Section: Administration

100-01 Local WIC Agency Staffing

100-02 Local WIC Agency Caseload Management

100-03 Local Agency Program Plan

100-04 Contracts for Nutritional Assessment

100-05 Local Agency Records

100-06 WIC State Office Sponsored Meetings

100-07 Communications

100-08 Continuing Education

100-09 Local Agency Office Hours and Scheduling

100-10 Smoking Policy

100-11 Submission of Local Agency Reports

100-12 Facilities for Homeless Individuals

100-13 Data Reports and Program Improvements

100-14 Documentation of Local Agency Staff review of WIC Numbered Memos

100-15 Local Agency Monitoring and Self-Assessment

100-16 Confidentiality of WIC Applicant and Vendor Information

SECTION: **Administration**

SUBJECT: **Local WIC Agency Staffing**

Federal Regulations: §246.2 definition for CPA; § 246.6 (b) (2); §246.7(e); §246.10(b)(2)(iii); FNS Instruction 804—1 and §246.11(b)(7)(ii)

Nutrition Services Standards: Standards 1-2C., 1-2D., 1-2E, 1-2F and 2B and 2C

POLICY:

Staffing Classifications

Position	Description
Program Coordinator	Each local agency shall employ one full-time (at a minimum 35 hours per week) Program Coordinator who shall be responsible for the overall operation of the local agency. The State WIC office MUST approve any exceptions to full time position in writing.
Program Nutritionist	Each local agency shall employ one full-time (at a minimum 35 hours per week) Program Nutritionist who shall be responsible for the nutrition services component of the local agency. Duties MUST include 50% nutrition services. The State WIC office MUST approve any exceptions to full time position in writing.
Site Nutritionist	This classification includes a Nutritionist other than the Program Nutritionist whose duties include 20% administrative duties.
Nutritionist	This classification includes all nutritionists other than the Program Nutritionist and Site Nutritionist paid for in whole or in part by the Local agency.
Nutrition Aide/Paraprofessional	This classification includes all individuals, other than nutritionists, who are paid for in whole or in part by the Local agency and whose primary responsibility is the provision of paraprofessional nutrition services.
Program Assistant	This classification includes all clerical and secretarial personnel paid for in whole or in part by the Local agency.

The local agency shall notify the State WIC office when a vacancy occurs.

Staffing Qualifications

Program Coordinator *The candidate MUST also meet the requirements of a Nutritionist if the caseload of an agency is less than 2,600 participants. This requirement is waived where the Program Coordinator is less than full-time.	A Master's degree from an institution accredited by a recognized regional accrediting body in public health, health administration, administration, business administration, or health sciences; a bachelor's degree from an institution accredited by a recognized regional accrediting body; preferably with courses in the administrative sciences AND one year of full-time employment planning or administering a program, including supervising personnel; OR a combination of the above experience to include six years of training. A bachelor's degree will count for four years and a master's degree an additional year. Non-supervisory professional level experience in a WIC agency may count for up to

	two years. *Program Coordinator's hired before October 1, 1999 are exempt from meeting these qualifications and shall remain subject to the qualifications in effect at the time they were hired.
Program Nutritionist	A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics with a major in foods and nutrition and one year of responsible experience in nutrition in a health agency or health care facility, OR a bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences and two years of responsible experience in nutrition in a health agency or health care facility. Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a coordinated program, dietetic internship or approved pre-professional practice/AP4 program) or a master's degree in nutrition education can qualify for one year of work experience. Persons with a master's degree in nutrition who do not have a bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level. *Program Nutritionist's hired before October 1, 1999 are exempt from meeting these qualifications and shall remain subject to the qualifications in effect at the time they were hired.
Site Nutritionist	A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics with a major in foods and nutrition and one year of responsible experience in nutrition in a health agency or health care facility, OR a bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences and two years of responsible experience in nutrition in a health agency or health care facility. Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a coordinated program, dietetic internship or approved pre-professional practice/AP4 program) or a master's degree in nutrition education can qualify for one year of work experience. Persons with a master's degree in nutrition who do not have a bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level. *Site Nutritionist's hired before October 1, 1999 are exempt from meeting these qualifications and shall remain subject to the qualifications in effect at the time they were hired
Nutritionist	A bachelor's degree from a four year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences.

Job Descriptions for all positions paid for in whole or in part by the local agency shall be included in the local program plan. Job descriptions shall include but not be limited to the position qualifications and a description of the work performed. For sample job descriptions, see 100-01 Sample Local Agency Job Descriptions.

Staffing Pattern

Each local agency shall strive to maintain an adequate staff level to provide quality nutrition services. Staffing should be periodically assessed to ensure effective delivery of nutrition services across the service area.

Local agencies shall request prior written approval from the State program for all proposed staffing changes.

- Prior to modifying the staffing pattern, submit justification and request for approval to the State WIC Director.
- Keep a copy of the request and the written state decision as part of the official WIC Agency record.

Acting Capacity

The local agency shall appoint an agency staff member to serve temporarily in an acting capacity as Program Coordinator, Program Nutritionist, or Site Nutritionist or if either position is vacated for four week or more. The local agency shall notify the State program in writing of all such appointments expected to last four weeks or more and the qualifications of the appointee. Individuals not meeting the qualifications for the position may not serve in the acting capacity for more than two calendar months unless an extension is requested in writing by the local agency and approved in writing by the State program.

LOCAL WIC PROGRAM COORDINATOR

QUALIFICATIONS:
A Master's degree from an institution accredited by a recognized regional accrediting body in either public health, health administration, administration, business administration, or a health science. A Bachelor's degree from an institution accredited by a recognized regional accrediting body (preferably with courses in the administrative sciences), and one year of full time employment planning or administering a program, including supervising personnel, or any combination of the above experience and training totaling six years. A Bachelor's degree will count for four years and a Master's degree an additional one year. Non-supervisory professional level experience in a WIC Program may be substituted for up to two years.

DESCRIPTION OF WORK:
Responsible for the overall operation of a local WIC Program. Ensures all components of a local WIC Program are carried out in an effective and efficient manner.

***The Program Coordinator MUST spend at least eight (8) hour per month at each permanent site and four (4) hours per quarter at each satellite site.**

Examples of Duties:

- Develops an annual local agency plan and budget in compliance with Federal and State regulations and guidelines, in collaboration with Program and Site Nutritionist and Breastfeeding Coordinator(s) as appropriate.
- Assures that the local program adheres to all Federal and State regulations and guidelines.
- Assures adherence to good fiscal management practices
- Ensures accurate and timely submission of State agency required reports.
- Oversees proper certification of eligible applicants.
- Assures that procedures are in place for individuals to receive or are provided referrals to health services, breastfeeding promotion and support services
- As needed, provides direct WIC Program services to eligible participants.
- Directs and coordinates a referral system with health care providers and other community health and nutrition programs.
- Directs all aspects of the local program component of the food delivery system including:
  - ✓ Distribution of the WIC benefits to participants.
  - ✓ Assurance of safeguards for WIC benefits.
- Assures that procedures are in place, which will maximize the participation of individuals in nutrition education programs offered by the local program.
- Formulates outreach systems to target program services to the neediest individuals.
- Develops criteria for evaluation, conducts evaluation and assessment of program.
- Other duties as assigned.

LOCAL WIC PROGRAM NUTRITIONIST

QUALIFICATIONS:
A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics with a major in foods and nutrition and one year of responsible experience in nutrition in a health agency or health care facility, OR

A Bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences and two years of responsible experience in nutrition in a health agency or health care facility.

Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a Coordinated Program, Dietetic Internship or Approved Pre-Professional Practice/AP4 Program) or a Master's degree in nutrition education can qualify for one year of work experience. Persons with a Master's degree in nutrition who do not have a Bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

DESCRIPTION OF WORK:
Responsible for the nutrition and breastfeeding promotion and support services component of the local WIC Program.
At least 50% of time allocated to the provision of direct nutrition and breastfeeding promotion and support services and no more than 50% dedicated to administrative duties.

***The Program Nutritionist is the WIC service area "nutrition team lead" and must be present at least eight (8) hours per month at each permanent site.**

Examples of Duties:

- Develops the nutrition and breastfeeding promotion and support services component of the annual local agency plan. Ensures compliance with Federal and State regulations and guidelines. Encouraged to work with the Site Nutritionist and/or local agency Breastfeeding Coordinator.
- Participates in the development of the nutrition and breastfeeding promotion and support services budget.
- Implements the nutrition and breastfeeding promotion and support services component of the local agency plan.
- Assures proper certification of eligible applicants.
- As a Competent Professional Authority (CPA) on the staff of the local program, conducts a complete WIC nutrition assessment, determines and documents nutritional risk of WIC participants, as appropriate develops and follow-up on care plans for high-risk participants.

- Is responsible for the appropriate assignment and tailoring of WIC food packages for participants
- Other duties as assigned.

LOCAL WIC SITE NUTRITIONIST

QUALIFICATIONS:

A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics with a major in foods and nutrition and one year of responsible experience in nutrition in a health agency or health care facility, OR

A Bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences and two years of responsible experience in nutrition in a health agency or health care facility.

Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a Coordinated Program, Dietetic Internship or Approved Pre-Professional Practice/AP4 Program) or a master's degree in nutrition education can qualify for one year of work experience. Persons with a Master's degree in nutrition who do not have a bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

DESCRIPTION OF WORK:

Responsible for the nutrition and breastfeeding promotion and support services component for one local agency site, for a local WIC Program with multiple permanent sites.
At least 80% of time allocated to the provision of direct nutrition and breastfeeding promotion and support services and no more than 20% dedicated to administrative duties.

Examples of Duties

- In cooperation with the Program Nutritionist and local agency Breastfeeding Coordinator develops the nutrition and breastfeeding promotion and support services component of the annual local agency plan in compliance with Federal and State regulations and guidelines.
- Participates in the development of the nutrition and breastfeeding promotion and support services budget.
- Implements the nutrition and breastfeeding promotion and support services component of the local agency plan.
- Assures proper certification of eligible applicants.
- As a Competent Professional Authority (CPA) on the staff of the local program, conducts a complete WIC nutrition assessment, determines and documents nutritional risk of WIC participants; as appropriate develops and follows-up on care plans for high-risk participants. Is responsible for appropriate assignment and tailoring of WIC food packages for WIC participants.
- Other duties as assigned

LOCAL WIC NUTRITIONIST

QUALIFICATIONS:
A Bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences. Preferably has credentials of a Registered Dietitian (R.D.) or eligibility with the Academy of Nutrition and Dietetics' Commission on Dietetic Registration; if applicable, has State license or certified as a nutritionist/dietitian **OR**

A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics with a major in foods and nutrition.

Persons with a Master's degree in nutrition who do not have a Bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

DESCRIPTION OF WORK:
Responsible for providing direct nutrition services, including nutrition assessment, education breastfeeding promotion and support and referrals to WIC participants.

Examples of Duties

- As a Competent Professional Authority (CPA) on the staff of the local program, conducts a complete WIC nutrition assessment, determines and documents nutritional risk of WIC participants.
- Is responsible for appropriate food package assignment and tailoring for of WIC participants.
- Assures proper certification of eligible applicants.
- Assists with the implementation of the nutrition and breastfeeding promotion and support component of the local agency plan.
- Assists with meeting State and local objectives.
- Provides nutrition education, counseling and breastfeeding support appropriate to the WIC participant.
- As a Competent Professional Authority (CPA) on the staff of the local program, conducts a complete WIC nutrition assessment, determines and documents nutritional risk of WIC participants as appropriate develops and follow-up on care plans for high-risk participants.
- Is responsible for the appropriate assignment and tailoring of WIC food packages for participants;
- Other duties as assigned.

LOCAL WIC NUTRITION ASSISTANT/AIDE I

QUALIFICATIONS:
Demonstration of the following to the satisfaction of the WIC Program Nutritionist:

- High school diploma or GED equivalency.
- At least one year of experience working in a medical office or performing clerical duties.

AND

- The ability to communicate clearly both orally and in writing
- The ability to establish rapport with individuals and small groups
- Successful completion of WIC paraprofessional training program within one year of appointment to the position.

DESCRIPTION OF WORK:
Provides nutrition education to low-risk child participants and conduct second nutrition education contacts either individually or in a group setting as designed by the Program Nutritionist, e.g. infant groups including Introduction of Solids, children groups (Building Iron Strong Blood, Being Active with your Child, etc.) and prenatal breastfeeding groups as deemed appropriate. Provides WIC Program participant services including scheduling appointments and updating demographic data and responding to calls.

Examples of Duties:
Assists in the certification of WIC applicants by performing the following activities:

- Interviewing to obtain basic demographic data such as name, address, and contact information; verifying identity, residency, and income eligibility by reviewing paperwork presented; entering all data into the Statewide WIC Information System (SWIS).
- Performs follow up phone calls for missed appointments.
- Answers WIC phone, handles calls for requests for general information, rescheduling appointments, lost WIC food benefits, etc. as assigned by local WIC Program Coordinator.
- Performs necessary paperwork, as assigned, including maintaining participant files and accurate documentation.
- May assist in the preparation of materials (e.g., newsletters), visual aids (e.g., bulletin boards or program displays), and activities (e.g., health fairs) in conjunction with other local agency staff.

Provides nutrition care for low-risk children at follow-up, including all aspects of:

- Collects and enters information for the certification process that includes anthropometric and hematological data collection and plot on the appropriate growth chart.
- Provide and document general participant-centered nutrition education including individual/family sessions and facilitated group discussions (low risk participants only).

- Provide and document referrals to health and social service programs and appropriate documentation of follow-up.
- Adequately documents participant contacts to ensure continuity of care, clearly identifying where participants are in the process of change, agreed upon goals and other pertinent information essential for supporting participants.
- Promotes breastfeeding as the normal infant feeding method
- Assists in the preparation of nutrition education materials (e.g. newsletters, pamphlets), visual aids (e.g. bulletin boards, displays) and activities (e.g. classes).
- Attends and participates in all training and continuing education sessions offered by the State WIC Program.
- Other duties as assigned.

LOCAL WIC NUTRITION ASSISTANT/AIDE II

QUALIFICATIONS:
Demonstration of the following to the satisfaction of the WIC Program Nutritionist:

- High school diploma or GED equivalency.
- At least one year of experience working in a medical office. Or at least one year performing the duties of a Nutrition Assistant/Aide I in a local WIC agency.

AND

- The ability to communicate clearly both orally and in writing
- The ability to establish rapport with individuals and small groups
- Successful completion of WIC paraprofessional training program within one year of appointment to the position.

The transition from a NA I to NA II is a promotion opportunity based on both availability of the NA II position and recommendation from the Program Nutritionist and Coordinator.

DESCRIPTION OF WORK:
(Perform all duties of Nutrition Assistant/Aide I)
Responsible for WIC Program participant services including scheduling appointments, updating demographic data and responding to calls. Provide second nutrition education contacts for low-risk child participants (3-5 years of age) in individual or group sessions as designed by the Program Nutritionist, e.g. infant groups including introduction of solids, children groups and prenatal breastfeeding groups as deemed appropriate. Perform nutrition assessment (certification and mid-certification) including diet and health assessment, risk assignment, food package tailoring, nutrition education, documentation and establishing health or nutrition goals with participant. Will work closely with local agency mentor to ensure continued growth occurs in order to meet participant and programmatic needs. Monitoring and coaching will occur on a regular basis.

Examples of Duties:
Assists in the certification of WIC applicants by performing the following activities:

- Interviewing to obtain basic demographic data such as name, address, and contact information; verifying identity, residency, and income eligibility by reviewing paperwork presented; entering all data into the Statewide WIC Information System (SWIS).
- Performs follow up phone calls for missed appointments.
- Answers WIC phone, handles calls for requests for general information, rescheduling appointments, lost WIC benefits, etc. as assigned by local WIC Program Coordinator.
- Performs necessary paperwork, as assigned, including maintaining participant files and accurate documentation.
- May assist in the preparation of materials (e.g., newsletters), visual aids (e.g., bulletin boards or program displays), and activities (e.g., health fairs) in conjunction with other local agency staff.

Provides nutrition care for low-risk children at certification and follow-up, including all aspects of:

- Collection and entering information for the certification process that includes anthropometric and hematological data collection and plotting on the appropriate growth chart.
- Provides and documents general participant-centered nutrition education including individual/family sessions and facilitated group discussions (low risk participants preferably).
- Provides and documents referrals to health and social service programs and appropriate documentation of follow-up.
- Documents participant contacts as outlined in the WIC Nutrition Services Documentation Guidance to ensure continuity of care, including identifying where participants are in the process of change, agreed upon goals and other pertinent information essential for supporting participants.
- Promotes breastfeeding as the normal infant feeding method.
- Assists in the preparation of nutrition education materials (e.g. newsletters, pamphlets), visual aids (e.g. bulletin boards, displays) and activities (e.g. classes).
- Attends and participates in all training and continuing education sessions offered by the State agency.
- Conducts a complete WIC nutrition assessment, to determine program eligibility and prescribe appropriate food packages for low risk children 3-5 years old.
- Prescribes tailors, authorizes and issues food packages that do not require medical documentation (for children 3-5 years old).
- Identifies and refers (yields) participants to Nutritionist when an issue or concern is beyond the established scope of practice.
- Tracks participants' progress and document outcomes.
- Other duties as assigned.

LOCAL WIC PROGRAM ASSISTANT

The classification of WIC Program Assistant includes all clerical and secretarial personnel paid for in whole or in part by the local WIC Program. Program Assistants hired by the WIC Program need to have the ability to communicate clearly orally and in writing in English, and in another language when deemed appropriate. In addition, the ability to perform basic computer and telephone skills is needed.

QUALIFICATIONS:
High school diploma or GED equivalency.

At least one year of experience working in a medical office or performing clerical duties.

Demonstration of the following:

The ability to communicate clearly both orally and in writing in English, and another language when deemed appropriate, and

The ability to establish rapport with individuals

In addition, WIC Program Assistants need to have the ability to perform basic computer and telephone skills, as well as to complete basic clerical tasks.

DESCRIPTION OF WORK:
Assists with providing WIC Program participant services including scheduling appointments and updating demographic data and responding to phone calls.

Examples of Duties:

- Assists in the certification of WIC applicants by performing the following activities: Interviewing to obtain basic demographic data such as name, address, and contact information; verifying identity, residency, and income eligibility by reviewing paperwork presented; entering all data into the Statewide WIC Information System (SWIS).
- Performs follow up phone calls for missed appointments.
- Answers WIC phone, handles calls for requests for general information, rescheduling appointments, lost WIC benefits, etc. as assigned by local WIC Program Coordinator.
- Performs necessary paperwork, as assigned, including maintaining participant files and accurate documentation.
- May assist in the preparation of materials (e.g., newsletters), visual aids (e.g., bulletin boards or program displays), and activities (e.g., health fairs) in conjunction with other local agency staff.
- Other duties as assigned.

SECTION: **Administration**

SUBJECT: **Local agency Caseload Management**

Federal Regulations: §246.7 (e) (3); §246.7 (e) (4); §246.7(f) (1)

Nutrition Services Standards: Standard 20D.

See also: *Finding Balance in WIC Scheduling*

POLICY

The State WIC program assigns a caseload and may direct the local agency to initiate a waiting list, or deny WIC benefits to the lowest priority groups or terminate participants in mid-certification due to funding shortages. Termination shall be used as a last resort.

When the local agency assigned caseload level is reached, continue to enroll any individual who meets the criteria for Priorities I through VI unless notified otherwise in writing by the State agency.

Appointment Reminders

Each Program Coordinator should develop a plan to remind participants of their scheduled appointments. Input from clinic staff should be considered in any caseload management policy. Local agencies currently use the centralized Auto-dialer system for participant reminders calls as one method to reduce the number of no-shows. The daily auto-dialer report can also be used to manage caseload and flag participants that will need a phone number updated at their next clinic visit.

Missed appointments/No-shows

Any scheduled applicant or currently certified participant who does not come to the local agency to be certified or to receive nutrition education and pick-up checks is identified as a “No-show”.

Calculation and Tracking No-show rates

Each Program Coordinator and relevant clinic staff follow the standardized method to calculate and track and baseline no-show/missed appointment rate. Daily tracking of the no-show rate can be a powerful caseload management tool to identify why clients are missing appointments and develop solutions to reduce no-show/missed appointments.

Caseload Levels of Local CT WIC Agencies

Federal Fiscal Year 2016

Local Agency	Assigned Caseload FFY 2015	FFY 2016*
(01) Norwich / New London	3,895	3,591
(02) Bridgeport	6,818	6,735
(05) Hartford	6,862	6,078
(07) New Haven	8,498	8,066
(09) Waterbury / Naugatuck	5,360	5,209
(15) Meriden / Middletown	3,595	3,263
(16) Windham / Putnam	2,047	1,942
(19) Bristol / New Britain	4,812	4,662
(20) Danbury	2,427	2,297
(21) Torrington	1,185	1,059
(23) East Hartford	4,351	4,122
(80) Stamford / Norwalk	4,636	4,788
TOTAL Statewide Caseload:	**54,486**	**51,812**

* Caseload estimates are based on "the highest of: (A) average monthly participation for the previous fiscal year; or, (B) average monthly participation for the last quarter of the previous fiscal year" in accordance with federal regulations (§ 247.21: Caseload assignment).

SECTION: **Administration**

SUBJECT: **Local Agency Program Plan**

Federal Regulations: §246.6

Nutrition Services Standards: Standard 5B & C

POLICY

Each local program shall prepare and have on file an approved current program plan which comprises all sections specified in the local program planning guide. It is expected that all local agency staff will understand their role as it relates to the implementation of the program plan.

The Program Coordinator shall be responsible for the integration of all plan components into a document that clearly represents the local agency work plan.

The Program Nutritionist shall have primary responsibility for the nutrition services sections.

A summary of the *annual WIC participant survey* is required to be included in the Local Agency Plan. It is the expectation that participant feedback be considered when developing annual goals, objectives and strategies.

A sample participant survey which encompasses the program operations and nutrition services components of the Program are appended to this policy. The survey is a total of fifteen questions with space to add several local agency specific questions. If this suggested survey is not used, please attach the survey that is used to the Local Agency Plan submission for state agency context. Please remember to include the number of surveys that were used in the analysis.

Refer to the Local Agency Plan template, developed in 2011 for format and guidance on the plan process.

Submit the Local Agency Program Plan to the State WIC Program by September 30th.

LOCAL PROGRAM PLANNING

Each year and as part of the contract between the State WIC office and each Local WIC Agency, the contractor shall submit a local agency Program Plan. The Local Agency Program Plan provides a road map for achieving results intended and sets the program direction. It should describe in a methodological manner how activities and resources are connected to outcomes. It should be for the development of the evaluation report and updated plan.

Plans should be revisited and adjusted throughout the year in response to continuous feedback and serves as the foundation for the evaluation of the prior year's Program Plan (what results were achieved, what outcomes were attained, what is not working well, what have we learned) **and** an updated needs assessment.

PLANNING PROCESS STEPS

- Take an inventory of problems and issues from various sources by conducting a program and community needs assessment and collecting data; this assessment should re-evaluate current operations (satellite services, certification procedures, hours, staff deployment etc)
- Analyze the various issues that need to be addressed
- Prioritize needs and consider scope, practicality, and resources constraints
- Develop a work plan by establishing goals to address areas of prioritized needs
- Write measurable and specific objectives to support goals
- Organize the establishment of goals and objectives along the following WIC Program areas: Administration, Certification, Nutrition Education, Outreach, Food Delivery, Other areas
- Establish the activities or strategies to reach your program's goals
- Associate responsibilities and time lines for each objective

DATA SOURCES

At a minimum, when making an inventory of needs, consider using the results of:

- Prior annual Evaluation reports findings
- Contractually mandated program outcome and process objectives (April & September)
- Findings from the assessment of program objectives developed in prior Program Plans
- Summary of client satisfaction surveys
- Results from client chart reviews
- Re-evaluation of current operations, other planned QA activities
- Retailers issues
- Staff training
- Findings from monitoring reports and Corrective Action Plan (CAP)
- Other data sources: SWIS reports, Census, HD/Town Profile Report, community health indicators and trends, structural factors etc

Local Agency Plan

Agency Name: Click here to enter agency name.
Person Preparing: Click here to enter your name
Current Fiscal Year: Click here to enter FY.
Date: Click here to enter a date.

Contents

Local Agency Plan....1
Section I: Overview....2
Host agency....2
Local WIC agency....2
Section II: Evaluation of Prior Year's Workplan....3
Section III: Local Agency Developed Objectives – Prior Year....5
Section IV: Needs Assessment....8
Program Needs....8
Staff Needs....8
Participant Needs....8
Community Needs....8
Section V: Resource Allocation....9
Section VI: Local Agency Developed Objectives – Coming Year....11
Section VII: Emergency Preparedness and Emergency Response Planning....15
Section VIII: Wrap Up Statement....15
Section IX: Appendices....15
Glossary....16

Section I: Overview

Purpose: *To provide a narrative picture of the setting in which the local WIC agency operates, highlighting how WIC is embedded in the host agency. Describe what advantages to your participants and staff are conveyed through your partnership with your host agency. This helps to identify the organizational structure for host and local agency, outlining information dissemination and decision making.*

Host agency

- Include host agency organizational chart in this section or attach in Section VI: Appendices, whichever is more appropriate
- Mission of host agency and how the WIC Program contributes to overall organizational goals
- Significant host agency initiatives, community partnerships, formal cooperative agreements

Click here to enter text.

Local WIC agency

- Include local WIC agency organizational chart in this section or attach in Section VI: Appendices, whichever is more appropriate
- Define the functionality of each of the WIC subcontracting agencies/permanent sites
- Include service sites and hours of operation, including satellite location(s)/hours or attach in Section: VI Appendices
- Description of staff: staffing pattern, race/ethnic and language information
- Description of participants: including caseload/enrollment/participation, race/ethnic breakdown
- Discussion of relevant initiatives, trends or data

Click here to enter text.

Section II: Evaluation of Prior Year's Workplan

Purpose: *To provide results of Prior Year's objectives and activities. Did you achieve last year's objectives? Why or why not? Include a discussion of 3 year trends for the following State objectives:* ***low birth weight (LBW), anemia and breastfeeding initiation.*** *Include a general discussion on trends for the remaining State objectives, taking into consideration the revised data reports:* ***first trimester enrollment, appropriate prenatal weight gain, childhood overweight and obesity, and breastfeeding duration at 6 months.*** *Using data currently available, it is expected that local agencies will use 3 quarters of data dating from 10-1-14 through 6-30-15 to report on the 2015 progress. Discussion of progress should provide sufficient detail to determine if selected strategies were or were not implemented/accomplished, if they will be continued, modified or discontinued and if the local agency can determine if the strategy (ies) had an impact on objective data.* ***WIC Nutrition Services Goals:*** *Improve the nutritional and overall health of WIC families in Connecticut. Increase the proportion of WIC-enrolled infants who are breastfed for at least 6 months. Please type in your local agency target for each State Objective whether it is the same or different than the state objective.*

Outreach Process Objective: Increase to 50% the rate of first trimester enrollment of pregnant women.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Nutrition Objective: At least 70% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Nutrition Objective: The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Nutrition Objective: The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Nutrition Objective: At least 65% of infants enrolled in the WIC Program initiate breastfeeding.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Nutrition Outcome Objective: At least 10% of infants enrolled in the WIC Program are breastfed for 6 months or more.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Nutrition Outcome Objective: The prevalence of BMI $\geq$ 85th percentile to < 95th percentile for children 2-5 years does not exceed 10%.

The prevalence rate of BMI $\geq$ 95th percentile for children 2-5 years of age does not exceed 15%.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Section III: Local Agency Developed Objectives – Prior Year

Local Agency Developed Objective 1:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Local Agency Developed Objective 2:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Local Agency Developed Objective 3:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Local Agency Developed Objective 4:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Local Agency Developed Objective 5:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date	Progress

Outreach Activities Log 2015

- **Describe what activities you accomplished this past year. Did your activities yield the results you expected? How can you improve your effectiveness in the coming year? What other measures of success could be considered?**

Date	Outreach activity	Staff attended	Summary of impact/success or discussion of improvements needed

Staff Training Log 2015

- **List and describe what training staff received or participated in over the past year? Was it helpful in meeting either State or local agency developed objectives? What processes were put in place to ensure training programs are sustainable and shared among local agency staff?**

Date	Training topic /Presenter	Staff trained	How did training relate to overall WIC Program goals and objectives? How is the knowledge or content being sustained at the local level?

Section IV: Needs Assessment

Purpose: *To identify and communicate specific needs, barriers and strengths of your various stakeholders (e.g. participants, community, staff and program). How do they impact provision of WIC services? It is expected that this section will be a combination of narrative discussion and data tables to put the data in context for the reader. Include a discussion of the following areas:*

Program Needs	Staff Needs
• State agency monitoring and outstanding issues • Off-Year Self-Evaluation results • Vendor complaints against the agency • Progress in meeting previous year's objectives (evaluation/progress reports	• Chart Audit summary • Peer Review • Performance Evaluation • Staff Survey • Training needs
Participant Needs	**Community Needs**
• Justification of satellite location(s)/hours • State Outcome Objectives • Local Agency Specific Outcome Objectives • Nutrition Services/ Participant Satisfaction Survey • Participant complaints • No-show tracking • Monthly reports • SWIS reports	• Unemployment rate • Prenatal care statistics • Teen birth rate • Low birth weight rate • Infant mortality/morbidity • Distinct population characteristics • Community health indicators

Click here to enter text.

Section V: Resource Allocation

Purpose: *To effectively allocate available resources (time, staff, financial, etc.) to prioritize and plan activities which achieve desired measurable objectives and strategies. Utilize information gathered and identified needs from Section I, II and III to prepare this year's workplan. Incorporate: Standards set for Connecticut WIC Nutrition Services, Breastfeeding Services, and Documentation. Integrate staff training or skill building into WIC services. Employ Quality Assurance measures to ensure adjustment of strategies based on* ***successes and challenges****. This section should primarily be your Workplan, followed by a brief narrative.* ***WIC Nutrition Services Goals:*** *Improve the nutritional and overall health of WIC families in Connecticut. Increase the proportion of WIC enrolled infants who are breastfed for at least six months.*

Workplan:

Outreach Process Objective: Increase to 40% the rate of first trimester enrollment of pregnant women.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Nutrition Outcome Objective: At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.

Note: Appropriate weight gain is based on all four pre-pregnancy BMI categories.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Nutrition Outcome Objective: The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Nutrition Outcome Objective: The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Nutrition Outcome Objective: At least 70% of infants enrolled in the WIC Program initiate breastfeeding.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Nutrition Outcome Objective: At least 50% of infants enrolled in the WIC Program are breastfed for 6 months or more.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Nutrition Outcome Objective: **The prevalence of BMI ≥ 85th percentile to < 95th percentile for children 2-5 years does not exceed 15%.**

The prevalence rate of BMI ≥ 95th percentile for children 2-5 years of age does not exceed 10%.

Local Agency Target - Click here to enter text. **%**

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Section VI: Local Agency Developed Objectives – Coming Year

Purpose: *Please select from the following 7 topic areas to develop local agency specific outcome or process objectives.*

- Nutrition Education Lesson Plans. All local agencies are required to incorporate ReNEW 2.0 Nutrition Education Subcommittee Lesson Plans into the Local agency plan as we are striving for consistent, statewide Individual and Group Education offerings. This requirement can be reflected here, in the Local agency Developed Objectives Section OR integrated as a Workplan Strategy to address a specific Nutrition Outcome Objective.
- Administration, Collaboration, Outreach and Retention
- Customer Service
- Responses to Program Monitoring Corrective Actions
- Increase Compliance with a Federal Mandate
- Staff Training
- Breastfeeding Promotion and Support and Nutrition Education

Add additional objectives as needed.

Local Agency Developed Objective 1:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Local Agency Developed Objective 2:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Local Agency Developed Objective 3:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Local Agency Developed Objective 4:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Local Agency Developed Objective 5:

Problem, Issue or Need	Evaluation Source	Audience	Strategies	Staff involved	Target date

Outreach Activities Plan 2016

- **Describe what outreach activities you plan to accomplish this year? How can you improve on your efforts from last year? How do you plan to measure the impact of your outreach?** (Add additional rows as needed) Please include a discussion of any retention activities your local agency is implementing in 2016.

Date	Planned outreach (i.e. event, organization etc…)	Initials of Designated Staff	Type- e.g. One-time, Short term or Sustainable and Purpose:	Planned Measures to Determine Impact or Success

Staff Training Plan 2016

- **Describe what training your staff plans to attend this year. Why is the training needed? How do you plan to sustain the knowledge, skills or abilities gained for the trainings to improve participant services?** (Add additional rows as needed)

Date	Planned training (i.e. topic, conference)	Staff trained	Purpose	Anticipated *immediate outcomes* and *Plan to sustain* knowledge at local level over time

Workplan Narrative:

- Your narrative should encompass who you are, what you've learned, how you adjust to account for success or challenges. Justify the resource allocation decisions you have made. Acknowledge any identified needs that you have not addressed in your workplan and your rationale.

Click here to enter text.

Section VII: Emergency Preparedness and Emergency (Disaster) Response Planning

Purpose: *Describes local agency efforts regarding Emergency Preparedness and outlines the local agency's Emergency (Disaster) Response Plans*

- Attach completed State agency templates for inclement weather and early closing/late openings and alternate service location agreements in emergency situations.
- Briefly describe how the WIC Program is incorporated into the host and/or subcontracting agencies Emergency Preparedness planning.

Section VIII: Appendices

- **Purpose: To attach documents that need referencing but do not need to be included in the actual written section of the main plan. Examples include:** Contracts/agreements (include agreements with subcontracting agencies)
- Participant satisfaction survey/nutrition education survey
- Examples of tools developed or relevant articles about your local agency
- Additional reference documents/materials as appropriate

Section IX: Wrap-up statement

Purpose: To wrap-up any loose ends, leave staff with final thought or summary of status of your local agency. Elements that can be included:

- Celebrate successes and positive feedback from participants, community partners, etc.
- Highlight unique aspects of your program
- Any lessons learned

Click here to enter text.

Glossary[1][2]

Applicant: A pregnant, breastfeeding, or postpartum woman, infant or child younger than 5 years of age who **has applied to determine eligibility** to receive WIC benefits. Applicants who are eligible for the WIC program become participants. {See also: Enrollment}

Caseload: An estimate of the number of **potentially WIC-eligible** individuals, used for annual planning and budget purposes. This figure is determined by the State agency and is assigned to each of the local WIC programs for the specific geographic area covered.
Caseload planning accounts for the **number of WIC participants that can be supported by a given food grant** amount. Generally, caseload management processing includes the translation of food grant dollars into caseload **estimates**, the collection, and storage of information on caseload allocations to local agencies, and the **tracking of actual participation against assigned caseloads**.
In Connecticut, the State agency calculates local agency caseload annually, based on "closeout" or final participation figures, generally averaging three (3) months' worth of participation numbers (April-May-June). Occasionally modifications to an average are made based on significant seasonal, anticipated, or other trends in the participation numbers (e.g. a 2% increase was added for FFY 2013).

WIC reports that use caseload figures (part of the annual planning process):

- WICP3004 – State Caseload by Clinic Site (not distributed to LAs)

Certification: The implementation of **Federally established WIC eligibility criteria & State and local established procedures to assess and document each applicant's eligibility** (categorical; residential; income, including adjunct or automatic income eligibility; and, nutritional risk) for the Program.

Client: A WIC **participant**. Client is used interchangeably with participant, which is defined in Federal regulations.

Community Outreach: Outreach means the systematic attempt to provide services to the entire WIC eligible community. Community outreach is increasing community awareness and knowledge of WIC services by distributing WIC information to the public, community agencies, and service providers. The purpose of outreach is to bring in applicants to WIC.

[1] USDA, Food & Nutrition Service. Functional Requirements Document for a Model WIC Information System, Appendix B: Glossary of Acronyms & Terms. http://www.fns.usda.gov/apd/FReD-2008/Appendix_B.pdf

[2] Guidance for State Agencies Providing Participant Data: WIC Participant & Program Characteristics 2012 (PC 2012). USDA, Food & Nutrition Service. http://www.fns.usda.gov/wic/PC2012Guidance.pdf

Outreach:

- directs potential participants to apply for WIC
- keeps the community up to date on changes in WIC services, and
- increases and maintains WIC referrals made by community agencies and/or service providers
- increases effectiveness of WIC operations by reducing misconceptions and clarifying WIC's services and processes

***Note*: Outreach activities should be planned with evaluation in mind. Local agencies need to report outreach activities in measurable terms reflecting the number of participants recruited or community contacts made as a result of each activity AND include a reflection on the impact of the outreach and evaluation of staff resources required to accomplish the activity.**

Competent Professional Authority or C.P.A.: A local agency CPA is a Nutritionist or a health care provider (Medical Doctor, Physician's Assistant, Advanced Practice Registered Nurse, Registered Nurse or Registered Dietitian) who is employed by the local agency.

Connecticut WIC Program: Is a network of all WIC program sites in the state, including the State WIC office.

Continuing Education: Includes seminars, conferences, workshops, short courses and relevant subject matter. The previous learning opportunities may also provide CPEU's-Continuing Professional Education Units-required by the American Dietetic Association for registered dietitians and dietetic technicians, registered.

Contract Budget: The budget approved along with the most recent contract amendment.

Department: When the "Department" is referred in documents, it is the State of Connecticut, Department of Public Health. Not to be confused with any local agency health departments.

Enrollee: An applicant who has been **certified as eligible for WIC benefits but** to whom food **benefits have not yet been issued.** [USDA / FNS

WIC reports that use Enrollment figures:

- MWICR507 – WIC Participant Report (a misnomer!)
- MWICR508 – WIC Participant Report Summary (also a misnomer!)
- WICP3003 – Risk Factors

Enrollment: The process of determining eligibility for the WIC Program, and is defined as the number of individuals who have been **certified as eligible** for WIC, **and may or may not have been issued WIC checks**. Enrollment figures will always be higher than participation numbers – typically by about 10%. Enrollment numbers are drawn from the SWIS Participants Table. Enrollment is the process of determining eligibility for the WIC Program. Enrollment is different from participation in that it refers to the totality of individuals who have enrolled to receive WIC benefits. Note: *Enrollment figures will always be higher than participation figures.*

Homeless individual: Is an individual who lacks a fixed and regular nighttime residence. Or is an individual whose primary nighttime residence is:

- A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations,
- An institution that provides a temporary residence for individuals intended to be institutionalized,
- A temporary accommodation in the residence of another individual, not to exceed 365 days, or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Indirect Costs: Costs that are incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. The term "indirect costs" applies to costs of this type originating in the grantee department, as well as those incurred by other departments in supplying goods, services and facilities, to the grantee department.

Local agency: An administrative unit of a health or human service agency, public or private, under contract with the Connecticut Department of Public Health to administer the WIC Program in a designated area of the State.

Networking: Networking serves the same purpose as community outreach and should be tracked and measured for planning purposes.

Nutritionist: An individual who is paid either in whole or in part by the local WIC Program and whose primary responsibility is the provision of nutrition services. This person shall hold a bachelor's or master's degree in clinical nutrition, community nutrition, dietetics, home economics with an emphasis in nutrition, nutritional sciences, or public health nutrition from a four year or post baccalaureate institution, which is accredited by a recognized regional accrediting body.

Migrant Farmworker: An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

Participant: A pregnant woman, breastfeeding woman, postpartum woman, infant, or child, who **is receiving supplemental foods or food instruments (WIC checks)** from the Program, the breastfed infant of a participating breastfeeding woman, and a breastfeeding woman who did not receive supplemental foods or food instruments, but whose infant received supplemental foods or food instruments. [USDA / FNS]

- An active participant is the **same as enrollment** – the terms are interchangeable. It is the count of all participants who have a Status = Active in SWIS at the time of the report. The Active Participant count on the EOD report should be very close to the state-run enrollment reports.

Participation: The **average monthly number** of WIC-eligible persons **that receive food instruments**.

WIC reports that use participation figures (3-month reporting cycle: initial, interim & closeout reports):

- WICP301t & 3001 – Participation by Priority (State Totals & by LA)
- WICP3002 – Racial / Ethnic Participation by LA
- Participation by Town of Residence (summary reports available to LAs)
- Check issuance & redemption reports

Participation is the count of unique (i.e. non-duplicated) individuals who have been certified as eligible for WIC, and were issued WIC checks, with a first-day-to-use during the reporting period, regardless of whether the checks were redeemed or not.

Voided checks are excluded from the participation count; dummy checks (e.g. "Congratulations for breastfeeding") are included. A dummy check is never cashed, but is needed in order to include the person in the participation count. Participation numbers are drawn from the SWIS Checks Table.

Permanent Site: A permanent site, or agency, means an administrative unit of a health or human public service agency, under contract with the Connecticut Department of Public Health or a subcontract with a parent agency, to administer the WIC Program in a designated area of the State.

Physicians' Assistant: An individual certified as a physicians' assistant by the National Committee on Certification of Physicians' Assistants or certified by the state medical certifying authority. They, along with MD's and APRN's, are allowed to write prescriptions in Connecticut, and therefore are also allowed to fill out the medical documentation form.

Outreach Log: An outreach log is a document that lists information about an outreach contact. It usually lists when outreach was conducted, the type of contact, purpose of the contact, materials distributed, and the outcome of the contact in measurable terms.

Satellite Site: A satellite sites are part-time sites administered by the permanent local agency site. Sites are located where participants are concentrated and where WIC services are accessible to populations residing far from the main permanent site.

Service Area: Any office, room or space frequented by the public. It includes all reception areas, waiting rooms, interviewing offices or locations, check distribution areas, and offices and other areas used for certification or nutrition education.

State agency or State office: The administrative lead of the Connecticut WIC Program, based at the Connecticut Department of Public Health.

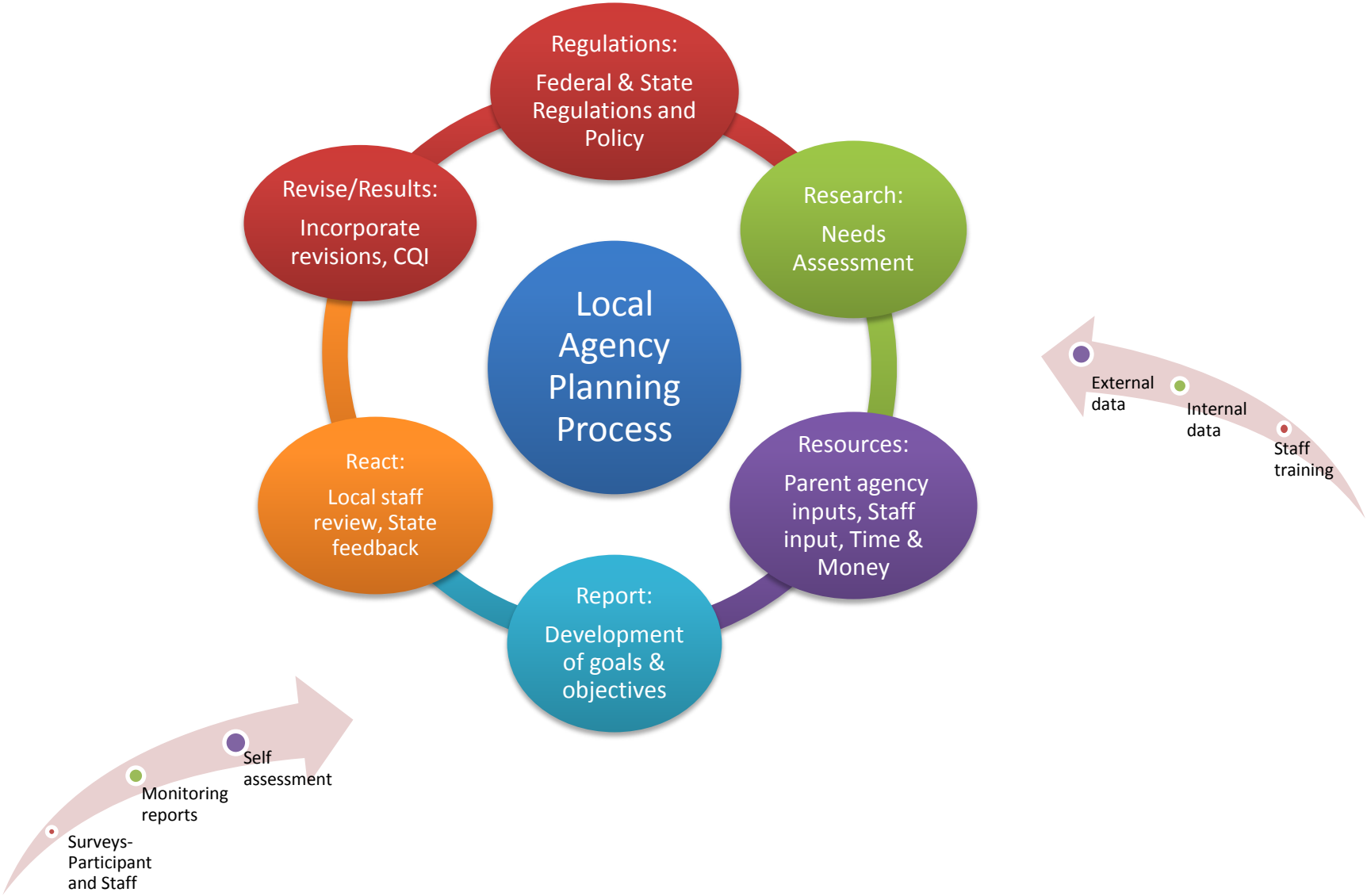
SWIS: The Statewide WIC Information System, which is a system of computer programs, manuals, and reports.

Terms for Status of WIC Checks:

- Issued: a check produced by a local agency and not subsequently voided.
- Redeemed: a check that was presented, processed and paid (not rejected) by the contract bank.
- Voided: an issued check that has been returned, damaged or reported as stolen and subsequently invalidated in the SWIS system or physically stamped "void" on the check. For example, WIC Checks can be "Voided in Hand" or "Voided as Used" etc…

USDA: The United States Department of Agriculture – the DPH WIC Program is administered by the Department of Public Health in accordance with the USDA regulations, 7CFR246.1, through 246.28, as amended.

Connecticut WIC Project ReNEW 2.0



Connecticut WIC Project ReNEW 2.0

Regulations: Educate staff on Federal and State regulations and policies.

Research: Conduct community needs assessment, use available data to formulate goals, objectives and strategies.

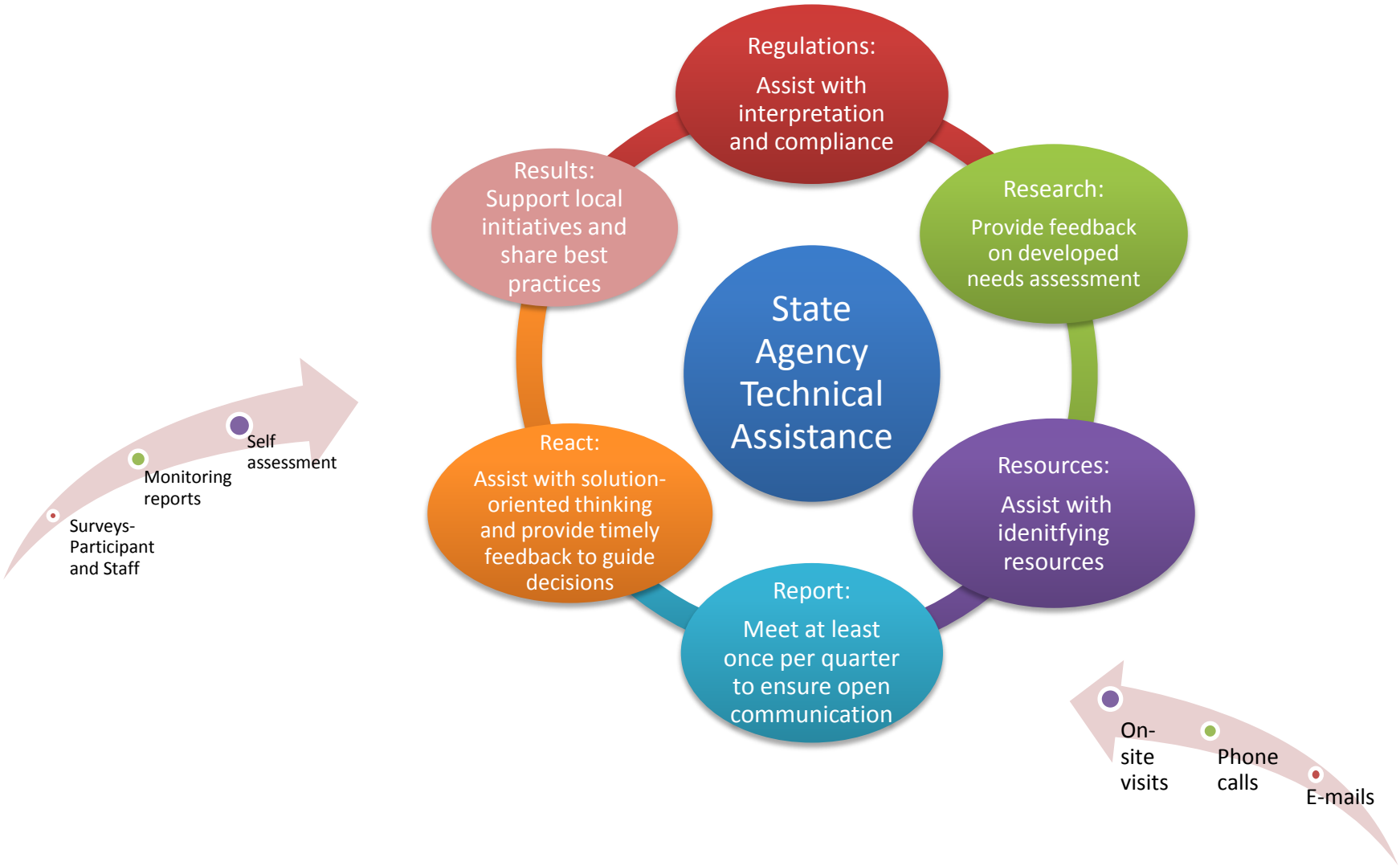
Resources: Evaluate existing resources that are available to the local agency.

Report: Incorporate what you have learned into short and long term plans.

React: Continue to gather feedback and consider successes and/or challenges.

Revise: Incorporate State technical assistance, staff feedback and monitoring reports to improve services.

Connecticut WIC Project ReNEW 2.0



Connecticut WIC Project ReNEW 2.0

The State agency would like to announce the establishment of a *Local agency Liaison.* This the next step in providing quality improvement services to our local program partners.

Four State agency Nutrition Unit staff will be assigned to each of the 12 local agencies as follows:

Marge Chambers: Bridgeport, East Hartford and ACCESS

Caroline Cooke: Hartford, Bristol and Meriden

Marilyn Lonczak: New Haven, TVCCA and Torrington

Maureen Wojtczak: Waterbury, Stamford and Danbury

As a Local Program Coordinator, you can expect your Local agency Liaison to become familiar with your local agencies goals and objectives including recent data trends and monitoring findings

Components of Technical Assistance from Local agency Liaison

A yearly technical assistance site visit to assist with-

- Current LAP review , follow-up on CAP from recent nutrition and program monitoring and discussions on progress of off-year Self Assessments
- Assistance with solution oriented problem solving related to nutrition and program performance objectives.
- Discussion of current CAP progress to build on recent successes
- Opportunity to share best practices and have them disseminated for replication
- Consistent messages from State Nutrition and Program Monitoring , Nutrition and Breastfeeding Units
- Periodic follow-up as needed (E-mail, phone or on-site)

PARTICIPANT SATISFACTION SURVEY
CONNECTICUT WIC PROGRAM

Please answer these questions about your visit to our (can insert name of agency here) WIC Office. Your opinion is important to us. Your comments will help us serve you better. Thank you for your time.

Circle each response: Good

1. How was your visit OVERALL: Very Good Good Fair Poor

Comments: _____

2. How did the WIC staff treat you? Very Good Good Fair Poor

Comments: _____

3. The first time you called the WIC office to make an appointment, did you receive clear instructions? Yes No

Comments: _____

4. Please rate the following:

Site Location:	Very Good	Good	Fair	Poor
Parking:	Very Good	Good	Fair	Poor
Handicapped/Stroller Access:	Very Good	Good	Fair	Poor
Hours:	Very Good	Good	Fair	Poor
Staff:	Very Good	Good	Fair	Poor
Calling the office by phone:	Very Good	Good	Fair	Poor

Comments: _____

5. How long did you wait to be seen today?

□ Less than 10 minutes □ 10-15 minutes □ More than 15 minutes

Tell us when you arrived for today's appointment.

□ Early □ On Time □ Late

6. If you called to reschedule your appointment, how long did you have to wait?

□ 1-3 days □ 4-7 days □ more than 1 week □ Other_____

7. How well were your questions answered by staff? Very Good Good Fair Poor

Turn over for more questions

8. **If you were on WIC when you were pregnant, did you receive information on breastfeeding?** **Yes No**

9. **Has the nutrition information that you received at WIC helped you to make healthier food choices?** **Yes No**

   Comments: _____

   _____

10. **What types of nutrition information are you interested in? Check all that apply.**
    - ☐ Breastfeeding
    - ☐ Starting Solids for Your Baby
    - ☐ Choosing more Vegetables and Fruits
    - ☐ Healthy Recipes with WIC foods
    - ☐ Tips for stretching a household food budget
    - ☐ Returning to Work and Breastfeeding or Pumping
    - ☐ Active Play for Your Kids
    - ☐ How to Lose Weight Safely
    - ☐ How to Navigate the Internet for Nutrition Information
    - ☐ Other _____

11. **How do you prefer WIC nutrition education to be provided?**
    - ☐ Group settings or discussion with other moms or parents
    - ☐ Individual appointments with WIC nutritionist
    - ☐ Cooking demonstrations and recipe tasting
    - ☐ Using technology in the WIC office i.e. interactive web sites, presentations, DVD's
    - ☐ Handouts, brochures or books
    - ☐ Active groups for kids i.e. learning by play
    - ☐ Other _____

12. **Do you have access to the internet?** **Yes No**

    If yes, how often do you use? **Daily Weekly Monthly**

    Do you use e-mail? **Daily Weekly Monthly Don't Use**

13. **Do you have access to text messaging on a cell phone?** **Yes No**

    If yes, could WIC staff contact you through email or text? **Yes No**

14. **Do you use social networking i.e. Facebook or My Space?** **Yes No**

15. **Would you refer others to WIC?** **Yes No**

    If yes, what would you tell them is most helpful about WIC?

    _____

    Please tell us one way we can improve WIC nutrition services.

    _____

Room for local agency specific questions here:

CUESTIONARIO DE SATISFACCION PARA PARTICIPANTES

PROGRAMA WIC DE CONNECTICUT

Por favor conteste las siguientes preguntas en relación a su visita a la oficina WIC. Su opinión es de mucha importancia para nosotros.

Circule cada respuesta: Bueno

1. **En general como fue su visita:** Muy Bueno Bueno Regular Pobre

   Comentarios: _____

2. **¿Como le trató el Personal del Programa WIC?** Muy Bueno Bueno Regular Pobre

   Comentarios: _____

3. **¿ Recibió instrucciones claras la primera vez que llamó a la oficina de WIC para hacer una cita?** Si No

   Comentarios: _____

4. **Por favor califique lo siguiente:**

   Localización de la oficina: Muy Bueno Bueno Regular Pobre

   Estacionamiento: Muy Bueno Bueno Regular Pobre

   Acceso de Impedidos/Acceso para coches de bebés: Muy Bueno Bueno Regular Pobre

   Horario: Muy Bueno Bueno Regular Pobre

   Personal: Muy Bueno Bueno Regular Pobre

   Llamar a la oficina por teléfono: Muy Bueno Bueno Regular Pobre

Comentarios: _____

5. **¿ Cuánto tiempo esperó para ser atendido hoy?**

   ☐ **Menos de 10 minutos** ☐ **10-15 minutos** ☐ **Más de 15 minutos**

   Hoy estuve: ☐ **Temprano** ☐ **A tiempo** ☐ **Tarde para mi cita**

6. **Si llamó para cambiar su cita, ¿cuánto tiempo tuvo que esperar?**

   ☐ **1-3 días** ☐ **4-7 días days** ☐ **más de una semana** ☐ **Otro**_____

7. **¿Con cuánta satisfacción fueron sus preguntas contestadas?**

   Muy Bueno Bueno Regular Pobre

8. Si usted estuvo en el Programa WIC mientras estaba embarazada, recibió información sobre lactancia? Si No

9. La información que recibió en la Oficina WIC, ¿ Le ayudó a seleccionar comidas más saludables? Si No

Comentarios:_____

10. ¿En qué tipo de información sobre nutrición está usted interesado?

- □ Lactancia
- □ Comenzando alimentos sólidos para su bebé
- □ Eligiendo más vegetales y frutas
- □ Recetas saludables con alimentos del Programa WIC
- □ Consejos para estirar sus dólares de alimentos
- □ Volver al trabajo y la lactancia o bombeo
- □ Juego activo para sus hijos
- □ Como bajar de peso sin peligro
- □ Cómo utilizar el Internet para obtener información de nutrición
- □ Otro _____

11. ¿ Cómo le gustaría que el Programa WIC proporcionará información de nutrición?

- □ En secciones de grupos o hablando con otras madres o padres
- □ Folletos, catalogos o libros
- □ Reunión con nutricionistas del Programa WIC
- □ Grupos activos para niños, por ejemplo aprendiendo mientras juega
- □ Demostraciones de comida y probando recetas
- □ Uso de la tecnología en el Programa WIC tales como sitios en el Internet y dvd
- □ Otros _____

12. ¿ Tiene acceso al Internet? Por favor circule. Si No

Si su respuesta es si, ¿Cuán frecuente usa el internet? Diario Semanal Mensual

¿ Usa usted correo electrónico? Diario Semanal Mensual No lo usa

¿Tiene acceso a mensajes de textos en su teléfono celular? Si No

¿Le gustaría que el Programa WIC se comunicara con usted a través de correo electrónic o texto? Si No

13. ¿ Usa usted alguna red cibernética social tales como “Facebook” o “My Space”?

Si No

14. ¿ Referiría a otros al Programa WIC? Si No

Si su respuesta es si, cuál le diría es la mayor ayuda sobre el Programa WIC

_____

15. Si pudiera hacer una sugerencia al Programa WIC ¿Cual sería?

_____

SECTION: Administration

SUBJECT: Contracts for Nutritional Assessment

POLICY

A contract with a competent professional authority (CPA) (not on the staff of the local agency) who is designated by the local agency to determine the nutritional risk status of potential WIC participants shall include, at a minimum, each of the provisions of the "Sample Agreement for Professional Services to the WIC Program". Additional terms shall be included, as necessary, to describe the following:

- How referrals and appointments will be handled.
- If applicable, the amount of, and the manner in which payment shall be made for specified costs.

SAMPLE AGREEMENT
FOR PROFESSIONAL SERVICES TO THE WIC PROGRAM

The_____(Local Agency)_____and the____(Contractor)____hereby enter into an agreement subject to the terms and conditions stated herein and/or attached hereto.

The contractor agrees to:

1. Inform all potentially eligible women, infants and children, or their parents or caretakers, of the services provided by the WIC Program and how to apply for benefits.

2. Assess and document the nutritional status of each individual who is interested in applying for WIC benefits, using the guidelines delineated in Attachment 1, and the criteria and standards delineated in Attachment 2. Meet applicable Occupational Safety and Health Administration (OSHA) regulations, including needle stick safety rules.

3. Ensure that the nutritional risk determination is performed and documented by a Competent Professional Authority (CPA), as defined in Attachment 1, who shall also verify by his or her signature, that the woman, infant or child was presented in person.

4. Maintain a National Center for Health Statistics (NCHS) pediatric growth chart in each infant's and child's medical file and establish procedures to ensure that authorized local agency staff have access to the growth chart and other information that is pertinent to the individual's nutritional status.

5. Designate an individual to oversee services to WIC eligible clients, and to participate with the Local Agency in the establishment of formal communication and quality assurance systems, to include training and evaluation. Conduct the necessary follow-up activities to ensure the continuity of health care for WIC clients and transmittal of information for the purpose of WIC certification in a timely manner.

6. Ensure that in the performance of this agreement, the contract will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, national origin, sex or handicap.

7. Allow observation of the nutritional assessment process and access to all pertinent medical files, records and reports by officials of the local agency, the State of Connecticut Department of Public Health and the U.S. Department of Agriculture for the purpose of ensuring that the terms of this agreement are being met.

The local agency agrees to provide initial and annual training, and all necessary certification forms, criteria and standards for participation in the WIC Program. Final determination of the client's eligibility will be completed by a local agency CPA. The local agency shall also be responsible for food package issuance, nutrition education, and referrals.

This agreement shall be in effect from _____to_____

Signature_____ Signature_____

Title _____ Title _____

Date _____ Date _____

SECTION: Administration

SUBJECT: Local Agency Record Keeping

Federal Regulations: §246.6 and § 246.25 and **State Regulation:** 19a-59c-4.

POLICY

Each local agency shall maintain full and complete records of the following:

- Certification
- Civil rights
- Fair hearings
- Financial management
- Food delivery
- Nutrition education
- Outreach
- Vendor

Records shall be retained for a minimum of three years following the submission of the final expenditure report for the period to which the reports pertain*.

All records (except medical records unless they are the only source of certification data) shall be available for inspection by authorized WIC program and Department of Public Health agents during normal business hours.

Destruction of Confidential Files

Confidential files will be retained in accordance with 7CFR 246.25 and destroyed in accordance with State Regulation 19a-59c-4.

Municipal government agencies-permission to destroy public records of municipal government Agencies must be obtained through the Connecticut state library, public records administrator. Permission, if granted, will be in writing by a procedure adopted by that office pursuant to CGS 7-109 and 11-8. Retain a copy of the written request and the Public Records Administration approval to destroy records on file.

Private non-profit agencies shall comply with their host agency policy for the destruction of confidential files. A copy of the request and approval must be maintained in the local agency file for DPH agents.

*The State agency reserves the right to require longer retention for the resolution of an audit or any litigation.

SECTION: Administration

SUBJECT: State Office Sponsored Meetings

POLICY

Each local agency Program Coordinator and Program Nutritionist shall attend the quarterly State WIC Office sponsored meetings. Each local nutritionist shall attend the quarterly State Office sponsored meetings when attendance is mandatory. Program assistants and clerical staff shall also attend when attendance is mandatory. There are usually two meetings per year in which ALL local agency staff are required to attend.

Notice of the scheduled quarterly State Office sponsored meetings will be sent via State WIC Office numbered memos for each fiscal year.

In the event that the Program Coordinator or Program Nutritionist cannot attend a meeting, the local agency shall send an appropriate authorized representative.

In addition to the authorized representative, the Program Coordinator may request approval from the State WIC office to send additional staff.

Continuing education credits will be offered for State WIC Office sponsored nutrition meetings and workshops through the American Dietetic Association (ADA) for Registered Dietitians when appropriate. Attendance will be recorded by those present on an attendance roster.

New Local Agency Staff Orientation

The State WIC Office holds an orientation twice per year (April and October) for new local agency staff. It is required that newly hired local staff attend the State Office orientation. The State Office will contact Program Coordinators regarding attendees, details, agenda and directions in advance of the bi-annual trainings.

SECTION: Administration

SUBJECT: Communications

POLICY

Local agency staff shall communicate via State WIC Office established email account unless otherwise notified of an alternate email business account.

All Program Coordinators shall schedule periodic staff meetings to ensure appropriate and timely dissemination of information i.e. State WIC Office numbered memos or State updates.

Schedule, agenda and/or minutes of staff meetings should be made available to Department of Public Health agents upon request.

State of Connecticut-Department of Public Health
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
WIC Local Agency Staff Meeting Schedules FFY2014

Agency	Frequency of Staff Meetings			Day	Time Allotted
	Monthly	Quarterly	Other		
ACCESS			weekly	Tuesdays	8:15-9:00 a.m.
Day Kimball	x			1st Monday	8:00-9:00 a.m.
ACCESS & Day Kimball		x		1st Tuesday (alternate locations)	9:00-12:00 p.m.
Optimus Health Care-SW	x	x		3rd Thursday	8:30-11:00 a.m.
Bristol	x			1st Wednesday	8:30-10:30 a.m.
New Britain	x			1st Thursday	8:30-10:30 a.m.
Bristol & New Britain		x		5th Tuesday	8:30-10:30 a.m.
Danbury	x			2nd or 4th Tuesday	8:00-11:00 a.m.
East Hartford	x			2nd Thursday *Nutritionists meet every other month for two hours	Rotate times 8:00-10:00 a.m./8:00 a.m.-12:00 p.m.
Burgdorf & Santa Marquez	x			4th Tuesday-except for 11/20/12 & 12/18/12)	2:30 -5:30 p.m.
Meriden & Middletown			bi-weekly	Tuesdays (Nutrition Staff ONLY)	10:00-11:00 a.m.
Hospital of St. Raphael	x			Friday	8:30-9:30 a.m.
Fair Haven		x	Or earlier if needed	Friday	9:30-10:30 a.m.
Hill Health	x			Tuesdays	2-3 hours/times vary
Yale New-Haven Hospital			weekly	Tuesdays	8:30-9:30 a.m.
Stamford	x			2nd or 3rd Tuesday	9:00-10:00 a.m.
Norwalk	x			2nd or 3rd Wednesday	9:00-10:00 a.m.
Stamford & Norwalk			bi-monthly	2nd or 3rd Tuesday	9:00-10:00 a.m.
TVCCA-Norwich			weekly	Tuesdays	8:30-9:00 a.m.

State of Connecticut-Department of Public Health
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
WIC Local Agency Staff Meeting Schedules FFY2014

Agency	Frequency of Staff Meetings			Day	Time Allotted
	Monthly	Quarterly	Other		
TVCCA-New London			weekly	Mondays	8:30-9:00 a.m.
Norwich & New London	x			Last Tuesday except Nov.	8:30-11:30 a.m.
Torrington-Family Strides	x			3rd Thursday	9:30-11:30 a.m.
Waterbury/NVHD-Seymour	x			3rd Wednesday	8:30-11:30 a.m.

SECTION: Administration

SUBJECT: Continuing Education

POLICY

The department reserves the right to require that continuing education be approved in advance.

WIC funds may not be used for college or graduate school tuition or expenses. Continuing education costs must be documented and comply with local agency policies.

The following items must be documented:

- Name and title of staff person
- Justification
- Date of program
- Title of program
- Location of program
- Total cost including fees

Retain a copy of the continuing education expense report.

SECTION: Administration

SUBJECT: Local Agency Office Hours and Scheduling

Federal Regulations: §246.7 (b) (4) and (5)

Nutrition Services Standards: 20

See also: *Finding Balance in WIC Scheduling*

POLICY

Local agency office regular/extended/weekend hours shall be posted at the entrance and in the WIC service area at all times.

Local WIC agencies shall remain open continuously and available for full service during regular business hours for five full working days a week, unless granted a waiver by the State WIC office because of inadequate staffing.

Any local agency that is going to be closed on any day that is not a State holiday must notify the State WIC office beforehand. E-mail notice is preferred to Carol.Castro@ct.gov. The date, reason, and any available coverage must be included in the notice.

Satellite clinics should remain open continuously and available for full service during scheduled satellite hours as staffing allows.

To ensure program access, scheduling accommodations i.e. evening/Saturday extended hours shall be made available for applicants/participants who are employed, live in rural areas, students or any other individual who requests a convenient appointment.

SECTION: Administration

SUBJECT: Smoking Policy

Federal Regulations: §246.6 (b)(4)

POLICY

Each local agency shall have an announced public policy against smoking in any area where WIC program functions are preformed. This includes satellite sites where WIC services are provided on a part-time basis. These sites must prohibit smoking during the times WIC is operating.

The Connecticut WIC program will not allocate any administrative monies to local agencies if smoking is allowed within the space used to perform program functions.

SECTION: Administration

SUBJECT: Submission of Local Agency reports

Federal Regulations: §246.6; § 246.13 (j) and §246.25 (b)(1)(ii)

POLICY

Submissions to the State WIC office are due as follows:

Report	Due Date
Audit report, prior fiscal year	Within 30 days of acceptance
Local agency Budget	June 1 of each fiscal year
Cost Accounting Time Studies	Quarterly
Local Program Plan/Evaluation report (Including outreach report and annual participant survey results	September 30th of each fiscal year
Expenditure report (Forms 1-B and 1-C)	20th of each month
Formula inventory reconciliation form	Monthly
Formula Return form	As soon as damaged formula is received or determined to expire in next four months
Unneeded Special formula form	As soon as it is determined that is no longer needed i.e. no-show, change of formula

Department of Public Health

CONTRACTOR FINANCIAL REPORTING GUIDELINES

TABLE OF CONTENTS

I. Cash Management System

II. Contractor Expenditure Reporting Guidelines

III. Subcontractor Reporting Guidelines

IV. Budget Revision Requests

V. Audit Information

FORMS:

- PH111 Bi-Monthly Cash Management Report
- Expenditure Report
- Salary Detail
- Subcontractor Reporting
- Equipment Report
- Budget Revision

Please note: All of the forms can be retyped using the contractor's software as long as the format remains the same.

I. Cash Management System

1. All contractors (subgrantees) awarded DPH prepayment grants that include $200,000 or more budgeted per year in federal funds, or when required by DPH, must submit bi-monthly cash needs statements to the DPH using the PH111 Bi-Monthly Cash Management Report form. Receipt of the PH111 will allow the DPH to effectively monitor the actual cash balances of its subgrantees prior to issuing payments subsequent to the initial contract payment. This prerequisite is pursuant to 45CFR92.20(b)(7) of the Code of Federal Regulations which requires that grantees (in this case, DPH) must monitor cash draw downs by their subgrantee to assure that they conform substantially to the same standards of timing and amount as apply to advances to the grantees. In addition, 45CFR92.21(c) provides that subgrantees shall be paid in advance, provided they demonstrate the ability to minimize the time elapsing between the transfer of funds and the subsequent disbursement.

2. Contractors shall submit the PH111 to the DPH in addition to any contractually required expenditure reports. The PH111 is due to the DPH by the 1st of the month preceding the payment date. For example, if the contract period is July 1 – June 30:

PH111 for the Period:	PH111 Due Date:	Payment Date:
July 1 – August 30	June 1	July 1
September 1 – October 31	August 1	September 1
November 1 – December 31	October 1	November 1
January 1 – February 28	December 1	January 1
March 1 – April 30	February 1	March 1
May 1 – June 30	April 1	May 1

3. Contract payments are made on a bi-monthly basis, or as indicated in the payment schedule, and are calculated using cumulative actual and projected data as reported by the subgrantee. The initial payment on a prepayment contract is equal to the projected cash needs reported on the PH111, not to exceed the scheduled maximum payment amount. Subsequent bi-monthly payments are equal to the PH111 cumulative actual reported expenditures plus projections of additional funds needed through the end of the requested period less any prior payments, not to exceed the scheduled maximum payment amount.

4. The expenditures reported on the PH111 should be those that appear on the last expenditure report submitted to DPH.

5. The periodic projections should only include expected expenditures beginning on the date of the last submitted expenditure report and through the last date of the reporting period fro which funds are being requested and should be estimated as accurately as possible. The contractor's estimations should be based upon documentation including but not limited to purchase orders, employee schedules with estimated salary needs, contracts for professional services, rental fee schedules, etc. The amount reported on the PH111 should reflect the amount of total projected cash outlay, not the incurrence of a liability. For example, if educational materials are ordered in July for delivery in September, and the payment will not be made until after delivery, the projected cash disbursement would be included on the PH111 covering cash needs for the period including September, not July.

6. Except in the case where the funding source is non lapsing funds each contract year is accounted for separately. Therefore the PH111 for the period beginning the second, and

each subsequent contract budget year must begin with an indication of no reported expenditures and only include projected cash needs for the first two month period of the new financial reporting period. Also the final PH111 for any budget year must close out that reporting period. Neither funds nor accounting can span multiple years.

7. Signed original PH111 should be submitted to the DPH program contact with a copy submitted to DPH Contracts and Grants Management Section at:

Contracts and Grants Management Section, MS #13GCT
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308
FAX: (860) 509-8210

The remainder of this page intentionally left blank

PH111 Bi-Monthly Cash Management Report

(Cash Needs Statement)

CONTRACTOR: _____ **Contract Log #:** _____

Contract Period: _____

(First day of Contract Budget Period to Last Day of Contract Budget Period):

Current Year Contract Award: _____

Column 1	Column 2	Column 3	Column 4 **(Total of Column 2 & 3)**		Column 5	Column 6 **(Column 4 minus Column 5)**
Program	**Expenditures reported as of last expenditure report for period ending: _____**	**Projected Cash Needs from end date of expenditure report in Column 2 through period ending: _____**	**Cumulative Cash Required Through End of Request Period Identified in Column 3**		**Less Amt Paid to Date** (Note: this amount will be reduced by DPH for any payments in process but not received as of report date)	**Requested Payment Amount** (This cannot exceed maximum payment amount indicated in contract except where previous payments were reduced)
1:	$	$	$		$	$
2:	$	$	$		$	$
3:	$	$	$		$	$
4:	$	$	$		$	$

CERTIFICATION: I hereby certify that the data contained herein are correct to the best of my knowledge and that projected expenditures will be made for the purpose of, and in accordance with applicable contract terms/conditions and the authorized budget.

Project Director's Signature	Title	Date	Financial Officer's Signature	Title	Date
Printed/Typed Name			Printed/Typed Name		

II. Contractor Expenditure Reporting Guidelines

1. There are terms in the contract that state that financial expenditure reports and subcontractor reports are due on a periodic basis. Most contracts require contractors to submit reports to the State of Connecticut Department of Public Health's (DPH) program contact or the Contracts and Grants Management Section (CGMS) 30 days after the end of the quarter, except for the final report due 60 days after the end of the contract period.

2. Refer to your contract for exact reporting periods and the respective due dates. Expenditures shall be reported for the current period and cumulatively.

3. **Multiple Budgets:** When contracts include more than one **program** (such as a contract which includes a Genetics Program as well as a Sickle Cell Program and **not** a contract that has the same program conducted at two or more different sites such as a contract for a Genetics Program conducted at locations in New Haven and Hartford), funds provided for each program must be kept separate and can not be commingled. Budgeting, accounting, reporting and final contract settlement shall be by program.

4. The contractor must submit expenditure reports on a timely basis. If there is to be an unavoidable delay in submitting a report, the contractor should notify the program contact and CGMS and explain the reason for the delay. A date should also be stated to let the DPH know when they may expect the report.

5. If no program activities are conducted or if no money is spent during any given quarter or report period, the financial expenditure report(s) must still be submitted stating such.

6. Financial reports are due as specified in your contract. Please submit an original and 2 copies. The final cumulative report is due to the State of Connecticut Department of Public Health no later than 60 days after the end of the contract period. A report that shows unpaid obligations will not be considered final until all unpaid obligations are paid.

a. Instructions for Preparing the Financial Expenditure Report:

The "Budget Line Items" column should list line items exactly as they appear on the approved budget that was in effect at the end of the report period. For personnel line items, list both position/title and the name of the individual filling that position.

If more than one person fills a position, the amount paid to each must be detailed. This detail may be provided directly on the expenditure report form (list position, names of individuals and amount paid to each individual) or you may use the Salary Detail Sheet provided in this packet (see page 7).

i. Column 1

"Award"- contract line items as per approved budget in effect at the end of the report period.

ii. Column 2

"Period # Expenses"- amounts actually disbursed in each report period per budgeted line items.

iii. Column 3

"Expenses to Date"-- total amounts actually disbursed in the report period and prior report periods as defined by the contract.

iv. Column 4

"Total Unpaid Obligations"-- Items purchased, contracted for, or ordered prior to the expiration of the contract, for which moneys have not been disbursed.

v. Column 5

"Total Obligations and Expenditures"- add columns 3 and 4.

vi. Column 6

"Balance Remaining"-- subtract column 5 from column 1.

vii. TOTAL

Total all columns down and check arithmetic. The total "Balance Remaining" column is determined by subtracting the "Total Obligations and Expenditures" from the "Award" column.

b. If any obligations remain unpaid when the 4th quarter report is due, the 4th quarter report must be submitted with a letter explaining when a final expenditure report will be submitted showing that all obligations have been paid. When all of the outstanding obligations have been paid the final report must be submitted.

c. The financial officer followed by the project director (or the person responsible for contract compliance) must sign and date the financial report. The financial officer is generally the Treasurer of the corporation, the controller, or some other designated official who is responsible for the funds. Financial reports require two signatures. An original and one copy of the signed expenditure report must be submitted.

d. If matching contractor funds are required to be shown, or if the contractor wants to show use of their funds, then separate forms can be used, e.g., one for contract funds, a second for matching contract funds and a third totaling the first two separate expenditure reports.

7. **Equipment**: Title to equipment purchased with DPH funding remains the sole property of the DPH and must be returned to the DPH upon determination by the DPH that the use of such equipment by the contractor is no longer required. Equipment is defined as having a useful life of more than one year and a cost of $5,000 or more. Contractors are required to complete and submit the DPH's Equipment Report form at the end of the contract period (See form on page 8).

8. **Refunds:** The CGMS shall review the contractor's final expenditure report to ensure the accuracy of all calculations. DPH Program staff must approve spending and/or overspending of funds. A letter shall be sent from the CGMS to the contractor requesting the return of funds if it is determined that a refund is due back to the DPH.

State of Connecticut – Department of Public Health	**FINANCIAL EXPENDITURE REPORT FORM**
CONTRACTOR:	Contract Log #
	Reporting Period:
FINAL REPORT ☐No ☐Yes	Contract Period:
PROGRAM:	

Budget Line Items	(1)	(2a)	(2b)	(2c)	(2d)	(3)	(4)	(5)	(6)
	Award	Period 1 Expense	Period 2 Expense	Period 3 Expense	Period 4 Expense	Expenses To Date	Unpaid Obligations	Total Obligations & Expenses	Balance Remaining
TOTAL									

CERTIFICATION: I certify that the above data is correct, based on an official accounting system and records, consistently applied and maintained, and that expenditures shown have been made for the purpose of, and in accordance with applicable contract terms and conditions.

Project Director's Signature _____ Title _____ Date _____

Printed/Typed Name _____

Financial Officer's Signature _____ Title _____ Date _____

Printed/Typed Name _____

Department of Public Health
Expenditure Report

Salary Detail Sheet

Contractor: Contract Log #:

Report Period: Contract Period:

Program:

Employee Name	Job Title	Date Started/ Date Ended	Current Expenditure	TOTAL

Department of Public Health

***EQUIPMENT REPORT FORM**

Contractor Name: Contract Log #:

Contract Period:

Date Of Purchase	Quantity	Description (Include Serial #, if Appropriate)	Vendor	Cost (Include Freight Cost)	Identification Number	Location of Equipment

*Equipment is defined as having a unit cost of $5,000 or more and a useful life of more than one year.

III. Subcontractor Reporting Guidelines

The contractor shall provide quarterly reports of subcontractor activities and expenditures in the form approved by the State of Connecticut Department of Public Health. For each subcontractor providing services, subcontractor reports shall provide the following information on the **Subcontractor Financial Expenditure Report** Forms that are included in this packet.

1. Contractor name.

2. DPH contract log number.

3. Contract period.

4. Subcontractor name.

5. Report of Subcontractor expenditures in line item detail as on the approved subcontractor budget.

6. For personnel line items, list both name and position/title.

7. Dated signature of subcontractor's Project Director or Coordinator.

8. Dated signature of contractor's Financial Officer and Program Director indicating contractor review and approval of the subcontractor expenditures as reported.

SUBCONTRACTOR FINANCIAL EXPENDITURE REPORT FORM	
CONTRACTOR:	Contract Log #
SUBCONTRACTOR:	Reporting Period:
FINAL REPORT ☐No ☐Yes	Contract Period:
PROGRAM:	

Budget Line Items	(1)	(2a)	(2b)	(2c)	(2d)	(3)	(4)	(5)	(6)
	Award	Period 1 Expense	Period 2 Expense	Period 3 Expense	Period 4 Expense	Expenses To Date	Unpaid Obligations	Total Obligations & Expenses	Balance Remaining
TOTAL									

CERTIFICATION: I certify that the above data is correct, based on an official accounting system and records, consistently applied and maintained, and that expenditures shown have been made for the purpose of, and in accordance with applicable contract terms and conditions.

Subcontractor Project Director's Signature Printed/Typed Name Title Date

Financial Officer's Signature Printed/Typed Name Title Date

Project Director's Signature Printed/Typed Name Title

IV. Budget Revisions Requests

Pursuant to contract agreement, the contractor agrees to expend funds in accordance with the approved budget provided in the current contract. All expenditures that exceed a budget line item by more than 10%, or $100, whichever is greater must be approved in writing by the DPH. Budget revisions must be submitted and approved prior to changing the budget. The following process must be used when requesting a budget revision:

1. The contractor shall discuss the proposed changes and justifications with the DPH Program contact person, arriving at agreement of the proposed revisions before submitting a written budget revision request and justification.

2. The contractor shall submit the following information to the DPH Program contact person or the CGMS Staff Person assigned to the Contract at:

Department of Public Health
Grants and Contracts Management Section, MS#13GCT
P.O. Box 340308, 410 Capitol Avenue
Hartford, CT 06134-0308

a. A brief written request for the proposed changes and justification

b. A Budget Revision Request Form including the following:

i. Contractor Name
ii. Contract Log #
iii. Contract Period
iv. Budget Period
v. Contract Budget Line Items
vi. Approved Amount
vii. Change +/-
viii. Revised Amount
ix. Line Item Justification

Note: List **ALL** as they appear in the original budget or your last approved budget revision request including amount to be transferred from one line item to another and if appropriate, Rate of Pay Revisions. All budget line items should be reported on this form whether a revision on the line item amount is being requested or not.

3. Upon approval of the budget revision request, a copy of the approved budget revision request form will be forwarded to you. If the proposed budget revision request is denied, DPH program staff will send a written response explaining denial.

4. Contractors are responsible for insuring that future expenditure reports reflect the new budget line item amounts.

5. **PLEASE NOTE:** A Request for a Budget Revision must occur within the stated contract period. The request must be received at least (6) weeks before the end of the contract period in order to allow sufficient time for approval and processing.

DEPARTMENT OF PUBLIC HEALTH
Contracts and Grants Management Section

BUDGET REVISION REQUEST

Contractor/Agency Name: **Contract Log #:**

Contract Period:
Budget Period:

Program:

Budget Line Items	Approved Amounts	Change (+ or -)	Revised Amounts	Justification
Total				

Requested by (contractor)

Name & Title **Signature** **Date**

Reviewed by (CGMS)

Name & Title **Signature** **Date**

Approved by (DPH Program)

Name & Title **Signature** **Date**

If additional space is needed, use additional budget revision request forms.

BUDGET REVISION REQUEST
SAMPLE

Budget Line Items	Approved Amount	Change (+ or -)	Revised Amount	Justification
Personnel				
- Ed. Coordinator	24,000.00	-0-	24,000.00	
- Fringe Benefits	6,000.00	-0-	6,000.00	
- Outreach Educ.	18,000.00	-2,200.00	15,800.00	Position vacant for one month.
- Fringe Benefits	4,500.00	-550.00	3,950.00	
Supplies				
- Printing	1,500.00	500.00	2,000.00	Increase in printing costs to print additional local brochures and pamphlets.
- Postage	500.00	-0-	500.00	
Training Materials	500.00	750.00	1,250.00	Increase to provide materials for medical update training held in March 1992.
Advertising	-0-	1,500.00	1,500.00	Addition of advertising line item to cover costs of advertising HIV services through local radio stations, newspaper, and business publications.
Total	55,000.00		55,000.00	

V. Audit Information

1. Contractors of the DPH are required to submit one (1) complete copy of their audited financial statements in accordance with the requirements of the State Single Audit Act (C.G.S. Sec. 4-230 to 4-236) to the Department not later than 180 days after the end of their fiscal year.

2. The applicant agency is required to advise the independent auditor retained by the agency of the requirements of the State Single Audit Act (C.G.S. Sec. 4-230 to 4-236).

3. All financial statements provided should be bound original copies, photocopies or incomplete copies are not acceptable. The audited financial statements that you provide must include your agency-wide General Purpose Financial Statements as well as any of the following which may be applicable to your agency:

- **a.** Audit of DPH grants
- **b.** State Single Audit
- **c.** Audits of Federal Financial Assistance conducted in accordance with OMB Circular A133
- **d.** Auditor's Report on Internal Control
- **e.** Letter to Management Regarding Internal Control or Compliance
- **f.** Your Agency's Plan of Corrective Action

4. Questions Regarding Audits may be directed to:

Mary Fuller
Administration Branch
Department of Public Health
(860) 509-7225

5. All audits and related documents are to be submitted (no later than 180 days after the close of your agency's fiscal year) to:

Mary Fuller
Department of Public Health
410 Capitol Avenue, MS# 13FIS
PO Box 340308
Hartford, CT 06134-0308

6. In addition, a copy must be submitted to:

Office of Policy and Management
Municipal Finance Services Unit
450 Capitol Avenue, MS# 54MFS
PO Box 341441
Hartford, CT 06134-1441

Connecticut WIC Program

Cost Accounting Report

Agency					***Date:***		
Name	**Job Title**	**General Administration Total Number of Hours Worked**	**Client Services Total Number of Hours Worked**	**Nutrition Education Total Number of Hours Worked**	**Breastfeeding Promotion and Support Total Number of Hours Worked**	**Monthly Salary**	**Fringe Benefits**
Grand Total		**0**	**0**	**0**	**0**	**$ -**	**$ -**
	A. Total Number of Hours Spent on General Administration						#DIV/0!
	B. Total Number of Hours Spent on Client Services						#DIV/0!
	C. Total Number of Hours Spent on Nutrition Education						#DIV/0!
	D. Total Number of Hours Spent on Breastfeeding Promotion and support						#DIV/0!
				Total Hours		**0.00**	
E. Total Hours x 100 divided by the Total Number of Hours Worked for the Month							
F. Total Salary x Total % (E)						$ -	
G. Total Fringe x Total % (E)						$ -	
H. Total of (F) (G)						$ -	
	Report Completed By:				***Date:***		
WIC/Cost Accounting Report Form							

FORMULA INVENTORY RECONCILIATION FORM

Local Agency: _____

Payee Name & Family #	Payee Initials	Check #'s	Date Issued	Formula Name & PO #	Quantity *You must fill in all three rows
Example: **Carol Jones** **011111**	CJ **Received Cans/Cases: 5 cases**	**222222222** **222222223**	**10/1/2010**	**Neocate Jr, 32222**	**Beginning Balance: 10 cases** **Amount Given: 5 cases** **Ending Balance: 5 cases**
	Received Cans/Cases:				**Beginning Balance:** **Amount Given:** **Ending Balance:**
	Received Cans/Cases:				**Beginning Balance:** **Amount Given:** **Ending Balance:**
	Received Cans/Cases:				**Beginning Balance:** **Amount Given:** **Ending Balance:**
	Received Cans/Cases:				**Beginning Balance:** **Amount Given:** **Ending Balance:**
	Received Cans/Cases:				**Beginning Balance:** **Amount Given:** **Ending Balance:**
	Received Cans/Cases:				**Beginning Balance:** **Amount Given:** **Ending Balance:**

*** SEND ORIGINAL CHECKS & ORIGINAL FORMULA RECONCILIATION LIST BACK TO THE STATE WIC OFFICE**

State of Connecticut
WIC Program
Special Formula Return Form

Date	Agency/Contact Person	Manufacturer	PO#	Quantity	Damaged/Expiring	Exp. Date	Comments
Example:	Hartford/Carol Castro	Mead Johnson	32222	10 cases & 1 can	Expiring	10-Oct	Client never showed up
	Hartford/Carol Castro	Nestle	32221	5 cans	Damaged	12-Jan	Received Damaged

UNNEEDED FORMULA FORM

Local Agency/Contact Person: _____ **Date of Report: _____**

For State Use Only

Quantity On Hand (Cases)	Formula Description Must Include: Product Name & Product #, PO # & Batch/Lot #	Expiration Date	Reason Not Needed	Action Taken

Please submit to Carol Castro carol.castro@ct.gov. Thank you.

Connecticut WIC Program
Cost Accounting Worksheet

Agency: _____ *Date:* _____

Name: _____

Job Title: _____ Full Time or Part Time
Circle One

Activity	***General Administration***				***Client Services***				***Nutrition Education*** Counseling						***Breastfeeding Promotion and Support*** Counseling						
Time	Outreach	Food Instrument Monitoring	Prepare Financial & Program Reports	Other	Food Instrument Issuance	Diet and Health Assessments	Referrals	Other	Planning and Preparing Materials	PG	PI	SG	SI	Other	Planning and Preparing Materials	PG	PI	SG	SI	Other	
8:00-8:15																					
8:15-8:30																					
8:30-8:45																					
8:45-9:00																					
9:00-9:15																					
9:15-9:30																					
9:30-9:45																					
9:45-10:00																					
10:00-10:15																					
10:15-10:30																					
10:30-10:45																					
10:45-11:00																					
11:00-11:15																					
11:15-11:30																					
11:30-11:45																					
11:45-12:00																					
12:00-12:15																					
12:15-12:30																					
12:30-12:45																					
12:45-1:00																					
1:00-1:15																					
1:15-1:30																					
1:30-1:45																					
1:45-2:00																					
2:00-2:15																					
2:15-2:30																					
2:30-2:45																					
2:45-3:00																					
3:00-3:15																					
3:15-3:30																					
3:30-3:45																					
3:45-4:00																					
4:00-4:15																					
4:15-4:30																					
4:30-4:45																					
4:45-5:00																					

SECTION: Administration

SUBJECT: Facilities for Homeless Individuals

Federal Regulations: §246.4 (a) (20) and §246.7(m)

POLICY

Homeless facilities that accommodate WIC participants must meet the following conditions:

- Continue to make the same quantity and quality of food available to WIC participants as to other homeless individuals residing at the facility.
- Not use foods provided by the WIC program in group feeding.

- Send on one to pick up WIC checks for all WIC participants in the facility or cash WIC checks in bulk.
- Allow the WIC participant full use of the foods and nutrition education provided by the WIC program.
- Allow the state or local agency to review the facility to determine that these conditions are met, if necessary.

Contact the facility to determine that the conditions will be met and sign an agreement with those that qualify.

Contact the facility yearly thereafter to ensure continued compliance with the conditions.

Notify the State agency if at any time one or more of the condition above are not met.

See Policy 200-26 Homeless Individual WIC Participants for information on certification procedures.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
WIC PROGRAM

AGREEMENT ENABLING WIC BENEFITS FOR PARTICIPANTS RESIDING IN FACILITIES FOR HOMELESS PERSONS

THIS AGREEMENT IS MADE BETWEEN:

Name: _____

Address: _____

Phone: _____

AND

Name: _____

Address: _____

Phone: _____

AGREED

A. That the WIC Program will make supplemental foods and nutrition education available to eligible residents of the above named facility.

B. The above named facility will:

1. **Continue to make the same quantity and quality of food available to WIC participants as to other homeless individuals residing at the facility.**
2. **Not use foods provided by the WIC PROGRAM in group feeding.**
3. **Send no one to pick up WIC checks for all WIC participants in the facility or cash WIC checks in bulk.**
4. **Allow the WIC participant full use of the foods and nutrition education provided by the WIC PROGRAM.**
5. **Allow the state or local agency to review the facility to determine that these conditions are met, if necessary**
6. **Notify the WIC PROGRAM if at any time one or more of the conditions are not met.**

SIGNATURES: _____ **Date:** _____
(Local Agency Director or Designee)

SIGNATURES: _____ **Date:** _____
(Authorized Officer or Facility)

Prepare in duplicate:
Original-Local Agency
Copy-Facility for the homeless

SECTION: Administration

SUBJECT: Data Reports and Program Improvement

POLICY

Program Coordinators and Nutritionists shall review WIC Data Reports on a monthly basis in order to ensure:

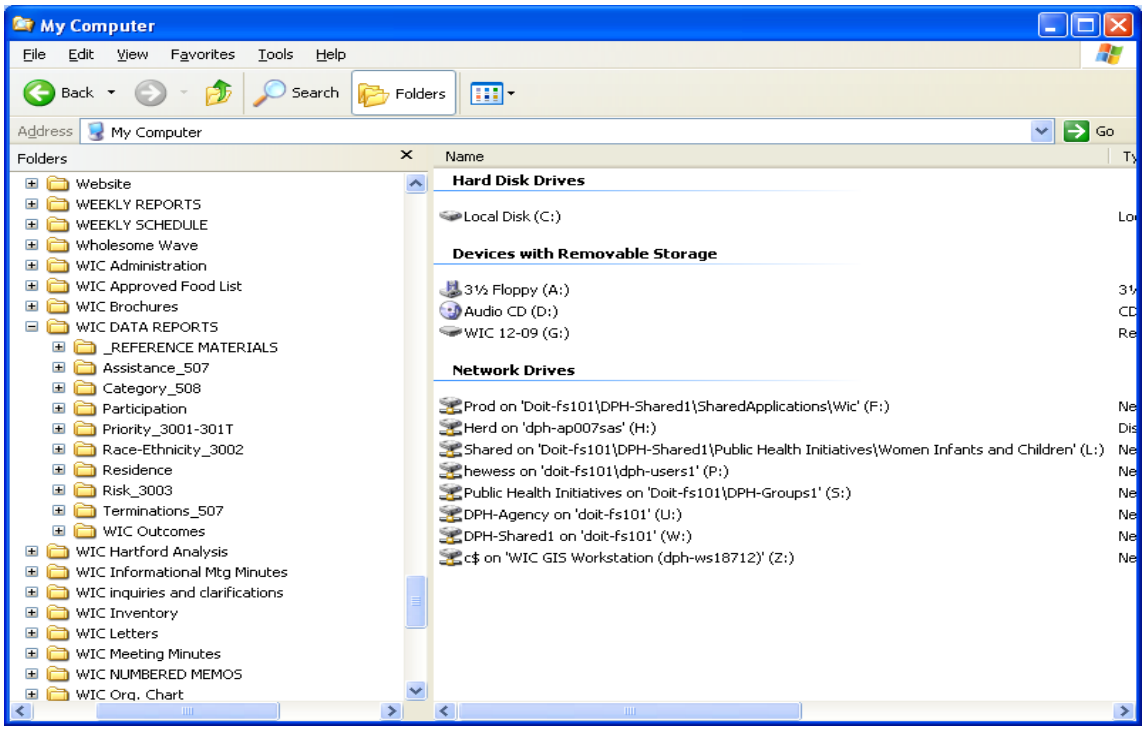
1.) data is consistent with what is occurring at the local agency level and to

2.) monitor the local agency's progress towards meeting State and local nutrition and program quality objectives.

How to Access your Local Agency Data?

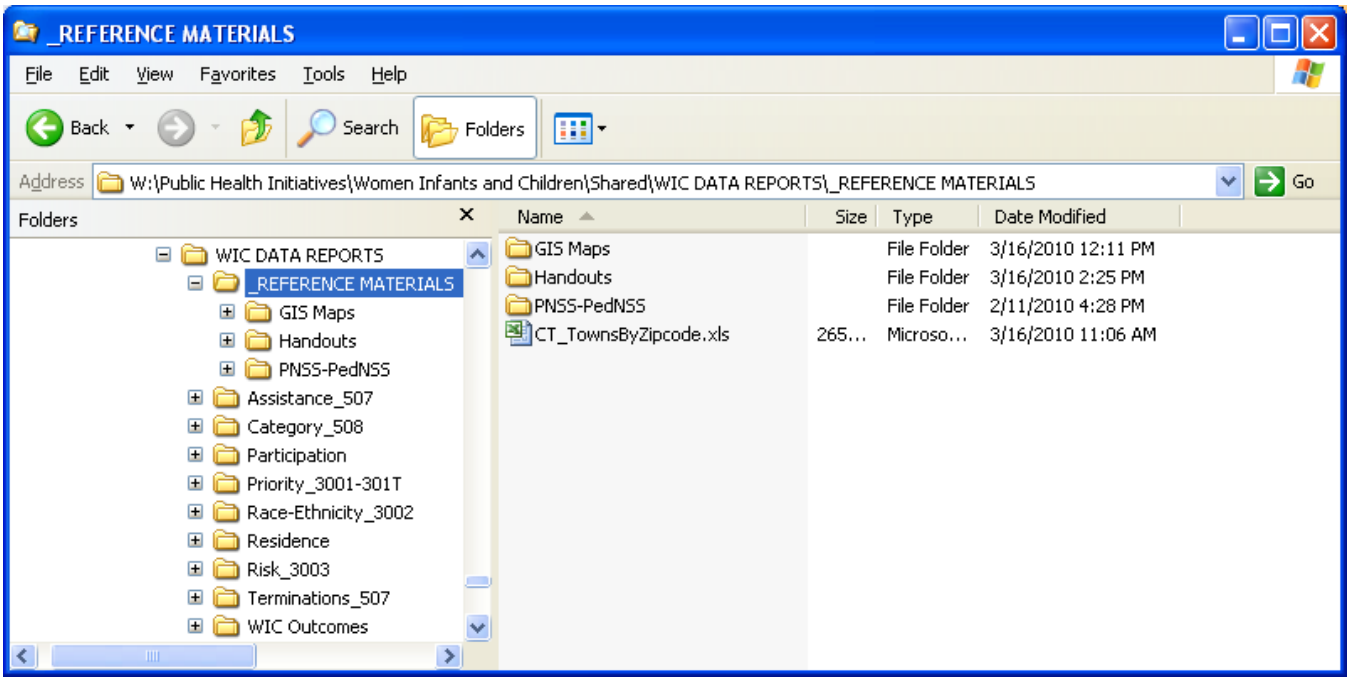
Located on your server's (F:) drive, there is a folder entitled **WIC DATA REPORTS.**

The following screen shot of **Windows Explorer** won't match your screen, but it should give you an idea of what it will look like.



The subfolders in the WIC DATA REPORTS folder contain the following resources:

1. Reference Materials:



a. GIS Maps (.pdf files): GIS (Geographic Information Systems) maps for use by Local Agency staff. Currently there is a map of Connecticut by WIC Region, and a second map that shows the location of Local Agencies and clinic sites.

b. Handouts: may include, for example, the handouts from Statewide Meetings (including WHAT DO YOUR DATA TELL YOU?).

c. PNSS-PedNSS (.pdf files): this folder contains all of the CDC's currently available PNSS (Pregnancy Nutrition Surveillance System) & PedNSS (Pediatric Nutrition Surveillance System) reports from 2001 to date, for both Connecticut and the United States. Where available, PowerPoint presentations of the CDC's data are also included.

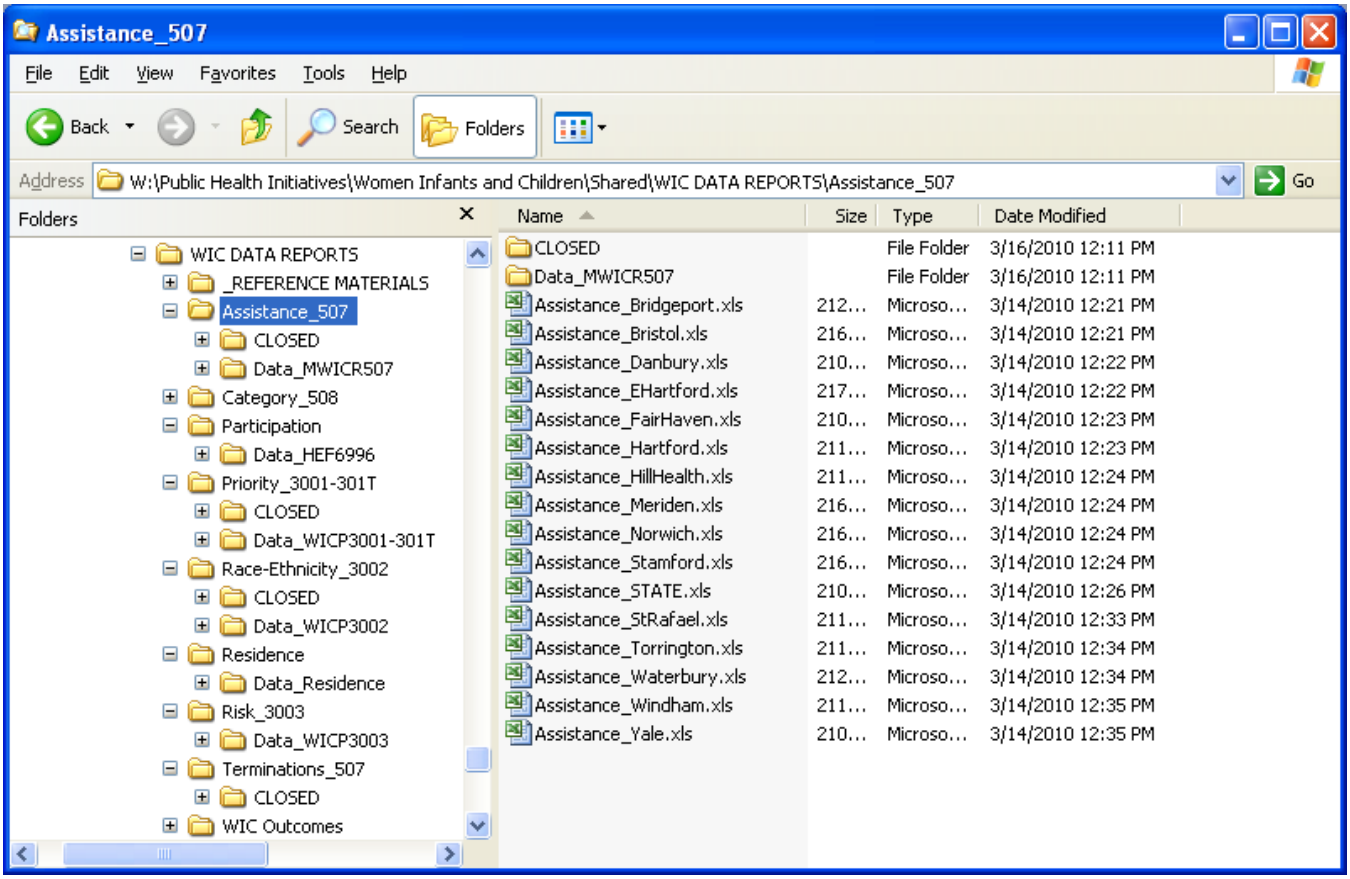
The PNSS & PedNSS reports contain data broken out geographically at the national, state, local agency, clinic and county levels, as well as by demographic variables (age, race / ethnicity, mother's educational level), and covering, for example:

* PNSS (not all data fields are available/reported for CT):
  - Maternal health: prepregnancy BMI, maternal weight gain, anemia, gestational diabetes, hypertension during pregnancy (preeclampsia);
  - Maternal behavior: medical care, WIC enrollment, multivitamin consumption, smoking status, household smoking.
* PedNSS (not all data fields are available/reported for CT):
  - Anthropometric indicators: low/high birthweight, short stature, underweight, overweight;
  - Breastfeeding indicators: ever breastfed, breastfed ≥ 6 mos, breastfed ≥ 12 mos;
  - Health indicators: anemia (low Hb, low Hct, low Hb/Hct);
  - Health risk indicators: television viewing, smoking in the home.

Note: The PNSS / PedNSS website contains additional materials that may be of interest @ http://www.cdc.gov/pednss/index.htm.

d. Miscellaneous files: this includes a variety of materials of potential interest or use to local staff. Currently, for example, there is a list of Connecticut zip codes by town (.xls file).

2. Data Reports:



These folders hold summary reports (primarily Microsoft Excel 2003 .xls files), prepared from the monthly participation reports you receive from monthly from the State WIC Office- for the State and each Local Agency - including:

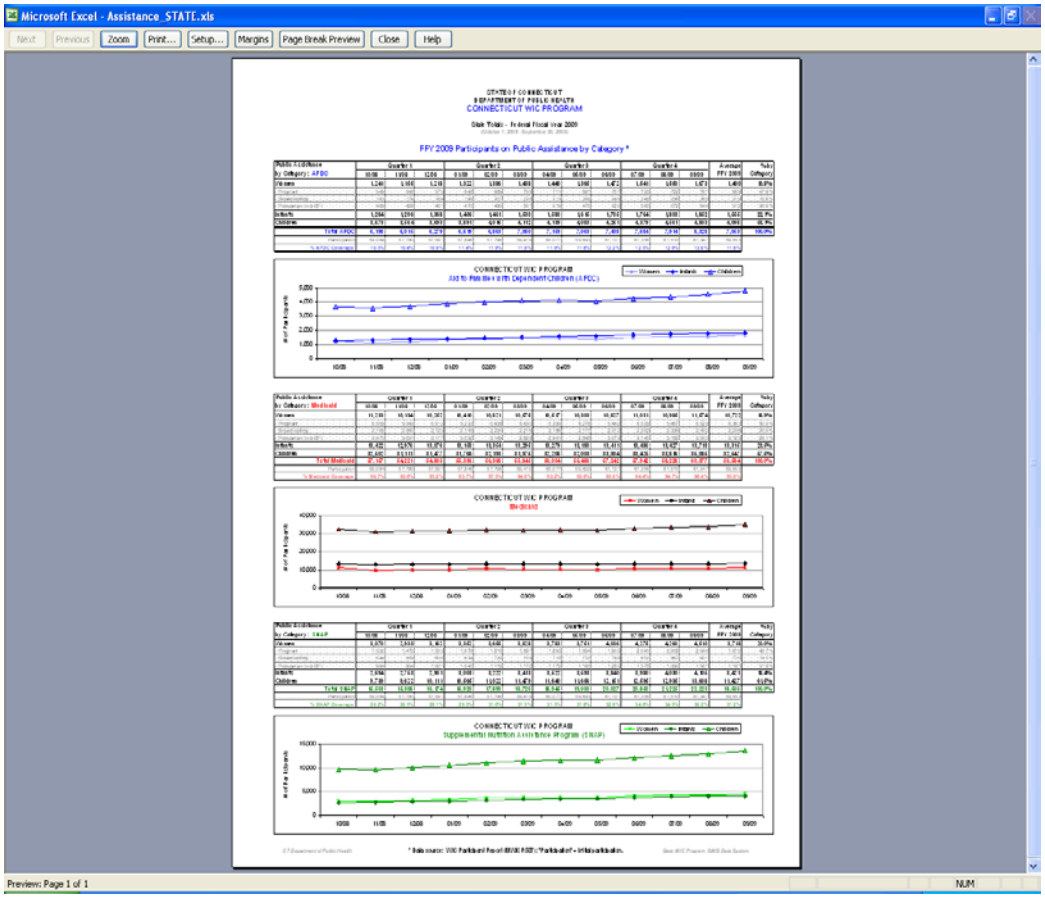
a. MWICR507: Public Assistance by Category (covers AFDC, Medicaid & SNAP);
b. MWICR508: Monthly Participation by Category; Certifications & Terminations by Month;
c. WICP3001: Closeout & Summary Participation Reports (drawn from WICP3001 / 301T); and,
HEF6996: Participation by Agency, Category, Race / Ethnicity & Region;
d. WICP3001: Monthly Participation by Priority & Participant Category;
e. WICP3002: Monthly Participation by Race / Ethnicity & Category;
f. R0512081: Monthly Participation by Town of Residence (new);
g. WICP3003: Risk Factors by Category (limited to Priority I Risks for pregnant & breastfeeding women and infants); and,
h. MWICR507: Program Terminations by Category.

Each of these folders, in turn, contain sub-folders with summary reports for those five clinic sites which were merged with neighboring sites (Closed files: Middletown, Naugatuck, Norwalk, Putnam & Vernon), as well as .pdfs of the data files sent to you so far in FY 2010 (Data_XXXXX).

Please note:

* The **.xls** summary reports have tabs along the bottom left-hand corner of the screen. Click on the corresponding tab to access a given Federal Fiscal Year's report (i.e. FFY2007, 2008, etc).
* You may have to update your version of Adobe Reader to 9.3.1 in order to open the **.pdf** files.

Screen shots of a few sample reports are presented on the following pages.



Microsoft Excel - Participation_Category.xls

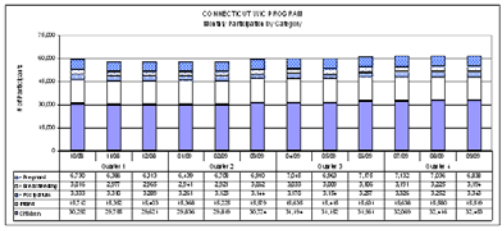
Next | Previous | Zoom | Print... | Setup... | Margins | Page Break Preview | Close | Help

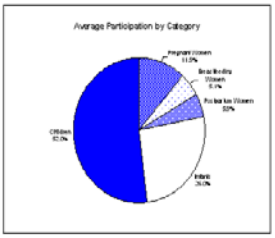
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CONNECTICUT WIC PROGRAM

State Totals – Federal Fiscal Year 2009

FFY 2009 Participation by Category*

Monthly Participation by Category	Quarter 1			Quarter 2			Quarter 3			Quarter 4			FFY 2009 Average	% by Category
	10/09	11/09	12/09	01/09	02/09	03/09	04/09	05/09	06/09	07/09	08/09	09/09		
Women	10,879	10,873	10,847	10,840	10,742	10,690	10,748	10,674	10,638	10,640	10,610	10,575	10,690	29.9%
Pregnant	3,124	3,108	3,123	3,148	3,120	3,101	3,092	3,052	3,028	3,032	3,018	3,013	3,083	8.6%
Breastfeeding	1,078	1,079	1,088	1,097	1,087	1,092	1,108	1,098	1,108	1,108	1,108	1,119	1,093	3.1%
Postpartum (NBEF)	6,677	6,686	6,636	6,595	6,535	6,497	6,548	6,524	6,502	6,500	6,484	6,443	6,514	18.2%
Infants	9,712	10,192	10,400	10,398	10,220	10,479	10,693	10,610	9,813	10,030	10,100	10,118	10,108	28.2%
Children	20,292	20,749	20,612	20,838	20,818	20,724	21,094	21,192	21,391	22,069	22,436	22,487	20,940	62.9%
Total Participants	35,883	37,814	37,859	37,840	37,776	37,915	38,073	38,037	41,158	41,701	41,920	41,148	39,312	100.0%





Preview: Page 1 of 1

NUM

Microsoft Excel - Race-Cat_STATE.xls

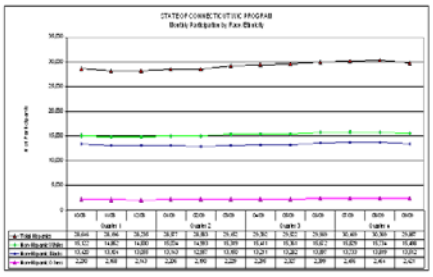
Next | Previous | Zoom | Print... | Setup... | Margins | Page Break Preview | Close | Help

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CONNECTICUT WIC PROGRAM

State Totals – Federal Fiscal Year 2009 – Closeout Report

FFY 2009 Closeout Participation by Race/Ethnicity & Category*

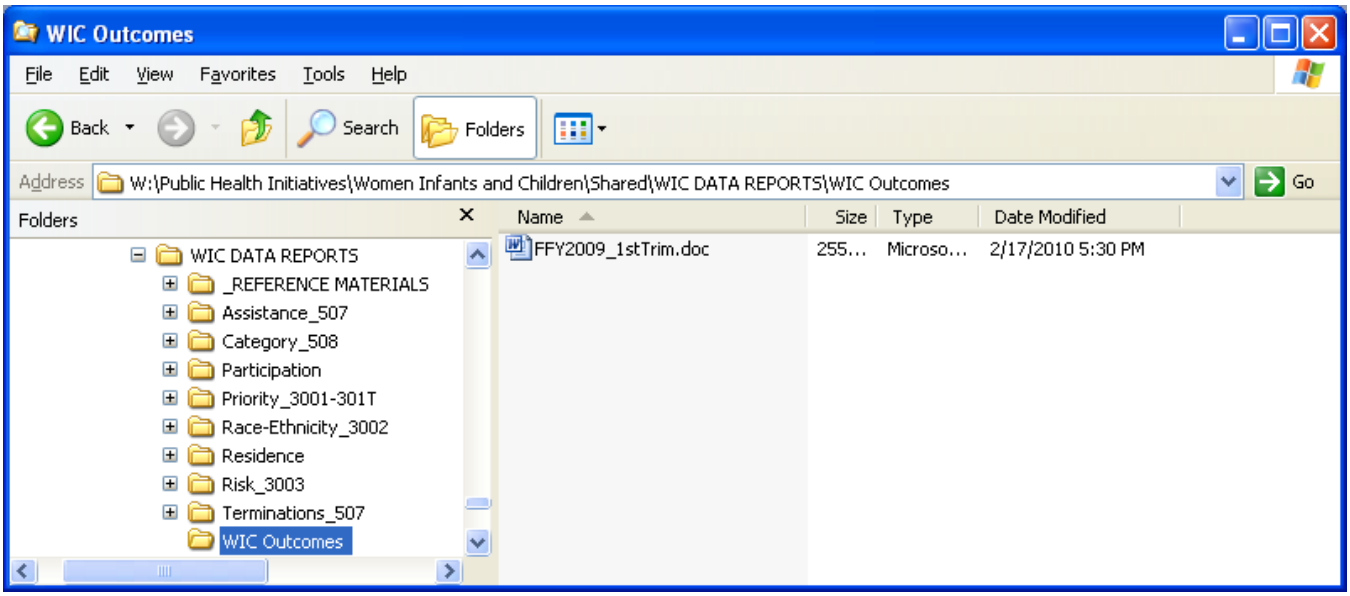
Monthly Participation by Race/Ethnicity & Category	Quarter 1			Quarter 2			Quarter 3			Quarter 4			FFY 2009 Average	% by Category
	10/09	11/09	12/09	01/09	02/09	03/09	04/09	05/09	06/09	07/09	08/09	09/09		
Total Hispanic	16,444	16,444	16,258	16,277	16,000	15,481	16,000	16,012	16,000	16,000	16,000	16,487	16,139	46.0%
Women	6,001	6,000	6,014	6,010	6,040	5,974	6,170	6,100	6,000	6,000	6,000	6,300	6,104	36.7%
Pregnant	1,778	1,800	1,810	1,740	1,820	1,804	1,847	1,828	1,899	1,844	1,890	1,924	1,825	5.4%
Breastfeeding	1,073	1,063	1,045	1,054	1,073	1,064	1,086	1,096	1,080	1,040	1,071	1,028	1,065	3.2%
Postpartum (NBEF)	1,800	1,840	1,900	1,900	1,800	1,850	1,900	1,872	1,900	1,870	1,900	1,900	1,877	2.8%
Infants	7,000	7,200	7,300	7,310	7,200	7,300	7,300	7,340	7,400	7,000	7,000	7,300	7,208	42%
Children	8,180	8,614	8,873	8,900	8,987	8,610	8,840	8,917	8,800	8,400	8,610	8,800	8,728	26.0%
Non-Hispanic White	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	25.0%
Women	3,746	3,800	3,810	3,810	3,800	3,770	3,790	3,810	3,800	3,800	3,800	3,740	3,779	45%
Pregnant	1,020	1,140	1,080	1,110	1,080	1,020	1,090	1,040	1,020	1,020	1,060	1,080	1,064	2.8%
Breastfeeding	480	470	480	500	490	490	510	510	500	510	540	540	500	1.3%
Postpartum (NBEF)	1,200	1,140	1,100	1,130	1,200	1,200	1,100	1,080	1,100	1,100	1,100	1,140	1,120	1.3%
Infants	4,140	4,200	4,300	4,300	4,300	4,300	4,300	4,300	4,300	4,300	4,300	4,300	4,300	50%
Children	7,200	7,200	7,200	7,200	7,200	7,200	7,400	7,400	7,400	7,400	7,400	7,400	7,300	87%
Non-Hispanic Black	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	8,400	25.0%
Women	2,800	2,700	2,770	2,800	2,810	2,800	2,807	2,814	2,800	2,810	2,870	2,800	2,805	40%
Pregnant	1,050	1,040	1,400	1,440	1,410	1,400	1,410	1,390	1,400	1,440	1,440	1,400	1,410	2.0%
Breastfeeding	480	480	480	480	490	490	490	490	490	490	490	490	490	1.0%
Postpartum (NBEF)	700	700	700	700	700	700	700	700	700	700	690	690	700	1.0%
Infants	5,100	5,170	5,000	5,010	5,040	5,000	5,070	5,014	5,000	5,010	5,010	5,000	5,030	60%
Children	5,800	5,877	6,000	6,000	6,000	6,000	6,000	6,000	7,000	7,100	7,000	7,000	6,000	71.0%
Non-Hispanic Other	1,700	1,800	1,800	1,700	1,800	1,700	1,700	1,800	1,800	1,800	1,800	1,800	1,700	10%
Women	400	400	400	400	400	400	400	400	400	400	400	400	400	50%
Pregnant	200	210	210	200	210	200	210	200	200	200	200	210	200	0.2%
Breastfeeding	130	130	130	120	120	130	140	140	140	140	140	140	140	0.2%
Postpartum (NBEF)	90	90	90	100	90	90	100	100	100	100	100	100	100	0.2%
Infants	640	690	810	800	800	800	840	800	800	800	800	800	800	10%
Children	1,100	1,090	1,070	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	13%
Non-Hispanic (Other)	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
TOTAL PARTICIPANTS	35,000	35,000	35,200	35,000	35,200	35,000	35,000	35,000	35,100	35,000	35,000	35,100	35,000	100.0%
Women	13,700	13,900	13,700	13,800	13,900	13,700	13,900	13,800	13,800	13,900	13,900	13,900	13,800	39.0%
Pregnant	3,700	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800	11.0%
Breastfeeding	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	3.1%
Postpartum (NBEF)	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	18.2%
Infants	9,700	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	28.0%
Children	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	62.0%
Statewide Compliance Rate	1	0	0	1	0	0	0	0	0	0	1	0	0	0.0%



Preview: Page 1 of 1

NUM

3. WIC Outcomes (in process)**:**



The WIC Outcomes folder will contain 2-page summary reports of the **Quarterly Process & Outcome Reports,** by federal fiscal year, with a brief narrative discussion and graphic illustrations of each fiscal year's results.

Annual reports similar to the following on Low Birth Weight will be prepared for each of our WIC Process & Outcome Objectives, including:

a. Outreach Process Objective 1: 1st trimester enrollment;
b. Nutrition Outcome Objective 1: Maternal weight gain;
c. Nutrition Outcome Objective 2: Low birth weight;
d. Nutrition Outcome Objective 3: Breastfeeding initiation;
e. Nutrition Outcome Objective 4: Childhood anemia.

FFY2009_1stTrim.doc (Preview) - Microsoft Word

File Edit View Insert Format Tools Table Window Help Adobe PDF Acrobat Comments

Type a question for help

78% Close

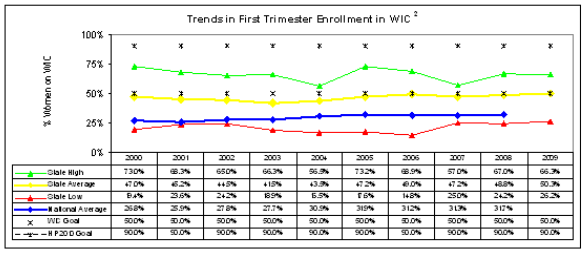
STATE OF CONNECTICUT WIC PROGRAM
Federal Fiscal Year 2009[1]

1st Trimester Enrollment in WIC

WIC Goal: At least 50% of pregnant women who are eligible for WIC enroll in the program during their first trimester of pregnancy.

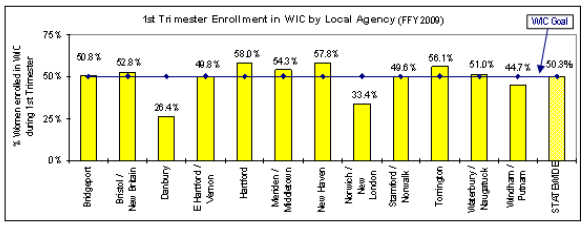
Good health begins even before birth. Timely prenatal care is an important preventive strategy to help protect the health of both mother and child.

Prenatal WIC participation is associated with better birth outcomes, including improved birth weight and fewer preterm deliveries.



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
State High	73.0%	68.3%	65.0%	66.3%	66.3%	73.2%	68.5%	67.0%	67.0%	66.3%
State Average	47.0%	46.2%	44.8%	46.8%	43.8%	47.2%	46.0%	47.2%	48.8%	50.3%
State Low	8.4%	23.6%	24.2%	18.9%	18.5%	18.6%	14.8%	25.0%	24.2%	25.2%
National Average	26.8%	28.9%	27.8%	27.1%	30.0%	30.9%	31.2%	31.0%	31.7%	
WIC Goal	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
HP2010 Goal	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

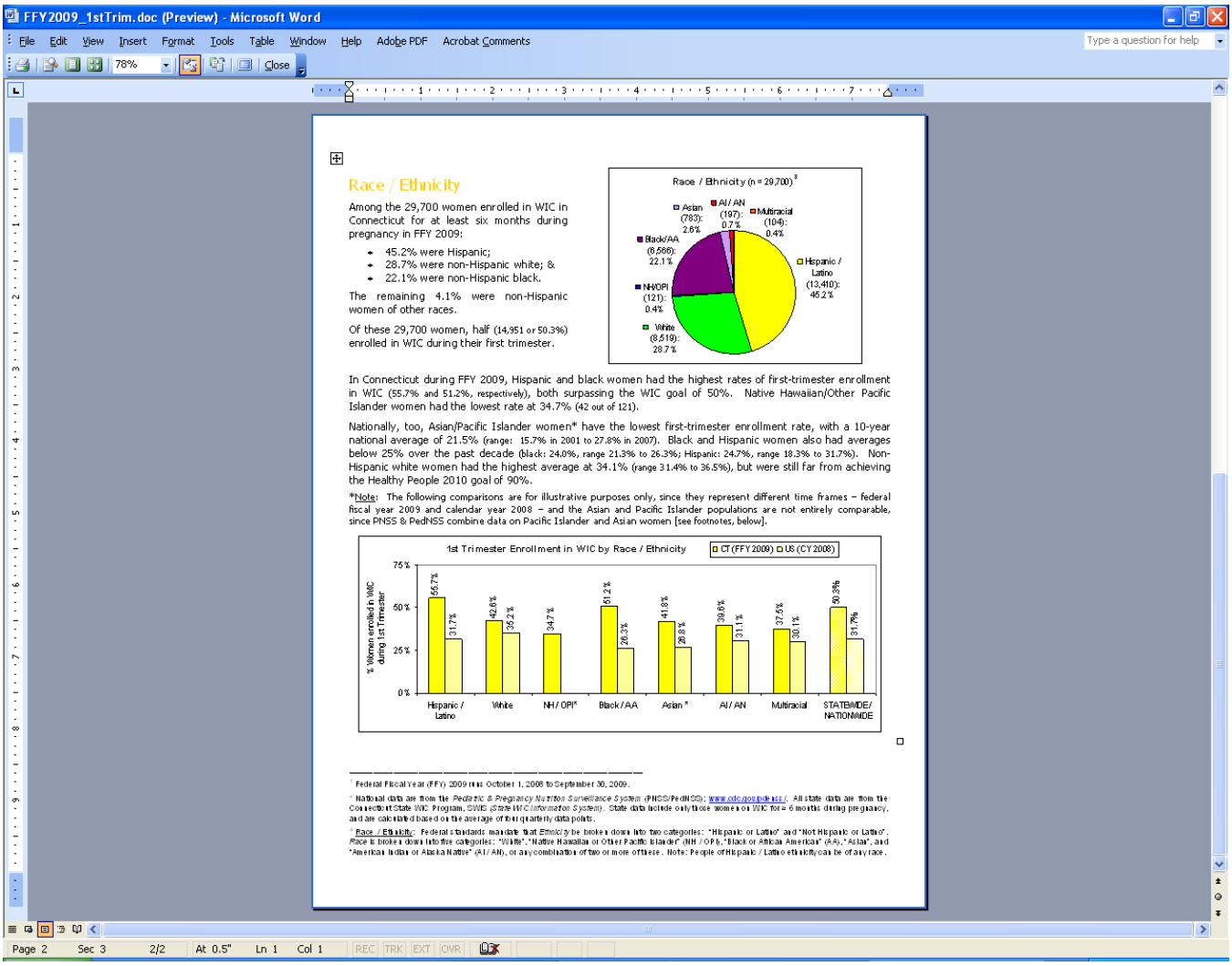
Over the past few years, the Connecticut WIC Program has witnessed a gradual improvement in the percentage of women who enroll in WIC during their first trimester of pregnancy, following a slight decline at the beginning of this decade.



Statewide in FFY 2009, one-half of pregnant participants enrolled in WIC during their first trimester (50.3%), thus achieving the WIC Program Goal; 1st trimester enrollment ranged from 26.4% to 58.0% at the local level.

At the national level, less than one-third (31.7%) of pregnant women enrolled in WIC during their first trimester (2008, latest available data), significantly below the Healthy People 2010 goal of 90%.

Page 1 Sec 1 1/2 At 0.5" Ln 1 Col 1 REC TRK EXT OVR



FFY2009_1stTrim.doc (Preview) - Microsoft Word

Race / Ethnicity

Among the 29,700 women enrolled in WIC in Connecticut for at least six months during pregnancy in FFY 2009:

- 45.2% were Hispanic;
- 28.7% were non-Hispanic white; &
- 22.1% were non-Hispanic black.

The remaining 4.1% were non-Hispanic women of other races.

Of these 29,700 women, half (14,951 or 50.3%) enrolled in WIC during their first trimester.

In Connecticut during FFY 2009, Hispanic and black women had the highest rates of first-trimester enrollment in WIC (55.7% and 51.2%, respectively), both surpassing the WIC goal of 50%. Native Hawaiian/Other Pacific Islander women had the lowest rate at 34.7% (42 out of 121).

Nationally, too, Asian/Pacific Islander women* have the lowest first-trimester enrollment rate, with a 10-year national average of 21.5% (range: 15.7% in 2001 to 27.8% in 2007). Black and Hispanic women also had averages below 25% over the past decade (black: 24.0%, range 21.3% to 26.3%; Hispanic: 24.7%, range 18.3% to 31.7%). Non-Hispanic white women had the highest average at 34.1% (range 31.4% to 36.5%), but were still far from achieving the Healthy People 2010 goal of 90%.

*Note: The following comparisons are for illustrative purposes only, since they represent different time frames – federal fiscal year 2009 and calendar year 2008 – and the Asian and Pacific Islander populations are not entirely comparable, since PNSS & PedNSS combine data on Pacific Islander and Asian women [see footnotes, below].

[1] Federal Fiscal Year (FFY) 2009 runs October 1, 2008 to September 30, 2009.

[2] National data are from the *Pediatric & Pregnancy Nutrition Surveillance System* (PNSS/PedNSS); www.cdc.gov/pednss/. All state data are from the Connecticut State WIC Program, SWIS (*State WIC Information System*). State data include only those women on WIC for ≥ 6 months during pregnancy, and are calculated based on the average of four quarterly data points.

[3] Race / Ethnicity: Federal standards mandate that *Ethnicity* be broken down into two categories: "Hispanic or Latino" and "Not Hispanic or Latino". *Race* is broken down into five categories: "White", "Native Hawaiian or Other Pacific Islander" (NH / OPI), "Black or African American" (AA), "Asian", and "American Indian or Alaska Native" (AI / AN), or any combination of two or more of these. Note: People of Hispanic / Latino ethnicity can be of any race.

We look forward to working with Local Agency staff to identify and meet your data needs.

SECTION: Administration

SUBJECT: Documentation of Local agency staff review of WIC Numbered Memos

POLICY

It is the policy of the Connecticut WIC Program that contracted WIC local agencies develop a system, according to their entity's policies, structure and size, to disseminate information sent by the State WIC office to all their staff in local, outlying and satellite clinics. Local agencies also need to keep on file supporting documentation that training has occurred.

Guidance

Local agencies shall develop a form for all staff to sign and date as verification they have read policy/procedure information received from the State WIC office.

These signed and dated forms will be kept on file for review during the monitoring visit.

All Numbered Memo's are distributed electronically by the State WIC office. Memos may be printed and signed by each local agency staff or a log maintained indicating the Memo was read by all Local agency staff.

A record of signatures shall be kept at the lead local agency.

SECTION: Administration

SUBJECT: Local Agency Monitoring and Self-Assessment

Federal Regulations: 246.19(b)

POLICY

All contracted WIC local agencies are monitored by the State agency every two years to evaluate compliance with both WIC Federal Regulations and Connecticut's Local Agency Policy and Procedures. During bi-annual on-site, unannounced visits, the State agency monitors' review all program areas including nutrition services, breastfeeding promotion and support, program management administration, outreach, civil rights and customer service provision.

In the off year when the local agency is not scheduled for a State agency review, the local agency program management staff must complete a comprehensive Self-Assessment using the Certification and Nutrition Education and Administrative monitoring tools used by State agency monitoring staff. A one to two (1-2) page summary of the results of the Self-Assessment must be included in the Local Agency Program plan submission in that same year.

The purpose of the Self-Assessment is to ensure that quality nutrition services are maintained during the off-year review period. Local agency program management can identify potential areas of non-compliance and implement improvement before requiring more formal corrective action via a State mandated corrective action plan.

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
HEALTH EDUCATION, MANAGEMENT AND SURVEILLANCE SECTION
WIC PROGRAM

CONNECTICUT WIC PROGRAM MANAGEMENT EVALUATION REPORT
CERTIFICATION AND NUTRITION EDUCATION

CONTRACTOR: **SITE:**
PROGRAM STAFF:
REVIEWERS:
DATES:

CLINIC ENVIRONMENT: The local agency ensures that nutrition services are provided in an environment that promotes the health and well-being of their participants.

The clinic physical environment supports quality nutrition services.	**STANDARD MET**			**Comments:**
Indicators:				
1. Clinic space is clean, attractive, comfortable and safe. The waiting area is child friendly (activities/play area) and conducive to learning.	YES	NO	Partial	
2. Protective of participant confidentiality. (e.g., private space to screen for demographics and income, private space for counseling sessions). [CFR 246.26 (d) (1) (i)]	YES	NO	Partial	
3. Supports consistent messages of nutrition education, breastfeeding promotion and health education for families (e.g., bulletin boards, posters, pamphlets, food models). [CFR 246.11 (c) (7) (i)]	YES	NO	Partial	

CUSTOMER SERVICE: The local agency ensures that WIC services are customer-friendly and responds to meet the individual needs of clients.

The nutrition services are provided in a caring environment by customer-friendly staff.	**STANDARD MET**			**Comments**:
Indicators:				
1. Program assistants and nutrition staff use good interpersonal skills. *VENA: Rapport Building*	YES	NO	Partial	
2. Appropriate information is provided during a WIC inquiry. *CT State Plan: Certification* Program assistants/clerks clarifies detail e.g., appointment time, pertinent documents. As appropriate Nutrition staff clarify required documents.	YES	NO	Partial	
3. Efficient client flow- waiting time limited, smooth transitions. *CT State Plan: 100-Administration, 100-02 Caseload Mgmt*	YES	NO	Partial	
4. There is an established appointment policy for late shows, no shows and walk-ins. Clients are informed of the policy. *CT State Plan: 100-Administration, 100-02 Caseload Mgmt*	YES	NO	Partial	
5. There are established follow-up procedures for clients who miss appointments. *CT State Plan: 100-Administration, 100-02 Caseload Mgmt*	YES	NO	Partial	
6. Extended hours to facilitate client access such as early and late hours, lunchtime and weekend. *CT State Plan: 100-Administration, 100-09 Local Agency Office Hours and Scheduling*	YES	NO	Partial	
7. The local agency considers client input on appointment times for certification and nutrition education contacts or class.	YES	NO	Partial	

CERTIFICATION PROCESS: The local agency follows Federal and State regulations and policies for participant certification.

The certification process follows State Plan procedures:	**STANDARD MET**			**Comments**:
Indicators:				
1. Proper procedures are followed to determine eligibility. (Category, residency, income and identity) [CFR 246.7 (c)- (e)] *CT State Plan, 200-Certification, 200-00 Summary of Eligibility Procedures*	YES	NO	Partial	
2. "No proof of income" protocol is followed (self-declaration) *CT State Plan, 200-Certification, 200-00 through 200-08*	YES	NO	Partial	
3. At initial contact (in person or via phone), SWIS screen #101 (Participant Intake) is completed and the individual is instructed on the application process. *CT State Plan: 200-Certification, 200-01 Certification and Processing Standards*	YES	NO	Partial	
4. Staff correctly determines if the applicant requires expedited service.	YES	NO	Partial	
5. Processing standards are met for all clients and appointments are scheduled within appropriate timeframes. [CFR 246.7 (f)]; *CT State Plan, 200-Certification, 200-01 Certification and Processing Standards*	YES	NO	Partial	
6. Clients are informed that nutrition assessment and education is an integral part of the WIC Program [CFR 246.11 (a) (2)]; *WPM: 2008-1 WIC Program Explanation*	YES	NO	Partial	
7. Appropriate staff prescribes appropriate food	YES	NO	Partial	

package for clients.				
8. New clients receive education on the food delivery system and what happens if food instruments are not picked up for 2 consecutive months or for failure to recertify. [CFR 246.7 (j) (3)]	YES	NO	Partial	
9. For returning clients, before checks are printed, the client is asked if she/he wants to make changes to the food package.	YES	NO	Partial	
10. Clients race/ethnicity information is collected in accordance with:[CFR 246.8 (a) (3)] *CT State Plan: 100- Administration, 104- Civil Rights, 104-02 Racial/Ethnic Data Collection and Reporting*	YES	NO	Partial	

NUTRITION ASSESSMENT: Complete nutrition assessment incorporates 6 VENA competencies: principles of life-cycle nutrition, uses positive health outcome WIC nutrition assessment, correct anthropometric and hematological data collection, communication (rapport building and multicultural awareness) and critical thinking.

The nutrition assessment of all income-eligible applicants is conducted using appropriate tools and methods.	**STANDARD MET**			**Comments:**
Indicators:				
1. All necessary equipment to complete WIC assessment and certification is available and maintained. Scales are calibrated regularly.	YES	NO	Partial	
2. Correct technique is used to obtain anthropometric measurements. *CT State Plan, 200-Certification, 200-10 Anthropometric Data*	YES	NO	Partial	
3. Height, length and weight are plotted accurately. *CT State Plan, 200-Certification, 200-10 Anthropometric Data and 200-11 Plotting of Premature Infants*	YES	NO	Partial	
4. A complete nutrition assessment is performed using State policies. (i.e. uses appropriate nutrition assessment form & nutrition assessment guidance) [CFR 246.7 (e) (1) (i) (A)]; *CT State Plan: 200-Certification, 200-08 WIC Nutrition Assessment and Risk Determination*	YES	NO	Partial	
5. Client or caregiver concerns related to eating/feeding practices are considered and addressed in assessment and counseling. *CT State Plan: 300-Nutr Services, 300-03 Nutr. Ed.*	YES	NO	Partial	
6. For existing clients, information from prior visits is reviewed to ensure continuity of care. *CT State Plan: 200-Certification, 200-12 WIC Nutrition Assessment Form Guidance & 300-Nutrition Services, 300-09 Nutrition Services Documentation*	YES	NO	Partial	

Value Enhanced Nutrition Assessment (VENA)

Skills of Rapport Building, Critical Thinking and Client-Centered Positive Health Outcomes are used consistently and effectively.	**STANDARD MET/ RATING** **Excellent** **Adequate** **Needs work** **1** **2** **3** **4** **5**			**Comments**:
Nutrition staff: 1. Uses good interpersonal skills to build rapport. *VENA Guidance: Rapport building* • Responds promptly and politely • Expresses empathy, active listening, and uses reflective listening techniques • Uses open-ended questions appropriately • Adjusts counseling to client's stage of change. 2. Interrelationships among applicable risk factors are identified, documented and discussed with clients. *VENA Guidance: Critical Thinking* • Accurately identified nutrition issues, identifies missing information • Effectively prioritizes nutritional problems and barriers to positive health outcomes. • Identifies client's health priorities 3. Partners with the client to develop a positive health outcome goal. VENA Guidance: *Positive Health Outcomes* • Stresses client's healthy practices (i.e. gives praise, encouragement) • Provides useful, constructive feedback (avoids negative terms, is respectful, doesn't place blame) • Reinforces client accountability for behavior change (poses what if situations) • Provides realistic suggestions to address nutritional issues. • Appropriately summarizes agreed on goals.				

NUTRITION EDUCATION: The nutrition information provided is accurate and relevant to cultural, economic, social needs and educational level of the client.

Nutrition education assists the individual who is at nutritional risk to achieve a positive change in food habits, resulting in improved nutrition status and in the prevention of nutrition-related problems.	**STANDARD MET**			**Comments**:
Indicators:				
1. Nutrition Education contacts (Individual and group sessions) are performed by appropriate staff.	YES	NO	Partial	
2. For group education:				
• Education is relevant to participant category and presented at appropriate educational level for participants. (See #3 first bullet, below if prenatal group)	YES	NO	Partial	
• Written lesson plans developed and followed by staff providing education.	YES	NO	Partial	
• Nutrition education materials provide simple, positive behavioral tips and are relevant to the category of participant. (Staff should review what materials are provided.)	YES	NO	Partial	
• Time is allowed for questions and answers.	YES	NO	Partial	
• Groups are offered in other languages as local agency demographic indicates.	YES	NO	Partial	
3. For individual education:				
• Drug and other harmful substance abuse information is provided to all pregnant, postpartum and breastfeeding women and parents and caretakers of infant and child participants. *Policy- 300-05*	YES	NO	Partial	
• Nutrition counseling is client-centered, applicable to individual nutrition risk, category and/or developmental age. *Policy 300-03*	YES	NO	Partial	
• Nutrition education materials provided reinforce main focus of counseling and are reviewed with client.	YES	NO	Partial	

• If more than one family member is scheduled for a second contact, Nutritionist attempts to provide family focused intervention. (i.e. group children together if similar nutrition issues are present)	YES	NO	Partial	

NUTRITION EDUCATION MATERIALS:

A variety of appropriate nutrition education materials are used.	**STANDARD MET**			**Comments**:
Indicators:				
1. Nutrition education materials meet the needs and interests of WIC clients.	YES	NO	Partial	
2. Written materials/ handouts are scientifically accurate.	YES	NO	Partial	
3. The content, reading level and graphic design of nutrition education materials are appropriate.	YES	NO	Partial	
4. Nutrition education materials are available in a variety of languages that reflect the demographics of the local agency.	YES	NO	Partial	

LOCAL AGENCY BREASTFEEDING PROMOTION: Breastfeeding is promoted as the preferred method of infant feeding.

All pregnant women are encouraged to breastfeed unless contraindicated for health reasons. [CFR 246.11 (c) (7) (i – iv)]; *CT State Plan: 300- Nutrition Services, 300-04 CT WIC Program Guidelines for Breastfeeding Promotion and Support and 300-12 Guidelines for Breast Pump Issuance*	**STANDARD MET**			**Comments:**
Indicators:				
1. The local agency designates a staff person to coordinate breastfeeding promotion and support activities.	YES	NO	Partial	
2. All local agency staff are trained on and follow the CT WIC Program Guidelines for Breastfeeding Promotion and Support.	YES	NO	Partial	
3. All pregnant women receive current information on the benefits of breastfeeding.	YES	NO	Partial	
4. Appropriate breastfeeding education materials are available in appropriate languages.	YES	NO	Partial	
5. A private area is established and/or available to accommodate clients wishing to breastfeed.	YES	NO	Partial	

LOCAL AGENCY BREASTFEEDING SUPPORT

All WIC Breastfeeding women are provided with counseling and support. [CFR 246.11 (c) (7) (i – iv)]; *CT State Plan: 300- Nutrition Services, 300-04 CT WIC Program Guidelines for Breastfeeding Promotion and Support and 300-12 Guidelines for Breast Pump Issuance; 300-14 Peer Counseling Program Overview*	**STANDARD MET**			**Comments:**
Indicators:				
1. Clear and current breastfeeding educational materials are available and appropriate. (Information on proper latch, how to build a milk supply, how to tell if infant is getting enough breast milk.)	YES	NO	Partial	
2. Staff provide appropriate breastfeeding assessment and education for each breastfeeding participant. Information is documented in SWIS and/or the participant's file.	YES	NO	Partial	
3. Breastfeeding clients are counseled on recommendations for appropriate vitamin supplements for breastfed infants. Nutrition Risk Criteria 98-9, Revision 10	YES	NO	Partial	
4. Breastfeeding women receive support and assistance in order to maintain or increase milk supply.	YES	NO	Partial	
5. Staff are aware of and network with appropriate community resources to facilitate referrals, such as WIC peer counseling programs (when available), lactation consultants or La Leche League (LLL).	YES	NO	Partial	

PROGRAM COORDINATION: Local agency management ensures appropriate integration and program coordination efforts with other key programs that serve the WIC population at the local, State and National level. Additionally, local management coordinates staff orientation, and ongoing staff development through routine internal communications, in-service training and oversight of day-to-day operations.

The Local Agency Coordinator effectively collaborates with private and public health care systems and community organizations that provide care and support for women, infants and children.	**STANDARD MET**			**Comments:**
Indicators:				
1. Represents WIC at meetings and conferences to promote the program goals and objectives.	YES	NO	Partial	
2. Solicits input and collaborates with community organizations on outreach efforts.	YES	NO	Partial	
3. Develops contracts and service agreements (MOU) to enhance client services. [CFR 246.6 (b) (1), (3) and (5)]	YES	NO	Partial	
4. In cooperation with the Program Nutritionist and other local staff the Program Coordinator develops, tracks and reports progress on the Local Agency Program Plan. [CFR 246.11 (d) (2)] *CT State Plan: 100-Administration, 100-03 Program Plan*	YES	NO	Partial	
5. Directs and maintains oversight of new and current staff development and training	YES	NO	Partial	
6. Spends at least eight (8) hours per month at each permanent site and four (4) hours per quarter at each satellite site.	YES	NO	Partial	
7. As needed, provides training and oversight for dietetic students and interns.*	YES	NO	Partial	

CLIENT REFERRALS: The local agency ensures that clients are referred to mandatory health and social agencies, appropriate follow-up is performed and required documentation is maintained.

Local agencies provide program applicants and clients with information on health-related and public assistance programs.	**STANDARD MET**			**Comments**:
Indicators:				
1. Written information to mandatory referrals: Food Stamps, HUSKY-A/Medicaid and TFA are provided. See State-developed *Selected Referrals* brochure. [CFR 246.7(b)]; *CT State Plan: 100-Administration, 101 Outreach Policies and 200-Certification 200-14 Mandatory Referrals and 200-16 WIC Program Orientation*	YES	NO	Partial	
2. Clients are provided with targeted referrals as appropriate. (i.e. Head Start, Home by 3, Early Intervention, food pantries etc…) *CT State Plan: 200- Certification, 200-28 Coordination of Referrals to Other Programs by WIC Staff.*	YES	NO	Partial	
3. Staff adheres to established follow-up procedures for mandatory and targeted referrals outlined in the CT State Plan. *CT State Plan: 100-Administration, 101 Outreach Policies, 200-Certification, 200-28 Coordination of Referrals to Other Programs by WIC Staff, 300- Nutrition Services, 300-01 Nutrition Services Overview, 300-09 Nutrition Services Documentation*	YES	NO	Partial	
4. A listing of local resources for drug, alcohol and smoking cessation/counseling programs is maintained, updated and provided to clients and/or parents or caregivers of infant and child participants as appropriate. [CFR 246.7 (n) (1) and (2) and 246.11(a) (3)]; *CT State Plan: 300-Nutrition Services, 300-05 Drug Abuse Information and Referrals*	YES	NO	Partial	

NUTRITION SERVICES: The Local Agency provides quality nutrition services in order to improve the nutritional and overall health of the WIC families to whom it provides services.

The Local agency Program Nutritionist is responsible for the nutrition component and overall delivery of quality nutrition services for the entire local agency.	**STANDARD MET**			**Comments**:
Indicators:				
1. The Program Nutritionist develops the nutrition component of the annual local WIC plan in compliance with Federal and State regulations and guidelines. *CT State Plan: 300-Nutrition Services*	YES	NO	Partial	
2. The Program Nutritionist spends at least eight (8) hours per month at each permanent site. *CT State Plan, Sec 2, Nutrition Services*	YES	NO	Partial	
3. The Program has met the Outcome and Process objectives during the last year.	YES	NO	Partial	
4. The Local Agency has completed Chart Audits according to State guidelines.	YES	NO	Partial	
5. Special formula procedures are being followed.	YES	NO	Partial	

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
COMMUNITY HEALTH AND PREVENTION SECTION
WIC PROGRAM

CONNECTICUT WIC PROGRAM MANAGEMENT EVALUATION REPORT
ADMINISTRATIVE (PROGRAM OPERATIONS) REVIEW

CONTRACTOR: _____ WIC Program **SITES:**

PROGRAM STAFF:

DATES:

DATE OF EXIT CONFERENCE: _____ (Management), _____ (Staff)

STAFF PRESENT AT EXIT CONFERENCE: (State and Local)

DATE OF FINAL REPORT:

PROGRAM REVIEWER(S):

_____

Carol Castro Date

APPROVED BY SUPERVISOR:

_____

Marge Chambers Date

ADMINISTRATION: Staffing, Organization and Caseload Management

The local agency ensures that staffing is appropriate for the amount and types of services provided.

The staffing structure is appropriate and staff education and experience are appropriate for assigned responsibilities	**STANDARD MET**	**Comments:**
Indicators:		
1. There are written job descriptions for each staff position. *CT State Plan: 100-Administration, WIC 100-01 Local WIC Agency Staffing 7 CFR 246.2; NSS Standard #3*	YES NO Partial	
2. There is a current organizational chart	YES NO Partial	
3. Staffing pattern at all sites, including satellites is periodically assessed to ensure effective delivery of services.*7 CFR 246.3(e); NSS Standard #4*	YES NO Partial	
4. Staff is equitably assigned to work staggered lunch, evenings, weekends.	YES NO Partial	
5. The local agency WIC staff racial/ethnic profile matches the population served.	YES NO Partial	
6. Each job duty is performed by the appropriate staff member.	YES NO Partial	

Staff are trained appropriately. (Program assistants and clerks)

All new staff are oriented to the program. *7 CFR 246.11(c)(2); NSS Standard #5*	**STANDARD MET**	**Comments**:
Indicators: 1. New staff attends State orientation training. *CT State Plan: 100-Administration, WIC 100-06 State Office Sponsored Meetings NSS Standard #5* 2. New staff receives timely local agency orientation.	YES NO Partial YES NO Partial	
Staff receive(s) regular in-service training.		
Indicators: 1. There is evidence of attendance at Statewide meetings. *CT State Plan: 100-Administration, WIC 100-06 State Office Sponsored Meetings* 2. There is evidence of local agency in-service training of staff. (Updated training log) 3. There is evidence of regular staff meetings. *CT State Plan 100-Administration, WIC 100-07 Communications*	YES NO Partial YES NO Partial YES NO Partial	

The organizational structure reflects adherence to good management practices.

Staffing standards are in accordance with Federal regulations and State policies	**STANDARD MET**	**Comments**:
Indicators: 1. Budgeted staff in the approved annual budget matches current staffing. 2. Time studies are conducted as specified in	YES NO Partial YES NO Partial	

the current state WIC Procedure Manual. *CT State Plan: 100-Administration, WIC 100-11 Submission of Local Agency Reports.*		
3. The State agency is promptly notified when vacancies occur. Also, the State is notified timely when the local has difficulty filling vacancies. *CT State Plan: 100-Administration, WIC 100-01 Local Agency Staffing*	YES NO Partial	

—

ADMINISTRATION: Staffing, Organization and Caseload Management

Caseload management supports effective food fund management.	**STANDARD MET**	**Comments**:
Indicators: 1. Clients are encouraged to cash all WIC checks issued to them. 2. The non-redemption rate for checks issued to clients is within acceptable State limits. (5 %)	YES NO Partial YES NO Partial	

ADMINISTRATION: Records

Retention of records is handled according to Federal and State policy	**STANDARD MET**	**Comments:**
Indicators: 1. The local program maintains full and complete records for food delivery, certification, outreach, vendors, civil rights, and fair hearings. 7 CFR 246.25; *CT State Plan, 100-Administration, WIC 100-05 Local Agency Records* 2. Records are retained for a minimum of three years. 7 CFR 246.25 *CT State Plan, 100-Administration, WIC 100-05 Local Agency Records*	YES NO Partial YES NO Partial	
Destruction of records is conducted in a manner that protects confidentiality		
Indicators: 1. Copy of the written request and the Public Records	YES NO Partial	

Administration approval to destroy outdated files/records is on file in the local agency. *CT State Plan, 100-Administration, WIC 100-05 Local Agency Records*		

CLINIC SCHEDULING AND CLIENT FLOW

Clinic schedules and site operations are designed to effectively serve caseload.	**STANDARD MET**	**Comments**:
Indicators:		
1. Local agency regular/extended/weekend office hours are prominently displayed and reflect actual program hours of operation at main site and satellites *CT State Plan, 100 Administration, WIC 100-09 Local Agency Office Hours and Scheduling*	YES NO Partial	
2. Special accommodations (late evening, Saturday morning, alternate clinic sites) are made available for applicants/participants who are employed, who live in rural areas, students or any other individual who depends on another for transportation or who requests a convenient appointment. *7 CFR 246.7 (b) 4 CT State Plan, WIC 100-09 Local Agency Office Hours and Scheduling*	YES NO Partial	
3. Clients are reminded of their appointments (telephone and mail). *CT State Plan: 100-Administration, WIC 100-02 Caseload Management*	YES NO Partial	
4. There is an established appointment policy for late shows, no shows and walk-ins. Clients are informed of the policy. *CT State Plan: 100-Administration, WIC 100-02 Caseload Management*	YES NO Partial	
5. The local agency tracks no show rate, develops effective procedures to reschedule no-shows and there is supportive documentation.	YES NO Partial	
6. Applicants are notified of their eligibility within the standard time frame. 7 CFR 246.7 (f); *CT State Plan, 200-Certification, WIC 200-01 Certification and Processing Standards*	YES NO Partial	

CLINIC ENVIRONMENT AND CUSTOMER SERVICE

The local agency ensures that nutrition services are provided in an environment that promotes that health and well-being of their participants. The local agency ensures that WIC services are customer-friendly and responds to meet the individual needs of clients. *NSS Standard #2*

The clinic and staff are client centered.	**STANDARD MET**	**Comments:**
Indicators:		
1. Clinic space is clean, attractive, comfortable and safe.	YES NO Partial	
2. The local agency has an announced public policy against smoking where WIC program functions are performed. *CT State Plan: 100-Administration, WIC 100-10 Smoking Policy*	YES NO Partial	
3. The waiting area is child friendly (activities/play area) and conducive to learning.	YES NO Partial	
4. Participants are triaged appropriately and communicated with timely upon entering the WIC service area.	YES NO Partial	
5. WIC staff are polite and use a customer-friendly manner (deals effectively with upset/emotional participant)	YES NO Partial	
6. WIC staff is sympathetic to participant's challenges/interests and language needs.	YES NO Partial	
7. Client confidentiality is protected. There is privacy for income verification, intake, screening, referral and counseling. *7 CFR 246.26 (d)(1)(i)*	YES NO Partial	
8. Information on health and social services is available in different languages and reflects the interests of different cultures. *7 CFR 246.11.(c)(3)*	YES NO Partial	
9. There are restrooms, a diaper changing area and drinking water. *7 CFR 15b.18*	YES NO Partial	
10. There is a designated space for breastfeeding. *7 CFP 246.11 (c)(7)(i)*	YES NO Partial	

CERTIFICATION PROCESS

The local agency follows Federal and State regulations and policies for participant certification.

The intake procedure from current State Plan policies is followed.	**STANDARD MET**	**Comments:**
Indicators:		
1. Staff use good interpersonal skills when conducting an intake. *CT Customer Service Module, VENA: Rapport Building*	YES NO Partial	
2. A properly completed and signed certification form is present in each participant's file, showing date of application & date of certification.	YES NO Partial	
3. 185% of the Federal Poverty Income Guidelines is used to evaluate an applicant's eligibility.	YES NO Partial	
4. Adjunctively income eligible applicants are certified according to policy.	YES NO Partial	
5. The identity requirement is verified at (re) certification.	YES NO Partial	
6. The residency requirement is verified at (re) certification & change of address.	YES NO Partial	
7. Applicants found ineligible during a (re) certification visit are given a copy of a completed and signed **Notice of Participant Action** Form and if requested provided with procedures to Request for a Fair Hearing. Verbal notification is given when ineligibility is determined over the phone. *CT State Plan: 200-Certifcation, 200-21 Applicant/Participant Ineligibility, Termination and Disqualification*	YES NO Partial	
8. An **"Ineligible Applicant File"** containing the certification form, **Notice of Participant Action** is kept at the local agency for applicants that are found ineligible after applying for benefits *in person* at the clinic.	YES NO Partial	
9. The certification procedure is performed at **no cost** to the applicant.	YES NO Partial	
10. The appropriate procedure for issuance of WIC ID folder/Food List is followed and the alternate/caretaker signature (when applicable) appears on the folder. Staff explain both roles appropriately and stress the role of the payee in WIC participation.	YES NO Partial	
11. Staff gives the opportunity to clients to designate an alternate to shop with their WIC checks or a caretaker to perform mid-	YES NO Partial	

certifications and/or second contacts when necessary. 12. The selection of an alternate is documented in the participant file; and declination is documented in SWIS, Screen 111. 13. At least two people are involved in the certification process for each participant. *7 CFR 246.4 (a)26(iii)CT State Plan: 200-Certification, WIC 200-13 Completion of Certification Forms and Separation of Duties* 14. Efficient clinic flow and scheduling is evidenced by minimum wait time and appropriate resource allocation.	YES NO Partial YES NO Partial YES NO Partial	

CERTIFICATION PROCESS: New Client Orientation

Newly certified participants are oriented to the Program, and information is reviewed with (re) certified clients.	**STANDARD MET**	**Comments**:
Indicators: *1.* General purpose and scope of WIC is explained to participants. *CT State Plan: 200-Certification, 200-16 WIC Program Orientation* 2. The use of WIC checks is explained to the participant. *CT State Plan: 200-Certification, WIC 200-16 WIC Program Orientation and 400-Food Delivery, WIC 400-02 Initial Enrollment in the Food Delivery System* *3.* Each participant, parent or guardian (except alternate) reads/is read to the Rights & Responsibilities section of the certification form. *7 CFR 246.7 (j); State Plan: 200-Certification, 200-13 Completion of Certification Forms and Separation of Duties* 4. A list of authorized WIC vendors/retailers is provided to participants. 5. The WIC Approved Food List/WIC ID folder is explained and provided to payee/alternate/caretaker. *CT State Plan: 400-Food Delivery, WIC 400-03 Approved Food List/Participant ID Booklet* 6. Clients are provided an explanation of circumstances where they may be automatically terminated from the Program. Failure to pick up checks for two (2) consecutive months and failure to	YES NO Partial YES NO Partial YES NO Partial YES NO Partial YES NO Partial YES NO Partial	

recertify. *7 CFR 246.7 (3)(i) CT State Plan: 200-Certification, WIC 200-16 WIC Program Orientation* 7. Clients are given an opportunity to ask questions.	YES NO Partial	

VERIFICATION OF CERTIFICATION (VOC) - Transfers

Participants who relocate during a certification period are provided with the opportunity to continue to receive program benefits.	**STANDARD MET**	**Comments**:
Indicators: 1. Connecticut WIC Program SWIS generated out of State VOC form is printed out, completed, and issued in accordance with current policy. (Transfer out) 2. Out of State VOC forms/cards are accepted as proof of eligibility for program benefits for participants who have been receiving program benefits. (Transfer In)	YES NO Partial YES NO Partial	

INELIGIBILITY, TERMINATION AND DISQUALIFICATION

If Participants are terminated during the certification period or not re-certified it is done in accordance with federal regulations and procedures in the current state WIC plan.	**STANDARD MET**	**Comments:**
Indicators: *1.* A person who is about to become *no longer categorically eligible*, or disqualified is advised in writing not less than 15 days before the termination or disqualification suspension. A **Notice of Participant Action** is completed, signed and filed in the participant file. A copy is given to the participant. *CT State Plan: 200-Certifcation, 200-21 Applicant/Participant Ineligibility, Termination and Disqualification* 2. WIC participants whose family income exceeds the income guidelines prior to their fifth month of having been certified are terminated. 7 CFR 246.7(h) (1) *CT State Plan: 200-Certification, 200-21 Applicant/ Participant Ineligibility, Termination and Disqualification* *3.* WIC participants who are adjunctively income eligible are	YES NO Partial YES NO Partial YES NO Partial	

	terminated only after their income eligibility has been reassessed based on the income screening procedures used for applicants who are not adjunctively eligible. *7 CFR 246.7 (h) (1) (ii) CT State Plan: 200-Certification, WIC 200-21 Applicant/ Participant Ineligibility, Termination and Disqualification*		
4.	Follow up via phone/mail is provided to clients for failure to pick up checks for two (2) consecutive months or for failure to (re) certify (the Automated Termination Process (ATP) report)**.**	YES NO Partial	
5.	The Purge Process Report is used to purge inactive participant files.	YES NO Partial	

CIVIL RIGHTS:
The local agency **actively** informs applicants and participants of their Rights and Responsibilities.

The local agency informs persons of the nondiscrimination policy and of their rights to file a complaint of discrimination. ***7 CFR 246.8 and 246.9***	**STANDARD MET**	**Comments**:
Indicators:		
1. The USDA non-discrimination poster "And Justice for All" and the State poster "Discrimination is Illegal" are displayed at each local agency and check distribution site. *CT State Plan: WIC 104-Civil Rights, WIC 104-01 Nondiscrimination Clause*	YES NO Partial	
2. The USDA non-discrimination statement is included on all publications, outreach materials, handouts, referral materials, leaflets and brochures. *CT State Plan: WIC 104-Civil Rights, WIC 104-01 Nondiscrimination Clause*	YES NO Partial	
3. Participants are informed of their rights and responsibilities prior to signing the back of the certification form. *CFR 246.8 CT State Plan: 200-Certification, WIC 200-13 Completion of Certification Form and Separation of Duties*	YES NO Partial	
4. During a certification/re-certification visit in which an applicant is found ineligible, or a participant is going to be categorically terminated or disqualified from the WIC program, each individual is notified in writing of the right to a fair hearing. 7 CFR 246.7(h) (1)] *CT State Plan: 200-Certification, 200-21 Applicant/ Participant Ineligibility, Termination and Disqualification*	YES NO Partial	
5. Have there been any hearing requests during the last 2 fiscal years?	YES NO Partial	
6. The local agency follows established procedures for handling civil rights complaints. *7 CFR 246.9; CT State Plan: 104-Civil Rights, WIC WIC104-03 Discrimination Complaints*	YES NO Partial	
7. All participants are offered the opportunity to register to vote. Voter Registration forms are available. Voter Registration status is documented. *CT State Plan: 105-Voter Registration, WIC 105-01 Compliance with the National Voter Registration Act of 1993*	YES NO Partial	

CIVIL RIGHTS:
Local WIC agencies and vendors comply with nondiscrimination laws and regulations.

Local agency staff receives training in civil rights enforcement.	**STANDARD MET**	**Comments**:
Indicators: 1. All new employees receive civil rights training as part of staff orientation procedures. 2. Staff is aware of procedure in the event of a complaint. *CT State Plan: 104-Civil Rights, WIC 104-03 Discrimination Complaints* 3. There is a LA person responsible for coordinating civil rights procedures. 4. Have there been any discrimination complaints during the last 2 fiscal years?	YES NO Partial YES NO Partial YES NO Partial YES NO Partial	
No qualified person is subject to discrimination in employment.		
Indicators: 1. The local WIC program complies with local agency/host agency employment nondiscrimination policies and procedures.	YES NO Partial	
Racial and ethnic participation data are collected as required by OMB.		
Indicators: 1. Ensure racial/ethnic data collection/documentation policy is followed according to OMB standards. 7 CFR 246.8 (a)(3); *CT State Plan: 104-Civil Rights, WIC 104-02 Racial/Ethnic Data Collection and Reporting*	YES NO Partial	

CIVIL RIGHTS:

Local WIC vendors serve all persons equally and treat WIC program participants the same as other customers.	**STANDARD MET**	**Comments**:
Indicators: 1. The local agency follows established procedures to handle participant complaints against WIC vendors 2. Participant complaints against area vendors are reviewed as needed at the State Office.	YES NO Partial YES NO Partial	

CIVIL RIGHTS: Services are not denied to any qualified applicant based on race, color, national origin, age, sexual orientation or handicap.

Where a significant number or proportion of the population eligible to be served needs service or information in a language other than English in order to be effectively informed of or to participate in the program, the local agency takes reasonable steps to provide information in appropriate languages to such persons.	**STANDARD MET**	**Comments**:
Indicators: 1. Translated versions of written materials are available if needed. 2. Interpreter services are available if needed.	YES NO Partial YES NO Partial	
Operational procedures, site locations, appointment scheduling and hours of operation do not have the effect of discrimination against persons based on race, color, national origin, sexual orientation or handicap.		
Indicators: 1. Handicapped persons have access to WIC local agency. 2. The location of the WIC clinic is accessible via public transportation, on bus route, etc.	YES NO Partial YES NO Partial	

3. There is available parking for WIC clients.	YES NO Partial	

OUTREACH:
The local agency has an effective outreach program.

There is an effective public notification program to encourage participation and inform all potential participants, particularly minorities and women in the early stages of pregnancy, of the availability of the Program and made available in different languages.	**STANDARD MET**	**Comments**:
Indicators:		
1. The local agency has an outreach plan, which addresses their agency specific goals for outreach.	YES NO Partial	
2. The local agency annually publicizes the availability of WIC benefits including eligibility criteria and the location of local agency offices in newspapers serving that program's area. *CFR 246.4 (a) (7); CT State Plan: 101 Outreach, WIC 101-01 Publicity*	YES NO Partial	
3. There is documentation that participants are informed of any significant program changes such as revisions in income eligibility standards, revised hours of service, locations of new clinics, changes in formula policy, etc.	YES NO Partial	
4. Outreach materials are available in the appropriate language when a substantial number of persons in the service area speak that language. *CT State Plan: 101 Outreach, WIC 101-06 Materials Development and Tracking of Outreach Activities*	YES NO Partial	
5. All outreach materials promote the WIC Program as a community nutrition program and are targeted to potentially eligible individuals. Materials reflect the ethnic and cultural groups in the community and include the non-discrimination statement. *CT State Plan: 101 Outreach, WIC 101-06 Materials Development and Tracking of Outreach Activities*	YES NO Partial	

OUTREACH:
The local agency has established **collaborative relationships** with appropriate community agencies for the purpose of improving access to services.

There is regular on-going contact with physicians' office, medical clinics, public health clinics, and other major referral sources in the community.	**STANDARD MET**	**Comments:**
Indicators: 1. Updated written program information is distributed at a minimum **twice a year** to hospitals, private physicians, local clinics, social agencies, faith-based organizations, neighborhood centers, welfare agencies, unemployment offices, farm worker organizations, homeless facilities, and other organizations in the service area that serve potential WIC eligible persons. *CT State Plan: 101 Outreach, WIC 101-04 Coordination of Services-Referrals to the WIC Program*	YES NO Partial	

Where appropriate, written agreements are in place between the local agency and other health and social service agencies in the community.	**STANDARD MET**	**Comments:**
Indicators: 1. There are written agreements with other appropriate community agencies. 2. WIC services are coordinated with other community Services. *CT State Plan: 300-Nutrition Services, 300-07 Coordination with other Community Resources* 3. Service agreements with consolidated service areas are in place. 4. Agreements are in place between WIC and the host agency in order to allow access to or share WIC participant information. *7CFR 246.26*	YES NO Partial YES NO Partial YES NO Partial YES NO Partial	

REFERRALS

The need for referrals to other health and social service programs is assessed, and appropriate referrals are made and documented in SWIS. ***7 CFR 246.7 (b) (1) – (3).***

Appropriate referrals are made to community health and social service agencies.	**STANDARD MET**	**Comments**:
1. Indicators:The "Selected Referrals" brochure is given to applicants during initial certification. *CT State Plan: 200-Certification, WIC 200-14 Mandatory Referrals during Certification Process*	YES NO Partial	
2. The need for referrals to Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA), HUSKY A/ Medicaid, Child Support Enforcement Program, the Expanded Food and Nutrition Education Program (EFNEP), Children with Special Health Care Needs (CSHCN), and Birth-To-Three, Head Start, alcohol and drug abuse, domestic violence intervention, and other family service programs is assessed and referral made, as appropriate, and documented in SWIS, Screen #102. (Screen #106 for Nutritionists only). *CT State Plan: 200-Certification, WIC 200-14 Mandatory Referrals during Certification Process and 200-28 Coordination of Services – Referrals to other programs by WIC staff*	YES NO Partial	
3. Local agencies follow established Referral Guidelines and develop procedures to communicate about client referrals between the Program Assistants/Clerks and the Nutrition staff to promote continuity of care	YES NO Partial	
4. A local resource list is available to applicants and participants. *CT State Plan: 200-Certification, WIC 200-28 Coordination of Services – Referrals to other program by WIC staff*	YES NO Partial	

FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY:
Blank check stock receipt, storage, security and inventory procedures assure adequate control of check stock.

Receipts of check stock are thoroughly tracked. Indicators: 1. All blank receipts shipped to the local agency are verified with the transmittal document listing the first and last number of the checks. 2. The packing slip is signed and returned immediately to the state agency. 3. Any discrepancies are noted on the receiving report.	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial	**Comments**:
Check storage & inventory procedure protocol are followed. Indicators: *1.* Unused check stock is kept in a locked storage unit at all times except when opened for issuance, restocking or inventory. *CT State Plan: 400 Food Delivery, WIC 400-08 Theft and/or Lost of WIC Checks* 2. Access to check storage is restricted to authorized staff only. *3.* Each month the local agency performs a reconciliation of perpetual and physical inventories of the un-issued check stock and it is submitted monthly to the State Office. *CT State Plan: 400 Food Delivery, WIC 400-09 Unused Check Stock Inventory*	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial	**Comments**:

FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY:
Checks are printed and issued to participants in accordance with Federal regulations and state policies.

Checks are printed according to state computer system procedures. Indicators: 1. Checks are not preprinted. If yes, explain circumstances. 2. No hand-written checks are issued. 3. Checks are printed and issued in numerical sequence. 4. No changes are made to printed checks.	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial YES NO Partial	**Comments**:
Checks are issued according to Federal regulations and state procedures. Indicators: 1. Checks are issued at the same time as notification of certification. 2. Checks are issued for a one to three month period. 3. Payees or their authorized caretakers pick up and sign for their checks. 4. Check stubs are signed and initialed by payee/caretaker. 5. Food package changes are issued by CPA only.	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial YES NO Partial YES NO Partial	**Comments**:
Check certification procedures are separated from issuance procedures. Indicators: 1. Individuals having authority to certify do not issue checks, and individuals who issue checks do not certify applicants. There are always two persons involved in the certification process.	**STANDARD MET** YES NO Partial	**Comments**:

FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY:
There are adequate controls for voided, returned, lost or stolen checks.

Voided and returned checks are handled according to state policy. Indicators: 1. "Void" is noted on all computer-voided checks. 2. SWIS shows matching voided checks marked with a "V". 3. A responsible staff reviews the number of voided and reissued checks, and takes steps to resolve as needed.	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial	**Comments**:
Lost or stolen checks are handled according to state policy. Indicators: 1. The WIC-10 "Lost or Stolen Check Report" is completed for all reported occurrences of damaged, lost, or stolen checks. The original copy is placed in the participant's file. 2. New check numbers are recorded on the WIC –10 report, and the participant is informed that the use of checks reported lost or stolen is fraud. 3. Replacement checks are issued only when State Office grants permission.	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial	**Comments**:

VENDOR RELATIONS:

There is an appropriate number and distribution of authorized WIC retailers to assure adequate participant convenience and access.

<u>The local agency maintains a vendor file which contains the following:</u> Indicators: 1. A list of authorized vendors including store name, address, WIC vendor number and contact name. 2. Other pertinent information such as documentation of the telephone conversations with the vendor and complaints received about the vendor. *See also Civil Rights*	**STANDARD MET** YES NO Partial YES NO Partial	**Comments**:
<u>No conflict of interest exists between WIC staff and vendors.</u> Indicators: 1. There is no evidence that participants are being inappropriately instructed to use only certain vendors. 2. The local agency feels that they have enough authorized vendors. 3. If a relationship exists, such as a WIC person working part-time for a vendor or relatives of a WIC staff person owning a grocery authorized as a WIC vendor, the relationship is disclosed in writing and is on file at the local agency.	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial	**Comments**:

PARTICIPANT FEEDBACK

<u>Participant opinions of services are used to improve program operations. (Cross-reference with nutrition services).</u> Indicators: 1. A participant survey is done each fiscal year. *CT State Plan: 300-Nutrition Services, WIC 300-08 Participant Feedback*	**STANDARD MET** YES NO Partial	**Comments**:
2. There is documentation that feedback from surveys is used to improve services. *CT State Plan: 300-Nutrition Services, WIC 300-08 Participant Feedback*	YES NO Partial	

FARMERS' MARKET:
Farmers' Market Nutrition Program (FMNP) is promoted in areas where farmers' markets are available to improve intake of fruits and vegetables among WIC participants between June and October of each year.

Farmers' Market orientation is provided to eligible WIC participants. Indicators: 1. All staff is appropriately trained in Farmers' Market procedures. 2. Farmers' Market recipients receive information about location, FM coupon replacement, eligible FM items, FM coupon redemption procedures, including use, FM coupon value, time frames, etc, and FM nutrition education material. 3. FM nutrition education is provided.	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial	**Comments**:
Allocation and Distribution Procedures are being followed as stated in WIC Staff Administrative Procedures for issuing Farmers' Market checks. Indicators: 1. Only one set of FM coupons is issued to participants. 2. FM coupons are issued only to eligible recipients.	**STANDARD MET** YES NO Partial YES NO Partial	

FARMERS' MARKET:

<u>Farmers' Market vouchers are secure and issuance is documented.</u> Indicators: 1. Coupons are stored in a locked location. 2. Signatures from the registers match dated and authorized signatures in participant record. 3. Check security procedures are followed as stated in the WIC Staff Administrative Procedures. 4. Procedures for voided coupons are followed as stated in the WIC Staff Administrative Procedures.	**STANDARD MET** YES NO Partial YES NO Partial YES NO Partial YES NO Partial	**Comments**:
<u>Promotion and outreach is conducted on Farmers' Market.</u> Indicators: 1. Coordination with other agencies to promote farmers' market is conducted. 2. Outreach activities such as newspaper/radio spots are conducted to promote the farmers' market.	**STANDARD MET** YES NO Partial YES NO Partial	**Comments**:
<u>Monitoring and evaluation of the Farmers' Market is conducted yearly.</u> Indicators: 1. Ten percent (10%) of farmers' market is monitored yearly. 2. Farmers Market participant satisfaction survey is conducted yearly.	**STANDARD MET** YES NO Partial YES NO Partial	**Comments**:

Connecticut Local Agency Nutrition Services Clinic Observation Tool

This tool was developed for use with all types of WIC appointments. All sections may not apply to all appointments. The gray shaded areas should be used for certification and re-certification appointments. The light-yellow shaded areas can be used for all appointments and participant categories.

Local Agency staff: _____

Local agency/Site #: _____

Monitor: _____

Appointment and Participant Description	
Appointment type (Circle type)	Initial Certification Re-certification High risk Second Nutrition Education contact Other
Participant Category (Circle type)	Pregnant Breastfeeding Postpartum woman Infant Child
Time scheduled: **Time in clinic:**	

Customer Service **Time:**

- ❑ **Participant greeted by receptionist or other clinic staff.**
- ❑ **Assess the visit, and determine if paperwork is required, (if so, it is explained to participant).**
- ❑ **Participant is notified of expected wait time (as appropriate).**
- ❑ **Participant is informed that nutrition education is an integral part of the WIC Program and will be offered at every visit.**

Notes:

Income, Residency and Identity **Time:**

- ❑ **Income is checked and documented (Adjunctive income is verified)**
- ❑ **Residency is checked and documented**
- ❑ **Physical presence requirement is followed**
- ❑ **Separation of duties is observed**
- ❑ **Rights and Responsibilities are explained to participant**

Notes:

Anthropometrics and Blood work Time:

- ❑ If done at local clinic, proper technique is used for measurements (Height/Length and Weight)

Height/Length: **Weight:**

Bloodwork result: **Hct/Hgb**

*Children should have recumbent length taken until age 2 years.

Notes:

Nutrition Assessment, Risk Determination
Nutrition Education Time:

WIC Nutrition Assessment:

- ❑ Nutritionist or paraprofessional reviews diet assessment form with participant
- ❑ Nutrition risk eligibility is explained to participant

Notes:

Nutrition Education:

- ❑ Nutrition education is relevant to nutrition risk
- ❑ Appropriate referrals are made
- ❑ Counseling is individualized for participant's category, nutrition risk etc…
- ❑ Nutrition goal is selected by participant
- ❑ Nutrition education materials provided? List
- ❑ Nutritionist will reinforce the value of nutrition education and discuss participant's role in determining relevant nutrition education topics.

Notes:

High Risk Follow-up Time:

- ❑ Qualified staff provides nutrition assessment and education
- ❑ Appropriate referrals are provided to participant and/or prior referrals are followed up on
- ❑ Nutrition education is relevant to nutrition risk
- ❑ Client concerns/questions adequately addressed
- ❑ Nutrition education materials provided and explained? List:

Notes:

Individual/Group Second Nutrition Education Time:

- ❑ Qualified staff provides nutrition education building upon nutrition education at previous visit.
- ❑ Second contact is relevant to participant category
- ❑ Participant questions are addressed
- ❑ Appropriate referrals are made and/or prior referrals are followed up on
- ❑ Nutrition education materials provided and explained? List:

Notes:

Breastfeeding Support and Education Time:

- ❑ Qualified staff provides breastfeeding information
- ❑ Breastfeeding education is tailored to participant's needs
- ❑ Appropriate intervention and referrals are made and/or prior referrals followed up on
- ❑ Breastfeeding education materials provided and explained? List:

Notes:

Food Prescription Time:

- ❑ Appropriate staff discusses Food Package selection
- ❑ If enrollment appointment the Food delivery system (i.e. How to use WIC Checks) is explained
- ❑ Participant is asked about any Food Package changes at re-certification and second nutrition education contacts
- ❑ Information is provided on how to use WIC foods
- ❑ State agency WIC Authorized Food List provided and explained

Notes:

Connecticut WIC Program
Local Agency Observation Tool Guidance

Appointment and Participant Description	Suggested Action
Appointment Type	Observe how staff determines what kind of appointment the client is scheduled for and how this information is used to determine what type of paperwork is needed for the visit.
Participant category	Determine the appropriate category of the participant.
Time scheduled	Observe if the client's appointment time is verified by checking the schedule.
Time in clinic	Record the time that the client arrives and the time that the client is leaving the office.
Customer Service	**Suggested Action**
Participant greeted by receptionist or other clinic staff.	Observe if the client is acknowledged when she/he approaches the reception area.
Assess the visit, and determine if paperwork is required.	Is the client screened for the appropriate paperwork?
Participant is notified of expected wait time (as appropriate)	Did staff share the approximate wait time (offer client to reschedule as appropriate)
Participant is informed that nutrition education is an integral part of the WIC Program and will be offered at every visit.	Listen to hear if staff informs clients that at each visit they will be offered nutrition education prior to receiving checks.
Income, Residency and Identity	**Suggested Action**
Income is checked and documented(Adjunctive income is verified)	Observe the process used to verify Medicaid eligibility and requesting/documentation of other income.
Residency is checked and documented	What is requested from the client to verify residency?
Physical presence requirement is followed	How is this documented and when can it be waived.
Separation of duties is observed	Are two people involved in a certification visit and are signatures in the designated place to verify that this occurred.
Rights and Responsibilities are explained to participant	Are participants asked to read the Rights and Responsibilities section of the Certification Form before they sign their name? If applicable, participant is offered the opportunity to register to vote.

Anthropometrics and Blood work	Suggested Action
If done at clinic, proper technique is used for measurements (Height/Length and Weight)	Observe staff to assess how they use the equipment and the accuracy of measurements.
Bloodwork results	When client arrives with bloodwork results, observe if staff verifies that the information is current and then documents results in SWIS. If the client states that bloodwork was drawn but he/she did not have the results, staff should call the Health Care Provider (HCP) for the results (if time allows) and document the source of the bloodwork results on the certification form. Otherwise, if bloodwork is not available, there should be a note on the certification form or in SWIS to indicate that the client must only be issued one month's worth of checks.
Nutrition Assessment, Risk Determination, Nutrition Education	**Suggested Action**
WIC Nutrition Assessment **Nutritionist or paraprofessional reviews diet assessment form with participant**	Are open-ended questions used during the assessment?
Nutrition risk eligibility is explained to participant	Observe if the questions are covered in a conversational manner and if the assessment is complete.
Nutrition Education **Nutrition education is relevant to nutrition risk.**	Is appropriate risk(s) identified? How is this presented/explained to the participant? Does staff connect the risk factor(s) to the education that is being provided to the participant? Accuracy of information provided.
Appropriate referrals are made.	Is the need for an appropriate referral identified/offered to the participant and is the referral documented? If there was a prior referral, did staff conduct a follow-up with the participant?
Counseling is individualized for participant's category, nutrition risk etc….	Is staff addressing the most pressing nutritional problem identified as well as the problem the participant is most interested in? Is staff demonstrating good time management?
Nutrition goal is selected by participant	Assess if staff assist participant in setting their own personal goal.
Nutrition education materials provided?	Was the appropriate education material offered and was it reviewed with the participant?
Nutritionist will reinforce the value of nutrition education and discuss participant's role in determining relevant nutrition topics.	Was the Nutritionist able to convey to the participant the value of good nutrition and its relationship to positive health outcomes or health and well-being? Was the participant engaged in identifying other relevant nutrition topics? Was the contact participant centered and not participant driven?
High Risk Follow-up	**Suggested Action**
Qualified staff provides nutrition assessment and education	Assess if the assessment and education was provided by the appropriate staff. Question competency of the staff.

Appropriate referrals are provided to the participant and/or prior referrals followed upon	Is the need for an appropriate referral identified/offered to the participant and is the referral documented? If there was a prior referral, did staff conduct a follow-up with the participant?
Nutrition education is relevant to nutrition risk	Is appropriate risk(s) identified? How is this presented/explained to the participant? Does staff connect the risk factor(s) to the education that is being provided to the participant? Accuracy of information provided.
Client concerns/questions adequately addressed.	Was the participant given an opportunity to ask questions? Determine if staff adequately addressed client's questions/concerns.
Nutrition education material provided and explained.	Determine if education material is appropriate and was it reviewed with the participant.

Individual/Group Second Nutrition Education	**Suggested Action**
Qualified staff provides nutrition education building upon nutrition education at previous visit.	Did staff address the participant's progress in relation to goals that were previously set?
Second contact is relevant to participant category.	Ensure that secondary individual/group education is category specific and include education that is pertinent to the client instead of a nutrition education brochure on a random topic.
Participant questions are addressed	Was the participant given an opportunity to ask questions? Determine if staff adequately addressed client's questions/concerns.
Appropriate referrals are made and/or prior referrals followed upon and/or prior referrals followed upon?	Is the need for an appropriate referral identified/offered to the participant and is the referral documented? If there was a prior referral, did staff conduct a follow-up with the participant?
Nutrition education materials provided and explained?	Determine if education material is appropriate and was it reviewed with the participant.
Breastfeeding Support and Education	**Suggested Action**
Qualified Staff provides breastfeeding information	Assess staff knowledge and competency in the delivery of breastfeeding education.
Breastfeeding education is tailored to participant's needs	Is the education and counseling geared to the needs of the participant?
Appropriate intervention and referrals are made and/or prior referrals followed up on?	Did staff ask the appropriate questions in order to assess the participant's success at breastfeeding? Was the need for referral indicated and was a referral made? If there was a prior referral, did staff conduct a follow-up with the participant?
Breastfeeding education materials provided and explained.	Determine if education material is appropriate and was it reviewed with the participant.

Food Prescription	Suggested Action
Appropriate staff discusses Food Package selection	Is staff clear about which staff person is responsible to discuss the Food Package? Was it thoroughly discussed?
If enrollment appointment, the Food delivery system(i.e. How to use WIC Checks) is explained	Is participant informed that they will be automatically terminated if they fail to pick up checks for 2 months in a row? Is participant given an opportunity to select an alternate/caregiver (if appropriate)?
Participant is asked about any Food Package changes at re-certification and second nutrition education contacts	Is participant asked if they wish to make any changes to their food package prior to their checks being printed?
Information is provided on how to use WIC foods	Is participant instructed on how to select and maximize the use of WIC foods in food preparation? Dates to use checks and signing of the checks must be discussed with the participant.
State agency WIC Authorized Food List provided and explained	Ensure that participant is given a Food List and provided with an explanation on how to use when shopping. List of vendors should also be given to participants.

State of Connecticut
Department of Public Health
Special Supplemental Nutrition Program for Women, Infants and Children
Local Agency WIC Monitoring Schedule
FFY2016

Federal Regulations: 246.19

The State WIC agency will conduct on-site programmatic management and nutrition services reviews of local agencies to ensure compliance with Federal and State Regulations bi-annually.

The following local WIC agencies will be reviewed during FY 2016:

- Danbury WIC Program
- East Hartford WIC Program
- Hartford WIC Program
- Meriden WIC Program
- Yale New Haven Hospital WIC Program
- Waterbury WIC Program

SECTION: Administration

SUBJECT: Confidentiality of Applicant and Participant, and Vendor information

Federal Regulations: §246.26 (d) (1)(i)(ii) (2) (i) (ii) (5)(e) (h) Federal Privacy Act of 1974, 5 U.S.C. 552a, Food Stamp Act and de Code of Federal Regulations Section 278.1(q)

POLICY

Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other Federal, State or local law.

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).

Vendor information is confidential, whether it is obtained from the vendor or another source.

Confidential vendor information is any information about a vendor whether it is obtained from a vendor or another source that individually identifies the vendor, except for vendor's name, address, telephone number, web site/e-mail, store type, and authorization status.

Applicant and Participant Information

The Use and Disclosure of Confidential applicant and participant information is limited to:

- Persons directly connected with the administration or enforcement of the WIC Program who the State agency determines have a need to know the information for WIC Program purposes; including
  - personnel from Connecticut local WIC agencies and other WIC State or local agencies,
  - persons under contract with the State agency to perform research regarding the WIC program,
  - persons investigating or prosecuting violations in the WIC program under Federal, State or local law.
- Public organizations for use in the administration of their programs that serve persons eligible for the WIC program*.
- The Comptroller General of the United States for audit and examination authorized by law.
- Host organization as specified in the MOU with the local agency
- Representative of the following programs, as authorized by the Connecticut Department of Public Health:
  - DSS/Medicaid/Husky A;
  - DSS/Supplemental Nutrition Assistance Program (SNAP);
  - Connecticut DPH programs for which we have a signed MOU:
    - Family Health
    - Pregnancy Risk Assessment Monitoring System (PRAMS)
    - Immunization Program
    - Lead and Healthy Homes Program

All requests for confidential information not covered by a MOU must be sent to the State WIC Director.

*The State or local agency must take the following steps before disclosing confidential information to public organizations for non-WIC purposes:

- The chief State health officer must designate in writing the permitted non-WIC uses of the information and the names of the organizations to which information is disclosed.
- The applicant or participant must be notified either at the time of application or through a subsequent notice that the chief State health officer may authorize the use and disclosure of information about their participation in the WIC Program for non-WIC program purposes. This statement must also indicate that such information shall be used by State and local WIC agencies and public organizations only in the administration of their programs that serve persons eligible for the WIC program.
- The State or local agency disclosing the information must enter into a written agreement with the other public organization or, in the case of a non-WIC use by a State or local WIC agency, the unit of the State or local agency that will be using the information.

The written agreement shall be in accordance with 7 CFR.26 (h) (3) (i) (A) (B) (C) (D) (E) (ii)

Participant information may not be released to WIC vendors.

Participant records

All personnel must respect the confidentiality of all information to which they have access and not divulge confidential information without appropriate consent or seek to obtain access to confidential information to which they are not entitled to.

All personal and proprietary information must be kept physically secure and maintained in strict confidence. Reasonable measures must be taken to prevent access by unauthorized persons. Participant files, computer screens, or any other written information must be kept secure at all times in the work area. WIC participant data (names, demographic, and nutrition information), all clinic observations, and electronic transmittal of information must be treated as confidential at all times.

Access to Connecticut's MIS is provided for the sole purpose of facilitating staff job duties/roles. Any work done under a staff person's access code (User ID and password) is recorded and staff shall be responsible for these actions.

Access to information by applicants and participants

The State or local agency shall provide applicants and participants access to all information they have provided to the WIC Program. In the case of an applicant or participant who is an infant or child, the 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.

The State or local agency shall not provide the applicant or participant (or parent or guardian) access to any other information in the file or record such as documentation of income provided by third parties and staff assessments of the 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 pursuant to CFR 246.9.

Vendor Information

The use or disclosure of confidential vendor information is restricted 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 the purposes of these programs.
- Persons directly connected with the administration or enforcement of any Federal or State law.
- A Vendor that is subject to an adverse action.

Any other request for confidential vendor information must be sent to the State WIC Director

Penalties for unauthorized disclosure of confidential information

Confidential information that is disclosed to unauthorized persons or organizations is a misuse of Federal property and may result in prosecution to the full extent of remedies available under Federal and State laws and regulations, including fines, imprisonment, or both.

Disclosing confidential information on individuals is protected under the Federal Privacy Act of 1974, 5 U.S.C. 552a.

Disclosing the SNAP retailer store financial data to unauthorized persons or organizations carries additional penalties under Section 9 of the Food Stamp Act and Code of Federal Regulations Section 278.1 (q).

Confidentiality Statement

All WIC State agency Personnel and WIC Local Agency employees shall read and sign the Connecticut WIC Program Confidentiality Statement.

Upon hire and before any contact with participant and participant records, the local agency WIC staff must read and sign the Connecticut WIC Program Confidentiality Statement.

Keep a copy of the Connecticut WIC Program Confidentiality Statement in the employee's file and send a copy to the State agency no later than 30 days after its completion.