- **Replacement of Redeemed Food Benefits Destroyed or Damaged Due to Personal Misfortune**
  WIC food benefits that have been exchanged by the WIC -participant for foods, IF, EXF, or WEN, between the first date to spend and before the last date to spend are called redeemed food benefits. Redeemed food benefits are not replaceable except for those destroyed or damaged due to an isolated personal misfortune or as indicated by the State WIC in response to a disaster. A personal misfortune exists when one or a few households are affected by a destructive incident such as a gas line explosion, water main break, or house fire. This exception does not apply to mass disasters where emergency feeding services are typically available.

  As indicated in Chapter 1, Section 6 in addition to requirements for the personal misfortune exception for replacing redeemed food benefits include:

  - Verification of Personal Misfortune.
    The personal misfortune must be verified with documentation from the fire department, the police department, or other community agency. A record of this documentation should be indicated within Crossroads.

- Only the redeemed food benefits damaged or destroyed because of the documented personal misfortune may be replaced.
- Replacement does not result in the replacement of prior month benefits.
- Quantity of replacement food benefits reflects the portion of food benefits for which the participant would still be eligible.
- Participant/parent/guardian/caretaker signs the 'Affidavit Attesting to WIC Food Benefit Loss' (Chapter 1, Attachment 3).
- The local agency notifies CNSS Customer Service Desk to assist with replacement.

■ **Exchange of WIC Food Benefits**
At all issuances, staff must remind the participant/parent/guardian/caretaker/proxy that exchanging the NC eWIC card, WIC foods and/or formula, for cash, credit, non-food items, or non-WIC food, is a violation subject to federal and state sanctions. If an eWIC card does not work when swiped or the vendor has had to manually key in the card number at point of transaction, the eWIC card should be replaced. Refer to Chapter 6F for further guidance on program abuse by participants.

■ **Issuance during Fair Hearings**
Refer to Chapter 14 Administrative Appeals for guidance on food benefits issuance when an applicant/participant/parent/guardian/caretaker has requested a fair hearing.

eWIC Card Orders, Storage and Security

To maintain security and accountability of NC eWIC cards, local agencies must follow procedures for storage and security of eWIC cards.

- **Initial eWIC Card Order**
  The Community Nutrition Services Section (CNSS) will initiate and coordinate eWIC card orders for each local WIC agency. Initial card order and replenishment threshold amounts will be determined by CNSS. The number of initial cards ordered is determined by the number of WIC families each agency supports, with additional amounts ordered to cover up to three (3) months of new WIC families and card replacements.

- **Card Shipment and Verification of Receipt**
  eWIC cards will be shipped directly from the vendor to the local WIC agency main site physical address. Cards will not be shipped to satellite sites. When the eWIC card order is shipped, the CNSS Customer Service Desk will alert the local WIC agency with an email to the agency contact. The email will provide the number of boxes ordered and shipping address for the delivery. CNSS Customer Service Desk will follow up with a second email to request confirmation of receipt of the eWIC cards.

  When the local agency receives a shipment of eWIC cards, send card receipt verification to the CNSS Customer Service Desk by either capturing a snapshot of the label affixed to each box and signing it or by signing the Card Order Manifest. Card receipt verification of the label or manifest must be emailed to CNS.CustomerService@dhhs.nc.gov or sent by fax to (984)-236-8263.

- **eWIC Card Storage and Security**
  eWIC cards should be stored in a secure locked location (cabinet, closet or desk drawer) inaccessible to anyone other than WIC staff.

- **Additional eWIC Card Information**

  - The magnetic stripe on the card contains the 16-digit card number.
  - There is no participant data on the card itself.
  - Until the card is issued, it is not usable.
  - Even when the card is issued, all data resides within the eWIC processing system rather than on the card.

- **Records Retention**
  The local agency must retain the shipping manifest sent with eWIC Card shipments in accordance with the NCDHHS Office of the Controller's Records Retention and Disposition Schedule Spreadsheet (see: https://www.ncdhhs.gov/about/administrative-offices/office-

controller/records-retention.) Refer to Chapter 13 Records Retention and Disposition Schedule for additional information.

Chapter 9
Breastfeeding Program Management

Table of Contents

Breastfeeding promotion and support are core functions of the WIC Program. This chapter describes policies and procedures related to the management of breastfeeding promotion and support activities within the WIC Program and within the WIC Breastfeeding Peer Counseling (BFPC) program.

Section 1. Breastfeeding Promotion and Support 1
- Ensure Participant Access to Breastfeeding Promotion and Support Services
- Breastfeeding-Friendly Clinic Environment
- Breastfeeding Support Phone Line
- Consultation and Referral
- Community Engagement Meetings

Section 2. Staff Training 5
- Orientation
- Continuing Education
- Breastfeeding Resources for Staff Reference

Section 3. Breastfeeding Coordinator 7
- Qualifications
- Orientation and Continuing Education
- Responsibilities

Section 4. WIC Designated Breastfeeding Expert 9
- Qualifications
- Orientation
- Continuing Education
- Responsibilities
- Breastfeeding Assessment

Section 5. Breastfeeding Supplies 13
- Breastfeeding Supply Categories
- Breastfeeding Aids
- Breastfeeding Accessories

Section 6. Issuance, Inventory, and Maintenance of Breastfeeding Supplies 17
- Eligibility
- Selection
- Issuance
- Inventory
- Maintenance of Multi-User Pumps

Section 7. Breastfeeding Peer Counseling Program 25
- Staffing
- Breastfeeding Peer Counseling Program Eligibility
- Enrolling Eligible Participants in the Breastfeeding Peer Counseling Program
- Service Delivery Model Policy
- Peer Counselor Contacts
- Caseload Management
- Conditions for Termination from the Breastfeeding Peer Counseling Program
- Documentation of Peer Counselor Services
- Monthly Peer Counselor Program Manager and Peer Counselor Meetings
- Participant Satisfaction Survey (optional)

Attachments

Attachment 1. Local Agency Breastfeeding Consultation and Referral Policy
Attachment 2. Classification of Complex Breastfeeding Issues
Attachment 3. WIC Designated Breastfeeding Expert Scope of Practice
Attachment 4. Pump Issuance/Reservation Reasons
Attachment 5. Indications for Use
- Indications for Medical Necessity for Supplementation
- Indications for Silicone Nipple Shield

Attachment 6. Multi-User Pump Cleaning Log
Attachment 7. Overdue Multi-User Pump Notification Sample Letter
Attachment 8. Peer Counselor Scope of Practice
Attachment 9. Peer Counselor When to Yield
Attachment 10. North Carolina WIC Breastfeeding Peer Counseling Program Welcome Letter
Attachment 11. Monthly Peer Counselor Review Guide
Attachment 12. Breastfeeding Peer Counseling Program Client Satisfaction Survey

Required Local Agency Written Policies

Local agencies must establish and maintain an accessible breastfeeding consultation and referral policy for WIC staff. The policy should provide detailed contact information and methods for each staff role and situation, as well as a referral list with each resource's contact details. outlined in an optional template. Refer to Attachment 1 for a consultation and referral policy template. (Section 1, pg. 3-4)

Local agencies that accept BFPC program funding must have a written policy outlining the local agency's service delivery model that assures the provision of consistent and quality breastfeeding peer counseling program services (Section 7, pg. 29-30).

Breastfeeding Promotion and Support

Local agencies must cultivate an environment that actively supports and encourages families to start and continue breastfeeding. This aligns with the WIC program goal to safeguard the health of women, infants, and children, with a strong emphasis on promoting, protecting, and supporting breastfeeding.

The WIC program aligns with the American Academy of Pediatrics' recommendation for exclusive breastfeeding (defined as only breast milk includes direct feeding, expressed breast milk, or donor breast milk) for six (6) months. This is followed by continued breastfeeding while gradually introducing suitable complementary foods, for up to two years or longer, as desired by the dyad. All WIC staff must promote exclusive breastfeeding as the normative infant feeding standard and commit to ensuring an environment free from bias for families to make informed infant feeding choices.

- **Ensure Participant Access to Breastfeeding Promotion and Support Services**
  Each local agency is tasked with ensuring that all participants have access to breastfeeding promotion and support services. This is achieved by training staff in breastfeeding support, creating a breastfeeding-friendly environment in clinics, and developing a Breastfeeding Peer Counseling (BFPC) program. Agencies must provide comprehensive and timely breastfeeding support, including a quick response to any questions or concerns, as timely intervention is key to breastfeeding success. Collaborating with community partnerships ensures a continuum of care. Regular, positive communication about breastfeeding across various channels is essential. Additionally, it's crucial to regularly assess the effectiveness of these services by gathering participant feedback, monitoring breastfeeding rates among WIC participants, and adjusting services to meet community needs. All these efforts are geared towards supporting exclusive breastfeeding through detailed assessment, evaluation, and assistance.

- **Breastfeeding-Friendly Clinic Environment**
  Creating a positive breastfeeding environment is crucial in demonstrating the WIC Program's commitment to promoting breastfeeding and enhancing staff efforts in this area. Each clinic, including satellite operations and mobile sites, is required to:

  - **Use Materials That Promote Breastfeeding.**
    - Display culturally appropriate breastfeeding posters, signs, banners, bulletin boards, and pictures.
    - Integrate consistent breastfeeding messages in all relevant nutrition education and outreach.
    - Avoid language that could undermine a participant's confidence in their ability to breastfeed.

  - **Communicate Positively About Breastfeeding.** All WIC staff must:
    - Promote exclusive breastfeeding as the norm.
      - Engage pregnant women with open-ended questions about breastfeeding at each contact. *Example: What have you heard about breastfeeding?*

  - Engage breastfeeding and postpartum women in discussions about breastfeeding at the initial postpartum certification and continue to discuss with breastfeeding women at subsequent visits. *Example: How can we help you with breastfeeding today?*
- Inform all pregnant and breastfeeding women about the benefits of the fully breastfeeding food package, regardless of the assigned food package.
- Demonstrate a positive attitude toward breastfeeding regardless of personal beliefs.

- **Ensure That Families are Comfortable Breastfeeding in the Agency.**
  - Post signage in each waiting area/room encouraging families to breastfeed anywhere at any time and indicating the availability of a private space for breastfeeding or expressing milk.
  - Provide at least one private room or space for breastfeeding, lactation counseling, or milk expression, that is equipped with an electrical outlet and ensures privacy free from intrusion. Confirm all WIC staff know the location of and how to access the private room or space for breastfeeding.

- **Eliminate Visibility of Breast Milk Substitutes.** A breast milk substitute is defined by the World Health Organization (WHO) as any food being marketed or otherwise presented as a partial or total replacement for human milk, even if the product is not suitable for that purpose. This includes infant formulas, follow-on formula, infant milk marketed as food for special medical purposes, baby foods, bottles/teats and related equipment. **No local agency or WIC staff may be used for the purpose of marketing or promoting breast milk substitutes.**
  - Store all breast milk substitute products and sponsored materials out of sight from participants; Remove any passive promotion of breast milk substitutes, including printed materials, posters, and office supplies (i.e., cups, pens, note pads, lanyards, badge holders, mousepads, etc.) with brand names or logos.
  - Restrict the display, use, or distribution of materials promoting breast milk substitutes unless provided by the State agency. Education materials provided by the State agency discussing breast milk substitutes may not be displayed and should only be used when it is applicable to the participant.
  - Avoid in-service and continuing education provided by breast milk substitute manufacturers and representatives.
  - Prevent direct or indirect contact between breastmilk substitute manufacturer representatives and WIC participants.

■ **Breastfeeding Support Phone Line**

Each local agency is required to establish and maintain a phone line dedicated to providing readily accessible support, education, and encouragement for breastfeeding parents.

- **Operational Requirements.**
  - The phone line must be operational 24 hours a day, seven days a week, with voicemail or message capability available outside of clinic hours.
  - During clinic operation hours, at least one staff member must be assigned and available to answer calls during clinic hours. This staff member must have completed

at least Level 2 of the WIC Breastfeeding Curriculum, ensuring they are equipped to support normal breastfeeding.
- The phone line may be used by Peer Counselors as their primary mode of telephone communication.

- **Message Response.** All messages must be responded to within two business days. Given the time-sensitive nature of breastfeeding concerns, same-day response during clinic hours is expected whenever possible.

- **Management and Oversight.** The Breastfeeding Coordinator or designated staff member is responsible for managing the breastfeeding support phone line.

- **Training and Quality Assurance.** The Breastfeeding Coordinator or designated staff member is responsible for:
  - Providing documented staff training on the operation of the breastfeeding support phone line. This includes instructions on accessing the phone line, checking messages, handling referrals for situations beyond the scope of practice within WIC services, and tracking messages and follow-ups.
  - Assigning staff to monitor the phone line during clinic hours to ensure consistent coverage. This includes fielding calls during clinic hours and responding to or referring messages that are outside their scope of practice.
  - Conducting quarterly reviews and audits to ensure the functionality of the phone line and message capability, as well as reviewing message response times and resolution effectiveness to maintain high-quality support.

■ **Consultation and Referral**

Local agencies are required to establish and maintain a policy for breastfeeding consultation and referral, ensuring it is easily accessible to all WIC staff. The policy must be updated at least annually or whenever changes occur and each update should be clearly dated. An optional template for this policy is provided in Attachment 1.

- **Policy Content.**
  - Guidance for each WIC staff role and breastfeeding consultation situation (Attachment 1):
    - Point(s) of Contact: the individual or organization to be contacted by the WIC staff role for consultation or referral in the identified situation.
    - Contact Information: contact details for each point of contact.
    - Contact Method: specific guidance for the preferred methods for initiating contact (e.g. specify that staff should fax the completed form [indicating which form] with the following information to the hospital.)
  - A comprehensive list of both local and non-local resources available to WIC participants (i.e. local lactation consultants, peer-to-peer support groups, pediatrician offices with IBCLCs on staff, relevant hotlines).
    - For each resource, include the resource name, type of service, contact information, estimated cost when applicable, and any additional information.
    - Ensure that the referral list is available in printable and digital formats for participants.

- This list is designed to complement, not replace, direct discussion with participants. Whenever possible, facilitate warm hand-offs between the local agency and external resources to ensure continuity of care.

- **Community Engagement Meetings**
  Attendance at quarterly community engagement meetings is required for each local agency WIC Director, Breastfeeding Coordinator, and PCPM, with attendance of PCs encouraged but optional. The virtual meetings are hosted by the local agency's applicable LATCH. These meetings provide a platform for sharing information, networking, collaborating, and solving problems. These meetings support the work of the local agency in fostering community partnerships and developing and sustaining structured internal and external referral systems.

Staff Training

Breastfeeding promotion and support are core responsibilities of all WIC staff. Local agencies must ensure that staff are trained to promote, protect, and support breastfeeding as the normative standard for infant feeding, while providing participant-centered support for all feeding decisions.

In accordance with federal requirements, all staff positions who are funded in whole or in part by the WIC Program and provide WIC or Breastfeeding Peer Counseling services to applicants or participants must complete role-appropriate breastfeeding training. This includes orientation to breastfeeding activities and ongoing annual continuing education to ensure competency in breastfeeding promotion and support.

- **Orientation**
  Required. WIC staff (including volunteers, students, and contractors) must complete breastfeeding orientation training(s) applicable to their role and maintain documentation of completion on file.

  - **Training Requirements by Staff Role**
    - **All WIC staff (including Volunteers, Students, Contractors).** Required prior to independent direct contact with WIC applicants or participants.
      - Level 1: WIC Breastfeeding Curriculum; and
      - Local Agency Breastfeeding Program Operations
        At a minimum, local agency breastfeeding program operations must include the following topics:
        - Intake procedure for multi-user pumps upon return (Section 6);
        - Location of and how to access each private breastfeeding space (Section 1);
        - Review and provide a copy of the local agency's Consultation and Referral Policy (Section 1);
        - Breastfeeding Peer Counseling program including the peer counselor's roles and responsibilities (Section 7);
        - Local agency's procedure for referring eligible participants to the Breastfeeding Peer Counseling program or equivalent local agency breastfeeding resources to ensure breastfeeding services are offered to all participants (Sections 1 and 7);
        - Local agency's service delivery model policy for the provision of Breastfeeding Peer Counseling program services (Section 7); and
        - Operation of the local agency's breastfeeding support phone line including instructions for accessing the phone line, checking messages, handling referrals for situations beyond the scope of practice, and tracking messages and follow-ups (applicable staff only).
    - **Peer Counselors (PCs).** Required prior to the provision of any independent Breastfeeding Peer Counseling (BFPC) program services.
      - Level 1: WIC Breastfeeding Curriculum,
      - Level 2: Peer Counselor Compass Training (Section 7), and
      - Training requirements as outlined in Section 7 of this chapter.

- **Component Professional Authorities (CPAs).** Required within one (1) year of assuming CPA responsibilities.
  - Level 1: WIC Breastfeeding Curriculum and
  - Level 2 & 3: WIC Lactation Camp.
- **WIC-Designated Breastfeeding Experts (DBEs).** Required within one (1) year of assuming DBE responsibilities.
  - Level 1: WIC Breastfeeding Curriculum,
  - Level 2 & 3: WIC Lactation Camp,
  - Level 4: WIC Designated Breastfeeding Expert Boot Camp, and
  - Training requirements as outlined in Section 4 of this chapter.

■ **Continuing Education**

Required. Local agencies must ensure that all WIC staff receive annual continuing education in breastfeeding, appropriate to their role and responsibilities, to maintain competency in breastfeeding promotion and support. Continuing education must be provided by a qualified lactation expert (e.g., IBCLC, DBE, or Regional Lactation Trainers [RLT]) and may be delivered through various formats (e.g., group, individual, or online) using reputable, evidence-based sources. Role-specific continuing education requirements for DBEs (Section 4) and Breastfeeding Peer Counseling staff (Section 7) may be applied toward meeting the annual continuing education requirement.

Local agencies must maintain documentation of completion on file, including at a minimum: the date(s), trainer name, and training content or agenda, along with a sign-in sheet or certificate of completion. Documentation must be retained for three (3) years and available during monitoring.

Recommended. As part of ongoing professional development, it is recommended that all staff complete the WIC Breastfeeding Curriculum up to the level appropriate for their role at least once every 10 years.

■ **Breastfeeding Resources for Staff Reference**

Professional references and information on credible helplines and web links on breastfeeding and lactation management should be readily accessible to staff. Local agencies must ensure that only current references and resources are available and that outdated materials are removed and recycled according to local agency policy.

Breastfeeding Coordinator

Local agencies must designate and train a staff member to serve as the breastfeeding coordinator. This role is responsible for overseeing breastfeeding promotion and support activities within the local agency and community.

- **Qualifications**
  Required. Employee of the local agency and meet the requirements of a DBE (Section 4).

  Preferred. Experience in program management and at least one (1) year of experience providing breastfeeding counseling.

- **Orientation and Continuing Education**
  Required. The requirements of the breastfeeding coordinator align with DBE role standards. The breastfeeding coordinator must fulfill orientation training requirements for DBEs (Section 4) within one (1) year of assuming the role and maintain ongoing competency through DBE continuing education requirements.

- **Responsibilities**
  The breastfeeding coordinator must have sufficient time in their schedule dedicated to active involvement in the management and implementation of breastfeeding promotion and support activities. Responsibilities include, but are not limited to:

  - **Oversee planning, implementation, and evaluation of local agency breastfeeding activities**.
    - Work with local agency management and staff to identify ways to integrate breastfeeding promotion and support activities as a standard part of WIC Program clinic services.
    - Ensure timely and accurate breastfeeding education/counseling and support for participants.
    - Identify and address any systematic barriers within the local agency or greater community.
    - Develop, implement, and maintain the local agency's consultation and referral policy in consultation with WIC Director, Peer Counselor Program Manager, and DBE (Section 1.)
    - Participate in quarterly community engagement meetings as offered by the regional WIC Lactation Area Training Centers for Health (LATCH).

  - **Ensure that WIC staff are properly trained in breastfeeding education and support**.
    - Maintain documentation (i.e., names, dates, and certificates of completion) of WIC staff who have completed the required orientation(s), in-service, and continuing education pertinent to WIC role.
    - Oversee all tasks related to breastfeeding training by providing or facilitating orientation to breastfeeding activities (Section 2), breastfeeding supplies issuance (Section 5), annual continuing education on breastfeeding (Section 2), and any other required breastfeeding trainings or in-services for WIC staff.

- Ensure that staff have access to current references and resources on breastfeeding management.

- **Identify, coordinate, and collaborate with community breastfeeding stakeholders.** The Annual Local Agency WIC Program Outreach, Recruitment and Retention Plan (Chapter 10, Section 5) must include at least one goal specific to breastfeeding promotion and support activities targeted to pregnant or breastfeeding women. All activities in support of the goal must be tracked as part of the WIC Program Outreach Activity Log.

- **Monitor local agency breastfeeding rates**. Local agency breastfeeding rates are tracked annually by:
  - Breastfeeding initiation and duration (6 weeks and 6 months) and
  - Issuance of the fully and partially breastfeeding food packages.

- **Keep current on breastfeeding program management policies, procedures, and resources**. Disseminate this information to local agency WIC staff as applicable.

- **Monitor local agency's compliance with breastfeeding program management policies and procedures.** When programmatic deficiencies or practices that undermine breastfeeding are identified, it is the responsibility of the breastfeeding coordinator in partnership with other WIC staff to provide technical assistance and follow-up to ensure programmatic compliance.

- **Manage the issuance, inventory, and maintenance of breastfeeding supplies and documentation**. Ensure adequate documentation by monitoring on quarterly basis at minimum (Sections 5 and 6).

WIC Designated Breastfeeding Expert

WIC Designated Breastfeeding Experts (DBEs) provide advanced breastfeeding support for complex breastfeeding issues that require additional expertise beyond routine WIC services. Local agencies must designate one or more trained staff members to serve as a DBE for each clinic, including satellite or mobile clinics. DBEs must be available to receive referrals and provide timely support to pregnant and breastfeeding participants experiencing complex breastfeeding issues (Attachment 2).

- **Qualifications**
  Required. Employee of the local agency and meet the qualifications of a Competent Professional Authority (CPA) (Chapter 6C, Section 5) or hold current International Board Certified Lactation Consultant (IBCLC) certification.

  Preferred. At least one (1) year of experience providing breastfeeding counseling.

- **Orientation**
  Required. Complete WIC Breastfeeding Curriculum Levels 1 through 4 (Section 2) and the Breastfeeding Supplies Competency Training (Section 6) within one (1) year of assuming the role.

- **Continuing Education**
  Required. Maintain ongoing competency in breastfeeding promotion and support as provided by your local agency's regional WIC Lactation Training Center for Health (LATCH).

- **Responsibilities**
  Responsibilities of a DBE(s) include but are not limited to:

  - **Assessment and Counseling.** Accept referrals for complex breastfeeding issues and promptly conduct breastfeeding assessments for pregnant and breastfeeding participants to create care plans that align with participant feeding goals.
    - Provide follow-up support to monitor progress and address ongoing breastfeeding issues.
    - Initiate referrals to healthcare providers when issues exceed the DBE's scope of practice (Attachment 3).

  - **Oversight and Consultation.**
    - Support staff development through training, mentoring, and consultation on complex breastfeeding issues.
    - Promote integration of peer counselors into participant care by facilitating referrals, clarifying roles, and strengthening communication between peer counselors and CPAs.
    - Ensure the appropriate issuance of breastfeeding supplies in accordance with policy and current best practices.

- **Professional Development.** Complete required continuing education to maintain current lactation knowledge and skills.

- **Documentation.** Ensure the breastfeeding care plan is developed, recorded, and integrated with the nutrition assessment and care plan in coordination with the CPA, as appropriate.

- **Collaboration.** Coordinate with healthcare providers for continuity of care for medical follow-up or additional lactation support.

Breastfeeding Assessment

The DBE provides a specialized extension of the nutrition assessment that focuses on the breastfeeding dyad experiencing complex breastfeeding issues to include a detailed evaluation of breastfeeding adequacy, challenges, goals, and support needs, and is used to supplement the CPA's findings and inform an individualized nutrition care plan.

- **Frequency.** Breastfeeding assessments are initiated based on referrals from peer counselors, CPAs, other WIC staff, and external health professionals. The DBE is responsible for reviewing all referrals in a timely manner and must prioritize the assessment based on the urgency and complexity of the issue.

- **Categories of Breastfeeding Assessment Information.** To complete a breastfeeding assessment, DBEs review and evaluate information in each of the following categories.
  - **Care Plan Detail.** The DBE must review the Care Plan Detail, which includes CPA nutrition assessment data, peer counselor notes, and previously documented breastfeeding concerns.
  - **Breastfeeding Information and History.** A comprehensive breastfeeding history must be reviewed to determine current breastfeeding status, identify concerns, and explore previous experiences that may affect feeding. This may include information on breast changes, medical history, surgeries, or early feeding practices.
  - **In-Depth Assessment.** As necessary, focused DBE assessment of the breast, feeding, and infant contributes toward individualized care planning when addressing specific concerns. These more in-depth assessments are not performed routinely but based on DBE professional judgment and with participant permission. Focused assessments are conducted when additional information is needed to better understand and address a complex breastfeeding issue (Attachment 2).

In-Depth Assessment		Indication
Assessment Type	Purpose	Signs, symptoms, or participant-reported concerns may be related to:
Breast	To evaluate physical or structural issues with the breast that may impact lactation.	Breast anatomy, tissue integrity, or physiological factors affecting lactation.
Feeding	To evaluate the interaction between parent and infant during feeding.	The feeding interaction between the parent and infant including the effectiveness of positioning, latch, or milk transfer.
Infant	To identify infant-related factors that may impact breastfeeding success.	Infant feeding behaviors, appearance, or physical responses.

- **Summary of the Breastfeeding Assessment**. The DBE must synthesize findings from the information gathered from the breastfeeding assessment and evaluate if the participant care plan requires update. A summary of findings from the breastfeeding assessment must be documented in the Family Care Plan, including identified or potential barriers or concerns.

- **Developing the Care Plan**. The DBE must work with the participant or dyad to determine if any of the identified or potential barriers or concerns warrant updates to the participant's nutrition plan of care. Consideration must be given to the individual's education, understanding of breastfeeding principles, beliefs, skills, cultural practices, family and social environment resources, access to health care resources, practicality of the recommendation, and stage of readiness to make changes.

- **Documenting the Breastfeeding Assessment and Care Plan**. DBEs are required to document the breastfeeding assessment and update the care plan (if necessary) in the participant's health record in Crossroads system.
  - If the DBE is a qualified CPA, they may make the appropriate additions and updates in accordance with the breastfeeding assessment.
  - When the DBE is not a CPA, they must document the breastfeeding assessment and care plan in the participant's record and refer the assessment findings to the CPA for review. The CPA is responsible for updating the nutrition plan of care.

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Breastfeeding Supplies

This section describes policies for the purchase, use, and appropriate conditions for the issuance of required and optional breastfeeding supplies. Refer to Chapter 12: Fiscal Management for additional information on using WIC Program funds to purchase additional breastfeeding supplies.

Breastfeeding Supply Categories

Local agencies must emphasize the benefits of feeding the infant at the breast and promote exclusive direct breastfeeding as the norm while supporting a participant's decisions and goals. **The provision of breastfeeding supplies should not circumvent or take place of appropriate breastfeeding education and support. Pregnant and breastfeeding participants need anticipatory guidance, breastfeeding skills, and support from trained breastfeeding staff when issues arise more than any breastfeeding aid or accessory the WIC Program can provide.**

Each breastfeeding supply identified in this section is categorized by:

- **Aid or accessory**
  - Aid: devices that directly support milk removal from the breast and/or the provision of human milk to the infants, such as pumps, supplemental nursing systems, and nipple shields.
  - Accessory: Devices or products that, while not directly aiding the removal of milk from the breast, may facilitate breastfeeding, such as breast shields or breast pads.

- **Multi-user or single-user**
  - Multi-user: a breastfeeding aid, which is designed to decrease the risk of contamination between different individuals.
  - Single-user: a breastfeeding aid or accessory that cannot be effectively cleaned or disinfected between uses by different individuals, so it cannot be shared.

- **Required or optional**
  - Required: local agencies must maintain an inventory of the identified, manufacturer-specific breastfeeding aids or accessories that align with those used by birthing hospitals and neonatal intensive care units serving the WIC participants in the local agency.
  - Optional: local agencies are encouraged, but not required to maintain an inventory of the breastfeeding aid or accessory.

Local agencies may only purchase required breastfeeding aids from manufacturers approved by the Community Nutrition Services Section (CNSS). While local agencies may use WIC Program funds to purchase required breastfeeding aids, CNSS does an annual bulk purchase of all required breastfeeding aids to support each local agency.

Breastfeeding Aids

- **Pumps**. Pumps are medical devices regulated by the U.S. Food and Drug Administration

used to mechanically express human milk from the breast. Pumps are used to establish and maintain milk supply when direct breastfeeding is not possible or effective, and to support milk removal during periods of separation or when additional milk removal is needed to protect supply.

- **Manual Pump (Single-user item, required).** This hand-operated pump does not require electricity or batteries. The user manually controls the level of vacuum and pumping speed by operating the pump handle. It can only express milk from one breast at a time. The collection kit is integrated as part of the pump.
- **Single-user Electric Pump (Single-user item, required).** This motor-operated pump requires electricity or batteries. It allows for expressing milk from either one or both breasts simultaneously. The level of vacuum is adjustable through motor settings, controlled by the user. The collection kit, while separate from the motor, is included as part of the breast pump unit and not issued separately.
- **Multi-user Electric Pump (Multi-user item, required).** This motor-operated pump also requires electricity or batteries (depending on the manufacturer). It allows for expressing milk from either one or both breasts simultaneously. The level of vacuum and pumping speed (depending on the manufacturer) is adjustable through motor settings, controlled by the user. Unlike single-user models, the collection kit is separate from the motor and must be issued individually to each user.
- **Collection Kit (Single-user item, required).** This apparatus attaches directly to the breast, as a conduit to transfer the flow of negative pressure (vacuum) from the pump's motor or handle to the breast, facilitating the collection of expressed milk. The components of a collection kit vary between different manufacturers and models, but it generally includes a breast flange, connector, tubing, valve/membrane, and collection container/bottle. The collection kit is integrated with manual pumps. In contrast, electric pumps have separate motors and collection kits. Single-user electric pumps come with the collection kit included as part of the unit, whereas multi-user electric pumps require the collection kit to be issued separately.
- **Breast Flanges (Single-user item, required).** A breast flange is a funnel-shaped device that fits over the breast, with the nipple centered within the funnel's cylindrical portion. A seal is formed around the areola, which creates a vacuum to allow milk extraction during pumping. Breast flanges come in many sizes and must be fit to the user. A correctly sized breast flange is required for safe and effective milk extraction via a manual or electric pump.
- **Breast Flange Inserts (Single-user item, required).** A breast flange insert is a cylindrical, plastic or silicone piece that fits inside a standard breast pump flange tunnel to reduce its diameter and provide a more appropriate fit for users requiring a smaller size. Breast flange inserts come in many sizes and must be fit to the user. Proper placement of the insert within the flange tunnel is necessary to ensure correct function.

- **Nipple Shield (Single-user item, optional).** A nipple shield is a thin, flexible silicone cover that fits over the nipple and areola, designed with small holes at its tip to allow the transfer of milk. It is a device to facilitate latch during breastfeeding. Nipple shields come in many sizes and must be fit to the user and infant mouth. Nipple shields are generally not appropriate in the first 24 hours of breastfeeding unless clinically indicated.

- **Supplemental Feeding Device (Single-user item, optional).** A supplemental feeding device is a container that holds supplemental milk or infant formula connected to a system of tubes that deliver this liquid to the infant while suckling. When utilized in combination with breastfeeding, this device permits continued stimulation of the breast during periods of supplementation. The baby receives both breast milk directly from the breast and the supplemental nutrition through the tubes simultaneously during breastfeeding. No single supplementation device has been proven superior for infants, as some may respond better to one type of device than another.

Breastfeeding Accessories

- **Breast Pads (Single-user item, optional).** Breast pads are made of layered, absorbent materials that are placed inside a bra, designed to soak up leaking milk. The breast pad must be washable or disposable and must not contain plastic or waterproof liners. Breast pads with plastic or waterproof liners are not permitted because they encourage bacterial and fungal growth.

- **Breast Shells (Single-user item, optional).** Breast shells consist of two parts: the inner ring and the dome. Breast shells are worn over the nipple and areola and may be used to allow air circulation for sore and/or damaged nipples. There is no scientific evidence to support the use of breast shells for flat or inverted nipples, therefore breast shells must not be issued for this purpose.

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Issuance, Inventory, and Maintenance of Breastfeeding Supplies

Local agencies are accountable for the inventory, issuance, and management of all breastfeeding supplies. The breastfeeding coordinator oversees these activities in accordance with this section. While tasks may be delegated to other local agency staff, the breastfeeding coordinator retains overall responsibility.

All clinics, including satellite and mobile sites, must maintain a minimum inventory of breastfeeding supplies and have at least one WIC staff available to issue all required breastfeeding aids. If the required minimum inventory is not stored at the clinics the local agency must demonstrate that participants have access to the required breastfeeding aids without the need for additional travel.

- **Eligibility**
  All women who are currently breastfeeding and certified in the WIC Program are eligible for breastfeeding supplies, regardless of food package assignment or category of pregnant in Crossroads. The type and justification for issuing a breastfeeding supply are contingent upon a comprehensive nutrition assessment conducted by a Competent Professional Authority (CPA) or a breastfeeding assessment conducted by a WIC Designated Breastfeeding Expert (DBE). These assessments are crucial for identifying infant feeding behaviors and documenting any criteria or factors affecting breastfeeding. Such documentation is essential for tailoring nutrition education, which includes breastfeeding promotion and support, to the family's needs.

  The decision to issue a breastfeeding supply follows the completion of a nutrition or breastfeeding assessment that identifies it as a beneficial component of the dyad’s nutrition plan of care. The provision of breastfeeding supplies is one way to support a subset of breastfeeding women and infants in special circumstances. Before any supply is issued and as appropriate:

  - The CPA/DBE must document that efforts to support direct breastfeeding were offered and deemed insufficient or inappropriate for the situation.

  - It must be established that the issuance of any breastfeeding supply is part of a broader plan of care and not the sole intervention.

  Breastfeeding supplies are not issued merely for convenience but based on specific, identified needs that can resolve specific issues or circumstances. For instance, parents experiencing chronic low milk supply, who receive a fully formula-based food package yet wish to breastfeed to the maximum extent possible, could be eligible for a pump. Importantly, parents are not required to pump/feed a specific number of times per day to demonstrate their commitment. The CPA/DBE must engage in meaningful conversations to balance the parents' goals with the practical feasibility of suggested actions.

  Conversely, parents who opt for a partial breastfeeding food package out of preference, rather than a documented breastfeeding complication, do not qualify for these supplies as this choice

is considered a matter of convenience. Additionally, breastfeeding supplies may not be offered to breastfeeding women solely as an inducement to consider or to continue breastfeeding. Ultimately, breastfeeding supplies are intended to complement but not replace anticipatory guidance, education, support, and encouragement provided by the WIC Program.
NOTE: The issuance of breast pads does not require a nutrition or breastfeeding assessment. If available, any trained staff member at the local agency can provide breast pads to any enrolled pregnant or breastfeeding woman who expresses a need.

- **Selection**

Each type and model of breastfeeding supply is designed for specific uses and frequencies, considering the parent's preferences, comfort, and specific situation.

While the nutrition or breastfeeding assessment and the identified complications help to determine the appropriate supply, the ultimate choice of the supply also depends on the parent's preferences, comfort, and specific situation. When a breastfeeding supply is selected that does not align with the standard indications for use and frequency, the CPA/DBE must document the reasons for this choice within the Crossroads care plan.

Personalized considerations should be integrated into the decision-making process to ensure that breastfeeding supplies meet the unique needs of each family, thereby enhancing the effectiveness of breastfeeding support provided by the WIC Program.

- **Indications for Use**
  - **Pumps.** Pumps are utilized to initiate, maintain, supplement, or increase milk supply when direct breastfeeding is not feasible, and efforts to maintain direct breastfeeding have been unsuccessful or are inappropriate for the specific reason.
    - **Justification for Issuance.** Pumps may be offered to breastfeeding participants based on need. The CPA/DBE must document that one or more of the circumstances listed under “Pump Issuance/Reservation Reasons” (Attachment 4) have been met within their nutrition or breastfeeding assessment. The primary reason for issuance must then be entered into the Crossroads Breast Pump Issuance screen.
    - **Type of Pump.** The recommendations for the type of pump are always an integration of scientific evidence with manufacturers' guidelines for product use. However, it is important to note that the type of pump recommended may be adjusted following a discussion with the breastfeeding mother to better suit her specific needs and comfort level. As well as the likely duration of the need. The accompanying chart is intended to guide local agencies in selecting the appropriate type of pump based on the stage of lactation and the degree of pump dependency. Please be aware that this chart does not encompass all considerations for selecting a pump type.

Phase of Lactogenesis	Degree of Pump Dependency		
	Complete (> 6x day)	**Partial (≤ 6x day)**	**Minimal (≤ 1x day)**
I*-Initiation	Single-user or multi-user electric pump	**Short-term need:** Multi-user electric pump **Long-term need:** Single-user electric pump	None or single-user manual pump
II-Onset of Copious Milk Production	Single-user or multi-user electric pump		
III-Maintenance	Single-user or multi-user electric pump		

** Lactogenesis I begins during pregnancy; however, the issuance of pumps during pregnancy is not permitted within the WIC Program. Therefore, this guidance applies only to Lactogenesis I following the delivery of the infant.*

- **Nipple Shields.** Current evidence does not support their long-term safety regarding milk supply, infant weight gain, or breastfeeding duration.
  - **Justification for Issuance.** Refer to "Indications for Use" (Attachment 5) for a complete list of indications for the issuance of a nipple shield.
- **Supplemental Feeding Devices.** These devices are used when additional nutrition (breastmilk or infant formula) is necessary due to reasons such as low milk supply, delayed lactogenesis, poor infant suck, or induced/re-lactation. They allow the infant to receive extra nutrition while nursing at the breast, facilitating continued stimulation of the breast.
  - **Justification for Issuance.** Refer to "Indications for Use" (Attachment 5) for a complete list of indications for the issuance of a supplemental feeding device.
- **Breast Shells.** The use of breast shells is determined by the size of their base opening.
  - **Justification for Issuance.** Shells with a large base opening are employed to protect damaged or sore nipples to promote healing, while shells with a small base opening may be used to reduce swelling in engorged breasts, aiding the infant in achieving a deeper latch. Despite marketing claims, there is no evidence supporting the use of breast shells to elongate flat or short nipples or to keep inverted nipples everted. Consequently, local agencies should not issue breast shells for these purposes.
- **Breast Pads.**
  - **Justification for Issuance.** Breast pads are used to absorb milk leakage between feedings or to manage prenatal milk leakage, thus preventing wet clothing and protecting sensitive skin**.**

■ Issuance

‣ All Breastfeeding Supplies

Issuance requirements applicable to all breastfeeding supplies:

- **Documentation.** Issuance must be documented in Crossroads including, but not limited to the nutrition or breastfeeding assessment, completion of all sections of the pump issuance screen, follow-up (including attempts), and loan extensions for multi-user pumps.

- **Liability.** The participant and WIC staff member must read and sign the "Breastfeeding Supplies Release of Liability and Loan Agreement" generated by Crossroads. A copy of the completed Agreement must be provided to the participant, and the original should be scanned into the participant's health record.
- **Contingency Plan.** In the event supply issuance cannot be conducted with the participant (incarceration, hospitalization, quarantine, etc.), issuance may be conducted, and requirements completed with the Parent/Guardian 1 or 2 or Caretaker as listed in the family's Crossroads profile. Follow-up(s) should be with the participant, if possible.

Pumps

The requirements in this section extend to collection kits, breast flanges, and breast flange inserts unless specifically stated otherwise.

- **Staff Competencies.** Each local agency is required to ensure that at least one WIC staff member is available at each clinic to issue pumps. Once a CPA has completed a nutrition assessment or the DBE has completed a breastfeeding assessment and determined the appropriate supply, pumps may be issued by any WIC staff member who has completed the Breastfeeding Supplies Competency Training.
  NOTE: CNSS training requirements for issuing pumps are subject to updates based on new recommendations, evidence, or product changes.
- **Participant Education.** At a minimum, the WIC staff member must:
  - **Support Direct Breastfeeding.** When a pump is used as a temporary aid to support the continuation of breastfeeding during challenges with direct breastfeeding, it is important to emphasize that WIC staff will continue to assist in facilitating effective latch techniques and provide referrals for services beyond their scope of practice.
  - **Teach Hand Expression.**
  - **Develop a Personalized Plan for Use.** Collaborate with the participant to develop a personalized pumping plan, including the frequency, location, and duration of pumping sessions.
  - **Proper Fit.** Size and provide the appropriate breast flange, and, if determined necessary, breast flange insert, to ensure comfort and efficiency.
  - **Provide Instructions for Use.** Provide both verbal and written instructions on the proper assembly, use, and cleaning of the pump.
  - **Milk Storage Instructions.** Offer verbal and written guidance on how to collect, store, warm, and feed expressed human milk.
  - **Troubleshoot.** Provide a phone number for the participant to call for help or support regarding any aspect of product use or breastfeeding.
    - Instruct the participant on what to do if the product malfunctions.

  NOTE: Education should be participant-centered. WIC staff should assess the participant's knowledge and tailor the education to their individual needs.
- **Follow-Up.** At a minimum, participants who are issued a:
  - **Single-user pump:** must be contacted within 24 to 72 hours of pump issuance and as requested thereafter to answer any questions.
  - **Multi-user pump:** All participants issued a multi-user pump must receive close follow-up to support them in achieving their desired goals. WIC staff are required to communicate the expected return date for the multi-user pump both verbally and in writing, documenting in Crossroads if the loan period is extended. At minimum,

the participant must be contacted:

- **Initial Contact:** Within 24 to 72 hours of multi-user pump issuance.
- **Ongoing Contact:** At a minimum, every three (3) months, or more frequently, if needed, based on the participant's nutrition or breastfeeding assessment and until the pump is returned.

Follow-up and any discussions regarding loan extensions can occur through any form of verbal or written communication with the participant. Effective and ongoing follow-up is crucial as it significantly enhances the likelihood of breastfeeding success.

NOTE: Refer to "Overdue Multi-User Pumps" for contact requirements specific when multi-user pumps become overdue. Overdue multi-user pump contacts are designed for pump retrieval while follow-up during the agreed upon rental period is designed for the provision of breastfeeding support. Local agencies are not permitted to add any additional procedures/policies that impose a burden on the participant, such as on-site monthly pump checks.

- **Nipple Shields and Supplemental Feeding Devices**
  - **Staff Competencies.** WIC staff who issue these breastfeeding aids must meet the qualification of a DBE.
    NOTE: Each local agency is required to have one or more DBE(s) available to each clinic (including satellite and mobile sites) even if the local agency opts to not provide either nipple shields or supplemental feeding devices.
  - **Participant Education.** At a minimum, the DBE must:
    - **Supporting Direct Breastfeeding.** When a breastfeeding accessory is used as a temporary tool to support the continuation of breastfeeding during challenges with direct breastfeeding, it is important to emphasize that WIC staff will continue to assist in facilitating effective latch techniques and provide referrals for services beyond their scope of practice.
    - **Teach Hand Expression.**
    - **Develop a Personalized Plan for Use.** Collaborate with the participant to develop a tailored plan covering monitoring, maintenance of optimal milk supply, and strategies for weaning from the breastfeeding aid.
    - **Provide Instructions for Use.** Provide both verbal and written instructions on the proper assembly, use, and cleaning of the breastfeeding supply.
    - **Proper Fit (Nipple Shield).** Ensure the nipple shield is correctly sized and fitted to provide comfort and effectiveness during use.
    - **Safe Fluids Guidance (Supplemental Feeding Device).** Verbalize that nutritional supplemental provided in a supplemental feeding device should be only human milk or infant formula.
    - **Troubleshooting.** Provide a phone number for the participant to call for help or support regarding any aspect of product use or breastfeeding.
      - Instruct the participant on what to do if the product malfunctions.

    NOTE: Education should be participant-centered. WIC staff should assess the participant's knowledge and tailor the education to their individual needs.
  - **Follow-Up.** Participants issued any breastfeeding aid should receive close follow-up to assist them in achieving their desired breastfeeding goals. The following minimum

contact schedule should be adhered to:
- **Initial Contact:** Within 24 to 72 hours of multi-user pump issuance. Inquire about the participant's preference for the frequency or continuation of follow-up. Document in the Crossroads' Care plan.
- **Ongoing Contact:** Based on participant needs. Adhere to the agreed follow-up discussed during the initial contact. It is recommended that at a minimum one to two more follow-ups occur.

- **Breast Pads and Breast Shells**
  - **Staff Competencies.** Each local agency, including satellite operations and mobile sites, is required to ensure that at least one WIC staff member is available at each clinic to issue breastfeeding accessories, if available. Once a CPA has completed a nutrition assessment or the DBE has completed a breastfeeding assessment and determined the appropriate supply (breast pads do not require a breastfeeding assessment), breastfeeding aids may be issued by any WIC staff member who has completed the Breastfeeding Supplies Competency Training.
    NOTE: CNSS training requirements for issuing breastfeeding accessories are subject to updates based on new recommendations, evidence, or product changes.
  - **Participant Education.** At a minimum, the WIC staff must:
    - **Teach Hand Expression.**
    - **Provide Instructions for Use.** Provide both verbal and written instructions on the proper assembly, use, and cleaning or disposal of the breastfeeding accessory.
    - **Troubleshooting.** Provide a phone number for the participant to call for help or support regarding any aspect of product use or breastfeeding.
      - Instruct the participant on what to do if the product malfunctions.

    NOTE: Education should be participant-centered. WIC staff should assess the participant's knowledge and tailor the education to their individual needs.

- **Inventory**

Each local agency must maintain a secure and perpetual inventory of all the local agency's breastfeeding supplies. At a minimum, the local agency must:

- **Inventory Entry.**
  - **Single user inventory.**
    - Catalog single-user breastfeeding aid and accessory by product name and the total number of units available for issuance.
    - Store single-user supplies in their original, unopened packaging until they are issued to a participant.
  - **Multi-user inventory.**
    - Catalog each multi-user aid by product name, individual serial number, and current status.
    - Label each multi-user electric pump and its case with "Property of the North Carolina WIC Program" using a permanent marking system.

- **Inventory Maintenance.**
  - Conduct a quarterly reconciliation of the physical inventory with the records in

Crossroads. These reconciliations should occur in February, May, August, and November.
- Ensure that all items are accounted for, whether they are in the local agency, on loan to a participant, associated with overdue pump letters, or out-of-commission (due to being damaged, lost, or stolen).

■ Maintenance of Multi-User Pumps

- **Intake.** Upon return, each multi-user pump must be received at the participant's initial point of contact with any WIC staff. Staff are responsible for the cleaning and maintenance of these pumps and must be trained in the procedure for accepting returned multi-user pumps.
  - **Initial Inspection:** Immediately inspect the pump for all parts, documenting anything that is missing or broken.
  - **Bug Infestation Assessment:** Evaluate for possible signs of a bug infestation. If an infestation is identified, seal the pump in a plastic bag immediately and refer to the "Repairs" section for further instructions.
  - **Documentation:** Print and have the participant sign the "Multi-User Electric Breast Pump Return Receipt" from Crossroads, providing a copy to the participant.

- **Cleaning.** WIC staff must clean all multi-user pumps, within one (1) business day of return. The WIC Program cannot always guarantee what environment the multi-user pump may have been subject to and therefore thorough cleaning between users is required.
  - **Cleaning Details:** Clean the motor casing and carrying case according to the manufacturer's instructions.
  - **Operational Check:** Assemble and run each returned multi-user pump to determine that is working properly.
  - **Tracking Cleaned Pumps:** Maintain a multi-user pump cleaning log, refer to the "Multi-User Pump Cleaning Log Template" (Attachment 6) for minimum cleaning log requirements and a sample cleaning log.
  - **Documentation:** Document the return in Crossroads, including scanning the completed "Multi-User Electric Pump Return Receipt" into the participant's health record.

- **Repairs.** Local agencies are responsible for contacting the manufacturer to initiate repair of a damaged or broken multi-user electric breast pump. The local agency is responsible for the cost of breast pump repairs not under manufacturer's warranty and for any shipping or handling fees associated with the repair. CNSS recommends repairing pumps versus replacement, when fiscally appropriate.
  - **Disposal:** When multi-user pumps cannot be repaired, refer to disposing of surplus equipment in Chapter 12: Fiscal Management.

- **Overdue Multi-User Pumps.** Local agencies should take reasonable steps to ensure that they have accurate contact information for the participant including contact the secondary contact from the "Breastfeeding Supplies Release of Liability and Loan Agreement." All contacts and attempts must be documented in Crossroads.

If a multi-user pump is not returned by the communicated return date. The local agency must adhere to the following process:

- **Return date to two (2) weeks overdue:** WIC staff should make a minimum of one (1) contact.
- **Quarterly Inventory:** As part of the quarterly inventory process, review the "Breastfeeding Supplies Release of Liability and Loan Agreement" forms with overdue pump return dates from the previous quarter. Participants identified with overdue pumps must be mailed or emailed a letter with attached copy of the signed "Breastfeeding Supplies Release of Liability and Loan Agreement". A copy of the letter should be scanned into the breastfeeding woman's Crossroads' record. Refer to the "Overdue Multi-User Pump Notification Sample Letter" (Attachment 7) for a letter template.
- **Resolution:** If the local agency has not been able to get into contact with the participant after ten (10) business days of mailing/emailing the letter or the participant reports the pump as lost or stolen, no further attempts should be made. Document the pump status in a Crossroads family alert titled "Pump Not Returned" with alert text indicating the agreed upon return date, pump manufacturer, type, issuance date, and serial number.
  - **Optional:** WIC staff may inquire about the pump status at each appointment and document the inquiry within the family alert, including date of inquiry and staff member name. If the participant indicates that the pump has been lost, then the WIC staff member may document and then deactivate the family alert.
    NOTE: Local agencies are not permitted to add any additional procedures that impose a burden on the participant including the filing of a police report, withholding food benefits, etc.

Breastfeeding Peer Counseling Program

The Breastfeeding Peer Counseling (BFPC) program is designed and funded to advance the unique benefit of mother-to-mother breastfeeding support. Through a paraprofessional peer counseling model, the BFPC program provides basic breastfeeding education, encouragement, and support to WIC Program participants who are pregnant or breastfeeding. This evidence-based intervention has been proven to increase breastfeeding initiation, duration, and exclusivity rates, emphasizing its effectiveness and scientific backing. The BFPC program serves as an important complement to the broader WIC Program services.

PCs receive formal training to provide basic information, encouragement, and support about breastfeeding to pregnant and breastfeeding participants. This mother-to-mother support is a cornerstone of effective breastfeeding promotion and support efforts, within the WIC Program.

All staff must be oriented to the BFPC program upon hire (refer to Section 2).

■ Staffing

Peer Counselor Program Manager (PCPM)
Local agencies must designate and train a staff member to serve as the PCPM.

▸ Qualifications

Required. Employee of the local agency and serve as a WIC Designated Breastfeeding Expert (DBE) (Section 4).

Preferred. Experience in program management and have at least one (1) year of experience providing breastfeeding counseling.

▸ Orientation

Required. The requirements of the PCPM align with DBE role standards. The PCPM must complete and maintain documentation for the following trainings within one (1) year of assuming the role, including:

- Meeting applicable orientation training requirements for DBEs (Section 4),
- Peer Counselor Program Manager Orientation Course, and
- Peer Counselor Care Plan Training.

▸ Continuing Education

Required. Maintain ongoing competency in Breastfeeding Peer Counseling consistent with the PCPM role and responsibilities through the completion of:

- PCPM and PC continuing education provided by your local agency's regional WIC Lactation Training Center for Health (LATCH) and
- DBE continuing education provided by your local agency's regional LATCH

▸ Roles and Responsibilities

The PCPM must perform the following roles and responsibilities:

- Contribute to the development of program goals and objectives for the local agency BFPC program.
- Conduct a needs assessment to identify gaps in breastfeeding resources and services within the local agency and community that the BFPC program can address.
- Oversee training and continuing education for PCs.
- Oversee the planning, management, implementation, and evaluation of local agency BFPC program activities and policies.
- Stay current with the latest breastfeeding information and updates from the Community Nutrition Services Section (CNSS).
- Share relevant breastfeeding information and CNSS updates with local agency staff.
- Mentor new peer counselors, providing routine follow-up and guidance in the early days of the job.
- Provide ongoing supervision and feedback for PCs.
  - Conduct and document Monthly Peer Counselor Program Manager and Peer Counselor Meetings. This includes scheduling, preparing and completing applicable documentation, leading discussion, and ensuring that all required worksheets are completed, signed, retained, and made available during monitoring.
- Establish an effective peer counseling program caseload tracking system and periodically review its maintenance and organization to ensure optimal provision of peer counseling services.
- Report on peer counseling program activities to supervisor and CNSS.
- Coordinate with local community stakeholders such as hospitals and health care providers to enhance effectiveness of the peer counseling program.
  - Participate in community engagement meetings as offered by the LATCH.

NOTE: Adequate supervision is defined as the PCPM having at least a 0.25 full time equivalent (FTE) for every 3-5 peer counselors supervised.

Peer Counselor

- **Qualifications**

  A PC must have:
  - Personal experience with breastfeeding: The individual has successfully breastfed at least one child for a minimum duration of 6 weeks.
  - Paraprofessional background:
    - The individual's professional background should not include extensive training in health, nutrition, or clinical breastfeeding management.
    - Assists professionals in the field but does not require the individual to be licensed or credentialed as a healthcare, nutrition, or lactation consultant professional.
    - Receives specific training and ongoing supervision to perform specific tasks within a defined scope of practice.
  - Positive attitude toward breastfeeding: The individual is expected to positively represent and advocate for breastfeeding.
  - Cultural and community connection: Ideally, the individual comes from the target

population, often sharing the cultural background and language(s) of most participants. This might include past or current participation in, or eligibility for, the WIC Program, enhancing relatability and trust.

- Flexibility and accessibility:
  - The individual must be willing to work outside traditional work hours, including evenings and weekends.
  - The individual must have access to reliable transportation.
  - The individual must be able to travel for required in-person trainings.

  NOTE: Local agencies with concerns about limiting PC hires based on FNS definition of a PC can address the issue with their local agency's Human Resources and/or Legal departments to determine appropriate language to be used when hiring peer counselors who meet the FNS definition.

- **Dual-Role Peer Counselor**

  Local Agencies are permitted to employ a PC who undertakes additional role(s) within the local agency, if these roles do not compromise the PC's ability to meet the qualifications and responsibilities of the PC position. If a local agency opts for a dual-role PC position, the local agency must ensure the following criteria:
  - The additional duties or set work hours must not prevent the PC from attending state-required training and continuing education. Specifically, PCs should not miss Quarterly Continuing Education training due to their other roles.
  - Job descriptions for dual-role PC must clearly outline both sets of responsibilities: those related to the BFPC program and the additional role(s).
  - Sufficient time must be allocated and documented to BFPC program duties to ensure all programmatic requirements are fulfilled.
  - The PCPM is responsible for regularly evaluating the impact of dual roles to ensure they do not compromise the quality or availability of BFPC program services.
  - If any conflicts arise from holding dual roles, immediate corrective measures must be taken to support the integrity of the BFPC program.

- **Orientation to the Peer Counselor Role**

  Required. Before beginning their duties as a PC, individuals must complete WIC Breastfeeding Curriculum: Level 2, Peer Counselor Compass Training.

- **Continuing Education**

  Required. The PC must maintain an up-to-date record of certificates for the completion of each required BFPC Program Quarterly Continuing Education, as provided by your local agency's LATCH.

- **Roles and Responsibilities**

  A PC must:
  - Adhere to the defined scope of practice as outlined in the "Peer Counselor Scope of Practice" (Attachment 8).
  - Offer support and information to pregnant and breastfeeding women enrolled in the BFPC program, facilitating uncomplicated, normal breastfeeding experiences while helping to prevent, correct, and manage common breastfeeding challenges.

- Conduct themselves professionally, respecting the dignity of mothers, WIC Program staff, and personnel at locations where peer counseling services are offered.
- Build and maintain relationships with pregnant and breastfeeding women enrolled in the BFPC program, keeping in regular contact in line with the local agency's service delivery model.
- Maintain a caseload tracking system that assists in prioritization, organization and scheduling of required peer counseling contacts.
- Issue breastfeeding supplies as determined by the local agency.
- Complete required documentation in Crossroads of services provided.
- Refer mothers to the CPA or DBE(s) for situations outside their scope of practice, as appropriate.
- Maintain regular communication with the PCPM including participating in monthly one-on-one meetings with PCPM to review the prior month's activities referred as "Monthly Peer Counselor Program Manager and Peer Counselor Meetings."
  - Participant interactions with PCs do not count towards the WIC Program's mandated nutrition education contacts. Breastfeeding promotion and support are fundamental benefits of the WIC Program, and the mother-to-mother support services provided by PCs enhance this foundational requirement.

- **Wage Compensation**
  Individuals who meet the definition of a PC and serve in this capacity for the WIC Program—whether on a permanent, temporary, or contractual basis—should receive adequate compensation for their work hours, training sessions, and any travel related to their duties, as outlined in the FNS-approved "WIC Breastfeeding Model Components for Peer Counseling". PCs cannot serve as volunteers in this role. Additionally, the provision of benefits is at the discretion of the local agency and should align with their Human Resources policies.

- **Scope of Practice**
  PCs provide basic breastfeeding education and support based on their personal experiences and training. They encourage, address common issues, and yield to CPAs/DBEs for complex breastfeeding situations. Their practice is conducted professionally, respecting the dignity of the mother, WIC staff, and community partners.
  - Peer Support: Offering mother-to-mother breastfeeding support including information and encouragement.
  - Education: Helping mothers make informed decisions about feeding their babies, sharing breastfeeding strategies, and providing guidance throughout their breastfeeding journey.
  - Counseling: Assisting mothers in addressing their barriers to breastfeeding and mentoring women to support the initiation and maintenance of breastfeeding.
  - Yields: Yielding to local agency DBEs or CPAs for issues beyond their scope. PCs continue supporting the mother while coordinating with the DBE/CPA on her care plan. PCs should not refer outside of the local agency's DBEs/CPAs. For further details on when to yield, refer to the "Peer Counselors When to Yield" (Attachment 9).
  - Community Outreach: Engaging in efforts to promote breastfeeding and educating the

public about its benefits.

Peer Counselors are supportive and educational members of the WIC team, not licensed healthcare professionals. They do not perform clinical tasks such as handling mother's breasts or conducting infant oral assessments, focusing instead on encouraging and empowering mothers to reach their infant feeding goals. Refer to the "Peer Counselor Scope of Practice" (Attachment 8) for more information.

- **Breastfeeding Peer Counseling Program Eligibility**

  Women who are pregnant or breastfeeding and are currently enrolled in the WIC Program through their local agency are eligible to participate in the corresponding local agency's Breastfeeding Peer Counseling program.

  In situations where individuals seek support but do not meet these criteria (an individual is awaiting WIC certification appointment, is living in a different county or state, is breastfeeding a child older than one year, or other changes in WIC eligibility), PCs are encouraged to consult with their PCPM. Together, they can assess whether it is possible to extend support within the Peer Counselor scope of practice, with the goal of identifying the most beneficial course of action to support the family.

- **Enrolling Eligible Participants in the Breastfeeding Peer Counseling Program**

  Before receiving any services from the BFPC program, participants need to be officially enrolled. It's crucial for WIC staff to prioritize enrolling participants during their pregnancy to maximize the benefits offered by the BFPC program.

  Enrollment involves the participant and any WIC staff member both signing and dating a "Breastfeeding Peer Counseling Program Welcome Letter" (Attachment 10). During enrollment, WIC staff are responsible for clearly explaining the scope of BFPC program services, determining the participant's preferred method of communication, and providing guidance on how these preferences can be updated in the future. The participant should receive a copy of their signed "BFPC Program Welcome Letter," with the original document being scanned into the participant's health record within the Crossroads system.

- **Service Delivery Model Policy**

  Each local agency must have a defined policy that ensures the provision of consistent and high-quality peer counseling services to participants enrolled in the BFPC program. Each local agency must communicate this policy to all staff upon hire and whenever updates are made. At a minimum, the policy must include:

  - **Referrals to the BFPC Program.** Local agencies must define how and when WIC staff will refer pregnant and breastfeeding participants to the BFPC program. WIC staff must notify the PC within two (2) business days of referral or enrollment to ensure timely support during the prenatal and early postpartum periods.

  - **BFPC Program Service Locations.** Local agencies must specify the settings where PCs will provide services. Possible settings include agency premises, hospitals, participants' homes, or home-based offices.
    NOTE: PCs must adhere to the local agency policy for confidentiality. Local agencies

that allow PCs to work from their home must ensure the local agency's confidentiality policy addresses home-based services.

- **BFPC Program Service Hours.** Local agencies must determine the hours during which PCs are available, including provisions for evenings and weekends. Local agencies with more than one PC may need to stagger PC work schedules to assure coverage during local agency hours.

- **Continuity of Services.** Local agencies must establish a backup plan for providing services when a PC is unavailable and have a strategy for maintaining service continuity if the PC position becomes vacant.
  - If the PC position becomes vacant, no other staff positions may serve in the PC role unless they meet the qualifications of a Peer Counselor and complete Level 2 Training.

- **BFPC Program Participant Communication Methods.** When PCs communicate with participants outside of face-to-face interactions, the policy must identify each approved voice and digital communication permitted.
  - **Voice Communication**. At a minimum, PCs must offer BFPC Program services via telephone service.
  - **Digital Communication**. All digital communications must comply with the "Local Agency Texting/Digital Platform Policy," which outlines the standards and protocols for such interactions (refer to Chapter 6A Section 2.)
  - **Written Digital Communication Requirements.** Written digital communication may not be used as the initial method of contact with newly enrolled or referred participants but could be used as a method of contact for other required contacts, if supported in the local agency's Service Delivery Model Policy. Written digital communication, whether messaging platforms, texting, or email, should not be used as the primary method of contact for peer counselor-participant interactions. Peer Counselors, in coordination with their supervisors, should determine the appropriateness of when to use written digital communications in alignment with local agency policy.

- **Implementation.** Each local agency is tasked with implementing, regularly reviewing, and updating this policy. This responsibility ensures that the policy remains aligned with the agency's practices, operational needs, and program requirements. The policy must be reviewed annually. Each review and update should be clearly documented. The local agency must date the policy at the time of each review and any subsequent updates.

■ **Peer Counselor Contacts**

PCs are tasked with regularly scheduled contacts with pregnant and breastfeeding WIC participants enrolled in the BFPC program.

- **Definitions.**
  - **Contact.** This is defined as a successful two-way communication exchange between a PC and a pregnant/breastfeeding WIC participant enrolled in the BFPC program.

- **Required Contact.** This is defined as a scheduled or intentional interaction between a PC and a WIC participant. This interaction is part of the structured support offered at predefined critical times for breastfeeding success.
- **Follow-Up Contact**. This is defined as a contact that occurs after required contacts have been completed.
  - **Recommended Contact.** Recommended contacts are outlined in the chart within 'Contact Frequency' later in this section. Recommended contacts are not mandated by the program but are believed to contribute positively to the participant's breastfeeding journey and may include additional follow-ups, support group meetings, or informal check-ins.
  - **Participant-Initiated Contact.** These are defined as contacts that are initiated by the participants enrolled in the BFPC program, rather than scheduled or prompted by the peer counselors, and occur outside the standard timelines for required or recommended contacts.
- **Declined.** This is defined as an interaction where a PC offers program services to a pregnant or breastfeeding woman, and she declines to participate. This applies only when the PC reaches out to a potential participant who then declines enrollment, either verbally or in writing. Should they choose to decline, they are free to re-enroll in the program at any point during their pregnancy or breastfeeding period. Refer to Attempt below for situations when potential participants cannot be reached.
  NOTE: Participants who decline enrollment in the BFPC program are not counted toward their caseload as they do not require further follow-up.
- **Non-Enrolled Contact.** This is defined as an interaction between a PC and participant who is not enrolled in the BFPC program. Such interactions may involve follow-ups for breastfeeding supplies, general WIC program inquiries, or breastfeeding questions that fall within the PC's scope of practice. If contacted with breastfeeding-related questions, the PC should encourage enrollment in the BFPC program but should still assist the mother regardless of her enrollment status.
  NOTE: Participants who are not enrolled in the BFPC program are not counted toward their caseload as they do not require further follow-up. This includes participants who require further follow-up for a multi-user pump as this activity is not within the mission of the BFPC program.
- **Attempt.** In situations where the participant is not immediately available for contact, the PC is required to make two separate attempts to reach out. These attempts should be spaced a minimum of two hours apart to ensure a reasonable opportunity for the participant to respond. If, after these two attempts, the participant remains unreachable, the contact requirement for that specific time period is considered fulfilled.

When PCs encounter circumstances where required contacts are not completed due to late enrollment of a participant, or lack of timely information regarding a participant's change in status, it is a lapsed contact(s). Examples may include: a prenatal participant who is enrolled at 38 weeks gestation and the resultant two (2) prenatal contacts are combined, one of the required prenatal contacts is lapsed; or, a participant who delivers at 35 weeks of gestation, but the local agency is only first notified when the infant is three (3) weeks old. In such instances, the PC is required to note in their next documentation the inability

to complete any of the required contact(s) and provide an explanation for why the required contact(s) were not completed as scheduled.

- **Service Locations and Communication Methods.** The local agency should outline the permitted methodologies that the local agency's PC(s) utilize to contact enrolled BFPC participants in their Service Delivery Model Policy.

- **Contact Frequency.** The minimum required and recommended PC contacts are outlined below.

Category	Required Contacts	Recommended Contacts*
Pregnant Women	• **Initial Prenatal:** Contact once within 30 days of enrollment in the BFPC Program. • **Second Prenatal:** Contact once two weeks prior to a woman's expected delivery date.	• **Follow-Up (after initial prenatal):** Contact monthly until 37 weeks gestation. • **Follow-Up (after second prenatal):** Contact weekly until 40 weeks gestation.
Breastfeeding Women	• **Week 1 Postpartum:** Contact twice (every 2-3 days). • **Week 2, 3, 4 Postpartum:** Contact once each week.	• **Follow-Up (after week 4 postpartum):** Contact monthly until 6 months postpartum. • **Follow-up (prior to return to school or work):** Contact once.

* *Recommended contacts are documented as "Follow-up" contacts in Crossroads*

■ Caseload Management

- **Definitions**
  - **Overall Caseload.** This represents the total number of participants enrolled in the BFPC Program who are assigned to a PC for support. Overall caseload encompasses individuals who:
    - are enrolled and have signed the Welcome Letter;
    - receive or have received the required contacts, including breastfeeding participants beyond the first month postpartum who may reach out for continued support; and
    - actively engage with the PC, regardless of the frequency of their interactions.

    Overall caseload excludes WIC participants for whom the PC issues a breastfeeding supply or provides follow-up, or WIC participants who are referred for BFPC Program enrollment but opt to not receive.
  - **Active Caseload.** The number of participants enrolled in the BFPC Program who had at least one contact or two attempts with a PC during a specific month.

- **Guidelines for Caseload Count.** To calculate how many participants a peer counselor

can support, consider their caseload and experience level. The complexity of participants' needs also plays a crucial role, impacting the time required for each case. Additionally, the method of contact—whether it's in-person at clinics, hospitals, homes, or through electronic means—affects a counselor's ability to manage a certain caseload size. Regular evaluations are essential to adjust to changing participant needs, resource availability, and peer counselor performance, ensuring the workload remains manageable.

- **Conditions for Termination from the Breastfeeding Peer Counseling Program**
  Pregnant/Breastfeeding WIC participants are enrolled in the BFPC program until any of the following conditions are met:

  - The breastfeeding dyad (breastfeeding woman and infant) discontinues breastfeeding.

  - The participant's WIC status changes to non-breastfeeding due to miscarriage, fetal death, or neonatal death.
    - Should assistance be needed (i.e. milk suppression), refer the participant to one of your local agency's DBEs.

  - The participant voluntarily requests to withdraw from the BFPC program.

  - The participant becomes ineligible to participate in the North Carolina WIC Program due to changes in category, residence, or income.

  - The child reaches their first birthday.
    NOTE: PCs may offer continued support beyond the child's first birthday, subject to the discretion of their PCPM, provided the support remains within the PC's scope of practice.

  The inability to reach a participant using their preferred contact method does not constitute grounds for termination from the BFPC program. Local agencies are required to make reasonable efforts to establish communication with the participant.

- **Documentation of Peer Counselor Services**
  All contacts or contact attempts with participants must be entered in the "Breastfeeding Peer Counselor Care Plan Screen" of the Crossroads system.

  - **Required information.** The Peer Counselor Care Plan must document the following information, as appropriate:
    - Relevant education and support provided: Education and support should be appropriate to the participant's breastfeeding stage, concerns, and readiness to learn.
    - Topics discussed: Topics discussed should be selected based on the reported concerns or current breastfeeding needs of the participant and should be reflective of the participant's understanding, interest, and knowledge about breastfeeding.
    - Referrals: Referrals made to the CPA or DBE should be documented if complex breastfeeding concerns arise or if a question or concern is outside of the PC scope of practice.

- Plans for follow-up: A plan for follow-up should include at minimum, a date and purpose, reason or action required for the next contact.

- **Special Circumstances.** If a PC does not have access to Crossroads during home or hospital visits, the local agency must ensure contacts are documented in Crossroads system by the PC within 72 hours of the contact.

■ **Monthly Peer Counselor Program Manager and Peer Counselor Meetings**
At a minimum, the PCPM must meet individually with each PC once per month to review the previous month's activities including caseload management, participant interactions and documentation. These regular meetings are essential to maintaining open communication, supporting staff satisfaction and retention, and strengthening quality assurance across the program.

To guide this process, the "Monthly Peer Counselor Review Guide" (Attachment 11) includes three required tools:

- **Peer Counselor Monthly Report Worksheet (PC)**
Prior to the meeting, the PC completes the worksheet based on the previous month's activities. This worksheet documents caseload counts, enrollment changes, participant contacts, additional activities, and self-reflection prompts that inform supervision and monitoring.

- **Spot Check Worksheets (PCPM)**
Prior to the monthly meeting, the PCPM reviews three participant charts and completes a Spot Check Worksheet for each. The PCPM should complete three Spot Check Worksheets for each Peer Counselor each month. These worksheets assess care plan documentation for accuracy, completeness, participant-centered support, and appropriate referrals and follow-up. Review outcomes should be used to highlight strengths and identify opportunities for growth and quality improvement.

- **Monthly Peer Counselor Meeting Worksheet (PC and PCPM)**
Completed during the meeting, this worksheet incorporates the PC Monthly Report and Spot Check data to guide structured discussion. It provides space to review trends, set goals, offer feedback, and document how the PCPM can support the PC. Signatures (electronic or written) are required to verify meeting completion.

All worksheets must be completed monthly for each PC, retained on file, and made available for review during monitoring.

■ **Participant Satisfaction Survey (optional)**
Participant satisfaction surveys may be useful for gathering information to strengthen the BFPC program, recognize peer counselor support efforts through participant feedback, and inform the community needs assessment. Refer to Attachment 12 for an example survey.

Local Agency Breastfeeding Consultation and Referral Policy
(Local Agency Name)
(Clinic Name)

WIC Staff Roles	Situation	Point of Contact	Contact Information	Contact Method
Peer Counselor (PC)	*Normal breastfeeding questions or problems that do not resolve in 24 hours*	*DBE*	*Jenny Breastfeeding, DBE* *Jenny.Breastfeeding@dbe.org* *919-867-5309* *Office: Six Forks Campus 2-1-B6*	***Urgent Referrals/Consultants:*** *In-person communication (if available) or phone (leave a message with participant name, ID, and short description of issue)* ***Referrals/Consultant:*** *Complete local agency breastfeeding referral request*
Peer Counselor (PC)	Normal breastfeeding questions or problems that do not resolve in 24 hours	DBE		
	Complex breastfeeding problems	DBE		
	Nutrition or food package	CPA		
	Medical concerns for mother or infant	CPA/DBE		
Competent Professional Authority (CPA)	Refer/enroll pregnant and breastfeeding WIC participants to the Breastfeeding Peer Counselor Program	PC		
	Peer to peer breastfeeding education and support	PC		
	Complex breastfeeding problems	DBE		
	Medical concerns for mother or infants	Healthcare provider		
WIC designated breastfeeding	Resolved breastfeeding problems	PC		

Date Reviewed:
Date Updated:

Local Agency Breastfeeding Consultation and Referral Policy
(Local Agency Name)
(Clinic Name)

WIC Staff Roles	Situation	Point of Contact	Contact Information	Contact Method
expert (DBE)	Peer to peer breastfeeding education and support	PC		
	Complex breastfeeding beyond the scope of the DBE	Community Resources (IBCLC), Regional Lactation Trainer and/or healthcare provider		
	Nutrition and food package	CPA		
	Medical concerns for mother or infant	Healthcare provider		
Other WIC Staff	All breastfeeding questions and concerns	PC		
	Peer to peer breastfeeding education and support	PC		
	Nutrition and food package	CPA		
	Medical concerns for the pregnant or breastfeeding participant or infant	CPA/DBE		

Date Reviewed:
Date Updated:

(Local Agency Name)
(Local Agency Clinic Name)
Breastfeeding Support Referral List

Resource Name	Type of Service	Contact Information	Cost	Additional Information
Appalachian Breastfeeding Network Hotline (Ohio Statewide Breastfeeding Hotline)	Provides 24 hour/7 days week/ 365 days per year telephone support for breastfeeding mothers seeking advice, support, or referrals. The hotline is staffed by trained lactation professionals.	Call: 888-588-3423 OR Text: "BFHotline" to 839863	Free	Videoconferencing available if needed. All languages-Translators available.

Date Reviewed:
Date Updated:

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Classification of Complex Breastfeeding Issues

General Definition
A complex breastfeeding issue is any breastfeeding-related concern that involves conditions, challenges, or risks beyond the knowledge, training, or scope of practice of peer counselors and Competent Professional Authorities (CPAs). These concerns often require enhanced assessment, advanced lactation support strategies, and collaboration with healthcare providers.

The presence of a medical, physiological, or anatomical condition does not automatically make a breastfeeding issue complex. A situation is considered complex when such conditions:

- Contribute to current breastfeeding issue, or
- Identified during pregnancy as factors that may increase the risk of breastfeeding difficulties.

Note: While WIC Designated Breastfeeding Experts (DBEs) provide assessment, education, and support for complex breastfeeding concerns, they do not provide clinical care. When appropriate, the next step following a DBE assessment may include referral to a medical provider. Education and support may be provided in conjunction with ongoing medical care. DBEs operate within a public health framework and are not expected to diagnose or manage medical conditions.

Criteria for Complex Breastfeeding Issues
The following situations are considered complex when observed or reported and warrant a referral to a DBE:

I. Infant-Related Complexities

Complex breastfeeding issues that may affect the infant's ability to feed effectively, gain weight, or safely breastfeed, including but not limited to:

- **Feeding Effectiveness and Coordination:**
  - Persistent latch difficulties that do not improve with basic support
  - Weak or disorganized suck
  - Feeding difficulties associated with common infant illnesses that interfere with latch or intake
  - Feeding challenges related to Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS)
- **Growth and Weight Concerns:**
  - Poor weight gain or growth faltering that does not improve with basic breastfeeding support.
- **Anatomical or Developmental Differences:**
  - Suspected anatomical anomalies (e.g., cleft lip/palate, ankyloglossia, cranial differences)
  - Prematurity or delayed oral feeding development
  - Congenital conditions that interfere with feeding function
- **Health Conditions:**

- Failure to thrive (as diagnosed by a qualified healthcare provider)
- Jaundice that impacts feeding behavior or intake
- Signs of gastroesophageal reflux disease (GERD)
- Chronic illness in the infant that affects breastfeeding (e.g., cardiac, metabolic, or respiratory conditions diagnosed by a healthcare provider)

- **Milk Management and Feeding Tools:**
  - Concerns related to milk overproduction
  - Infant use of or need for special feeding devices (e.g., nipple shields, supplemental nursing systems)

II. Maternal-Related Complexities

Complex parent-related breastfeeding issues that may interfere with breastfeeding comfort, effectiveness, or continuation, including but not limited to:

- **Pain, Trauma, and Breast Conditions:**
  - Chronic or unresolved nipple or breast pain
  - Nipple trauma, bleeding, or persistent discomfort unrelieved by basic positioning support
  - Nipple blebs
  - Unresolved engorgement
  - Unresolved plugged ducts
  - Suspected or confirmed breast infection (e.g., mastitis, abscess, fungal infection)
  - Vasospasm or suspected circulatory issues affecting the nipple
- **Skin Conditions Affecting the Breast or Nipple:**
  - Rashes or reddened areas
  - Lesions of various sizes, shapes, or colors
  - Dry, scaly, or peeling skin
  - Itching, irritation, or pain associated with skin breakdown
- **Anatomical or Surgical History:**
  - Anatomical variations (e.g., inverted or flat nipples, insufficient glandular tissue)
  - History of or current breast surgery (e.g., augmentation, reduction, biopsy)
- **Health Conditions and Medication Use:**
  - Hormonal or endocrine disorders (e.g., polycystic ovary syndrome [PCOS], retained placenta, thyroid dysfunction)
  - Physical disabilities, chronic illnesses, or medical conditions that impact feeding position or milk production
  - History of bariatric surgery (e.g. gastric bypass, sleeve gastrectomy)
  - Use of medications or treatments that may be incompatible with breastfeeding
- **Breastfeeding History and Intentions:**
  - Efforts to relactate or induce breastfeeding after not breastfeeding.

WIC Designated Breastfeeding Expert Scope of Practice

Purpose:
This document defines the professional scope of practice for the WIC Designated Breastfeeding Expert (DBE). It outlines the permitted boundaries, limitations, and role expectations for the DBE working within the public health framework of the WIC Program. DBEs provide supportive, educational breastfeeding services that complement—but do not replace—clinical care.

Role Overview:
A DBE is a trained breastfeeding professional who supports pregnant and breastfeeding participants experiencing complex breastfeeding challenges. DBEs conduct structured breastfeeding assessments, develop care plans, provide education, and collaborate with WIC staff and external providers as needed. Their work must remain within the public health scope outlined in this document and align with the competencies taught in the WIC Breastfeeding Curriculum (up to Level 4).

Assessment

- Use observational techniques to evaluate breastfeeding behaviors, latch, positioning, and feeding effectiveness.
- Apply structured approaches to gather and interpret information shared by participants related to infant feeding and breastfeeding challenges.
- Identify signs that may indicate breastfeeding complications or conditions that require referral to a healthcare provider.
- Develop participant-centered strategies and care plans that align with the family's breastfeeding goals and needs.

Participant Education and Support

- Provide evidence-informed guidance on breastfeeding management, techniques, and effectiveness.
- Offer anticipatory education to help families prepare for transitions in breastfeeding, including returning to work, introducing supplementation, or weaning.
- Support the safe and appropriate use of breastfeeding aids (e.g., nipple shields, supplemental nursing systems) in line with WIC policy and within the DBE's scope of training and experience.

Referral and Coordination

- Serve as a liaison between WIC and healthcare providers to support coordinated care.
- Refer participants for medical evaluation when health concerns or breastfeeding complications are observed.

Staff Consultation and Capacity Building

- Provide guidance and share breastfeeding knowledge with CPAs and peer counselors, consistent with the DBE's training and expertise.
- Support a collaborative learning environment that promotes skill development and enhances the quality of breastfeeding services across the local agency.

Professional and Ethical Standards

- Uphold WIC values by providing participant-centered care with cultural sensitivity and

respect for confidentiality.
- Participate in ongoing training and continuing education to stay current on lactation science, WIC policies, and best practices.

Scope Limitations

It is beyond the DBE's scope of practice to:

1. Diagnose maternal or infant medical conditions (e.g., infections, hormonal imbalances, tongue-tie, failure to thrive, etc.).
2. Perform suck assessments of the infant.
3. Conduct weighted feeds to evaluate transfer of milk.
4. Prescribe, recommend, or manage medications, hormones, or herbal supplements for lactation (e.g. fenugreek, moringa).
5. Create treatment plans for medical conditions.
6. Interpret diagnostic labs or imaging.
7. Initiate or manage induced lactation or relactation protocols, including hormonal or pharmaceutical regimens.
8. Provide care that exceeds the competencies taught in the Level 4 Breastfeeding Curriculum.

Pump Issuance/Reservation Reasons

Competent Professional Authorities (CPAs) assess participants' nutrition risks to collaborate in creating personalized nutrition care plans, which include breastfeeding assessments. These assessments may identify the need for breastfeeding supplies as supportive measures. It's crucial that these supplies align with the goals and needs of the breastfeeding dyad.

When a breastfeeding assessment determines that a pump is a necessary component of the participant's care plan, the CPA/DBE must document the reason and type of pump indicated in the Care Plan Summary. The CPA's/DBE's plan of care must also illustrate how the issuance of a pump positively contributes to the parent's infant feeding goals as part of a comprehensive plan of care. The goal of all pump issuances is to support breastfeeding to the maximum extent possible, aligned with the parent's feeding goals.

After conducting a breastfeeding assessment, a pump may be issued by any trained WIC staff member through the Crossroad's Breast Pump Issuance screen. The documentation entered by the CPA/DBE on the care plan summary enables the staff member issuing the pump to clearly select the reason and the appropriate product, promoting continuity of care among all WIC staff.

The reason for issuing a pump focuses on addressing practical and logistical challenges of breastfeeding. For example, if a premature infant is hospitalized, the reason for pump issuance is "Dyad Separation". Conversely, if a premature infant is not hospitalized but becomes easily tired at the breast, thus inadequately stimulating and transferring milk, the identified reason is "Difficulty latching onto mother's breast."

The chart below outlines each pump issuance/reservation reason, provides a description of each reason, how a pump can be used to manage the situation, and the recommended type of pump for each reason.

Reason	Description	Pump Management Support	Recommended Type of Pump(s)*
Chronic low milk supply (after 4 weeks postpartum)	Chronic low milk supply refers to a situation where a lactating parent consistently produces insufficient breast milk to meet their baby's nutritional needs, despite efforts to optimize milk production and appropriate breastfeeding practices. The underlying etiology may be unknown, or it could be due to a medical condition, early breastfeeding practices, or medication.	In this situation, the management support provided by the pump is influenced by the parent's stage of lactation and their specific goals. Parents may use the pump to provide additional stimulation to the breast or as a complete replacement for breastfeeding. In cases of chronic low milk supply, an infant may lose interest in feeding directly from the breast, making the parent's goals even more critical. While continuing to breastfeed might be important, other factors, such as the preservation of mental health, must be considered. The frequency of pump usage, therefore, should be tailored to balance these factors appropriately. The determination of whether the use of a pump is a short-term or long-term intervention should be individualized to the parent's goals.	Single or Multi-User Electric Pump
Cracked, bleeding, or severely sore nipples (602)	Cracked, bleeding and severely sore nipples result in pain and discomfort lasting throughout feedings. Pain persisting beyond one week postpartum is atypical and suggests an assessment of feeding is warranted.	In these cases, nipple trauma often correlates with ineffective breast stimulation and milk removal, which can compromise the establishment or maintenance of milk supply. Therefore, a CPA/DBE may determine that issuing a pump is necessary to both establish and maintain the milk supply while latch issues are being resolved. During this period, the degree of pump dependency will vary depending on the effectiveness	Multi-User Electric Pump

Reason	Description	Pump Management Support	Recommended Type of Pump(s)*
		of individual breastfeeding sessions. Typically, this is a short-term need.	
Difficulty latching onto mother's breast (603)	Difficulty latching onto the mother's breast refers to an infant's struggle to effectively attach to the breast for feeding, which can be influenced by a variety of factors and/or may also be affected by medical conditions, oral aversions, or anatomical reasons from either the mother or infant.	In situations where there is difficulty latching to the breast, it is likely that milk is not being sufficiently removed to generate or maintain an adequate supply. Therefore, a pump may be necessary to enhance milk removal. Consequently, a CPA/DBE may determine that issuing a pump is essential to establish and maintain milk supply while the latch issue is being addressed and resolved. Depending on the underlying cause of the latching difficulty, the need for a pump may be either short-term or long-term.	Single or Multi-User Electric Pump
Dyad Separation	Breastfeeding women and infants who are separated for an extended period or experience consistent, frequent separations.	Separation of the dyad necessitates replacing direct breastfeeding sessions to stimulate and maintain milk production. Consistent pumping effectively mimics the natural demand and supply rhythm of breastfeeding, which is essential for initiating and maintaining adequate milk supply. Depending on the length and frequency of separation, the need for a pump may be short-term or long-term.	Single or Multi-User Electric Pump
Failure of milk to come in by 4 days postpartum (602)	A delay in the transition from colostrum to mature milk, expected to occur between 24 to 72 hours postpartum. Delays may be influenced by biological	Management involves regular and effective emptying of the breast to stimulate milk production. A pump may be necessary for complete, partial, or supplementary breast stimulation,	Multi-User Electric Pump

Reason	Description	Pump Management Support	Recommended Type of Pump(s)*
	factors, medical interventions, or psychological stress.	depending on the underlying causes of the delay. The need for a pump is most likely short-term.	
Induced lactation	Induced lactation refers to initiating milk production in a person who has never given birth.	A pump is used to mimic physical conditions that trigger the hormonal responses necessary for milk production. The success of induced lactation can be optimized through consistent pumping schedules and, where applicable, pharmacological support from healthcare providers. The approach, time demand and duration of the intervention varies by individual, and ongoing guidance from a lactation expert is recommended. For induced lactation regular use of a pump is likely going to be part of the duration of their breastfeeding journey.	Single or Multi-User Electric Pump
Parental Request**	The parent may express a request for pumping rather than breastfeeding directly. The reasons for this choice can vary—some are stated clearly, while others might not be shared or could even be unknown to the parent. Nevertheless, the ability to continue breastfeeding often depends on obtaining a pump.	Pump management support will be tailored to the specific needs identified by the parent. The primary goal is to support breastfeeding to the maximum extent possible, this includes providing education on the benefits of direct breastfeeding, when appropriate. To determine your plan of care for the participant, consider the frequency of use, the stage of lactation, and the duration of the need.	Single-User Manual Pump, Single-User Electric Pump, or Multi-User Electric Pump
Recipient of Abuse (901)	Defined as the experience of physical, sexual, emotional,	WIC staff may encounter participants who report that past abuse has affected	Single or Multi-User Electric Pump

Reason	Description	Pump Management Support	Recommended Type of Pump(s)*
	economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound a woman. The abuse may be self-reported by the individual, by a family member, a social worker, health care provider or other appropriate personnel. Types of abuse include but are not limited to Domestic Violence (DV) and/or Intimate Partner Violence (IPV).	their willingness or comfortability to feed their infant directly at the breast. In such cases, a pump may be necessary to fully replace breastfeeding, often leading to a long-term need for pumping support.	
Relactation	A parent who has previously breastfed is restarting breastfeeding after a period of little or no milk production.	During relactation, the extent of pump dependency tends to correlate with the milk supply. Initially, a pump may be necessary for complete breast stimulation, especially while the infant is uninterested or unwilling to latch. As the milk supply improves and the infant shows greater interest and ability to latch, the pump's role can transition to providing partial stimulation. The frequency and intensity of pump usage are thus guided by the infant’s interest in and success of transferring to direct breastfeeding. Typically, pump usage is more intensive early on and decreases as the milk supply becomes more established. These individual factors also	Multi-User Electric Pump

Reason	Description	Pump Management Support	Recommended Type of Pump(s)*
		help to determine whether the use of a pump is a short-term or long-term intervention.	
Severe breast engorgement (602)	Severe breast engorgement is a condition that can occur when there is an excessive accumulation of milk, blood, and other fluids in the breast tissue. It can also happen at any point during the breastfeeding period due to various factors affecting milk removal or production.	The issuance of a pump to address severe engorgement requires careful consideration. Severe engorgement is typically caused by the accumulation of excess fluids in the breast, which may not always be breastmilk. In these situations, using a pump provides only palliative support. Therefore, it is crucial for the DBE/CPA to assess the likely origin of the fluid buildup. Additionally, when providing instructions for palliative support, the DBE/CPA should recommend pumping only to the point of comfort. This helps avoid exacerbating issues such as hyperlactation or increased swelling. When the underlying cause is determined and it is addressed appropriately, severe breast engorgement requires only short-term pump use.	Single-User Manual Pump
Slowed/Faltering Growth Pattern (135)	• Infants birth to up to 2 weeks of age (at the time of certification): Excessive weight loss after birth, defined as >7% birth weight. • Infants 2 weeks up to 6 months of age (at the time of certification): Any weight	A slowed or faltering growth pattern usually indicates a need for supplementation, which can be met with expressed breastmilk, infant formula, or a combination of both. Often, a breast pump is provided to complement direct breastfeeding while helping to support the infant's nutritional needs. The nature	Multi-User Electric Pump

Reason	Description	Pump Management Support	Recommended Type of Pump(s)*
	loss. Use two separate weights taken at least 8 weeks apart.	of the underlying issue will dictate whether the use of a pump is a short-term or long-term intervention.	
Weak or ineffective suck (603)	A weak or ineffective suck in infants is characterized by the infant's inability to create a strong enough vacuum to extract and swallow milk efficiently during breastfeeding. This issue can stem from various causes, including prematurity, neurological challenges, muscle tone problems, or anatomical anomalies like tongue-tie. It can lead to inadequate nutritional intake.	In situations where there is a weak or ineffective suck, it is likely that milk is not being sufficiently removed to generate or maintain an adequate supply. Therefore, a pump may be necessary to complement the limited milk removal. Consequently, a CPA/DBE may determine that issuing a pump is essential to establish and maintain milk supply while infant's suckling issue is being addressed and resolved. Depending on the underlying cause of the infant's suckling issue, the need for a pump may be either short-term or long-term.	Single or Multi-User Electric Pump

*The type of pump is a recommendation is general guidance based on the likely stage of lactation, degree of pump dependency, and duration of need based on the identified reason. Importantly, as stated in Chapter 9, Section 6, "However, it is important to note that the type of pump recommended may be adjusted following a discussion with the breastfeeding mother to better suit her specific needs and comfort level."

** The decision to issue a pump based on parental request requires careful consideration by the CPA/DBE and should be documented in the care plan. Factors to consider include the availability of pump resources at the local agency, access to quality pumps from other sources, the parent's willingness to address any identified issues (such as pain), and the expected positive impact of the pump on the parent's breastfeeding experience. North Carolina WIC does not have the resources to provide a pump based on parental preference when an underlying identified etiology is not apparent.

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Indications for Use

Indications for Medical Necessity for Supplementation

The status of the infant requiring supplementation should be determined by a healthcare provider and/or WIC designated breastfeeding expert and any decisions should be made on a case-by-base basis for the indications outlined in the table below. The indication for supplementation is diagnosed by the participant's healthcare provider and documented by a clinical assessment or laboratory evidence. The below chart is for term infants.

The following is the preferred order to consider when there are indications for supplementation:

1. Expressed breast milk
2. Human donor milk
3. Infant formula

Definitions:

Supplementary feedings: Additional fluids provided to a breastfed infant before 6 months (recommended duration of exclusive breastfeeding). These fluids may include donor human milk, infant formula, or other breast milk substitutes (e.g., glucose water).

Term infant: In this protocol ''term infant'' also includes early-term infants (gestational age 37–38 6/7 weeks).

Hypoglycemia: condition in which your blood sugar (glucose) level is lower than normal.

Hyperbilirubinemia: Higher-than-normal amount of bilirubin in the blood. Bilirubin is a substance formed when red blood cells break down. Also known as jaundice.

WIC Category	**Indications for Supplementation**	**Clinical or Laboratory Evidence**
Infant	Asymptomatic hypoglycemia	▪ Laboratory blood glucose measurement and clinical assessment by healthcare provider
	Inadequate milk intake	▪ Clinical assessment of dehydration documented by healthcare provider
		▪ Clinical assessment to determine weight loss greater than 8-10% when feeding is not going well
		▪ Delayed bowel movements: o Fewer than four (4) stools on day four (4) of life or o Continued meconium stools on day five (5)

	Hyperbilirubinemia (Jaundice)	▪ Poor breast milk intake despite intervention ▪ Laboratory bilirubin measurement and clinical assessment by healthcare provider
	Inborn error of metabolism (e.g. galactosemia)	▪ Laboratory measurement in birthing facility and/or healthcare provider office
Breastfeeding Woman	Delayed onset of stage II of lactation (secretory activation)	▪ Phase II of milk (transitional milk) delayed 3-5 days (72-120 hours) ▪ Inadequate intake by infant
	Primary glandular insufficiency	▪ Clinical assessment by healthcare provider to show abnormal breast shape, poor breast growth during pregnancy, or minimal indications of secretory activation
	Breast pathology or prior breast surgery	▪ Clinical assessment by healthcare provider to show poor milk production
	Certain Medications	▪ Clinical assessment by healthcare provider to determine medication and breastfeeding compatibility
	Temporary separation without breast milk available	▪ Clinical assessment by healthcare provider
	Intolerable pain during feedings unrelieved by intervention	▪ Clinical assessment by healthcare provider

Indications for Use

Indications for Silicone Nipple Shield

Definition. A nipple shield is a flexible silicone nipple worn over the lactating parent's nipple during a feeding. Nipple shields allow for stimulation to the nipple and areola. This device should be considered a short-term solution and should be used under the guidance of a WIC designated breastfeeding expert (DBE).

Nipple shields should be used only after other methods to achieve successful breastfeeding have been attempted. Rarely are nipple shields appropriate in the first 24 hours of attempting breastfeeding. Nipple shields may be provided after client instruction is given, a breastfeeding assessment to include observation of a feeding session at the breast is complete, and a follow-up plan is made prior to client leaving the local agency.

Indications for use of nipple shield include:

A. Latch difficulty:
   a. Nipple anomalies (flat, inverted)
   b. Nipple pain and damage
   c. Mismatch between small infant mouth and large nipples
   d. Artificial nipple preference (bottle, pacifiers)
   e. To transition and infant from bottle to breast
   f. Infant with weak, disorganized or dysfunctional suck (preterm, neurological problems)
   g. Infant with high or low muscle tone
   h. Overactive milk ejection reflex or overproduction of milk
   i. Tongue tie

B. Infant oral cavity issues:
   a. Cleft palate
   b. Bubble palate
   c. Lack of fat pads (preterm, small for gestational age)
   d. Recessed jaw

C. Infant with upper airway issues:
   a. Tracheomalacia
   b. Laryngomalacia

D. Other potential indications, when all other interventions have been unsuccessful (i.e. adjust latch and position), include:
   a. Participant has sore nipples
   b. Participant has damaged nipples
   c. Painful latch

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Multi-User Pump Cleaning Log Instructions

This log is pre-formatted for clinics to track multi-user breast pump cleaning and inventory. The report is designed to be completed in Excel but can also be printed and filled out by hand if preferred.

How to Complete Each Entry

1 Enter the **Return Date** when the multi-user pump is returned to the local agency.

- **a.** When a **Return Date** is entered, the entire row will automatically turn green or orange depending on whether the pump is still within the cleaning window outlined in the WIC Program Manual (WPM) or has exceeded that timeframe. Once a date is entered in the **Cleaned Date** cell, the row will revert to its original color, regardless of whether the cleaning occurred within or beyond the required timeline.
- **b.** Conditional formatting highlights overdue cleaning:
  - **Green:** Within one business day of return
  - **Orange:** Beyond one business day
  - **No Color:** Either no Return Date or a Cleaned Date has been entered

  Note: Weekends are automatically excluded from the one-business day count.

2 Enter the multi-user pump's **Serial #**.

3 Select the **Pump Type** from the drop-down list. Options include *Symphony PLUS, Symphony, Lactina, Lactina Plus, Elite*, or *Pearl* multi-user pumps.

4 Select the pump's **Return Condition** from the drop-down list. The options match those listed on the return receipt: *Working Properly, Not Working, Broken Parts*, or *Bug Infestation*.

- **a. Working Properly:** Pump powers on, runs smoothly, and has no visible damage.
- **b. Not Working:** Pump does not power or operate correctly.
- **c. Broken Parts:** Physical damage (e.g., cracked casing, missing cord, broken knob).
- **d. Bug Infestation:** Evidence of insect activity inside or around the pump.

5 If the multi-user pump is *Working Properly*, enter the **Cleaned Date**.

- This date represents when a staff member cleaned the pump and prepared it for return to inventory.
- If the pump's Return Condition is labeled as *Not Working, Broken Parts, or Bug Infestation*, enter N/A in the **Cleaned Date** field.

6 If the multi-user pump was cleaned, enter the **Staff Initials** of the staff member who performed the cleaning. If the pump was not cleaned because maintenance is needed or it will be surplused, enter N/A.

7 Select the **Post-Cleaning Status** from the drop-down list. Options include *Returned to Inventory, Maintenance,* or *Surplus.*

- **a. Returned to Inventory:** Pump is working properly, cleaned, and ready to be issued again.
- **b. Maintenance:** The pump requires a repair or replacement of missing parts before it can be issued again.
- **c. Surplus:** Pump is not repairable/obsolete and will be removed from use.

8 Utilize the **Comments** field to document any additional or relevant information about the pump cleaning.

Important Notes

Drop-Down Lists: All drop-down lists are preloaded. Do not type or modify them.

Capacity: The log allows up to 1,000 entries. Once that limit is reached, each clinic may choose to either add additional rows or start a new log.

Filtering Data in the Table: The Pump Cleaning Log is formatted as an Excel Table, which allows users to quickly sort and filter information.

To filter:
1. Click the ▼ arrow beside any column header.
2. Select or deselect the items you want to view based on the entries in the column (e.g. Return Condition column can tell you how many pumps have been returned with a bug infestation.)
3. To clear filters and view all entries again, choose "Clear Filter from [Column Name]" from the same menu.
Tip: Filtering helps you review pumps needing cleaning, track by staff initials, or view pumps with specific return conditions without altering or deleting any data.

Multi-User Pump Cleaning Log

Clinic Name:

Return Date	Serial #	Pump Type	Return Condition	Cleaned Date	Staff Initials	Post-Cleaning Status	Comments
10/14/2025	*ABC123U&ME*	*Symphony PLUS (Medela)*	*Working Properly*	*10/14/2025*	*CFP*	*Returned to Inventory*	

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Overdue Multi-User Pump Notification Sample Letter

<Enter Local Agency Letterhead Here>

Hello <Enter Participant Name>,

Congratulations on your baby and thank you for allowing WIC to support you in your breastfeeding journey.

Our records show that <Enter Local Agency and Clinic Name> provided you with a loaned multi-user breast pump. <Enter manufacturer and model name> ,<Enter Serial Number>. This pump was due back to be returned on Click or tap to enter a date.

At this time, the pump is overdue. We kindly ask that you return it as soon as possible, so it can be made available to another family who may need it.

Please return the loaned multi-user pump to:
<Enter Local Agency Clinic Name>
<Enter Street Address and City Name>

Our clinic is open <Enter days and hours of operation>. If these times do not work for you, please call or text <Enter name and number> to arrange another return option..

If you still need the pump, please contact us to discuss extending the loan. We are happy to help.

Thank you again for being part of the WIC Program. We appreciate you and look forward to connecting with you soon.

Sincerely,

<Staff Name>

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Peer Counselor Scope of Practice

A peer counselor provides basic breastfeeding information, encouragement and support to WIC participants and performs within the peer counselor scope of practice.

Perform in a professional manner in all aspects of the peer counselor role.

- Respect the participant's privacy, dignity and confidentiality.
- Respect and respond sensitively to cultural attitudes and practices of participants and the community.
- Work within the policies and procedures of the WIC program.
- Maintain records according to legal requirements and ethical practices.
- Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Program Manager and WIC Designated Breastfeeding Expert (DBE).
- Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
- Yield to the DBE for situations out of breastfeeding peer counselor Scope of Practice.
- Acquire ongoing breastfeeding education to maintain and build knowledge and skills within Scope of Practice.

Encourage and support participants to breastfeed.

- Use participant-focused communication techniques to best meet participant needs.
- Help participants identify the support available to them and educate family members.
- Help women identify their breastfeeding concerns, barriers, and solutions.
- Teach the reasons to breastfeed and the risks of not breastfeeding.
- Teach the importance of exclusive breastfeeding in the early weeks.
- Teach participants about the WIC food packages for breastfeeding mothers.
- Assist in infant feeding classes and peer support groups.
- Be available to WIC participants outside of usual clinic hours and outside of the clinic environment.
- Refer mothers to resources for support.
- Promote breastfeeding in the community, workplace, and health care system.
- Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods, and weaning.

Teach basic breastfeeding to participants and help them when difficulties occur.

- Teach basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, skin-to-skin care, positioning and latch, and milk expression and storage.
- Identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns.
- Provide anticipatory guidance to help prevent the occurrence of problems.

- Provide guidance to mothers regarding non-evidence-based breastfeeding information they receive.
- Help mothers plan for a return to work/school that supports the continuation of breastfeeding.
- Provide basic and timely problem-solving and support.
- Yield mothers experiencing difficulties to the WIC designated breastfeeding expert.

Peer Counselors should not address non-breastfeeding questions. When a relationship is built with new moms, they begin to trust the peer counselor to provide information and solutions for other aspects of their lives such as dealing with growth and developmental behaviors of their children, relationship issues, personal crises, and breastfeeding challenges that are beyond the scope of practice of the peer counselor. Burnout can easily occur when peer counselors try to take on more than their role or more than they are capable of managing.

Adapted from Scope of Practice for Peer Counselors materials from Michigan, California and Virginia WIC.

Peer Counselor When to Yield

When peer counselors identify any of the following problems or situations, they must immediately consult their WIC Designated Breastfeeding Expert (DBE) to discuss the best plan for supporting the mother and infant. The peer counselor will continue to provide support while the DBE or medical expert is addressing the issue, unless the supervisor or peer counselor determines that it is best to discontinue peer support.

Pregnancy Issues the Mother Reports

1. Spotting or bleeding
2. Excessive vomiting or nausea
3. Swelling
4. Contractions, suggesting premature labor
5. Baby stops moving
6. Other troublesome medical situations

Baby Issues

1. Baby is born preterm or low birth weight
2. Baby is sick
3. Baby has fewer than 6 wet diapers and 3 stools per 24 hours in the first month after the baby is 4 days old
4. Baby fails to gain weight or gains weight slowly:
    - Baby loses more than 7% of birth weight
    - Birth weight is not regained by 2 weeks postpartum
    - Weight gain is less than 4.5 ounces per week
5. Baby has difficulty latching or remaining latched after several attempts
6. Baby appears unhappy at the breast or refuses to breastfeed
7. Baby is still hungry after feedings despite increased frequency and duration of breastfeeding
8. Breastfeeding typically last more than 45 minutes
9. Baby has signs of jaundice
10. Baby has a congenital defect such as cleft lip/palate or Down Syndrome
11. Baby has restricted tongue movement from a tight frenulum

Mother Concerns

1. Mother has engorgement or plugged ducts that do not resolve with basic suggestions after 24 hours
1. Mother has a fever (suggesting possible mastitis or abscess)
2. Mother has nipple discomfort that does not improve with basic suggestions after 24 hours

3. Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements
4. Mother has been formula feeding the baby since birth and now wants to breastfeed
5. Mother is exclusively pumping her milk and now wants to put her baby to breast
6. Mother wants to induce lactation or relactate after discontinuing breastfeeding (e.g., she desires to breastfeed an adopted baby)
7. Mother is breastfeeding more than one baby
8. Mother wants to breastfeed but has been advised NOT to by her HCP
9. Mother finds a lump in her breast

Illness in Mother or Baby

1. Mother and/or baby have symptoms of thrush/yeast infection
2. Mother or baby are vomiting or have diarrhea
3. Mother or baby are hospitalized
4. Mother has symptoms of a breast infection (such as mastitis or abscess)
5. Mother has a physical disability
6. Mother or baby has a chronic or acute illness such as:
   - Hepatitis B or C, tuberculosis, CMV, or chicken pox
   - Renal, liver, intestinal, heart problems, or cystic fibrosis
   - Metabolic disorder such as diabetes mellitus
   - Hormonal concerns such as Polycystic Ovary Syndrome or thyroid dysfunctions
7. Mother has been diagnosed with HIV/AIDS

Other Medical Situations

1. Mother has been prescribed medications that have not been approved for breastfeeding by current established authorities such as the AAP or Lactmed
2. Mother has prior breast surgery (breast implants, breast reduction, biopsy, breast cancer), chest surgery, or trauma
3. Mother has had gastric bypass surgery

Nutrition

1. Mother has nutrition questions
2. Mother is nutritionally at risk for underweight, has bulimia or anorexia
3. Mother has food insecurity

Social

1. Mother reports concerns of depression
2. Physical abuse of the mother or another family member is reported or suspected

3. Mother reports use of alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

Other

1. Mother or baby have any other medical problems that are beyond the normal course of breastfeeding and therefore are outside the peer counselor scope of practice
2. Mother feels there is a problem that needs a referral
3. Peer counselor feels there is a situation that needs to be addressed by a lactation expert
4. Mother is not following suggestions given by the peer counselor

Adapted from the Minnesota WIC Program, "Yield List"

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Instructions For Completing the Breastfeeding Peer Counseling Program Welcome Letter

1. **Participant Section:**
    - Enter the participant's full name, Family ID, and expected or actual delivery date.
    - Review the program overview with the participant.
    - Have the participant complete:
        - Phone number, alternate phone number (optional), and email address.
        - Preferred method of contact by checking the appropriate box.
    - Participant signs and dates the form.
2. **Peer Counselor Section:**
    - Enter the name and contact information for the assigned peer counselor.
3. **WIC Staff Section:**
    - After explaining the program, WIC staff must sign and date the staff section to confirm the participant was given an overview and enrolled.
4. **Distribution:**
    - White copy stays with the local agency.
    - Yellow copy is given to the participant.

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North Carolina WIC Breastfeeding Peer Counseling Program
Welcome Letter

Participant Name: _____

Family ID: _____ **Expected or Actual Delivery Date:** _____

Welcome to the WIC Breastfeeding Peer Counseling Program! We are excited to support you on your breastfeeding journey. Our goal is to help you succeed in meeting your feeding goals and we are here to help every step of the way.

As part of the breastfeeding peer counseling program, your peer counselor will:

- Contact you during pregnancy and soon after your baby arrives.
- Be available to help you with breastfeeding.
- Connect you to lactation experts or healthcare providers if needed.
- Help you:
  - Get a good start with breastfeeding.
  - Learn how to make plenty of milk for your baby.
  - Feel comfortable breastfeeding anywhere you wish.
  - Find the right breastfeeding support for you.
  - Work through any breastfeeding concerns.
  - Continue breastfeeding when you return to work or school, if you want to.

To make the most of the breastfeeding peer counseling program, please:

- Share your needs and questions with your peer counselor during pregnancy and after your baby is born.
- Inform the peer counselor if your address or phone number changes.
- Let us know your preferred method of contact.

By signing below, you agree to join the Breastfeeding Peer Counseling Program. A peer counselor will be in touch with you throughout your breastfeeding journey to provide support when you need it most. You can opt out of this program anytime you want, and it will not affect your WIC benefits or eligibility.

Participant Signature: _____ **Date:** _____

Phone Number: _____ **Alternate Phone Number (optional):** _____

Email Address: _____

Contact Preference: ☐ Telephone ☐ Text Message ☐ Email ☐ Videoconference ☐ Other_____

Peer Counselor Contact Information:
We are here to support you and answer any questions that may arise about breastfeeding.

Your peer counselor is: _____ You can reach her at: _____

For WIC Staff Use:
I have provided the WIC participant with an overview of the Breastfeeding Peer Counseling Program and collected the necessary information for them to begin receiving program services.

WIC Staff Signature: _____ **Date:** _____

Created 07.11.2024 This institution is an equal opportunity provider. White Copy-Local Agency
Yellow Copy-Participant

Programa de asesoramiento entre pares sobre lactancia materna WIC de Carolina del Norte
Carta de Bienvenida

Nombre del participante: _____

ID de familia: _____ **Fecha de entrega prevista o real:** _____

¡Bienvenidos al Programa de Asesoramiento entre Pares sobre Lactancia Materna de WIC! Estamos encantados de apoyarte en tu camino hacia la lactancia materna. Nuestro objetivo es ayudarte a tener éxito en el cumplimiento de tus objetivos de alimentación y estamos aquí para ayudarte en cada paso del camino.

Como parte del programa de asesoramiento entre pares sobre la lactancia materna, tu consejera entre pares:

- Se conectará contigo durante el embarazo y poco después de que llegue tu bebé.
- Estará disponible para ayudarte con la lactancia materna .
- Te conectará con expertos en lactancia o proveedores de atención médica si es necesario.
- Te ayudará:
  - Comenzar bien con la lactancia materna.
  - Aprender a hacer mucha leche para tu bebé.
  - Sentirte cómoda amamantando en cualquier lugar que desees.
  - Encontrar el apoyo de lactancia adecuado para ti.
  - Resolver cualquier inquietud sobre la lactancia materna.
  - Continuar amamantando cuando regreses al trabajo o a la escuela, si lo deseas.

Para aprovechar al máximo el programa de asesoramiento entre pares sobre la lactancia materna, por favor:

- Comparte tus necesidades y preguntas con tu consejera durante el embarazo y después de que nazca tu bebé.
- Informa a la consejera de pares si tu dirección o número de teléfono cambia.
- Indícanos cuál es tu método de contacto preferido.

Al firmar a continuación, aceptas unirte al Programa de Asesoramiento entre Pares sobre la Lactancia Materna. Una consejera de pares se pondrá en contacto contigo a lo largo del proceso de lactancia para brindarte apoyo cuando más lo necesites. Puedes optar por no participar en este programa cuando lo desees y no afectará tus beneficios de WIC ni tu elegibilidad.

Firma del participante: _____ **Fecha:** _____

Número de teléfono: _____ **Número de teléfono alternativo (opcional):** _____

Correo electrónico : _____ **Preferencia de contacto:** ☐ Teléfono ☐ Mensaje de texto ☐ Correo electrónico ☐ Videoconferencia ☐ Otro _____

Información de contacto de la consejera entre pares:
Estamos aquí para apoyarte y responder a cualquier pregunta que pueda surgir sobre la lactancia materna.
Tu consejera entre pares es: _____ Puedes comunicarte con ella al: _____

Para uso del personal de WIC:
He proporcionado a la participante de WIC una descripción general del Programa de Asesoramiento entre Pares sobre la Lactancia Materna y he obtenido la información necesaria para que comiencen a recibir los servicios del programa.

Firma del personal de WIC: _____ **Fecha:** _____

Creado el 07.11.2024 Esta institución es un proveedor de igualdad de oportunidades.

Agencia local de copia blanca
Participante de copia amarilla

Monthly Peer Counselor Review Guide

Worksheet #1: Peer Counselor Monthly Report Worksheet

This worksheet should be filled out by the peer counselor each month. It helps you reflect on your caseload, track your activities, and share any support you may need from your PCPM. Please complete it before your **Monthly PCPM and PC Meeting**.

Staff Details

•Enter your name
• Enter the month and year being reviewed
• Enter your PCPM's name
Note: *If completing this document electronically, the Peer Counselor's name, Peer Counselor Program Manager's name, and the month and year of the review will automatically populate in the remaining documents.*

Caseload Management

Caseload Count

Record the number of participants on your *Active Caseload* and *Overall Caseload* during the review month.
• Break down by prenatal and breastfeeding participants
• Refer to the WPM *Chapter 9: Breastfeeding Program Management, Section 7: Breastfeeding Peer Counseling Program* for caseload definitions

Enrollment

Record the number of new participants added to your caseload and those who were terminated (removed from your caseload).
•Separate by Prenatal and Breastfeeding categories.

Monthly Contacts

Record the number of contacts by type.
• Refer to the WPM *Chapter 9: Breastfeeding Program Management, Section 7: Breastfeeding Peer Counseling Program* for a detailed list of contact types.
Note: *You can use the Crossroads report called "Monthly Activities Breastfeeding Report" to help count your contacts and attempts. This report only shows participants who were charted during the selected time and does not include those who transferred during their certification period.*

Additional Peer Counselor Activities

Check any activities you participated in this month that were outside of direct participant contacts.
• If you choose "Other," briefly describe the activity in the space provided.
Note: *If you need more space to write, increase the row height by placing your mouse on the bottom edge of the row number. When the cursor changes to a double-headed arrow, click and drag down.*

Monthly Reflection

1. Confidence: How confident did you feel managing your caseload this month?
2. Timeliness: Did you complete most of your contacts on time? (Check Yes or No)
3. Challenges: Were there any participants you had trouble reaching or supporting?
4. Success: Share one thing you're proud of doing this month.
5. Support Needs: Do you need anything from your PCPM? (If yes, briefly explain.)

Note: *You can adjust the row height if your response doesn't fit. Place your mouse on the bottom edge of the row number, then click and drag down to expand the space.*

☑ **Reminder:** This worksheet isn't a test—it's here to help you grow, feel supported, and talk about what's going well and where you might need help. Everyone's caseload is different, and it's normal to have hard days or things that didn't go as planned. Your answers help your PCPM understand how to support you and what you might need. This is also a chance to celebrate what you're doing well!

Monthly Peer Counselor Review Guide
Peer Counselor Monthly Report Worksheet

Staff Details

Peer Counselor Name: _____ Month/Year: _____

PCPM Name: _____

Caseload Management

Caseload Count	Prenatal	Breastfeeding	Total
Active Caseload			
Overall Caseload			

Enrollment	Prenatal	Breastfeeding	Total
New			
Terminated			

Monthly Contacts

	Prenatal		Weekly Postpartum					Additional Communication		
Contact Type	Initial	Second	#1 (a)	#1 (b)	#2	#3	#4	Follow-Up	Attempts	Non-Enrolled	Declined
Monthly Total											

Additional Peer Counselor Activities

During the review month, did you participate in any of the following additional activities:

- ☐ Support Groups/Classes
- ☐ Community Outreach
- ☐ Other (describe) _____
- ☐ Required Quarterly Training
- ☐ Community Engagement Meetings
- ☐ Staff Meeting
- ☐ Other Breastfeeding Trainings

Monthly Reflection

1 How confident do I feel managing my caseload this month? _____

2 Was I able to complete most contacts on time this month? ☐ Yes ☐ No

3 Were there any participants I struggled to reach or support? ☐ Yes ☐ No

4 What is one thing I feel I did really well this month? _____

5 Is there anything I need from my supervisor (PCPM)? ☐ Yes ☐ No

If yes, please explain: _____

Worksheet #2: Spot Check Worksheets

These worksheets, completed by the PCPM, review PC Care Plan documentation for accuracy, participant-centered support, and appropriate referrals. Use findings to identify trends, recognize strengths, and guide improvement. Complete three spot checks before your **Monthly PCPM and PC Meeting.**

Selection

Select three participant charts from the peer counselor's caseload, with preference to participants on the PC active caseload, ie: received contact(s) during the review month. Review all contacts and attempts documented during this participant's current Breastfeeding Peer Counseling program enrollment.

Staff Details

- Enter the PC name
- Enter your name
- Enter the month and year being reviewed

Participant Information

- Enter the Family ID
- Enter the date the Welcome Letter was signed
- Enter the Estimated Delivery Date if pregnant, or Actual Delivery Date if postpartum.

Required Contacts

In the electronic version of this worksheet, the required contact due dates will autofill automatically based on your entries for the date of the Welcome Letter and estimated or actual delivery date . If completing the form by hand, you may use the Peer Counselor Contact Calculator to determine and enter the due dates manually. For each required contact, check the box if it was completed by the indicated due date if the date has already passed. Use the "additional comments" section to document any missed contacts including instances where the contact was completed outside the timeframe or if there was a reasonable or documented explanation.

Care Plan Review Questions

For each selected chart, review all two-way communication documented in the Breastfeeding Peer Counseling History Records section of the Peer Counselor Care Plan for the review month. If time allows, consider reviewing all contacts during the participant's current enrollment. If any contact does not meet the criteria, mark "No." Add comments as needed.

1. Education and Support: Documentation should reflect evidence-based guidance and be relevant to the participant's stated goals, concerns, or questions. Education must be timely and appropriate for the participant's circumstances, such as their literacy level, available support systems, or upcoming transitions like returning to work. The support provided should meet the participant where they are and address their immediate needs.

2. Scope of Practice: Peer counselors must document within their defined WIC scope of practice, avoiding clinical assessments or guidance outside of their training. All education and support must align with WIC policies. Refer to *WPM Chapter 9, Attachment 9* for the complete scope of practice.

3. Referrals: Documentation should clearly indicate when a referral was made to a CPA or DBE for complex breastfeeding issues, assessments, or food package changes. It should also include any appropriate external referrals, such as to community resources, support groups, or parenting classes, when participant needs extend beyond the peer counselor's role.

4. Encouragement: Peer counselor notes should reflect supportive communication by including affirming, praising, or reassuring statements. Emotional support is a core part of peer counseling and should be consistently evident in documentation.

5. Follow-Up: Each contact should include a follow-up plan with a specific date or timeframe and the reason for follow-up. This demonstrates continuity of care and ensures ongoing support tailored to the participant's evolving needs.

Additional Comments

Provide additional comments as desired, such as noted trends or patterns in completion, timeliness, or documentation.

☑ **Reminder:** This worksheet is intended to support efficient review, reflection, learning, and continuous quality improvement—not to be a punitive evaluation. Factors that should be considered include State guidelines, local agency practices, and professional judgement, including reasonable circumstances, while maintaining a supportive and collaborative approach with PCs.

Monthly Peer Counselor Review Guide
Spot Check #1 Worksheet

Staff Details			
Peer Counselor Name:		Month/Year Reviewed:	
PCPM Name:			

Participant Information			
Family ID Number:			
Welcome Letter Date:		Estimated Delivery or Actual Delivery Date:	

Required Contacts	Prenatal		Weekly Postpartum				
	Initial	Second	#1 (a)	#1 (b)	#2	#3	#4
Due Date:							
Contact met due date *(if yes, check the box)* :	☐	☐	☐	☐	☐	☐	☐

Care Plan Review Questions

Review all contacts documented in the Peer Counselor Care Plan for the selected chart that involved two-way communication during the review month. If any contact does not meet the criteria, select "No."

Questions	Yes	No	Comments
1. Is the breastfeeding education and support accurate, relevant and appropriate to meet the needs(s) of the participant?	☐	☐	
2. Does the peer counselor operate within WIC policy and the peer counselor's defined scope of practice?	☐	☐	
3. Does the peer counselor refer when appropriate, including for complex breastfeeding issues?	☐	☐	
4. Is encouragement or reassurance documented?	☐	☐	
5. Does the peer counselor include specific and appropriate plans for follow-up?	☐	☐	

Additional Comments

Monthly Peer Counselor Review Guide
Spot Check #2 Worksheet

Staff Details			
Peer Counselor Name:		Month/Year Reviewed:	
PCPM Name:			

Participant Information			
Family ID Number:			
Welcome Letter Date:		Estimated Delivery or Actual Delivery Date:	

Required Contacts	Prenatal		Weekly Postpartum				
	Initial	Second	#1 (a)	#1 (b)	#2	#3	#4
Due Date:							
Contact met due date *(if yes, check the box)* :	☐	☐	☐	☐	☐	☐	☐

Care Plan Review Questions

Review all contacts documented in the Peer Counselor Care Plan for the selected chart that involved two-way communication during the review month. If any contact does not meet the criteria, select "No."

Questions	Yes	No	Comments
1. Is the breastfeeding education and support accurate, relevant and appropriate to meet the needs(s) of the participant?	☐	☐	
2. Does the peer counselor operate within WIC policy and the peer counselor's defined scope of practice?	☐	☐	
3. Does the peer counselor refer when appropriate, including for complex breastfeeding issues?	☐	☐	
4. Is encouragement or reassurance documented?	☐	☐	
5. Does the peer counselor include specific and appropriate plans for follow-up?	☐	☐	

Additional Comments

Monthly Peer Counselor Review Guide
Spot Check #3 Worksheet

Staff Details			
Peer Counselor Name:		Month/Year Reviewed:	
PCPM Name:			

Participant Information			
Family ID Number:			
Welcome Letter Date:		Estimated Delivery or Actual Delivery Date:	

Required Contacts	Prenatal		Weekly Postpartum				
	Initial	Second	#1 (a)	#1 (b)	#2	#3	#4
Due Date:							
Contact met due date *(if yes, check the box)* :	☐	☐	☐	☐	☐	☐	☐

Care Plan Review Questions

Review all contacts documented in the Peer Counselor Care Plan for the selected chart that involved two-way communication during the review month. If any contact does not meet the criteria, select "No."

Questions	Yes	No	Comments
1. Is the breastfeeding education and support accurate, relevant and appropriate to meet the needs(s) of the participant?	☐	☐	
2. Does the peer counselor operate within WIC policy and the peer counselor's defined scope of practice?	☐	☐	
3. Does the peer counselor refer when appropriate, including for complex breastfeeding issues?	☐	☐	
4. Is encouragement or reassurance documented?	☐	☐	
5. Does the peer counselor include specific and appropriate plans for follow-up?	☐	☐	

Additional Comments

Worksheet #3: Monthly Peer Counselor Meeting Guide Instructions
This worksheet should be completed jointly by the Peer Counselor and Peer Counselor Program Manager (PCPM) during their **Monthly PCPM and PC Meeting**. It is informed by data completed in advance: the PC Monthly Report Worksheet completed by the Peer Counselor and Spot Checks #1 through #3 Worksheets completed by the PCPM. This worksheet serves as a structured discussion guide, supporting review of key data, recognition of the Peer Counselor's efforts, goal setting, and identification of specific ways the PCPM can support progress. The form concludes with a section for meeting notes and signatures to ensure proper documentation and recordkeeping.
Staff Details
•Enter PC name • Enter the PCPM name • Enter the month and year reviewed • Enter the meeting date
Caseload Review
Review the PC Monthly Report worksheet together. Answer the questions based on your agency's standards.
Caseload Management
1. Enrollment: Consider adequacy based on outreach, referrals, and current caseload size. 2. Caseload Fit: Consider whether the PC can realistically engage with her caseload. 3. Inactivity: Discuss reasons for inactivity to identify if further engagement effort or other action is needed.
Monthly Contacts
In the electronic version of this worksheet, the monthly contact percentage will autofill automatically based on the entries on the PC Monthly Report. If completing the form by hand: 1. Add the number of Prenatal, Postpartum, and Follow Up contacts completed on the monthly report. 2. Add the number of Prenatal, Postpartum, Follow Up and Attempts completed on the monthly report. 3. Divide the first number by the second number and convert to percentage. Write this number in the blank. 4. If this number is less than 33%, select No. If the low percentage is related to high contact attempts, identify in the comment section ways to increase successful two-way communication. Provide a comment if the low percentage is explained by other factors.
Spot Check Review
Review the Spot Check worksheet together. The following questions are intended to guide discussion and help identify trends or patterns in the areas of program requirements and the quality of peer counseling support provided.
Accuracy and Completeness
Review the required contacts and response for question 1 on the Spot Check worksheets in your discussion of this section.
Participant-Centered Support
Review the responses for questions 1 and 4 on the Spot Check worksheets in your discussion of this section.
Appropriate Use of Referrals and Follow-Up
Review the responses for questions 2, 3, and 5 on the Spot Check worksheets in your discussion of this section.
Strengths and Goal setting
Include positive feedback for the peer counselor and identify a goal for the upcoming month that the PC hopes to achieve, with support from the PCPM.
Comments
Provide additional comments or meeting notes.
Signature and Date
When the meeting is complete, sign and date the form to confirm the meeting was held. The PCPM will retain the Meeting Guide worksheet for reference and monitoring purposes.
☑ **Reminder:** The meeting guidance worksheet is a tool designed to support open communication between the Peer Counselor and the PCPM. The worksheet helps frame a productive discussion that can be tailored to your agency's goals and priorities.

Monthly Peer Counselor Review Guide
Monthly Peer Counselor Meeting Worksheet

Staff Details

Peer Counselor Name: _____ Review Month/Year: _____

PCPM Name: _____ Meeting Date: _____

Caseload Review

Caseload Management	Yes	No
Did the PC enroll an adequate number of new participants during the review month?	☐	☐
If no, explain: _____		
Is the overall caseload appropriate for the number of hours that the PC works?	☐	☐
If no, explain: _____		

Compare the PC's active caseload to their overall caseload. What factors contributed to participants being inactive?

Monthly Contacts	Yes	No
Do the PC contacts result in a two-way communication at least 33% of the time?	☐	☐

Contact Percentage: _____

If no, explain. If a low contact percentage is related to high attempts, identify possible steps to increase the percentage of successful contacts.

Spot Check Summary

Accuracy and Completeness	Yes	No
Are all parts of the care plan filled out clearly, correctly, and timely ?	☐	☐
If no, explain: _____		

Participant-Centered Support	Yes	No
Is the provided education and support accurate, relevant, and appropriate for the parent's own goals and needs?	☐	☐
If no, explain: _____		
Does the care plan reflect that the peer counselor provided encouragement and reassurance to the participant?	☐	☐
If no, explain: _____		

Monthly Peer Counselor Review Guide
Monthly Peer Counselor Meeting Worksheet

Appropriate Use of Referrals and Follow-Up	Yes	No
Do the care plans support that the peer counselor remained within their scope of practice?	☐	☐
If no, explain: _____		
When complex breastfeeding issues are identified, did the peer counselor refer to the CPA/DBE?	☐	☐
If no, explain: _____		

Strengths and Goal Setting

What is one thing the PC did well this month?

What is a one goal the PC would like to set for the next month?

Is there anything the PCPM can do to support the PC in reaching this goal?

Comments

Signature & Date

_____ PCPM Signature

_____ PC Signature

_____ Date

_____ Date

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NORTH CAROLINA

Breastfeeding Peer Counseling Program

Client Satisfaction Survey

Your WIC Agency wants to hear what you think about the Peer Counseling Program!
Your feedback helps us make the program better for you and for other parents.

Please answer the questions below. You can check Yes / No, and write comments if you'd like.

Today's Date: _____ **My Peer Counselor is:** _____

1. How did you first hear about the WIC Breastfeeding Peer Counseling Program?			
☐ At the WIC office	☐ Friend or Family	☐ Doctor	☐ Other:

2. Did your peer counselor help you decide to breastfeed your baby?	☐ Yes	☐ No
3. Did your peer counselor give you helpful breastfeeding information?	☐ Yes	☐ No
4. Did your peer counselor provide you support and encouragement?	☐ Yes	☐ No
5. Was your peer counselor available when you needed help?	☐ Yes	☐ No
6. Did your peer counselor contact you often enough during your pregnancy and/or breastfeeding journey?	☐ Yes	☐ No
7. Did your peer counselor help you meet your breastfeeding goals?	☐ Yes	☐ No
8. Would you recommend the Breastfeeding Peer Counseling Program to other families?	☐ Yes	☐ No
9. Do you have any suggestions to improve the Breastfeeding Peer Counseling Program? *Please write any comments in the box below.*	☐ Yes	☐ No
10. Was there anything else you wish WIC offered to help you meet your breastfeeding goals? *Please write any comments in the box below.*	☐ Yes	☐ No

Comments:

Please let your Peer Counselor know if you would be interested in becoming a Peer Counselor!

This institution is an equal opportunity provider

NORTH CAROLINA

Programa de Consejería entre Pares en Lactancia Materna

Encuesta de Satisfacción del Cliente

¡Tu agencia de WIC quiere saber que piensas sobre el Programa de consejería entre pares!

Tus comentarios nos ayudan a mejorar el programa para ti y otros padres.

Por favor, responde las preguntas a continuación. Puedes marcar Sí o No y escribir comentarios si deseas.

Fecha: _____ **Mi consejera entre pares es:** _____

1. ¿Cómo te enteraste por primera vez del Programa de Consejería entre Pares de WIC?					
☐ En la oficina de WIC	☐ Amiga o Familiar	☐ Doctora o Doctor	☐ Otro		
2. ¿Tu consejera entre pares te ayudó a decidir amamantar a tu bebé?				☐ Sí	☐ No
3. ¿Tu consejera entre pares te dio información útil sobre la lactancia materna?				☐ Sí	☐ No
4. ¿Tu consejera entre pares te brindó apoyo y ánimo?				☐ Sí	☐ No
5. ¿Tu consejera entre pares estuvo disponible cuando necesitaste ayuda?				☐ Sí	☐ No
6. ¿Tu consejera entre pares se comunicó contigo con suficiente frecuencia durante tu embarazo y mientras amamantabas?				☐ Sí	☐ No
7. ¿Tu consejera entre pares te ayudó a alcanzar tus metas de lactancia?				☐ Sí	☐ No
8. ¿Recomendarías el Programa de Consejeras entre Pares de WIC a otras familias?				☐ Sí	☐ No
9. ¿Tienes alguna sugerencia para mejorar el Programa de Consejeras entre Pares? *Por favor, escribe tus comentarios en el cuadro de abajo.*				☐ Sí	☐ No
10. ¿Hay algo más que te gustaría que WIC ofreciera para ayudarte a alcanzar tus metas de lactancia? *Por favor, escribe tus comentarios en el cuadro de abajo.*				☐ Sí	☐ No
Comentarios:					
Por favor, infórmale a tu consejera entre pares si estás interesada en convertirte en consejera entre pares.					

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Chapter 10
Caseload Management

Table of Contents

Local agencies should actively implement strategies to maintain or increase caseload. It is the responsibility of all WIC staff, to engage in outreach activities that extend the reach and effectiveness of the WIC Program. The purpose of this chapter is to provide policy and guidance on managing caseload, understanding barriers to participation, conducting outreach activities, creating referral agreements, developing an outreach plan and documenting outreach efforts.

Section 1. Caseload Management……..…….....1
- Participation
- Caseload Management Strategies

Section 2. Participant Retention ….....5
- Eliminating Barriers to Participation
- Expanding Certifications Outside the Local Agency

Section 3. Outreach.....9
- Purpose of Outreach
- Methods of Outreach
- Targeted Outreach
- Plan for Outreach
- Outreach Materials Developed by the Local Agency
- Outreach Materials Available from the Community Nutrition Services Section

Section 4. Annual Media Release.....13
- Requirements of the Annual Media Release
- Annual Media Release Examples
- Sample Press Release and WIC Advertisement
- Non-English Media Releases
- Documentation of the Annual Media Release
- Working with the Media

Section 5. WIC Program Outreach, Recruitment, and Retention Plan.....15
- Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan
- Maintaining Documentation of Outreach Activities

Attachments

Attachment 1. Sample Memorandum of Understanding Template

Attachment 2. Outreach Activity Guide for Local Agencies
Attachment 3. Social Media
Attachment 4. WIC Outreach: Guidelines for Building Media Relations
Attachment 5. Annual Local Agency WIC Program Outreach, Recruitment and Retention Plan Template
Attachment 6. WIC Program Outreach Activity Log

Required Local Agency Written Policies and Procedures

- Local agencies must have a written Annual Local Agency WIC Program Outreach, Recruitment and Retention Plan to build caseload and improve delivery of service, including the agency's plans to target services to the highest priority groups. (Section 5, page 15 and Attachments 5 and 6)

Caseload Management

Caseload management involves using the tools and resources available to make decisions that maintain and increase participation. It evaluates program operations that are aimed at retaining those participants already enrolled in the program, encouraging active participation, and reaching new families and participants.

Caseload reflects the average participation over time. Local agency caseload allocation is reevaluated annually as part of the agreements between CNSS and local WIC Programs by examining participation rates. Local agencies are required to maintain active participation of at least 97% of the base caseload in order to maintain funding. Caseload may be adjusted during the contract period based on available funding and performance indicators.

Participation

Active participation means the sum of:

(1) The number of persons who received supplemental foods or food instruments during the reporting period;

(2) The number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; and

(3) The number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the reporting period.

Participation is tracked and monitored monthly.

- If the average monthly participation falls below 97% of the base caseload, funding may be reduced.

- If the average monthly participation rises above 100% of the base caseload, then:
  - assigned base caseload could be increased through the issuance of a revision to the agency's Agreement Addendum, contingent on available state and federal WIC funds.
  - additional funding consistent with the caseload increase may be provided to the local agency.

Caseload Management Strategies

All staff in the local agency should be involved in caseload management. Strategies used to manage caseload include:

- Monitor trends in participation: Local agencies should track participation for the current year and trends over time.

- Monitor changes in participant characteristics: Identify changes in participant category, race, and ethnicity to guide recruitment and retention efforts.

- Evaluate the local agency's appointment schedule: Evaluating local agency clinic appointment characteristics may provide useful information for decisions that could impact participation.

- Monitor no-show rates: No-show rate is the percentage of applicants and participants that failed to attend their WIC appointment scheduled in Crossroads. No-show rates do not include walk-ins. Staff should utilize the no-show rates displayed on the master calendar and/or the *Participant Appointment Show Rate Report* in Crossroads to monitor no-show rates monthly. Local agency staff must evaluate current practices and implement strategies to reduce no-show rates. These strategies may include, but are not limited to:
  - Send appointment reminders via text, call, or email,
  - Reschedule missed appointments via text, call, or email,
  - Routinely mail optional notices in addition to required notices (refer to Chapter 6D),
  - Survey participants to assess reasons for missed appointments,
  - Implement a more flexible appointment process like open-access or same-day scheduling, and/or
  - Schedule extra appointments (overbook) to account for no-shows.

- Utilize Crossroads reports: Use Crossroads reports to assess caseload trends and develop strategies to increase participation. The following reports may be helpful in managing caseload:
  - Total Participation by Category and Priority
  - Participation by Category, Priority, and Age for Children
  - Participation Report by Race-Ethnicity
  - Summary of Actions Due Listing
  - Participants Who Fail to Pick Up Benefits
  - Issuance Due Report
  - Participant Appointment Show Rate Report
  - Initial Certification Appointments Made Outside of Processing Standards
  - Daily Appointments to be Rescheduled

- Utilize additional community data: Use community demographic data to target outreach efforts to potentially eligible groups in the local community and to determine how well the agency is serving the WIC-eligible population in the community. The following data may be helpful in managing caseload:
  - WIC Agreement Addenda Data by Process Outcome Objectives,
  - Population at Risk Reports,
  - Community Health Assessment Data,
  - Reports available through reputable sources like: The State Center for Health Statistics, US Census, USDA's Economic Research Service.

- Assess clinic environment and flow: Use clinic observation tools to assess the local clinic environment to ensure that all applicants and participants have a more positive and welcoming experience. Identify ways to create a clinic environment that is participant-

centered. Evaluate wait times, observe clinic flow, and note areas that need improvement or change.

- Evaluate participant access to and satisfaction with WIC services: Utilize customer surveys to collect information identifying barriers or potential barriers to participation. Local agencies should make every effort to reduce barriers when possible.

- Strategically plan outreach, recruitment, and retention activities: Local agencies must develop an Annual Outreach, Recruitment, and Retention Plan that involves all staff with the intention of building and sustaining caseload and improving service delivery (refer to Chapter 10, Section 5).

- Provide incentives as allowable and available to participants (refer to Chapter 12, Section 3).

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Participant Retention

- **Eliminating Barriers to Participation**
  Local WIC agencies should actively assess and work to eliminate any potential barriers to program participation. Local agencies should review their procedures, survey current participants, identify any potential barriers to participation, and work toward solutions to eliminate or reduce these barriers. Local agencies should take steps to ensure participants do not have excessive wait times and provide appointment times for participants who work or are in school. The table below outlines some common barriers to participation and offers approaches to resolving them.

Potential Barriers	Possible Solutions to Reducing Barriers
Inconvenient appointment times and/or limited hours of operation	▪ Offer lunch time, evening, and/or weekend clinic hours. ▪ Offer remote services over the telephone or with videoconferencing as possible and appropriate. ▪ Recommend that participants assign a Parent/Guardian 2 and/or Caretaker to complete WIC services. ▪ Recommend that participants assign a proxy to attend nutrition education and food benefit issuance appointments. ▪ Offer online nutrition education and remote issuance options for low-risk nutrition education.
Difficulty keeping appointments	▪ Accommodate walk-in applicants and participants when possible. ▪ Coordinate appointments with other family members. ▪ Coordinate appointments with other clinics when possible. ▪ Ensure participants do not have excessively long appointments. ▪ Offer remote services over the telephone or with videoconferencing as possible and appropriate. ▪ Consider “Open Access” appointment scheduling. ▪ Routinely provide appointment reminders. ▪ Survey participants to identify barriers to attending scheduled appointments.
Transportation difficulties	▪ Establish satellite sites. ▪ Recommend that participants assign Parent/Guardian 2 and/or Caretaker to complete WIC services. ▪ Recommend that participants assign a proxy to attend nutrition education and food benefit issuance appointments. ▪ Offer remote services over the telephone or with videoconferencing as possible and appropriate.

	▪ Schedule appointments to facilitate transportation arrangements for individuals. ▪ Work with participants' schedules to accommodate their needs. ▪ Offer online nutrition education and remote issuance options for participants.
Language barriers	▪ Recruit bilingual staff (add preference for bilingual qualification to all job postings). ▪ Include commonly spoken languages on clinic signage. ▪ Offer staff training in cultural competence. ▪ Support staff efforts to learn/improve non-native language skills. ▪ Utilize language lines when interpreters are not available.
Limited coordination of WIC Program with other agencies	▪ Schedule WIC clinic visits to coincide with prenatal, postpartum family planning, or well child clinic visits, when possible. ▪ Use medical information from other sources when available. ▪ Coordinate nutrition education contacts. ▪ Build a WIC Outreach Network (refer to Section 3) to better understand where coordination can be strengthened and ensure staff from other agencies encourage continued WIC participation.
Negative WIC experience	▪ Ensure all staff are practicing good customer service. ▪ Provide staff training in customer service. ▪ Utilize "Customer Satisfaction" surveys to determine areas that need improvement. ▪ Offer extended hours of service. ▪ Review local agency policies to ensure policies place no undue barrier on the participant. ▪ Establish a child-friendly waiting room and clinic area. ▪ Cross train staff to improve clinic flow. ▪ Clearly explain WIC program policies to participants as needed. ▪ Educate participants about the WIC program benefits including what to expect during their certification appointments.

- **Expanding Certifications Outside of the Local Agency**
  To increase access to WIC services, local agencies may consider expanding services to different parts of their county or to partnering agencies that serve WIC-eligible families. Conducting WIC services in partner agencies that serve WIC-eligible families like Head Start, hospitals, and Department of Social Services (DSS) expands the local agency's reach.

Prior to establishing procedures for certifying individuals outside of the local agency, staff must decide if it is an efficient and effective utilization of agency resources. When making this decision, staff should consider the following:

- Staffing: Does the local agency have enough staff to expand services?
- Equipment: Does the agency have the additional equipment needed?
- Cost: Is there an additional cost associated with opening another site? And if so, is it in the agency's budget?
- Effectiveness: How many additional participants will you be able to serve? Is the site located in an agency that serves the WIC-eligible population?

Local agency staff should meet with staff in the identified partnering agency to discuss the proposal and its implementation. Discussion topics must include:

- WIC Program integrity requirements
- Collection of medical and nutritional information
- Provision of program benefits (i.e., food benefit issuance, nutrition education and breastfeeding support)
- Space requirements
- Internet requirements
- Confidentiality issues
- Liability issues
- Client access
- Roles and responsibilities of staff in both agencies

WIC staff will need to complete an agreement or Memorandum of Understanding (MOU) between the agencies involved that describes how WIC services will be provided. The MOU must be approved in writing by the local agency's Regional Nutrition Consultant before any WIC Program services may be provided. Changes to any existing MOU must be reviewed and approved in writing by the local agency's Regional Nutrition Consultant. See Attachment 1 for a MOU template.

Additionally, before a local agency opens a new site, a New Site Request Form for each new site where WIC services will be performed must be submitted to the CNSS Customer Service Desk (CSD).

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Outreach

Local agencies are responsible for conducting outreach activities within their respective community to promote WIC Program services. Outreach involves a multi-layered approach and should be approached with intention. Please refer to Chapter 4, Section 1 for policies and requirements related to providing services to individuals with Limited English Proficiency (LEP) and persons with disabilities.

Purpose of Outreach

The purpose of outreach is to:

- Increase program caseload,
- Increase public awareness of the benefits of the WIC Program,
- Reduce common misconceptions about eligibility,
- Inform potentially eligible persons and encourage participation in WIC,
- Educate health and social agencies about WIC eligibility criteria for participation and solicit referrals, and
- Encourage coordination between WIC and other health care providers and agencies to reduce barriers to participation.

Methods of Outreach

- Publicize the availability of the WIC Program. This may include media-related activities like news releases, newspaper feature stories, public service announcements, and social media advertisements.
- Build a WIC Outreach Network. Connecting with community agencies, organizations, and businesses that serve the same population in the local community can lead to referral partnerships, increased visibility of the WIC Program and opportunities to educate the community about WIC benefits and eligibility. Agencies that may make up a WIC Outreach Network may include but are not limited to (See Attachment 2):
  - Employers of potentially eligible participants
  - Health and medical organizations
  - Hospitals, clinics, and physicians' offices
  - Community assistance and unemployment agencies
  - Social service agencies
  - Religious organizations/advocacy groups
  - Early education/childcare programs
  - Educational institutions
  - Agencies serving homeless individuals

- Once the outreach network is established, local agencies should provide continual updates regarding the WIC Program to the agencies/organizations. This can be accomplished by routinely visiting the agency, through telephone contacts, sending program updates via email or letters, and/or arranging short presentations on the WIC Program at a staff meeting. Each agency/organization should be contacted at least annually, and more frequently, if significant changes occur in the WIC Program. Local agencies must maintain documentation of their WIC Outreach Network, including the name of the organization, contact person and details, and description of the interaction.

- Maintain a social media presence. Local agencies are encouraged to use social media to engage with WIC participants and eligible families. Local agencies should consult their local public affairs officer or designee for guidance on using social media to promote WIC. See Attachment 3.

- Community involvement. Participating in community events like health fairs, festivals, and coalitions increases the visibility of the WIC Program and provides the opportunity to educate the local community about WIC benefits and eligibility.

- **Targeted Outreach**
  WIC services should be targeted to those who would benefit the most from the program. Targeting services to the highest priority groups is particularly helpful in ensuring that those who will benefit most from the program receive WIC services if an agency initiates a wait list.

  High priority populations include:

  - Pregnant women, with emphasis on reaching and enrolling eligible women in the early months of pregnancy,

  - Breastfeeding women,

  - Infants and children in Foster Care, CPS or Child Welfare,

  - Migrant families, and

  - Families experiencing homelessness.

- **Plan for Outreach**
  Local agencies must approach outreach with intention, including the development of a plan that will guide outreach efforts. Local agencies serving >97% of their base caseload are not exempt from developing an outreach plan and conducting outreach activities. Refer to WPM Chapter 10, Section 5 for details regarding the required Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan.

- **Outreach Materials Developed by the Local Agency**
  Local agencies are encouraged to develop their own outreach materials that fit the needs of their community. Outreach materials developed by the local agency must contain the local

agency's contact information and the nondiscrimination statement (see Chapter 5). Locally developed materials should reflect the culture, ethnicity, and languages of the community served. It is best practice to have local agency-developed materials reviewed by their RNC.

- **Outreach Materials Available from the Community Nutrition Services Section**
  The Community Nutrition Services Section (CNSS) provides local agencies with a variety of outreach materials in English and Spanish. These materials are described on the CNSS website,https://www.ncdhhs.gov/divisions/child-and-family-well-being/community-nutrition-services-section/wic/staff/outreach. The outreach materials may be ordered using the CNSS Materials Requisition Form. Most of the materials are customizable. Local agencies can customize these materials by including local agency contact information (phone number, address, clinic hours, and local agency website).

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Annual Media Release

It is a program requirement that on an annual basis, each Local WIC Agency send a media release or general advertisement to relevant print, online and/or broadcast media.

Requirements of the Annual Media Release

The following information must be included in the annual media release:

- WIC eligibility criteria (See Chapter 6A, Section 1)
- Program benefits, including:
  - Nutrition education and counseling
  - Breastfeeding promotion and support
  - Referrals to other health and community resources
  - Healthy foods
- Physical address of the local agency
- The USDA nondiscrimination statement. See Chapter 4 for the complete statement and for proper use of the shortened statement when space prohibits use of the full statement.

Annual Media Release Examples

The following are examples of print, online, and broadcast media sources that may support local agency WIC Program outreach efforts.

- Print Media
  - newspapers including weekly community papers
  - periodicals including magazines published in the local area
  - community newsletters
  - trade association journals
- Online News Media
  - Online news sites
  - Online community newsletters
  - Online community pages
- Broadcast Media
  - radio stations, including community college and university radio stations
  - television stations, including network affiliated stations, Spanish stations, cable-access stations, and community-access stations

Sample Press Release and WIC Advertisement

Refer to Attachment 4, Appendix A and B for a sample press release and an example of a WIC advertisement. Digital copies of the WIC advertisements in English and Spanish can be found on the Community Nutrition Services Section website: www.ncdhhs.gov/ncwic. Local

agencies can design their own WIC advertisements, but it must include all the required elements.

- **Non-English Media Releases**
  If the local area has a substantial number of residents who speak a language other than English, translate the annual media release into the appropriate language(s).

- **Documentation of the Annual Media Release**
  The local agency must maintain documentation of the annual media release which includes:

  - A copy of the submitted and printed media release and

  - A copy of a broadcast schedule for radio or television, or a printout/screen shot of an online advertisement/article.

- **Working with the Media**
  Refer to Attachment 4: Guidelines for Building Media Relations.

WIC Program Outreach, Recruitment, and Retention Plan

Local agencies must develop an Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan that involves all WIC staff to build and sustain caseload and to improve delivery of service.

- **Annual Local Agency WIC Program Outreach, Recruitment and Retention Plan**
  Refer to Attachment 5: Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan Template for additional information.

  - Purpose:
    - Inform high priority populations about the availability of program benefits.
    - Improve access to services and/or reduce barriers to participation.
    - Engage the community and increase program awareness.
    - Establish and/or maintain an outreach and/or referral network.
    - Improve customer service.
    - Advertise local agency WIC Program services including the Breastfeeding Peer Counseling Program.
    - Encourage continued program participation.

  - Components:
    - **Plan.** Identify the specific local agency plans for outreach and retention for the highest priority groups.
      - At least one plan should be breastfeeding promotion and support.
    - **Goal.** Identify agency specific priority.
    - **Target Population.** List the WIC category.
    - **Reason Targeted.**
    - **Description of Activity/Activities Planned.**
      - Staff responsible: Name and position.
      - Location: Describe where the activity will take place.
      - Method of outreach including:
        - Strategies for the outreach
        - Appropriate community partners
        - Outreach tools and resources
    - **Timeline.** Provide a timeframe for implementation and follow up.
    - **Evaluation Method.** Explain methods of evaluation.

- **Maintaining Documentation of Outreach Activities**
  Local agencies must maintain documentation of all outreach efforts including who, what, when, and where for all activities and evaluation of the effort. Refer to Attachment 6: WIC Program Outreach Activity Log. Documentation should align with the local agency's Outreach, Recruitment, and Retention Plan. Documentation may include but is not limited to the following information:

- **Print and Broadcast Media Releases** (Required).
  Retain a copy of all media releases (such as press releases, newspaper ads, radio and television public service announcements), including the following information:
  - list of media organizations that received the release;
  - a copy of the submitted media release;
  - a copy of the printed or online media release with publication date(s); and
  - a copy of the broadcast schedule for radio or television.

- **Establish and Maintain Collaborative Community Partnerships for Breastfeeding Promotion and Support** (Required).
  Establish and maintain collaborative partnerships for breastfeeding promotion and support within the community, particularly those that target or serve the WIC population. Partners could include local hospitals/birthing facilities, local breastfeeding coalitions, health care providers/systems, businesses, workplaces, faith-based organizations, schools and childcare facilities. Maintain list of community partnerships and description of resources provided in the WIC Program Outreach Activity Log.
  - For a local agency that offers the Breastfeeding Peer Counseling Program (BFPC program), ensure relevant partners have knowledge and information on the BFPC program.

- **Program Marketing Efforts** (Print, Broadcast, Social Media and Public Advertising Campaigns).
  These may include locally developed outreach materials and materials developed for public advertising campaigns. Retain copies of any materials the local agency has produced for outreach and public advertising (bus wraps, billboards, shopping carts, etc.). Describe the target audience and how these materials are used.

- **Local Agency WIC Program Website.**
  Document changes made to the local agency's website to ensure it communicates current information and is participant friendly. Local agency WIC Program websites must include the full nondiscrimination statement or a link to it.

- **Social Media.**
  Retain a copy of the local agency's plan to use social media, including who is responsible for maintaining the social media marketing efforts and how it is promoted and utilized.

- **Caseload Management Strategies.**
  Describe procedures that are in place to track participation, facilitate continued program participation, and follow up with participants who miss appointments. Examples of these activities are found in Section 1, including:
  - appointment reminder calls
  - birthday card mailings
  - sending missed appointment letters to all missed appointments
  - evaluating appointment show rates
  - managing the master calendar.

- **Efforts to Build a WIC Outreach Network.**
  Maintain a list of agencies and organizations contacted for outreach. Describe agency staff's participation in community coalitions, advisory boards or in information sessions with potential partners.

- **Community Outreach Activities that Increase Program Awareness.**
  Maintain a list of community events attended and describe how the WIC Program was represented and how efforts directed potential participants to apply for WIC**.**

- **Efforts to Improve Customer Service and Increase Program Accessibility**.
  Describe any procedures in place to improve the participants' experience and accessibility to the program. Examples may include:
  - new sites opened or being considered
  - assistance with transportation
  - extended hours of service
  - staff training regarding customer service.

- **Established Referral Agreements**.
  Maintain a description of all referral agreements. Include the following information in the file for each referral agreements:
  - name of group and their contact information;
  - brief description of agreement, including copies of any Memorandum of Understandings (MOUs); and
  - description of provisions to protect participant confidentiality.

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Sample Memorandum of Understanding Template

Memorandum of Understanding

Between

(Partner)

and

(Partner)

This Memorandum of Understanding (MOU) sets the terms and understanding between the (partner) and the (partner) to (insert activity).

Background
(Why partnership is important)

Purpose
This MOU will (purpose/goals of partnership)

The above goals will be accomplished by undertaking the following activities:
(List and describe the activities that are planned for the partnership and who will do what).

Reporting
(Record who will evaluate effectiveness and adherence to the agreement and when evaluation will happen)

Funding
(Specify that this MOU is not a commitment of funds)

Duration
This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners) this MOU shall end on (end date of partnership).

Civil Rights Assurances

All activities under this contract will be conducted in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C.2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which Federal financial assistance is received for the administration of the WIC Program; and hereby gives assurances that it will immediately take measures necessary to effectuate this agreement. By providing this assurance, the contractor agrees to compile data, maintain records and submit records and reports as requested by the Community Nutrition Services Section to permit effective enforcement of the nondiscrimination laws, and to permit the Community Nutrition Services Section personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Community Nutrition Services Section shall have the right to seek judicial enforcement of this assurance. This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for the purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreement made in this assurance. The contract may be renewed annually upon the mutual agreement of both parties. Any renewal shall be negotiated 30 days prior to the beginning of the contract period.

Contact Information

Partner name
Partner representative
Position
Address
Telephone
Fax
E-mail

Partner name
Partner representative
Position
Address
Telephone
Fax
E-mail

_____Date:
(Partner signature)
(Partner name, organization, position)

_____Date:
(Partner signature)
(Partner name, organization, position)

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Outreach Activity Guide for Local Agencies

The purpose of this guide is to provide local agencies with a variety of options for outreach activities. It is by no means a list of activities that local agencies *must* complete but merely a broad list of ideas for outreach. Some activities may not be applicable to all individual local agencies. However, many of the ideas listed here may serve as a springboard for developing a local agency-specific outreach plan. As necessary, ensure information and materials are in languages the persons with LEP can understand and alternative formats that persons with disabilities can understand.

This checklist covers:

- Person-to-person outreach.
- Targeting specific groups such as Head Start or migrant organizations.
- Creating referral systems.
- Utilizing media.
- Increasing program accessibility.
- Potential partner organizations

Encourage person-to-person outreach.

- Ask participants to bring friends and family members who may qualify for WIC benefits. Provide written materials for them to give to a friend or relative.
- Host special contests like "Bring A Friend to WIC." The participant who refers the most eligible people to WIC in a specified time wins prizes that have been donated by local businesses.
- Recruit WIC participants or volunteers to be outreach workers to recruit participants from local communities.

Target specific groups and families.

- Create targeted messages to include in the agency's annual media release. Focus on children to keep them on the program after one year of age.
- Create targeted messages for pregnant women to get them on the program as soon as possible.
- Seek-out places where potential participants visit such as churches, social services offices, doctor's offices, daycares, schools, and community organizations. Provide outreach material and training to staff for referral opportunities.

Create intra-agency referral systems.

- Ask local Medicaid staff if the local WIC agency may set up a table in their office once a week to make appointments while their clients wait. Provide outreach materials for potential participants and Medicaid staff. Invite Medicaid staff to accept Medicaid applications at WIC offices.
- Provide staff with Care Management for At-Risk Children (CMARC) and Care Management for High-Risk Pregnant Women (CMHRP) information and materials on WIC. Discuss their role in getting eligible participants into WIC.

- Recognize program partners. Consider honoring or recognizing staff in another department. Give a short presentation about WIC and thank them for working so closely with the local WIC agency.
- Provide an in-service or lunch and learn presentation on WIC to immunization staff, public health nurses, school lunch staff and/or school nurses, and community and migrant health workers.
- Use an agency newsletter to highlight the WIC Program and to recognize staff and teams for collaboration and positive impact on the program

Ask the medical community to refer.

- Meet with doctors who are Medicaid providers or manage large practices, such as obstetricians, pediatricians, and family practice physicians.
  - Explain the eligibility criteria, the benefits of the WIC Program, and how they can refer people to WIC.
  - Provide them with outreach materials and your agency's contact information.
- Share WIC information with childbirth educators, midwives, and maternity and childbirth centers.
- Ask local pharmacists to include WIC information with prenatal and Medicaid prescriptions.
- Talk about WIC with local hospital staff such as social workers, OB and emergency-room nurses and physicians, and administrators.
  - Tell them about WIC and ask them to refer potential clients.
  - Leave outreach materials with your address and telephone number.
  - Some agencies perform in-hospital certifications to new mothers upon delivery.
- Talk with pediatricians, OB/GYN, and family practice physician's offices about the WIC Program. Provide WIC brochures, bookmarks, and WIC Program fact sheets so they can educate their clients about the WIC Program. Provide outreach posters to clinics. Use the sample outreach letter to physicians in your outreach efforts. Visit http://www.ncdhhs.gov/ncwic to utilize outreach resources.

Build community partnerships that include referral systems.

- Ask permission from the store manager to place a booth at a local store to explain WIC, who it serves, and how to make appointments.
- Send information home with students who participate in the school lunch or summer nutrition programs.
- Create an in-school program for teen moms or develop a way for them to participate in WIC without missing school.
- Establish a relationship with local university and community college's student health services.
- Ask churches and other faith-based groups to spread the word about WIC. Make sure all churches in your area have WIC flyers or brochures for potential clients.
- Work with Head Start, childcare centers, Smart Start coalitions and other agencies that serve potential WIC applicants.
- Establish a WIC Growth Task Force for the community. Task Force members should include key leaders from the community who serve potential WIC clients, the medical community, and women who are WIC-eligible. Address infrastructure issues and better

integration of community resources related to WIC growth.
- Join community coalitions or advisory boards in your community. Share information about WIC to let other board members know about the services the Program offers.
- Present WIC information to many different organizations, businesses, and clubs. Offer training to appropriate personnel to inform about WIC. Include a description of the WIC Program, eligibility criteria, the location and contact information of the local agency and outlying sites, the USDA Nondiscrimination Statement, and a contact person.
- Send thank-you notes to all who provide referrals to WIC. Let them know they are performing an important community service.
- Talk to your public affairs officer about utilizing social media and establishing local agency accounts. Connect to different social service organizations, as their participants may be eligible for WIC. Aim to make at least one post per week.

Produce print and broadcast media pieces.

- Put posters, flyers, or brochures where participants will be. Consider grocery stores, laundromats, childcare centers, resale and thrift shops, maternity shops, church fellowship halls, university student centers and employment offices. Please refer to Chapter 4 for information about the required non-discrimination statement.
- Use bus cards that travel targeted routes or billboards.
- Ask local newspapers, television, local cable stations, and radio stations to play public service announcements and cover stories about your clinics. Get the WIC story in the news.
  - If you expand local agency hours, open a Saturday clinic, or hire new staff, let people know.
  - Emphasize that WIC is a nutrition program for working families and make clinics accessible to working families. Please refer to WIC Program Manual Chapter 10, Attachment 4 for more information about working with the media.

Make WIC services user-friendly and accessible.

- Provide waiting room toys or activities for children. Keep the toys and waiting area clean.
- Minimize waiting time to get an appointment and during clinic visits.
- Encourage staff to attend customer service training at local community colleges.
- Ask clients, “What time works best for you?” when scheduling return appointments.
- Provide extended hours during lunch, the evening, early morning, or on the weekend.
- Increase the number of sites that offer WIC services.
- Refer participants to transportation resources.

Organizations for Outreach and Referral

- Community Care of North Carolina/Carolina ACCESS (Medicaid managed care network)
- Child Development Agencies
- Children’s Developmental Services Agency (CDSA)
- Community Action Agencies
- Cooperative Extension: Expanded Food and Nutrition Education Program (EFNEP)
- Healthcare Services:
  - Care Management for At-Risk Children (CMARC) Family Planning

  - Immunization Services
  - Care Management for High-Risk Pregnant Women (CMHRP) Prenatal Care
  - Well Child Care
  - Pediatric Dental Offices
  - Physicians
  - Rural Health Centers
- Department of Social Services
  - Eligibility Intake Workers
  - Work First Counselors
  - Child Support Enforcement
  - Food and Nutrition Services
  - Medicaid Program NC Health Choice
- Domestic Violence Shelters
- Employment Security Commission
- Faith Based Organizations
- Farmers Markets
- Food Banks
- Food Pantries / Meal Programs
- Head Start
- Child Care Centers
- Health Maintenance Organizations (HMO's)
- Homeless Shelters
- Hospital Birth Center Staff
- Hospital Outpatient Clinics
- Housing Authorities
- Hunger Network / Food Security Organizations
- Indian Tribal Organizations
- Legal Services
- Low-Income Citizen Organizations
- Mental Health Centers
- Migrant and Seasonal Farmworker's Association
- Organizations that support breastfeeding women
- Substance Abuse Treatment and Counseling Centers
- Smart Start Partnerships
- Urban Indian Organizations
- University or community college student health center

Social Media

Social media refers to websites and applications that allow users to create, share, and engage with content or participate in social networking. It can serve as a low-cost, effective communication tool for WIC programs; consult your agency's public affairs officer or designee for guidance on its use.

By integrating technology, social interaction, and content creation, social media enables individuals and groups to create, organize, edit, and share information collaboratively.

Examples of popular social networking sites include:

- Facebook
  Facebook is a community in which individuals, groups or organizations connect with others and share information about themselves, their activities, and their interests. Utilizing social media such as Facebook is an inexpensive way to reach potential and existing participants.
  - Facebook can help create a community. WIC participants on Facebook may feel they are part of the WIC community, and it may provide interest and incentive to stay with the program.
  - Examples of postings for local agencies may include posting recipes, nutrition and/or breastfeeding information, clinic closures, community events, and interesting information from other WIC or social service organizations.

- X (formerly Twitter)
  X is a micro-blog. Each posting is limited to a set number of characters. Typically, postings include links to more information. The benefit of X is that the user can quickly scan announcements to find those that are of interest. The user can click the link for more information.
  - Examples for local agencies may include posting healthy recipes, clinic information, breastfeeding information, community information, and information about WIC partnership organizations.

- YouTube
  YouTube is a video sharing website and can also be used for outreach to the community. Local agencies can establish a channel to upload videos for the public to view. Specific government pages can be created as well. Send the following information to government@youtube.com:
  - The name of the government, government department, agency.
  - The .gov website URL.
  - The account name registered on YouTube (i.e., the YouTube username).
  - The email address used to manage the account.
  - The type of content to be posted.

Social Media Best Practices

1. Consult with the local public affairs officer or designee for guidance on county social media policies.
2. Evaluate multiple platforms before selecting one. Become familiar with their audience, purpose and functionality.
3. Align social media efforts with overall communication strategy and objectives.
4. Ensure sufficient staff time and resources for ongoing content management and engagement.
5. Share engaging content such as videos, quizzes, images, and interactive materials.
6. Establish a comment policy to address inappropriate or derogatory content.
7. Implement a system to archive comments.
8. Develop a promotion plan and encourage cross-promotion across channels.
   Define evaluation metrics before launch, including engagement measures (e.g., followers, comments) and platform analytics tools to assess performance and audience interaction.

WIC OUTREACH:

GUIDELINES FOR BUILDING

MEDIA RELATIONS

WIC Outreach: Guidelines for Building Media Relations

One way to gain public awareness and support for the WIC Program is through local media – newspapers, radio and television. Working with the media can also help reach potential participants who may not be aware of the important services provided by WIC. Having good relationships with the media can markedly improve the effectiveness of using them for outreach purposes. This publication has been designed to outline several of these guidelines to assist agencies with media interactions. **It is important to take into account any media rules and regulations specific to the local WIC agency. This includes any social media and internet usage. Be sure to check with the local public affairs officer before utilizing any type of social media.**

As an overview, the guidelines briefly describe the following eight topics.

1. Preparing a list of key media personnel
2. Characteristics of a newsworthy story
3. How and why to prepare a media kit
4. How to build media relationships
5. How to prepare a fact sheet
6. How to write a news release
7. Guidance for holding a news conference
8. Tips for hosting media visits or interviews

Establish social media tools to help promote the local program. Social media sites include:

- Facebook
- Instagram
- Bluesky
- X
- TikTok
- YouTube

Refer to Attachment 3 for more information on incorporating social media into local agency outreach efforts.

Table of Contents

1. Preparing a Media List....4
2. What News is Newsworthy....5
3. Preparing a Media Kit....6
4. Meeting the Local Media....7
5. Preparing a Fact Sheet....9
6. Writing a News Release....10
7. Holding a News Conference....11
8. Hosting a Media Visit/Providing Interviews....12

Appendix A: Sample Press Release....15
Appendix B: Sample of WIC Advertisement ……..……16

1. Preparing a Media List

Compile a list of the following local media. Organize each list by market served.

- Print Media – newspapers, magazines, "shoppers" and other giveaways, and entertainment magazines.

- Broadcast Media – radio and television stations.

News staff decide what is newsworthy based on what they believe interests or affects their audiences. In the list, include the names, titles, addresses, and telephone numbers of the following key players. Update the media list every four to six months.

- Editors (from city desk, city/county government, health, lifestyle) decide what goes into newspapers and edit the news.

- Reporters on relevant beats for the city/county government, health, lifestyle write the stories.

- TV and radio producers decide who goes on shows/programs.

- News directors decide what goes on the air.

- Assignment editors decide what goes in the story. They are supervised by news directors.

- Public service directors review and decide which community groups, programs, or projects to promote. Serve as the publication's (or station's) liaison to the community.

2. What News is Newsworthy?

Before contacting the press to cover a story, there must be something newsworthy to say. Remember that the main objective for media coverage related to outreach is to raise public awareness of WIC and to increase WIC enrollment.

What is newsworthy?

- News that no one has ever said or heard before.
- Timely—yesterday's news is old news.
- Involves a public figure, celebrity, or well-known organization.
- Important information that affects many people.
- Has a human-interest angle (Success stories with women and children always score high). Include pictures and personal stories (with consent).
- Visual (for television and news photography).
- Focus on a current event.
- Is "good news" such as lower, statewide anemia rates that can be directly tied to WIC.
- Is a variation of a theme already receiving media attention.
- Accessible to the media—give location, time, and other important information.

3. Preparing a Media Kit

Media kits are tools used to inform the media. They provide media personnel with newsworthy and background information in a clear and concise fashion. Their specific purposes are:

- To start a conversation with reporters, editors, or radio/TV staff when making initial contact or requesting time on a talk show, airing of a PSA, or story coverage.
- To distribute at a media event, such as a press conference or charity drive.

Media kits usually consist of a 9" by 12" two-pocket folder (digital or hard copy) and contain any or all of the following:

- News/press release (see page10 – Writing a News Release).
- Biographical sketch of the WIC director and/or other key personnel.
- Fact sheet (see page 9 – Preparing a Fact Sheet).
- Photographs.
- Graphs and charts.
- Background information.
- Contact information.

The outreach folder titled, "Outreach Partner Folder" (CNSS #0068) may provide a starting point for the media kit. Add the pertinent elements from the list above that support your story. Remove any inserts from the folder that may distract from the focus of your story.

4. Meeting the Local Media

Building relationships with local reporters and editors is beneficial. Take time to understand what they consider newsworthy, and who to contact with story ideas. In turn, they become familiar with the local WIC agency as a reliable source for quality story ideas and accurate information about the WIC Program.

Also, offer to direct questions about other public health issues to the appropriate health department personnel.

Consider the following tips when developing relationships with reporters.

- A reporter is never completely off duty. If something newsworthy is said, it could show up in the news.
- Offer to review any technical material for accuracy prior to publication or airing.

When making **initial contact** with media personnel, consider the following:

- Make an appointment for introductions with the appropriate reporter, editor, or the public service director.
- Provide information about the WIC program and follow-up with a media kit (digital or print).
- Offer one or two story ideas for consideration.
- Provide contact information with the local agency's name, phone number, and email address.

Once initial contact is made with local reporters and editors, it is important to establish an **ongoing relationship**. The best way to do this is through sending out periodic press releases and holding press conferences when there is important news. Be open to visits from the media.

When there is a story that would be important to cover, consider the following steps:

- Identify the media personnel who handle the topic and send them a media kit.
- Call media personnel in advance of sending the information or place a follow-up call to make sure they've received it. Email the information immediately if they have not received it.
- After they have had time to review the information, touch base with the reporter or editor to determine their interest in placing a story.
- Do not hesitate to re-send the information if needed.

5. Preparing a Fact Sheet

Fact sheets should be included in media kits. They contain information about the WIC Program in general and about the project or clinic. The details on a fact sheet may depend on the focus of the press release or public service announcement (PSA). See the WIC outreach folder, "WIC Works Better Together Community Partner Folder" (CNSS #0068), for information on the program. Fact sheets should contain the following:

- Name, location, hours, and services provided at the local WIC clinic, including any recent changes, agency's website and social media sites if any. Include contact information for the WIC Director or other supervisors for follow up questions.
- Key dates for special events, such as walk-in clinics.
- A brief summary of the WIC Program as well as its mission and successes. (Include Medicaid savings associated with the WIC Program.)
- Information about WIC services (i.e. nutrition education, WIC foods, referral to other health and community resources, and breastfeeding support), the importance of these services for good health, and contact information for the local agency.
- Statistics (e.g., number of participants served last month and any recent changes, amount of food dollars spent in the community last year, number of people potentially eligible for the WIC Program, etc.).
- Eligibility requirements for the WIC Program.
- The USDA Nondiscrimination Statement (see the WIC Program Manual, Chapter 4).

6. Writing a News Release

News releases should be:

- Timely – Something that happened yesterday, last week, or last month is old news. If a story isn't timely, hold off.

- Noteworthy– Use interesting information and attention-grabbing facts to put the story in perspective.

- Brief and focused – Length should be 500 words or less. Be clear and concise with the messaging.

- Thought-provoking – Tell the practical importance of the announcement. What impact will the news have on people's lives? Include a description of the WIC Program, eligibility criteria, location of the local agency and contact information, and a contact person to handle future questions.

- Authoritative – Quote appropriate subject matter experts.

- Easy to understand – Use lay terms. Do not use bureaucratic, scientific, and medical terminology or jargon. If used, define terms simply and concisely. Do not assume that non-health professionals understand terms that are commonplace in the healthcare world.

- Complete – Begin by answering the six basic questions of journalism – Who? What? Where? When? How? and Why? End with contact information.

- Formatted properly – Put the subject of the press release and the contact person's name and telephone number at the top of the first page. If the press release takes more than one page, write "more" on the bottom of each sheet but the last one. For subsequent pages, repeat the contact person's last name, the topic and page number in the upper left corner. Avoid splitting sentences or paragraphs between pages, even if it means leaving excessive empty space. Type ### centered at the end on the last page. See Appendix A for a sample press release.

- Photo friendly – Suggest photographic possibilities. Remember to obtain consent forms when arranging a photo session. The media representative (newspaper, magazine, or TV station) will obtain his or her own consent forms for photos he or she takes.

NOTE: **Remember to include the current USDA Nondiscrimination Statement at the end of all press releases.**

7. Holding a News Conference

News conferences follow a certain style. Remember to:

- Open with a short statement, lasting no more than 30 to 60 seconds. State the reason for the news conference and give basic information. The speaker should introduce oneself and explain why s/he is there.
- Introduce key speakers. Three or fewer speakers at a press conference is ideal.
- Be sure to allow plenty of time for questions and answers. Answer honestly and directly. If the reply requires some thought, stop and take the time to think it through.
- Listen closely and respond to each question. If the answer is not known, do not speculate. Write down the question and the reporter's phone number and respond as soon as possible.
- Share media kits. Include vital facts or statistics about the program in the text of the opening remarks.

Consider the following when selecting the location and time of the press conference:

- Location: Is the location easy to find?
- Timing: Is the time convenient for reporters? Avoid scheduling conflicts with other events.
- Parking: Is it accessible?
- Space: Is the room large enough for all the reporters and their equipment?

8. Hosting a Media Visit and Providing Interviews

When a news reporter asks to visit the WIC clinic and/or to interview the WIC Director:

- Be prepared. To help others fully understand the program, provide supplemental information such as media kits, fact sheets and research reports. Prior to interviews, make a list of all possible questions (including negative) the reporter may ask and develop answers carefully. This will result in conveying the information correctly and concisely, helping to avoid damaging misstatements and making the interview more effective.

- Be accessible and accommodating. Have subject matter experts and possibly program participants available for interviews and photos.

- Be concise. When interviewed, speak in brief, focused sentences. Use common terms. Stick to the subject - it's not necessary to say everything known, particularly if it involves proprietary or confidential information.

- Emphasize positive aspects of negative news. Point out what has been done to mitigate anything negative and use it as an opportunity to talk about the benefits of the program.

- Never speak “off the record.” Don’t say anything that you wouldn’t want shared publicly or printed.

- Avoid saying “no comment.” Tell reporters that the information will be investigated and you will get back to them.

- Make sure the exact question being asked is understood. Ask them to repeat the question if it’s unclear.

- Be honest. If the answer to a question isn’t known, say so. Defer to another source or offer to find out and call with an answer as quickly as possible. Don’t let reporters press for an answer.

- Advise staff in advance when the media is coming.

Television Interviews

If the local health department receives coverage by a television station and they request an interview, here are a few tips.

- Prepare by selecting the most important points and stressing them in the interview.

- First impressions are critical – establish kindness and rapport. Smile and thank the interviewer; call the interviewer by name.

- Maintain eye contact with the interviewer.

- Speak up clearly and distinctly. Maintain an even pace to word delivery.

- Sit up straight with a slight forward tilt. This will help with attentiveness.
- Keep answers short, simple, and free of unfamiliar jargon.

Radio and Telephone Interviews
Frequently radio interviews are conducted by telephone. When providing radio interviews, remember to:

- Ask whether the interview is to be aired live, live-taped, or recorded. Close the office door.
- To sound alert, sit up straight in the chair or stand up.
- Speak in normal tones over the telephone mouthpiece.
- Tilt mouthpiece slightly away from mouth to avoid "popping" or "hissing."
- Make sure there is a clear telephone line.
- Watch pauses. "Uh" sounds worse on radio than anywhere else. Silence is better.
- Avoid using numbers unless absolutely necessary. If numbers are needed, use rounded numbers.

Appendix A: Sample Press Release

Use agency letterhead

RELEASE: IMMEDIATE (*or date, month, year, and time*) DATE: (*date distributed*)

Contact: (*Name and telephone number of contact person for more information)*

WIC PROGRAM PROVIDES ASSISTANCE FOR ELIGIBLE WOMEN, INFANTS, AND CHILDREN

(CITY) – The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) provides supplemental nutritious foods, nutrition education, breastfeeding support, and referrals to health care and community resources to participants. The WIC Program is available at (*insert name and location of local WIC agency)*. You may apply for the WIC Program on (*insert days of the week)* from (*insert times of day).*

To be eligible a person must:

- Be a pregnant woman, a woman whose pregnancy ended within the last six months, a breastfeeding woman who has had a baby in the last 12 months, an infant, or a child up to the age of five.
- Reside in North Carolina.
- Meet income eligibility requirements: the gross annual household income cannot exceed 185% of the Federal poverty income guidelines. All Medicaid, Food and Nutrition Services (food stamps) and Work First recipients meet the WIC income eligibility criteria.
- Have an identified nutritional risk as determined by a health professional.

WIC Program Provides Assistance

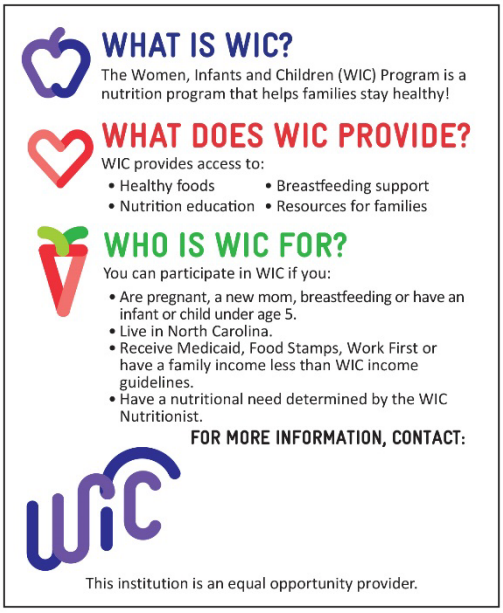
Contact: (*Name and telephone number of contact person for more information)*

For more information about WIC or to make an appointment please visit (*insert local agency name and location)* or call (*insert local agency phone number)* or, visit www.ncdhhs.gov/ncwic.

This institution is an equal opportunity provider.

Appendix B: Sample of WIC Advertisements

Digital copies of the WIC advertisements in English and Spanish can be found on the Community Nutrition Services Section website on the Outreach page For Staff, under Media Resources at https://www.ncdhhs.gov/divisions/child-and-family-well-being/community-nutrition-services-section/wic/staff/outreach#MediaResources-3601.





<<Local Agency Name>>
Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan

Completion and submission of this resource fulfills the Division of Child and Family Well-Being WIC Program Agreement Addendum, III, h. and i. (Deliverable #8- Local Agency WIC Program Outreach, Recruitment, and Retention Plan and Deliverable #9-Evaluation of the prior year Local Agency WIC Program Outreach, Recruitment, and Retention Plan) and the required annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan per NC WIC Program Manual, Chapter 10: Caseload Management.

Assessment of Caseload: Participation Trends

Trends in Overall Participation	
Participation 12-months ago	
Participation 6-months ago	
Current Participation	
% of Base Caseload Currently Serving	
% of Population At-Risk Currently Serving	

Trends in Participation by Category								
	Pregnant Women	Fully Breastfeeding Women	Partially Breastfeeding Women	Postpartum Women	Fully Breastfed Infants	Partially Breastfed Infants	Fully Formula-Fed Infants	Children
12-months ago								
6-months ago								
Current								

List factors that may have contributed to trends seen in participation: _____

_____

_____

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Outreach, Recruitment, and Retention Plan and Evaluation for SFY 20XX *(WIC Agreement Addendum Deliverables 8 and 9)*

Plan: Local agency plan for breastfeeding promotion and support. (***Required***)
Goal:

Target Population	Reason Targeted	Description of Activity/Activities Planned (include staff responsible, location, etc.)	Timeline	Evaluation Method
Women and Breastfeeding Women				

Evaluation- To be completed and submitted with next year's AA (NC WIC Agreement Addendum *Deliverable #9.)*
Refer to NC WPM: Chapter 10, Section 5: *Local Agency Outreach and Retention Plan.*

1. Was the plan implemented? If not, provide a reason.
2. To what degree was the plan successful?
3. Will you modify any of the activities? If so, how will the activities be modified?

Plan: Local agency plan for targeting WIC services to highest priority groups. (***Required***)
Goal:

Target Population	Reason Targeted	Description of Activity/Activities Planned (include staff responsible, location, etc.)	Timeline	Evaluation Method
Name/category of high priority group				

Evaluation -To be completed and submitted with next year's AA (NC WIC Agreement Addendum *Deliverable #9.)*
Refer to NC WPM: Chapter 10, Section 5: *Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan.*

1. Was the plan implemented? If not, provide a reason.
2. To what degree was the plan successful?
3. Will you modify any of the activities? If so, how will the activities be modified?

Plan: (optional) Goal:				
Target Population	Reason Targeted	Description of Activity/Activities (include staff responsible, location, etc.)	Timeline	Evaluation Method
Name/category of target population				
Evaluation- To be completed and submitted with next year's AA (NC WIC Agreement Addendum *Deliverable #9.)* Refer to NC WPM: Chapter 10, Section 5: *Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan.* 1. Was the plan implemented? If not, provide a reason. 2. To what degree was the plan successful? 3. Will you modify any of the activities? If so, how will the activities be modified?				

Plan: (optional) Goal:				
Target Population	Reason Targeted	Description of Activity/Activities (include staff responsible, location, etc.)	Timeline	Evaluation Method
Name/category of target population				
Evaluation - To be completed and submitted with next year's AA (NC WIC Agreement Addendum *Deliverable #9.)* Refer to NC WPM: Chapter 10, Section 5: *Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan.* 1. Was the plan implemented? If not, provide a reason. 2. To what degree was the plan successful? 3. Will you modify any of the activities? If so, how will the activities be modified?				

Agency Name
WIC Program Outreach Activity Log

Date	Staff Responsible	Type of Contact	Organization Contact Information	Result(s)

Date	Staff Responsible	Type of Contact	Organization Contact Information	Result(s)

Chapter 11
Vendor Management

Table of Contents

The WIC program food delivery system authorizes retail grocers and pharmacies to provide foods for Program participants. This chapter covers vendor policies and procedures related to authorizing and maintaining WIC vendors, transacting WIC food benefits and cash-value benefits, vendor monitoring, and sanctioning vendors using a pattern-based vendor sanction system.

Section 1. Authorizing WIC Vendors 1
- Selection Criteria
- Competitive Pricing and Price Limitations
- Not-to-Exceed (NTE) Prices
- Vendor eWIC Enablement and Certification
- Responsibilities of Local WIC Agencies
- Responsibilities of the State WIC Agency

Section 2. Maintaining Vendor Status 9
- Required Vendor Forms
- Annual Vendor Training
- On-Site Monitoring
- Customer Service
- Customer Service Issues (Complaints) Regarding Vendors
- Infant Formulas, Exempt Infant Formulas, and WIC-Eligible Nutritionals
- Minimum Inventory
- Cash Register System Updates

Section 3. Store Changes 15
- Store Ownership
- Vendor Name
- Vendor Address
- Store Manager
- Vendor Ends WIC Agreement

Section 4. Transacting WIC Benefits 17
- eWIC Transactions
- The Authorized Product List (APL)
- Mapping Requirement for Fresh Produce
- At the Check-Out Counter
- Receipt of Purchase Requirements
- Additional eWIC Transaction Requirements
- Transacting Food Benefits at Free-Standing Pharmacies
- Payment to Vendors for eWIC Transactions
- eWIC System Installation, Upgrades and Maintenance

- Lost eWIC cards
- Equitable Treatment and In-Store Promotions
- Vendor Discounts and eWIC

Section 5. Vendor Routine Monitoring.....25
- Routine Monitoring
- Monitoring Requirements
- Documentation Requirements

Section 6. Vendor Sanction System.....29
- Types of Violations
- Vendor Disqualification
- Vendor Claims

Section 7. Appeals 31
- Reasons for an Appeal
- Filing an Appeal

Attachments:

Attachment 1. Customer Service Issues Form
Attachment 2. Local Agency Vendor Triage Form
Attachment 3. Minimum Lane Coverage Criteria
Attachment 4. Vendor Discounts
Attachment 5. Vendor Sanction System
Attachment 6. Participant Access Form
Attachment 7. Participant Hardship Form

Required Local Agency Written Policies and Procedures

- Local agencies must have a written policy addressing when they accept vendor applications. (Section 1, page 1)

Authorizing WIC Vendors

A vendor must be authorized before the vendor can transact WIC food benefits or cash-value benefits. The vendor authorization process involves several steps and requires the vendor applicant, eWIC processor, local WIC agency, and State WIC Agency to work together. Once authorized, the vendor must comply with the vendor selection criteria throughout the agreement period, including any changes to the criteria. The State WIC Agency may reassess the vendor at any time during the agreement period and will terminate the vendor agreement if the vendor fails to meet the current vendor selection criteria.

Local WIC agencies must accept vendor applications at least one month every quarter. For instance, if a local WIC agency accepts vendor applications in March, it is not required to accept them again until June. Local WIC agencies must have a written policy addressing when they accept vendor applications.

- **Selection Criteria**
  Vendor applicants must meet selection criteria established by the United States Department of Agriculture (USDA) and the North Carolina WIC Program to become an authorized vendor. A vendor applicant must meet the following selection criteria:
  - Sign a Vendor Agreement with the eWIC processor or a third-party processor that has been certified according to criteria established by the eWIC processor;
  - Be eWIC capable and pass certification testing performed by the State WIC Program, when requested;
  - Be an authorized Supplemental Nutrition Assistance Program (SNAP) vendor (free-standing pharmacies are exempt from this requirement). A vendor applicant shall not become authorized as a WIC vendor if the store is currently disqualified from SNAP or the store has been assessed a SNAP civil money penalty for hardship and the disqualification period that otherwise would have been imposed has not expired;
  - Not use the acronym “WIC” or the WIC logo, including facsimiles thereof, in total or in part, in the official name in which the business is registered or in the name under which the store does business;
  - Accurately complete the:
    - WIC Vendor Application;
    - WIC Price List or WIC Price List for Freestanding Pharmacies;
    - WIC Vendor Agreement or WIC Vendor Agreement for Free-standing Pharmacies, Above-50-Percent Vendor Self-Declaration Form or Cost Containment Exemption Form for Free-Standing Pharmacy Vendors;
    - Amendment to the WIC Vendor Agreement (retail vendors); and
    - Vendor Site Survey;
  - Maintain current shelf prices that do not exceed the not-to-exceed (NTE) price for each food within the vendor applicant's peer group;
  - Pass a pre-authorization monitoring review conducted by the local WIC agency to determine whether the store has the required minimum inventory of supplemental foods;

- Maintain inventory within valid expiration dates;
- Attend or have a manager or other authorized store representative attend annual WIC Vendor Training. Ensure that the applicant's employees receive instruction in WIC Program policies, procedures and requirements;
- Mark the current shelf prices of all WIC supplemental foods clearly on the foods or have the prices posted on the shelf or display case at all times;
- Operate the store at a single, fixed location in North Carolina. The store must be located at the address indicated on the WIC vendor application and must be the site at which WIC supplemental foods are selected by the WIC customer;
- Be open throughout the year for business with the public at least six days a week, for at least 40 hours per week, between 8:00 a.m. and 11:00 p.m.;
- Provide to WIC customers only infant formula, exempt infant formula, and WIC-eligible nutritionals purchased directly from State-approved sources;
- Not have any owners, officers, or managers who are employed by, or who have a spouse, child or parent employed by the State or the local WIC Program serving the county in which the vendor applicant conducts business. An applicant also shall not have an employee who handles or transacts WIC food or cash-value benefits who is employed by, or has a spouse, child, or parent who is employed by the State or local WIC Program serving the county in which the vendor applicant conducts business. Such situations present a conflict of interest;
- Not have any owners, officers, or managers who in the last six years have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity. Such activities include, but are not limited to: 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;
- Not currently be disqualified from participation in the WIC Program. Additionally, the vendor applicant must not have an owner, officer, or manager that currently has or previously had a financial interest in a WIC vendor that was assessed a claim by the WIC Program and the claim has not been paid in full;
- Not be expected to operate as a predominantly WIC vendor (PWV), as determined by the State WIC Program;
- Excluding chain stores and stores under a WIC corporate agreement that have a separate manager on site for each store, not have an owner who holds a financial interest in any of the following: (1) another store that is disqualified from SNAP, or has been assessed a civil money penalty ("CMP") in lieu of the disqualification and the time period during which the disqualification would have run has not expired; or (2) another store that is disqualified from the WIC Program, or has been assessed a monetary or civil money penalty in lieu of the disqualification and the time period during which the disqualification would have run has not expired;
- Not submit false, erroneous, or misleading information in an application to become an

authorized WIC vendor or in subsequent documents submitted to the State or local WIC agency; and

- Require an owner, manager, or other authorized store representative to complete training approved by the State WIC Program on eWIC procedures. The vendor must ensure that all cashiers and staff are fully trained on eWIC requirements, including training in the acceptance and processing of eWIC transactions.

  NOTE: To maintain WIC vendor authorization, a vendor must redeem at least two thousand dollars ($2,000) annually in WIC supplemental food sales at the store. A renewal applicant that has not redeemed at least two thousand dollars ($2,000) annually in WIC supplemental food sales at the store cannot be reauthorized. Free-standing pharmacies are exempt from this requirement.

- **Competitive Pricing and Price Limitations**

  Federal regulations require State WIC Programs to establish competitive pricing and price limitations during vendor authorization. Competitive pricing considers the prices a vendor charges for supplemental foods compared to the prices charged by other authorized vendors for the same foods. Price limitations ensure that a vendor applicant maintains competitive prices as an authorized vendor. Competitive pricing and price limitations are selection criteria that must be met throughout the entire agreement period. Subsequent to authorization, a vendor must not increase their prices to levels which would make them ineligible for authorization.

  The competitive pricing structure for the NC WIC Program has been updated to include seven (7) peer groups; however, free-standing pharmacies/ peer group 5, are not subject to cost containment regulations. Three of the established peer groups are statewide for the specified store type regardless of location. Geography is considered a factor for placement of a vendor in the remaining four peer groups. The following table provides a description of each vendor peer group.

- **Vendor Peer Groups**

VENDOR PEER GROUPS			
PEER GROUP NUMBER	**STORE TYPE**	**LOCATION**	**DESCRIPTION**
5	Pharmacy	Statewide	Free-standing pharmacy that sells a limited variety of foods
6	Convenience Store	Statewide	Retailer with a limited assortment of grocery items
7	Mass Merchandiser	Statewide	Retailer that sells a wide variety of merchandise but also carries groceries and has store locations in most or all states
	Commissary	Statewide	Grocery store operated by the US Defense Commissary on a military base
8	Independent Grocery	Urban	Retailer that primarily sells groceries with fewer than 11 store locations
9	Independent Grocery	Non-Urban	Retailer that primarily sells groceries with fewer than 11 store locations
10	Regional Grocery Chain	Urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states
11	Regional Grocery Chain	Non-Urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states

The peer group for each vendor in peer groups 8-11 is determined using store type and geography. For example, a store that is classified as an independent grocery store located in a rural area will be placed in peer group 9. Geography is not a consideration for peer groups 5-7.

- **Not-To-Exceed (NTE) Prices**

An NTE is established for most supplemental foods sold by vendors in peer groups 6-11. The NTE is set at 2 standard deviations above the average shelf price for most supplemental foods within a vendor peer group. Payment for a supplemental food cannot exceed the NTE calculated for the size and brand. The NTEs are established using redemption data obtained from the eWIC system. An NTE is calculated periodically for each UPC in the Authorized Product List (APL).

Formula prices depend on the type of formula. Contract standard milk and soy-based infant formulas have NTEs based on vendor redemption data. Exempt infant formulas and WIC-eligible nutritionals do not have NTEs but instead, payments are based on current shelf price.

A list of WIC-approved infant formulas, exempt infant formulas and WIC-eligible nutritionals is posted on the NC Community Nutrition Services Section website at www.ncdhhs.gov/ncwic and may also be obtained from your local WIC Program. Free-standing pharmacies can provide only exempt infant formula and WIC-eligible nutritionals.

- **Vendor eWIC Enablement and Certification**

In order to process eWIC transactions, vendors must obtain and be certified to use the

appropriate Point of Sale (POS) terminal(s) and/or software. FIS, the North Carolina eWIC processor, is responsible for facilitating all vendor enablement and certification processes. Vendor applicants must contact FIS to obtain information and documents required for certification of the vendor's POS system and arrange for the setup of the equipment and/or software needed to process eWIC transactions in North Carolina, as applicable. To be authorized and maintain authorization as a North Carolina WIC vendor, all vendors/vendor applicants must have their POS system certified to accept eWIC by FIS or a third-party processor that has been certified according to criteria established by FIS. Failure to obtain certification or a stand-device provided by FIS during the time specified by the North Carolina WIC Program may result in termination of the vendor's WIC Vendor Agreement or denial of the vendor applicant's application. Vendors or vendor applicants in need of assistance with the certification process, including completion of contract documentation and set up of stand-beside devices, may contact FIS using the information listed below.

Retailer Helpdesk (available 24 hours a day, 7 days a week): 844-230-0836
Email Address: merchant.services.support@fisglobal.com

- Vendors that use stand-beside devices to complete eWIC transactions should also contact FIS for assistance with updating contract documentation;
- POS terminal and scanner training, troubleshooting and replacement; and
- Guidance on how to access the FIS Online Vendor Portal which provides vendors with redemption-related reports and a way to search the eWIC APL file for approved foods.

Vendors with multi-function systems should contact their third-party processor if they need assistance with the areas listed above. All vendors can contact FIS for assistance with transaction history, settlement information, disputes, and reconciliation procedures as well as support on system adjustments and resolution of out-of-balance conditions.

Please send eWIC policy-related questions to: NCWICVendorQuestions@dhhs.nc.gov. North Carolina WIC Program vendor staff will answer your questions promptly. Guidance regarding NC eWIC is also provided on the eWIC webpage for the Community Nutrition Services Section at www.ncdhhs.gov/ncwic.

■ Responsibilities of Local WIC Agencies

- **Provide Orientation Training**
  Each local WIC agency must provide training to vendor applicants in their local service area. This training may be done individually or in a group; however, a Verification of Attendance form must be completed. Review information on the topics listed below. For additional information on these topics, refer to the current WIC Vendor Manual and to materials provided by the State WIC Agency for the annual vendor training.

  Local WIC agency staff must provide training on topics:
  - Purpose of the WIC Program,
  - The responsibility of vendors for the actions of their employees,
  - Vendor selection criteria,
  - Proper handling of customer (participant) service issues (complaints),

- Proper transaction procedures, including procedures for transactions involving split tender,
- Not-to-exceed (NTE) prices,
- Use of compliance purchases to collect evidence of improper vendor procedures,
- Proper treatment of WIC customers,
- Description of vendor sanction system,
- Description of vendor complaint process,
- Recordkeeping requirements, including maintaining inventory records for 3 years or until all audits are complete,
- Claims procedures,
- Procedure for obtaining prior State WIC Agency approval to provide incentive items to WIC participants,
- Supplemental foods authorized by the State WIC Agency,
- Minimum varieties and quantities of supplemental foods that must be stocked,
- Obtaining infant formula only from sources included in the State WIC Agency's list of State-licensed infant formula wholesalers, distributors, retailers, and manufacturers registered with the U.S. Food and Drug Administration,
- Changes in program requirements since the last training,
- Vendor requests for technical assistance,
- Reauthorization,
- Reporting changes of ownership, location, or cessation of operations,
- Procedures for appeal/administrative review,
- WIC/SNAP sanction reciprocity and information sharing,
- Training employees,
- eWIC Policies and Procedures, and
- Provide each potential vendor with directions on how to access the current WIC Vendor Manual. A copy of the manual can be downloaded at https://www.ncdhhs.gov/ncwic.

- **Provide Application Forms**
  For all vendor applicants that will not be operating under a corporate agreement, local WIC agency staff must also:
  - Provide an email form to the applicant, complete orientation training and refer applicant to the WIC Vendor Manual for instructions to complete applicant forms that will be sent via DocuSign. Refer to Chapter 1 for information on obtaining vendor forms from the Community Nutrition Services Section;
  - Determine from the vendor when completed forms will be returned to the local WIC agency; and
  - Provide a contact number for questions.

- **Review Completed Forms**
  The completed authorization forms are returned by the vendor to the local WIC agency via DocuSign. Local WIC agency staff must review the authorization forms for accuracy. Forms with any errors or inconsistencies should be returned to the vendor for corrections **prior** to submission to the State WIC Agency.

- Agreements should be reviewed for completeness, consistency and accuracy. *For example*: The store name must be consistently written on all of the forms submitted for authorization.
- Applications should be reviewed for completeness, consistency and accuracy. *For example: If on page 1, ownership is marked as "individual" and page 3a is filled out with more than one owner, this inconsistency must be corrected.*
- Price Lists should be reviewed for minimum variety and inventory requirements in addition to completeness, consistency and accuracy. If a vendor applicant has prices above the NTE for its assigned peer group, the State WIC Agency notifies the vendor applicant in writing. The vendor applicant is then given an opportunity to submit a revised WIC Price List within 30 days. If any of the vendor applicant's resubmitted prices exceed the NTE or the vendor does not resubmit prices within 30 days, the application is denied in writing. The applicant must wait 90 days from the date of the written denial to reapply for authorization.

- **Perform a Pre-Authorization Monitoring Visit**
  For each vendor applicant, staff must complete a pre-authorization monitoring visit of the store to determine if the vendor applicant meets WIC vendor requirements. A vendor applicant must pass the monitoring review to become authorized.
  - Staff must use the Vendor Monitoring Form (DHHS 2925). For retail grocery vendor applicants, staff must complete sections II, III (review only), IV, and VI. For free-standing pharmacy vendor applicants, staff must complete sections I, II, III, and VI. Sections IV and V cannot be filled out since the vendor is not yet authorized to transact WIC food benefits and cash-value benefits.
  - The first pre-authorization monitoring visit is announced. Local WIC agency staff must set up a time to conduct the visit with the vendor applicant. If the vendor applicant fails the first monitoring visit, staff must:
    - advise the vendor applicant of the mandatory 90-day waiting period if they fail a second monitoring, and
    - re-monitor the vendor within two (2) weeks.
  - The second pre-authorization monitoring visit is unannounced. If the vendor applicant fails a second time, local agency staff must send all vendor applicant forms via email to the assigned WIC Vendor Consultant at the State WIC Agency. The Vendor Unit will send a letter to the vendor applicant, with a copy to the local WIC agency, stating that the store cannot reapply for a period of 90 days from the date of the second monitoring visit.

- **Submit Vendor Authorization Forms to the State WIC Agency**
  Copies of all forms sent via DocuSign for each vendor will be emailed to the appropriate WIC Vendor Consultant at the State WIC Agency after local WIC agency staff have reviewed and signed.
  - Items sent via DocuSign:
    - WIC Vendor Application (DHHS 3282)
    - WIC Price List (DHHS 2766) or WIC Price List for Free-Standing Pharmacies (DHHS 2766-P).
      - Free-standing pharmacies are only required to submit a WIC Price List for Free-Standing Pharmacies (DHHS 2766-P) at authorization and when

requested by the State Agency. This is a specialized price list containing exempt infant formula and WIC-eligible nutritionals.
  - WIC Vendor Agreement (DHHS 2768) or WIC Vendor Agreement for Free-standing Pharmacies (DHHS 2768-P)
  - Above Fifty-Percent Vendor Self Declaration Form (retail grocery applicants) or Cost Containment Exemption Form for Free-standing Pharmacy Vendors (pharmacy applicants)
  - Vendor Site Survey
- Items sent by email from the local WIC agency to the assigned WIC Vendor Consultant at the State WIC Agency:
  - Pre-authorization Monitoring Report (DHHS 2925). The pre-authorization monitoring visit must be performed **prior** to submitting forms;
  - Verification of Attendance form from orientation training; and
  - State issued ID(s) for applicant owner(s) (**non-corporate only**)
- For each vendor applicant that operates under a corporate agreement, also submit through the Crossroads WIC Vendor Portal:
  - WIC Vendor Application (DHHS 3282).

Assist the State WIC Agency with Vendor Appeals
- Disqualification or termination from the WIC Program. (see Chapter 14, Section 2).

Responsibilities of the State WIC Agency

Provide Training
Each year, the State WIC Agency provides vendor training to local WIC agencies. Part of this training includes training materials that local WIC agencies should use to train vendors.

Authorize Vendor Applicants
The State WIC Agency determines whether to approve a vendor after it receives the appropriate information from the local WIC agency.
- If a vendor applicant successfully meets the selection criteria to become a WIC vendor and completes the required forms, then the State WIC Agency will assign the vendor, through the local WIC agency, a unique vendor number. Once this number is assigned, State WIC Agency staff complete level 3 certification testing, if necessary, prior to authorization of the vendor. Only authorized vendors can transact WIC food benefits.

If the State WIC Agency denies the vendor applicant's application, the vendor can appeal the decision. Written communication from the State WIC Agency to the vendor will explain the appeal process. Refer to Section 7 and to Chapter 14 for more information on appeals.

Maintaining Vendor Status

As long as a vendor meets Program requirements, they may continue to be an authorized WIC vendor. Requirements for maintaining vendor status are further described in the WIC Vendor Manual (downloadable from www.ncdhhs.gov/ncwic).

- **Required Vendor Forms**
  Vendors must complete the following forms:

  - **WIC Vendor Agreement** (DHHS 2768)
    Each retail grocery vendor must sign an agreement with the local and State WIC agencies by the end of each agreement period of three (3) years, depending on when an applicant is approved by the WIC Program.

  - **WIC Vendor Agreement for Free-Standing Pharmacies** (DHHS 2768P)
    Each free-standing pharmacy vendor must sign an agreement with the local and State WIC agencies, specifically for free-standing pharmacies, by the end of each agreement period of three (3) years, depending on when an applicant is approved by the WIC program.

  - **WIC Vendor Application** (DHHS 3282)
    Each vendor must submit a full vendor application when it is required by the Community Nutrition Services Section.

  - **WIC Vendor Information Update** (DHHS 779)
    Each vendor must submit a WIC Vendor Information Update Form to the local WIC agency by September 30 of each non-reauthorization year. During the three-year authorization cycle, at a minimum, an update form must be submitted before the second and third years of authorization. Vendors must also submit an update form any time there is a change in store information.

  - **Agreement with eWIC Contractor or Approved Third-party Processor**
    Each vendor must sign an Agreement with the eWIC contractor or a third-party processor approved by the eWIC processor.

  - **WIC Price List** (DHHS 2766)
    Each vendor must submit a price list to the local WIC agency prior to authorization and when requested by the State WIC Agency.

  - **WIC Price List for Free-standing Pharmacies** (DHHS 2766P)
    Free-standing pharmacy vendors are required to submit a price list to the local WIC agency prior to authorization and when requested by the State WIC Agency. This form is a specialized price list containing exempt infant formula and WIC-eligible nutritionals. Each list should note the highest price of each item on the day that the vendor signs it.

- **Annual Vendor Training**
  Local WIC agencies must offer at least two dates each for both the retail grocery and free-standing pharmacy annual training. This equates to a minimum of four annual vendor training dates per year. Vendors must attend annual training and may request additional training sessions at any time. Local WIC agencies must retain the "Verification of Attendance" form in each vendor's file to verify completion of orientation training. Local WIC agencies must also maintain a file of each annual vendor training which includes:

  - The dates of annual training,
  - A copy of correspondence announcing the training,
  - The training agenda, and
  - A copy of the module used for the annual training.

- **On-Site Monitoring**
  Vendors are required to allow local WIC agency staff to monitor their store. Refer to Section 5 for more information on vendor monitoring.

- **Customer Service**
  Vendors must offer WIC customers the same courtesies as offered to other customers. For instance, vendors:

  - May not have a separate check-out line for WIC participants.
  - Must allow WIC customers to purchase any or all foods contained in the APL that are available on their food benefit balance on the date of the transaction.
  - Must charge WIC customers no more than the NTE (Not-to-Exceed) price for their peer group for WIC-approved foods.
  - May not charge a WIC customer more than a non-WIC customer for the same item.
  - Must not require additional non-WIC purchases.
  - May not approach WIC customers for payment of any amount by which a WIC transaction was reduced to the NTE. Therefore, vendors may not ask WIC customers for their names, addresses, or telephone numbers.
  - May not offer incentive items to WIC customers that are not offered to non-WIC customers.

- **Customer Service Issues (Complaints) Regarding Vendors**
  Local WIC agencies should report significant customer service issues (complaints) about vendors to the Community Nutrition Services Section as soon as possible. The customer service issues may come from a variety of sources including WIC participants, WIC staff,

WIC vendors, and members of the general public. Depending on the nature of the issue, the Community Nutrition Services Section may target the vendors for investigation.

Customer service issues are submitted through Crossroads. A copy of the Customer Service Issues Form is submitted to the Community Nutrition Services Section via email if the local WIC agency documents the issue as unresolved. (See Attachment 1 for a sample of the Customer Service Issues Form.)

- **Infant Formulas, Exempt Infant Formulas, and WIC-Eligible Nutritionals**
  Vendors must purchase and provide to WIC customers infant formula from state-approved suppliers. A list of approved suppliers may be obtained at your local WIC agency or found at www.ncdhhs.gov/ncwic. Vendors must retain invoices, receipts, copies of purchase orders, and any other proofs of purchase for all WIC supplemental foods, including infant formula, which details at a minimum: the name of the seller and be prepared entirely by the seller without alteration by the vendor or on the seller's business letterhead; the date of purchase and the date the authorized vendor received the WIC supplemental food at the store if different from the date of purchase; and a description of each WIC supplemental food item purchased, including brand name, unit size, type or form, and quantity. Failure to retain and provide this purchase documentation upon request can lead to disqualification from the WIC Program.

- **Minimum Inventory**
  Vendors must maintain minimum inventory of WIC approved foods so participants can obtain their prescribed food benefits. This minimum inventory requirement does not apply to free-standing pharmacies. A table of specific minimum inventory requirements for vendors is displayed below.

Minimum Inventory for WIC Vendors

Food Item	Type of Inventory	Quantity
Milk	Whole fluid: gallon	2 gallons
	Skim/low-fat fluid: gallon	6 gallons
Cheese	1-pound package	2 packages
Cereals	2 types: whole grain (minimum package size 12 ounces)	6 packages total
Eggs	Grade A, large, white: one dozen size carton	2 dozen
Juice	Single strength: 64 ounce container: 2 varieties	6 containers
Legumes	1 pound package or 4, 15-16 ounce cans: 2 varieties	2 packages or 8 cans OR 1 package and 4 cans
Peanut Butter	16 to 18 ounce container	2 containers
Tuna	5 to 6 ounce container	6 containers
Bread/Tortillas	16 to 24 ounce loaf of whole wheat/whole grain bread or package of tortillas	2 loaves or 2 packages OR 1 loaf and 1 package
Rice	14 to 24 ounce package, whole grain	2 packages
Infant Cereal	8 ounce box	6 boxes
Infant Fruits and Vegetables	3.5 to 4 ounce container 1 type of fruit and 1 type of vegetable	64 ounces
Infant Formula	Milk-based powder: 11 to 14 ounce -and- Soy-based powder: 11 to 14 ounce Brands must be the primary contract infant formulas	8 cans 4 cans
Fruits	14 to 16 ounce can: 2 varieties	10 cans total
Vegetables (excludes beans in the Legumes category)	14 to 16 ounce can: 3 varieties	10 cans total

- **Cash Register System Updates**

  Vendors must adhere to the following requirements regarding Cash Register System updates:

  - Maintain compliance with the eWIC Processor Vendor Agreement, the FNS EBT operating rules, standards and technical requirements, WIC Program Rules, and state and federal regulations, and statutes. Vendors must also maintain point of sale terminals used to support the WIC Program, in accordance to federal policy, as well as maintain a North Carolina eWIC processor certified in-store eWIC system that is available for WIC redemption processing during all hours of operation.

- Vendors that use stand-beside device(s) to transact eWIC may decide to upgrade to an integrated system. In order to do that they must:
  - Inform the eWIC processor (FIS) before making **any** change, so that it can be determined if the system needs to be certified and testing can be performed to establish connectivity.
  - Inform the State WIC Agency so that level 3 certification testing can be performed prior to use of the system in the store.
    - Testing performed with the eWIC processor for a new system that a vendor chooses to use does not supersede the level 3 certification testing that must be performed by the State WIC Agency. **The state will still need to perform level 3 certification testing.**

- These procedures also apply to vendors who alter the integrated system that they currently use or decide to use a different integrated system altogether.
  - Vendors must inform the State WIC Agency if their integrated cash register system will be altered or revised in any manner that impacts eWIC redemption. This is a requirement detailed in the Terms of Vendor Agreement. Failure to do so may result in the termination of their WIC Vendor Agreement.

- The State WIC Agency must grant final approval of the system before the new system is altered and/or used by vendors.

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Store Changes

There are a variety of changes that vendors make which can affect their WIC authorization.

- **Store Ownership**
  A vendor must notify the local WIC agency or the State WIC Agency when the vendor ceases operation or the store ownership changes. The Vendor Agreement shall be null and void if the store ownership changes. The question of whether a change of ownership has occurred can sometimes be difficult to determine.

  - An outright sale of a store constitutes a change of ownership, causing termination of the WIC Vendor Agreement.

  - A simple change of corporate form without changes of ownership or personnel and done for legitimate purposes, does not constitute a change of ownership. In these cases, the vendor should sign a new agreement with the agency, keep its vendor number, and continue to transact WIC food benefits and cash-value benefits.

  - There are gray areas in which there may be questions regarding a change of ownership. For example, when some partners of a partnership leave and/or new partners join the partnership. In such cases, where there appears to be a "partial" change of ownership, it would be reasonable to evaluate how much impact the change will have on personnel or management. A significant impact on personnel or management may affect the integrity of the store's WIC operation. There can be many variations in this scenario. Local WIC agencies must contact the CNSS WIC Vendor Unit for guidance before making a determination.

- **Vendor Name**
  If a store's name changes but the owner(s) remain the same, then the vendor must notify the local WIC agency of the change and complete a NC WIC Vendor Information Update (DHHS-779). The local WIC agency must submit a copy of this form via email to your WIC Vendor Consultant at the State WIC Agency.

- **Vendor Address**
  If a store changes location within three (3) miles, the vendor may keep their vendor identification number. The vendor must notify the local WIC agency of the change and complete a NC WIC Vendor Information Update (DHHS-779). The local WIC agency must submit a copy of this form via email to your WIC Vendor Consultant at the State WIC Agency. Local WIC agency staff must also discuss location changes of greater than three miles with staff in the CNSS WIC Vendor Unit. A change in store location of more than three miles will require the completion of a new Vendor Application and Agreement.

- **Store Manager**
  If a store manager changes, the vendor must notify the local program of the change and complete a NC WIC Vendor Information Update (DHHS-779). The local WIC agency must submit a copy of this form via email to your WIC Vendor Consultant at the State WIC

Agency.

- **Vendor Ends WIC Agreement**
  Vendors may end their WIC Vendor Agreement at any time by providing written notice to the local WIC agency 30 days prior to ending WIC authorization.

  Vendors should inform their customers of the date after which they will no longer transact WIC food benefits and cash-value benefits. Local WIC agency staff should also post a notice in the WIC clinic area informing participants that the vendor is no longer WIC authorized.

Transacting WIC Benefits

- **eWIC Transactions**
  A transaction is the process by which a WIC customer presents an eWIC card containing food benefits to a vendor in exchange for authorized supplemental foods allowed by the WIC Program. The transaction must take place at the vendor's store. In other words, WIC customers (the participant, parent, guardian, proxy, or compliance investigators) must select the WIC supplemental food at the vendor's store. Under no circumstances is it acceptable for a vendor to ask a WIC customer for identification. In North Carolina, WIC customers are not required to provide ID when completing WIC transactions. Vendors who transact printed food instruments or cash-value vouchers or eWIC food benefits/cash-value benefits issued by other states run the risk of not being paid.

  Local WIC agencies should stress the importance of having all store personnel follow proper WIC procedures. This is the key to proper completion of WIC transactions. If proper procedures are not followed, personnel from the State or Local WIC Program may investigate and/or conduct routine monitoring of the store.

  Authorized WIC vendors may not discriminate against WIC customers. For example, an authorized WIC vendor cannot create a separate checkout line for WIC customers.

  Vendors must process eWIC transactions accurately, in a timely manner and in accordance with the terms of the North Carolina WIC Vendor Agreement, eWIC Processor Vendor Agreement, FNS EBT operating rules, standards and technical requirements, WIC Program Rules, and state and federal regulations, and statutes.

- **The Authorized Product List (APL)**
  To appropriately configure an eWIC system to approve WIC supplemental foods for purchase, vendors must be provided with the authorized product list also known as the APL. Updates are made to the APL to add new products, modify existing products and delete discontinued products, as necessary. Vendors with stand-beside devices will automatically have the APL programmed into the device when they receive it from the eWIC processor and will receive updates to the APL through automated downloads. To obtain the most updated APL, vendors with a stand-beside device must unplug and plug back in the device prior to performing eWIC transactions for the day. Regardless of the type of eWIC system used, vendors must ensure that the APL is downloaded to each eWIC device/outlet in their store at least once every 24 hours.

  Vendors, manufacturers and wholesale suppliers may submit requests to update/add UPCs to the APL by completing the web-based *NC WIC Approved Product Registration Form*. This form and the *NC WIC Approved Foods Nutrition Criteria* can be found at www.ncdhhs.gov/ncwic. The *NC WIC Approved Foods Nutrition Criteria* should be reviewed before a UPC is submitted for approval.

- **Mapping Requirement for Fresh Produce**
  Fresh fruits and vegetables must be mapped to a corresponding product look-up (PLU) code in the North Carolina WIC APL file or to the standard generic PLU for produce (4469) or

organic produce (94469). This is a required process necessary to ensure that WIC customers can use their eWlC card to obtain fresh fruits and vegetables with their cash-value benefits. If mapping is not completed appropriately, produce which should be available for redemption with eWIC cash-value benefits will be denied when a WIC customer attempts to purchase it. If a WIC customer cannot purchase fresh produce with their cash-value benefits available on their eWlC card, then the vendor has failed to comply with eWIC processing requirements. Failure by a vendor to process eWIC transactions accurately may result in termination of the WIC Vendor Agreement.

- **At the Check-Out Counter**

  If the vendor uses a **stand-beside device** provided by the eWIC processor, the process is as follows:

  1. The WIC customer must first separate WIC supplemental foods from foods which will not be included in the transaction. If a vendor chooses to use stand-beside device(s) , items purchased with WIC benefits will be a separate transaction from non-WIC items purchased by the WIC customer.
  2. The WIC customer then swipes the card through the device and enters their PIN to authorize the transaction If the system is not reading the card number when it is swiped, the card number may be manually entered by the WIC customer. **The vendor must never manually enter the eWIC card number or enter the PIN for the WIC customer.**
  3. The vendor then scans the UPC or PLU code into the POS system for the approved supplemental food, fruit or vegetable presented for purchase by the WIC customer in the type and size available on the WIC customer's eWIC account. If the scanning device is not working, then the vendor can manually enter the correct UPC/PLU code. Foods presented for purchase that are not WIC-approved will be rejected by the system and cannot be deducted from the WIC customer's benefit balance.
  4. Once the UPC/PLU code is scanned into the POS system, the vendor must scan the item into their cash register system to determine the price for the item. Then the vendor must enter the quantity transacted and item price into the POS system.

  Steps 3 and 4 must be repeated for every approved supplemental food, fruit or vegetable presented for purchase by the WIC customer.

  5. The vendor then enters any discounts which the WIC customer is eligible for into both systems.
  6. The vendor calculates a total and then submits the transaction using the stand-beside device.
  7. The vendor provides the WIC customer with a receipt printed from the stand-beside device which shows the items purchased and the remaining balance. The transaction is then completed/finalized in the store system.

If the vendor uses a **multi-function (integrated) system**, the process is as follows:

1. The vendor scans the UPC(s) and/or PLU codes for all items presented for purchase by the WIC customer, including the UPC/PLU codes for the supplemental foods, fruits or vegetables. If the scanning device is not working, then the vendor can manually enter the correct UPC(s)/PLU codes to complete the transaction. With integrated systems, it is not necessary to separate items for purchase with eWIC benefits. Integrated systems are programmed to select the correct foods by UPC/PLU code and subtract them from the

WIC customer's benefit balance. Also, foods presented for purchase that are not WIC-approved, will be rejected by the system and cannot be deducted from the WIC customer's benefit balance.

2. The WIC customer swipes the card through the card reader device and enters their PIN to authorize the transaction. This can be done at any time during the transaction. If the system is not reading the card number when it is swiped, the card number may be manually entered by the WIC customer. **The vendor must never manually enter the eWIC card number or enter the PIN for the WIC customer.**
3. The vendor's cash register system determines the items that will be applied to the eWIC card and then deducted from the customer's benefit balance.
4. The vendor applies all discounts for which the WIC customer is eligible.
5. The WIC customer reviews items and then confirms the amount.
6. The vendor then submits the transaction.
7. The vendor's cash register system receives the response and the remaining balance for the transaction (if any) is presented to be paid.
8. If there are remaining items, they must be paid for using another tender type (credit/debit, cash or SNAP).
9. The vendor provides the WIC customer with a receipt which shows the items purchased and the remaining benefit balance.

When a multi-tender transaction is performed, the WIC customer must swipe their eWIC card first before any other tender type is applied to ensure that the proper items are deducted from the WIC customer's benefit balance before another tender is used for the purchase.

NOTE: The transaction guidelines for integrated systems may vary slightly based on the POS system used. Vendors with integrated systems should refer to the guidance provided for their POS system for more comprehensive instructions on how to transact eWIC using their system.

- **Receipt of Purchase Requirements**

The printed receipt provided to the WIC customer is a record of what was purchased at the vendor's store. Vendors must provide WIC customers with printed receipts in accordance with receipt requirements listed in the USDA, FNS, *WIC EBT Technical Implementation Guide* which can be accessed using the link below: https://www.usda.gov/sites/default/files/guidance-documents/fns.wic-ebtTechImpGuideOperatingRules.pdf.

- **Additional eWIC Transaction Requirements**

When performing eWIC transactions, the vendor must:

1. Provide to the WIC customer only the approved supplemental foods, fruits, and vegetables contained in the APL after it has been determined that the WIC customer has an available balance on the date of the transaction. The WIC customer is not required to get all of the supplemental foods available on their benefit balance or get the full dollar value of the cash-value benefits; however, a WIC customer may obtain more fruits and vegetables than the full dollar value of the cash-value benefits if the WIC customer pays the difference. This is known as a split tender transaction. Tax may be charged on the

amount that exceeds the value of the cash-value benefit if the excess amount is paid in cash or other methods accepted by the vendor, except for SNAP benefits;
2. Not scan codes from UPC codebooks or reference sheets;
3. Only transmit the current shelf price of all WIC-approved supplemental foods purchased in the correct sizes, quantities and the total dollar amount of all WIC-approved supplemental foods purchased;
4. Ensure that the checkout process for eWIC allows a reasonable degree of security for protecting the PIN used by the WIC customer;

- **Transacting Food Benefits at Free-Standing Pharmacies**
  Authorized free-standing pharmacies can transact only food benefits issued for exempt infant formula and WIC-eligible nutritionals. Food benefits for authorized fruits and vegetables and any foods other than exempt infant formula and WIC-eligible nutritionals will not be paid to free-standing pharmacies. A list of these exempt infant formulas and WIC-eligible nutritionals can be found on the Community Nutrition Services Section website at www.ncdhhs.gov/ncwic or obtained from the local WIC agency.

- **Payment to Vendors for eWIC Transactions**
  Vendors receive payment for all eWIC transactions processed in their store through an Automated Clearinghouse (ACH) system in which payments are directly deposited into their bank account. If a vendor submits an item price that is above the NTE, their payment will be decreased to the NTE amount for the item. Vendors are required to provide their bank account information to the eWIC processor, including any changes in bank information, to ensure payment for eWIC transactions.

- **eWIC System Installation, Upgrades and Maintenance**
  Vendors must also comply with the following policies regarding eWIC system installation, upgrades and maintenance:
  1. Connect the vendor's in-store system for each eWIC device/outlet covered by the WIC Vendor agreement to the State's eWIC system at least once each 24-hour period to download reconciliation files and the North Carolina APL.
  2. Maintain POS terminals used to support the WIC Program in accordance with the minimum lane coverage requirements (See Attachment 3) listed below:
     a. Superstores and supermarkets: There will be one POS terminal for every $11,000 in monthly WIC redemption up to a total of four POS terminals or the number of lanes in the location, whichever is less;
     b. All other vendors: There will be one POS terminal for every $8,000 in monthly redemption up to a total of four POS terminals, or the number of lanes in the location; whichever is less.
  3. Maintain a North Carolina eWIC processor certified in-store eWIC system that is available for WIC redemption processing during all hours the store is open;
  4. Request the North Carolina eWIC processor re-certify its in-store system if the vendor alters or revises the system in any manner that impacts the eWIC redemption or claims processing system after initial certification is completed. The following applies:
     a. If the eWIC system is reconfigured or modified by the vendor and/or other parties in such a way that the WIC in-store system no longer exhibits the required system accuracy, integrity or performance required and under which requirements the WIC

in-store system was certified, the State will not accept a redemption;
   b. The vendor is liable for the costs of all recertification events needed to return the eWIC system for all eWIC devices/outlets covered by this agreement to full compliance with the State agency's system requirements. Failure to seek recertification when the vendor's system is altered/revised shall subject the vendor to the financial liabilities for all transactions processed
5. For vendors with integrated systems, obtain EBT card readers to support eWIC transactions within their store(s). The vendor must ensure that the EBT card readers they obtain meet all EBT and North Carolina EBT Processor requirements. The vendor must:
   a. Purchase EBT card terminals that are capable of properly reading eWIC card transactions;
   b. Ensure that the EBT terminal(s) will be supported by integrated software that is fully capable of supporting WIC in-lane transactions. The vendor's POS system must meet state certification requirements, including interoperability and North Carolina eWIC provider requirements, prior to being placed in operation to accept EBT transactions.
   c. Acknowledge that the performance of maintenance, cost of maintenance and cost of future replacement of terminals is the vendor's sole responsibility;
6. Not charge to the North Carolina WIC Program:
   a. any third-party commercial processing costs and fees incurred by the vendor from eWIC multi-function equipment. Commercial transaction processing cost and fees imposed by a third-party processor that the vendor elects to use to connect to the eWIC system of the state shall be paid by the vendor;
   b. interchange fees related to eWIC transactions;
   c. ongoing maintenance, processing fees or operational costs for vendor systems and equipment used to support eWIC unless the State agency determines the vendor is necessary for participant access.
7. Notify the WIC Program within 24 hours of any periods of time during which they do not maintain an Agreement with the state WIC Program's eWIC Processor or a third-party processor that has been certified according to criteria established by the state WIC Program's eWIC Processor.

- **Lost eWIC Cards**

  Should an eWIC card be found on the vendor's property and go unclaimed for 24 hours, the vendor must return the card to the local WIC agency as soon as possible. The vendor must not hold or use a WIC customer's eWIC card and PIN for any reason.

- **Equitable Treatment and In-Store Promotions**

  Federal WIC regulation 7 CFR 246.12(h)(3)(iii) requires WIC-authorized vendors to offer WIC customers the same courtesies that are offered to non-WIC customers. Per WIC Policy Memorandum from the USDA, dated February 7, 2014, WIC authorized vendors may not treat WIC customers differently from non-WIC customers by excluding them from in-store promotions. This means that WIC-authorized vendors must offer in-store promotions to WIC customers that are offered to non-WIC customers and cannot disallow the use of in-store promotions in WIC transactions that are allowed in non-WIC transactions. Similarly, WIC-authorized vendors may not treat WIC customers differently by offering in-store promotions that are not offered to non-WIC customers. Failure to provide the same courtesies to WIC

customers, as outlined above, is a violation of Federal WIC regulations, thereby constituting a vendor violation.
In-store promotions are defined collectively as incentive items, vendor discounts, and coupons. An incentive item is an item or service provided by a vendor to attract customers or encourage customer loyalty. Incentive items may include free beverages, foods, or baby products with the purchase of a certain WIC supplemental food. A vendor discount is defined as an in-store promotion that reduces the price or increases the quantity of a given product (see Attachment 4). A vendor discount may also result from the use of a coupon. The most common types of vendor discounts are as follows:

- Buy One, Get One Free (BOGO)
- Buy One, Get One at a Reduced Price
- Free Ounces Added to Food Item by Manufacturer (Bonus Size Items)
- Transaction Discounts
- Store Loyalty/Rewards Cards
- Manufacturers' Cents Off Coupons

Cash back is not permitted as a result of vendor discounts in any eWIC transaction. Also, please note that although there are different types of vendor discounts that can be used, the WIC customer is not responsible for paying tax which results from the use of the vendor discount, e.g., the value of a coupon. In addition, as with any eWIC transaction, vendors should not return any change to the WIC customer.

Example: A WIC customer has a $.50 discount coupon for a WIC approved cereal. The cashier should ring up the WIC foods and enter that total, less the $.50. Tax should not be charged nor change given to the WIC customer.

Value of WIC Item	Coupon Value	Paid Amount
$9.80	$0.50	$9.30

**Definitions for the most common vendor discounts may be found in Attachment 4 of this chapter.*

- **Vendor Discounts and eWIC**

The USDA WIC EBT Operating Rules specify how vendors are to apply vendor discounts when processing eWIC transactions. The most frequent vendor discount encountered is the buy one, get one free (BOGO) promotion. This is a quantity discount that many vendors use statewide. In a true BOGO, the customer pays for one item and the second item is free. If this occurs when a WIC customer uses their eWIC card to transact benefits, the free item cannot be deducted from the WIC participant's benefit balance or reported to the State agency. If a food item is advertised as "Buy one, get one free" with the disclosure that each item is sold for half the advertised price, both food items must be redeemed and deducted from the WIC

customer's WIC benefits and must reflect an item price of half the advertised price in the transaction. It is very important that the disclosure be placed in all advertising relevant to the promotion. For more information regarding application of vendor discounts, review the USDA, FNS, *WIC EBT Technical Implementation Guide* at https://www.usda.gov/sites/default/files/guidance-documents/fns.wic-ebtTechImpGuideOperatingRules.pdf.

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Vendor Routine Monitoring

The State WIC Agency is required by federal WIC regulation to monitor its vendors for compliance with WIC Program requirements.

- **Routine Monitoring**
  Routine monitoring is overt, on-site monitoring during which program representatives identify themselves to vendor personnel. Routine monitoring is conducted by the local WIC agency staff. The dates of monitoring visits are unannounced.

  A routine monitoring visit includes, but is not limited to, the following:
  - Review of infant formula invoices, receipts, copies of purchase orders, and any other proofs of purchase;
  - Price checks: Verify that the current shelf prices of all WIC supplemental foods are marked on the foods or are posted on the shelf or display case at all times. Record the shelf price of all items reviewed as part of minimum inventory requirements;
  - Treatment of WIC customers;
  - Food items obtained: Determine if the vendor permits WIC customers to get non-WIC food items with WIC food benefits;
  - Ensure that equipment used to transact eWIC is accessible to the WIC customer and meets minimum lane coverage criteria (refer to Attachment 3);
  - Inventory of WIC supplemental foods: Determine if the vendor has the required minimum inventory of North Carolina approved WIC supplemental foods in the store for purchase;
  - Quality (freshness): Verify that the WIC supplemental foods in the store for purchase are within the manufacturer's expiration date and ensure that the supplemental foods are fresh and of good quality;
  - Verify that the vendor does not use the "WIC" acronym or logo in the store name, advertising, promotional literature, or on WIC supplemental food stickers, tags, or labels;
  - Review of vendor procedures
    - Cashier procedure for eWIC transactions;
    - Cashier procedure for split tender transactions; and
    - Steps for reporting problem participants and eWIC transactions.
  - Address any problems, comments, and questions expressed by the vendor. This is also an opportunity for the vendor to receive training.

If violations are found, the vendor must take steps to correct the violation(s), such as:

- Immediately stock in the store for purchase the required minimum inventory of WIC supplemental foods;
- Immediately remove expired WIC supplemental foods from the shelf; and
- Immediately mark the current shelf prices of all WIC supplemental foods on the foods or post the prices on the shelf or display case.

If violations are cited, the local WIC agency must re-monitor the vendor. Failure to correct violations cited during routine monitoring visits can lead to the disqualification of the vendor from the WIC Program.

Monitoring Requirements

- **Routine monitoring of all vendors**
  Local WIC agencies must monitor ***each vendor*** at least once every three (3) federal fiscal years as well as monitor at least one third (33.3%) of their vendors each federal fiscal year. The minimum number of vendors to be monitored is based on the number of active vendors in the service area on September 30 of each year. Therefore, the minimum number to be monitored can increase with the addition of new vendors during the year.
  NOTE: A federal fiscal year begins on October 1st and ends on September 30th.

- **Routine monitoring of new vendors**
  Once new vendors are authorized, local WIC agencies must monitor these vendors by the end of the federal fiscal year following the date of their authorization approval. Example: Vendor is authorized November 2025; a routine monitoring must be performed by September 30, 2027.

- **Follow-up monitoring when deficiencies are found**
  Local WIC agencies must perform a follow-up monitoring when deficiencies are identified during a monitoring visit. This follow-up monitoring must occur within twenty-one (21) calendar days of the most recent monitoring visit with findings.

- **Monitoring at the request of the Community Nutrition Services Section (CNSS)**
  Local WIC agencies must monitor a vendor within seven (7) days of a request to do so by the CNSS WIC Vendor Unit.

- **Monitoring related to violations assessed and/or disqualifications**
  In addition to routine monitoring, local WIC agencies must perform an additional monitoring of any vendor in the next federal fiscal year who:
  - has had two (2) or more violations assessed (same or different) in the previous federal fiscal year.
  - has been disqualified from the program within the last three (3) years and is now participating.

- **Documentation Requirements**

  Local WIC agencies must document all monitoring visits on the WIC Vendor Monitoring Report form (DHHS 2925). Refer to the WIC Vendor Manual for a copy of this form. The WIC Vendor Monitoring Report form may be ordered from the CNSS using the CNSS Materials Requisition form. The requisition form and the WIC Vendor Manual may also be downloaded from www.ncdhhs.gov/ncwic.

  Upon completion of the monitoring visit, local WIC agencies should leave the signed yellow copy of the report with the vendor. The monitoring results must be entered into the Crossroads system by the local WIC agency monitor. The white copy of the report should be sent to your WIC Vendor Consultant at the State WIC Agency as a PDF file via email and to the WIC Vendor Unit Mailbox at: NCWICVendorQuestions@dhhs.nc.gov within two (2) business days of the visit. The white copy should be kept in the WIC vendor's file at the local WIC agency.

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Vendor Sanction System

- **Types of Violations**
  The North Carolina WIC Program sanction system is predominantly a pattern-based sanction system that requires disqualification of a vendor from the WIC Program for Program violations.

  - **Federal and State-Established Violations**
    Program violations include both federal and state-established violations. The disqualification periods for federal violations range from one (1) year to permanent disqualification. A vendor's disqualification for federal violations may also jeopardize the vendor's Supplemental Nutrition Assistance Program (SNAP) authorization. The disqualification periods for state violations range from sixty (60) days to one (1) year and do not affect a vendor's SNAP authorization. Each violation has a required disqualification period for a specified number of occurrences. For example, two (2) occurrences of vendor overcharging within a twelve (12)-month period require a three (3)-year disqualification. In addition, three (3) occurrences of failure to stock the required minimum inventory within a twelve (12)-month period require a one hundred and eighty (180)-day disqualification. Please refer to the Vendor Sanction System (See Attachment 5) for the number of occurrences and the required disqualification period for each violation. The State WIC Agency will provide the vendor written notification of an initial violation that requires a pattern of occurrences to impose a disqualification, unless the State WIC Agency determines that notifying the vendor would compromise an investigation. This notice requirement does not apply to inventory audits and to violations that require disqualification after a single occurrence.

- **Vendor Disqualification**
  Disqualified vendors can no longer transact WIC food benefits and if provided with a stand-beside device(s) to complete eWIC transactions, must return the devices to the eWIC contractor as soon as possible.

  Prior to disqualifying a vendor, the State WIC Agency must consider whether it would result in inadequate participant access. In rare cases, the State WIC Agency and the local WIC agency might decide that disqualifying a vendor would cause undue participant hardship. The Participant Access Form (See Attachment 6) must be completed by local WIC agency staff for disqualifications based on undercover compliance buy investigations and inventory audits. The Participant Hardship Form (See Attachment 7) is used in disqualifications based on monitoring visits. In these situations, the State WIC Agency might elect to assess a civil money penalty rather than disqualify the vendor.

  Vendors that have completed the disqualification period should contact their local WIC agencies if they wish to reapply. Reauthorization is not automatic. Vendor training is required and subject to the schedules of the local WIC agencies.

- **Vendor Claims**
  When the State WIC Agency determines the vendor has committed a vendor violation that affects payment to the vendor, the State WIC Agency will deny payment or assess a claim. The State WIC Agency has the authority to deny payment or assess a claim in the amount of the full purchase price of all food benefits affected by the vendor violation. Denial of payment or assessment of a claim may be based on violations detected through inventory audits, compliance buy investigations or any other means the State WIC Agency deems necessary to determine Program compliance. Denial of payment by the State WIC Agency or payment of a claim by the vendor for a vendor violation does not negate any other sanctions applicable to the vendor for the violation. For example, if a vendor is assessed a claim and disqualified, the vendor must pay the claim and be disqualified for the time period applicable to the violation committed. Vendors must reimburse the State WIC Agency in full or agree to a repayment plan with the State WIC Agency within thirty (30) days of written notification of a claim. If a vendor fails to reimburse the State WIC Agency in full or agree to a repayment plan within thirty (30) days of written notification of a claim, the WIC Vendor Agreement will be terminated. Vendor claims are not subject to appeal other than the opportunity to justify or correct as permitted by 7 CFR 246.12 (k)(3). Additionally, a vendor applicant cannot be authorized if any of the vendor applicant's owners, officers or managers currently has or previously had a financial interest in a WIC vendor that was assessed a claim by the WIC Program and the claim has not been paid in full.

Appeals

Vendors can appeal adverse actions taken by the State WIC Agency. Refer to Chapter 14 for additional information on the appeal process.

- **Reasons for an Appeal**
  Vendors can appeal a decision and receive a full administrative review for any one of the following reasons:
  - Denial of authorization based on the vendor selection criteria for competitive pricing or for minimum variety and quantity of authorized supplemental foods or on a determination that the vendor is attempting to circumvent a sanction.
  - Termination of an agreement for cause.
  - Disqualification.
  - Imposition of a fine or a civil money penalty in lieu of disqualification.
  - Denial of authorization based on the vendor selection criteria for business integrity or for a current Supplemental Nutrition Assistance Program (SNAP) disqualification or civil money penalty for hardship.
  - The application of the State Agency's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors.
  - Denial of authorization based on the State Agency – established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification.
  - Denial of authorization based on the State Agency's vendor limiting criteria.
  - Denials of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed by the State WIC Program.
  - Termination of an agreement because of a change in ownership or location or cessation of operations.
  - Disqualification based on a trafficking conviction.
  - Disqualification based on the imposition of a SNAP civil money penalty for hardship.
  - Disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State Agency.
  - A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification.
  - Denial of an application based on a determination of whether a vendor applicant is currently authorized by SNAP.

Vendors cannot appeal the following:

- The validity or appropriateness of the State Agency's vendor limiting criteria or vendor 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.
- The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, vendor peer group criteria and the criteria used to identify vendors that are Predominantly WIC Vendors (PWVs) or comparable to PWVs.
- The validity or appropriateness of the State WIC Agency's participant access criteria and the State WIC Agency's participant access determinations.
- The State WIC Agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required.
- The validity or appropriateness of the State WIC Agency's prohibition of incentive items and the State WIC Agency's denial of a PWV's request to provide an incentive item to WIC customers.
- The State WIC Agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction.
- The State WIC Agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation.
- Denial of authorization if the State WIC Agency's vendor authorization is subject to the procurement procedures applicable to the State WIC Agency.
- The expiration of a vendor's agreement.
- Disputes regarding food benefit payments and vendor claims (other than the opportunity to justify or correct a vendor overcharge or other error).
- Disqualification of a vendor as a result of disqualification from SNAP.

■ **Filing an Appeal**

If a vendor appeals, the appeal must be filed within 30 days of receiving a Notice of Intent to Disqualify. The communication from the State WIC Agency will inform the vendor of their right to appeal and the procedure to do so. Vendors who have submitted a request for appeal are allowed to transact WIC food benefits during the appeal process.

WIC VENDOR MANAGEMENT
CUSTOMER SERVICE ISSUES FORM

PURPOSE	To report service issues about WIC vendor activity.
PREPARATION	Local WIC agency staff must complete Section I of the form. The completed form should be emailed to the assigned WIC Vendor Consultant and to the WIC Vendor Unit Mailbox at: NCWICVendorQuestions@dhhs.nc.gov.
RETENTION AND DISPOSITION	This form must be retained in accordance with records retention requirements of the North Carolina Department of Natural and Cultural Resources and the North Carolina Department of Health and Human Services.

WIC VENDOR MANAGEMENT
CUSTOMER SERVICE ISSUES FORM

SECTION I: CUSTOMER SERVICE ISSUE DOCUMENTATION

STAFF NAME: _____ **TITLE:** _____

AGENCY: _____ **DATE:** _____

ISSUE CREATION DATE: _____

INCIDENT DATE: _____

TARGET RESOLUTION DATE: _____

IS ISSUE CONFIDENTIAL? ☐Yes ☐No

ISSUE REPORTED BY:

☐ Family/Participant Family ID _____
☐ WIC Staff User ID _____
☐ Vendor Vendor ID _____
☐ Other Comments_____
☐ Anonymous

ISSUE REPORTED ABOUT:

☐ Family/Participant Family ID _____
☐ WIC Staff User ID _____
☐ Vendor Vendor ID _____
☐ Policy/Procedure Comments _____
☐ Other Comments_____

ISSUE TYPE: _____

ASSIGNED TO:

☐State WIC Agency
☐Local WIC Agency Name of Local Agency _____
☐ Clinic Name of Clinic _____

DESCRIPTION OF ISSUE(S):

_____
_____
_____
_____
_____
_____
_____

SECTION II: RESOLUTION OF ISSUE(S):

_____
_____
_____
_____
_____
_____

Local Agency Vendor Triage Form

Family ID:_____ Last 4 Digits of Card Number: _____

Transaction Date/Time:_____ Vendor Number/Name: _____

Participant Statement

Local Agency Staff Member: _____ *Date:* _____

Local Agency Vendor Triage Form

Dependent on the participant complaint, please ask the participant following questions.

1. What was the brand(s), quantity, product size and item(s) you were trying to purchase?

Brand Name	Quantity	Product Size	Item

2. Please provide the UPC for the item(s) you were trying to purchase. Please include all digits starting with the number to the farthest left and ending with the number to the farthest right.

3. Please describe the transaction (Only WIC items, mixed basket, etc.).

4. Did you present yourself as WIC participant or state that you were using your WIC/eWIC card?

5. Did the cashier verbally tell you the item(s) was not WIC approved or, as items were scanned, did the items not ring up as WIC approved?

Local Agency Staff Member: _____ *Date:* _____

6. Did you use your *ebt*EDGE[SM] app to scan the item(s) to see if they were WIC approved prior to the transaction?

7. Ask the participant if they have their receipts. If so, please make copies and attach to the form. In the box below, please describe your initial findings after viewing the receipts and listening to the participant's statement.

TIPS AND ADDITIONAL INFORMATION

- Please inform and strongly encourage participants to take pictures of the UPC for the item(s) in question.
- Please remind participants to contact the local agency during or immediately after the incident has occurred.
- **Please inform participants to keep all receipts and bring the receipts to the clinic if they are reporting an issue that occurred at the store.**
- **Please send Local Agency Vendor Triage Forms to the following email address: NCWICVendorQuestions@dhhs.nc.gov.**

Local Agency Staff Member: _____ *Date:* _____

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Local Agency Staff Member: _____ *Date:* _____

MINIMUM LANE COVERAGE CRITERIA

Per the Terms of WIC Vendor Agreement, vendors must maintain Point of Sale (POS) terminals to support the WIC Program in accordance with the minimum lane coverage provisions of 7 C.F.R. 246. 12(z)(2) as shown below:

Superstores and Supermarkets

Number of Terminals	Monthly Redemption Threshold
1	$0 - $11,000
2	$11,001 - $22,000
3	$22,001 - $33,000
4	$33,001 and above

All Other Vendors

Number of Terminals	Monthly Redemption Threshold
1	$0 - $8,000
2	$8,001 - $16,000
3	$16,001 - $24,000
4	$24,001 and above

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VENDOR DISCOUNTS

A vendor discount is an in-store promotion that reduces the price or increases the quantity of a given product. Please remember that per Federal regulations [7 CFR 246.12 (h)(3)(iii)], WIC-authorized vendors may not treat WIC customers differently by not extending the same vendor discounts to them that are extended to non-WIC customers. Similarly, WIC authorized vendors may not treat WIC customers differently by offering them vendor discounts that are not offered to non-WIC customers. Common vendor discounts are listed below:

Buy One, Get One Free (BOGO)

In this promotion, the WIC-authorized vendor sells one WIC food item and provides a second identical food item or a different item at no additional cost. For example, a vendor offers a free box of cereal with each box of cereal that is purchased. This is a quantity discount. Using a BOGO promotion allows WIC customers to get additional quantities of WIC foods or non-WIC items at no cost. If the free item in a BOGO promotion is a WIC food item, it should not be deducted from the participant's WIC benefits.

Buy One, Get One at a Reduced Price

In this promotion, the WIC vendor sells one WIC food item at full price and sells either a second identical WIC food item or a different food item at a reduced price. For example, a vendor offers a half-price box of cereal with each box of cereal that is purchased at regular price. A buy one, get one at a reduced-price promotion is a price discount. In a transaction that only includes WIC items, this discount type only applies when the second, reduced price item is a WIC food item and the WIC customer has the item in his or her benefits balance. In this case, the WIC Program would benefit from this vendor discount by being charged the lower price for the second box of cereal.

Free Ounces Added to Food Item by Manufacturer (Bonus Size Items)

In this promotion, a food manufacturer adds extra ounces to a product at no extra cost to the consumer. For example, instead of offering 16 ounces of cereal in a box, a manufacturer may temporarily offer a bonus size 18 ounce box of cereal at the same price. This promotion is a quantity discount. When a bonus size item is purchased by a WIC customer, the vendor should redeem the WIC food benefit or cash-value benefit as if the original size (16 ounce) item were purchased.

Transaction Discounts

In this type of promotion, the WIC vendor applies a fixed amount discount or a discount percentage to the total dollar amount of the purchase. For example, the offer may be for $10 off or 10% off when $50 or more in groceries are purchased. A transaction discount is a price discount on the total purchase. In a transaction that only includes WIC items, the Program would benefit from the vendor discount being applied to the transaction.

Store Loyalty/Rewards Cards

WIC-authorized vendors may provide a card or token that provides additional vendor discounts for frequent or regular customers. WIC customers are not required to use loyalty/rewards cards, nor are WIC-authorized vendors required to scan a "dummy" card for WIC customers who do not have their own cards. Store loyalty/rewards cards may provide a variety of quantity and/or price discounts. These vendor discounts should be processed by vendors as outlined above, according to type.

Manufacturers' Cents Off Coupons

Manufacturers' cents off coupons allow customers to purchase certain items at a lower price. For example, a coupon may offer a price discount of 50 cents off a box of cereal. In a transaction that only includes WIC items, the value of the coupon would be applied to the WIC transaction, thus benefiting the Program.

NOTE: Cash back is not permitted as a result of vendor discounts in any WIC transaction. Also, although there are different types of vendor discounts that can be used, the WIC customer is not responsible for paying tax which results from the use of the vendor discount, e.g., the value of a coupon. In addition, as with any WIC transaction, vendors should not return any change to the WIC customer.

If you have any questions related to vendor discounts, please contact your Local WIC Agency.

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Vendor Sanction System

FEDERAL MANDATORY VENDOR SANCTIONS		
	VIOLATIONS	**DISQUALIFICATION PERIOD**
A.	A vendor criminally convicted of trafficking in food benefits or selling firearms, ammunition, explosives, or controlled substances (as defined in 21 USC 802) in exchange for food benefits. A vendor is not entitled to receive any compensation for revenues lost as a result of such violation.	Permanent
B.	One occurrence (1) of buying or selling food benefits or cash-value benefits for cash (trafficking) or one occurrence (1) of selling firearms, ammunition, explosives, or controlled substances (as defined in 21 USC 802) in exchange for food benefits.	6 years
C.	One occurrence (1) of the sale of alcohol or alcoholic beverages or tobacco products in exchange for food benefits.	3 years
D.	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 six or more days within a 60-day period. The six or more days do not have to be consecutive days within the 60-day period. Failure or inability to provide records or providing false records required under 10A NCAC 43D.0708(24) for an inventory audit shall be deemed a violation of 7 C.F.R.246.12(I)(1)(iii)(B) and 10A NCAC 43D.0710(a)(1).	3 years
E.	Two occurrences (2) of vendor overcharging within a 12-month period.	3 years
F.	Two occurrences (2) within a 12-month period of receiving, transacting or redeeming food benefits outside of authorized channels, including the use of an unauthorized vendor or an unauthorized person.	3 years
G.	Two occurrences (2) within a 12-month period of charging for supplemental food not received by the WIC customer.	3 years
H.	Two occurrences (2) within a 12-month period 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 USC 802, in exchange for food benefits.	3 years
I.	Three occurrences (3) within a 12-month period of providing unauthorized food items in exchange for food benefits, including charging for supplemental foods provided in excess of those listed on the food benefit balance.	1 year
J.	Three occurrences (3) within a 12-month period of an above-50-percent vendor providing prohibited incentive items to WIC customers in accordance with the State agency’s policies and procedures.	1 year
K.	2nd sanction, excluding sanctions for trafficking convictions and SNAP disqualifications.	Double Sanctions
L.	3rd sanction, excluding sanctions for trafficking convictions and SNAP disqualifications.	Double Sanctions and no CMP option
M.	Disqualification from SNAP	Same length of time as the SNAP disqualification and may begin at a later date than the SNAP disqualification.

Multiple Violations During a Single Investigation:

1. Pursuant to 7 CFR 246.12(l)(1)(xii), when during the course of a single investigation the State agency determines a vendor has committed multiple violations (which may include violations subject to State agency sanctions), the State agency must disqualify the vendor for the period corresponding to the most serious mandatory violation. However, the State agency must include all violations in the notice of administration action. If a mandatory sanction is not upheld on appeal, then the State agency may impose a State agency-established sanction.

Participant Access Determinations:

1. Pursuant to 7 CFR 246.12(l)(1)(ix), prior to disqualifying a vendor for a SNAP disqualification pursuant to 7 CFR 246.12(l)(1)(vii) or for any of the violations listed in 7 CFR 246.12(l)(1)(ii) through (l)(1)(iv), the State agency must determine if disqualification of the vendor would result in inadequate participant access. The State agency must make the participant access determination in accordance with 7 CFR 246.12(l)(8). If the State agency determines that disqualification of the vendor would result in inadequate participant access, the State agency must impose a civil money penalty in lieu of disqualification. However, as provided in 7 CFR 246.12(l)(1)(vi), the State agency may not impose a civil money penalty in lieu of disqualification for third or subsequent sanctions for violations in 7 CFR 246.12(l)(1)(ii) through (l)(1)(iv).

Civil Money Penalty Formula:

1. Pursuant to 7 CFR 246.12(l)(1)(x), for each violation subject to a mandatory sanction, the State agency must use the following formula to calculate a civil money penalty imposed in lieu of disqualification:
   (A) Determine the vendor's average monthly redemptions for at least the 6-month period ending with the month immediately preceding the month during which the notice of adverse action is dated;
   (B) Multiply the average monthly redemptions figure by 10 percent (.10);
   (C) Multiply the product from 246.12(l)(1)(x)(B) by the number of months for which the store would have been disqualified. This is the amount of the civil money penalty, provided that the civil money penalty shall not exceed the maximum amount specified in 7 CFR 3.91(b)(3)(v) for each violation. For a violation that warrants permanent disqualification, the amount of the civil money penalty shall be the maximum amount specified in 7 CFR 3.91(b)(3)(v) for each violation. When during the course of a single investigation the State agency determines a vendor has committed multiple violations, the State agency must impose a CMP for each violation. The total amount of civil money penalties imposed for violations investigated as part of a single investigation may not exceed the amount specified in 7 CFR 3.91(b)(3)(v) as the maximum penalty for violations occurring during a single investigation.

STATE VENDOR SANCTIONS		
VIOLATIONS		**DISQUALIFICATION PERIOD**
A.	Two occurrences (2) within a 12-month period of discrimination on the basis of WIC participation as referenced in 10A NCAC 43D.0708(31).	1 year
B.	Three occurrences (3) within a 12-month period of failure to properly transact WIC food benefits by manually entering the EBT card number or entering the PIN into the POS instead of the WIC participant, scanning the UPC or PLU codes from UPC codebooks or reference sheets when completing a WIC participant's EBT transaction, not entering the correct quantity and item price or not providing the WIC participant with a receipt that shows the items purchased and the participant's remaining food benefit balance.	1 year
C.	Three occurrences (3) within a 12-month period of requiring a cash purchase to transact WIC food benefits	1 year
D.	Three occurrences (3) within a 12-month period of contacting a WIC customer in an attempt to recoup funds for food benefits or contacting a WIC customer outside the store regarding the transaction or redemption of WIC food benefits.	270 days
E.	Three occurrences (3) within a 12-month period of failure to provide program-related records referenced in 10A NCAC 43D.0708(24) when requested by WIC staff, except as provided in 10A NCAC 43D.0708(24) and 10A NCAC 43D.0710(a)(1) for failure or inability to provide records for an inventory audit.	180 days
F.	Three occurrences (3) within a 12-month period of failure to provide the information referenced in 10A NCAC 43D.0708(25) when requested by WIC staff.	180 days
G.	Three occurrences (3) within a 12-month period of failure to stock the minimum inventory specified in 10A NCAC 43D.0708(17).	180 days
H.	Three occurrences (3) within a 12-month period of failure to make EBT point of sale equipment accessible to WIC customers to ensure that EBT transactions are completed in accordance with 10A NCAC 43D.0708.	180 days
I.	Three occurrences (3) within a 12-month period of failure to comply with minimum lane coverage criteria required by 7 CFR 246.12(z)(2) and 10A NCAC 43D.0708(20)(c).	90 days
J.	Three occurrences (3) within a 12-month period of stocking WIC supplemental foods outside of the manufacturer's expiration date.	90 days
K.	Five occurrences (5) within a 12-month period of failure to submit a WIC Price List as required by 10A NCAC 43D.0708(26).	90 days
L.	Three occurrences (3) within a 12-month period of failure to allow monitoring of a store by WIC staff.	90 days
M.	Three occurrences (3) within a 12-month period of failure to mark the current shelf prices of all WIC supplemental foods on the foods or have the prices posted on the shelf or display case.	60 days
N.	Five occurrences (5) within a 12-month period of requiring the purchase of a specific brand when more than one WIC supplemental food brand is available.	60 days

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North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section
1914 Mail Service Center
Raleigh, NC 27699-1914
NCWICVendorQuestions@dhhs.nc.gov

PARTICIPANT ACCESS FORM

COUNTY: DATE:

WIC DIRECTOR: HEALTH DIRECTOR:

WIC VENDOR: LOCAL AGENCY CONTACT:

WIC VENDOR #: PHONE #:

DATE WIC VENDOR OWNER SIGNED MOST CURRENT AGREEMENT:

1. ARE ANY WIC VENDORS WITHIN ONE MILE OF THE HEALTH DEPARTMENT? IF SO, LIST AND DOCUMENT THE DISTANCE.

2. IF THIS WIC VENDOR IS IN THE CITY LIMITS, WHAT WIC VENDORS ARE WITHIN THREE (3) MILES OF THIS VENDOR? (THIS MAY INCLUDE WIC VENDORS THAT CROSS COUNTY LINES.) LIST AND DOCUMENT THE DISTANCE.

3. IF THIS WIC VENDOR IS OUTSIDE THE CITY LIMITS, WHAT WIC VENDORS ARE WITHIN SEVEN (7) MILES OF THIS VENDOR? (THIS MAY INCLUDE WIC VENDORS THAT CROSS COUNTY LINES.) LIST AND DOCUMENT THE DISTANCE.

4. ARE THERE ANY GEOGRAPHIC BARRIERS TO USING WIC VENDORS LISTED IN QUESTION‘S #1, 2, OR 3 OF THIS FORM? IF SO EXPLAIN.

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North Carolina Department of Health and Human Services
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PARTICIPANT HARDSHIP FORM

COUNTY: DATE:

WIC DIRECTOR: HEALTH DIRECTOR:

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1. ARE ANY WIC VENDORS WITHIN ONE MILE OF THE HEALTH DEPARTMENT? IF SO, LIST AND DOCUMENT THE DISTANCE.

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Chapter 12
Fiscal Management

Table of Contents

This chapter describes policies and procedures for fiscal management of the WIC program. It addresses a variety of areas including budgets, allowable expenditures, the acquisition and disposition of equipment, and procedures around the purchase, rental, or renovation of property.

Section 1. WIC Program Budget 1
- WIC Budgets
- Breastfeeding Peer Counselor (BFPC) Program Budget
- Expenses Applicable to More than One Budget
- Non-Approved Expenses
- Documentation of Budgeted Expenditures

Section 2. Personnel Costs 5
- Direct Service Time
- Administrative Staff Time

Section 3. Non-Personnel and Shared Program Costs 7
- Duplicating
- Printing
- Telephone
- Internet Service Provider
- Office Supplies
- Janitorial Services, Maintenance, Utilities
- Equipment
- Clinic Costs Associated with Hemoglobin or Hematocrit Test
- Indirect Costs

Section 4. Program Incentive Items 9
- Reasonable and Necessary Costs
- Outreach
- Nutrition Education
- Breastfeeding Promotion and Support
- Ordering Nutrition Education Items

Section 5. Equipment 13
- Obtaining Approval to Purchase
- Fixed Assets Inventory
- Disposing of Surplus Equipment

Section 6. Purchase, Rental, or Renovation of Property.....17
- Buildings and Facilities Rental
- Building Alterations and Renovations
- USDA Approval of Expenses Exceeding $5,000

Section 7. Foreign Language Translators and Interpreters for the Hard of Hearing 21
- Foreign Language Translators
- Interpreters for the Hard of Hearing

Section 8. Audits and Legal Expenses.....23
- Allowed Expenses
- Non-Allowable Expenses

Attachments

Attachment 1. Equipment Disposal Form
Attachment 2. WIC Program Budget (Attachment B)
Attachment 3. Allowable Costs for Breastfeeding Peer Counseling Programs

Websites for Additional Information

- 7CFR 3016.32 and 7CFR 3016.36, https://www.gpo.gov/fdsys/pkg/CFR-2012-title7-vol15/pdf/CFR-2012-title7-vol15-part3016.pdf
- 2 CFR 225: Cost Principles for State, Local and Indian Tribal Governments, https://www.govinfo.gov/app/details/CFR-2013-title2-vol1/CFR-2013-title2-vol1-part225
- https://www.doa.nc.gov/divisions/purchase-contract/statewide-term-contracts
- http://www.catiweb.org/
- http://www.ncdhhs.gov/dsdhh/directories.htm
- https://www.ncdhhs.gov/ncwic

WIC Program Budget

Funding for the WIC Program goes from the United States Department of Agriculture (USDA) to the Community Nutrition Services Section (CNSS) within the NC Department of Health and Human Services. The CNSS pays all WIC Program food costs directly and reimburses local agencies monthly for their program operation costs. The CNSS uses a per participant funding formula to establish the funding allocations for local agencies. Based on their total allocation, local agencies must submit a projected annual budget for each program activity. Budgets for local agencies are submitted with their WIC Agreement Addendum and budgets for non-local agencies are submitted prior to their contract being developed for the next contract period.

WIC Budgets

The four program activities included as part of the WIC grant include:

- **General Administration**: This budget includes direct costs associated with overhead or management costs and shall be less than 10% of the overall budget. Examples of approved costs covered by general administration funds includes:
  - accounting and bookkeeping (i.e., preparation of budget and expenditure reports)
  - payroll and personnel systems maintenance
  - administrative records maintenance (i.e., miscellaneous administrative records related to the WIC program)
  - fraud prevention
  - audit and legal services (refer to Section 8)
  - theft insurance
  - vendor activities, including training and monitoring

- **Client Services**: This budget includes costs involved in delivering food and other client services and benefits. This is typically the largest of the activity budgets. Examples of approved costs covered by client services funds includes:
  - personnel costs (i.e., salary and fringe benefits) for WIC eligibility determination and certification (and all related activities such as pulling records, documentation)
  - conducting/participating in surveys or studies evaluating WIC's impact on participants
  - coordinating with other social, health care services
  - issuing and explaining food benefits
  - outreach
  - referrals to other social, health care services
  - supplies discarded after a single use (*such as laboratory supplies*)
  - translators/interpreters
  - medical equipment (*scales, measurement devices, hematological equipment*)
  - participant notifications including the client’s rights and responsibilities

- **Nutrition Education**: This budget includes costs that relate directly to nutrition education and must represent at least 20% of the total WIC Program budget. Examples of approved costs covered by nutrition education funds includes:

- personnel costs (i.e., salary and fringe benefits) for the provision of nutrition education
- planning and conducting nutrition education
- producing materials for participant education
- purchasing equipment and supplies for nutrition education
- staff training

- **Breastfeeding Promotion and Support**: This budget includes costs that relate directly to promoting and supporting breastfeeding. Local agencies are required to budget a minimum amount in this program activity annually. Agencies are notified of the threshold when they receive notification of their grant award. Refer to Chapter 9 for information on breastfeeding program management activities. Examples of approved costs covered by breastfeeding funds includes:
  - personnel costs (i.e., salary and fringe benefits) for breastfeeding education, promotion, and support activities
  - planning, conducting educational & support activities to promote breastfeeding
  - training staff including breastfeeding peer counselors and sponsoring breastfeeding training events in the community
  - purchasing educational materials and resources for clients, lending libraries, and health professionals
  - establishing breastfeeding rooms in the local agency for WIC participants
  - supporting breastfeeding peer counselor program activities
  - purchasing breastfeeding support supplies <u>limited to</u>:
    - multi-user electric breast pumps *
    - single-user electric breast pumps *
    - single-user manual breast pumps*
    - collection kits*
    - supplemental feeding devices
    - breast shells
    - nipple shields
    - breast pads

    **Breast pumps are medical equipment and require prior approval from the CNSS.*
  - purchasing clinic-based breastfeeding education equipment for use in the clinic setting only to support instruction in breastfeeding (e.g., breastfeeding pillows, breast models or teaching aids, and visual demonstration tools used during breastfeeding counseling sessions). These items must be non-porous, wipeable, and able to be cleaned and disinfected between uses and are not for distribution to participants.

- **WIC Budget Page**: Once the WIC Agreement Addenda has been initiated and the budget for the local agency has been established, the Local Agency may request to move funds across the categories meeting the threshold requirements, as indicated above. The WIC Program Budget Page (Attachment B), Chapter 12: Attachment 2, is utilized for these revisions.

■ **Breastfeeding Peer Counselor (BFPC) Program Budget**

The Breastfeeding Peer Counseling Program is supported by a separate grant, which has unique requirements. This budget includes costs associated directly with the implementation, expansion and maintenance of a breastfeeding peer counselor program. Refer to Chapter 9, Section 7 for information on the breastfeeding peer counselor program. Examples of approved costs covered by breastfeeding peer counselor program funds include:

- Personnel costs (i.e., salary and fringe benefits) for peer counselors and designated breastfeeding peer counselor managers,
- Participation in breastfeeding peer counselor program related training activities,
- Travel specific to breastfeeding peer counselor program activities,
- Operational costs necessary to support breastfeeding peer counselors such as cell phones, pagers, answering machines, and office equipment,
- Other expenses directly related to developing or expanding activities to sustain a breastfeeding peer counselor program.

Refer to Attachment 3: Allowable Costs for Breastfeeding Peer Counseling Programs for additional guidance.

NOTE: While WIC Breastfeeding Promotion and Support Activity budget funds can be used to support Breastfeeding Peer Counselor Program activities, BFPC Program funds ***cannot*** *be used to support expenses related to core WIC functions including attendance at training or meetings unrelated to BFPC program; purchase of breastfeeding aids (i.e., manual and electric breast pumps, nipple shields, supplemental feeding devices); development or purchase of participant nutrition and breastfeeding education materials; and any other expenses unrelated to activities of the BFPC program.*

- **Expenses Applicable to More than One Budget**
  Expenses may apply to one or more budgets. Examples of expenses that may apply to multiple budgets are listed below. Refer also to Section 3 for information on cost sharing.
  - Communications (phone, internet)
  - Personnel time (salaries & benefits)
  - Postage/shipping
  - Printing/duplicating
  - Utilities
  - Office supplies
  - Space rental/purchase (refer to Section 6)
  - Travel expenses
  - Subcontracted services (such as temporary personnel, interpreter service, breast pump rental programs, etc). Refer to Chapter 3 for information on sub-contracts and for a model sub-contract. Subcontracts require prior approval from the Community Nutrition Services Section. To obtain approval, a memo requesting approval along with a copy of the proposed contract for services should be sent to the Regional Nutrition Consultant.
  - Petty cash. Petty cash is not a cost item per se, but rather a method of disbursing funds. Local agencies must keep standard records for all petty cash expenditures and assign the expenditure to the appropriate activity budget.

- **Non-Approved Expenses**
  The following list provides examples of non-approved WIC Program expenses but is not all inclusive.

  - State and local sales tax.
  - Interest and finance charges.
  - Buildings & facilities depreciation/use allowances that the federal government has paid for or rental of building/facilities space in public buildings.
  - Legal expenses imposed by local government's chief legal officer or for prosecution of claims against the federal government. Refer to Section 8 for more information on legal expenses.
  - Breastfeeding supplies such as topical creams, ointments, hydrogel dressings, vitamin E and other medicinal items, foot stools, nursing pillows (except for the purpose of WIC staff demonstrating infant feeding techniques), or nursing clothing. Refer to the previous discussion of allowable breastfeeding support supplies and to Chapter 9, Section 5 for additional information.
  - Expenses associated with employee professional organizations such as fees for professional exams or individual membership dues in professional organizations.
  - Food, beverages, flowers, and entertainment for any kind of training event or meeting or for participants unless used in the context of the provision of nutrition education.
    Note: alcoholic beverages are never approved expenses.

- **Documentation of Budgeted Expenditures**
  Local agencies must maintain documentation for reported expenditures. Records must be available to state and federal auditors/monitors for three years after the last date of activity (e.g., revised expenditure report) or until all audits for the time-period are closed. Refer to Attachment 2: WIC Budget Page (Attachment B). Records must be clear enough that auditors can easily find and understand them later, even if the original staff is no longer there to answer questions (refer to the 2 CFR 225: Cost Principles for State, Local and Indian Tribal Governments - https://www.govinfo.gov/app/details/CFR-2013-title2-vol1/CFR-2013-title2-vol1-part225).

Personnel Costs

There are two kinds of personnel time that can be supported with WIC funds, time spent in providing direct program services and time spent in providing general administration of the program.

- **Direct Service Time**
  Direct service time is time spent performing program activities directly related to budgets. Local agencies must document expenditures for personnel costs and report expenditures to the appropriate budget.

  The first step in documenting WIC personnel expenditures for each budget is to calculate the amount of time that agency personnel spend in direct service in each of the budgets. This documentation is usually maintained through employee daily time sheets or logs of how they spend their time.

Sample Daily Time Sheet for an Individual

Name/Title:			**Month:**	
Day	**WIC General Administration**	**WIC Client Services**	**WIC Nutrition Education**	**WIC Breastfeeding**
Total Hours				
Employee's Signature:				
Supervisor's Signature:				

The second step in documenting WIC personnel expenditures for each budget is to multiply the percentage of time that each employee spends on each service by his/her salary and fringe. Calculate this dollar figure for all agency employees who spent direct time in WIC and add up the figures. The total is the actual cost of each service to the Program for a set time. In most agencies, these calculations are completed through a spread sheet software package.

- **Administrative Staff Time**
  There are two acceptable methods to distribute the cost of local agency administrative staff (i.e. staff that provide support to the WIC Program but do not provide direct program services). Whichever method the local agency selects, it must retain time documentation for at least three years after the last date of activity or until audit requirements are satisfied.

  - **Direct time:** Administrative staff members may distribute direct time spent in WIC activities to the appropriate WIC budget on their time sheets.

  - **Allocation of time**: Administrative staff members may distribute their time in proportion to the direct time given by WIC direct service staff if the same method is being applied across all program budgets in the agency and their job function effects/impacts all programs.

Non-Personnel and Shared Program Costs

There are several non-personnel costs associated with running a local WIC Program. Often times, non-personnel costs are shared across multiple programs. When allocating shared non-personnel costs to several different programs or other cost centers, it is important to allocate costs in a manner which will produce equitable and reasonable charges to each program. Methodology for determining the WIC Program's share of expenses follows.

- **Duplicating**
  These costs apply to photocopy services done in-house.
  - Per copy based on log or usage meter

- **Printing**
  These costs apply to print jobs that are done by an outside agency or business.
  - Per job

- **Telephone**
  These costs include phone and fax services.
  - Long Distance - phone log of calls or phone cards assigned to employee
  - Local calls – percent of local call bill based on the number of extensions
  - Cell phones that are shared across programs- log of calls by user/program

- **Internet Service Provider**
  - Number of extensions

- **Office Supplies**
  These costs include typical supplies used on a daily basis such as paper, pens, pencils, sticky notes, as well as office furniture that is not considered equipment. Refer to Section 5 for additional information about equipment.
  - Actual cost to WIC

- **Janitorial Services, Maintenance, Utilities**
  These costs are allocated based on a per square foot basis assigned to each program.
  - $\frac{\text{WIC sq. ft}}{\text{total sq. ft}}$ X Total cost of space = % of cost that the WIC Program pays

- **Equipment**
  These costs apply to equipment that is shared across programs. Refer to Section 5 for additional information about equipment.

  - Prorated share of cost relative to use

- **Clinic Costs Associated with Hemoglobin or Hematocrit Test**
  These costs apply to the costs associated with a hematocrit or hemoglobin blood test. A local agency may establish a per procedure cost for a hemoglobin or hematocrit test based on the average cost of personnel time and/or the cost of disposable (expendable) supplies used. The established per procedure cost must be updated on an annual basis. To determine total billing costs, this per procedure cost is then multiplied against the number of individuals who receive a hemoglobin or hematocrit for WIC Program services, as documented through a participant log. Local agencies may not charge the WIC Program a clinic cost for a participant if the agency also receives third-party reimbursement for the same service to the participant (*for example, child health, maternal health, or Medicaid*).

- **Indirect Costs**
  Indirect costs are defined as costs which are incurred for a common or joint purpose benefiting more than one cost objective (program).

  - Local health departments cannot bill WIC for an Indirect Cost Rate.

  - Non-local WIC Programs (i.e., those not administered by a local health department) must provide a copy of their current indirect cost rate approval from the cognizant federal agency if the cost is charged to WIC.

Program Incentive Items

Program incentive items refer to a class of goods, usually of a nominal value, that are given to applicants, participants, potential participants, or persons closely associated with the WIC Program (such as staff) for purposes of outreach, nutrition education, or breastfeeding promotion and support. Program incentive items are allowable only if they are considered to be reasonable and necessary costs that promote the specific program purposes of outreach, nutrition education, or breastfeeding promotion as defined below.

- **Reasonable and Necessary Costs**
  Program incentives must be obtained at a reasonable cost. Furthermore, agencies should carefully consider the public perception of program funds spent on items even when the connection to outreach, nutrition education, or breastfeeding promotion is clear.

  - **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 a priority expenditure relative to other demands on available administrative resources.
    - have a proven or intuitive positive outreach or nutrition education impact.

  - **Necessary Costs**
    - are incurred to carry out essential program functions, and
    - cannot be avoided without adversely impacting program operations.

  - **Examples of Non-Allowable Items**:
    - celebratory items, or items designed primarily as staff morale boosters, generally for the personal use of the staff, with minimal public display;
    - items of nominal value which have no outreach, breastfeeding, or nutrition education message;
    - any program incentive item intended for persons who are not participants, potential participants or their parents/guardians, or for persons with no connection to the WIC Program, such as staff and cooperating agency representatives; and
    - items not of nominal value such as diaper bags, infant slings, or ponchos (regardless of any nutrition education, outreach, or breastfeeding promotion messages). These items would not meet the "reasonable and necessary" test.

- **Outreach**
  Outreach refers to promotional efforts to encourage and increase participation in the WIC Program. Outreach efforts must be consistent with the goals of the WIC Program. Outreach may be a local or a statewide effort, directed at increasing the number of participants at a local agency or reaching a group of potential participants who are unaware of the WIC Program or unsure how to access it.

  - **Requirements for Outreach Incentive Items**. Program incentive items for outreach

should:

- contain a WIC-specific message that targets the potentially eligible population,
- normally be seen in public,
- include an approved nondiscrimination statement on publications or other printed material that also include any program information (refer to Chapter 4),
- have value as outreach devices that equal or outweigh other uses,
- include WIC contact information such as the local agency name, address and/or telephone number,
- constitute (or show promise of) an innovative or proven way of encouraging WIC participation, and
- be reasonable and necessary costs.

- **Examples of allowable outreach incentive items** include t-shirts, buttons, bibs, toothbrushes, pens, cups or other items of nominal value with reasonable opportunity for public display that contain a WIC promotional message.

■ **Nutrition Education**

Nutrition Education means "individual or group education sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary and physical activity habits, and emphasize relationships between nutrition, physical activity and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences".

- **Requirements for Nutrition Education Incentive Items.** Program incentive items for nutrition education should:
  - be targeted to participants,
  - include an approved nondiscrimination statement on publications or other printed material that also include any program information (refer to Chapter 4),
  - have a clear and useful connection to WIC nutrition education messages,
  - convey enough information to be considered educational or be utilized by participants to reinforce nutrition education contacts,
  - have value as nutrition education aids that equal or outweigh other uses,
  - be distributed to the audience for which the items were designed, and
  - be reasonable and necessary costs.

- **Examples of allowable nutrition education incentive items** include calendars that contain important nutrition education and physical activity messages and refrigerator magnets with nutrition education messages.

■ **Breastfeeding Promotion and Support**

Breastfeeding promotion and support means strategies, initiatives, and services to encourage and increase the initiation and support the duration of breastfeeding among WIC participants. Note: Breastfeeding aids are a distinct and separate class of allowable costs and should not be considered incentive items. Refer to Chapter 9 for information on allowable breastfeeding aides.

- **Requirements for Breastfeeding Promotion and Support Incentive Items.** Program incentive items for breastfeeding promotion and support should:
  - include an approved nondiscrimination statement on publications or other printed material that also include any program information (refer to Chapter 4),
  - have a clear and useful connection to promoting and supporting breastfeeding among current WIC participants,
  - either convey information that encourages and supports breastfeeding in general, informs participants about the benefits of breastfeeding, or offers support and encouragement to women to initiate and continue breastfeeding,
  - have value as breastfeeding promotion and support items that equal or outweigh other uses,
  - be distributed to the audience for which the items were designed, and
  - be reasonable and necessary costs.

- **Examples of allowable breastfeeding promotion and support incentive items** include t-shirts, buttons or other items of nominal value with a breastfeeding promotion or support message (e.g., "Breast Fed is Best Fed").

■ **Ordering Nutrition Education Items**
A complete list of available materials can be found on the Community Nutrition Services Section's Requisition Form available on the NC WIC Program website.

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Equipment

Under WIC Program policy, defined procedures must be followed to purchase and manage equipment.

■ **Obtaining Approval to Purchase**
Local Agencies must obtain written approval from the Community Nutrition Services Section (CNSS) before they buy:

- Items that are tangible in nature, have a life longer than one year, and have an acquisition cost of $500 or more (*including like items that when put together have a value of $500*).
- Any medical equipment (i.e., scales, measurement devices, breast pumps, hematological equipment) regardless of cost.
- Any computer equipment (including software) regardless of cost. Computer accessories, such as keyboards and monitors, do not require approval.

It takes approximately ten working days to obtain approval from CNSS for an equipment purchase. Non-Information Technology (IT) equipment purchases greater than $25,000 and IT equipment purchases greater than $100,000 must be approved in advance by USDA. Requests requiring USDA approval will be reviewed and if recommended by CNSS to USDA. USDA approval requires three quotes and will add another sixty days to the approval process time period. To request review and approval from CNSS to purchase equipment, email a request to: NSBPurchasing@dhhs.nc.gov.

Information that must be included in the written request for approval to purchase includes:

- Name and contact information (direct phone and email address) of the person making the request,
- Indication that you have followed the procedures outlined in 7CFR 3016.32 and 3016.36,
- Description of the equipment,
- Justification of need, and
- Quote(s) *(first determine if the item is or is not on state contract)*.
  - **Item is on State Contract.** Local agencies are encouraged to purchase items that are on state contract through statewide term contract vendors.
    - For Non-IT Equipment (including medical equipment): visit https://ncadmin.nc.gov/government/procurement/statewide-term-contracts to find the current list of non-IT statewide term contracts.
    - For IT Equipment: visit https://it.nc.gov/resources/statewide-it-procurement/statewide-it-contracts to find the current list of statewide IT term contracts.

  - Contract versus non-contract vendor
    - contract item from a contract vendor: submit with request for approval the state contract item number, a description of the item including the cost, and attach a quote from the contract vendor.
    - contract item from a non-contract vendor: submit with request for approval the contract price, a quote from the non-contract vendor for the exact item on state contract plus shipping/handling fees, and justification for why the purchase is being requested from a non-contract vendor.
- **Item is Not on State Contract.** If the item is not on state contract, submit at least two quotes including shipping/handling fees. The quotes submitted must be for the exact same item and specifications.
- **Item is from a Sole-Source Vendor**. If the item can be purchased from only one source, submit the quoted price including shipping/handling fees, a justification for why the purchase is being requested from a sole-source, a quote and a sole-source memo from the vendor.

For any equipment purchase or renovation over $10,000, the local agency must provide to CNSS the acquisition cost, date of acquisition, and the serial number (if applicable) within 30 days of receipt. Information should be sent to NSBPurchasing@dhhs.nc.gov.

■ **Fixed Assets Inventory**

Local Agencies are responsible for maintaining a fixed asset inventory of any equipment purchased for use by the local agency WIC Program using WIC funds, having an acquisition cost of $500 or more. The following data elements shall also be included on the inventory:

- Funding Source
- Asset Number
- Acquisition Date – Year/Month
- Cost
- Manufacturer
- Model
- Serial Number
- Location

The local agency shall make the inventory available to the state agency upon request.

■ **Disposing of Surplus Equipment**

Local agencies wishing to surplus equipment that is listed on their fixed asset inventory must submit a completed Equipment Disposal Form (refer to Attachment 1). Completed forms

should be sent to CNSS at NSBFixedAssetsSurplus@dhhs.nc.gov.

The CNSS reviews and submits local agency requests to surplus to State Surplus for approval. After a request is approved by State Surplus, the local agency will receive a copy of the labels identifying each piece of equipment to be disposed. The labels should be placed on a visible area of equipment. For example, if the equipment is a monitor, the label should be placed in the top right-hand corner above the screen. For a computer, the label should be placed on the right corner of the computer. State Surplus will provide contact information and site drop-off information for the local agency to use to make an appointment before equipment drop-off.

There are several options available to local agencies for the disposal of equipment. Each option requires local agency staff to sign the equipment disposal form verifying that the items have been taken or destroyed. A copy of the signed form must be sent to the CNSS at NSBFixedAssetsSurplus@dhhs.nc.gov and another copy retained for local agency records.

- **Surplus Off-Site**. The local agency must arrange per State Surplus instruction the delivery of equipment to the State Surplus Property Agency in Raleigh, NC within 40 days of receiving property labels. Property labels for equipment not received by State Surplus within 45 days will expire and will not be accepted by State Surplus. This option requires a set and confirmed appointment for equipment drop-off.
  - All equipment must be delivered **by appointment** to the main warehouse at: Highway 54 West, 6501 Chapel Hill Road, Raleigh, NC. To make an appointment for delivery of computer equipment, contact State Surplus at 919-854-2160.
  - Once arrangements are made for equipment to be delivered, local agency staff must:
    - take the completed Equipment Disposal form received from the CNSS and the equipment to the State Surplus site,
    - sign the Equipment Disposal form once the items have been received by authorized State Surplus personnel, and
    - email a copy of the signed form to NSBFixedAssetsSurplus@dhhs.nc.gov and retain a copy for local agency records.

- **Surplus On-Site**. There are three on-site equipment surplus options. All options require the submission of a separate digital photo for each actual item to be surplused. The photos must be submitted as a JPEG file and titled with the line # and serial number (if applicable). The .JPEG file size must not exceed 1024 KB.

  1. **Agency Negotiated Sale.** On-site transfer of assets from the local agency to another government, local, or municipal office. To request the on-site transfer of items, submit the equipment disposal form to CNSS at NSBFixedAssetsSurplus@dhhs.nc.gov.
     - Once arrangements are made by CNSS, State Surplus will contact the local agency staff indicated on the form to coordinate the Sale of Equipment.

  2. **Landfill Disposal.** On-site disposal of equipment by the local agency. To request the landfill disposal of item(s), submit the equipment disposal form to CNSS at

NSBFixedAssetsSurplus@dhhs.nc.gov.

- Once approval has been obtained by State Surplus, CNSS will contact the local agency staff indicated on the form.

3. **Public Sale.** On-site surplus of equipment at the local agency via the public sale of items through public bidding coordinated by the NC Department of Administration. To request information about this process, contact NSBFixedAssetsSurplus@dhhs.nc.gov.
   - Once arrangements are made by CNSS, State Surplus will contact the local agency staff indicated on the form to coordinate the Sale of Equipment.

Purchase, Rental, or Renovation of Property

A local agency must have prior approval before spending WIC funds on the purchase, rental, or renovation of any property. Written requests for approval should be sent to the Regional Nutrition Consultant with the necessary information as outlined below. Once the Regional Nutrition Consultant reviews the concept of the proposed purchase, rental, or renovation, they will forward the request to the Deputy Director of the State agency for approval to expend WIC funds. Written notification will then be sent to the local agency from the state agency. The local agency should allow three weeks to process requests under $5,000 and sixty days to process requests in excess of $5,000.

- **Buildings and Facilities Rental**
  If a local agency rents property on a yearly basis, it must obtain approval only when there is a rent increase or other terms of the contract change. Written requests for renting a building or space in a building must include:

  - Justification of need,
  - Name and location of lessor,
  - Location of site to be rented,
  - Total number of square feet to be rented and the annual cost per square foot,
  - Total monthly and annual rent cost and what the rent includes (for example utilities, maintenance),
  - Comparison of cost to prevailing local cost for comparable space,
  - Date when rental payments will begin,
  - Statement of how the agency will use the space,
  - Statement of handicap accessibility, and
  - A copy of the proposed lease agreement.

- **Building Alterations and Renovations**
  Alterations and renovations include such things as partitions, walls, windows and doors (but not maintenance or repair). Written requests for alterations/renovations to a publicly owned building must include:

  - A description of rearrangements and/or alterations, including a floor plan and/or diagram,
  - Two or more written estimates of the cost of the work (bids) which itemize materials, labor, and other costs,

- An estimated beginning and ending date,
- If more than one funding source will share the cost of rearrangements/alterations, a detailed description of how fair proration of the cost is determined (Refer to Section 3 for information on shared program costs), and
- A statement that the local agency purchased the item following 7CFR 3016 requirements and other state and/or local procurement procedures.

Once the renovations/alterations are complete, staff must inform Community Nutrition Services Section (CNSS) of the final cost. A written explanation must be included if the final price is more than 10% higher than the initial estimate, and/or the agency did not choose the contractor with the lowest cost estimate.

■ **USDA Approval of Expenses Exceeding $5,000**

Purchasing and renovating real property are capital expenses. Any purchase or repair of property in excess of $5,000 must be approved in advance by USDA. In general, USDA recommends renting property rather than purchasing it. Requests received by the Regional Nutrition Consultant in excess of $5,000 will be forwarded by the CNSS to USDA. Criteria used by USDA to decide to evaluate requests are outlined below. These criteria should be considered when staff is writing requests for approval.

- **Rental and/or Renovation of a Building/Facility**
  - Is the landlord willing to renovate or repair the building?
  - Has the agency gotten at least three bids of the proposed renovation or repair?
  - Has the agency considered whether there might be another site that does not require renovation? Also, determine the cost of the alternative site.
  - Has a recent program review recommended the proposed site as prepared for renovation or repair?
  - Will the proposed renovation or repair address unsafe clinic conditions?
  - For publicly owned property, has the local agency agreed to repay the federal government for the non-depreciated value of the renovation/repair if the WIC Program vacates the facility?
  - For privately owned property, has the landlord agreed to either:
    - extend the lease until the WIC Program receives full benefit from the renovation? or
    - amend the lease to refund the local agency for the portion of the renovation cost from which the local agency has received no benefit?

- **Purchase of a Building/Facility**
  - Is it necessary to locate the site in the proposed area?
  - Has the agency tried to locate state or local government-owned or donated space in the proposed area?
  - Could the agency rent space in the proposed area?
  - Has the agency compared the cost of the proposed site with alternative sites?

- Could the agency expand nearby sites or buy a mobile site?
- Has the agency agreed to be responsible for contacting the CNSS and USDA for disposition instructions if the WIC program moves?

- **Additional Information Required When Purchasing or Renting a Building/Facility**
  - **Determining Absence of Other Funding**
    - Are there state and/or local funds available to fund the proposed expense? If so, why are WIC funds being requested?
  - **Selecting the Site**
    - Is the proposed site centrally located in the area that it will serve?
    - Is the proposed site near a hospital and/or local health agency? Has access to public transportation been considered?
    - Is the proposed site large enough to house enough staff and equipment for the expected number of participants?
    - Will the proposed site provide easy access for pregnant women, children, and handicapped persons?
    - Can the proposed site handle the program's security needs, e.g., locked storage? Will this entail any additional costs?
    - Can the proposed site handle the program's wiring needs, e.g., telephone lines, electrical outlets? Will this entail any additional costs?
    - Would it be less expensive to rent a comparably sized space over a five-year period? The U.S. Department of Housing & Urban Development (HUD) maintains statistics about nationwide rental properties and their costs.
    - Can you easily adapt the proposed site into a clinic setting (i.e., appropriate space for lab services, hand washing capabilities)?
  - **Determining WIC's Fair Share of Costs:**
    - What programs or offices will the space house?
    - How are you calculating each party's fair share of the projected cost?

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Foreign Language Translators and Interpreters for the Hard of Hearing

Local agencies can use WIC Program funds to pay for foreign language translators and interpreters for the hard of hearing. However, they may **not** use WIC funds to pay an applicant/participant's family member to translate or interpret.

All sub-contracts for interpreter services must be approved in advance by the Regional Nutrition Consultant. Refer to Chapter 3 for additional information on subcontracts.

- **Foreign Language Translators**
  Public health agencies have an obligation to ensure that persons with limited English proficiency (LEP) have meaningful and equal access to benefits and services. Language assistance should provide for effective communication between the service provider and the LEP person so as to facilitate participation in, and meaningful access to WIC Program services.

  Agencies and providers have a number of options for providing oral language assistance. Which option to use will depend on a variety of factors including the frequency of need and size of the population(s) being served. Examples of the options available include:

  - hiring bilingual staff for patient and client contact positions;
  - hiring staff interpreters;
  - using translator help lines; and/or
  - contracting for interpreter services

  For information about foreign language translators and interpreters, go to website for the Carolina Association of Translators and Interpreters at http://www.catiweb.org/

- **Interpreters for the Hard of Hearing**
  Local agencies should use WIC Program funds for certified or assessed interpreters. Pay interpreters directly, based on their skill level. The Division of Services for the Deaf and Hard of Hearing recommendations for interpreter service are found on their web site: http://www.ncdhhs.gov/dsdhh/directories.htm

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Audits and Legal Expenses

There may be times that a local agency will need to cover audit and/or legal expenses.

- **Allowable Expenses**
  The WIC Program is allowed to pay for some expenses associated with audits. These expenses include
  - the WIC Program’s prorated portion of expenses for a local agency's overall audit, and
  - audits that Community Nutrition Services Section requires in place of an USDA audit.
- **Non-Allowable Expenses**
  The WIC Program is not allowed to pay for certain audit and legal expenses including:
  - direct charges for audits (other than those that Community Nutrition Services Section requires),
  - legal services furnished by the local government chief legal officer, and
  - legal expenses for prosecuting claims against the federal government.

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Child and Family Well Being
Community Nutrition Services Section

Equipment Disposal Form

Use this form to request the disposal of equipment that is no longer useful or damaged. Once all applicable fields have been completed, email the form to NSBFixedAssetsSurplus@dhhs.nc.gov. Please complete this fillable document electronically. For additional information see WIC Manual Chapter 12 Section 5. * Required field for initial form submission

Upon approval, NC DOA State Surplus Property Agency will issue surplus labels or approval (Landfill Disposal). The labels will be mailed to the Agency via Courier or USPS. Landfill Disposal approval will be provided to the requestor via email. Once the equipment is disposed of as approved, the approved request must be signed to certify disposal and emailed to NSBFixedAssetsSurplus@dhhs.nc.gov to provide verification of the completed disposal.

Equipment Disposal (Check the appropriate boxes)*

☐ Check if Equipment is IT Equipment (e.g., computer, copier, printer, multifunction device, etc.)

☐ Surplus (Must be taken to State Surplus Warehouse)

☐ Agency Negotiated Sale**

☐ Landfill Disposal/Trash**

☐ On-site Surplus (Public Sale)**

**For Onsite Surplus or Landfill Disposal requests, the NC DOA State Surplus Property Agency requires an actual image of each item. The images MUST be of the physical item and attached to the email as individual .JPEG files. Each .JPEG file must be titled with the item # and serial number (if applicable).

Equipment Detail (use additional page if necessary)*

Item #	Fixed Asset # (if applicable)*	Serial # (if applicable)*	Description (Include Model #)*	Photo Included	Acquisition Date*	Acquisition Cost*
1				☐		
2				☐		
3				☐		
4				☐		
5				☐		
6				☐		
7				☐		
8				☐		
9				☐		
10				☐		

Requestor Information*

Agency: _____ Date: _____

Requested By: _____ Phone: _____ Email: _____

Agency Approver: _____

Print Name Signature Date

Approvals (Community Nutrition Services Section Use ONLY)

CNSS Approver: _____

Print Name Signature Date

Received: _____ Submitted _____ Approved: _____ _____

Document #: _____

Verification of Disposal as Approved

Disposed By: _____

Print Name Signature Date

Once the equipment has been disposed of sign here and return the form to NSBFixedAssetsSurplus@dhhs.nc.gov via email. By signing you certify that you witnessed the proper disposal of the equipment listed as approved.

SAMPLE

Community Nutrition Services Section
Equipment Disposal Form

Equipment Detail Additional Page

Item #	Fixed Asset # (if applicable)	Serial # (if applicable)	Description (Include Model #)*	Photo Included	Acquisition Date*	Acquisition Cost*
11				☐		
12				☐		
13				☐		
14				☐		
15				☐		
16				☐		
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60				☐		

SAMPLE

North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

WIC PROGRAM BUDGET (ATTACHMENT B)

Agency Name: _____

Contact Person Name: _____

Contact Information Phone / Email: _____

_____ Original

Revision # _____
Revision applies to:
_____ SFY allocation (June – September)
_____ FFY allocation (October – May)

	Amount	STATE USE ONLY	
		_____ Federal Fiscal Year	_____ Federal Fiscal Year
2D15403 Client Services	_____		
2D15404 Nutrition Education (Minimum Amount $)	_____		
2D15405 General Administration (Maximum Amount $)	_____		
2D15409 Breastfeeding Promotion (Minimum Amount $)	_____		
Total	_____		

Instructions for completing the original budget:
Using the funds listed for the 'Total' above, allocate your funds among the four WIC activities. Note the minimum level of funds that must be budgeted for Nutrition Education and Breastfeeding Promotion, and the maximum amount of funds to be budgeted in General Administration. Your total for the four activities should match the total on the Budgetary Estimate. This form is to be signed and returned with the WIC Agreement Addendum to the Division's Contract Unit.

Instructions for completing budget revisions:
This form may be reproduced and used to submit budget revisions. When submitting budget revisions, show the amount of funds being increased or decreased in the amount column for the respective activity (ex. +1000 or -1000). Place a line through the total amount and add a zero next to that amount to indicate that the revision is not increasing or decreasing the total. Indicate the Revision # for your budget revision. Budget revisions are due in the program office by May 1st for close-out of the state fiscal year and September 1st for close-out of the federal fiscal year, or monthly as needed. **This form should be emailed to NSB.Contracts@dhhs.nc.gov.**

_____ _____
Signature of Local Agency Director Date

_____ _____
Signature of Local Finance Officer Date

_____ _____
Signature of CNSS Deputy Director or Designee Date

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Allowable Costs for Breastfeeding Peer Counseling Programs

The primary purpose of Breastfeeding Peer Counseling (BFPC) program funds is to provide a direct peer counselor to pregnant and breastfeeding WIC participants for breastfeeding support services. The chart below identifies allowable costs for the BFPC program. The use of BFPC program funds for expenditures that are not supported by the WIC Breastfeeding Model for Peer Counseling are not authorized.

Costs that are not allowable under the BFPC program may be permissible within the general WIC budget.

Item or Service	Allowable Costs	Not Allowable Costs	Comments
Durable Goods and Space			
Furniture, desktop computers/laptops/tablets, and office equipment used to provide peer counseling services and training.	X		
Phone lines, internet service, cell/smartphones, pagers and answering machines for contacts between peer counselors and mothers.	X		
Portable baby scales to weigh infants outside of the WIC clinic or scales marketed for pre- and post-breastfeeding weight checks.		X	
Space and lease costs for peer counselors to provide services.	X		
Incentives and Educational Materials to Promote Breastfeeding			
Breastfeeding educational materials for mothers.		X	
Breast pumps and breastfeeding aids for mothers.		X	
Breastfeeding supplies for *demonstration* purposes by peer counseling staff.	X		*See **Chapter 9, section 5** for more information on allowable breastfeeding supplies for participants.*

Allowable Costs for Breastfeeding Peer Counseling Programs

Item or Service	Allowable Costs	Not Allowable Costs	Comments
Incentive items distributed to WIC participants to encourage breastfeeding. (e.g., breast pumps, breastfeeding aids, breastfeeding promotion and support incentive items, written materials, etc.)		X	
Personnel and Compensation			
Salaries and compensation for peer counseling staff: peer counselors, Peer Counselor Program Managers (PCPM), and WIC Designated Breastfeeding Experts (DBE).	X		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. BFPC funds cannot be used to disproportionately hire WIC DBEs versus peer counselors.
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)	X		Costs must be allocated between the two positions held. BFPC funds may be used for the portion of time spent as peer counselor or the DBE. *See **Chapter 9, Section 7** for additional information on dual-role peer counselors.*
Father-to-Father Breastfeeding Support Group, or a breastfeeding support group that is open to the public.		X	
Breastfeeding Support Groups. (i.e., in-person, hybrid, or virtual)	X		PC/DBE staff hours may be covered for monitoring and engaging in a Breastfeeding Support Group that provides breastfeeding support services to WIC participants only.

Allowable Costs for Breastfeeding Peer Counseling Programs

Item or Service	Allowable Costs	Not Allowable Costs	Comments
Recruitment of peer counselors and related staff.	X		
Milk Banks/Depots.		X	
Drop-In Breastfeeding Groups.	X		BFPC/DBE time may only be used for supporting WIC participants.
Staffing and expenses related to WIC Peer Counselor support to WIC breastfeeding hotlines and call centers.	X		BFPC funds may be used to fund peer counselors or for other expenses related to the hotline/call center (e.g., rent, phone service, equipment, etc.) 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.
Staff Training and Resources			
Travel for WIC State- required training of peer counselors/DBE and peer counseling staff/managers.	X		
Travel for home and hospital visits to WIC participants by peer counseling staff.	X		
Attendance at a state/national breastfeeding conference.		X	
Continuing education for DBEs.	X		Training must relate to servicing peer counseling programs (e.g., mentoring, serving as a referral, etc.)
Breastfeeding resources for peer counseling staff to use. (e.g., training materials for peer counselors)	X		
Breastfeeding resources for WIC staff not related to peer counseling.		X	

Allowable Costs for Breastfeeding Peer Counseling Programs

Item or Service	Allowable Costs	Not Allowable Costs	Comments
Certified Lactation Counselor (CLC) or International Board Certified Lactation Consultant (IBCLC) training, coursework, exam, renewal, or membership fees.		X	
Peer Counseling Program Advertising and Promotion			
Media outreach. (e.g., bus placards, paid social media and digital ads to advertise BFPC programs)	X		Allowed for directly recruiting peer counselors or informing WIC participants about the PC program, as a WIC breastfeeding benefit.
Media outreach that promotes breastfeeding in general, but not specifically BFPC programs.		X	
Name badges, buttons and similar low-cost items that identify peer counselor staff.	X		
Pamphlets and similar materials to promote the peer counseling program.	X		
Miscellaneous			
Indirect costs related to the BFPC Program. (e.g., personnel, accounting, or information technology services, etc.)	X		
Second nutrition education contacts.		X	
Childcare.		X	
Cribs or other materials and equipment for infants of peer counselors who bring their babies to work.		X	
Monitoring and tracking (e.g., contacts, referrals, training, etc.) of program effectiveness.	X		Evaluation studies may not be paid for using BFPC funds.
Peer counseling services to non-WIC participants.		X	
Breastfeeding coalitions		X	

Chapter 13
Records Retention

Table of Contents

This chapter provides guidance on the requirements for retaining and disposing of WIC Program records.

Section 1. Records Retention and Disposition Schedule 1
- North Carolina Department of Natural and Cultural Resources -- Records Retention and Disposition Schedule for Local Health Departments
- North Carolina Department of Health and Human Services (DHHS) - Records Retention and Disposition Schedule for Grants

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Records Retention and Disposition Schedule

WIC Program records must be retained in accordance with records retention requirements of the North Carolina Department of Natural and Cultural Resources and the North Carolina Department of Health and Human Services.

Prior to disposing of any records associated with the WIC Program, staff must confirm they are in compliance with the latest retention requirements. Once it is confirmed the required retention time is met, staff should shred all confidential documents. Documents that do not mention participants' name or other confidential material may be shredded or recycled/discarded.

- **North Carolina Department of Natural and Cultural Resources - Records Retention and Disposition Schedule for Local Health Departments**
  The North Carolina Department of Natural and Cultural Resources, Division of Archives and Records, Government Records Section provides and administers records management services to state government agencies, local government agencies, and state-supported institutions of higher education in North Carolina in accordance with *General Statutes* 121 and 132 and the mandate provided in these laws for the preservation of the historical record of this state.

  Local government program schedules available online: https://archives.ncdcr.gov/government/local. The retention schedule applies to all documents found in a local health department and is updated periodically. Local government record retention schedules must be used in conjunction with the North Carolina Department of Health and Human Services (DHHS) records retention schedule for grants to determine more specifically when staff may dispose of WIC Program administrative records.

- **North Carolina Department of Health and Human Services (DHHS) - Records Retention and Disposition Schedule for Grants**
  The DHHS Records Retention and Disposition Schedule for Grants is updated regularly (one to two times each year). Financial and programmatic records, supporting documents, statistical records, and all other records pertinent to a Federal award, of which the WIC Program is one, must be retained in accordance with this schedule.

  There are two DHHS documents related to records retention of which staff should be aware:

  - Records Retention and Disposition Schedule Background and Contact Information: provides an overview of the records retention and disposition schedule; and

  - Records Retention and Disposition Schedule Spreadsheet: provides detailed information about which state fiscal year records have been approved for disposition and which records must be retained.

  These documents can be found at the DHHS Office of the Controller website at: https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention.

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Chapter 14
Administrative Appeals

Table of Contents

Administrative appeals allow applicants/participants, local agencies, and WIC-authorized vendors to appeal decisions made by either the Community Nutrition Services Section or by a local agency that affect their present or future participation in WIC. This chapter describes the types of decisions that may be appealed; who may appeal those decisions; procedures for appealing those decisions; denial or dismissal of hearing requests; and hearing official requirements and duties.

Section 1. Participant Fair Hearings 1
- Notification of the Right to a Fair Hearing
- Request for a Fair Hearing
- Denial or Dismissal of a Request for a Fair Hearing
- Continuation of WIC Program Benefits During an Appeal
- Notice and Scheduling of the Fair Hearing
- Hearing Officer
- Hearing Procedure
- Hearing Decision

Section 2. Contested Case Hearings 7
- Notification of Action and the Right to a Contested Case Hearing
- Request for an Appeal
- Continuation of Responsibilities
- Hearing Officer
- Contested Case Hearing Procedure
- Local Agency Responsibilities during a Vendor Contested Hearing

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Participant Fair Hearings

A "fair hearing" is the informal dispute resolution process through which an applicant or participant may appeal a state or local agency action which results in a claim against the individual for repayment of the cash value of improperly issued benefits, the individual's denial of participation in WIC, or the individual's disqualification from the WIC Program. Refer also to Chapter 6 for information on participant notifications, participant abuse, and recovery of funds.

It is a federal requirement that applicants/participants be informed of their right to a fair hearing.

Notification of the Right to a Fair Hearing

- **Fair Hearing Posters.** Local agencies must display a "fair hearing" poster where it may be read by those who receive WIC services. It may also be displayed in group or individual nutrition education areas. Posters can be ordered from the Community Nutrition Services Section using the CNSS requisition (refer to Chapter 1 for ordering information).

- **Written/Oral Notification of the Right to a Fair Hearing.** Local agency staff are required toinform every current and potential WIC participant of their right to a fair hearing:
  - in writing at the time of application;
  - in writing whenever the applicant/participant is determined ineligible;
  - in writing at least 15 days before suspension or disqualification due to abuse of the program;
  - in writing at the time of assessment of a claim for repayment of the cash value of improperly issued Program benefits; and
  - orally or in writing, at least 15 days before the expiration of each certification period.

  The content of the notice of fair hearing must include:
  - a statement of the right to a fair hearing;
  - the method by which a fair hearing may be requested, including the time limit; and
  - who may represent the individual; and
  - the civil rights statement.

- **Documentation of Notification of the Right to a Fair Hearing.** Local agencies must document the giving of this notification (oral or written) in the WIC Crossroads System (Refer to the WPM Chapter 6D Certification/Participation-Participation Notification for guidance on documenting notifications).

Request for a Fair Hearing

The request for a fair hearing may be made by the individual affected by the action or by the individual's parent, caretaker, or any other person acting on their behalf.

- **Who Can Receive a Fair Hearing Request?** The request for a fair hearing may be accepted by any of the following individuals:
  - Local Agency. The local health director and the WIC director are both authorized to accept a request for a fair hearing. Other staff members who receive such a request shall provide assistance by immediately forwarding the request to a person authorized to accept the request.
  - Community Nutrition Services Section. The Assistant Director of the Community Nutrition Services Section (who is also the State WIC Director) is authorized to accept a request for a fair hearing. If the applicant/participant makes the request of Community Nutrition Services Section staff other than the state WIC Director, the staff member must inform the state WIC Director immediately. Contact information is:

    State WIC Director
    Community Nutrition Services Section
    1915 Health Services Way
    Raleigh, NC 27607
    Telephone 919-707-5800

- **Time Frame of Request.** The request for a fair hearing must be made within 60 days from the date the applicant or participant is properly served with notice of the adverse action.

- **Documentation of Request.**
  - Written Requests. If the original request is made in writing to the local agency, the individual receiving the request shall retain a photocopy and send the original to the Community Nutrition Services Section immediately.
  - Verbal Requests. If a verbal request is received, the individual receiving the request shall document the request in writing, retain a photocopy of the request, and immediately send the original to the Community Nutrition Services Section. The documentation must include at a minimum:
    - the applicant's or participant's name;
    - the name of the individual making the request along with their mailing address, telephone number, and relation to the applicant or participant;
    - the date of the request;
    - the cause for the request; and
    - the name, title, and signature of the person writing the documentation.

■ **Denial or Dismissal of a Request for a Fair Hearing**

The Assistant Director of the Community Nutrition Services Section (serving as the hearing officer) may deny or dismiss a request for a fair hearing if:

- The local or State agency attorney should be consulted to ensure that proper service of notice has been made;

- The request is not received within 60 days of the date of proper service of the notice of the adverse action;

- The request is withdrawn in writing by the individual or their representative;

- The request is verbally withdrawn by the individual or the parent, caretaker, or any other person acting on their behalf during conversation with the agency official. Within 10 days of this verbal withdrawal request, the State WIC Director shall send a letter to the individual and the local WIC agency summarizing the events which lead to the withdrawal of the request. This letter shall include notification of the individual's right to reinstate the request for a fair hearing if the request to reinstate is made within 60 days of proper service of notice of the adverse action;

- The individual or the individual's parent, caretaker, or any other person acting on their behalf fails to appear at the scheduled hearing unless the failure to appear was due to circumstances beyond the control of the individual or the individual's representative;

- The request is made in reference to the tailoring of the food package;

- The initial action assessing a claim for the cash value of improperly issued Program benefits or denying participation or disqualifying from the program has been reversed by the local WIC agency or the state agency, resulting in the provision of program benefits to the individual; or

- The individual has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to Program eligibility have changed in such a way as to justify a hearing.

■ Continuation of WIC Program Benefits During an Appeal

- **When benefits can be continued.** WIC Program benefits shall be continued during appeal when the request for a hearing is received within 15 days of proper service of notice of one the following adverse actions:
  - disqualification from the program for abuse during a certification period; or
  - determination of ineligibility during a certification period due to a change in income or residential eligibility (due to a mid-certification reassessment).

  When benefits are continued during an appeal, the individual shall continue to receive benefits until an adverse hearing decision is reached or the certification period expires, whichever occurs first. The local or State agency attorney should be consulted to ensure that proper service of notice has been made.

- **When benefits cannot be continued**. WIC Program benefits shall <u>not</u> be continued when a fair hearing is requested:
  - more than 15 days after the date of proper service of notice of the adverse action;
  - by individuals who are denied benefits at the initial or subsequent determination of WIC eligibility if the previous certification period has expired; and/or
  - by applicants/participants who are or who become categorically ineligible.

■ Notice and Scheduling of the Fair Hearing

Within 10 days of being properly served with notice of the request for a fair hearing, the

Community Nutrition Services Section must notify the party requesting the hearing and the local WIC agency in writing that a request for a hearing has been received.

The Community Nutrition Services Section must hold a hearing within 21 days from the date the agency official receives the request at a place and time that is convenient for the individual who is requesting the hearing. Written notice of the hearing must be given to everyone involved at least 10 days in advance of the hearing.

The notice to the applicant/participant shall include a stamped envelope with the return address of the Community Nutrition Services Section with a request for response using the stamped envelope or by email indicating whether the time, date, and place for the hearing is satisfactory. If the arrangements are not satisfactory, the Community Nutrition Services Section shall set a new time and date for the hearing. If a response is not received at least 24 hours prior to the time proposed for the hearing, it will be assumed that the time, date, and place are satisfactory.

The written notice shall contain:

- A simplified explanation of the procedure for the hearing;
- A statement of the time, date, place, and nature of the hearing;
- A reference to the particular sections of the statutes and rules involved; and
- A short and plain statement of the factual allegations.

- **Hearing Officer**

The Director of the Division of Child and Family Well-Being shall designate a representative who did not participate in taking the action under appeal to be the hearing officer. The hearing officer shall:

- Preside over the informal proceeding;
- Ensure that all relevant issues are considered**;**
- Request, receive and insert into the hearing record all evidence determined to reach a decision;
- Conduct the meeting in accordance with due process and ensure an orderly hearing;
- Order, if relevant and necessary, an independent medical assessment or professional evaluation for the applicant/participant from a source mutually satisfactory to all parties to the hearing; and
- Issue a decision.

- **Hearing Procedure**
  The applicant/participant, the State WIC agency, and the local WIC agency may have witnesses. Any party to the hearing may:

  - Be assisted or represented by an attorney or other person;
  - Examine, prior to and during the hearing, the documents and records presented to support the action under the appeal;
  - Present any oral or documentary evidence and arguments;
  - Question or refute any testimony or other evidence; and
  - Submit evidence to establish pertinent facts and circumstances in the case.

  The individual requesting the hearing, or their representative shall have the right to request a continuance if they notify the hearing officer by telephone or in writing at least 48 hours before the original hearing date. If the individual requesting the hearing or the representative fails to attend the scheduled hearing or fails to request a continuance from the hearing officer by telephone or in writing at least 48 hours before the original hearing date, the individual waives any right to a hearing and the original action of the agency shall become final unless the failure to attend the hearing without requesting a continuance was due to circumstances beyond the control of the individual or the individual's representative.

- **Hearing Decision**
  The fair hearing decision shall be made by the hearing officer and shall be based only on the oral and documentary evidence presented at the hearing and applicable state statutes and rules and federal laws and regulations and shall be made a part of the hearing record by the hearing officer.

  - **Notification of the Decision.** The hearing officer shall notify in writing the applicant/participant or their designated representative, the local WIC agency, and the Community Nutrition Services Section of the decision within 45 days from the date of the request for the hearing.

  - **Impact of Decision.** The decision shall be binding on the local WIC agency.
    - If the decision is in favor of the applicant/participant and benefits were denied or discontinued, benefits shall begin within two business days after issuance of the decision.
    - If the decision concerns disqualification and is in favor of the agency, as soon as administratively feasible, any continued benefits shall be terminated as decided by the hearing official.
    - If the decision is regarding repayment of benefits and is in favor of the agency, the agency shall resume its efforts to collect the claim.

  - **Report of Hearing.** The hearing officer shall prepare a recording of testimony and

exhibits, or an official report containing the substance of what transpired at the hearing which, together with all papers and requests filed in the proceeding and the written fair hearing decision, shall constitute the exclusive hearing record. All hearing records shall be retained.

- **Appeal Rights.** When the decision of the fair hearing is communicated to the applicant/participant, the communication will include information on any further appeal rights available to the applicant/participant.

Contested Case Hearings

In certain situations, the State WIC Program may decide to take adverse action against a vendor or local agency. In some cases, this action may be appealed by the vendor or local agency.

- **Notification of Action and the Right to a Contested Case Hearing**
  If the Community Nutrition Services Section decides to take action against a WIC vendor or local WIC agency or attempts to disqualify a vendor or local WIC agency, it will send a letter to that vendor or local agency describing the reason(s) for the action being taken, the effective date of the action, and his/her right to a Contested Case Hearing, if applicable. The Community Nutrition Services Section will provide information in the letter about how to file a petition for a Contested Case Hearing with the Office of Administrative Hearings (OAH). Information about the Office of Administrative Hearings can be found at: https://www.oah.nc.gov/.

- **Request for an Appeal**

  - **Vendor Appeals.** Vendors may request a contested hearing for a variety of State agency actions. Refer to Chapter 11 for more information on vendor appeals. The vendor who is appealing to the OAH must file the petition within 30 days after proper service of the notice of the action being contested. The vendor must also serve a copy of the petition on the Office of General Counsel for the Department of Health and Human Services.

  - **Local Agency Appeals.** Local agencies may request a contested hearing for three reasons; denial of a local agency's application, disqualification of a local agency, and any other adverse action that affects a local agency's participation. The local agency appealing to the OAH must file the petition within 30 days after proper service of the notice of the action being contested. A copy of the petition must also be served on the Office of General Counsel for the Department of Health and Human Services.

- **Continuation of Responsibilities**
  An appeal shall not relieve the authorized WIC vendor or local agency 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 or contract with the state or local agency and WIC Program rules, regulations, and law.

- **Hearing Officer**
  The hearing officer for Contested Case Hearings is an administrative law judge assigned to the case by the Office of Administrative Hearings, a fully independent office within the North Carolina state government. The administrative law judge makes the final decision on each case.

- **Contested Case Hearing Procedure**
  Contested Case Hearings are conducted in accordance with the North Carolina General Statutes § 150B-23 and the Office of Administrative Hearings. A party may represent himself or be represented by an attorney at the hearing. A party may offer testimony and other

evidence relevant to the case. The administrative law judge issues a written final decision that is sent to all of the parties. The written final decision contains any further appeal rights available to the parties.

- **Local Agency Responsibilities During a Vendor Contested Hearing**
  Local agencies have several responsibilities regarding vendor contested case hearings. They must:

  - Provide information requested by the State agency or the attorney;
  - Testify at a contested case hearing if asked; and
  - Keep in touch with Community Nutrition Services Section about the progress of a contested case hearing.

Chapter 15
Monitoring/Auditing

Table of Contents

The purpose of this Chapter is to provide information about required State Agency monitoring. Local Agency self-assessments, and audit activities.

Section 1. State Agency Monitoring of Local Agencies.....1
- Components of Local Agency Monitoring
- Monitoring Visit
- Report of Monitoring Findings
- Local Agency Response to Report of Findings and Corrective Action Plan
- Approval of the Local Agency Corrective Action Plan
- Corrective Action Plan Implementation and Monitoring Close-Out
- Confidentiality of Applicant/Participant Information

Section 2. Local Agency Self-Assessment 5
- Components of Local Agency Self-Assessment
- Local Agency Self-Assessment Event
- Report of Findings and Corrective Action Plan
- Local Agency Response to Report of Findings and Corrective Action Plan
- Approval of the Local Agency Corrective Action Plan
- Corrective Action Plan Implementation and Local Agency Self-Assessment Close-Out
- Confidentiality of Applicant/Participant Information
- Retention of Self-Assessment Paperwork

Section 3. Audits.....9
- Mandated Audits
- Periodic Federal Audits

Attachments

Attachment 1. WIC Program Monitoring Tool
- Part I. Administrative Services Review
- Part II. Nutrition Services Review
- Appendix 1: Participant Observation
- Appendix 2: WIC Record Review (Pregnant, Breastfeeding & Postpartum Women)
- Appendix 3: WIC Record Review (Infants and Children)
- Appendix 4: Breastfeeding Supplies
- Appendix 5: WIC Record Review (Breastfeeding Peer Counseling Program)
- Appendix 6: WIC Policy Checklist

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State Agency Monitoring of Local Agencies

Each local agency WIC program must be monitored by the State Agency at least once every two federal fiscal years.

Components of Local Agency Monitoring

At a minimum, monitoring of local agencies must include a review of management practices, the certification process, nutrition education, participant services, civil rights compliance, procedures to ensure accountability, financial management systems, and food delivery systems as well as a review of vendor training and vendor monitoring. The monitoring process includes a review of administrative and clinical records and documents, an observation of activities, and interviews with staff.

Monitoring Visit

- **Monitoring Review Team.** A monitoring review team is usually comprised of two staff members from the Community Nutrition Services Section (CNSS): a Regional Nutrition Consultant (RNC) and a central office staff. Sometimes there may be an additional team member.

- **Monitoring Tool.** A standard tool is completed by the team during a local agency WIC Program monitoring visit. Refer to Attachment 1 for the WIC Program Monitoring Tool, also available on www.ncdhhs.gov/ncwic.

- **Site Selection.** For local agencies with more than one site, CNSS makes every effort to vary the site monitored from one monitoring cycle to the next. Local agencies with more than five full time sites will have at least two sites monitored during each monitoring visit. These sites will vary from one monitoring cycle to the next.

- **Dates of the Monitoring.** The dates of a monitoring visit are established by the RNC in conjunction with the local agency staff and are confirmed in writing by the RNC. The monitoring process usually lasts for three days but may be shorter or longer depending on the size of the local agency and the types of services and programs provided.

Report of Monitoring Findings

- **Exit Conference.** At the conclusion of the monitoring visit, a report of findings is presented orally during an exit conference with local agency staff. There are two types of outcomes that may result from a WIC Program monitoring.
  - *Suggestion* is a recommendation that the review team believe will further enhance WIC Program services. They do not require a written response.
  - *Finding* reflects non-compliance with program regulations, rules and policies and requires a written corrective action plan (CAP).

- **Written Report.** Within 30 days of the completion of the monitoring visit, the local agency will receive a written report of findings, which includes strengths, suggestions and findings. These reports are addressed to the local agency Director or designee, with a copy sent to the local agency WIC Director or designee.

■ **Local Agency Response to Report of Findings and Corrective Action Plan**
Local agencies with cited findings are given 30 days from the date of the monitoring report of findings to submit a detailed CAP to the monitoring review team. The CAP must reflect activities the local agency will implement within six months of the monitoring event to permanently correct the cited findings indicated in the report.

- The CAP must include:
  - specific actions the local agency will take to correct each cited finding
  - a timetable for implementation of the identified actions
  - any additional information requested in the report of findings

- Submission of the CAP:
  - written on local agency letterhead
  - emailed to monitoring review team members at the email addresses indicated on the cover memo of the report of findings
  - include a cover memo on local agency letterhead signed by the local agency Director or by his/her designee.

■ **Approval of the Local Agency Corrective Action Plan**
Once the monitoring review team receives the CAP from the local agency, the team will respond in writing to the local agency Director, his/her designee (if applicable) and the WIC Director or designee within 15 days as to whether the CAP is approved as written or if revisions are required to more fully address findings noted in the report.

- If the CAP is accepted as written, a CAP acceptance letter will be emailed to the local agency Director and the WIC Director.

- If the CAP needs to be revised, within 15 days of receiving the CAP, the monitoring review team will have a conference call with the WIC Director to discuss needed changes.
  - Within 15 days of the conference call, the RNC will email the WIC Director a written summary of the agreed upon changes. The WIC Director will have 15 days from the date of the written summary to email a revised CAP to the review team with a cover memo on local agency letterhead and signed by the Agency Director. Within 15 days of receipt of this correspondence, the RNC will email written approval of the CAP or other correspondence if additional changes are required. If a designee is used, the local agency Director must be copied on the correspondence.

- **Corrective Action Plan Implementation and Monitoring Close-Out**
  Prior to the monitoring review team closing-out a monitoring event, the local agency must fully implement the approved CAP to the satisfaction of the review team and with the intent of permanently correcting cited findings. Within six months of the monitoring event, the RNC will conduct a visit with the local agency to review the documentation and implementation status of each activity within the approved CAP. Within 15 days of the visit confirming CAP implementation, the RNC will email written correspondence to the local agency indicating that the monitoring event is closed. If the CAP has not been implemented or is not satisfactorily effective, further correspondence will occur requiring additional actions from the local agency.

- **Confidentiality of Applicant/Participant Information**
  During all monitoring events, all applicant and participant information, which includes any written, electronic or verbal communication, must be maintained in a confidential manner by the monitoring review team. Refer to Chapter 16 for more information on participant confidentiality.

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Local Agency Self-Assessment

Each local agency must complete a Local Agency Self-Assessment (LASA) of program operations in years in which they are not being monitored by the State Agency.

- **Components of Local Agency Self-Assessment**
  The local agency self-assessment review may include management practices, the certification process, nutrition education, civil rights compliance, procedures to ensure accountability, financial management systems, and food delivery systems. This process may include a review of administrative and clinical records and documents, an observation of activities, and interviews with staff.

- **Local Agency Self-Assessment Event**

  - **Community Nutrition Services Section (CNSS) Responsibilities.** Each year, CNSS will prepare a schedule of LASA events. The schedule will include the agencies required to complete a self-assessment and the timeframe in which the self-assessment must occur.

    One month before each assigned event, CNSS will email a self-assessment packet with LASA Introduction Letter to the local agency Director or designee and WIC Director or designee for the LASA event. This packet will include guidance, applicable state agency reports, and resources to complete the self-assessment.

  - **Local Agency Responsibilities.** When designated for a self-assessment, the local agency must:
    - schedule time within the designated timeframe to complete the self-assessment;
    - decide on the approach to use and which staff will be directly involved in completing the self-assessment; and
    - complete the self-assessment using the tools in the emailed packet.

  - **Monitoring Tool.** A standard tool is completed by the local agency during the LASA event. Refer to Attachment 1 for the WIC Program Monitoring Tool or the WIC Program Digital Monitoring Tool on www.ncdhhs.gov/ncwic.

  - **Site Selection.** Local agencies with more than five full time sites must assess at least two sites which should vary from one self-assessment cycle to the next. Other local agencies with more than one site are encouraged to review all sites during the self-assessment, but at a minimum, should vary the site reviewed from one self-assessment cycle to the next.

  - **Dates of the LASA Event.** The required month of the LASA event is established by CNSS. The local agency has 30 days to complete the LASA event.

- **Report of Findings and Corrective Action Plan**

  - **Written Report.** Within 30 days of the completion of the LASA event, the local agency must develop a written report of findings, which includes strengths, suggestions and findings with program regulations, rules and policies and develop a specific corrective action plan (CAP) for each finding of non-compliance.
    - *Suggestion* is a recommendation that will further enhance WIC Program services. They do not require a written response.
    - *Finding* reflects non-compliance with program regulations, rules and policies and require a written corrective action plan (CAP).

- **Local Agency Response to Report of Findings and Corrective Action Plan**
  The expectation of the State Agency is that the CAP reflects activities the local agency will implement within six months of the self-assessment to permanently correct cited findings.

  - The CAP must include:
    - specific actions the local agency will take to correct each cited finding
    - a timetable for implementation of the identified actions

  - Submission of the report of findings and CAP:
    - written on local agency letterhead
    - emailed to CNSS staff as identified on the LASA Introduction Letter
    - include a cover memo on local agency letterhead signed by the local agency Director or designee.

- **Approval of the Local Agency Corrective Action Plan**
  Once the assigned CNSS staff receive the report of findings and CAP from the local agency, the assigned CNSS staff member will respond in writing to the local agency Director or designee and the WIC Director or designee within 15 days as to whether the CAP is approved as written or if revisions are required to more fully address the findings noted in the report.

  - If the CAP is accepted as written, a LASA CAP acceptance letter will be emailed to the local agency Director and WIC Director.

  - If the CAP needs to be revised, within 15 days of receiving the CAP, the assigned CNSS staff member will have a conference call with the WIC Director to discuss needed changes.
    - Within 15 days of the conference call, the CNSS staff member will email the WIC Director a written summary of the agreed upon changes. The WIC Director will have 15 days from the date of the written summary to email a revised CAP to the CNSS staff member with a cover memo on local agency letterhead and signed by the local agency Director. Within 15 days of receipt of this correspondence, the CNSS staff member will email written approval of the CAP or other correspondence if additional

changes are required. If a designee is used, the local agency Director must be copied on the correspondence.

- **Corrective Action Plan Implementation and Local Agency Self-Assessment Close-Out**
  Prior to the close-out of a LASA event, the local agency must fully implement their approved CAP to the satisfaction of the State Agency and with the intent of permanently correcting cited findings. Within six months of the LASA event, the assigned CNSS staff member will contact the WIC Director to review the documentation and implementation status of each activity within the approved CAP. This may be completed by either conference call or an on-site visit at the local agency. Within 15 days of the contact confirming CAP implementation, the CNSS staff member will email written correspondence to the local agency indicating the LASA event is closed. If the CAP has not been implemented or is not satisfactorily effective, further correspondence will occur requiring additional actions of the local agency.

- **Confidentiality of Applicant/Participant Information**
  During all monitoring events, all applicant and participant information, which includes any written, electronic or verbal communication, must be maintained in a confidential manner by the monitoring review team. (See Chapter 16)

- **Retention of Self-Assessment Paperwork**
  For each self-assessment event, the local agency must retain on file in accordance with DHHS Office of the Controller: a copy of the written report of findings, the CAP, documentation of CAP implementation (i.e., training agenda and date), all correspondence with the CNSS about the self-assessment including the close-out letter, and all of the local agency working papers. Refer to Chapter 13 Records Retention and Disposition Schedule. The completeness of this paperwork will be reviewed during the next State Agency monitoring of the local agency. Refer to Section 1 for information on State Agency monitoring of local agencies.

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Audits

An audit of a local agency is an independent investigation into the agency's financial operations, including its compliance with federal laws and regulations. WIC Programs can be audited in two ways:

- **Mandated Audits**
  Local agencies are required to have audits performed in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 2 CFR 200. Audit requirements in §200.501 state a non-Federal entity that expends $1,000,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of this part. The audit report shall be submitted to the Local Government Commission (LGC) by the County Administration (if single county health department) or the District Health Department or Public Health Authority (if so organized) within six months following the close of the contract.

  WIC specific audit findings referred to the DHHS Controller's Office by LGC may be investigated and findings verified by the DHHS Controller's Office and/or the Division of Child and Family Well-Being Program staff.

  If the Contract entity is a non-State entity, such entity is subject to the provisions of G.S. 143-6.2. Additionally, any non-governmental entity except a for-profit corporation is subject to the provisions of 2 CFR Part 200.

- **Periodic Federal Audits**
  Federal audits may occur at the request of USDA.

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Local Agency: _____

Dates of Review: _____

Review Team: _____

Site(s) Reviewed: _____

Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

WIC Program Monitoring Tool
Part I: Administrative Services Review
Table of Contents

1. **Application Process & Transfer of Certification**
   - Applications & processing standards
   - Physical presence
   - Proof of identity & residence
   - Income eligibility
   - Rights & responsibilities
   - Proxies
   - Participant transfers
   - Program accessibility
   - National Voter Registration
2. **Electronic Benefit Transfer**
   - Issuance of eWIC card and food benefit issuance
   - Participant education on use of eWIC card
   - Documentation of issuance
3. **Security and Accountability**
   - Separation of staff duties
   - Access to Crossroads
   - Security
   - Issuance, inventory, and storage of nutritional products
4. **Vendor Management**
   - Vendor training
   - Vendor files
   - Vendor monitoring
   - Conflict of Interest
   - Confidential vendor information
5. **Civil Rights**
   - Nondiscrimination statement and fair hearing notice
   - Required notifications
   - Required posters
   - Applicants/Participants with limited English proficiency (LEP)
   - Race/Ethnicity information
   - Annual civil rights training
6. **Caseload Management**
   - Annual media release
   - Outreach, recruitment, and retention plan
   - No-show information
7. **Fiscal Management**
   - Sub-contracts
   - Program expenditures
   - Cost allocation plan
   - Equipment purchases
   - Fixed assets
8. **Policies & Procedures Management**
   - WIC Program manual
   - Local agency Plan of Alternate Operating Procedures
   - Local agency self-assessment

1. Application Process & Transfer of Certification

Review Area	Reviewer Notes	Status**
1.1 Does the local agency follow required procedures for processing applications for the WIC Program? Minimum Standard: When an applicant contacts the local WIC office by phone or comes in and asks for WIC services, the applicant must be given an appointment within processing standards. If the appointment is outside of processing standards for the applicant's category, staff must document the reason the appointment is outside the processing standard. Applicants who miss their appointment to complete the eligibility determination must receive notification of the missed appointment. Pregnant women must receive this notification within 10 days and all other WIC categories must receive this notification of the missed appointment within 15 days. (WPM Chapters 6A and 6D) Local agencies must have a written policy for handling applications within processing standards when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed. (WPM Chapter 6A) Method of Review: ▪ Review the records of five (5) individuals from the Detail Initial Certification Appointments Made Outside of Processing Standards report using Table 1.1 to document findings. Include at least three (3) women in the sample, if possible. ▪ Ask staff for next available appointment for a pregnant woman, infant, child, breastfeeding, or postpartum woman. ▪ Interview staff about their procedures for processing applications. ▪ As applicable, review dual participation investigation working papers retained by the local agency. ▪ ***Review local agency's written policy for handling applications within processing standards when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed.***		

Table 1.1: Processing Standards
Using the Detail Initial Certification Appointments Made Outside of Processing Standards report, choose five (5) records (include three women if possible). Review appropriate Crossroads screens (i.e. family demographics/participant list, certification summary, family appointments, journal of transactions re: notices) to assure correct procedures and justified reasons for outside of processing standards for pending applications.

	1	2	3	4	5
1. Family ID					
2. WIC Category					
3. Date created (family demographics screen)					
4. Days past processing standards					
5. Reason appointment is outside of processing standards					
6. Scheduled appointment date / or walk-in policy					
7. Documentation of F/U for missed appointments ▪ Required for all categories					

Code for Table: ✓=Present M=Missing NA=Not Applicable I=Incomplete

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

1. Application Process & Transfer of Certification

Review Area	Reviewer Notes	Status**
1.2 Is physical presence of applicants/participants noted and documented at each certification (initial and subsequent)? Minimum Standard: At each initial certification and each subsequent certification applicants/participants must be physically present. Physical presence or an allowable exception must be documented in Crossroads. (WPM Chapter 6A) Method of Review: ▪ Observe physical presence for 3-5 participants using Appendix 1, item 3 to document findings. ▪ Link findings of observations with those from the record review.		
1.3 Is proof of identification and proof of residence reviewed and documented according to guidelines? Minimum Standard: Proof of Identification and proof of residence must be reviewed and documented at every certification and for participants transferring into the program. (WPM Chapter 6A) Method of Review: ▪ Observe screening of proof of identification and proof of residence for 3-5 applicants using Appendix 1, items 5-6 to document findings.		
1.4 Is income eligibility screened and documented according to guidelines? Minimum Standard: Income must be screened and documented at each certification in accordance with program policy. (WPM Chapter 6B) Method of Review: ▪ Observe income screening and review documentation for 3-5 applicants using Appendix 1, item 8 to document findings. If possible, include at least one full income screening (i.e., individual is not adjunctively income eligible). ▪ Interview staff about agency's procedure for determining income eligibility in various situations including adjunctive, full income screening and lack of proof.		
1.5 Do applicants/participants read the rights and responsibilities for program participation (or have staff read and explain to them) and then sign? Minimum Standard: At each initial and every subsequent certification, staff must make the applicant/participant aware of the rights and responsibilities of program participation and in such a way that accommodates the language and literacy needs of the participant. The applicant/participant must sign and date the rights and responsibilities indicating their understanding of them. (WPM Chapter 6D) Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 9 to document findings.		

1. Application Process & Transfer of Certification

Review Area	Reviewer Notes	Status**
1.6 Does staff offer the participant/parent/guardian/caretaker the opportunity at each certification to appoint a proxy for pick-up? Minimum Standard: Staff must offer the participant/parent/guardian/caretaker the opportunity at each certification to appoint a proxy for issuance of food benefits. (WPM Chapter 8) Method of Review: Observe 3-5 certifications using Appendix 1, item 10 to document findings.		
1.7 Does the local agency assist participants with transfer into and out of the agency? Minimum Standard: Local agencies must ask participants at certification about plans to move during the certification period and issue a Verification of Certification (VOC) to participants/caretakers/guardians who plan to move out-of-state. A VOC, the Crossroads system, or telephone verification may be used when accepting transfers. If transfers are not enrolled on a walk-in basis, they should be enrolled to avoid a break in the provision of benefits to which a transfer is entitled. The "Are You Moving" poster (dated 3/2023, English & Spanish versions) must be prominently displayed where it can be read by those who receive WIC services. (WPM Chapter 6E) Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 11 to document findings. ▪ Interview staff about procedures for transferring participants into and out of the agency and, if possible, observe a participant requesting transfer into or out of the agency. ▪ View locations(s) of posters. ▪ Interview staff regarding use of posters in satellite clinics.		
1.8 Does the local agency make program services more accessible for individuals who are employed, attend school, live in a rural area, and/or have transportation problems? Minimum Standard: The WIC Program is required to make program services more accessible for applicants/participants who are employed, attend school, live in a rural area, and/or have transportation problems. There are a variety of approaches to increase accessibility including scheduling appointments at the individual's convenience and extending clinic hours. (WPM Chapter 10) Method of Review: ▪ Interview staff about how the agency makes WIC services accessible to participants. ▪ Review clinic appointment schedules.		

1. Application Process & Transfer of Certification

Review Area	Reviewer Notes	Status**
1.9 Is the National Voter Registration Act (NVRA) being implemented in accordance with program policy? Minimum Standard: The WIC Program is required to ask applicants/participants/parents/guardians/caretakers the NVRA question at the time of application for program benefits, subsequent certification, or a change in residential address or name. Applicants, participants, parents, guardians, and caretakers must be offered the Voter Registration Application Form and complete and sign a Voter Registration Preference Form. Completed Voter Registration Applications must be sent along with the NVRA Agency Transmittal Form to the county Board of Elections office. Copies of the submitted NVRA Agency Transmittal Form and the original NVRA Preference Form must be maintained on file in a confidential manner by the local agency. (WPM Chapter 6A, Section 7) Local agencies must have a written policy that identifies the NVRA Point Person position and alternate NVRA Point Person position responsible for the management and retention of the NVRA Agency Transmittal Forms, Voter Registration Preference Forms, and Voter Registration Applications. The NVRA poster (dated 5/2021, English & Spanish versions) must be prominently displayed where it may be read by those who receive WIC services. (WPM Chapter 6A) Method of Review: ▪ Observe 3-5 certifications using Appendix 1, item 7 to document findings. ▪ Interview staff about the procedure for completing the requirements of the NVRA. ▪ Observe staff offering the opportunity to register to vote by asking the following question using the EXACT wording stated: “If you are not registered to vote where you live now, would you like to apply to register to vote here today?”, by offering the voter registration application and by providing the preference form. ▪ View location(s) of posters. ▪ Interview staff regarding use of posters in satellite clinics. ▪ ***Review local agency’s written NVRA policy.***		

2. Electronic Benefit Transfer

Review Area	Reviewer Notes	Status**
2.1 Does the local agency comply with policy for issuance of eWIC card and food benefits issuance? Minimum Standard: The eWIC card may only be issued to the participant, parent/guardian 1, 2, or caretaker but never a proxy. If family requests during remote services, an initial eWIC card may be issued and then mailed to the family with clear documentation in the record. Local agencies may issue food benefits when participants are not physically present only for reasons specified in program policy. (WPM Chapter 8) Method of Review: ▪ Observe issuance to 3-5 participants using Appendix 1, items 15 and 16 to document findings. Review documentation of issuance occurrences using the Food Benefits List screen of selected participants. ▪ Interview staff about procedures used for mailing an initial eWIC card. ▪ Interview staff about procedures used for issuing benefits when a cardholder is not physically present.		
2.2 Are participants educated on how to use the NC eWIC card at the initial certification/when first issued the eWIC card? Minimum Standard: Staff must educate participants on the use of the NC eWIC card, food and cash value benefits, store coupons, authorized vendors and how to access their benefit balance, purchase history and account information. (WPM Chapter 8) Method of Review: ▪ Observe issuance to 3-5 participants using Appendix 1, item 16 to document findings. ▪ Interview staff about how they educate new and existing participants on use of the NC eWIC card, food and cash value benefits, store coupons and authorized vendors. Do staff use the eWIC brochure to educate participants on selecting a PIN and the shopping guide for educating about selecting WIC approved foods?		
2.3 Are proxies asked to read or have read to them the rights and responsibilities at time of food benefit issuance? Minimum Standard: A proxy must read or have read to them the rights and responsibilities as stated per program policy at time of food benefit issuance. The signature obtained of food benefits issuance indicates the proxy understands the rights and responsibilities related to the WIC Program. (WPM Chapter 8) Method of Review: ▪ Interview staff on the procedures for issuing food benefits to a proxy.		

3. Security and Accountability

Review Area	Reviewer Notes	Status**
3.1 Does the local agency ensure separation of duties? When separation of duties cannot be achieved, does the local agency follow their written policy? Minimum Standard: There must be a separation of duties among local agency staff so that the same person does not complete both income eligibility determination and medical or nutritional risk for the same participant. Local agencies must have a written policy that addresses the strategy used when separation of duties is not possible. (WPM Chapter 1) Method of Review: ▪ Interview staff about procedures they use when staff is limited. ▪ Review the Separation of Duties Log for the past 12 months. ▪ ***Review the local agency's Separation of Duties policy.***		
3.2 Do staff protect access to the Crossroads system and communicate with participants in a confidential and secure manner if using a texting/digital platform? Minimum Standard: Local agency staff must log out of the Crossroads system when away from their work-station and must never share NCID and/or passwords. (WPM Chapter 16) Any texting/digital communication to a participant must be communicated in a confidential and secure manner and documented in Crossroads. (WPM Chapter 6A) Method of Review: ▪ Observe staff practices. ▪ Interview staff about practices they use to secure access to the Crossroads system. ▪ ***Review Local Agency Texting/Digital Platform Policy.***		
3.3 Does the local agency utilize a secure method for storing NC eWIC cards? Minimum Standard: The local agency is responsible for keeping NC eWIC cards in a locked storage area when not in use. (WPM Chapter 8) Method of Review: ▪ View secure storage areas and interview staff about security measures practiced for NC eWIC cards.		

3. Security and Accountability

Review Area	Reviewer Notes	Status**
3.4 Are formulas and WIC-eligible nutritionals received from manufacturers, other local agencies, authorized vendors or wholesalers maintained in a secure location following food safety practices and issued and inventoried according to program requirements? Is all returned formula from participants properly disposed of according to NC WIC Program policy? Minimum Standard: All products received from the manufacturers, other local agencies, authorized vendors or wholesalers must be maintained in a secure storage area following food safety practices until issued. Staff must maintain an ongoing inventory and at least complete quarterly inventory (February, May, August, November) of all formulas/medical foods received from CNSS and document issuance/disposition of inventoried products. All returned formula products from participants, out-of-date products, and damaged products should be disposed of in a timely and appropriate manner. (WPM Chapter 7) Method of Review: ▪ Observe storage area of formulas/nutritionals. ▪ Check expiration date of products in stock. ▪ Review formula inventory logs, physical inventory of formulas/WIC-eligible nutritionals received from the manufacturer per CNSS order and the formula disposal log. ▪ Compare product in inventory with amount documented in Crossroads. ▪ If included in the monitoring packet of products shipped to the agency from CNSS, compare the inventory to the report(s). ▪ Interview staff on the procedure for receiving and issuing products ordered from CNSS (products received are added into inventory, products are issued using the Formula Wizard, packing slips are provided to CNSS within 24 hours of receipt). ▪ Interview staff about the formula disposal process.		

4. Vendor Management

Review Area	Reviewer Notes	Status**
4.1 Is documentation of the last annual vendor training on file? Minimum Standard: Documentation of the last annual vendor training including correspondence announcing the training with two dates offered, the training agenda, and a copy of the module used for the training, must be kept on file. (WPM Chapter 11) Method of Review: ▪ Review vendor training file.		
4.2 Is required documentation of vendor management activities on file? Minimum standard: The WIC Vendor Agreement is a three-way contract between a Vendor, the State WIC agency, and the local WIC agency. Each vendor's file must include copies of the following forms: 1. Vendor Application 2. Vendor Agreement 3. Price Lists (new vendors only as of 10/1/19) 4. Information Update form (non-reauthorization years) 5. Verification of Attendance forms 6. Above 50% Vendor Self-Declaration Form or Cost Containment Exemption Form as indicated in following Table 4.2.Vendor Files. The specific forms required to be in each vendor's file are contingent upon corporate or non-corporate vendor status. Additionally, non-corporate free-standing pharmacy vendors must have a Cost Containment Exemption Form in their file while non-corporate retail vendors must have an Above 50% Vendor Self-Declaration Form in their file. Refer to the most recent Vendor Agreement for the dates of authorization. Local agencies must have a written policy addressing when they accept vendor applications. (WPM Chapter 11) Method of Review: ▪ Review a sample of five (5) vendor files using Table 4.2 to document findings. Include both corporate and non-corporate vendors in the sample. ▪ ***Review the local agency's policy addressing the acceptance of vendor applications.***		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

4. Vendor Management

Table 4.2: Vendor Files
Review 5 vendor files (include both corporate and non-corporate vendors to ensure required documentation of vendor management activities).

	October 1, 2024 - September 30, 2027 Reauthorization Period				Non-Reauthorization Year		Annually		
Vendor Name/Number	**Vendor Agreement** *(non-corporate)*	**Vendor Application** *(all vendors)*	**Above 50% Vendor Self-Declaration*** *(non-corporate)*	**Cost-Containment Exemption** *(non-corporate free-standing pharmacy)*	**Vendor Information Update** *(non-corporate)*	**Crossroads Vendor Portal Application** *(corporate)*	**Verification of Attendance** *(all vendors)*	**Price List** *(new vendors only as of 10/1/19)* *(noncorporate)*	**Monitoring Reports** *(all vendors)*
1.									
2.									
3.									
4.									
5.									

Code for Table: N/A=Not Applicable ✓=Present M=Missing I=Incomplete

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

4. Vendor Management

Review Area	Reviewer Notes	Status**
4.3 Are vendors monitored in accordance with program policy? Minimum Standard: Local agencies must document all monitoring visits on the Vendor Monitoring Report form (DHHS 2925) and must complete the following monitoring activities: (WPM Chapter 11) ▪ Monitor each vendor at least once every three federal fiscal years, as well as monitor at least one third (33.3%) of their vendors each federal fiscal year (October 1 - September 30). ▪ Monitor new vendors by the end of the federal fiscal year following the date of their authorization approval. ▪ Perform a follow-up monitoring within 21 days of the date of a monitoring visit in which findings were identified. ▪ Monitor vendors that have had two (2) or more violations assessed (same or different) in the previous federal fiscal year or have been disqualified from the program within the last three (3) years and are now participating. ▪ Monitor a vendor within seven (7) days of a request to do so by the CNSS WIC Vendor Unit. Method of Review: ▪ Review and discuss with staff the vendor monitoring status report provided to the local agency by the CNSS WIC Vendor Unit. ○***It is an automatic finding if the agency has any vendor(s) reported as being out-of-compliance with vendor monitoring requirements. The local agency CAP must state how the non-compliance occurred for each vendor listed, how the non-compliance will be resolved, and what steps will be taken to ensure future compliance with vendor monitoring requirement(s). If the local agency can prove they completed the vendor monitoring as required, the agency must submit this proof immediately to the CNSS WIC Vendor Unit.*** ▪ Interview staff about the tracking system used by the agency to determine when a vendor needs to be monitored and when the activity is completed.		
4.4 Has the local WIC agency assured that there is no conflict of interest between a vendor/vendor applicant and/or an employee of said vendor/vendor applicant and the State WIC agency or the local WIC agency? Minimum Standard: Vendor/Vendor Applicants shall not have any owner(s), officer(s), or manager(s) who are employed, or who have a spouse, child, or parent who is employed by the State WIC program or the local WIC program serving the county in which the vendor conducts business. A vendor/vendor applicant also shall not have an employee who handles or transacts WIC food benefits or cash-value benefits who is employed or who has a spouse, child, or parent who is employed by the state WIC program or local WIC program serving the county in which the vendor/vendor applicant conducts business. (WPM Chapter 11 and Terms of Vendor Agreement**)** Method of Review: ▪ Interview local agency WIC Director regarding the possibility of conflict of interest with any vendor/vendor applicants and local WIC agency staff.		

4. Vendor Management

Review Area	Reviewer Notes	Status**
4.5 Has the local WIC agency assured that confidential vendor information is only shared with appropriate entities? Minimum Standard: Confidential vendor information is any information about a vendor (whether it is obtained from the vendor or another source) that individually identifies the vendor, except for vendor's name, address, telephone number, website/e-mail address, store type, and authorization status. Except as otherwise permitted by this section, the State agency must restrict the use or disclosure of confidential vendor information to: ▪ Persons directly connected with the administration or enforcement of the WIC Program or SNAP who the State agency determines have a need to know the information for purposes of these programs. These persons may include personnel from its local agencies and other WIC State and local agencies and persons investigating or prosecuting WIC or SNAP violations under Federal, State, or local law. ▪ Persons directly connected with the administration or enforcement of any Federal or State law or local law or ordinance. Prior to releasing the information to one of these parties (other than a Federal agency), the State agency must enter into a written agreement with the requesting party specifying that such information may not be used or redisclosed except for purposes directly connected to the administration or enforcement of a Federal, or State law. ▪ A vendor that is subject to an adverse action, including a claim, to the extent that the confidential information concerns the vendor subject to the adverse action and is related to the adverse action. ▪ At the discretion of the State agency, all authorized vendors and vendor applicants regarding vendor sanctions which have been imposed, identifying only the vendor's name, address, length of the disqualification or amount of the civil money penalty, and a summary of the reason(s) for such sanction provided in the notice of adverse action. Such information may be disclosed only following the exhaustion of all administrative and judicial review, in which the State agency has prevailed, regarding the sanction imposed on the subject vendor, or the time for requesting such review has expired. Method of Review: ▪ Interview local agency WIC Director regarding the procedures followed to ensure that confidential vendor information is only disclosed to the appropriate entities.		

5. Civil Rights

Review Area	Reviewer Notes	Status**
5.1 Do all locally developed print materials, internet sites, print and electronic media announcements that describe the WIC Program include the current nondiscrimination policy statement? Do locally developed letters/notifications related to program eligibility include the nondiscrimination statement and the fair hearing notice? Minimum Standard: The current nondiscrimination statement must appear on locally printed publications; print, television and radio announcements; and local websites whenever they describe the WIC Program and are intended for public information, public education, or public distribution. The nondiscrimination statement on the WIC program website should not be translated using an automated translation method software. If any locally developed notices are used to inform the applicant/participant of his/her eligibility, the notices must present the nondiscrimination statement and the right to a fair hearing statement in a language that the WIC applicant can understand. (WPM Chapter 4 and 14) Method of Review: ▪ Review the local agency website and locally printed WIC publications. ▪ Review copies of all submitted and published media releases, scripts and broadcast schedules for radio and television media releases. ▪ If applicable, review locally developed notices used to inform applicants/participants of eligibility status.		
5.2 Do applicants/participants receive required notifications according to program policy? Minimum Standard: Participants must receive required notifications and there must be documentation in the Crossroads record of the participant receiving the notification. Required notifications include: Notice of Ineligibility, Welcome to the NC WIC Program Notice, missed initial certification appointment and missed subsequent certification appointment. For families who speak languages other than English or Spanish, a WIC multilingual tagline notice accompanies every required program notice (WPM Chapter 6D). Method of Review: ▪ Review documentation of notices in Crossroads using the records that were accessed for the clinical review and document findings on Appendices 2 & 3, Item 5. ▪ Determine if the WIC multilingual tagline notice is readily available where services are provided and ensure provision of the multilingual tagline notice with every program notice as appropriate.		
5.3 Has the local agency assured civil rights compliance according to federal requirements? Minimum Standard: Local agencies must operate in compliance with civil rights nondiscrimination guidelines that are outlined to receive federal funds. The USDA “And Justice for All” poster (dated 9/2019 or later) and the “Fair Hearing” poster (English & Spanish, dated 3/2023 or later) must be prominently displayed where it may be read by those who receive WIC services. The local agency must not deny an individual the right to file a complaint of discrimination and must provide complainants with guidance about how to file a complaint and/or assistance with completing and filing the complaint form. (WPM Chapter 4 and Chapter 14) Method of Review: ▪ View location(s) of posters. ▪ Interview staff regarding use of posters in satellite sites. ▪ Interview staff about how they handle civil rights complaint(s) of discrimination ○ ***It is an automatic finding if/when the agency has unreported discrimination complaint(s). See NCDHHS Civil Rights Grievance Procedure and Chapter 4 for Civil Rights complaint procedure.***		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

5. Civil Rights

Review Area	Reviewer Notes	Status**
5.4 Is the local agency taking reasonable steps to ensure applicants/participants with limited English proficiency (LEP) have meaningful access to WIC? Minimum Standard: Programs and services supported in whole or part with federal funds must provide qualified interpretation services at no charge to non-English speaking participants and those with LEP. Qualified bilingual staff, written materials in primary languages of participant base and the WIC Notice of Free Interpretation and Available Assistance Services are other indicators of reasonable effort to serve participants with LEP. The ADA/LEP (6/2023) poster must be prominently displayed where it may be read by those who receive WIC services. The WIC Multilingual Tagline Notice must be displayed on the local agency website. (WPM Chapter 4) Method of Review: ▪ Review records of at least 15 participants using Appendices 2 & 3 to document findings. Record selection should include five (5) each of women, infants & children. Five (5) records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. Assess documentation of language assistance services (interpretation and translated materials) provided to people with LEP. ▪ Interview staff about efforts to provide language assistance LEP/non-English speaking participants. ▪ Review availability of qualified interpreters and/or bilingual staff. ▪ Determine whether staff utilize a participant's family, friends, and children as interpreters rather than a qualified interpreter. ▪ Determine whether written materials and nutrition education resources are translated into the most frequently encountered LEP languages. ▪ Determine whether staff record and track the language assistance services provided at the point of contact with participants with LEP. ▪ Review the local agency website to ensure the WIC Multilingual Tagline Notice is included to communicate services for the LEP participant. ▪ View location of ADA/LEP (6/2023) poster that notifies people with disabilities and people with LEP about the availability of free communication assistance in a language and alternate format that they can understand.		
5.5 Is staff collecting race/ethnicity information from participants in a manner that complies with Federal guidelines? Minimum Standard: Local Agencies must ensure ethnicity and race data is collected and documented for all individuals at the time of initial application for WIC Program services. Before collection, it must be explained and the applicant understands that the collection of this information is voluntary, kept confidential, and solely for the purpose of determining the State's compliance with Federal civil rights laws and has no effect on the determination of their eligibility to participate in the program. Self-identification by the applicant is the preferred method of obtaining ethnicity and race information. The applicant may select one ethnicity, but multiple race categories. If an applicant declines to self-identify, staff must inform the applicant that another method will be used to collect this information, including visual identification. (WPM Chapter 4) Method of Review: ▪ Observe 3-5 participants being certified using Appendix 1, item 4 to document findings. ▪ Interview staff about procedures they routinely use to collect ethnicity/race data.		

5. Civil Rights

Review Area	Reviewer Notes	Status**
5.6 Do all staff receive annual civil rights training? Minimum Standard: All staff who interact with program applicants/participants and their supervisors must participate in annual civil rights training which addresses the USDA required content areas. (WPM Chapter 4) Method of Review: ▪ Review the training materials used for most recent annual training session(s). ▪ Review documentation of staff having completed the training. ▪ Interview staff about how they apply their civil rights training.		
5.7 Does the local agency provide necessary reasonable modifications and auxiliary services to ensure equal opportunity access and equally effective communication for individuals with disabilities? Minimum Standard: The local agency is required to make reasonable modifications in policies, practices, and procedures when necessary to ensure they do not discriminate against individuals with disabilities accessing WIC. The local agency also is required to provide necessary auxiliary aids and services for applicants, participants, and their companions with disabilities to ensure equally effective communication. Local agencies must give primary consideration to the requested auxiliary aid or service and to provide the requested aid or service unless another equally effective aid or service is available or unless a fundamental alteration or undue financial burden will occur if the requested aid or service is provided. In this case, contact the WIC Director. Method of Review: ▪ Review at least 15 participant records using Appendices 2 & 3. The sample must include five infants, five children, and five women, including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. At least five records must include participants receiving exempt infant formulas or WIC-eligible nutritionals. Assess documentation of reasonable modifications or auxiliary aids and services provided to individuals with disabilities. ▪ Interview staff about the type(s) of auxiliary aids and services available in the local agency and the process for documentation. ▪ Ask staff if the local agency allows use of non-qualified interpreter (family member, friend, etc.) and if so, if it complies with the NCDHHS Policy on Meaningful Access for Individuals with Limited English Proficiency and Equal Opportunity Participation for Individuals with Disabilities. ▪ Determine whether staff record and track the reasonable modifications and auxiliary aids and services provided at the point of contact with participants and companions with disabilities.		

6. Caseload Management

Review Area	Reviewer Notes	Status**
6.1 Does the agency submit the required annual media release publicizing the availability of WIC and program benefits? Minimum Standard: On an annual basis, each local agency must send a media release or general advertisement to relevant print and/or broadcast media in English and frequently encountered languages as necessary. The announcement must include WIC eligibility criteria, program benefits, locations of the local agency, and USDA nondiscrimination statement. The local agency must maintain documentation of the media release that includes a copy of the submitted media release and a copy of the printed media release or a copy of the broadcast schedule for radio or television. (WPM Chapter 10) Method of Review: ▪ Review documentation and content of the submitted and published annual media release.		
6.2 Does the local agency have the Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan on file for the current year? Minimum Standard: Local agencies must develop an annual outreach, recruitment, and retention plan to build and sustain caseload and improve delivery of service. At a minimum, the Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan must include the agency's plans to target services to the highest priority groups and the plans for breastfeeding promotion and support for pregnant and breastfeeding women. (WPM Chapter 10) Method of Review: ▪ Review the current local agency outreach, recruitment, and retention plan (WPM Chapter 10, Attachment 5).		
6.3 Does the agency maintain documentation of all agency outreach, recruitment, and retention efforts? Minimum Standard: Local agencies are required to maintain documentation (electronic or hard copy) of all outreach, recruitment, and retention efforts. Documentation of outreach efforts should include information on program marketing efforts (print, social, and media releases), caseload management strategies, efforts to build community partnerships, activities to increase program awareness, efforts to improve customer service and increase program accessibility and established referral arrangements. (WPM Chapter 10) Method of Review: ▪ Review WIC Program Outreach Activity Log (Attachment 6) and compare it to the Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan. Ensure the outreach efforts include who, what, when, where and the evaluation of efforts are documented. Ensure the goals are related to the target audience.		
6.4. Does the local agency monitor no-show rates and use this information when evaluating program operations? Minimum Standard: Local agencies must monitor no-show rates monthly. Local agency staff must evaluate current practices and implement strategies to reduce no- show rates. (WPM Chapter 10) Method of Review: ▪ Review two months of no-show rates in the master calendar. ▪ Interview appropriate staff on what strategies are used to reduce no-show rates.		

** N/A=Not Applicable 3=Satisfactory 2=Suggestion 1=Finding

7. Fiscal Management

Review Area	Reviewer Notes	Status**
7.1 Have all sub-contracted services received prior approval from the Regional Nutrition Consultant? Minimum Standard: Prior to being signed, all sub-contracts (new or renewal) must be approved in writing by the local agency's Regional Nutrition Consultant. (WPM Chapter 3) Method of Review: ▪ Compare the date each agreement was initiated or renewed with the date it was approved by the Regional Nutrition Consultant.		
7.2 Does the local agency account for WIC Program expenditures according to program requirements? Minimum Standard: The local agency must maintain documentation that supports expenditures, billing expenditures to the appropriate activity budget including a separate activity budget for Breastfeeding Peer Counseling Program expenditures and assuring that expenditures are allowed under program policy. Unless jointly purchased, all items purchased by the WIC Program must be used solely by WIC. (WPM Chapter 12) Method of Review: ▪ Review one month of expenditure records and supporting documentation and review time sheets of all staff (including non-WIC staff) charging time to the WIC Program. ▪ If dual role peer counselor, review time sheet and share percentage of documented time to over the one month of expenditures with State staff member monitoring the nutrition portion. ▪ Interview staff about process used to manage WIC Program expenditures including the coding of purchases to activity budgets.		
7.3 Does the local agency's cost allocation plan to determine WIC expenditures comply with WIC Program policy? Minimum Standard: The local agency must use an acceptable method to determine cost sharing between programs. Common sources of shared expenses include but are not limited to: o duplicating o internet services o utilities o printing o office supplies o equipment o phone services o janitorial & maintenance services o clinic costs Source documentation must be available and be retained in accordance with the DHHS retention and disposition schedule. (WPM Chapter 12) Method of Review: ▪ Compare cost allocation plan & supporting documentation for each expense that is cost shared between programs. ▪ Interview staff about cost allocation plans.		

7. Fiscal Management

Review Area	Reviewer Notes	Status**
7.4 Was prior approval obtained for any purchase within the past two years of equipment greater than $500 and of any medical equipment, computers, and computer accessories (including software)? Minimum Standard: All purchases of equipment costing greater than $500, medical equipment, and computers/computer accessories (including software) must have prior approval. Within 60 days of the date of approval to purchase equipment, the local agency must submit to CNSS a written report of the purchase of equipment with an acquisition cost of $500 or more. (WPM Chapter 12) Method of Review: ▪ Interview staff about the process for purchases which require CNSS approval. ▪ Review correspondence requesting the purchase of equipment (with WIC funds) within the past two years and review subsequent correspondence for each purchase reporting its acquisition.		
7.5 Does the local agency manage their WIC fixed assets in accordance with program policy? Minimum Standard: Local agency staff must maintain a list of fixed assets that were purchased with local WIC funds. Staff must submit completed Equipment Disposal Forms to CNSS for equipment being surplused. (WPM Chapter 12) Method of Review: ▪ Interview staff about the process of maintaining inventory of fixed assets purchased with local WIC funds. ▪ View the locally maintained fixed asset inventory list, ensuring that all purchases of fixed assets with local WIC funds appear on the list. ▪ Interview staff about the process they use to surplus equipment including the submission of equipment disposal forms to CNSS.		

8. Policies and Procedures Management

Review Area	Reviewer Notes	Status**
8.1 Are the North Carolina WIC Program Manual and local agency policies current and readily available to local agency staff? Minimum Standard: The WIC Director is responsible for ensuring that all copies of the WIC Program Manual are maintained with the most current information. The WIC Director is also responsible for ensuring that staff is aware of changes in WIC Program policy and procedures. Local agency policies must be readily available to staff. Local agency policies should be signed by the WIC Director (and any other staff per agency protocol) and dated. Policies should be reviewed at least every two years and updated as needed. (WPM Chapter 1) Method of Review: ▪ Review copy(ies) of WIC Program Manual to see if they are current. ▪ Interview staff about their access to and use of the WIC Program Manual and local agency policies. ▪ Interview WIC Director about protocol for local agency policy development and review.		
8.2 Does the local agency have a plan of alternate operating procedures? Minimum Standard: At a minimum, the local agency must develop, revise, and maintain a written plan of alternate operating procedures consistent with local and State operations. The policy must address at least service coordination and communication, benefit issuance and redemption, vendor management, and nutrition services. (WPM Chapter 1) Method of Review: ▪ Interview staff about how they serve participants in the event of a disaster situation. ▪ ***Review the local agency plan of alternate operating procedures.***		
8.3 Does the agency conduct a local agency self-assessment of the WIC Program operations in accordance with program policy? Minimum Standard: Each local agency must complete a self-assessment of program operation in years in which they are not being monitored by CNSS. Staff must write a report of any findings that reflect non-compliance with program regulations, rules and policies and a specific corrective action plan (CAP) for each finding. For each self-assessment, the local agency must retain on file a copy of the written report of findings and CAP, correspondence from the CNSS Nutrition Program Consultant or Regional Nutrition Consultant, documentation of CAP implementation, and all the working papers. (WPM Chapter 15) Method of Review: ▪ Interview staff about the process they use to complete the local agency self- assessment. ▪ Review report of findings, the CAP, correspondence, and all working papers from most recent local agency self-assessment.		

End of Part I: Administrative Services Review

8. Policies and Procedures Management

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Local Agency: _____

Dates of Review: _____

Review Team: _____

Site(s) Reviewed: _____

Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

WIC Program Monitoring Tool
Part II: Nutrition Services Review
Table of Contents

9. Nutrition Assessment
- Documentation of nutrition assessment
- Risk assessment for nutrition eligibility
- Anthropometric equipment and weighing & measuring technique
- Required medical documentation

10. Plan of Nutrition Care
- Documentation of an individualized care plan
- Standards of documentation
- Food package prescription

11. Nutrition Education
- Frequency and documentation of nutrition education contacts
- Education resources and required topics
- Mini-lessons
- Group education

12. Breastfeeding Promotion and Support
- Local agency practices
- Breastfeeding training for WIC staff
- Inventory & issuance of breastfeeding supplies
- Breastfeeding peer counseling program

9. Nutrition Assessment

Review Area	Reviewer Notes	Status**
9.1 Are required nutrition assessments completed for each certification period? Minimum Standard: A nutrition assessment conducted by a CPA must be completed for each applicant/participant at the initial certification and at each subsequent certification. For both infants and breastfeeding women, an additional nutrition assessment is required five to seven months after birth/delivery. For children, an additional nutrition assessment is required five to seven months after certification. To complete a nutrition assessment, staff must collect and assess the following information per program guidelines: ○ Anthropometric ○ Breastfeeding ○ Dietary & Physical Activity ○ Biochemical ○ Clinical ○ Eco-social Staff must organize, integrate, and synthesize the information gathered during the nutrition assessment process and write a brief statement which summarizes the findings of the nutrition assessment, including problems and potential problems. Staff are required to document the nutrition assessment in the Crossroads system. Local agencies must have a written protocol for immunization screening and referral. (WPM Chapter 6C) Method of Review: ▪ Observe 3-5 individuals being certified using Appendix 1, item 13 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3. The sample must include five infants, five children, and five women, including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. At least five records must include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ ***Review local agency policy regarding immunization screening and referral.***		
9.2 Are all eligible nutrition risk criteria for each participant identified and are criteria being used correctly? Minimum Standard: All eligible risk criteria are identified and documented in each participant's record. Nutrition risk criteria must be used in accordance with how each criterion is defined. (WPM Chapter 6C) Method of Review: ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3. The sample must include five infants, five children, and five women, including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. At least five records must include participants receiving exempt infant formulas or WIC-eligible nutritionals.		

9. Nutrition Assessment

Review Area	Reviewer Notes	Status**
9.3 Does staff use correct procedures for weighing and measuring infants, children, and women on maintained equipment? Minimum Standard: Standard techniques for weighing and measuring individuals must be used. All staff who weigh and measure participants, must be trained on standard procedures. (WPM Chapter 6C) Method of Review: ▪ Observe at least one (1) infant, one (1) child, and one (1) woman being weighed and measured using Appendix 1, item 12 to document findings. When applicable, observe more than one (1) staff weighing and measuring. ▪ Interview staff to determine protocol/procedure for staff training.		
9.4 Does staff ensure scales are tested and maintained annually based on policy? Minimum Standard: Weighing and measuring equipment must meet specifications outlined by the State. Scales must be tested by the NC Department of Agriculture annually and inaccurate scales must be removed from service until they can be calibrated, repaired, or replaced. (WPM Chapter 6C) Method of Review: ▪ Check stadiometers for accuracy of height (i.e. placement on the wall). ▪ View all scales in agency. ▪ Review receipt for annual test of scales. ▪ Interview staff to determine the protocol for testing of scales and the process used to determine if a scale needs to be repaired or replaced.		
9.5 Is medical documentation obtained for exempt infant formula, WIC-eligible nutritionals and whole milk per policy guidelines? Minimum Standard: Medical documentation that meets policy requirements is required for a participant to receive a food package with an exempt infant formula or WIC-eligible nutritional or whole milk. The prescription must be scanned into the participant's Crossroads record. (WPM Chapter 7) Method of Review: ▪ Review medical documentation and prescribed food package modifications in records of at least five (5) participants receiving exempt infant formula, WIC-eligible nutritionals using Appendices 2 & 3 to document findings. ▪ Interview staff to determine whether the correct policy and procedures are being followed when issuing exempt infant formula and WIC-eligible nutritionals. ▪ Interview staff to determine if the correct process is being followed when a formula has been changed or if a medical document needs to be clarified.		

10. Plan of Nutrition Care

Review Area	Reviewer Notes	Status**
10.1 Is an individualized Plan of Care documented for each participant using standardized documentation practices? Minimum Standard: Based on the summary of nutrition problems and potential problems, staff must work with the participant to establish a plan of care. The required components are: goals, nutrition education, breastfeeding support, food prescription, and follow-up. There must be a written list of standard abbreviations or outside publications used by staff when documenting in the records. Local agencies must use standard procedures for correcting documentation errors. (WPM Chapter 6C) Method of Review: ▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review standard list of abbreviations or outside publication used by the agency. ▪ Review procedures for documentation (coordinate with findings from record review & review of administrative documents such as logs).		
10.2 Does the local agency maintain referral sources, refer as needed and document in the Care Plan? Minimum Standard: ▪ Local agencies must maintain a current list of local health and mental health referral resources for diagnosis and treatment of maternal depression. ▪ Local agencies must maintain a current list of local counseling and treatment resources for substance abuse and make this list available to all pregnant, breastfeeding and postpartum women participating in WIC. (WPM Chapter 5) ▪ Individuals not currently participating in Medicaid but who appear to be income eligible shall be referred to Medicaid. (WPM Chapter 6C) ▪ Staff are required to document all referrals in the care plan. Method of Review: ▪ Observe & document 3-5 individuals being certified using Appendix 1, item 14. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review list of local health and mental health resources. ▪ Review list of local resources for substance use counseling and treatment. ▪ Review documentation of referrals in the care plan. ▪ Interview staff about the referral process, ensuring Medicaid referrals are made.		

10. Plan of Nutrition Care

Review Area	Reviewer Notes	Status**
10.3 Is the food package being prescribed in accordance with program policy? Minimum Standard: A CPA must prescribe the food package at each certification including when modifications to the food package are requested or required. (WPM Chapter 7) Method of Review: ▪ Observe 3-5 individuals having a food package prescribed to them using Appendix 1, item 15 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.		

11. Nutrition Education

Review Area	Reviewer Notes	Status**
11.1 Do local agencies make available the required number of nutrition education contacts per certification? Minimum Standard: During each certification period: ▪ At least two nutrition education contacts must be made available to pregnant and postpartum women and infants certified at greater than 6 months of age. ▪ One nutrition education contact must be made available for every three months of participation to infants certified at less than 6 months of age, to breastfeeding women certified through one year postpartum, and to children. ▪ If the participant refuses to participate in nutrition education, the refusal must be documented. (WPM Chapter 5) Method of Review: ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.		
11.2 Is nutrition education accurate, relevant, and appropriate for the needs of the participants? Minimum Standard: The content of and method used to provide nutrition education must be accurate and relevant to the participant's age, nutritional needs, interests, household situation, cultural preferences, language spoken and any special considerations the participant might have such as being a migrant; being homeless; having vision, hearing or learning impairments; and/or having LEP. (WPM Chapter 5) Method of Review: ▪ Observe 3-5 educational sessions with participants using Appendix 1, item 15 to document findings. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals. ▪ Review nutrition education resources used by staff for accuracy, relevancy, and appropriateness. ▪ Ensure nutrition education resources developed or obtained by local agency have been reviewed and approved by local agency's RNC prior to use with WIC participants.		

11. Nutrition Education

Review Area	Reviewer Notes	Status**
11.3 Do participants receive education on required topics based on participant category? Minimum Standard: ▪ Women must receive verbal and written information on the five (5) required education topics at least once during their WIC participation. ▪ All parents/caretakers of infants and children participating in the WIC Program must receive information about the dangers of substance abuse at least once during the infant's/child's WIC participation, preferably at the initial certification. ▪ Prior to issuing food benefits containing infant CVB, the CPA must have provided required nutrition education about infant CVB. (WPM Chapter 5) Method of Review: ▪ Review written educational materials of the required topics used by local agencies. ▪ Review at least 15 participant records using Appendices 2 & 3 to document findings. Record selection must include five (5) each of infants, children, and women including at least two pregnant, two breastfeeding, and one postpartum (non-breastfeeding) woman. Five records should include participants receiving exempt infant formulas or WIC-eligible nutritionals.		
11.4 Are mini-lessons being implemented in accordance with program policy? Minimum Standard: Mini-lessons can be provided by a CPA or trained, non-CPA staff. Mini lessons must be developed by a CPA and have a written outline on file which includes the target audience; one educational objective; information to be communicated, and a copy of any educational handout. Local agencies that use non-CPA staff to provide mini lessons must have a written policy for doing so as outlined in the local agency policy regarding mini lessons. (WPM Chapter 5) Method of Review: ▪ Observe at least two mini-lessons, if used as a routine method of providing low-risk nutrition education to participants. ▪ Review mini-lesson outlines for required components, relevancy and accuracy. ▪ Review documentation confirming management support staff and/or non-CPA staff training to provide mini-lessons, including date of training. ▪ ***Review local agency policy regarding mini lessons.***		
11.5 Are class outlines on file when group education is provided? Minimum Standard: Agencies that conduct group education must have class outlines with required components: target audience, objectives, outline of presentation, and educational materials/activities used. Outlines should be reviewed periodically and updated as needed to assure they are relevant and accurate. (WPM Chapter 5) Method of Review: ▪ Review class outlines for required components, relevancy and accuracy. ▪ Observe a group class, if available.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.1 Does the local agency promote and support breastfeeding? Minimum Standard: There must be: ▪ A breastfeeding coordinator who meets the minimum qualifications and is responsible for overseeing breastfeeding promotion and support activities. ▪ A clinic environment that supports breastfeeding as the standard infant feeding method, as demonstrated by consistent, positive staff messaging and integration of breastfeeding into participant interactions, absence of visible promotion of breast milk substitutes, visible signage informing participants of their right to breastfeed and availability of a private space upon request, and staff ability to accurately describe and communicate these practices when asked. ▪ A breastfeeding support phone line that is available 24/7 with message capability, is monitored regularly, and has documented responses to messages within two (2) business days. ▪ A written breastfeeding consultation and referral policy that guides staff when encountering situations outside their scope of practice, is reviewed and updated at least annually or as changes occur and is dated at time of update. ▪ Participation of all required staff (WIC Director, Breastfeeding Coordinator, Peer Counselor Program Manager, and WIC Designated Breastfeeding Expert[s]) in quarterly community engagement meetings. Method of Review: ▪ Breastfeeding Coordinator: o Ask the WIC Director to identify the Breastfeeding Coordinator and describe how the role is integrated into clinic operations. o Interview the Breastfeeding Coordinator to describe their involvement in breastfeeding activities, including support for staff, participants, program implementation, and external partnerships. ▪ Clinic Environment (Observation): o Observe waiting areas, offices, classrooms, and any locations where participants may spend time to confirm the presence of signage supporting breastfeeding and indicating the availability of a private space. o Ask at least two WIC staff (excluding leadership roles) to identify the location of the private space. ▪ Clinic Environment (Materials): o Review educational materials, handouts, and incentive items available to participants to ensure they do not promote breast milk substitutes (e.g., formula-branded items, bottles, nipples, pacifiers). o Confirm that any formula-related education materials are stored out of view and only provided when appropriate. ▪ Breastfeeding Support Phone Line: o Call the advertised breastfeeding support line to confirm it is accessible and has message capability if not answered. o Ask staff to demonstrate how messages are retrieved, monitored, and assigned for follow-up. Review a sample of message or call logs, if available, to verify that responses are documented and occur within two (2) business days. ▪ Consultation and Referral Policy: o Review the written breastfeeding consultation and referral policy to ensure it includes guidance for situations outside staff scope of practice, is reviewed at least annually, and includes a current revision date. o Interview staff to describe how they determine when to refer participants and who they refer to for		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
additional support. ▪ Community Engagement Participation: o Confirm with the Regional Lactation Trainer that all required local agency staff have regularly attended the quarterly community engagement meetings. ▪ Review the local agency consultation and referral policy.		
12.2 Do new WIC staff receive task-appropriate training in breastfeeding promotion and support as part of their orientation and ongoing training? Minimum Standard: All WIC staff who are funded in whole or in part by the WIC Program and provide WIC or Breastfeeding Peer Counseling services to applicants or participants must complete role-appropriate breastfeeding training in accordance with required timelines. ▪ Completion of required breastfeeding orientation training(s), appropriate to staff role, for all new employees, students, volunteers, and contractors. ▪ Participation in required breastfeeding continuing education, appropriate to the staff role and responsibilities. Method of Review: ▪ Review staff training records to verify completion of required breastfeeding orientation training(s) appropriate to staff role. ▪ Confirm that orientation training(s) was completed within the required timeline for each staff role. ▪ Review training documentation (e.g., agendas, sign-in sheets, certificates) to verify completion of required breastfeeding continuing education for each staff role during the previous fiscal year. o For WIC-Designated Breastfeeding Experts, verify completion of required biannual continuing education sessions.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.3 Does the local agency maintain inventory of breastfeeding supplies in accordance with program policy? Minimum Standard: Local agencies must maintain an accurate inventory of all breastfeeding supplies including maintenance and tracking of multi-user electric pumps. ▪ All Supplies: Physical inventory is reconciled with Crossroads at least quarterly, and all items are accounted for (e.g., in stock, on loan, out-of-commission). ▪ Single-User Supplies are cataloged by product name and quantity and stored in original, unopened packaging until issued. ▪ Multi-User Electric Pumps are cataloged by product name and serial number and labeled as property of the WIC Program. Returned pumps are inspected, cleaned, and returned to inventory within one business day. A cleaning log is maintained for all returned pumps and overdue pumps are tracked in Crossroads, including required contact attempts, notification processes, and final status documentation. Method of Review: ▪ All Supplies: o Review inventory records in Crossroads and compare the physical count of at least two breastfeeding supply items to recorded inventory to verify accuracy o Review documentation of the most recent quarterly inventory reconciliation to confirm completion and that all items are accounted for ▪ Single-User Supplies: o Review Crossroads inventory records to verify that supplies are cataloged by product name and quantity o Observe storage areas to confirm supplies are maintained in original, unopened packaging ▪ Multi-User Electric Pumps (Inventory & Labeling). Select at least two multi-user pumps from inventory records that have been issued within the previous fiscal year to complete Appendix 4. At least one pump must be currently on-site. o Verify that each of the selected pumps is accurately recorded in Crossroads. o Observe at least one of the selected pumps on site to confirm labeling as property of the WIC Program ▪ Multi-User Electric Pump Maintenance: For at least one selected pump, complete applicable items in Appendix 4 to verify that upon return the pump was inspected, cleaned within 1 business day, and documented. ▪ Overdue Multi-User Pump Tracking: Select at least one overdue pump and complete applicable items in Appendix 4 to verify adherence to overdue pump procedures.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.4 Does the local agency issue breastfeeding supplies in accordance with program policy? Minimum Standard: Local agencies must issue breastfeeding supplies in accordance with program policy, including appropriate assessment, documentation, staff competency, participant education, and follow-up. ▪ Breastfeeding supplies are issued based on a documented CPA nutrition assessment or DBE breastfeeding assessment, as part of an overall plan of care, after breastfeeding support has been offered and found to be insufficient or not appropriate. ▪ Selection & Justification. The type of breastfeeding supply issued aligns with the participant's needs as identified in the documented assessment and plan of care. The reason for issuance is documented in Crossroads, including the required pump issuance/reservation reason (if applicable). ▪ Issuance is documented in Crossroads including a completed and signed Breastfeeding Supplies Release of Liability and Loan Agreement is on file and provided to the participant. ▪ Breastfeeding supplies are issued by staff who meet required training and competency requirements for the supply. ▪ Documentation reflects that participants received appropriate education based on the supply, including the use, fit, care, and ongoing breastfeeding support. ▪ Documented follow-up includes initial follow-up documented within 24-72 hours of issuance and ongoing follow-up appropriate to the supply. ▪ Local agencies ensure that required breastfeeding supplies are available at all clinic sites or accessible without requiring additional travel by participant. Method of Review: ▪ Refer to and complete Appendix 4: Breastfeeding Supplies to verify compliance with assessment, selection, issuance documentation, participant education, and follow-up utilizing the same sample of breastfeeding supplies (at least two multi-user pumps and two single-user supplies). ▪ Interview the Breastfeeding Coordinator to describe how the local agency ensures breastfeeding supplies are issued in accordance with program policy, including staff decision-making, training and competency, participant education, follow-up practices, and access across clinic sites. ▪ Observe at least one breastfeeding supply issuance to assess whether the supply is consistent with the overall plan of care and appropriate procedures are followed (if possible).		

12. Breastfeeding Promotion & Support

Only local agencies using USDA funds to support a Breastfeeding Peer Counseling Program (BFPC Program): Complete Review Items 12.5 – 12.7.

Review Area	Reviewer Notes	Status**
12.5 Does the local agency's Breastfeeding Peer Counseling Program meet the WIC Breastfeeding Model Components for Peer Counseling? Minimum Standard: The local agency Breastfeeding Peer Counseling (BFPC) Program is implemented in accordance with the WIC Breastfeeding Model Components for Peer Counseling, including appropriate staffing, training, supervision, and program infrastructure. ▪ Program Staffing and Oversight: o A designated Peer Counselor Program Manager (PCPM) is assigned, meets required qualifications, and provides ongoing supervision of Peer Counselors, including regular meetings. o Peer counselors meet required qualifications and participate in ongoing supervision, including regular meetings. ▪ PCPM and Peer Counselor(s) have participated in required quarterly continuing education sessions. ▪ A structured system is used to track current caseload and service delivery, is updated regularly, and is routinely reviewed to inform program oversight, performance monitoring, and decision-making. ▪ The local agency can outline a clear referral process for participant enrollment in the BFPC program. Method of Review: ▪ Review PCPM job description and/or performance plan to confirm designation of the PCPM role and allocation of sufficient time to oversee the BFPC Program. ▪ Review documentation of required PCPM and PC continuing education ▪ Review three (3) months of the "Monthly Peer Counselor Review Guide" to ensure worksheets are completed and meetings are occurring monthly and tied to reports. ▪ Interview PCPM to verify: o Supervision structure (monthly meetings, documentation) o Oversight of caseload and program operations ▪ Interview at least one PC to verify understanding of support and escalation pathways. ▪ Ask PCPM (and one additional staff member) to describe the referral and enrollment process and verify alignment with policy. ▪ Request demonstration of caseload tracking system and confirm it is current, organized, and reviewed and referenced during monthly PCPM–Peer Counselor meetings to support caseload management and service delivery.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.6 Do peer counselors complete and document care plans in Crossroads for each required and optional contact in accordance with policy? Minimum Standard: Peer counselors must complete and document care plans in Crossroads for each required and optional contact for all enrolled participants. The care plan must include documentation that is: ▪ Accurate, relevant, and appropriate to the participant's breastfeeding stage, concerns, and needs ▪ Reflective of education and support provided within the peer counselor's scope of practice ▪ Inclusive of appropriate referrals to a CPA or DBE when indicated ▪ Inclusive of a clear plan for follow-up, including the purpose and timing of the next contact. Method of Review: ▪ Refer to and complete Appendix 5: Review five (5) participant records of women enrolled in the Breastfeeding Peer Counseling Program who have received services. Select a variety of participants including pregnant, postpartum, opted after a couple of contacts, and participants with limited interaction. ▪ Review care plans to verify services provided are consistent with the local agency's Service Delivery Model Policy.		

12. Breastfeeding Promotion & Support

Review Area	Reviewer Notes	Status**
12.7 Does the local agency implement and evaluate a Breastfeeding Peer Counseling Program Service Delivery Model that ensures consistent, high-quality peer counseling program services in accordance with program policy? Minimum Standard: The local agency has a written Service Delivery Model Policy that outlines how Breastfeeding Peer Counseling Program (BFPC) services are delivered in a consistent and high-quality manner, in accordance with program requirements. At a minimum: ▪ The Service Delivery Model Policy defines how services are provided, including referrals, service locations, hours of availability, and approved communication methods. ▪ The local agency implements the Service Delivery Model Policy in practice to ensure consistent service delivery to participants. ▪ PCs receive ongoing supervision from a qualified PCPM to support effective service delivery and ensure adherence to scope of practice. ▪ The local agency evaluates the effectiveness of the Service Delivery Model and makes updates as needed. ▪ The Service Delivery Model Policy is reviewed at least annually and dated at time of update. Method of Review: ▪ Review and verify inclusion in the local agency's Service Delivery Model Policy: o required components (referrals, service locations, hours of availability, and approved communication methods), and o date and evidence of annual review and/or updates. ▪ Review three (3) months of Peer Counselor Program Manager (PCPM) supervision documentation, including: o Spot Check Worksheets o Monthly Peer Counselor Meeting Worksheet o Feedback and/or follow-up actions are documented, as applicable ▪ Interview the PCPM to determine: o How supervision is provided to support PCs in their role and ensure adherence to scope of practice. o How the Service Delivery Model Policy is evaluated for effectiveness (e.g., contact completion, participant engagement, referral timeliness) o How finding from supervision or program review are used for program improvements. ▪ ***Review the local agency Service Delivery Model Policy.***		

End of Part II: Nutrition Services Review

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider.

Nondiscrimination Statement

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Participant Observation: Observe 3–5 individuals as they move through the process of applying for WIC and/or being certified or subsequently certified and of receiving program benefits. Observe at least one woman, one infant, and one child, if possible.

Agency and Site Reviewed: _____

Dates:_____**Reviewer(s)**: _____

	1	2	3	4	5
Family ID					
1. Date of birth					
2. Date of certification being reviewed					
3. Participant is physically present					
4. Ethnicity & race data explained & collected (initial application only)					
5. Proof of ID viewed & documented					
6. Proof of residence viewed & documented					
7. National Voter Registration Act (NVRA) completed					
▪ NVRA question asked using exact wording					
▪ Voter Registration Application provided					
▪ Preference form provided					
8. Income eligibility determined					
▪ Proof of income/adjunct income eligibility viewed and documented					
▪ Income eligibility determined correctly and “application ineligibility” notice issued if over income.					
9. Rights & Responsibilities					
▪ Read and signed by participant					
10. Proxy offered					
11. Transfer documentation assessed					
▪ Asked if participant has plans to move during certification period					
▪ VOC issued to migrants and those who indicate plans to move					
12. Language assistance services and/or reasonable modifications, auxiliary aids & services determined and documented					

NOTES:

	1	2	3	4	5
Family ID					
13. Anthropometric measurements done according to standard procedures					
▪ Scales zeroed prior to obtaining weight					
▪ Infants weighed in dry diapers					
▪ Children and women weighed in light clothing & w/out shoes					
▪ Heights measured w/out shoes					
14. Nutrition assessment completed					
▪ Anthropometric/Biochemical/ Breastfeeding/Clinical/Diet & Physical Activity/Eco-social					
▪ Summary of nutrition status completed					
▪ All eligible nutrition risk codes identified and assigned correctly					
15. Plan of care developed and food package prescribed					
▪ Goal(s) reflected participant input					
▪ Accurate, relevant and appropriate nutrition education and breastfeeding support provided					
▪ Appropriate internal and external participant referrals are made and documented					
▪ Breastfeeding supplies are offered or issued when indicated based on observed participant need (if applicable)					
▪ Food package prescribed					
▪ Plans for follow-up noted					
16. Food benefits issued					
▪ Proof of identity viewed					
▪ eWIC card issued					
▪ Appropriate food package issued					
▪ Participant signature captured					
▪ Explanation of how to: o use NC eWIC card o select WIC approved foods (**initial eWIC card issuance**)					
▪ Next issuance appointment made such that all entitled benefits are provided					
▪ Required notifications given (multilingual tagline notice)					

NOTES:

Agency and Site Reviewed: _____

Dates: _____ **Reviewer(s)**: _____

1. Participant Identifying Information

	1		2		3		4		5	
Family ID										
Date of birth										
EDD										
Date of delivery										
Date of certification being reviewed										
Documentation of language assistance services and/or reasonable modifications, auxiliary aids & services										

2. Nutrition Assessment

Physically present										
Anthropometric										
▪ Prenatal: pre-pregnancy BMI, weight & height, prenatal weight gain chart										
▪ Postpartum: pre-pregnancy BMI, weight & height, total wt. gain in pregnancy										
Biochemical (hgb/hct)										
Clinical/Health History/Disease Status										
▪ Pregnancy history										
Eco social										
Diet & Physical Activity										
Required Medical Documentation (exempt infant formula/ WIC-eligible nutritionals or whole milk)										
Summary of nutrition/breastfeeding status										
Nutrition risk criteria/code(s) correctly identified										

3. Plan of Nutrition Care

Goal(s) identified										
Nutrition education accurate, relevant and appropriate to meet need(s)										
Required education topics										
▪ importance of nutrition										
▪ breastfeeding										
▪ substance use										
▪ folic acid										
▪ immunizations for children										
Appropriate internal and external participant referral(s) were made and documented, including peer counselor										
Complex breastfeeding concerns are addressed in the plan of care, when indicated										
Appropriate food package prescribed and/or breastfeeding supplies offered, if eligible										
Appropriate food benefits issued										
Appropriate plans for follow-up										

NOTES:

4. Frequency of Nutrition Education

Required # of contacts ▪ Participant refusal of nutrition education is documented										

5. Notifications *(To be completed and reported as part of monitoring item 5.2)*

Required notifications given										

NOTES:

Agency and Site Reviewed: _____

Dates:_____ **Reviewer(s)**: _____

1. Participant Identifying Information	1		2		3		4		5	
Family ID										
Date of birth										
Date of certification being reviewed										
Documentation of language assistance services and/or reasonable modifications, auxiliary aids & services										

2. Nutrition Assessment										
Physically present										
Anthropometric										
▪ Growth charts										
▪ Birth weight/length (to 24 mos of age)										
▪ Parental BMI										
Biochemical (hgb/hct)										
Clinical/Health History/Disease Status										
▪ Immunizations										
Eco social										
Diet & Physical Activity										
Required medical documentation (EXF, WEN, or whole milk)										
Summary of nutrition status										
Nutrition risk criteria/code(s) correctly identified										

3. Plan of Nutrition Care										
Goal(s) identified										
Nutrition education accurate, relevant and appropriate to meet need(s)										
Required education topic										
▪ Substance abuse for parents/caretakers*										
▪ Infant CVB education (as appropriate)										
Appropriate participant referral(s)										
Appropriate food package prescribed										
Appropriate food benefits issued										
Appropriate plans for follow-up										

NOTES:

4. Frequency of Nutrition Education

Required # of contacts ▪ Participant refusal of nutrition education is documented										

5. Notifications *(To be completed and reported as part of monitoring item 5.2)*

Required notifications given										

** Required once*

NOTES:

Agency and Site Reviewed: _____

Dates:_____ **Reviewer(s)**: _____

1. Participant Identifying Information

	1		2		3		4		5	
Family ID										
Date of birth										
Date of certification being reviewed										
Documentation of language assistance services and/or reasonable modifications, auxiliary aids & services										

2. Nutrition Assessment

Physically present										
Anthropometric										
▪ Growth charts										
▪ Birth weight/length (to 24 mos of age)										
▪ Parental BMI										
Biochemical (hgb/hct)										
Clinical/Health History/Disease Status										
▪ Immunizations										
Eco social										
Diet & Physical Activity										
Required medical documentation (exempt infant formula/ WIC-eligible nutritionals or whole milk)										
Summary of nutrition status										
Nutrition risk criteria/code(s) correctly identified										

3. Plan of Nutrition Care

Goal(s) identified										
Nutrition education accurate, relevant and appropriate to meet need(s)										
Required education topic										
▪ Substance abuse for parents/caretakers*										
Appropriate participant referral(s)										
Appropriate food package prescribed										
Appropriate food benefits issued										
Appropriate plans for follow-up										

NOTES:

4. Frequency of Nutrition Education

Required # of contacts ▪ Participant refusal of nutrition education is documented										

5. Notifications *(To be completed and reported as part of monitoring item 5.2)*

Required notifications given										

** Required once*

NOTES:

NC WIC PROGRAM MONITORING TOOL

	Appendix 4: Breastfeeding Supplies		Dates:		
			Reviewer(s):		
			Agency and Site Reviewed:		

Requirements	Multi-User Pump #1	Multi-User Pump #2	Overdue Multi-User Pump	Single-User Supply #1	Single-User Supply #2
Enter Family ID					
Enter Serial Number					
Enter Manufacturer/Type					
Enter Date of Issuance					
Eligibility & Assessment					
CPA/DBE assessment completed					
Direct breastfeeding support attempted*					
Issuance Documentation					
Pump Issuance/Reservation Reason aligns with plan of care					
Signed *Release of Liability/Loan Agreement* on file					
Staff Competency & Participant Education					
Issued by trained staff					
Applicable education documented					
Proper flange fit addressed*					
Contact information provided					
Participant Follow-Up					
Initial follow-up deadline					
Initial follow-up date (24-72 hours)					
Required follow-up completed based on breastfeeding supply type					
Multi-User Pump Requirements					
Loan & Active Use					
Follow-up at least every 3 months					
Return date communicated & documented					
Extension & continued need documented*					
Return & Intake					
Return receipt completed					
Pump inspected upon return					
Cleaned within one (1) business day					
Cleaning documented in log					
Overdue Pump Procedures*					
Overdue contact documented					
Overdue notification sent					
Crossroads alert documented					
**if applicable*					

NC WIC PROGRAM MONITORING TOOL	Appendix 4: Breastfeeding Supplies	Dates:	
		Reviewer(s):	
		Agency and Site Reviewed:	

Notes

Chart 1 | Chart 2 | Chart 3 | Chart 4 | Chart 5 | Notes

Appendix 5: WIC Record Review
Breastfeeding Peer Counseling Program

Dates:	
Reviewer(s):	
Agency and Site Reviewed:	

Contacts	1st Prenatal	2nd Prenatal	Week 1 (a)	Week 1 (b)	Week 2	Week 3	Week 4	Follow-Up
Chart #1: Participant Information	Family ID		Estimated Due Date		Delivery Date		Welcome Letter Date	
Contact Deadline:								
Contact Status:								
Date Completed:								
Education & Support: Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Chart #1

Chart #2: Participant Information	Family ID		Estimated Due Date		Delivery Date		Welcome Letter Date	
Contact Deadline:								
Contact Status:								
Date Completed:								
Education & Support: Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Chart #2

CODE: N/A=Not Applicable ✓=Present M=Missing I=Incomplete/Inaccurate

Notes

Chart 1 | Chart 2 | Chart 3 | Chart 4 | Chart 5 | Notes

Appendix 5: WIC Record Review
Breastfeeding Peer Counseling Program

Dates:	
Reviewer(s):	
Agency and Site Reviewed:	

Contacts	1st Prenatal	2nd Prenatal	Week 1 (a)	Week 1 (b)	Week 2	Week 3	Week 4	Follow-Up
Chart #3: Participant Information	**Family ID**		**Estimated Delivery Date**		**Delivery Date**		**Welcome Letter Date**	
Contact Deadline:								
Was the Contact Completed?								
Date Completed:								
Education & Support: Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Chart #4								
Chart #4: Participant Information	**Family ID**		**Estimated Delivery Date**		**Delivery Date**		**Welcome Letter Date**	
Contact Deadline:								
Was the Contact Completed?								
Date Completed:								
Education & Support: Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Notes

Chart 1 | Chart 2 | Chart 3 | Chart 4 | Chart 5 | Notes

Appendix 5: WIC Record Review
Breastfeeding Peer Counseling Program

Dates:	
Reviewer(s):	
Agency and Site Reviewed:	

Contacts	1st Prenatal	2nd Prenatal	Week 1 (a)	Week 1 (b)	Week 2	Week 3	Week 4	Follow-Up
Chart #5: Participant Information	**Family ID**		**Estimated Delivery Date**		**Delivery Date**		**Welcome Letter Date**	
Contact Deadline:								
Was the Contact Completed?								
Date Completed:								
Chart #5 — **Education & Support:** Is it accurate, relevant, and appropriate to meet the needs of the participant?								
Scope of Practice: Does the PC operate within policy and their scope of practice?								
Referrals: Does the PC refer, when appropriate, including complex breastfeeding issues?								
Encouragement & Reassurance: Is encouragement & reassurance documented?								
Follow-Up: Does the PC include specific and appropriate plans for follow-up?								

Code for Table	
✓	Present
M	Missed
I	Incomplete/Inaccurate
N/A	Not Applicable

Contact Completion	
Completed	Two-way communication was successfully completed, regardless of whether it occurred within or outside the required timeframe.
Attempts	At least two contact attempts were made and documented, with attempts occurring at least 2 hours apart.
Missed	The contact was not completed and does not meet the criteria for Attempts or N/A
N/A	The contact was not completed due to a documented, valid reason consistent with program policy (e.g., late enrollment, contact absorbed due to timing.

Notes

Use this checklist to track if each required policy has been addressed by the local agency.

Administrative Services Policies

1. General Program Operation

_____ Local agencies must have a written policy that addresses the strategy used when separation of duties is not possible. The policy must identify a designated staff that will monitor and review certification record. (**WPM Chapter 1)**

_____ Local agencies must develop, revise, and maintain a written Plan of Alternate Operating Procedures consistent with local and State operations. **(WPM Chapter 1)**

2. Application Process and Transfer of Certification

_____ Local agencies must have a written policy for handling applications within processing standards when specific appointments are not given such as in open access scheduling systems or when walk-ins are allowed. **(WPM Chapter 6A)**

_____ Local agencies must have a written policy that identifies the Point Person position and alternate Point Person position responsible for the management and retention of the NVRA Agency Transmittal Forms, Voter Registration Preference Forms, and Voter Registration Applications. **(WPM Chapter 6A)**

3. Security and Accountability

_____ Local agencies must have a written policy guiding the clear expectations for secure communication when using a texting or digital platform in the provision of WIC Program services and conversation between staff and applicants/participants. **(WPM Chapter 6A)**

4. Vendor Management

_____ Local agencies must have a written policy addressing when they accept vendor applications. **(WPM Chapter 11)**

5. Program Outreach

_____ Local agencies must develop an Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan to build and sustain caseload and improve delivery of service. The Outreach, Retention and Outreach Plan must include the agency's plans to target services to the highest priority groups. **(WPM Chapter 10)**

Use this checklist to determine if each required policy has been addressed by the local agency.

Nutrition Services Policies

1. Nutrition Assessment

_____ Local agencies must have a written protocol for immunization screening and referral. **(WPM Chapter 6C)**

2. Nutrition Education and Counseling

_____ Local agencies that use non-CPA staff to provide mini lessons must have a written policy. **(WPM Chapter 5)**

_____ Local agencies that provide group education must have written class outlines on file. **(WPM Chapter 5)**

3. Breastfeeding Promotion and Support

_____ Local agencies must have a policy for breastfeeding consultation and referral for WIC staff. The policy must identify the point of contact, contact information, and contact method for each breastfeeding situation based on the WIC staff role as well as a list of both local and non-local resources available to WIC Participants. Refer to Attachment 1 for a consultation and referral policy template. (**WPM Chapter 9)**

_____ Local agencies that administer a Breastfeeding Peer Counseling Program (BFPC) funded in whole or part with WIC program funds must have a written policy outlining the local agency's service delivery model that assures the provision of consistent and quality BFPC program services. **(WPM Chapter 9)**

Chapter 16
Confidentiality

Table of Contents

This chapter details the WIC confidentiality policy, circumstances when confidential information may be released, child abuse and neglect reporting, and responding to subpoenas and search warrants, and data sharing. WIC Programs are not subject to HIPAA regulations; however, local WIC programs may be housed in health agencies subject to HIPAA regulations. Consult with your local HIPAA compliance officer with any questions not covered in this chapter.

Section 1. Confidentiality of Applicant / Participant Information.....1
- Confidential Applicant / Participant Information
- Permitted Uses and Disclosures of Confidential Information without Applicant/Participant Authorization
- Uses and Disclosures of Confidential Information Requiring Applicant/Participant Written Authorization

Section 2. Confidentiality of Vendor Information.....5

Section 3. Subpoenas and Search Warrants.....7
- Responding to Subpoenas
- Responding to Search Warrants

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Confidentiality of Applicant/Participant Information

Each local agency is responsible for assuring the confidentiality of applicant/participant information. Refer to 7 C.F.R. § 246.26 for the requirements governing the confidentiality of applicant and participant information. For guidance on confidentiality not covered in this chapter, contact your local agency HIPAA officer.

Confidential Applicant/Participant Information

Confidential applicant and participant information is any information about an applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as a result of WIC application, certification, or participation, that individually identifies an applicant or participant and/or family member(s). Applicant or participant information is confidential, regardless of the original source.

Permitted Uses and Disclosures of Confidential Information without Applicant/Participant Authorization

WIC Purposes

- **Ongoing administration or enforcement of the WIC Program.** The use and disclosure of confidential applicant/participant information is restricted to persons directly connected with the ongoing administration or enforcement of the WIC Program whom the State agency determines have a need to know the information for WIC Program purposes. These persons may include but are not limited to:
  - Personnel in the state's local WIC agencies;
  - Personnel in other WIC State or local agencies;
  - Persons under contract with the State agency to perform research regarding the WIC Program;
  - Persons investigating or prosecuting WIC Program violations under federal, state or local law;
  - Comptroller General of the United States; and
  - United States Department of Agriculture Food and Nutrition Services.

  Applicant or participant authorization is not required for sharing confidential applicant or participant information between state or local agencies for the prevention or detection of multiple WIC enrollments (dual participation) or for the transfer of participants between state or local agencies. However, the confidential information must be shared only with staff directly connected with the administration or enforcement of the WIC Program whom the agency determines has a need to know the information for WIC Program purposes.
- **Transfer of Certification.** The state and/or local agency may release information to WIC agencies for Verification of Certification (VOC) for the transfer of participants as described in Chapter 6E.
- **Dual Participation.** Local agencies may need to share certain applicant/participant information to prevent and detect dual participation (simultaneous participation in more than one WIC Program). The information may be shared between local agencies within North Carolina and with other state and local agencies. Again, staff must ensure that the confidential applicant/participant information is shared with person(s)

directly connected with the administration or enforcement of the WIC Program who have a need to know the information for WIC Program purposes. Refer to Chapter 6F: Certification and Participation: Program Abuse by Participants, Section 2: Dual Participation for additional information.

- **Non-WIC Purposes**
  The use and disclosure of confidential applicant or participant information by the WIC State Agency or its local agencies in the administration of its other programs that serve persons eligible for the WIC Program or to other public organizations for use in the administration of their programs that serve persons eligible for the WIC Program is prohibited, unless a written agreement meeting the requirements of 7 C.F.R. § 246.26(h) has been executed and approved by the Chief State Health Officer and identified in the WIC State Plan.

- **Child Abuse and Neglect Reporting**
  North Carolina law requires that any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, or has died as the result of maltreatment, report the case of that juvenile to the Director of the Department of Social Services (DSS) in the county where the juvenile resides or is found. Therefore, WIC staff may release confidential applicant and participant information without the applicant or participant's authorization. Refer to N.C.G.S. § 7B-301 related to how to release information about abuse, neglect, dependency, or death due to maltreatment.

  Initiating a report of suspected child abuse, neglect, dependency, or death due to maltreatment for the purpose of complying with North Carolina's child abuse reporting law, N.C.G.S. § 7B-301, is separate and distinct from disclosing confidential information in response to a request from DSS for information to substantiate a third party report of abuse, neglect, dependency, or death due to maltreatment. Our State law, N.C.G.S. § 7B-302, requires an agency or individual to provide DSS, upon request, access to confidential information *to the extent permitted by federal law and regulations*. The federal WIC confidentiality regulation does not expressly address the disclosure of confidential information in response to a request from DSS for information to substantiate a third party report. Therefore, it appears that the general federal prohibition against the use or disclosure of confidential information would apply to such disclosures and that a written authorization or a court order would be required to disclose confidential information to substantiate a third party report of abuse, neglect, dependency, or death due to maltreatment. Local agencies should always consult with their legal counsel when such requests are received and review each request on a case-by-case basis.

  WIC staff must document in the applicant/participant record the information reported to DSS and when and to whom the information was given.

- **Subpoenas and Search Warrants**
  Refer to Section 3 for information on responding to requests for confidential applicant and participant information through a subpoena or search warrant.

- **Release of Aggregate Information for Program Evaluation Studies**
  The confidentiality provision does not prohibit the Community Nutrition Services Section and local agencies from releasing non-identifying applicant/participant information in aggregate or summary form.

- **Applicant/Participant Requests Information**
  The State or local agency must provide applicants and participants access to all information they have provided to the WIC Program. In the case of an applicant/participant who is an infant or child, access may be provided to the parent or guardian of the infant or child, assuming that any issues regarding custody or guardianship have been settled. However, the State or local agency does not need to provide access to any other information in the file or record such as staff assessments of the applicant or participant's condition or behavior, unless required by Federal, State or Local law or unless the information supports a State or local agency decision being appealed. Refer to Chapter 14 for information on administrative appeals.

■ **Uses and Disclosures of Confidential Information Requiring Applicant/Participant Written Authorization**

- **Release of Information Form**
  For all other uses and disclosures, the state or local agency may disclose confidential applicant and participant information to individuals or entities only if the affected applicant or participant has signed a release form authorizing disclosure which specifies the information to be disclosed, the individual or entity to whom the information may be disclosed, a prohibition on re-disclosure of the information by the receiving individual or entity without further written authorization, and the duration of the authorized disclosure (e.g. expires on a specific date or upon a specific event or condition).

- **Third Party Requests for Confidential Applicant/Participant Information**
  The state or local agency must permit applicants and participants to refuse to sign a release form based upon a third party's request for confidential information and must notify the applicants and participants that signing the form is not a condition of eligibility and that refusing to sign the form will not affect the applicant or participant's application or participation in the WIC Program. Release forms authorizing disclosure to private physicians or other health care providers may be included as part of the WIC application or certification process. All other requests for applicants or participants to sign voluntary release forms must occur after the application and certification process is completed.

  Any release form should include the information described above under "Release of Information Form."

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Confidentiality of Vendor Information

The State agency must restrict the use or disclosure of confidential vendor information to:

- Persons directly connected with the administration or enforcement of the WIC Program or SNAP who the State agency determines have a need to know the information for purposes of these programs. These persons may include personnel from its local agencies and other WIC State and local agencies and persons investigating or prosecuting WIC or SNAP violations under Federal, State, or local law;

- Persons directly connected with the administration or enforcement of any Federal or State law or local law or ordinance. Prior to releasing the information to one of these parties (other than a Federal agency), the State agency must enter into a written agreement with the requesting party specifying that such information may not be used or re-disclosed except for purposes directly connected to the administration or enforcement of a Federal, or State law; and

- A vendor that is subject to an adverse action, including a claim, to the extent that the confidential information concerns the vendor subject to the adverse action and is related to the adverse action.

- At the discretion of the State agency, all authorized vendors and vendor applicants regarding vendor sanctions which have been imposed, identifying only the vendor's name, address, length of the disqualification or amount of the civil money penalty, and a summary of the reason(s) for such sanction provided in the notice of adverse action. Such information may be disclosed only following the exhaustion of all administrative and judicial review, in which the State Agency has prevailed, regarding the sanction imposed on the subject vendor or the time period for requesting such review has expired.

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Subpoenas and Search Warrants

Responding to Subpoenas

A subpoena is a written directive for information to be provided by an individual or entity. Generally, a subpoena directs the named individual or entity representative to appear at a designated time and place, often with certain records, and give information on a topic about which the individual or entity is knowledgeable. There are two basic types of subpoenas: a subpoena directing an individual or entity to attend and give testimony at a trial, hearing or deposition (a witness subpoena); and a subpoena to produce documents (a subpoena *duces tecum*), which directs the named individual or entity to appear and produce documents. Sometimes the two subpoenas are combined and the named individual or entity is asked to testify and to produce documents. Although a subpoena is issued and signed by a clerk of court, judge, magistrate or attorney, the subpoena is merely a request for information and is NOT a court's ruling that the information must be released. A subpoena requires a response and must not be ignored, but it does not require the immediate surrender of information.

Upon receipt of a subpoena, the local agency must use the following procedures:

- Immediately notify the Community Nutrition Services Section (CNSS) through your Regional Nutrition Consultant.

- Consult with legal counsel for the local agency and determine whether the information requested is in fact confidential and prohibited from being used or disclosed.

- If necessary, the local agency's legal counsel may consult with the State agency's legal counsel as to how to proceed. This communication should only be between legal counsel to legal counsel.

- If it is determined that the information is confidential and prohibited from being used or disclosed, the local agency's legal counsel will determine how to proceed based on the type of subpoena received. Such procedures may include contacting the subpoenaing party and convincing the party to withdraw the subpoena after explaining the confidential nature of the requested information, serving written objections to the subpoena, or moving to quash the subpoena.

- If a court orders the release of confidential information after being informed of the confidential nature of the requested information and of the federal regulatory prohibition against its use or disclosure, seek to limit the disclosure by:
  - Providing only the specific information requested in the subpoena and no other information; and
  - Limiting to the greatest extent possible public access to the confidential information disclosed.

- Maintain in the file a copy of the subpoena and any other documentation pertaining to the release of the confidential information, such as a court's order requiring release of the confidential information and any agreement or order limiting disclosure of the

information.

- **Responding to Search Warrants**
  A search warrant is a court order and process directing a law-enforcement officer to search designated premises, vehicles, or persons for seizing designated items and accounting for any items so obtained to the court which issued the warrant. A search warrant may be issued by a clerk of court, magistrate, or judge, and must be executed by the law-enforcement officer within 48 hours from the time of issuance. A warrant not executed within 48 hours is void. **A search warrant, unlike a subpoena, requires compliance at the time the search warrant is served by the law enforcement officer.**

  Upon receipt of a search warrant, the local agency must use the following procedures:

  - Immediately notify the local agency's legal counsel. If you are unable to contact your legal counsel prior to having to respond to the search warrant, contact your legal counsel as soon as possible after responding to the search warrant.

  - Immediately notify the Community Nutrition Services Section (CNSS) through your Regional Nutrition Consultant.

  - Carefully review the search warrant for the following: that the warrant has been signed by the clerk of court, magistrate or judge; that the warrant is being executed by the officer within 48 hours of issuance by the clerk, magistrate or judge [a warrant is void if not executed within 48 hours]; and the items/information being sought in the search warrant.

    Note: North Carolina law requires that before entering the premises, the officer executing a search warrant must give appropriate notice of his or her identity and purpose to the person in apparent control of the premises to be searched. Also, before undertaking any search or seizure pursuant to the warrant, the officer must read the warrant and give a copy of the warrant application and affidavit to the person in apparent control of the premises to be searched. The scope of the search may be only such as is authorized by the warrant and is reasonably necessary to discover the items specified in the warrant.

  - Comply with the search warrant, providing only the specific items/information described or designated in the search warrant. The officer must write and sign a receipt that lists the items taken and leave the receipt with the local agency.

  - Inform the officer(s) serving the search warrant that the information being sought is confidential and seek to limit the disclosure by:
    - Providing only the specific information requested in the search warrant and no other information; and
    - Limiting to the greatest extent possible public access to the confidential information disclosed.

Maintain in the file a copy of the search warrant application, affidavit(s), signed receipt for any seized items, and any other documentation pertaining to the search warrant.

Chapter 17
Information Services

Table of Contents

This chapter describes the Information Services Unit's Customer Service Desk procedures related to the Crossroads WIC management information system required to support local agency program activities. It introduces Crossroads setups, user access, Customer Service Desk support, and system security.

Section 1. Basic PC Setup and Crossroads Connectivity Guide.....1
- Crossroads PC Specifications
- Internet Connection Requirements
- Network Bandwidth
- External Static IP Address
- Unsupported Products and Environments
- Add URL to Trusted Sites
- Installation of Hardware
- Connectivity For New Sites, Site Moves, And Other Site Changes

Section 2. Crossroads User Access.....5
- NCID Administration, User IDs, and Passwords
- User Access
- Logging into Crossroads

Section 3. Community Nutrition Services Section Customer Service Desk 7
- Hours of Operations and Method of Contact
- Support Provided

Section 4. System Security 9
- Reporting Security Threats

Section 5. Connecting Remotely to Crossroads .....……11
- Connecting Remotely to Crossroads

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Basic PC Setup and Crossroads Connectivity Guide

Crossroads is the proprietary, web-based management information system (MIS) designed and used for WIC operations including client services and vendor management. Crossroads requires initial setup before it can utilized.

Crossroads PC Specifications

The **minimum** PC specifications recommended for Crossroads compatibility as listed below apply to desktop and laptop computers.

- Operating System: Windows 10 Pro or higher;
- Pentium 4 Dual Core Processor or higher;
- X64 (64 bit) architecture;
- 8 GB Minimum RAM (At least 256 MB of free RAM over the OS and installed Software);
- 20 GB minimum disc space;
- The Standalone version is not browser specific. Edge is required for printing the shopping list.
- .Net Framework v 4.7.2 or later.
  - You may download the latest .Net Framework at: https://dotnet.microsoft.com/download/dotnet-framework/net472
- Adobe Acrobat Reader 8.0 or higher;
- Adobe Flash 10.0 or higher;
- Microsoft Office 2016 or higher for printing reports;
- Graphics Card: dedicated hardware-based processor that supports DirectX 9c or higher with a minimum of 512 MB dedicated to Video RAM;
- Recommended display resolution 1280 by 900 or better;
- USB 2.0 or higher; and
- Desktop should be left at default settings.

Internet Connection Requirements

A slow internet connection impacts application performance. Recognizing this, Crossroads requires a minimum internet connection speed of 10 Megabits per second (Mbps).

Network Bandwidth

Optimum performance in Crossroads requires a minimum bandwidth of 1 Mbsp per user downstream and 256 Kilobits (Kbps) per user upstream.

- Bandwidth: the amount of data that can flow in a given time measured by Kbps.

- Downstream: the rate at which data can be *received* over an internet connection.
- Upstream: the rate at which data can be *sent* over an internet connection

To determine if your site has adequate network bandwidth:

- Consider **all** users on the same network. If sharing the site with other county services and therefore sharing the bandwidth with other web applications, count *all* users on that bandwidth.
- Conduct a speed test at your site.
  - Access this free test that requires no application download or Flash: https://www.bandwidthplace.com/.
  - Results should be a minimum of 1 Mbps per user for the clinic site.
    - Example: if there are 20 users, the speed test should display a minimum of 20 Mbps download and 5.12 Mbps upload speed for the site.

■ **External Static IP Address**

Local agencies connect to Crossroads via an external static internet protocol (IP) address provided by their internet service provider (ISP) that must be added to the Crossroads Cloud firewall. Without this connection, an agency will not be able to access Crossroads.

At the setup of a new site or when a site moves or changes an existing IP address or ISP, local IT support must notify Community Nutrition Services Section (CNSS) Customer Service Desk (CSD) to avoid losing Crossroads connectivity.

■ **Unsupported Products and Environments**

Functionality issues could arise as a result of using devices and environments that are not supported by the State as a platform for Crossroads. Local agencies that choose to use unsupported devices and environments are solely responsible for making them work and supporting them. The following are *not* currently supported by the State:

- Apple/MAC Products
- Tablets
- Microsoft Edge Browser
- Mobile Environments
- Virtual Environments

■ **Add URL to Trusted Sites**

Add the Crossroads Production URL to the trusted sites in Windows: https://crossroads-wic.ncdhhs.gov/app/crossroads.clinic.app.application and download icon to desktop. The following may need to be added to your computer's trusted site list in Windows: https://*.ncdhhs.gov .

■ **Installation of Hardware**

- Document Scanner. Brother Image Center Scanner ADS- 3100 or latest compatible model number.

- Signature Pad. Topaz Signature Pad (https://www.sigpluspro.com/sigplus/index.html).
- eWIC Card Reader. ID TECH MiniMag Magnetic Stripe Reader, plug and play, no drivers are required for setup.
- Report Printer. A report printer must be set as the default printer on each PC workstation for Crossroads to be able to print notices or reports**.**

■ **Connectivity For New Sites, Site Moves, And Other Site Changes**
Local WIC Directors initiate requests through their Regional Nutrition Program Consultant (RNC). The RNC routes approved requests to the CSD. For new or moved site Crossroads connections, allow a minimum of three to five business days from the time of submission of the approved form to the CSD for the connectivity of the new IP address to the State network firewall.

Upon receipt of the approved form, the CSD will:

- Communicate with the local agency IT support to confirm the static external IP address to be added to the Crossroads Cloud firewall; and

- Coordinate shipment of equipment as approved by the RNC, if needed, including:
  - Document Scanners
  - Signature Pads
  - eWIC Card Readers
  - eWIC Card Stock

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Crossroads User Access

Access to the Crossroads system requires an NCID, a password of appropriate length and complexity to meet NCID security requirements, and a role applicable to the work performed in the system.

NCID Administration, User IDs, and Passwords

NCID Administration

WIC Programs administered in Local Health Departments have North Carolina Identity Management "NCID" Administrators that assign User IDs and passwords to local agency staff. The CNSS CSD staff serve as the NCID Administrators for the Contracted local agencies.

User IDs

Crossroads uses the NCID username as the User ID. Your NCID Administrator will provide you with a User ID.

Passwords

The Crossroads system follows NCID password complexity rules with the exception that Crossroads can only accept a password length minimum of 14 and a maximum of 20 characters. Passwords must be changed every 90 days.

User Access

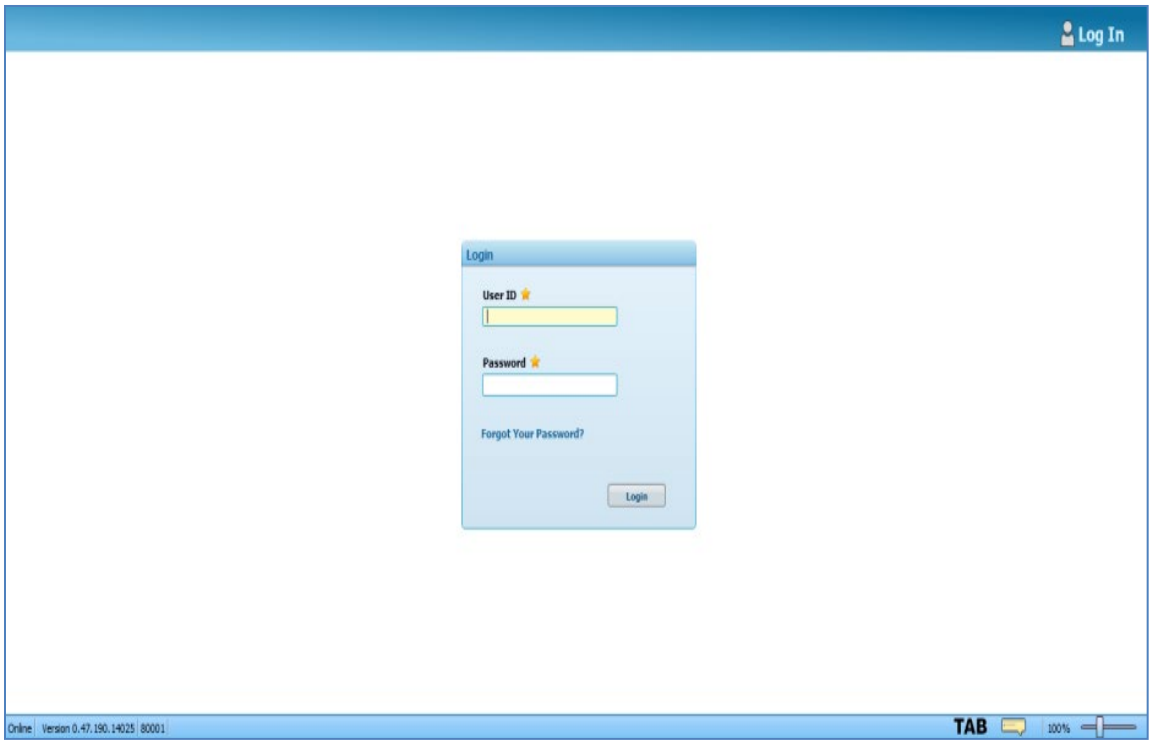
- User Access Request forms are completed for new access, modifications, and deletions, and are sent to the CSD for provisioning.
  - User Access Requests for local agency staff are approved by the WIC Director.
  - User Access Request for a local agency WIC Director is approved by the Local Health Director.
- User Roles are assigned based on the work local agency staff will perform.
- User access security audits are conducted by CNSS annually for state staff and local WIC agencies.
- The Active Authorized User Report with all User IDs authorized to access a clinic's Crossroads data is sent annually to each WIC Director through the Local Health Director. Agencies are requested to review, modify and/or deactivate access as applicable by the requested deadline.

Logging into Crossroads

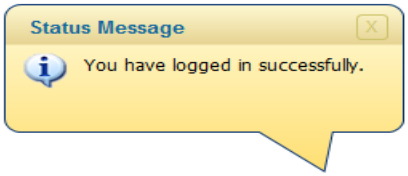
Log In Screen

The Log In screen is the first screen displayed when Crossroads is successfully downloaded from the URL. The Log In screen validates a user's credentials and, if a valid

NCID User ID and password combination is supplied, allows the user to access Crossroads.



- **Successful Log In**
  If the User ID and password values are successfully validated, the system begins loading and a success message is displayed.



Community Nutrition Services Section Customer Service Desk

The Customer Service Desk (CSD) is housed within the Information Services Unit of CNSS. The CSD provides support to end users of the Crossroads system that receive error messages or experience issues with Crossroads functionality. The local agency staff should contact the CSD for assistance with issues they experience with Crossroads processes, or if there is an error message that is not understood.

■ Hours of Operation and Method of Contact

- The CSD days and hours of operation are:
  - Monday through Friday 7:30 am through 5:30 pm

- The CSD can be contacted by any of the following methods:
  - Telephone: 919.707.5795
  - Fax: 984.236.8263
  - Email: CNS.CustomerService@dhhs.nc.gov
  - Mailing address:
    1914 Mail Service Center
    Raleigh, NC 27699-1914

■ Support Provided

- **Crossroads Error Troubleshooting Assistance.** Troubleshooting assistance is available to local agency staff that use the Crossroads system to administer the WIC program.

- **Equipment Review.** CSD provides technical review of requests for new computers, laptops, accessories, and peripherals to ensure Crossroads compatibility.

- **Equipment Inventory Maintenance and Replenishment.** CSD processes requests for document scanners, signature pads, eWIC card readers, and eWIC card stock.

- **User Access.** CSD reviews requests and updates to add, modify or delete Crossroads access.

- **Business Continuity Support.** CSD supports continuation of food benefits issuance when local agencies are unable to access the Crossroads system.

- **Local Network.** The CSD works with local agency staff to the extent possible to enable Crossroads access; however, the CSD cannot resolve technical issues within a local network. It is critical for local agency staff to contact local IT support for assistance with local network issues.
  Note: The CSD cannot assist with interpreting WIC policy or respond to WIC policy questions. Local agency staff should contact their Regional Nutrition Consultants with all policy questions.

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System Security

Local WIC agencies are supported by local IT resources that employ proactive measures to help prevent, respond to and recover from information technology infections that create a threat to system security. Malicious infections are inserted into a system, usually covertly, with the intent of compromising data, applications or operating systems. Infections not only cause adverse impacts to the agencies operations but depending on the breadth of the infection, could propagate to other systems on the State network. Impacted agencies are often advised to disable all ports and services to prevent the spread of the infection.

- **Reporting Security Threats**
  In the event an information technology security threat occurs, the impacted agency should immediately:

  - Notify the CNSS CSD at 919.707.5795.
    - The CSD will gather information and escalate to State technical staff.
    - State technical staff will escalate the incident, as necessary, to the Department of Health and Human Services Privacy and Security Office (DHHS-PSO).

  - If access to Crossroads is not available, the local agency should implement the Business Continuity Plan (Chapter 1, Attachment 5)

  - The CSD will coordinate communications between the agency, State technical staff, and the DHHS-PSO until the agency is cleared to access Crossroads.

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Connecting Remotely to Crossroads

Some local WIC agencies have a need to access Crossroads from locations outside of the clinic site such as from other supporting agencies, mobile clinics, or home offices. Remote access to Crossroads requires a secure connection to the State network firewall and a Static External IP Address. Guidance in this section addresses these requirements for the local WIC agency when connecting remotely to Crossroads.

Connecting Remotely to Crossroads

Setting up and operationalizing remote connections requires coordination, process management and technical support between the local WIC agency, local IT resources, and the CSD.

The local IT resources must identify and approve equipment and infrastructure available for the local agency to ensure a successful connection. Some options for remote connections include:

- Virtual Private Network
  - The User connects with an internet connection through a Virtual Private Network (VPN). This type of connection uses the clinic site's existing static external IP address already approved in the Crossroads Cloud firewall to remotely establish a secure connection to Crossroads.

- MiFi Hotspot
  - The User establishes a secure connection to Crossroads using a MiFi hotspot device with static IP configuration.
    - The device's static IP address would be provided to the CSD, who would request it be added to the Crossroads Cloud firewall.
    - Once the IP address is added to the firewall, users can connect to Crossroads remotely through this device.

The CSD will support local WIC agencies to the extent possible for connecting remotely to Crossroads; however, local WIC agencies must first work with their local IT support to set up and operationalize remote connections.

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