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**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.00  
Effective Date: July 13, 1994  
Revised: April 13, 2023**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Civil Rights Responsibilities of Local Agencies**

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**A. Policy**

1. The local agency shall comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Department of Agriculture regulations on nondiscrimination (7 CFR Parts 15, 15a and 15b), and FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, November 8, 2005 to ensure that no person shall, on the grounds of race, color, national origin, age, sex or handicap, be denied benefits of, or be otherwise subjected to discrimination under the Program. All of the above documents can be accessed on the internet.
2. The local agency shall comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and subsequent regulations and instructions by:
  - a. Signing an assurance document every state fiscal year as part of the conditions of award acknowledging civil rights and non-discrimination practices.
  - b. Notifying the public of the nondiscrimination policy and complaint rights of participants and potentially eligible persons.
  - c. Reviewing and monitoring activity to ensure Program compliance with the nondiscrimination laws and regulations. Allowing review of civil rights compliance by the state agency when requested and quickly resolving any areas of non-compliance.
  - d. Collecting and reporting racial and ethnic participation data as required by Title VI of the Civil Rights Act of 1964.
3. The local agency shall accept complaints of discrimination, in compliance with Policy and Procedure 7.01

4. The local agency shall provide civil rights training to a new employee as part of the orientation to WIC and once every state fiscal year to all staff at either an in-person meeting, virtually, or electronically. Documentation of provision of training shall be maintained and made available for review.

## **B. Procedure**

1. The local agency will notify applicants/participants and the general public, particularly minorities, women, and grassroots organizations of the availability of Program benefits and services, location of local agencies, clinics, as well as hours of operation.
  - a. Notification may consist of letters, leaflets, brochures, bulletins, media advertisements or announcements.
  - b. Vital documents and materials that are critical to program participation must reflect the full version of the current USDA non-discrimination statement, without alteration, in a readable font size (FNS recommends not less than 8-point). Vital documents and materials include, but are not limited to, program rights and responsibilities, notices of eligibility/ineligibility, notices which impact benefits and accessibility such as free language interpretation access for customers with limited English proficiency and reasonable modifications for individuals with disabilities, adverse action notices, sanction notices, program literature, and all state and local agency WIC websites.

### USDA Non-Discrimination Statement ENGLISH (full version)

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written

description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

#### USDA Non-Discrimination Statement SPANISH (full version)

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

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

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

**(1) correo:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 202509410 ; o

**(2) fax:**

(833) 256-1665 o (202) 690-7442 o;

**(3) correo electrónico:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta institución es un proveedor que ofrece igualdad de oportunidades.

If materials are too small to permit the full statement to be included, the material, at a minimum shall include the following short version of the Non-Discrimination Statement, in print size no smaller than the text:

USDA Non-Discrimination Statement ENGLISH (short version)

***This institution is an equal opportunity provider.***

USDA Non-Discrimination Statement SPANISH (short version)

**Esta institución es un proveedor que ofrece igualdad de oportunidades.**

The short version is to be used in very limited circumstances.

- c. Provide information and other materials in languages other than English, as needed.
  - d. Ensure that appropriate staff, volunteers or other translation resources are available to serve non-English speaking or limited English-speaking applicants/participants. Refer to Policy and Procedure 7.02 Limited English Proficiency (LEP) Policy.
  - e. Display the nondiscrimination poster, "And Justice For All," or an FNS approved substitute in prominent places, such as clinic waiting rooms.
2. The local agency must periodically review Program policies and practices to evaluate the effect of those procedures on applicants and participants. In doing so, staff should be monitored to determine if services are being delivered in a manner consistent with civil rights policies. Local agencies shall also allow civil rights compliance reviews when requested by the State

office. Any areas of non-compliance found during any review (local agency, state, or federally driven) shall be quickly resolved.

3. Accommodations must be made for individuals with disabilities to ensure that the Program is accessible to them.
4. The local agency shall report participation by category of women, infants and children and by racial/ethnic categories as defined in FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, November 8, 2005. Reporting shall be accomplished by entering the data in the management information system. More than one racial box can be checked.

Staff shall explain to the applicant or the parent or caregiver of an infant or child applicant that the collection of racial/ethnic categories is for statistical purposes only and has no effect on the determination of their eligibility to participate in the Program. Staff shall tell the person that self-identification is the preferred method of obtaining this information and then ask them their racial designation. Visual identification shall be used only if the applicant or the parent or caregiver of an infant or child applicant refuses to answer.

5. Complaints of discrimination shall be processed consistent with State Policy and Procedure 7.01.
6. The annual staff training on civil rights shall include, at a minimum, the following topics:
  - a. Collection and use of data,
  - b. Effective public notification systems,
  - c. Complaint procedures,
  - d. Compliance review techniques,
  - e. Resolution of noncompliance
  - f. Requirements for reasonable accommodation of persons with disabilities,
  - g. Requirements for language assistance,
  - h. Conflict resolution, and
  - i. Customer service.



7. The local agency shall send documentation of the annual civil rights training by e-mail or fax to the State WIC Civil Rights Coordinator within 15 days of the training. Documentation shall consist of a copy of the meeting agenda, staff sign in sheet and the civil rights annual training agenda.

Attachments:

7.00A Annual Civil Rights Lesson Plan

References:

1. CFR 246.8
2. FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, November 8, 2005
3. USDA, Food and Nutrition Service, Civil Rights Division May 5, 2022 memo regarding “Bostock v. Clayton County, 140 S. Ct. 1731, 590 U.S. (2020).

Revised:

10/01/98	Reference General Administration Bulletin 98-01 (SFP 98-039)
02/15/06	Changed telephone numbers in the Discrimination Statement
04/03/07	Revised nondiscrimination statement
10/01/10	Deleted the requirement that all civil rights documents be kept on file; added that they are accessible by the internet; added in B. 6 topics to cover during training; and B.7. Documentation of training. Added Attachment 7.00A
01/06/12	Added second paragraph in B.4. to state that self-identification is the preferred method to obtain racial designation. Updated revised nondiscrimination statement in B.1.b
10/1/2015	Updated revised nondiscrimination statement in B.1.b, fixed typos in B.1.e and B.7, slight change in wording in B.4, corrected FNS Instruction to 113-1
2/25/2016	Updated nondiscrimination statement in B.1.b based on the non-discrimination statement from the USDA Office of Civil Rights, Compliance Branch October 14, 2015. In Section A.4 - redefined “annual” training as once per state fiscal year
08/22/2018	Clarified the use of the full Non-Discrimination Statement (NDS) vs the short version. Included Spanish versions of the full and short NDS. Added statement 2.a. regarding an acknowledgement of civil rights responsibilities
04/2023	Updated nondiscrimination statement based on USDA Office of Civil Rights May 5, 2022, memo “Bostock v. Clayton County”.

## Annual Civil Rights Lesson Plan

**OBJECTIVE:** All Local Agency WIC staff who have contact with WIC applicants and/or participants shall understand civil rights related laws, regulations, procedures and directives.

WIC staff are required to abide by the provisions in five civil rights laws. The following Civil Rights Laws can be accessed on the internet:

Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d to 2000d-6

Americans with Disabilities Act of 1973 (28 CFR Part 35, Title II, Subtitle A)

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)

Section 504 of the Rehabilitation Act of 1973

Age Discrimination Act of 1975 (45 CFR Part 91)

### CONTENT:

Local agency staff should know the procedures for the following:

1. Racial Collection and Reporting
  - a. Self- identification or visual identification; and
  - b. Ethnicity - Definition  
Two question format
    - i. Hispanic/Latino or Not Hispanic/Latino; and
    - ii. Race - Can select more than one of the following:  
American Indian, Alaskan Native Asian, Pacific Islander,  
Black or African American, Native Hawaiian or Other Pacific  
Islander White.
2. Effective Public Notification Systems
  - a. Program Availability;
  - b. Complaint Information; and

- c. Nondiscrimination Statement.
3. Complaint Handling and Processing Procedures (Policy and procedure 7.01)
- a. The local agency staff is responsible for explaining the complaint system to each applicant/participant. The following information must be provided:
    - i. Anyone can file a complaint of discrimination within 180 days of the alleged act;
    - ii. A complaint can be filed with the Secretary of Agriculture, the Administrator of FNS or the State or local WIC agency; and
    - iii. Local agency staff must assist applicants/participants who wish to file complaints of discrimination;
  - b. All complaints of discrimination received by the local agency, written or verbal, must be accepted and forwarded to the State office immediately, but no later than 5 days after the acceptance of the complaint: and
  - c. Attachment 7.01A must be used to document and forward complaints of discrimination to the State office.
4. Compliance Reviews (Management Evaluations)
- State WIC Program is required to conduct monitoring reviews of local agencies at least once every two years.
5. Resolution of Noncompliance
- If applicable, the State WIC Program shall provide written notice to the local agency indicating the areas of noncompliance and the action required to correct the situation.
- 6 Requirements for Reasonable Accommodation of Persons with Disabilities
- a. Clinic must be accessible to the handicap;
  - b. Nutrition education and other program materials provided in the format preferred by the person making request, i.e. large print, audio tapes, captioned videos, Braille text; and
  - c. Qualified interpreters must be provided for the hearing impaired.

7. Requirements for Language Assistance

- a. Availability of bilingual staff members or interpreters to serve non-English speaking and/or limited-English speaking person; and
- b. Availability of a commercially available telephonic interpretative service.

8. Conflict Resolution

Ensure staff has the authority to resolve applicant and/or participant complaints or know the chain of command to refer the complaint or complainant (Policy and Procedure 7.91).

9. Customer Service (Policy and Procedure 7.90)

- a. Treat all customers with courtesy and respect;
- b. Promptly answer all customers' questions with accurate, objective information;
- c. Resolve all customers' needs with the fewest number of calls possible;
- d. Use language that all customers can easily understand; and
- e. Promptly respond to all customers' concerns and complaints.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.01  
Effective Date: July 13, 1994  
Revised: August 22, 2018**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Civil Rights Complaints of Discrimination**

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**A. Policy**

1. The local agency staff is responsible for explaining the complaint system to each applicant/participant. The following information must be provided:
  - a. Anyone can file a complaint of discrimination within 180 days of the alleged act.
  - b. A complaint can be filed with the Secretary of Agriculture, the Administrator of FNS or the State or local WIC agency.
  - c. Local agency staff must assist applicants/participants who wish to file complaints of discrimination.
  - d. All WIC staff at the local and state level shall protect the confidentiality and Privacy Act rights of civil rights complainants at all points during the complaints process.
2. All complaints of discrimination received by the local agency, written or verbal, shall be accepted and forwarded to the State WIC Program Civil Rights Coordinator immediately, but no later than 5 calendar days after the acceptance of the complaint.
3. Attachment 7.01A shall be used to document and forward complaints of discrimination to the State office.
4. All complaints of discrimination received by the State office shall be forwarded to the USDA Mid-Atlantic Regional Office Civil Rights Coordinator no later than 5 calendar days after receipt of the complaint.

**B. Procedure**

1. When a complaint is filed, a case file shall be created and maintained with all pertinent information. This case file shall be retained until all issues are resolved or until the end of the three-year retention period, whichever is later.

2. The local agency shall complete Attachment 7.01A which must be used for gathering and submitting information when a complaint of discrimination is made. The following information is required:
  - a. Name of complainant.
  - b. Address and telephone number or other means of contacting person alleging discrimination.
  - c. Location and name of person, organization, or office that is accused of discriminatory practice.
  - d. Reason for the alleged discrimination.
  - e. Identity of others having knowledge of the discriminatory acts.
  - f. The name of the person who accepted the complaint and the date accepted.
  - g. The date the complaint was forwarded to the Civil Rights Coordinator at the State office.
  
3. All WIC staff shall protect the confidentiality and Privacy Act rights of civil rights complainants at all points during the complaints process.

Attachment:  
7.01A Complaint of Discrimination Form

- References:
1. CFR 246.8
  2. FNS Instruction 113-2

Revisions:

01/2012	Added Section A. 1.d. and B.1.3. per STAR 2011 Civil Rights review
10/2015	Fixed typo in A.1.b
02/2016	Replaced reference to DHMH Form 4435, which no longer exists, with Attachment 7.01A; Section A.2 amended time Local Agency must forward complaint to 5 business days; added paragraph A.4 to include state office deadline to forward complaint to USDA.
08/22/2018	Changed A.2 to clarify where to send complaints and A.4 to 5 calendar days

**MARYLAND WIC PROGRAM  
COMPLAINT OF DISCRIMINATION**

1. Name of Complainant:
2. Address and telephone number or other means of contacting person alleging discrimination:
3. Location and name of person, organization or office that is accused of discriminatory practice:

Date of occurrence:

4. Nature of incident or aspect of the Program that led the person to allege discrimination:

5. Reason for the alleged discrimination:

Race	Color	National Origin	Sex
Age	Disability	Retaliation	Other (specify)

6. Identity of others having knowledge of the alleged discriminatory acts:

7. Complaint accepted by (Name/Local Agency):

Date complaint received by Local Agency:

Date forwarded to State Civil Rights Coordinator:

Date received by State Civil Rights Coordinator:

Date forwarded to FNS Civil Rights Division:

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.02  
Effective Date: October 1, 2018  
Revised Date: June 28, 2022**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Limited English Proficiency (LEP) Policy**

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**A. Policy**

The Maryland WIC Program requires local agencies to have procedures in place to serve Limited English Proficient (LEP) persons. The Local Agency shall develop language procedures for (1) assessing the language needs of the population served; (2) translating both oral and written communications and documentation; (3) training staff in the language assistance program requirements; and (4) monitoring to assure that LEP persons are receiving equal access to services and are not treated in a discriminatory manner.

**B. Procedure**

1. LEP Assessment and Plan

Title VI of the Civil Rights Act of 1964 and its regulations require all State and Local Agencies to take reasonable steps to assure “meaningful access” to the information and services they provide. On an annual basis, the State and Local agencies shall review and update the Maryland WIC Program LEP Plan. There are a number of factors that shall be included in the plan that constitutes reasonable steps to assure meaningful access:

- a. The number or proportion of LEP persons served or likely to be encountered in the eligible population;
- b. The frequency with which LEP persons come in contact with the program;
- c. The nature and importance of the program, activity, or service provided by the program to people’s lives; and
- d. The resources available to the recipient and the overall costs associated.

2. LEP Resources

The State Agency shall provide Local Agencies with interpretation resources for providing access to programs and services to LEP persons and provide training to access those services. These shall include telephone interpreter



services, translation of written materials, and on-site translation services. These resources are found in Attachment 7.02A Limited English Proficiency Vendor Brief.

### 3. Notification to Public

Local Agencies shall post the Language Line Solutions ID poster in Attachment 7.02A to inform the public, in various languages, that interpreter services are available.

### 4. Providing Services to LEP Persons

If a participant is determined to be LEP or deaf/hard of hearing, Local Agency staff shall:

- a. Inform the individual of their right to have interpreter services free of charge;
- b. Take the proper steps to ensure that interpreter services are provided free of charge to the participant. The following forms of service can be used:
  - i. Hiring of bilingual staff interpreters. Bilingual employees must be proficient to effectively communicate with LEP Participants or deaf/hard of hearing persons.
  - ii. Contracting with an outside telephonic, in-person or video interpreter service.
  - iii. Make arrangements for use of voluntary community interpreter services.
  - iv. TTY (telephones for the deaf/hard of hearing)
- c. Be instructed not to require/request that LEP persons utilize family members, especially minor children or friends as language interpreters. The "USDA Guidance to Federal Financial Assistance Recipients Regarding the Title VI Prohibition against National Origin Discrimination Affecting Persons with LEP Guidance on Services for Persons with LEP in Assisted Programs" states, "reliance on children is discouraged unless it is an emergency situation that is not reasonably foreseeable." The emotional involvement of family or friends with a LEP person can jeopardize interpretation and translation of critical information.
- d. Document that a person declines free interpreter services using Attachment 7.02B Waiver of Right to Free Interpreter Services. If an LEP or deaf/hard of hearing person declines the interpreter service offered by the local Agency, they may elect to use an individual of their choice if the Local Agency deems the use of the person appropriate.
- e. Document the LEP person's preferred language in the record so that

language services can be arranged for future appointments, if necessary.

f. Follow these guidelines when working with LEP individuals and interpreters:

- i. Let the individual and interpreter know that all information is confidential.
- ii. The interpreter should sit where he/she does not block your view of the individual.
- iii. Prepare the interpreter for any sensitive issues.
- iv. Inform the interpreter that they are never to answer questions for you or the individual. There could be negative impacts even when the interpreter answers very simple questions.
- v. Local Agency staff should speak directly to the individual as if the interpreter is not in the room. Talking with the interpreter instead decreases the opportunity of building trust and understanding with the participant.
- vi. Don't assume that LEP individuals understand you. In some cultures, a person may say "yes" as you explain something, not meaning they understand but rather they want you to keep talking because they are trying to understand.
- vii. Speak naturally, not louder, and speak clearly and slowly. Rushing can decrease the quality of the translation.
- viii. Use simple terms. Avoid difficult, technical or slang words. Do not use sayings, acronyms or medical terms. Clarify unique terms and provide examples when needed.
- ix. Avoid humor. Jokes do not translate well.
- x. Use simple pictures when possible.
- xi. Allow plenty of time for the visit. Using an interpreter often makes the appointment longer.
- xii. Speak one or two sentences at a time.

g. LEP Reporting

The Local Agency shall submit the annual LEP report (Attachment 7.02C) for the state fiscal year, to their Local Health Department, and provide a copy to the State WIC Office. The Local Agency shall request written approval from the State WIC Finance Chief to use the LEP report form used in the Local Health Department instead of Attachment 7.02C and 7.02D.

Local private, non-profit agencies shall submit the annual LEP report directly to the State WIC Office. The annual LEP report shall include the following information:

- i. A summary of efforts to fully implement and improve LEP services during the reporting period;
- ii. An outline of possible initiatives to enhance LEP services that might be implemented during the forthcoming reporting period; and
- iii. A description (i.e., agency name, language requested, total cost, county, client gender and age, etc.) of the number of individual interpretation and/or translation services provided to LEP persons and the process used to deliver such services (e.g., telephonic, written, on-site, staff interpretation, etc.) (Attachment 7.02D).

#### Attachments

1. 7.02A Limited English Proficiency – Vendor Brief
2. 7.02B Waiver of Right to a Free Interpreter Service
3. 7.02C Annual Reporting Form
4. 7.02D Interpretation & Translation Services LEP Tracker

#### References:

1. MDH Policy 01.02.05 Limited English Proficiency (LEP) Policy effective March 22, 2016
2. USDA Guidance to Federal Financial Assistance
3. Title VI of the Civil Rights Act of 1964
4. Title IX of the Education Amendments of 1972
5. The rehabilitation Act of 1973: Sections 504 and 508
6. The Americans with Disabilities Act of 1990
7. The Age Discrimination Act of 1975
8. U.S. Department of Homeland Security's (DHS) 2012 Language Access Plan

#### Revisions:

06/2022 Added Local Agency will request to use a different form from 7.02C and updated forms to the current template available.

**Limited English Proficiency - Vendor Resources**  
**Maryland WIC Program**

Telephonic Services: Language Line Services, Inc.

- You will need: Language Line account number (contact the State WIC LEP coordinator if unknown); your phone number and office name; and the purpose of the discussion.
  - For additional details call the demonstration line at 1-800-996-8808. Examples are available for: completing a medical history questionnaire (#2); and information on agency services (#3).
1. Use "Conference Hold" to place the client/end user on hold.
  2. Dial 1-866-874-3972 and enter your 6-digit Language Line account number.
  3. Press 1 for Spanish or 2 for other languages.
  4. When the interpreter is connected, tell the interpreter what you wish to accomplish and any special instructions. Add the limited English speaker on the call.

Ad Astra Translation Services

Ad Astra, Inc holds a contract with the State to provide written and on-site translation services. All local health departments (LHD) have been assigned Ad Astra account numbers. To request your LHD account number contact your LHD Limited English Proficiency (LEP) liaison. A separate account number is not required to arrange written translation and on-site interpretation services. If a local agency does not have an account with Ad Astra, submit a new client form to receive an Ad Astra account number. The request and form may be submitted via email to [translation@ad-astrainc.com](mailto:translation@ad-astrainc.com). Registration takes 3-5 business days.

Written Document Translation: Ad Astra

1. Have Account # ready. Request a quote by:
  - a. Phone: Call 301-408-4242 (press option 4)
  - b. Online: Visit <http://www.adastra.plunet.com/index.jsp>
  - c. Email: Send an email to [translation@ad-astrainc.com](mailto:translation@ad-astrainc.com)
  - d. You will need: Project description; language needed; project timeframe; your name and phone number.

On-site Interpretations: Ad Astra, Inc.

1. Have Account # ready. Request a quote by:
  - a. Phone: Call 301-408-4242 (press option 2)
  - b. Online: Visit [www.scheduleinterpreter.com/ad-astra](http://www.scheduleinterpreter.com/ad-astra)
  - c. Email: Send an email to [interpreting@ad-astrainc.com](mailto:interpreting@ad-astrainc.com)
2. You will need: Date and time of the request; length and location of the assignment; name and phone number of an on-site point of contact; type of appointment (e.g. medical, legal, social services); and language of patient / end user (including regional dialect or country of origin if known).

Tracking LEP Interactions (Attachment 7.02D)

LEP Services Tab

1. Utilization of LEP vendor services should be tracked daily.
2. Insert available information into the Excel tracking form in the "LEP Services Tracker" tab. Each use of a vendor or staffperson should be captured in a separate row. Information may be missing in certain sections if the client does not readily provide details up front.
3. Insert cost information by (1) retrospectively adding amount per the official invoice or (2) estimate based on

provided rates (available in MDH Interpretation and Translation Services Packet).

LEP Tracking Form: Bilingual Staff

1. All bilingual staff employed throughout the year shall be entered on the Bilingual staff tab.
2. For each staff person, indicate if they are certified or non-certified interpreters and which language(s) they are fluid in.

LEP Annual Report (Form 7.02C)

1. Each Local Agency shall submit a copy of Form 7.02C and 7.02D to the WIC LEP Coordinator by July 31 each year.
2. The annual report includes (1) Section A: Summary of Agency Efforts; (2) Section B: Future Initiatives; (3) Section C: Vital Document Translation; and (4) Section D (7.02D): Interpretation and Translation Services.



## Interpreter Request Form

Please fill out form completely	
<b>Requesting Agency</b>	
<b>Agency Address</b>	
<b>Requestor's Name</b>	
<b>Requestor Phone</b>	
<b>Date Request Placed</b>	

Assignment Information	
Language Requested	
Dialect (if applicable)	
End User Name	
Date of Assignment	
Assignment Start Time	
Assignment End Time	
Address of Assignment	
Building	
Floor/Room/Dept/Suite	

Point of Contact Information	
POC's name	
POC's phone	
Alternate POC	

Request Details (Type of appointment, Language preference, Specific interpreter requested, specific gender requirements, etc...Please be SPECIFIC)



## New Client Account Form

### Client Account Information

1. **Organization/Agency/Facility/Hospital Name**
  
2. **Sub-Agency/Department/Location Name (if applicable)**
  - a. Primary Contact Person Name
  
  - b. Primary Contact Person Email Address & Direct Phone
  
  - c. Primary Contact Person Physical Address

3. **How will you be requesting interpreters?**

Phone      Email      Online (Internal Scheduling System)

*\*Please refer to the 3<sup>rd</sup> page for details on each request method and how to contact our team*

4. **Please provide contact information (Full Name, Contact Phone, Contact Email) for all authorized requesters other than Primary POC.**

5. **Please provide a list of all locations/facilities (full addresses) where you anticipate needing services other than the Primary POC physical address.**



## New Client Account Form

### Client Billing Information

#### 6. Primary Billing Contact Information

*Primary receiver of the invoice and the person to whom attention is required.*

Name:

Email Address & Direct Phone Number:

Physical Address (Street Address, Suite/Room, City, State, Zip):

#### 7. Secondary Billing Contact Information

Name:

Email Address & Direct Phone Number:

8. What is your preference for invoice submission?
- |  |       |      |
|--|-------|------|
|  | Email | Mail |
|--|-------|------|

#### 9. What information do you require on your invoice? (Check all that apply)

Date	Time	Language	Linguist Name	Assignment #	Address
------	------	----------	---------------	--------------	---------

Dept./Unit Name	Requestor Name	Other (please specify)
-----------------	----------------	------------------------

10. Billing Frequency      Monthly      Bi-Weekly

11. Payment Method      Check      Online Credit Card Payment      EFT/ACH

**This form was completed by:**



**Name:**

**Date:**

**Title**

Maryland Department of Health  
**STEPS TO ACCESS LanguageLine Solutions**  
**TELEPHONIC INTERPRETERS**  
(using NEC Dterm Series i telephone)

- Step 1**
  - With the LEP constituent on the line, **PRESS "TRANSFER"** **[Do NOT press Hold]**
- Step 2**
  - When you hear the tone, **DIAL 1-866-874-3972** to reach a LanguageLine Solutions interpreter
- Step 3**
  - Enter the CLIENT ID** your office was assigned: \_\_\_\_\_
    - If you are unsure of your office client ID number, contact the OEOP Equal Access Compliance Unit at (410) 767-6600.
- Step 4**
  - Select the Language Needed**  
Press 1 for Spanish  
Press 2 for all other languages. You must state the language needed.  
Press 0 for assistance if you do not know the language you need.
- Step 5**
  - Wait for the LanguageLine Solutions interpreter to answer.**
  - Inform the interpreter that you are adding the LEP constituent to the call.**
- Step 6**
  - PRESS "CONF"** to add the LEP constituent to the call (three-way conference call).  
A red light will illuminate from the CONF button which confirms all three callers are on the line.
- Step 7**
  - Speak to the interpreter in FIRST PERSON** (as if s/he is the LEP constituent).
    - Remain on the line** with the interpreter and LEP constituent for the duration of the call.
- Step 8**
  - Provide the information and number(s)** to the office(s) the LEP constituent is trying to reach.
  - After the LEP constituent receives all information, **END THE CALL** by hanging up the phone.
- Step 9**
  - **TRACK THE CALL** using the **MDH LEP Tracker**.
    - To obtain a MDH LEP Tracker, contact your local LEP Coordinator or the OEOP Equal Access Compliance Unit at (410) 767-6600.

**English Translation:** Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

<p><b>Arabic</b> عربي </p> <p>أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجاناً.</p>	<p><b>Korean</b> 한국어 </p> <p>귀하께서 사용하는 언어를 지칭하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.</p>
<p><b>Burmese</b> မြန်မာ </p> <p>သင့်ဘာသာစကားကို ညွှန်ပြပါ။ စကားပြန် ဖော်ပြပေးပါမယ်။ သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမယ်။</p>	<p><b>Mandarin</b> 國語 </p> <p>請指認您的語言， 以便為您提供免費的口譯服務。</p>
<p><b>Cantonese</b> 廣東話 </p> <p>請指認您的語言， 以便為您提供免費的口譯服務。</p>	<p><b>Polish</b> Polski </p> <p>Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.</p>
<p><b>Farsi</b> فارسي </p> <p>زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.</p>	<p><b>Portuguese</b> Português </p> <p>Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.</p>
<p><b>French</b> Français </p> <p>Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.</p>	<p><b>Punjabi</b> ਪੰਜਾਬੀ </p> <p>ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਬਾਸੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਬਾਸੀਆ ਦੀ ਮੁਫਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।</p>
<p><b>Haitian Creole</b> Kreyòl </p> <p>Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.</p>	<p><b>Russian</b> Русский </p> <p>Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.</p>
<p><b>Hindi</b> हिंदी </p> <p>अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।</p>	<p><b>Somali</b> Af-Soomaali </p> <p>Farta ku fiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.</p>
<p><b>Hmong</b> Hmoob </p> <p>Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.</p>	<p><b>Spanish</b> Español </p> <p>Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.</p>
<p><b>Italian</b> Italiano </p> <p>Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.</p>	<p><b>Tagalog</b> Tagalog </p> <p>Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.</p>
<p><b>Japanese</b> 日本語 </p> <p>あなたの話す言語を指してください。 無料で通訳サービスを提供します。</p>	<p><b>Vietnamese</b> Tiếng Việt </p> <p>Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.</p>

## Waiver of Right to Free Interpreter Services

Complete if you waive interpreter services and DO NOT want the WIC Local Agency to provide an interpreter.

I, \_\_\_\_\_ have been informed of my right to receive  
free interpreter services for \_\_\_\_\_ from \_\_\_\_\_.  
Name Language Local Agency Name

I am providing my own interpreter.

I do not want an interpreter.

I understand I may ask for an interpreter at no cost at any time.

Signature	
Date	

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### Local Agency Use Only

Name of Interpreter: \_\_\_\_\_

Interpreter relationship to the participant: \_\_\_\_\_

If a minor, provide the approximate age: \_\_\_\_\_

Additional notes:

Local Agency Signature	
Date	



# MARYLAND Department of Health

## Limited English Proficiency (LEP) ANNUAL REPORTING FORM

### AGENCY INFORMATION

MDH Agency Name:	_____	
Completing Employee's Name:	_____	Contact Number: _____
Completing Employee's Email:	_____	Job Title: _____
Agency Head's Name:	_____	
Date:	_____	Review Period: _____ to _____

### INSTRUCTIONS

Pursuant to MDH POLICY 01.02.05, the MDH LEP Report is due on **JULY 31** of each calendar year.

- 1. Review your agency process and complete each section of this form.**
- 2. To Complete Section D, note the following:**  
  
**Date-** date of service, **Language-** language requested, **Service Type** – Written (W); Oral (O) or Telephonic (T), **Provider** – Bilingual Staff, Community Volunteer, Language Line, Schreiber or Ad Astra; **Service Cost-** cost of service, **Client Sex-** Male or Female, **Client Age Group** – Child (0-12 years of age), Adolescent (13-20 years of age), Adult-(21-54 years) and Senior (55+ years of age), **Unit-** Name of unit within health department, program, board, commission or facility, **Region** – County where services rendered
- 3. Upon completion, review this report with the Agency Head.**
- 4. Submit a copy of the Completed SFY \_\_\_\_\_ Annual LEP Report to the State WIC Office Fiscal Chief or their designee via email.**



**MARYLAND**  
Department of Health

## **Limited English Proficiency (LEP) ANNUAL REPORTING FORM**

### **SECTION A: Summary of Agency Efforts**

Provide a summary of efforts to fully implement and improve LEP services during this reporting period:

### **SECTION B: Future Initiatives**

Provide an outline of possible initiatives to enhance LEP services to be implemented during the forthcoming period:



**MARYLAND**  
Department of Health

**Limited English Proficiency (LEP)  
ANNUAL REPORTING FORM**



## Limited English Proficiency (LEP) ANNUAL REPORTING FORM

### SECTION C: Document Translations

Per the MDH LEP Policy, ***Vital Documents*** are defined as documents that individuals applying for services or benefits from a covered entity must understand, respond to or complete in order to access the services/benefits or continue to receive the services or benefit. Vital Documents also include documents that inform the participant of his/her rights under each covered entity. "Vital documents" does not include applications and examinations related to licensure, certification, or registration under the Annotated Code of Maryland: Health Occupation Article, Financial Institutions Article, and Business Regulation Article, within the jurisdiction of MDH or DLLR.

**Provide a listing of all vital documents translated your agency.** Include the name of the provider that translated each document (press tab to create a new row):

MDHAgency	DATE <small>document(s) translated</small>	Name of Document	Vendor / Provider <small>used to translate document(s)</small>	Language <small>translated to</small>	Total Cost
<i>(EXAMPLE) Office of Equal Opportunity Programs</i>	<i>10/10/13</i>	<i>EEO Notice to Public</i>	<i>Schreiber Translations</i>	<i>French</i>	<i>\$950.00</i>





## Limited English Proficiency (LEP) ANNUAL REPORTING FORM


### SECTION D: Interpretation & Translation Services

**Provide a listing of the number of individual interpretation/translation services** provided to LEP individuals and the process used to deliver such services. Use Policy and Procedure 7.02D to report unless agency has received written approval from the State WIC Finance Chief to use a comparable form.



MDH <b>"Bilingual Staff"</b> Agency \ Department	CERTIFIED INTERPRETERS Last_Name of Employee \ Staff	CERTIFIED INTERPRETERS First_Name of Employee \ Staff	NON-Certified INTERPRETERS Last_Name of Employee \ Staff	NON-Certified INTERPRETERS First_Name of Employee \ Staff	Language	Additional Language	Additional Language
<i>(Non-CERTIFIED EXAMPLE)</i> Office of Equal Opportunity Programs	N/A	N/A	Doe	John	Spanish	N/A	N/A
<i>(CERTIFIED EXAMPLE)</i> Office of Equal Opportunity Programs	Doe	Jane	N/A	N/A	Arabic	Vietnamese	Dutch

INSTRUCTIONS: 1. Every cell must have a value. If it is not applicable, insert "N/A". If the value is unknown, insert "unknown." Do not leave any cells blank. 2. For written translations, enter "N/A" for Duration, County, and Client Age/Gender. 3. Do not use acronyms or abbreviations, including for program/center name. 4. Enter time in minutes with no units. 5. You can select various languages from the drop-down list. If the language is not listed, simply type it into the cell. 6. If the client was in Baltimore County, select Baltimore. If the client was in Baltimore City, select Baltimore City. **Note:** This spreadsheet uses data validation.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.10  
Effective Date: November 23, 2015  
Revised Date: July 1, 2020**

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**SECTION: Local Agency Operations and Management**

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**SUBJECT: WIC Disaster Response and Continuation of Operations**

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### **A. Policy**

The WIC Program is not designed to be a disaster assistance program and therefore, is not considered a first response option for disaster survivors. There is no legislative authority for using WIC food funds for purposes other than providing allowable food benefits to categorically eligible participants. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) responds to disasters through various other means (see Attachments A-E).

Disaster situations include but are not limited to:

- Fire
- Weather-related: flood, tornado, hurricane, snow or other storm-related disruption
- Civil Disorder or other violent crime-related disruption
- Interruptions in governing agencies' functions or funding
- Power or water outage
- Earthquake
- Hazardous materials incidents
- Human Pandemic

Disasters can affect some or all of the State's operations; potential situations requiring action include:

- State Office involvement in a disaster affecting state office operations
- State Office response to a disaster affecting local agency operations
- Local agency involvement in a disaster affecting local operations
- State and Local Agency involvement or response to statewide disasters

The following procedure may be applicable in some but not every situation and is intended to provide guidance for a coordinated response during a disaster to ensure,

to the extent possible, the continuation of WIC services to participants within its current program context and funding.<sup>1</sup>

## **B. Procedure**

### **1. State Agency Responsibilities**

#### **a. Communication**

Designated State WIC Office staff (Attachment 7.10G) shall maintain communication with the following entities before (if possible), during and after a disaster:

- i. Designated state staff to provide:
  - Current/updated contact information to supervisors.
  - Updated information about the closing and reopening of state office facilities and the need for employees to report for duty.
  - Guidance to designated staff about updates to the MD WIC Facebook and other social media sites used to provide notification in an emergency.
- ii. Local agency staff to:
  - Maintain access to current contact information for designated local agency staff.
  - Assess need for and provide support and guidance.
  - Provide updates on vendor availability.
- iii. WIC answering service and messaging service to:
  - Provide updated information about the closing and reopening of the state office or local agency sites.
  - Notify affected participants via “reminder” calls and text messages as needed.
- iv. Vendors to:
  - Assess the availability of vendors where participants can redeem benefits.
  - Communicate any changes in WIC foods to be stocked.
  - Communicate if and how out-of-state benefits will be accepted in Maryland according to B.4., WIC Authorized Vendor Practices During a Disaster. Expedite pending vendor approvals, as needed.
- v. Health Departments and Funding Agencies to:
  - Provide notification and updates about emergency situations to the designated staff of the Maryland Department of Health (MDH) in Baltimore as well as to local Health Departments and other WIC Grant Agencies, as needed.

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<sup>1</sup> Emergency procedures for employees that affect the evacuation of an office or clinic site are covered in state and local office policies and are not included in this document.

- Assess any damage, including damage to property, equipment or supplies and report such damage to the appropriate units.
- vi. Other State Agencies/Programs to:
  - Provide notification and updates about emergency situations to other agencies, including food banks, as needed.
- vii. USDA Food and Nutrition Service (FNS), Mid-Atlantic Regional Office (MARO) to:
  - Provide notification and updates about emergency situations, as needed.
  - Request assistance from the USDA FNS MARO, as needed.
  - Request waivers and seek authority for flexibilities in program operations.
- viii. Bank/Fiscal Units to:
  - Provide notification and updates about emergency situations to banking and fiscal units responsible for ensuring WIC fiscal operations.
- ix. Contractors to:
  - Provide notification and updates about emergency situations, as needed, in order to reschedule meetings or other interactions with State WIC staff that may be affected by the emergency.
  - Request assistance in making system modifications to implement emergency system changes to continue certifying and providing benefits to participants.
- x. MDH Office of Communications to:
  - Provide pertinent information to the media.

**b. Support of Local Agencies**

Designated State Office staff shall provide support to local agencies and their staff by:

- i. Assessing and maintaining, to the extent possible, the accessibility of the Management Information System, utilizing all backup and emergency procedures available as described in the *Maryland WIC System Security Plan*.
- ii. Interpreting and assisting in the enforcement and flexibility of policies that ensure, to the extent possible, continued operation of the Program.
- iii. Ensuring, to the extent possible, that funding is in place for continued operations of the Program.
- iv. Working with other state, national, or privately funded programs to help ensure that participants will have access to WIC or other resources for food during an emergency.

## **2. Local Agency Responsibilities**

### **a. Emergency Procedures Plan**

Local agencies shall develop a written emergency procedures plan that will be reviewed during the management evaluation process. The plan shall include, but is not limited to, the following:

- i. Designated alternative certification and/or benefit distribution sites;
- ii. Location of mobile equipment to be used at remote sites;
- iii. Availability of manual certification materials, benefit issuance supplies, daily schedules and participant contact information;
- iv. Plans for issuance of breast pumps;
- v. Changes in routine practices, including those described in B.3., WIC Certification Procedures During a Disaster.
- vi. Information for participants about alternate sources of food and other services in an emergency;
- vii. Information for participants about food preparation and safety in an emergency;
- viii. Plan for securing property and equipment during a disaster;
- ix. Plans for communicating with local media; and
- x. Local procedures for an emergency as outlined by the health department or funding agency to which they report.

### **b. Communication**

Local agencies shall notify designated state office staff and the state WIC Director or Deputy Director immediately when there is a disruption in service of any type and immediately upon restoration of services. The following information, as applicable, should be included in their contact with the state WIC office during an emergency or disaster:

- i. The type of emergency or disaster and the estimated length of the event;
- ii. The number of staff affected;
- iii. The status of clinic closures;
- iv. Any clinic damage, including damage to property, equipment or supplies;
- v. The number of WIC vendors in the area that are closed. Availability of infant formula at vendor sites; at pharmacy sites;
- vi. Contingency plans for providing services to participants, including plans to implement any adjustments to certification and participation procedures;
- vii. Current/updated contact information for a spokesperson during any type of extended emergency;
- viii. A plan to contact affected participants via phone or email to provide notification of changes or interruptions in service and to reschedule appointments, as needed; and



- ix. A post-disaster assessment (Attachment 7.10 F), submitted within 10 working days after the disaster has been resolved.

### **3. WIC Certification and Participation Procedures During a Disaster**

Victims of a documented disaster shall be given first priority for appointments and benefit issuance and shall be given expedited certification processing. The following guidance applies in disaster situations:

#### **a. Income, Residency and Identity:**

- i. Disaster-related evacuees who seek WIC benefits shall be considered as special nutritional risk applicants and receive expedited certification processing. As stated in Section 246.7(f)(2)(iii)(A) of WIC Program regulations, special nutritional risk applicants must be notified of their eligibility or ineligibility within 10 days of the date of the first request, in person, for Program benefits. With approval from the State Office, the notification period may be extended to a maximum of 15 days if a local agency can justify such a request; however, every effort must be made to certify these individuals immediately, and at a maximum, within 10 days of an in-person request for WIC benefits. These individuals should be served ahead of others seeking benefits.
- ii. In cases where disaster related evacuees move in with another household, the displaced individuals should be treated as a separate economic unit.
- iii. The documentation requirements for income do not apply to disaster survivors whose documentation has been damaged, lost or destroyed or if the agency determines that the income documentation requirement would present an unreasonable barrier to participation. Adjunct eligibility provisions apply to disaster situations, even if the benefits are received based on special disaster provisions (e.g., emergency SNAP benefits). [SFP92-012]
- iv. Temporary losses of income can be estimated on a current or annualized basis and eligibility should be determined on a case by case basis depending on the particular circumstances of the participant. [SFP92-012]
- v. The documentation requirements for residency and identity do not apply to a disaster survivor whose documentation has been damaged, lost or destroyed.

#### **b. Nutrition Risk Assessment**

- i. Disaster-related evacuees can be determined to be at nutritional risk if they are considered homeless.
- ii. Hematological test results may be obtained within 90 days of certification for persons with a documented nutritional risk.

- iii. Anthropometric measurements may be deferred for 60 days, if necessary, to expedite the certification process.
- iv. Every effort should be made to provide a full health and nutritional assessment at the time the individual seeks services to ensure that s/he is linked into the health and social services network in the State.

**c. Benefits**

- i. Benefits or foods that have been lost or damaged in a disaster may be replaced by a local agency as per MD Policy and Procedure 4.10.
- ii. Replacement of unredeemed food benefits cannot result in the allocation of retroactive food benefits. The quantity of food benefits should be based on that portion of food benefits for which the participant would normally still be eligible (i.e., from the present to the remaining days in the month). [SFP 96-035]
- iii. Food Instruments may be replaced as per MD Policy and Procedure 4.30.
- iv. Exempt infant formula and WIC-eligible medical foods benefits may be provided for participants with serious medical conditions as per MD Policy and Procedure 3.02.
- v. Medical documentation can be provided as an original written document, electronically, or by facsimile. Medical documentation also may be provided by telephone to a competent professional authority who must promptly document the information which must be kept on file at the local clinic. However, this method may only be used until written confirmation is received and only when absolutely necessary on an individual participant basis to prevent undue hardship to a participant or to prevent a delay in the provision of infant formula that would place the participant at increased nutritional risk. The local clinic must obtain written documentation of the medical documentation within a reasonable amount of time after accepting the initial medical documentation by telephone. The written documentation must be kept on file with the initial telephone documentation.
- vi. Participants presenting at WIC clinics in Maryland from another State with a food instrument that specifies an exempt infant formula or WIC-eligible medical food may be issued food instruments for the specified item up to the end of their certification period.
- vii. Participants presenting at WIC clinics in Maryland from another State without a food instrument, but who can provide the name of the exempt infant formula or WIC-eligible medical food that the individual was receiving before relocating, may be issued a 1-month food instrument for that specific item.

- viii. Persons seeking WIC benefits who were not participants prior to the disaster must obtain medical documentation prior to issuing the exempt infant formula or WIC-eligible medical foods.
- ix. Food package tailoring may be necessary and appropriate during a disaster. When assigning food packages, an individual's situation regarding the storage of foods, access to authorized vendors, living arrangements, water supply and the use of specific food items must be considered.
- x. In some cases, the state may elect to issue future month benefits in advance of an impending disaster to allow for the purchase of non-perishable food items in advance. This action would be made in consultation with the USDA and communicated to local agencies at the time the decision is made.
- xi. In cases where there is difficulty for participants and/or staff to access the clinic to obtain and/or issue benefits, benefit issuance, education and food package tailoring may be performed remotely.

**d. Transfers**

- i. Participants who are vacating the State due to a disaster should be issued a VOC.
- ii. Participants with a VOC who have migrated to Maryland as a result of a disaster in another state may be transferred into the state without the need to show proof of identity, residency or income.

**e. Certification Periods**

- i. A shorter certification period may be provided on a case-by-case basis.
- ii. In cases where there is difficulty in scheduling appointments for breastfeeding women, infants and children who have not reached their fifth birthday, the certification period may be shortened or extended by a period not to exceed 30 days. In such cases, one month of food benefits can be issued to those participants until an appointment can be rescheduled

**4. WIC Authorized Vendor Practices During a Disaster**

**a. Reduced Minimum Required Stock**

- i. At the State agency's discretion, the minimum required stock may be temporarily adjusted to the following:
  - two varieties of fruits,
  - two varieties of vegetables; and
  - one whole grain cereal that is included on the WIC Authorized Food List

Once stocking shortages caused by the disaster or emergency have passed, the standard minimum required stock will be reinstated.

- ii. Vendors must continue to obtain infant formula and medical foods only from the manufacturer, distributor, and wholesaler sources listed on the Authorized Infant Formula and Medical Foods Supplier Directory.

**b. Routine Vendor Monitoring Visits and Compliance Activities**

- i. Once a state of emergency has been declared, all routine vendor monitoring visits and compliance activities may be suspended until normal vendor operations can resume.

**c. Out-of-state food instruments**

- i. If possible, and at the discretion of the State Agency, WIC vendors may be allowed to accept out-of-state paper food instruments during disaster situations. The State WIC office will advise vendors and local agencies if and when this is to be implemented.
- ii. The originating WIC State Agency where the participant was initially certified is responsible for the cost of the food instrument. The out-of-State vendor should deposit each WIC check into the vendor's bank account for payment.

**d. Authorized foods for out-of-state food instruments**

- i. If at all possible, the exact brand of infant formula specified on the out-of-state food instrument should be provided.
- ii. If it is not possible to provide the exact brand items for foods listed on the out-of-State WIC food instrument, a similar item from the neighboring State's WIC approved food list may be substituted.

Attachment(s):

- 7.10A USDA Food and Nutrition Service: Office of Emergency Management, *WIC During Disaster*
- 7.10B USDA Food and Nutrition Service: *Office of Emergency Management, Disaster Supplemental Nutrition Assistance Program (D-SNAP)*
- 7.10C USDA: *The Food Bank Response to Disasters*
- 7.10D USDA Food and Nutrition Service: Office of Emergency Management, *USDA Foods During Disaster*
- 7.10E USDA Food and Nutrition Service: Office of Emergency Management, *Child Nutrition Programs During Disaster*
- 7.10F MD WIC Post Disaster Report
- 7.10G Emergency Operations Worksheet

References:

- (2) Detailed Policy Guidance for State Cooperators in Disaster Situations 2012  
<https://www.partnerweb.usda.gov/communities/WIC-FMNP->

[SFMNP/Disaster%20Assistance/Detailed%20Policy%20Guidance%20for%20State%20Cooperators%20in%20Disaster%20Situations%202012.pdf](#)

- (3) WIC On the WEB (WOW) Maryland WIC System Security Plan, Version 4.0  
(4/25/2014)

Revisions:

10/1/2016: Added Attachment 7.10G

1/26/2018: Updated to refer to eWIC terminology; changed reference from Policy and Procedure 4.04 to Policy and Procedure 4.30 in B.3c(iii).

2/5/2019: Added issuing benefits remotely and/or in advance of a disaster and food package tailoring.

7/1/2020: Added new emergency minimum stocking requirements for vendors. Added provision for the suspension of vendor activities in the event of a state of emergency. Added state office responsibility to request waivers and program flexibilities.

## WIC During Disaster

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is not designed to be a disaster assistance program, and is, therefore, not considered a first response option for disaster survivors. WIC policies allow State agencies flexibility in program design and administration to support continuation of benefits to participants during times of natural or other disasters. WIC State agencies are encouraged to work with FEMA as well as their own State and local emergency services offices to assist participants during a disaster.

### WIC State Agencies

- Disaster-related evacuees who seek WIC benefits should receive expedited certification processing.
- In cases where disaster-related evacuees move in with another household, the displaced individuals may be treated as a separate economic unit.
- Verification of certification (VOC) information should be provided by the local WIC office to WIC participants when a disaster-related evacuation is anticipated.
- The documentation requirements for income, residency and/or identity do not apply to a disaster survivors whose documentation has been damaged, lost or destroyed, or if the agency determines the income documentation requirement would present an unreasonable barrier to participation.
- State agencies may allow the participant's certification period to be shortened or extended by a period not to exceed 30 days.
- State agencies may establish their own policies and procedures with regard to replacement of unredeemed WIC checks or vouchers that are destroyed in disasters.
- State agencies may mail food instruments to persons who are not scheduled for nutrition education or a second or subsequent certification.

### WIC Participants

- Participants/evacuees do not have to present proof of identity, residency or income that is normally required (that is, if one had to leave home in such a hurry that she was unable to bring the necessary documents, or if those documents were destroyed).

- Participants/evacuees may be able to use their original WIC checks or vouchers in the State to which they have been relocated. The WIC State agency will inform participants if this is the case, usually through a toll-free telephone number and/or other public announcement.
- Contact information for State WIC agencies can be found on the Food and Nutrition Service website: <http://www.fns.usda.gov/wic/contacts/statealpha.htm>.

### **WIC-Authorized Vendors**

- WIC vendors may be allowed to accept out-of-State food instruments during disaster situations. The State WIC office will advise vendors if this is allowed.
- If at all possible, the participant should receive the exact brand of infant formula specified on the out-of-State food instrument.
- If it is not possible to provide the exact brand items for the other foods listed on the out-of-State WIC food instrument, a similar item from the neighboring State's WIC-approved food list may be substituted.
- The originating WIC State agency (i.e., the WIC State agency in which the participant was initially certified) is responsible for the cost of the food instrument. The out-of-State vendor should deposit each WIC check into his or her bank account for payment. If the originating WIC State agency issues vouchers instead of checks, the out-of-State vendor should submit the vouchers for payment to the originating WIC State agency.

*These WIC vendor policies do not apply to Mississippi and Vermont because the WIC Programs in these States do not operate through grocery stores.*

the following links: <http://www.fns.usda.gov/wic/disasterresponse.htm>  
and <http://www.fns.usda.gov/wic/disasterpolicyguidance.htm>

## Disaster Supplemental Nutrition Assistance Program (D-SNAP)

- ▶ Through the Disaster Supplemental Nutrition Assistance Program (D-SNAP), FNS is able to quickly offer short-term food assistance benefits to families suffering in the wake of a disaster.
- ▶ Eligible households receive one month of benefits, equivalent to the maximum amount of benefits normally issued to a SNAP household of their size. Benefits are issued via an electronic benefits transfer (EBT) card, which can be used to purchase food at most grocery stores.
- ▶ Through D-SNAP, affected households use a simplified application. D-SNAP benefits are issued to eligible applicants within 72 hours, speeding assistance to disaster victims and reducing the administrative burden on State agencies operating in post-disaster conditions.
- ▶ Households not normally eligible for SNAP may qualify for D-SNAP as a result of their disaster-related expenses, such as loss of income, damage to property, relocation expenses, and, in some cases, loss of food due to power outages.
- ▶ When States operate a D-SNAP, ongoing SNAP clients can also receive disaster food assistance. Households with disaster losses whose SNAP benefits are less than the monthly maximum can request a supplement. The supplement brings their benefits up to the maximum for the household size. This provides equity between D-SNAP households and SNAP households receiving disaster assistance.
- ▶ FNS approves D-SNAP operations in an affected area under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act when the area has received a Presidential disaster declaration of Individual Assistance (IA) from the Federal Emergency Management Agency (FEMA).
- ▶ State agencies request FNS approval to operate a D-SNAP within the disaster area. FNS approves program operations for a limited period of time (typically 7 days) during which the State agency may accept D-SNAP applications.

For more information and resources, please visit the FNS website at:  
[www.fns.usda.gov/disaster](http://www.fns.usda.gov/disaster)





## The Food Bank Response to Disasters

Food banks are an important resource to help meet the food needs of those affected by emergencies and disasters. For food banks that participate in The Emergency Food Assistance Program (TEFAP), one effective way to address disaster food needs is to enroll affected individuals and families in TEFAP. Under certain conditions, food banks may also work through their State agency to request approval from USDA's Food and Nutrition Service (FNS) to operate a household disaster food distribution program using USDA Foods. TEFAP and household disaster feeding are two separate and distinct programs that can be used to respond to emergencies and disasters.

### TEFAP Feeding During Disasters

TEFAP offers an immediate means of providing food to those in need during an emergency or disaster. TEFAP is an ongoing program with an already established distribution network. States determine the income eligibility guidelines, and disaster survivors often qualify. USDA Foods distributed through TEFAP during a disaster are part of the State's TEFAP allocation, and are not eligible for replacement.

### Establishing a Household Disaster Feeding Program Using USDA Foods

Household disaster feeding using USDA Foods takes place only as needed, requires approval from FNS Headquarters, and comes with certain conditions that must be met. Only FNS has the authority to re-designate TEFAP food for use in disaster feeding. Food banks should **not** distribute TEFAP foods as part of a household disaster food distribution program without first working through their State Distributing Agency to obtain approval from FNS. The State Agency will work through their FNS Regional Office to obtain approval from FNS Headquarters. Approval from FNS Headquarters ensures that all conditions for replacement of the USDA Foods used have been met. Keep in mind that FNS has no authority to reimburse food banks for **administrative** expenses associated with any household disaster food distributions.

Before FNS will consider approval of a household disaster food distribution program, the following circumstances must exist in the disaster area:

- Commercial food distribution channels are disrupted making it difficult for food retailers to operate, and for Supplemental Nutrition Assistance Program (SNAP) benefits to be redeemed.
- Congregate feeding is not practical or expected to be inadequate to meet the needs of all affected households.

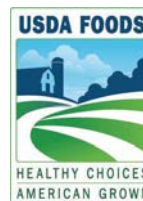
- Households are sheltering in place at home and are in need of food.
- The local disaster feeding organization can efficiently and effectively receive, store, and distribute USDA Foods.

Applications to use USDA Foods in a household disaster food distribution program must be submitted to FNS Headquarters through the State Distributing Agency. The application should, to the extent possible, include the following information:

- A description of the disaster, emergency, or situation of distress.
- Identification of the specific areas that would be served, and the number of households expected to participate in disaster feeding.
- An explanation as to why household distribution is warranted, and the anticipated distribution period.
- The quantity and types of food needed.
- Assurances that households will not receive both USDA Foods and Disaster SNAP benefits, and a description of the system used to prevent dual participation.
- The method(s) of distribution available.

Food banks approved to a household disaster food distribution program are required to collect minimal household information and, if Disaster SNAP is also operating, obtain a signed statement from each household that they are not also receiving Disaster SNAP benefits.

FNS regulations addressing USDA Foods for disasters can be found at 7 CFR 250.69 and 250.70. More information on this topic can also be found at <http://www.fns.usda.gov/fdd/programs/fd-disasters/> or by contacting your FNS Regional Office.



## USDA Foods During Disaster

### Using USDA Foods during Disasters

- USDA's Food and Nutrition Service (FNS) supplies USDA Foods to disaster relief organizations such as the Red Cross and the Salvation Army for congregate feeding or household distribution.
- Disaster organizations request food through State agencies. States, in turn, notify USDA of the types and quantities of food that emergency feeding organizations need.
- States may use existing inventories of USDA Foods stored at State, local, and school warehouses intended for the National School Lunch Program (NSLP), The Emergency Food Assistance Program (TEFAP) and other USDA nutrition assistance programs.
- USDA Foods include a variety of non-perishable fruits, vegetables, meat, poultry and whole grain products.

### Disaster USDA Foods for Mass Feeding Sites

- States have authority to release USDA Foods to disaster relief agencies for mass feeding when the President issues a disaster declaration, and in certain other types of emergencies.
- USDA Foods intended for the NSLP are most often used for mass feeding. School inventories are depleted as the end of the school year approaches which may affect what types of USDA Foods are available.

### Disaster USDA Foods for Direct Distribution to Households

- Emergency feeding organizations sometimes request USDA Foods in smaller sizes to individual households for preparation and consumption at home.
- States must get approval from the USDA Food and Nutrition Service to distribute USDA Foods to disaster survivors.
- USDA Foods for household consumption are most often obtained from State and recipient agency inventory intended for The Emergency Food Assistance Program.
- Households cannot receive both disaster SNAP benefits and disaster USDA Food household food packages at the same time. States must take reasonable steps to prevent households from participating in both programs.

## Child Nutrition Programs During Disaster

Natural disasters, such as hurricanes, tornadoes, and floods, can be devastating to communities and require a quick response. Schools, child care centers, and summer sites that operate the National School Lunch (NSLP) and School Breakfast Programs (SBP), the Child and Adult Care Food Program (CACFP), or the Summer Food Service Program (SFSP) can help minimize disruptions to your family.

Here are some tips to help your children access healthy meals in the event of a disaster in your area:

### Eligibility

- Children in households' receiving D-SNAP (Disaster-Supplemental Nutrition Assistance Program) benefits are eligible for free meals regardless of income.
- Children identified as homeless by a school or emergency shelter official are also eligible for free meals regardless of income.
- Eligibility for free meals will continue for the rest of the school year under NSLP and SBP or for a full year through CACFP or SFSP.
- Impacted families should contact their local school or child care center or summer site for more information on how to receive free meals through our programs.

### Site Types

- Summer sites and child care centers may serve free meals to families in the event of a disaster. You should contact the local child care centers, schools and summer sites in your area to determine what sites are providing free meals.
- Emergency shelters in your area also may be able to provide your family with free meals. Contact your local shelter for this information.

### Safety Tip

- Remember, the safety of you and your family is important. Some sites normally serving free meals to children may be relocated for safety reasons so check with your local providers before you travel to the site.

**MD WIC Post Disaster Report**

Local agency: \_\_\_\_\_

Location: \_\_\_\_\_  
Complete one Post Disaster Report for each location affected

Date(s) of disaster (from) \_\_\_\_\_ (to) \_\_\_\_\_

Description of disaster: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of procedures used to manage disaster: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of current issues (include issues affecting staff, vendors, and participants): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Completing Form: \_\_\_\_\_  
Print

Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_  
Signature

Local Agency Coordinator: \_\_\_\_\_  
Signature

<b>TASK 1: Verify and Designate Plans and Responsibilities</b>					
<b>Subtasks</b>	<b>Responsible Unit/Individual</b>	<b>Information to Convey/Gather</b>	<b>Timing</b>	<b>Communicate To</b>	<b>Notes</b>
a. Verify Employee contact information	Unit Chief/ Supervisor	Any changes from current list	Ongoing; Before leaving building	Director; Deputy Director	Out of office messages as appropriate
b. Verify IT Contingency Plan	IT Unit	Confirm plans, responsible parties and timing	As soon as disaster is suspected; before leaving building	Director; Deputy Director; others as needed	
c. Verify eWIC Processor Contingency Plan	IT Unit	Confirm plans, responsible parties and timing	As soon as disaster is suspected; before leaving building	Director; Deputy Director; others as needed	
d. Designate Help Desk contacts	IT Unit	Who to contact on help desk; back up contact	Before leaving building	Director; Deputy Director; LA Contacts	Ensure that contact(s) have state issued phone
e. Designate Formula Line contacts	Nutrition Unit	Who to contact; back up contact	Before leaving building	Director; Deputy Director; LA Contacts	Ensure that contact(s) have state issued phone
<b>TASK 2: Gather and Assess Information</b>					
<b>Subtasks</b>	<b>Responsible Unit/Individual</b>	<b>Information to Convey/Gather</b>	<b>Timing</b>	<b>Communicate To</b>	<b>Notes</b>
a. Gather current status of LA's	All	Information about LA Closings	As soon as made aware	Director, Deputy Director, liaison to Answering Service	Information will be shared with answering service and USDA/MARO as appropriate
b. Assess any damages to State Office	All	Issues that prevent ability to work in a safe environment	Daily	DGS	Assess any damages to State Office
c. Identify vendors that are closed	Vendor Unit	Availability of vendors	Daily	LA's ; participants; vendors	

<b>TASK 3: Implement Changes and Approvals</b>					
<b>Subtask</b>	<b>Responsible Unit/Individual</b>	<b>Information to Convey/Gather</b>	<b>Timing</b>	<b>Communicate To</b>	<b>Notes</b>
a. Change or turn off Auto Dialer	IT Unit	Remind Local Agencies how to turn off auto dialer/ or let them know of any change in messages	As needed	Reminders to LA,s	
b. Implement changes in vendor policies and procedures during the disaster	Vendor Unit; Director/ Deputy/Nutrition		As needed	LA's; participants; vendors	
c. Expedite Vendor Approvals	Vendor Unit	Determine participant access	As needed	LA's; participants; vendors	
<b>TASK 4: Issue Notifications and Updates</b>					
<b>Subtask</b>	<b>Responsible Unit/Individual</b>	<b>Information to Convey/Gather</b>	<b>Timing</b>	<b>Communicate To</b>	<b>Notes</b>
a. Post messages on Facebook, website	IT Unit/Communications	Vendor information; food issues; local agency closings		Participants; public	Check with all units to determine what is needed
b. Notify Answering Service	Liaison or Director/Deputy	Status of Local Agencies and State Office	Daily	Answering service contact	
c. Notify LA Staff	Director/Deputy	Status of state office; updates on Local Agencies' status; Updates to policies and procedures; Contact information for Help Desk, Nutrition Line and main contact for other issues	Daily	LA Contact and backup	Verify contact person

d. Status Updates to DHMH/PHPA	Director/Deputy	Status of State Office staff; status of LA's	Daily	MCH Director; PHPA Director and Deputy	
e. Status Updates to MARO/USDA	Director/Deputy	Status of State Office staff, LA's and vendors	Daily	MARO Branch Chief and Deputy	
f. Updates to Bank and financial institutions and/or MD Department of Treasury	Fiscal Unit	Ability to transfer funds to bank account for vendor payments	Daily	Current bank processor	
g. Updates to Contractors and or suppliers and manufacturers, as needed	All Units	Any changes in pending payments or ability to accept orders	As needed		
h. Updates to DHMH Office of Communications	Director/Deputy	Status of LA's and vendors	As needed	As needed	



**Policy and Procedure 7.20 has been deleted effective October 1, 2010**

**The information on administrative funds distribution is included in  
Policy and Procedure 6.00.**

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.21  
Effective Date: October 1, 1990  
Revised Date: October 1, 2001**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Appointment No-Show Rates**

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**A. Policy**

As a means of enhancing Program operations, the local agencies shall implement the following no show policies and procedures.

Each local agency must track no show rates for certification appointments.

**No Show Tolerance Levels**

1. Local agencies must attempt to maintain no-show rates within the following range:  
  
Certification: 30% maximum no show rate
2. Review of agency no show rates will be incorporated into the management evaluation of each local agency. Agencies whose no show rates exceed the maximum standard must document what steps they are taking to decrease the no show rate.
3. A local agency must contact all pregnant women who do not keep a certification appointment. Contact can be made in writing or by telephone.

**B. Procedure**

Local agencies shall abide by the above policy.

Policy and Procedure 7.22 has been removed.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.40  
Effective Date: October 1, 1990  
Revised Date: October 1, 2004**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: WOW Information Systems Usage**

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**A. Policy**

Local Agencies are to monitor the use of their computer resources to ensure that resources are being used solely in support of authorized WIC objectives, and that the computers, networks and peripherals are not being abused.

**B. Procedure**

1. Local Agencies shall ensure compliance with State and Federal copyright laws:
  - a) Only State or approved Local Agency licensed software can be installed or used on WIC computers.
  - b) Local Agencies must maintain a record of software licenses for any software installed on WIC computers. Unauthorized software may be removed at any time by the State.
2. Local Agencies shall monitor the use of their computer resources to protect against non-business use.
  - a) WIC computers are not to be used for internet access to sites unrelated to WIC or WIC's business needs. Internet use consumes an enormous amount of bandwidth and will decrease the overall performance of the system significantly, as well as exposing the system to risk of a computer virus.
  - b) WIC computers are not to be used for sending or receiving personal, inappropriate or non WIC communications.

**Attachments:**

**References:**

**Revisions:**

10/2004

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.41  
Effective Date: October 1, 1990  
Revised Date: April 1, 2013**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: WOW Information Systems Security**

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**A. Policy**

Local Agencies are to ensure confidentiality of WIC data and protect WIC information systems against unauthorized access.

**B. Procedure**

1. To safeguard WIC data and system access, all employees and contract personnel shall:
  - a) Be aware of their responsibilities in protecting the confidential and sensitive information of their agency and the State of Maryland. Verification that all users are in compliance will be reviewed during the Local Agency Management Evaluation (ME).
  - b) Use information resources only for their intended purposes as defined by State and agency policies and the laws and regulations of the State. Refer to MDH policy 02.01.01 on the use of MDH Electronic Information Systems (EIS); (<http://www.dhmf.state.md.us/policies/020101.pdf>)
  - c) Annually receive security awareness training regarding WIC and Internet Safety to protect program and participant data.
  - d) Annually sign the Combined IRMA Policy Acknowledgement Form (<http://www.dhmf.state.md.us/policies/cipaf-4518.pdf>) for MDH computer-related policies.
  - e) Not allow the unauthorized sharing of protected and proprietary information.
  - f) Protect their passwords to prevent unauthorized access to the system by maintaining the privacy of the password and ensuring that passwords are not posted, written down or shared with anyone.
  - g) Change their passwords at least once every 90 days.
  - h) Choose "strong" passwords that are at least 8 characters long containing a mix of letters, numbers, punctuation, symbols and underscore that comprise a password which should not be easily

discovered (do not use names, birth dates, or similar common designations). A password cannot contain a blank space. Examples of strong passwords are “brea\$tf@@ding” instead of “breastfeeding,” “W!C\_W!NS” instead of “WICWINS,” and “pa\$\$w0rd” instead of “password.”

- i) Protect their system access by logging out of the system when leaving the computer for more than a brief period of time; and by using a screensaver password to protect against intrusion for brief periods of possible exposure.
  - j) Ensure that the use of their computer account is limited to their individual username. Staff must not allow anyone else to use their account, must not share their password, and must log off when another authorized user needs to use their system.
2. To safeguard WIC data and system access, Local Agencies shall:
- a) Notify the State office in writing to request authorization for system access.
  - b) Notify the State office in writing within 1 day when an employee or contract personnel with system access is terminated or will no longer require access to the system.
  - c) Maintain accurate and up-to-date roles assignments in the system for their staff so that the system access granted by user roles is appropriate for each user.
  - d) Annually, have staff review and sign the combined IRMA Policy Acknowledgement Form (<http://www.dhmh.state.md.us/policies/cipaf-4518.pdf>) for MDH computer-related policies and receive submit the Compliance with MDH Security Policies (P&P 7.41A) affidavit. Copies of the forms signed by staff must be kept on file in accordance with Policy and Procedure 6.00 B.3 (record retention schedule) and be available for review during the Local Agency Management Evaluation (ME).
  - e) Annually present security awareness training to all staff. Documentation of the training (i.e., staff meeting agenda and sign-in sheet) must be kept on file in accordance with Policy and Procedure 6.00 B.3 (record retention schedule) and be available for review during the Local Agency ME.
3. To safeguard WIC data and system access, The State shall:
- a) Ensure that WOW automatically requires the user to change their password at least once every 90 days and will require the password to be at least 8 characters long containing a mix of letters, numbers, punctuation, symbols and underscore that comprise a password which should not be easily discovered.

- b) Respond to requests for system access within 3 working days of receiving the complete request documentation.
  - c) Remove account access from terminated employees on the day of termination or on the day of receiving notification of employee termination.
  - d) Prepare security awareness training materials on an annual basis for local agencies to present to staff.
4. Local agencies and their staff are responsible for securing computer equipment against theft, intrusion, and unauthorized access.
- a) All computer equipment must be protected against theft by being kept in a locked room when not in use or secured to non-movable objects.
  - b) Computer equipment must be protected against intrusion and equipment which will be left unattended must be either locked down or put in a secure, locked location.
  - c) Laptops are especially vulnerable to theft and extra diligence must be given to ensure their protection. Never leave laptop computers unattended, especially in open or plainly visible areas.
  - d) All computer equipment must be protected against damage, including flooding. When conditions threaten to damage equipment, contact the Help Desk for guidance and take appropriate precautions such as removing the equipment from the threatened area and/or covering the equipment to protect against water, dust, or other intrusive materials.
5. All WIC computers must run antivirus software. If the antivirus software is not managed by local IT staff, the State shall install antivirus software and regularly update the signature files

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**Attachments:**

7.41A Compliance with MDH Security Policies

7.41B Combined IRMA Policy Acknowledgement Form

**References:**

1. DHMH Policy 02.01.01DHMH Electronic Information Systems (EIS)

**Revisions:**

- |         |  |
|---------|--|
| 10/2004 | Modified to include the use of strong passwords and timeframe for termination notification and removal of system access. |
| 7/2010  | Modified to include Compliance with DHMH Security Policies.  |
| 1/2013  | Modified to include annual security training and ME requirements.  |



**MEMORANDUM**

TO: Director, Maryland WIC Program

FROM: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

RE: Compliance with MDH Computer Related Policies

This memorandum is to advise that my local agency is in compliance with MDH Policies:

- 02.01.01 Policy on the Use of MDH Electronic Information Systems (EIS);
- 02.01.02 Software Copyright Policy and the State of Maryland Software Code of Ethics;  
and
- 02.01.06 Policy to Assure Confidentiality, Integrity and Availability of MDH Information (IAP).

Compliance includes completion of the Software Code of Ethics Form for all known and potential computer users, distribution of the employee education package, and establishment of controls for all software and software licenses. Submission of this memorandum also confirms that all staff in my Local Agency have received annual security training.

cc: WIC Help Desk

**Maryland Department of Health and Mental Hygiene  
Information Technology Security Policy,  
Standards & Requirements**

COMBINED OIT POLICY ACKNOWLEDGMENT FORM

<b>This document is a combined policy acknowledgment form for DHMH computer-related policies. Following consultation with your supervisor, please read and initial the appropriate acknowledgment sections, then sign the signature block below.</b>		
<b>Acknowledgement Section- Initials</b>		<b>Policy Number-Statement</b>
Employee	Supervisor	<b>02.01.01 DHMH Information Technology Security Policy</b> Policy, Standards and Requirements for the protection of Information Technology. I hereby acknowledge awareness of DHMH Policy 02.01.01, and that my use of these systems constitutes my consent to comply with this directive.
		<b>02.01.02-Software Copyright Policy &amp; the State of Maryland Software Code Of Ethics-</b> Unauthorized duplication of copyrighted computer software violates the law and is contrary to the State's standards of conduct. The State disapproves of such copying and recognizes the following principles as a basis for preventing its occurrence. <b>1. The State will not permit the making or using of unauthorized software copies under any circumstances.</b> <b>2. The State will provide legally acquired software to meet its legitimate software needs in a timely fashion and in sufficient quantities to satisfy those needs.</b> <b>3. The State will enforce internal controls to prevent the making or using of unauthorized software copies, including measures to verify compliance with these standards and appropriate disciplinary actions for violations of these standards.</b> I understand that making or using unauthorized software will subject me to appropriate disciplinary action. I understand further that making copies of, or using unauthorized software may also subject me to civil and criminal penalties. <b>My signature below indicates that I have read and understand Policy 02.01.02- Software Copyright Policy and the State of Maryland Software Code of Ethics.</b>
		<b>02.01.06-Policy to Assure Confidentiality, Integrity and Availability of DHMH Information (IAP)</b> I acknowledge that I am required to comply with the general applicable sections of this policy as it relates to my current job duties. I further acknowledge that should I breach this policy, I am subject to disciplinary, civil, and criminal consequences.  <b>02.01.06-IAP-“Specific Personnel” Acknowledgement [ ] Check here if this applies.</b> If I am currently designated, or at any time my job duties require me to be designated as a Custodian, Data Steward, Designated Responsible Party, Database Administrator, and/or Network (System) Administrator, I acknowledge that I am required to comply with the corresponding responsibilities assigned to <b>specific personnel</b> . Likewise, if I am currently required, or if at any time my duties include the requirement for preparation or monitoring of contracts or memoranda of understanding, I acknowledge that I am required to comply with the <b>specific personnel</b> provisions of the Information Assurance Policy and guidance.

<b>Employee/User Signature Block- I hereby acknowledge that I have reviewed and understand the above-initialed policies.</b>		
Employee/User Signature: _____ DATE: _____		
Employee/User Identification (Please Print)	NAME: _____ PIN # or CONTRACT#: _____	AGENCY/COUNTY: _____ ADMINISTRATION/UNIT: _____ LOCATION: _____
Supervisor's Verification	Supervisor Signature _____ DATE: _____	°Supervisor verifies that the employee/user has acknowledged and initialed the appropriate policies for his/her position.
<b>DHMH 4518 (REV Nov 2010)</b> This form will be retained in the employee's DHMH personnel file.		

All pertinent policies can be accessed and read at <http://www.dhmh.maryland.gov/SitePages/op02.aspx> and State IT Security policy [http://doit.maryland.gov/support/Documents/security\\_guidelines/DoITSecurityPolicyv3.pdf](http://doit.maryland.gov/support/Documents/security_guidelines/DoITSecurityPolicyv3.pdf)

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number 7.42  
Effective Date: October 1, 2003  
Revised Date: November 8, 2017**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Adding, Removing and Modifying Staff Access to WOW**

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**A. Policy**

Local agencies are required to submit a request to the State agency to add or remove staff from the WOW information system. State agency staff with the required role assignment will assign or change roles for local agency staff.

**B. Procedure**

Local agencies shall:

1. Submit a WOW Staff Data Sheet (Attachment 7.42A) to the WIC Help Desk to request that a new user be added, removed, or changed in the WOW information system.
2. Determine the appropriate roles to assign to staff based on qualifications (i.e., CPA, CPPA), job function and need for separation of duties within the local agency. The list of WOW roles allowed for use by local agency staff are contained in Attachment 7.42B.
3. Determine the appropriate time study type to assign to staff based on the time study frequency requirements contained in Policy and Procedure 6.01.
4. Submit a request to remove a staff person from WOW within 1 day of the employee termination date of an employee.
5. When a staff person is suspected of abusing their roles within WOW, contact the State agency immediately to determine the appropriate course of action.

State agency shall:

1. Process requests for terminations on the day of termination or on the day of receiving notification of employee termination.

2. Process requests for adding and modifying staff within 3 working days of receipt of the WOW Staff Data Sheet and notify the local agency that the requested action has been taken.
3. Maintain a record of all requests for staff additions, deletions and modifications and monitor role assignments as part of the local agency management evaluation process (Policy & Procedure 7.81).

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**Attachment(s):**

- 7.42A WOW Staff Data Sheet
  - 7.42B WOW Security Roles and Internet Access
- 

**References:**

**Revisions:**

- 7/2010 Added BF Aids Inventory Role
- 10/2010 Added Time Study Role and Timeframes for Submission
- 4/2011 7.42 Added reference to time study types. 7.42A Added additional time study type. 7.42B Updated role and access level definitions.
- 4/2012 7.42A Added new change fields and comments section 7.42B Added new instructions for Employee Status, Employee Information, Job Classification, and Training
- 8/2017 Modified 7.42B to include eWIC functions.

## Local Agency Staff Data Request Form - Attachment 7.42A

<b>Employee Status:</b>		<input type="checkbox"/> Change Date ___/___/___
<input type="checkbox"/> New Date ___/___/___	<input type="checkbox"/> Change Last Name (Old) _____	
<input type="checkbox"/> Reinstate Date ___/___/___	<input type="checkbox"/> Change Local Agency (Old) _____	
<input type="checkbox"/> Resign Date ___/___/___	<input type="checkbox"/> CORE User <input type="checkbox"/>	<input type="checkbox"/> Change Other _____

Last Name:	First Name:	MI:
Agency:	Time Study Type: <input type="radio"/> Exempt (BFPC) <input type="radio"/> Daily <input type="radio"/> Quarterly	
Email:	SharePoint Access: <input type="radio"/> Yes <input type="radio"/> No	

WOW User Security Roles ( Check the roles to be assigned to or removed from this staff member.)		
Clinic		Admin
Add/Remove <input type="checkbox"/> <input type="checkbox"/> Appt Scheduler/Precert <input type="checkbox"/> <input type="checkbox"/> Appt Scheduler/Precert (R/O) <input type="checkbox"/> <input type="checkbox"/> BF Peer Counselor Coord. <input type="checkbox"/> <input type="checkbox"/> BF Support <input type="checkbox"/> <input type="checkbox"/> CPA <input type="checkbox"/> <input type="checkbox"/> CPPA <input type="checkbox"/> <input type="checkbox"/> Demographics	Add/Remove <input type="checkbox"/> <input type="checkbox"/> Demographics (R/O) <input type="checkbox"/> <input type="checkbox"/> Food Issuance <input type="checkbox"/> <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> <input type="checkbox"/> Fraud and Abuse (R/O) <input type="checkbox"/> <input type="checkbox"/> Monitoring <input type="checkbox"/> <input type="checkbox"/> Reports	Add/Remove <input type="checkbox"/> <input type="checkbox"/> BF Aids Inventory <input type="checkbox"/> <input type="checkbox"/> Clinic Setup <input type="checkbox"/> <input type="checkbox"/> Schedule Set-up Tasks <input type="checkbox"/> <input type="checkbox"/> Time Study Approval <input type="checkbox"/> <input type="checkbox"/> User Setup (State Only) <input type="checkbox"/> <input type="checkbox"/> Developer (State Only) <input type="checkbox"/> <input type="checkbox"/> Data Maintenance (State Only)

Internet Access	Job Classification	Training
Add/Remove <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> <input type="checkbox"/> Limited <input type="checkbox"/> <input type="checkbox"/> WOW Only	Add/Remove <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> LA Coordinator <input type="checkbox"/> <input type="checkbox"/> LA Administrative Add/Remove <input type="checkbox"/> <input type="checkbox"/> CPA <input type="checkbox"/> <input type="checkbox"/> CPPA <input type="checkbox"/> <input type="checkbox"/> BF Peer Counselor	<input type="checkbox"/> New Employee Date: _____

Comments: \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please returned signed form to WIC Help Desk via fax or email.  
 Fax: 410-333-5683    Email: wic.helpdesk@maryland.gov

For Office Use Only			
	<u>NEW</u>	<u>REMOVE</u>	
User Name: _____	WOW: _____	Date: _____	SENT to Train Ctr Dist Ctr Nutri Unit
ID #: _____	WIC DC: _____	Initials: _____	
Password: _____	WOW DC1: _____		
Initials: _____	Date: _____		

## Using the Staff Data Sheet

<b>EMPLOYEE STATUS</b>	
<b>Status</b>	
New	Add a new user to the system, provide their start date
Reinstate	Re-activate an existing user in the system, provide their new date
Resign	De-activate a current user, provide their last date as an employee
Change	Please indicate the date that the change will or has occurred
<ul style="list-style-type: none"> <li>• Name</li> </ul>	Marriage, etc. - give their previous last name in the space provided
<ul style="list-style-type: none"> <li>• Local Agency</li> </ul>	Use when switching to a new agency – provide the new agency name further down in the form
<ul style="list-style-type: none"> <li>• Other</li> </ul>	Write any other changes you are making to a staff's role, internet access, job classification, time study type, etc.

<b>EMPLOYEE INFORMATION</b>	
<b>Field</b>	
Time Study Type	Always mark whether an individual should be reporting Time Study quarterly or daily, <i>or</i> if they are paid entirely from the BFPC budget. See P&P 6.01 for more details.

<b>SECURITY ROLES</b>	
<b>Role</b>	<b>Permissions</b>
<b>CLINIC MODULE</b>	
Appt Sched/Precert	Has full access to all Appointment Scheduler functions, including: scheduling, moving, rescheduling and canceling appointments, scheduling classes, the appointment waiting list and time study entry. Has access to NoteMaster and Communications. Has access to the Precert screen and can perform functions of transferring participants and issuing VOCs.
Appt Sched/Precert (R/O)	Read only access to all screens accessible by Appt Sched/Precert role.
BF Peer Counselor Coordinator	Has access to the Counselor dropdown on the Breastfeeding Support tab.
BF Support	Has the ability to make participants active, schedule appointments and access all breastfeeding support screens, communications, referrals and print documents. In addition this role provides read-only access to the following screens: Women's Medical, Food Prescription, Nutrition History and Risk Factors.

CPA	Has rights to access special formulas, customize food packages and assign/remove high risk indicators.
CPPA	Has full access to all Appointment Scheduler functions to include accessing the daily schedule, scheduling, rescheduling, moving and canceling an appointment. Has full access to the following screens: Infant/Child/Woman Medical, Immunizations, Risk Factors, Nutrition Education, Referrals, Food Prescription, and Formula Calculator.
Demographics	Has full access to the following screens: Family Information, Participant Registration, Income Calculator, Cert Action.
Demographics (R/O)	Read only access to all screens accessible by the Demographics role.
Food Issuance	Has full access to functions involving issuance, cancellation and replacement of eWIC cards and food benefits.
Fraud & Abuse	Has full access to resolving dual participation, participant complaints, sanctions, warnings and disqualifications.
Fraud & Abuse (R/O)	Has read only access to screens accessible by the Fraud and Abuse role.
Monitoring	Has full access to all monitoring buttons.
Reports	Has full access to all reports.
<b>ADMIN MODULE</b>	
BF Aids Inventory	Has full access to the Breastfeeding Aids Inventory component of the Admin Module. Provides access to the Inventory Summary and Inventory Maintenance screens to maintain breastfeeding aids inventory.
Clinic Set-up	Has full access to all clinic demographic information. Includes maintaining local providers, referrals, and eWIC card inventory.
Schedule Set-up Tasks	Has full access to all functions related to creating schedules. Includes office closed days, schedule templates, generating schedules, mass rescheduling, autodialer set-up, etc.
Time Study Approval	Has full access to review and approve time study entries.
User Set-Up (State Only)	Available for STATE WIC staff only. Has full access to set-up new users, assign agencies and roles, and role permissions.
Developer (State Only)	Available for STATE WIC staff only. Has full access to all screens and functions.
Data Maintenance (State Only)	Available for STATE WIC staff only. Has full access to maintaining tables, referral categories, web-based training questions and state surveys. Also allows cert start date and birth date changes.

## INTERNET ACCESS LEVELS

*Domain: Workstations and servers that share a security account manager.*

**NOTE:** Internet access can only be controlled for users accessing the internet through the WIC Domain (i.e., sites with a WIC installed T1 connection and some local health departments). Internet access cannot be controlled for users accessing the internet at sites using a Local Health Department Domain, DSL or cable connection.

Level	Permissions
Full	Has full access to the internet.
Limited	Has restricted access to the internet to sites such as .gov, .edu, .org, .us, .net and other selected sites required for normal business operations.
WOW Only	Has access to WOW and selected internet sites required for normal business operations (i.e., Microsoft.com, windowsupdate.com, Baltimorecity.gov, etc).

## JOB CLASSIFICATION

Classification	
State	201 W. Preston and Training Center Staff
LA Coordinator	Person responsible for the administration of WIC Program at the Local Agency
LA Administrative	Anyone who provides administrative services to the clinics and does not perform certifications.
CPA	Physician, nutritionist, dietician, registered nurse, physician's assistant, State or locally medically trained health official, or individuals with a bachelor's, master's, or doctoral degree, who is required to complete WIC WISE 1 and 2 and CPA training. See P & P 7.63.
CPPA	Paraprofessional required to demonstrate proficiency through the completion of a series of competency checklists after completing WIC WISE 1 training. See P & P 7.60
BF Peer Counselor	Paraprofessional peers who help mothers with breastfeeding and are required to satisfactorily complete peer counselor training. See P & P 5.13.

## TRAINING

New Employee	Please indicate if this employee needs to begin new employee orientation training. This begins with WIC WISE I.



Policy and Procedure 7.43 has been removed.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.60  
Effective Date: January 2, 1990  
Revised Date: January 31, 2018**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

---

**SUBJECT: Competent Paraprofessional Authorities (CPPAs) and Competent Professional Authorities (CPAs)**

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**A. Policy**

Federal regulations require that a qualified individual on the staff of the local agency, referred to as a WIC Competent Professional Authority (CPA), determine nutritional risk and prescribe supplemental foods. The CPA designation is limited to physicians, nutritionists<sup>1</sup>, dietitians, registered nurses, physician's assistants<sup>2</sup>, or State or local medically trained health officials.

A paraprofessional is an individual on the staff of the local WIC agency who does not meet the federal definition of a CPA, but who, following successful completion of a training program, will receive the designation as a WIC Competent Paraprofessional Authority (CPPA). The CPPA may perform certifications under the supervision of a CPA with the following limitations:

- Only a CPA shall prescribe a food package that provides a ready-to-use infant formula, special or non-contract standard infant formula, or special formula for women or children with special dietary needs.
- Only a CPA shall provide high risk (nutrition care) counseling.

WIC CPPAs and CPAs are called upon to demonstrate an array of competencies. These competencies include the ability to determine nutritional risk, prescribe supplemental foods, make referrals, and provide simple, practical, and accurate nutrition education and breastfeeding messages to WIC participants.

To gain these competencies, staff must complete a formal training program as outlined in Policy and Procedure 7.66 New Employee Training.

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<sup>1</sup> A nutritionist is defined as having a bachelor's or master's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition, Home Economics (with an emphasis [9 or more college credit hours] in Nutrition), or Health Education (with an emphasis [9 or more college credit hours] in Nutrition).

<sup>2</sup> Certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority.

## **B. Procedure**

1. Local agencies will abide by policy and ensure that CPPAs do not perform CPA duties.
2. All newly hired CPAs and CPPAs shall attend new employee training as described in Policy and Procedure 7.66. A trainee who does not gain competency within 9 months of completion of WIC Wise 1 should not be permitted to perform certifications.

### References:

1. 7 CFR 246.2
2. WIC Nutrition Services Standards, August 2013 Standards 3-5

### Revisions:

Deleted sentence in Policy A that listed the four courses in the new employee training.

10/2008 – Section B.1.d. Clarified wording on completing competency checklists. New sentence that reads “For local agency staff that have been retrained the competency checklists must be completed within 6 months of the completion of WIC WISE part 1 training.

10/2010 – Section B.1.b. changed “WIC WISE web-based training modules” to “WIC WISE part 1 and part 2 training” Section A removed low iron formula from the first bullet of CPA duties since we no longer issue low iron formula.

10/2011 – Clarified wording in B.1.b and d. Added phone number line for the supervising CPA; Clarified language on proxy/designee, wiping the cuvette, weight in ounces for women and older children, disposal of soft hazardous waste, and goal setting on attachments A–G.

10/2013 – Changed deadline for completing competency checklists to 9 months from date of hire, deleted posttests from WIC WISE training and included new CPAs in the requirement to complete competency checklists. Supervising CPA has to have completed competency checklists. Revised column headings on Attachment 7.60 A-F and added a line for phone number of supervising CPA.

10/2015 – Clarified language and reformatted sections A and B and reformatted the Revisions section by removing excessive spaces. Reformatted Attachment 7.60 A–E by adding a “Not Observed but Competent” column and changed the title of the last column to “Additional Comments”.

6/7/2017 – updated attachments to replace “checks” with “benefits”.

01/31/2018 – Moved training requirements and Competency checklists under attachments to Policy 7.66 New Employee Training.

Attachment 7.60A has been relocated to 7.66C

Attachment 7.60B has been relocated to 7.66D

Attachment 7.60C has been relocated to 7.66E

Attachment 7.60D has been relocated to 7.66F

Attachment 7.60E has been relocated to 7.66F



Attachment 7.60F has been relocated to 7.66G

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.61  
Effective Date: October 1, 2003  
Revised Date: October 1, 2012**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Ongoing Staff Training**

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**A. Policy**

Regulatory requirements, technology, and nutrition science continue to change. WIC is committed to ongoing training of its staff to ensure that the Program remains in compliance, is technologically up-to-date, and that nutrition and breastfeeding information provided to participants and to non-WIC colleagues is accurate.

The State Agency shall be available to assist the local agency in providing training to its staff.

**B. Procedure**

1. All newly hired WIC staff shall attend the new employee training as detailed in Policy and Procedure 7.66.
2. Ongoing staff training will be developed to meet needs as they arise. Designated staff are required to attend State sponsored trainings as scheduled.
3. All WIC staff shall attend the State WIC Conference as scheduled.
4. The Local Agency Coordinator or a designated representative shall attend the monthly Local Agency Coordinators' meetings.
5. Local agencies shall send designated staff to the statewide WIC Nutrition Services Updates and Breastfeeding Coordinators' meetings as scheduled. Meetings are used to review changes to WIC policies and procedures, to update knowledge and skills, and to share ideas and educational materials from other local agencies.

If a local agency is unable to send a representative, the State WIC Nutrition Services or Breastfeeding Services Unit, as appropriate, should be informed in advance of the meeting.

**Reference:**

WIC Nutrition Services Standards, Section 3

**Revisions:**

- 10/2010      Added All Local Agency WIC staff, except peer counselors, shall Attend Grow and Glow Breastfeeding Training. Removed references to the number of times specific meetings will be held each year. Changed Nutritionists meetings to Nutrition Services Updates. Changed notification requirement for local agencies regarding whom to contact if unable to send a representative to a meeting.
- 10/2012      Moved B.2 to Policy and Procedure 7.66.

MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL

Policy and Procedure Number: 7.62  
Effective Date: October 1, 2003  
Revised Date: October 1, 2014

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SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

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SUBJECT: Equipment for Performing Weight and Height Measurements

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**A. Policy**

Local agencies shall purchase and maintain equipment to perform weight and height measurements accurately, uniformly and safely.

**B. Procedure**

**1. Length and Height Measurement Equipment**

- a. **For infants and children under 2 years of age**, an infant length board suitable for table-top measurements shall be used. The board shall be sturdy, made of wood or plastic with an unpadded surface, contain a fixed (unmovable) headboard and a freely-sliding foot piece, and have an attached ruler that measures in 1/8 inch (recommended) or 1/16 inch increments to at least 39 inches. The length board shall allow unobstructed reading of the length measurement.
- b. **For women and children 2 years of age and older**, a stadiometer (height board) shall be used. The stadiometer may be wall-hung or free-standing and shall consist of a flat measuring ruler (against which the applicant's back is placed) with 1/8 inch (recommended) or 1/16 inch increments and a freely-sliding head piece (set perpendicular to the ruler). It shall measure to at least 76 inches and allow unobstructed reading of the height measurement.
- c. When using rulers that measure to 1/16 inch, 16ths shall be converted to 8ths inch as shown in Attachment 2.32A.

**2. Weight Measurement Equipment**

- a. **For infants and children under 2 years of age**, either a beam balance or electronic (digital) table-top infant scale or an electronic floor scale with a tare function shall be used. The scale shall measure to the nearest one ounce and allow unobstructed reading of the weight measurement.

The infant scale shall be sturdy, contain a tray or seat upon which the infant can be safely placed and measure up to at least 44 pounds.

- b. **For women and children 2 years of age and older**, a beam balance or electronic (digital) floor scale shall be used. The scale shall measure to the nearest 4 ounces, up to at least 440 pounds and shall allow unobstructed reading of the weight measurement.
- c. When using digital scales that display ounces in decimals, decimals shall be converted to the nearest full ounce as shown in Attachment 2.32A

### **3. Equipment Installation, Maintenance, and Training of Staff**

Equipment shall be installed, maintained, and checked for accuracy according to the manufacturer's specifications. Local agency staff designated to perform nutritional risk screening shall be trained on the use and maintenance of the equipment.

### **4. Resources**

The following companies are examples of distributors of equipment and can provide technical assistance regarding the products they offer.

**Med-Electronics, Inc.**  
6608 Virginia Manor Road  
Beltsville, MD 20705  
Phone: 888-321-1300  
[www.med-electronics.com](http://www.med-electronics.com)

**Perspective Enterprises**  
7829 S. Sprinkle Road.  
Portage, MI 49002  
Phone: 800-323-7452  
[www.perspectiveent.com](http://www.perspectiveent.com)

**QuickMedical**  
Phone: 888-345-4858  
30200 S.E. 79<sup>th</sup> St., Suite 120  
Issaquah, WA 98027-8792  
Phone: 888-345-4858  
[www.quickmedical.com](http://www.quickmedical.com)

**References:**

1. 29 CFR 1910.1030
2. 42 CFR 493

**Revisions:**

- 10/2011 Updated company contact information.
- 10/2013 Removed B.1.c. disallowing length/height board attached to scale. Updated technology makes such equipment acceptable. Updated company contact information.
- 10/2014 Changed B.1.a. and B.1.b. to read "1/8 inch (recommended) or 1/16 inch."  
Inserted B.1.c "When using rulers that measure to 1/16 inch, 16ths shall be converted to 8ths inch as shown in Attachment 2.32A."  
Inserted B.2.c. "When using digital scales that display ounces in decimals, decimals shall be converted to the nearest full ounce as shown in Attachment 2.32A."

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.63  
Effective Date: October 1, 2005  
Revised Date: December 19, 2023**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Competent Professional Authority Application and Training**

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**A. Policy**

Federal regulations require that a qualified individual on the staff of the local agency, referred to as a WIC Competent Professional Authority (CPA), determine nutritional risk and prescribe supplemental foods. The CPA designation is limited to physicians, nutritionists<sup>1</sup>, dietitians, registered nurses, physician's assistants<sup>2</sup>, or State or local medically trained health officials. Individuals with a bachelor's, master's, or doctoral degree from an accredited college or university, who do not meet one of these categories for CPA designation, may apply to become a CPA.

**B. Procedure**

1. An applicant for the WIC CPA position shall meet the following requirements in order to be considered for the CPA designation:
  - a. A bachelor's, master's, or doctorate degree from an accredited college or university.
  - b. One year of experience in health or human service delivery providing client education or counseling services or performing nutrition or health assessment.
  - c. Completion of the Maryland WIC new employee training program, including WIC Wise 1, WIC Wise 2, and CPA Training, according to Policy and Procedure 7.66.
  - d. Demonstrated competency in CPA level duties, including but not limited to:
    - i. The prescription of food packages that provide a non-contract formula, including a non-contract standard or exempt (special) infant formula or exempt formula for women or children with special dietary needs.

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<sup>1</sup> A nutritionist is defined as having a bachelor's or master's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition, Home Economics (with an emphasis [9 or more college credit hours] in Nutrition), or Health Education (with an emphasis [9 or more college credit hours] in Nutrition).

<sup>2</sup> Certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority.

- ii. The provision of nutrition counseling and follow up to WIC participants with certain high-risk conditions.
  - iii. The provision of counseling and follow up to WIC participants with certain breastfeeding problems.
  - iv. Planning and provision of group nutrition education classes.
- e. Successful completion of at least nine credits of approved coursework to include at least:
- i. 3 credits in Basic Nutrition
  - ii. 3 credits in Maternal or Pediatric or Life Cycle Nutrition
  - iii. 3 credits in Medical Nutrition Therapy, Community Nutrition, or Advanced Nutrition
2. Applicants shall provide documentation of:
- a. A degree received from an accredited college or university.
  - b. Previous work experience that meets the requirements of the policy.
3. Applicants shall complete WIC Wise 1, WIC Wise 2, and CPA training programs and demonstrate competency as outlined in Policy and Procedure 7.66.
4. In addition to the requirements of WIC Wise trainings, applicants shall complete, under the supervision of a CPA, the following CPA Applicant Observation Checklists:
- a. Provision of Formula Food Packages (Attachment 7.63A)
  - b. Nutrition Education Counseling for High Risk Participants (Attachment 7.63B)
  - c. Group Nutrition Education (Attachment 7.63C)

The CPA supervising the training shall submit the CPA Applicant Observation Checklists to the Training and Temporary Services Unit. Copies of these documents shall be kept in the CPA applicant's employment file at the local agency.

6. Applicants shall use Attachment 7.63 D, *Prior-Approval Request for CPA Courses*, to obtain approval from the State Agency, Nutrition Services Unit prior to registering for any course(s) to be used to meet the requirements of the Policy. A copy of the course description from the college or university must be submitted with the Prior-Approval form. The form and course description should be submitted to the State Nutrition Services Unit at least 30 business days prior to the course start date. Applicants will be notified within 15 business days of receipt of the request as to the approval or denial of the course(s).



7. Documentation of coursework completed to fulfill the requirements of this policy shall be submitted to the State Agency, Nutrition Services Unit. Documentation shall consist of a transcript with the final grade of B (80 percent) or above. Coursework must have been completed within five years prior to application.
8. Upon successful completion of the requirements for CPA designation, the Local Agency Coordinator shall be notified in writing by the State Agency that the applicant has been designated as a Competent Professional Authority.

Attachments:

- 7.63A CPA Applicant Competency Observation Checklist Provision of Non-contract Formula Food Packages for Infants
- 7.63B CPA Applicant Competency Observation Checklist Nutrition Education Counseling for High Risk Participants
- 7.63C CPA Applicant Competency Observation Checklist Group Nutrition Education
- 7.63D Prior Approval Request for CPA Courses

References: CFR 246.2

Revisions:

- 10/10 Updated training requirement to include WIC WISE and CPA training. B.4: Changed Nutrition Services Unit to Training and Temporary Services Unit. Changed submission from State Agency QA Nutritionist to State Nutrition Services Unit.
- 10/11 Formatted the header and footer to proper font, added reference, minor wording changes.  
7.63A: Changed language from "Certifier" to "CPA Applicant." Deleted #6 which was a duplicate of #4. Deleted "low iron formula."  
7.63B: Changed language from "Certifier" to "CPA Applicant." Clarified #14.  
7.63C: Changed language from "nutrition educator" to "CPA Applicant."
- 10/14 In Successful completion of at least 9 credits, 3 credits in Life Cycle Nutrition was added as an option to Maternal or Pediatric Nutrition; 2 credits in Nutrition or Health Counseling Skills was changed to 3 credits in Medical Nutrition Therapy.  
7.63D: added Life Cycle Nutrition option to Maternal or Pediatric Nutrition (at least 3 credits required); changed Nutrition or Health Counseling Skills (At least 2 credits required) to Medical Nutrition Therapy (At least 3 credits required).
- 10/15 Added Community Nutrition and Advanced Nutrition to list of approved coursework. Updated format.

- 11/19 Added to B.3. and demonstrate competency. Removed from B.4. available from the WIC Temporary Services and Training Unit.
- 12/23 Changed Paraprofessional Trainings to WIC Wise Trainings.  
7.63A Removed special issue contract infant formulas  
7.63B Replaced Note Master with Client Care.

**CPA Applicant  
Competency Checklist  
Provision of Formula Food Packages**

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_

Local Agency \_\_\_\_\_

Participant Category/ ID number \_\_\_\_\_

Type and name of formula \_\_\_\_\_

**Complete 1 checklist for each of the following:**

- Exempt (Special) Infant Formula
- Toddler Formula (Medical Food)

Procedure:	Yes	No	NA	Comments:
1. CPA Applicant follows guidelines for issuing formula as outlined in Policy and Procedure 3.02.				
2. CPA Applicant issues the appropriate form and quantity of formula as outlined in Policy and Procedure 3.02.				
3. CPA Applicant obtains the required documentation as outlined in Policy and Procedure 3.02 and files the documentation according to local agency guidelines.				
4. CPA Applicant explains to the participant any special requirements for use of formula use (such as mixing instructions).				
5. If necessary, certifier clarifies formula prescription with health care provider.				

CPA observing the trainee: \_\_\_\_\_  
(Signature)

**CPA Applicant  
Competency Observation Checklist  
Nutrition Education Counseling for High Risk Participants**

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_

Local Agency \_\_\_\_\_

Participant Category/ ID number \_\_\_\_\_

Nutrition Risk \_\_\_\_\_

**Complete 1 checklist each for the following participant categories:**

- Formula fed Infant
- Breastfeeding Infant
- Pregnant Woman
- Breastfeeding Woman
- Postpartum Woman
- Child

<b>Procedure:</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments:</b>
1. CPA Applicant introduces self to participant.				
2. CPA Applicant explains to participant reason for visit.				
3. CPA Applicant builds rapport with participant/puts participant at ease.				
4. CPA Applicant explores participant knowledge about high risk condition.				
5. CPA Applicant uses open ended questions.				
6. CPA Applicant listens to and, when necessary, clarifies participant responses.				
7. CPA Applicant accurately addresses participant concerns about high risk nutrition condition.				
8. CPA Applicant provides appropriate, accurate and individualized nutrition information and advice in relation to nutrition risk.				
9. CPA Applicant helps participant set realistic, action-oriented, measurable goal(s) related to nutrition risk condition.				
10. CPA Applicant uses tools such as food models.				

**CPA Applicant  
Competency Observation Checklist  
Nutrition Education Counseling for High Risk Participants**

<b>Procedure:</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments:</b>
11. CPA Applicant provides and reviews appropriate written materials.				
12. CPA Applicant discusses need for and offers follow-up appointment with participant.				
13. CPA Applicant allows participant to ask questions.				
14. CPA Applicant accurately documents content of high risk visit in the Care Plan section under Client Care in management information system.				
15. CPA Applicant documents High Risk Counseling as topic in Nutrition Education Screen in management information system.				
16. CPA Applicant makes follow up appointment in management information system.				

CPA observing the applicant: \_\_\_\_\_  
(Signature)

**CPA Applicant  
Competency Observation Checklist  
Group Nutrition Education**

Attachment 7.63C

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_

Local Agency \_\_\_\_\_

Title of Nutrition Education Class \_\_\_\_\_

<b>Procedure:</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments:</b>
1. The CPA Applicant introduces self to group.				
2. The CPA Applicant introduces topic to group.				
3. The CPA Applicant involves the group in the session.				
4. Activities used help reinforce key concepts of the session.				
5. Visual aids are used to enhance learning.				
6. Written materials given to participants are accurate and support the information presented in the session.				
7. The CPA Applicant uses open-ended questions.				
8. Information is presented clearly and in a logical and organized flow.				
9. The presentation can be heard by all participants.				
10. The CPA Applicant uses active listening and responds to questions appropriately.				
11. The CPA Applicant conducts an evaluation of the session.				

CPA observing the trainee \_\_\_\_\_  
(Signature)

**CPA Applicant**  
**Prior-Approval Request for CPA Courses**

Attachment 7.63D

**Employee Name** \_\_\_\_\_

**Local Agency** \_\_\_\_\_

**Date of Request** \_\_\_\_\_

Applicants to the position of WIC Competent Professional Authority I & II must document successful completion of required coursework, as specified below, if their bachelor's degree is in an area other than Nutrition or Dietetics. **Approval to take each course should be obtained from the State Agency prior to registering for the course.** The State Agency will not provide reimbursement of expenses for taking these courses. A total of at least 9 credits is required in the following subject areas. Please provide the following information and a copy of the course description from the college/university for each course you plan to take.

**Basic Nutrition** (At least 3 credits are required)

Name of Course \_\_\_\_\_  
Number of Credits \_\_\_\_\_  
Semester/Year \_\_\_\_\_  
College/University \_\_\_\_\_

**Maternal or Pediatric or Life Cycle Nutrition** (At least 3 credits are required)

Name of Course \_\_\_\_\_  
Number of Credits \_\_\_\_\_  
Semester/Year \_\_\_\_\_  
College/University \_\_\_\_\_

**Medical Nutrition Therapy** (At least 3 credits are required)

Name of Course \_\_\_\_\_  
Number of Credits \_\_\_\_\_  
Semester/Year \_\_\_\_\_  
College/University \_\_\_\_\_

**State Agency Approval:**

**9 Approved**

**9 Denied**

Reason for denial \_\_\_\_\_

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**CPA Applicant**  
**Prior-Approval Request for CPA Courses**

Attachment 7.63D

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**Nutrition Unit**

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Signature Title Date

**WIC Director**

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Signature Date



**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.64  
Effective Date: October 1, 2007  
Revised Date: November 18, 2019**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Laboratory Requirements for Performing Blood Tests**

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**A. Policy**

Local agencies shall abide by federal and state regulations regarding blood tests performed in WIC clinics.

**B. Procedure**

**1. Standing Order, Letter of Permit Exception, and CLIA Waiver**

- a. In order to perform hemoglobin tests on WIC participants, each local agency shall have:

- A **Standing Order to Perform the Blood Test** from the local agency's Health Officer or Medical Director to perform the test;
- A **Letter of Permit Exception** obtained from the MDH Office of Health Care Quality; and
- A federal **CLIA<sup>1</sup> Certificate of Waiver** from the US Department of Health and Human Services, Centers for Medicare and Medicaid Services.

- b. To obtain a Standing Order to perform the blood test:

Each local health department or non-profit health agency has a medical director who is responsible for developing standing orders. A request should be made for this individual to write the standing order for your WIC agency.

- c. To obtain the Letter of Permit Exception and federal CLIA Waiver:

Each local health department or non-profit health agency that operates a laboratory must have both the Permit and Waiver; determine if your WIC agency has been included in the application process. Note that each WIC clinic must have its own Letter of Permit Exception. A copy of the Letter of Permit Exception and the CLIA Waiver must be posted in each WIC clinic laboratory. The Permit

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<sup>1</sup> CLIA refers to the Clinical Laboratory Improvement Amendment of 1988. Certain laboratory tests may receive a waiver that exempts them from the requirements of the regulation.

is non-expiring, the Waiver covers a 2 year period.

If you must complete the application for your WIC agency, contact the MDH Office of Health Care Quality to obtain an application packet and instructions.

Laboratory Licensing Programs  
7120 Samuel Morse Drive, 2<sup>nd</sup> floor  
Columbia, MD 21046  
410.402.8015  
[ohcq.labs@maryland.gov](mailto:ohcq.labs@maryland.gov)  
[health.maryland.gov/ohcq](http://health.maryland.gov/ohcq)

## 2. Blood Testing Equipment

The local agency shall:

- a. Ensure that blood-testing equipment is installed and maintained according to the manufacturer's specifications. Local agency staff designated to perform blood tests shall be trained on the use and maintenance of the equipment.

The following companies are examples of distributors of equipment and can provide technical assistance regarding the products they offer.

### **HemoCue**

Phone 800.323.1674

[www.hemocue.us](http://www.hemocue.us)

[customerservice@hemocue.com](mailto:customerservice@hemocue.com)

### **EFK Diagnostics-Stanbio**

Phone: 800-531-5535

[www.efkusa.com](http://www.efkusa.com)

- b. Use lancets that comply with the Needlestick Safety and Prevention Act regulation. Lancets shall have permanently retractable needles to reduce the risk of accidental needlesticks. The needle length of an adult lancet is typically 1.8-2.0mm and shall not exceed 2.4mm. The needle length of a pediatric lancet is typically 1.4-1.8mm and shall not exceed 2.0mm. There are a variety of lancets that meet this standard. Refer to Attachment 7.64A and 7.64B for more information.

## 3. Bloodborne Pathogens Exposure Plan

The local agency shall follow a written bloodborne pathogens procedure that

complies with Occupational Safety and Health Administration (OSHA) requirements. Refer to Attachment 7.64A for more information.

**Attachments:**

- 7.64A Bloodborne Pathogens Requirements
- 7.64B Safety Lancets

**References:**

1. 29 CFR 1910.1030 Bloodborne Pathogens
2. 42 CFR 493 Laboratory Requirements
3. COMAR 10.10.01-08, Medical Laboratories in Maryland

**Revisions:**

- 10/2011 Updated company contact information.
- 10/2014 Updated HemoCue contact information.
- 10/2015 Updated HemoCue contact information.
- 11/18/2019 Updated company information, moved critical pieces from original Attachment A into policy; Renamed attachment C to A; updated information in attachment B.

## Bloodborne Pathogens Requirements

The State of Maryland Department of Health requires that all health department employees who handle blood follow the U.S. Occupational Safety and Health Administration (OSHA) regulations (29 CFR Part 1910.1030). Each local health department must have a written "Bloodborne Pathogens Plan" on file. WIC employees who handle blood are covered by these regulations. These regulations require, at a minimum:

- The provision of bloodborne pathogens training for new employees who handle blood and an annual refresher training to previously trained employees;
- Availability of the Hepatitis B vaccine;
- Personal protective equipment for employees, such as disposable gloves (varied sizes and latex-free);
- Restrictions for the area where the blood work is to be performed;
- Daily "housekeeping" of the area where blood work is performed;
- Location of and removal of infectious waste;
- Procedures to safely remove blood that contaminates surfaces such as countertops and floors; and
- A written Exposure Control Plan.

All employees who handle blood shall be familiar with the details of the Bloodborne Pathogens Plan. Local agencies that are not health departments or medical facilities shall consult with the State WIC Agency Nutrition Services Unit regarding the OSHA requirements. Forms for developing an Exposure Control Plan are available from the State Nutrition Services Unit.

## Compliance with the Needlestick Safety and Prevention Act, an Amendment to the OSHA Bloodborne Pathogens regulations (29 CFR 1910)

- Adds the term "safer medical devices" to the list of engineering controls designed to reduce the risk of accidental needlesticks and includes in the definition, retractable needles.
- Requires employers to establish an ongoing process to identify, evaluate, and select effective safer medical devices (lancets) and to include staff who perform bloodwork in this process. For the purpose of the Bloodborne Pathogen standard, an "effective" safer medical device is a device that, based on "reasonable judgment," will make an exposure incident involving a contaminated sharp less likely to occur in the application in which it is used.
  - Records of the process and staff involved must be maintained by the employer.
  - Changes in technique may be required in the use of newer devices, so staff training, and support are necessary.
- Requires employers to amend their Exposure Control Plans on an annual basis or more frequently to reflect new technologies in safer medical devices.
- Requires employers to maintain a "sharps injury log" of percutaneous (under the skin) needlestick injuries to use as a tool to identify high risk areas and evaluate devices. The log must ensure the confidentiality of those employees with such injuries. The log must include the department or work area where the exposure incident occurred, the type and brand of device used, and an explanation of how the incident occurred.

**Permanently Retractable Lancet - Examples**

Lancet	Manufacturer	Features
Pressure/Contact Activated		(Larger gauge = a thinner needle)
BD Microtainer	Becton-Dickinson 201-847-6800 <a href="http://www.bd.com">www.bd.com</a>	Purple, low flow      1.5mm      30G Pink, medium flow    1.8mm      21G
SurgiLance	Medipurpose 770-448-9493 <a href="http://www.medipurpose.com">www.medipurpose.com</a>	SLN200                  1.8mm      21G SLN240                  2.2mm      21G
Spring/Manual Activated		
Haemolance Plus Safety Lancets	Arkray USA 800.818.8877 <a href="http://www.arkrayusa.com">www.arkrayusa.com</a>	Low flow                1.4mm      21G Normal flow            1.8mm      25G
Unistick 3	<a href="http://www.owenmumford.com">www.owenmumford.com</a>	Comfort, low flow    1.8mm      28G Normal, medium flow 1.8mm      23G

Attachment 7.64C is now 7.64A

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.65  
Effective Date: October 1, 2007  
Revised Date: September 25, 2018**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Ordering Outreach, Certification, Nutrition Education, and Breastfeeding Support Materials**

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**A. Policy**

Local agencies shall order certification, nutrition education, and breastfeeding support materials through the Maryland WIC Distribution Center.

**B. Procedure**

**1. Online Procedure:**

- a. Each Local Agency Coordinator and those designated by the coordinator will have access to order materials. Only these individuals shall have online access to the MD WIC Distribution Center.
- b. The MD WIC Distribution Center is accessible from the Internet via the CORE IMS Enterprise Edition software.

To log onto the system, the user must enter *User Name* and *Password*. User name is the user's last name and first initial. User Passwords will be established / changed by the software administrator (Washington County Local Agency Coordinator).

- i. Click on *Shipping Orders*. Click on *Add Order*. Complete the mandatory fields:
  - 1. Company: This is your assigned Local Agency 4 digit code or "State" for state office or "Train" for Training Center.
  - 2. Ship to: This section will automatically pre-fill if you only have one shipping address. If your local agency ships to multiple clinics, you will need to select a shipping location from the drop down box.
  - 3. Owner: You MUST enter your Local Agency Code in this box again.
  - 4. Comment: Enter any notes the Distribution Center needs to read before your order is filled.
  - 5. Save this screen. You will not be able to proceed without saving the ship to information. As shipping order number will now be assigned to your order.

- ii. Click on *Lines* to order materials.
  1. Click on the "Plus Sign" to begin.
  2. A new pop-up will appear showing the inventory list
  3. Search for an item using the available search fields
    - a. Item Number
    - b. Item Description
  4. Click on the line for the item you want to order so that it is highlighted.
  5. Enter the quantity you want to order and then save the line.
  6. Repeat the above process to order additional items.
  7. Your order saves/updates with each line you add, there is no longer an overall "Save" for your order.
- iii. To locate and check on a previous order, click on *Shipping Orders (main page)*.
  1. All shipping orders are listed under the Shipping Order tab found on the main screen.
  2. There are two options for searching for your order:
    - a. Use the search field at the top of the screen to search by Company Code or Shipping Order Number; or
    - b. Use the *Status* dropdown box to search by order status
      - i. Click on edit (CLOSED ORDERS ONLY) and you will see the completion date of your order. This is the date your order was shipped from the Distribution Center.

## 2. Manual Procedure

Users are expected to use the online procedure to order materials. Should the online system not be accessible, permission must be obtained to fax a paper request for materials.

- a. Contact the Washington County WIC Program Coordinator at 240-313-3336 to request permission to fax a paper request.
- b. Use Attachment 7.65A **WIC Manual Order Form** and fax to the MD WIC Distribution Center at 240-420-5262.

### Attachments:

7.65A            WIC Manual Order Form

### Revisions:



- 10/10 Changed instruction to change password. Updated all attachments.
- 10/11 Updated Attachment 7.65D Breastfeeding Support Materials.
- 10/12 Updated Attachment 7.65D Breastfeeding Support Materials.
- 10/13 Consolidated Attachments 7.65A, B, C, and D into 7.65A
- 10/14 Changed access to CORE to those designated by LA Coordinator, instead of 2 per local agency.
- 09/18 Modified ordering instructions based on changes to CORE system. Updated 7.65A to reflect new clinic supplies.

**WIC MANUAL ORDER FORM**

1. User **MUST** order materials online, **EXCEPT** when the online system is not accessible.
2. Contact the Washington County WIC Program Coordinator at 240-313-3336 to obtain permission **PRIOR** to sending in a manual form.
3. FAX this form to the MD WIC Distribution Center at 301-714-2082

Local Agency Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>BREASTFEEDING</b>		<b>QUANTITY</b>
Breastfeeding Aids: Nurture III Medium (23-29mm) Flange 05/09 (1 package=2 flange)	B-18	
Breastfeeding Aids: Nurture III Large (29-35mm) Flange 05/09 (1 package=2 flange)	B-19	
Breastfeeding Aids: Nurture III Extra-Large (35+mm) Flange 05/09 (1 package=2 flange)	B-20	
Breastfeeding Aids: TheraShells Breast Shell 05/07 (1 box = 2 shells)	B-30	
Lactina Double Pump Kit 05/07 (each)	B-31	
Breastfeeding Aids: Lactina 27mm Flange -5/07 (1 box = 2 flange)	B-32	
Breastfeeding Aids: Lactina Flange Connector -5/07 (1 box = 2 connectors)	B-33	
Hygeia Enjoye Breastpump 08/16 (each)	B-35	
Breastfeeding Aids: Lactina 30mm (XLarge) Flange -5/07 (1 box = 2 flange)	B-34	
Breastfeeding Aids: Supplemental Nursing System (SNS) 05/07 (each)	B-36	
Breastfeeding Aids: STARTER Supplemental Nursing System 05/07 (each)	B-37	
Breastfeeding Aids: Lactina 36mm (XXLarge) Flange -10/07 (1 box = 2 flange)	B-39	
Ameda Hygienikit Milk Collection System (Hook-up Kit)	B-48	
Harmony Manual Breast Pump w/ 2 Breastshields 05/07 (each)	B-49	
Nurture III Pump Filters (1 bag - 50 pieces)	B-50	
Nurture III Double Collection Hook-up Kit with DVD 02/10 (each)	B-52	
Pump in Style Breast Pump 09/10 (each)	B-55	
Hygeia EnJoye Pump Hook-up Kit 12/16 (each)	B-57	
Breastfeeding Aids: Ameda Breast Flange XL/XXL 03/14 (1 box=2 XL inserts & 2 XXL Flanges)	B-60	
Breastfeeding Aids: Ameda Breast Flange LG/MED 03/14 (1 box=2 MED inserts & 2 LG Flanges)	B-61	
<b>CERTIFICATION</b>		<b>QUANTITY</b>
eWIC Authorized Foods List 01/17 (25 per pack)	C-06	
eWIC Authorized Foods List – Spanish 01/17 (25 per pack)	C-06A	
eWIC Benefit Card 01/17 (500 per pack)	C-08	
Plastic Bags for ID Folders 05/07 (100 per pack)	C-16	
Rights & Responsibilities for eWIC 02/17 (500 per pack)	C-19	
Rights & Responsibilities for eWIC 02/17 SPAN (500 per pack)	C-19A	
eWIC Instruction Brochure 01/17 (100 per pack)	C-70	
eWIC Instruction Brochure Spanish 01/17 (100 per pack)	C-70A	
eWIC ID Folder 01/17 (25 per pack)	C-71	
eWIC ID Folder Spanish 01/17 (25 per pack)	C71A	
<b>CLINIC SUPPLIES</b>		<b>QUANTITY</b>
Professional Towel 13x18 Teddy Bears with poly backing 07/17 (1box = 500)	CS-01	



FOR MD WIC DISTRIBUTION CENTER ONLY

Request Received: \_\_\_\_\_

Request Filed: \_\_\_\_\_

Data Entered in system: \_\_\_\_\_

Staff filling request: \_\_\_\_\_

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

Policy and Procedure Number: 7.66  
Effective Date: October 1, 2007  
Revised Date: October 3, 2023

**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

**SUBJECT: New Employee Training**

**A. Policy**

The goals of employee training are to:

- Organize and standardize training for all local agency staff.
- Increase staff confidence and job satisfaction.
- Standardize services provided to WIC participants.
- Increase nutrition and breastfeeding knowledge and develop counseling skills.

Employees of the WIC Program shall complete all facets of new employee training within nine months from date of hire. The required training is dependent on the employee's classification in the management information system as follows:

Classification	Required Training						
	Becoming WIC Wise Manual	WIC Wise 1	WIC Wise 2	Grow & Glow 1	Grow & Glow 2	CPA	BFPC
Breastfeeding Peer Counselor	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
Local Agency Administrative	<input checked="" type="checkbox"/>						
Local Agency Administrative with eligibility determination roles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Days 1-2.5 only)					
CPPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local Agency Coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Employees who return to the WIC Program after a separation of employment from Maryland WIC of >6 months shall complete the appropriate portions of the Becoming WIC Wise (BWW) manual. Employees classified as a CPA, CPPA, or Local Agency Coordinator shall re-attend WIC Wise 1. Employees classified as a BFPC shall re-attend BFPC training.

Employees that receive a change in classification (i.e., a promotion) shall complete all training required for that classification.

Graduates of new employee training who perform certification duties shall demonstrate an array of competencies under the supervision of a local agency trainer. The local agency trainer shall be experienced and proficient in completing certifications as defined by:

- 10 or more years of service in the Program; or
- Completion of the new employee training curriculum and their own competency checklists.

Employees that do not achieve basic competencies during WIC Wise 1 will be required to attend a second session of WIC Wise 1. Employees who do not achieve basic competencies after a second session of WIC Wise 1 will need to be evaluated by state staff after 1 month of mentoring in their local agency.

During the training period, employees may perform certifications if closely supervised by the local agency. The local agency shall review the new employees' work in the management information system. A new employee who does not gain competency within 9 months of date of hire shall not be permitted to perform certifications.

## **B. Procedure**

### **1. NEW EMPLOYEE TRAINING GUIDELINES**

- a. Submission of the Staff Data Request Form (Attachment 7.42A) will register new employees to attend training.
- b. In the event of low enrollment for any scheduled training, that session will be postponed, and new employees will attend the next regularly scheduled session, based on the following criteria:
  - i. WIC Wise 1, WIC Wise 2, and CPA Training will be postponed if less than 4 employees are enrolled.
  - ii. Grow and Glow will be postponed if less than 8 employees are enrolled.

## 2. BECOMING WIC WISE MANUAL

- a. Local agencies will begin the process of new employee training using the procedures, guidelines and materials found in the BWW manual.
- b. Local agencies will send the signed Trainee Log from the BWW manual to the Training Center upon completion which shall be no later than the first day of their scheduled WIC Wise 1 training.

## 3. WIC WISE TRAINING

- a. WIC Wise 1 will be completed in 8 days over a 2-week period. WIC Wise 2 will be completed in a consecutive 5-day period.
- b. WIC Wise 1 will be offered 4 times per year; WIC Wise 2 will be offered 3 times per year. The WIC Wise series is required for all staff who perform, supervise, or evaluate certifications.
- c. Breastfeeding Peer Counselors and Administrative staff that *do not perform certification duties* are exempt from WIC Wise trainings. These staff shall complete the appropriate sections of the BWW manual with their local agency trainer. The signed Trainee Log from the BWW manual will be sent to the Training Center upon completion.
- d. New employees must attend WIC Wise 1 before attending WIC Wise 2. Staff must be available to attend the entire 13 days of training. Local agency staff in need of refresher training may also attend as space permits.
- e. WIC Wise training includes certification, nutrition, breastfeeding, and food package policies and procedures, management information system training, basic breastfeeding information, basic nutrition principles for prenatal, postpartum, infants, and children, baby behavior, counseling skills based on participant focused counseling principles, risk code and food package training.
- f. On the rare occasion that a new employee is unable to attend new employee training, they may be trained at the local agency. These employees must complete the equivalent of WIC Wise training. The Local Agency Coordinator shall contact the Training Center Coordinator for more information. State staff will evaluate these employees for competency levels. If competency levels are not demonstrated, the employee will be required to attend WIC Wise training.
- g. The maximum attendance for a WIC Wise 1 class is 16 trainees. Any WIC Wise 1 class that is over capacity by the deadline to register will have

applicants admitted in the following order of priority: new local agency employees, new temporary employees, employees returning to WIC after more than a six-month absence, employees who require retraining, new state staff, new MIS contractors, employees from MARO/USDA, other visitors.

#### 4. CPA TRAINING

- a. Will be completed in a 2-day training that will be offered 3 times per year. Trainees shall be notified of any prerequisite training requirements one month prior to the scheduled training.
- b. New CPAs shall attend WIC Wise 1 before attending CPA training. Exceptions to this shall be discussed with the Training Center Coordinator.
- c. CPA training includes policies and procedures on special formula issuance, breastfeeding risk codes, how to interpret the *Medications and Mother's Milk* reference when researching medication questions, high risk counseling, developing care plans and communicating with medical professionals.

#### 5. GROW AND GLOW TRAINING

- a. Will be completed in a 2-day nonconsecutive training that will be offered 3 times per year. It is recommended that staff complete WIC Wise 1 and WIC Wise 2 before attending Grow and Glow training.
- b. Grow and Glow training includes prenatal breastfeeding assessment and education, counseling strategies, how to recognize appropriate position and latch, potential challenges breastfeeding participants may encounter, and equipment/breastfeeding aids. The trainings are designed to reinforce positive attitudes toward breastfeeding, motivate staff to create "breastfeeding friendly" clinic environments, provide staff with ways to recognize when intervention/support for breastfeeding may be needed and understand what staff can do to assist breastfeeding families, including making appropriate referrals when needed.

#### 6. DEMONSTRATION OF COMPETENCY

- a. Competency is evaluated by measuring the trainee's ability to meet performance objectives, including both knowledge and skills. Competency checklists are required to rate the trainee's ability to meet skill objectives. Attachments 7.66 B through I shall be completed within



9 months of completion of WIC Wise 1 training. Trainees who do not gain competency within this time frame shall not be permitted to perform certifications. If competency has not been gained by 12 months post completion of WIC Wise 1 training the local agency shall contact the state training center for guidance.

Competency checklists are separated into four categories:

- i. Intake and Income Eligibility: the family information through cert action screens in the management information system
- ii. Nutrition Assessment: determining nutrition eligibility and counseling
- iii. Medical Assessment: performing and interpreting lab measurements
- iv. Miscellaneous

b. The required competency checklists are dependent on the new employee’s classification in the management information system as follows:

Required Competency Checklist	Employee Classification			
	CPPA	CPA	Coordinator	Administrative with eligibility roles
Intake and Income (Attachment 7.66B - 3 total)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Assessment (Attachments 7.66C-F - 10 total)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Medical Assessment (Attachment 7.66I - 4 total)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Misc: General (Attachment 7.66G – 1 total)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Misc: CPA (Attachment 7.66H – 1 total)		<input checked="" type="checkbox"/>		

**Intake and Income Eligibility**

The category of intake and income eligibility requires observations for:

- Adjunct income eligibility – 1 observation required
- Non-adjunct income eligibility – 2 observations required

Observations to complete the intake and income eligibility checklist requirements shall not be from the same household.

**Nutrition Assessment**

The category of nutrition assessment requires observations of 1 each for:

- PG, certification or recertification
- BE or BP, certification or recertification
- WPP, certification or recertification
- IBE or IBP, certification
- IFF, certification
- Any Infant 4-7 months, mid-certification
- C1, certification or recertification
- C1, mid-certification
- C2, certification or recertification
- C3 or C4, certification, recertification, or mid-certification

Observations to complete the nutrition assessment checklist requirements may be from the same household, as applicable.

### **Medical Assessment**

The category of medical assessment requires observations of 1 each for:

- Infant (0-7 months)
- C1 or C2
- C3 or C4
- Woman

Observations to complete the medical assessment checklist requirements may be from the same household and can be the same participant as the nutrition assessment checklist, as applicable.

### **Miscellaneous**

The miscellaneous category competency checklists are:

- General – 1 required for CPPA, CPA, and Coordinator
- CPA – 1 required for CPAs only. The local agency trainer that observes this competency must also be either a CPA or the Local Agency Coordinator.

- d. The local agency shall submit, via mail or electronic submission, the completed competency checklists to the training center staff for review. Copies of these documents shall be kept on file at the local agency.
- e. The local agency Coordinator shall be notified in writing by the training center staff when the competency checklists have been reviewed and approved as accurate and complete.

## 7. RECORDS OF COMPLETION OF NEW EMPLOYEE TRAINING

- a. The BWW Trainee Log and the completed competency checklists will be maintained at the Training Center in accordance with State record keeping guidelines.

### Attachments:

- 7.66A Instructions for Competency Checklists
- 7.66B Competency Checklist – Income
- 7.66C Competency Checklist – Pregnant
- 7.66D Competency Checklist – Postpartum
- 7.66E Competency Checklist – Infant
- 7.66F Competency Checklist – Children
- 7.66G Competency Checklist – General
- 7.66H Competency Checklist – CPA
- 7.66I Competency Checklist – Medical Assessment

### References:

1. 7 CFR 2.46.2
2. WIC Nutrition Services Standards, August 2013 Standard 5

### Revisions:

- |         |   |
|---------|---|
|         | Inserted information about the Annex training site including Attachment 7.66B   |
| 10/2009 | B.1. C: changed “basic counseling skills” to “counseling skills based on VENA principles  |
| 11/2009 | Updated 7.66A to include directions from Southern Maryland to the Brooklyn Training Center  |
| 10/2010 | In B.1.B. changed wording from “will be offered” to “is required”, clarified who attends WIC WISE part 2 and the sequencing of the training. Added nutrition and food package policies to B.1.c. Added B.1.e, i, and j. Reordered B.1.e-j |
| 10/2011 | Changes in the frequency of training; changed requirement to complete new employee training to six months from date of hire.  |
| 10/2012 | Deleted 7.66B. Revised 7.66A for the new location. Corrected attachment reference in B.1.b. Added Grow and Glow in A and B.3. Reordered B.1.a-i. Added B.1.j, other minor language changes/clarifications                                 |
| 10/2013 | Updated frequency and length of training for WIC WISE part 1, New CPA training and Grow and Glow  |

- training. Deleted references to the WBT modules. Clarified prerequisites to Grow and Glow and New CPA training. Changed length of time to complete new employee training from 6 to 9 months. Added section on local agency role in new employee training. Moved language from policy 2.02 regarding having a CPA review the records of a new CPPA or CPA until competency checklists have been completed.
- 10/2014 Added language to clarify who is required to come to the various new employee trainings
- 11/2017 Clarified that staff separated from WIC for ≥6 months are required to repeat training. Updated some wording due to changes in trainings.
- 01/2018 Added section on demonstration of competency and competency checklist attachments A-H; removed directions to the training center from attachments; edited B.2.c to include peer counselors and clerical workers should complete the Becoming WIC Wise training manual; added definition of who is allowed to observe new employees for competency.
- 11/2019 Added B.1.e to include criteria on postponement of training; B.2.e changed “VENA” to “participant focused counseling; B.3.a edited to include a prerequisite requirement and reorganization of the CPA training schedule; B.5.b edited to clarify which participants (family vs. individual) can be observed for competency checklists.
- 11/2021 Reorganization of the CPA training schedule; remove PG (teen) checklist requirement; separate medical into its own checklist
- 10/2023 Clarified the due date for the BWW manual Trainee Log and CPA training requirement.

### **Instructions for Competency Checklists**

1. The competency checklists are a tool to ensure competency of newly hired staff after they have attended new employee training.
2. Complete the header for each competency checklist and double check for accuracy. Each checklist should also include the phone number and signature of the local agency trainer.
3. Participants observed to complete the intake and income eligibility checklist requirements shall not be from the same household.
4. Participants observed to complete the medical and nutrition assessment checklist requirements may be from the same household, as applicable.
5. The trainee should continue to be observed until competent in all areas. Any competency checklist with a check mark in the “No” column does **not** count toward the required number of checklists needed. If it is submitted to the Training Center marked “No”, it will be returned to the Local Agency for recompletion. If the local agency trainer feels the trainee needs more practice, then they are not yet competent. The trainee should continue to be observed completing this function until they are deemed fully competent.
6. Do not mark “Yes” for functions that do not apply to the participant being certified, as this would be conflicting to the information in WOW. For example, do not mark Yes to counseling a participant on a low hemoglobin if their blood values were adequate.
7. Utilize the “Not Observed but Competent” column where appropriate. This column means that the local agency trainer feels that although the trainee was not directly observed the trainee is competent in that area. For example, the trainee is competent to counsel on low hemoglobin when appropriate.
8. Competency checklists are due within 9 months of completion of WIC Wise 1 training. Send the competency checklists to the Training Center for review once all are completed. The Local Agency shall keep a copy of the employee’s competency checklists, if the Training Center staff has questions or there are items not checked, it will be helpful to have a copy of the completed checklists on hand so discrepancies can be resolved quickly.
9. Any questions can be directed to the Training Center.

## Competency Checklist – Intake and Income Eligibility

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_ Participant ID # \_\_\_\_\_

Local Agency Trainer \_\_\_\_\_

Complete 3 observations for:  Adjunct Income - 1 required  Non-Adjunct Income – 2 required

Intake and Income Eligibility	Yes	No	N/A	Not Observed but Competent	Additional Comments
1. Introduces self and puts applicant at ease.					
2. Offers LEP applicant the use of the Language Line.					
3. Explains the purpose of the WIC Program.					
4. Explains the certification process.					
5. Verifies and documents identity of applicant.					
6. Verifies and documents residence of applicant.					
7. Obtains or updates telephone number.					
8. Obtains and documents the date of birth of the head of household.					
9. Determines family size correctly.					
10. Explains the role of (or updates) the proxy/designee.					
11. Verifies and documents non-adjunct family income.					
12. If applicant reports zero income, staff probes for additional details to understand economic situation.					
13. Updates status for Temporary Cash Assistance, the Food Supplement Program, and Medical Assistance. Provides referral to programs if not currently participating per P&P 2.39.					
14. Verifies and documents adjunctive eligibility.					
15. Income information is updated even though adjunctive eligibility is verified and used as proof of income.					
16. Offers applicant the opportunity to register to vote.					
17. Updates applicant's voter registration status.					
18. Verifies and documents proof of pregnancy.					
19. Obtains or confirms race and ethnicity information of applicant.					
20. "Amount of Breastfeeding" grid and all breastfeeding related questions are accurately completed.					
21. Issues eWIC card and offers the applicant an opportunity to PIN the eWIC card.					

Local Agency Trainer \_\_\_\_\_

(Signature & Phone Number)

## Competency Checklist – Pregnant – Nutrition Assessment

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_ Participant ID # \_\_\_\_\_

Local Agency Trainer \_\_\_\_\_

Complete one observation for:  PG Cert or Recert

<b>Nutrition and Health Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
1. Uses the Medical screen and Nutrition History to evaluate health conditions and eating practices.					
2. Involves the participant in the session by asking open-ended questions, responding questions, and encourages sharing thoughts and ideas.					
3. Probes and uses open-ended questions as needed to clarify responses before entering information in WOW.					
4. Correctly identifies and interprets risk factors using the Medical screen and Nutrition History information.					
<b>Nutrition Education/Referrals/Food Package</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
5. Involves the participant in the discussion by using motivational interviewing skills.					
6. Tailors information to the applicant's cultural, educational and economic needs.					
7. Assists participant in understanding how food and lifestyle choices affect the infant's health over a lifetime.					
8. Helps participant understand appropriate weight gain.					
9. Assists participant in developing strategies to reduce pregnancy discomforts when identified.					
10. Provides information about the dangers of substance abuse during pregnancy.					
11. Provides a list of resources in the community for substance abuse counseling.					
12. Promotes breastfeeding and reviews benefits and contraindications.					
13. Assists participant (when appropriate) in setting a goal(s) to change an eating or lifestyle practice.					
14. Explains food package contents; assists participant in understanding how WIC foods help meet nutrient needs of pregnancy.					
<b>Nutrition Education/Referrals/Food Package</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
15. Prescribes the most appropriate food package; tailors food package to participant's individual food choices and restrictions.					
16. Provides educational materials relevant to the applicant's nutritional risk, category, and cultural, educational, and economic needs.					

17. Any issued incentive item corresponds with the Nutrition Education message.					
18. Records nutrition education content accurately in the Nutrition Education screen.					
19. If nutrition care counseling is needed, identifies and refers correctly on the Client Referrals screen, per Policy 2.39.					
20. Provides appropriate referrals and documents them in the Client Referrals screen, per Policy 2.39.					
<b>Program Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
21. Explains the Rights and Responsibilities (R & R).					
22. Ensures that the R & R form is read and signed by the applicant.					
23. Accurately schedules a return appointment.					
24. Issues WIC benefits and explains how and where to shop. Thoroughly explains what is allowed to purchase in each food benefit type and how to determine what benefits are remaining.					
25. Gives the participant the opportunity to ask questions.					
26. Issues eWIC card and offers the participant an opportunity to PIN the eWIC card.					

Local Agency Trainer \_\_\_\_\_  
(Signature & Phone Number)



## Competency Checklist – Postpartum – Nutrition Assessment

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_ Participant ID # \_\_\_\_\_

Local Agency Trainer \_\_\_\_\_

Complete one observation each for:

BE or BP Cert or Recert

WPP Cert or Recert

Nutrition and Health Information		Yes	No	N/A	Not Observed But Competent	Additional Comments
1.	Uses the Medical screen and Nutrition History to evaluate health conditions and eating practices.					
2.	Involves the participant in the session by asking open-ended questions, responding to questions, and encourages sharing thoughts and ideas.					
3.	Probes and uses open-ended questions as needed to clarify responses before entering information in WOW.					
4.	Correctly identifies and interprets risk factors using the Medical screen and Nutrition History information.					
Nutrition Education/Referrals/Food Package		Yes	No	N/A	Not Observed But Competent	Additional Comments
5.	Involves the participant in the discussion by using motivational interviewing skills.					
6.	Tailors information to the applicant's cultural, educational and economic needs.					
7.	Assists participant in understanding how food and lifestyle choices affect health over a lifetime.					
8.	If breastfeeding, provides appropriate advice and support.					
9.	Uses visual aids effectively.					
10.	Provides exit counseling information on: immunizations & regular health care, eating right & being active, folic acid, avoiding drugs, alcohol & tobacco, encouraging breastfeeding.					
11.	Provides a list of resources in the community for substance abuse counseling.					
12.	Assists participant (when appropriate) in setting a goal(s) to change an eating or lifestyle practice.					
13.	Explains food package contents; assists participant in understanding how WIC foods help meet nutrient needs.					
14.	Prescribes the most appropriate food package; tailors food package to participant's individual food choices and restrictions.					
15.	Provides educational materials relevant to the applicant's nutritional risk, category, and cultural, educational, and economic needs.					
16.	Any issued incentive items correspond with the Nutrition Education message.					
17.	Records nutrition education content accurately in the Nutrition Education screen.					

18. If nutrition care counseling is needed, identifies and refers correctly on the Client Referrals screen, per Policy 2.39.					
19. Provides appropriate referrals and documents them in the Client Referrals screen, per Policy 2.39.					
<b>Program Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
20. Explains the Rights and Responsibilities (R & R).					
21. Ensures that the R & R form is read and signed by the applicant.					
22. Accurately schedules a return appointment.					
23. Issues WIC benefits and explains how and where to shop. Thoroughly explains what is allowed to purchase in each food benefit type and how to determine what benefits are remaining.					
24. Gives the participant the opportunity to ask questions.					
25. Issues eWIC card and offers the participant an opportunity to PIN the eWIC card.					

Local Agency Trainer \_\_\_\_\_  
(Signature & Phone Number)

## Competency Checklist – Infant – Nutrition Assessment

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_ Participant ID # \_\_\_\_\_

Local Agency Trainer \_\_\_\_\_

Complete one observation each for:  IBE or IBP Cert  IFF Cert  Infant 4-7 Months MCV

Nutrition and Health Information	Yes	No	N/A	Not Observed But Competent	Additional Comments
1. Uses the Medical screen and Nutrition History to evaluate health conditions and feeding practices.					
2. Assesses for breastfeeding questions and/or problems.					
3. Involves the caregiver in the session by asking open-ended questions, responding to questions, and encouraging sharing of thoughts and ideas.					
4. Probes and uses open-ended questions as needed to clarify responses before entering information in WOW.					
5. Correctly identifies and interprets risk factors using the Medical screen and Nutrition History information.					
Nutrition Education/Referrals/Food Package	Yes	No	N/A	Not Observed But Competent	Additional Comments
6. Involves the caregiver in the discussion by using motivational interviewing skills.					
7. Tailors information to the applicant/caregiver's cultural, educational and economic needs.					
8. Assists caregiver in understanding the infant's hunger and fullness cues and developmental stage in relation to feeding.					
9. Offers encouragement and support to continue to breastfeed.					
10. Selects appropriate sections of the <i>Help me be healthy</i> pamphlet to discuss with the caregiver.					
11. Provides appropriate anticipatory guidance.					
12. Uses visual aids effectively.					
13. Assists caregiver (when appropriate) in setting a goal(s) to change a feeding or lifestyle practice.					
14. Explains food package contents; assists caregiver in understanding how WIC foods help meet nutrient needs of the infant.					
15. Prescribes the most appropriate food package; tailors food package to participant's individual infant formula requirements.					

<b>Nutrition Education/Referrals/Food Package:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
16. Provides educational materials relevant to the infant's nutritional risk, category, and cultural, educational, and economic needs.					
17. Any issued incentive items correspond with the Nutrition Education message.					
18. Records nutrition education content accurately in the Nutrition Education screen.					
19. If nutrition care counseling is needed, identifies and refers correctly on the Client Referrals screen, per Policy 2.39.					
20. Provides appropriate referrals and documents them in the Client Referrals screen, per Policy 2.39.					
<b>Program Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
21. Explains the Rights and Responsibilities (R & R).					
22. Ensures that the R & R form is read and signed by the caregiver.					
23. Accurately schedules a return appointment.					
24. Issues WIC benefits and explains how and where to shop. Thoroughly explains what is allowed to purchase in each food benefit type and how to determine what benefits are remaining					
25. Gives the caregiver the opportunity to ask questions.					
26. Issues eWIC card and offers the caregiver an opportunity to PIN the eWIC card.					

Local Agency Trainer \_\_\_\_\_  
(Signature & Phone Number)

## Competency Checklist – Children – Nutrition Assessment

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_ Participant ID # \_\_\_\_\_

Local Agency Trainer \_\_\_\_\_

Complete one observation each for:  C1 Cert or Recert  C1 MCV  C2 Cert or Recert  
 C3 or C4 Cert or Recert or MCV

Nutrition and Health Information	Yes	No	N/A	Not Observed But Competent	Additional Comments
1. Uses the Medical screen and Nutrition History to evaluate health conditions and eating practices.					
2. Involves the caregiver in the session by asking open-ended questions, responding to questions, and encouraging sharing of thoughts and ideas.					
3. Probes and uses open-ended questions as needed to clarify responses before entering information in WOW.					
4. Correctly identifies and interprets risk factors using the Medical screen and Nutrition History information.					
5. Involves the caregiver in the discussion by using motivational interviewing skills.					
6. Tailors information to the applicant/caregiver's cultural, educational and economic needs.					
7. Assists caregiver in understanding their role as teacher and role model for the child.					
8. Assists caregiver in understanding how food and lifestyle choices affect the child's health over a lifetime.					
9. Selects appropriate sections of the <i>Help me be Healthy</i> pamphlet to discuss with the caregiver.					
10. Provides appropriate anticipatory guidance.					
Nutrition Education/Referrals/Food Package	Yes	No	N/A	Not Observed But Competent	Additional Comments
11. Uses visual aids effectively.					
12. Assists caregiver (when appropriate) in setting a goal(s) to change a feeding or lifestyle practice.					
13. Explains food package contents; assists caregiver in understanding how WIC foods help meet nutrient needs of the child.					
14. Prescribes the most appropriate food package; tailors food package to participant's individual food choices and restrictions.					
15. Provides educational materials relevant to the child's nutritional risk, category, and cultural, educational, and economic needs.					

16. Any issued incentive items correspond with the Nutrition Education message.					
17. Records nutrition education content accurately in the Nutrition Education screen.					
18. If nutrition care counseling is needed, identifies and refers correctly on the Client Referrals screen, per Policy 2.39.					
19. Provides appropriate referrals and documents them in the Client Referrals screen, per Policy 2.39.					
<b>Program Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
20. Explains the Rights and Responsibilities (R & R).					
21. Ensures that the R & R form is read and signed by the caregiver.					
22. Accurately schedules a return appointment.					
23. Issues WIC benefits and explains how and where to shop. Thoroughly explains what is allowed to purchase in each food benefit type and how to determine what benefits are remaining.					
24. Gives the caregiver the opportunity to ask questions.					
25. Issues eWIC card and offers the caregiver an opportunity to PIN the eWIC card.					

Local Agency Trainer \_\_\_\_\_  
(Signature & Phone Number)

# Competency Checklist – General

WIC Staff \_\_\_\_\_ Date of Completion \_\_\_\_\_

Local Agency Trainer \_\_\_\_\_

<b>Manual Certification:</b>	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
1. Can correctly complete a manual certification form, including documentation of identified risk factors.			
2. Can explain Local Agency procedure for entering manual certifications into WOW and document retention procedure.			
3. Can schedule the participant an appropriate follow-up appointment to issue an active eWIC card. Understands that inactive eWIC cards may not be issued.			
<b>Hemoglobin Test Evaluation:</b>	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
4. Can perform daily quality assurance procedures for performing the hemoglobin assessment.			
5. Can explain how to clean a blood spill and procedure if accidentally exposed to blood.			
<b>Foster Certification:</b>	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
6. Can appropriately document proof of income for a participant in foster care.			
7. If transferring a participant in foster care, appropriately voids and reissues benefits to sync with new family.			
<b>Certification Miscellaneous:</b>	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
8. Appropriately documents “no proof” and explains a short certification to participant.			
9. Explains short certification process and schedules follow-up appointment appropriately and within time limitations.			
10. Appropriately explains and documents an ineligibility notice and explains the fair hearing process to participant.			
11. Can properly issue and document VOC information for a participant to transfer out of state.			
12. Appropriately explains the required documentation and process to accept a VOC transfer into Maryland WIC.			

Local Agency Trainer \_\_\_\_\_  
(Signature & Phone Number)

## Competency Checklist – Competent Professional Authority (CPA)

WIC Staff \_\_\_\_\_ Date of Completion \_\_\_\_\_

Observing CPA/Coordinator name \_\_\_\_\_

**One CPA Checklist is required: The participant should be high risk and receiving a special formula/nutritional.**

Participant ID \_\_\_\_\_ Participant Category \_\_\_\_\_

Special Formula/Food Name \_\_\_\_\_ High Risk \_\_\_\_\_

Procedure	Yes	No	N/A	Not Observed But Competent	Comments
1. Obtains the required medical documentation as outlined in Policy and Procedure 3.02.					
2. If necessary, clarifies formula prescription with health care provider, and documents appropriately in WOW.					
3. Issues the appropriate form and quantity of special formula or WIC-eligible nutritional and documents accordingly per Policy & Procedure 3.02 or 3.03, respectively.					
4. Explains to the participant any special requirements for use of special formula or food (such as mixing instructions, if applicable). Refers to Internal Guidance as needed.					
5. Documents a care plan for a participant at high nutritional risk and meets documentation deadlines for contact as set in Policy & Procedure 5.03.					
6. When necessary, accurately provides formula to a breastfed infant who is under one month old per Policy & Procedure 3.01 & 5.09.					
7. Understands when it is appropriate to prescribe food packages tailored with food choices listed in Policy & Procedure 3.01.					

Observing CPA or Local Agency Coordinator \_\_\_\_\_  
(Signature & Phone Number)



# Competency Checklist – Medical Assessment

WIC Staff \_\_\_\_\_ Date of Observation \_\_\_\_\_ Participant ID # \_\_\_\_\_

Local Agency Trainer \_\_\_\_\_

Complete one observation each for:  Infant 0-7mos  C1 or C2  C3 or C4  Woman

Weight and Height Evaluation	Yes	No	N/A	Additional Comments
1. Introduces self and puts caregiver & child at ease.				
2. Offers LEP participant the use of the Language Line.				
3. Explains the procedure and its purpose.				
4. For a child <2 years of age; uses recumbent length board with a fixed headpiece and movable foot piece to measure length. For an adult or a child ≥2 years of age; uses a stadiometer with attached headpiece to measure height.				
5. Asks participant/caregiver to remove shoes, socks, excess clothing, and hair ornaments. If a diaper is present, it should be a dry diaper.				
6. With a recumbent length board child is on its back, head is held firmly against the headpiece and eyes point directly at the ceiling. Staff holds down both knees of the child, extends legs and moves foot piece firmly against both heels.				
7. With a stadiometer, applicant stands with heels, buttocks, and shoulder blades against wall, knees unbent, eyes straight ahead, feet slightly apart.				
8. Reads length/height measurement correctly to the nearest 1/8 inch.				
9. Uses an appropriate beam balance or digital scale to measure weight.				
10. Zero-balances the scale prior to measurement. Infant scale is zero balanced with disposable sheet. Applicant is in the middle of scale tray.				
11. Reads weight measurement correctly to the nearest ounce. For digital scale, converts fractions of pounds as needed.				
12. Only uses anthropometric data from a health care provider if taken within 60 days prior to the certification.				
13. Records measurements accurately on the Medical Screen.				
14. Explains the child's growth pattern correctly using the growth chart.				
15. Provides appropriate nutrition advice for this participant, if identified as an unhealthy weight.				
16. Accurately explains weight gain pattern and expected weight gain for a pregnant participant.				

<b>Hemoglobin Test Evaluation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Observed But Competent</b>	<b>Additional Comments</b>
17. Appropriately determines which hemoglobin test is needed (standard vs. non-invasive).					
18. Explains the procedure.					
19. Wears disposable, appropriate-sized gloves during the standard hemoglobin procedure.					
20. Follows accepted Procedure 2.33A for Standard hemoglobin test, as applicable.					
21. Follows accepted Procedure 2.33B for Non-invasive hemoglobin test, as applicable.					
22. Washes/sanitizes hands after the standard hemoglobin test is performed.					
23. Accepts hemoglobin data from health care provider that complies with Policy and Procedure 2.33.					
24. Correctly identifies when a second test is required for quality assurance of the test value per Policy and Procedure 2.33.					
25. Records test result correctly on the Medical screen.					
26. Provides appropriate nutrition advice for this participant, if identified as having low hemoglobin.					
27. If nutrition care counseling and/or health care provider referral is needed, identifies and refers correctly on the Client Referrals screen, per Policy 2.39.					

Local Agency Trainer \_\_\_\_\_  
(Signature & Phone Number)

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.67  
Effective Date: October 1, 2007  
Revised Date: October 1, 2016**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: WIC Temporary Staffing**

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**A. Policy**

Local agencies may request temporary staff (temps) to cover long or short term staff shortages.

**B. Procedure**

1. Local agencies will contact the Training Center to request a temp. Every attempt will be made to provide qualified temporary staff to meet the staffing needs and requirements of local agencies.
2. All temporary staff are required to attend the next scheduled round of new employee trainings (WIC WISE parts 1 and 2, Grow and Glow parts 1 and 2 and new CPA training if applicable) after their date of hire. Local agencies are responsible for completing the trainer's checklists for temporary staff before they attend WIC WISE part 1.
3. The Training Center will cover the cost of the first 2 weeks of salary for temporary workers. Local agency budgets will be charged for the temp services after the first 2 weeks via a journal adjustment or invoice through the State WIC Office. See Policy and Procedure 6.04, Reimbursement for Costs of Temporary Staffing.
4. The Local Agency Coordinator or the Coordinator's designee will be responsible for signing the temp's timesheet and faxing it to the Training Center by the published deadline.
5. The original timesheet will remain on file at the local agency for audit purposes.
6. Temporary employees are not required to complete quarterly time studies unless specifically requested by the Local Agency.
7. Any concerns regarding performance or attendance should be forwarded to the staff at the Training Center.
8. Local agencies may contact the Training Center at any time to discuss requests for temporary staff.

**Revisions:**

10/2010 Added B. 1. Reordered B. 2-8  
10/2012 Deleted B.7 and B.8 Deleted Attachment 7.67A. Added new B.7  
10/2014 Due to changes in the training schedule, B.1-3 have been reworded  
10/2016 Clarified that temp employees do not need to complete time studies

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.70  
Effective Date: October 1, 2007  
Revised Date: April 13, 2023**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Confidentiality and Release of Applicant and Participant Information**

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**A. Policy**

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 a WIC application, certification, or participation, that individually identifies an applicant and/or family member(s). 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.

1. The local agency shall restrict the use and disclosure of confidential applicant and participant information to persons directly connected with the administration or enforcement of the WIC Program whom the state agency determines to have a need to know the information for WIC Program purposes. These persons may include, but are not limited to:
  - a. Personnel from its local agencies and other WIC state or local agencies;
  - b. Persons under contract with the state agency to perform research regarding the WIC Program;
  - c. Persons investigating or prosecuting WIC Program violations under federal, state, or local law; and
  - d. Representatives of the United State Department of Agriculture and the Comptroller General of the United States to inspect, audit, and copy. Any reports or other documents resulting from the examination of such records that are publicly released may not include confidential applicant or participant information.

2. Non-WIC Purposes

The local agency that wishes to disclose confidential applicant and participant information to public organizations to use in the administration of other programs that serve persons eligible for the WIC Program shall:

- a. Obtain prior approval from the state agency in accordance with the MDH Data Use policy 01.06.01;
- b. Notify the applicant or participant at the time of application or through subsequent notice that the MDH Secretary, or his designee, has authorized the use and disclosure of information about their participation in the WIC Program for non-WIC purposes. The statement must also indicate that such information will be used only by state and local WIC agencies and public organizations only in the administration of their

programs that serve persons eligible for the WIC Program; and

- c. Enter into a written agreement with the other public organization, The written agreement shall:
  - i. Specify that the receiving organization may use the confidential applicant and participant information only for:
    - Establishing the eligibility of WIC applicants or participants for the programs that the organization administers;
    - Conducting outreach to WIC applicants and participants for such programs;
    - Enhancing the health, education, or well-being of WIC applicants or participants who are currently enrolled in such programs, including the reporting of known or suspected child abuse or neglect that is not otherwise required by state law;
    - Streamlining administrative procedures in order to minimize burdens on staff, applicants, or participants in either the receiving program or the WIC Program; and/or
    - Assessing and evaluating the responsiveness of a state's health system to participants' health care needs and health care outcomes.
  - ii. Contain the receiving organization's assurance that it will not use the information for any other purpose or disclose the information to a third party.

### 3. Child Abuse and Neglect

Local agencies who are required by state law to report known or suspected child abuse or neglect shall disclose confidential applicant and participant information without the consent of the applicant or participant to the extent necessary to comply with such law.

### 4. Release Forms

Except in the cases of subpoenas or search warrants, (as described in #6. below) the local agency shall disclose confidential applicant and participant information to individuals or entities not listed in this section only if the affected applicant or participant signs a release form authorizing the disclosure and specifying the parties to which the information may be disclosed. The local agency must permit applicants and participants to refuse to sign the release form and must notify the applicants and participants that signing the form is not a condition of eligibility and refusing to sign the form will not affect the applicant's or participant's application or participation in the WIC Program. Release forms authorizing disclosure to private physicians or other health care providers may be included as part of the WIC application or certification process. All other requests

for applicants or participants to sign voluntary release forms must occur after the application and certification process is completed.

5. Access to Information by Applicants and Participants

The 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, access may be provided to the caregiver of the infant or child, assuming that any issues regarding custody or guardianship have been settled. However, the local agency need not provide the applicant or participant (or caregiver of an infant or child) 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 policy or unless the information supports a state or local agency decision being appealed.

6. Subpoenas and Search Warrants.

The local agency shall disclose confidential applicant or participant information pursuant to a valid subpoena or search warrant. Upon receiving the subpoena or search warrant, the local agency shall immediately notify the state agency by telephone and electronically transmit the subpoena or other documentation to the state agency. The state agency shall consult with legal counsel who will determine whether the information can be disclosed.

7. USDA and Comptroller General

The local agency shall provide the United States Department of Agriculture and the Comptroller General of the United States access to all WIC Program records, including confidential applicant and participant information.

8. WIC Applicant/Participant Request for Release of Information to a Third Party

An applicant/participant or the caregiver of an infant or child participant must submit a signed request to the local agency for the release of information to be sent to a specific third party or organization, i.e., a health care provider. Each local agency shall use the consent for release of information approved by their local health department or use the sample Consent for Release of Participant Information (Attachment 7.70A).

9. Release of Information to Other State WIC Agencies

The local agency shall release information to WIC agencies in other states for certification verification for the transfer of participants and/or to prevent and detect dual participation.

Local agency staff shall:

- a. Provide information via telephone, secure electronic transfer, or mail as requested by the other state without a release signed by the WIC participant or the caregiver of an infant or child participant. Information provided will be limited to the information contained on a VOC.

- b. Document the name and contact information of the person requesting the information. Local agency staff may return a call to the requesting agency prior to releasing the information if there is any doubt that it is not a WIC agency.
  - c. Request that any unused Maryland food instruments be destroyed or returned to the WIC agency.
  - d. Terminate the WIC participant when such information is requested from another state agency.
  - e. Upon detection of dual participation, terminate the participant from one of the WIC Programs.
10. Consent to Use Applicant/Participant Photograph in WIC Program Materials

The local agency staff shall have the applicant/participant or the caregiver of an infant or child participant sign the consent form (Attachment 7.70B) that will allow the WIC Program to produce, reproduce, display, advertise, loan, or otherwise distribute, any and all photographs, films, television productions or other media made by or for the WIC Program, in the public interest, without limitation or reservation.

## **B. Procedure**

The local agency shall abide by the Policy listed above.

- Reference:**
- 7 CFR 246.25(a)(4)
  - 7 CFR 246.26(d)
  - MDH Data Use Policy 01.06.01

### **Attachments:**

- 7.70A Consent for Release of Participant Information
- 7.70B Media Consent Release

### **Revisions:**

- 12/2012 Added B8-B10 and 7.70A & 7.70B
- 10/2015 Modified B10 and 7.70B from “any or all” to “any and all”
- 04/2023 Updated attachment B to new consent release from MDH; replaced DHMH with MDH; added reference to MDH policy 01.06.01



**Revisions:** 12/1/12 Added B8 – B10 and 7.70A & 7.70B.  
10/1/15 Modified B10 and 7.70B from “any or all” to “any and all.”

# Maryland WIC Program Request for Release of Information

I hereby agree that the \_\_\_\_\_ WIC Program may release information concerning:

Name: \_\_\_\_\_ WIC ID Number: \_\_\_\_\_

Name: \_\_\_\_\_ WIC ID Number: \_\_\_\_\_

Name: \_\_\_\_\_ WIC ID Number: \_\_\_\_\_

and send this information to:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant/Authorized Representative)

Print Name: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Local Agency Use:

Information sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Recorded in WOW on: \_\_\_\_\_



## MEDIA CONSENT RELEASE

Named Person: \_\_\_\_\_

Minor Under Age 18 (check one):                      Yes\_\_\_                      No\_\_\_

Project: \_\_\_\_\_

I hereby give to the Maryland Department of Health or its authorized representatives permission to edit, copy, exhibit, distribute, or publish in print, via digital platforms, or via video/audio-recorded productions, including on the World Wide Web, this material to promote the above Project and the Maryland Department of Health's activities, without limitation or reservation. I acknowledge that I will not receive any compensation for the use of this media.

This is a full release of all claims whatsoever I or my heirs, executors, administrators, or assignees now or hereafter have against the State of Maryland, Maryland Department of Health, or its employees, in regard to any use that may be made by them of said print or digitally-published material, video/audio-recorded productions, or other media.

I have read this entire document, understand the contents, and I have willingly agreed to the above conditions.

PLEASE SIGN ON THE APPROPRIATE LINE.

\_\_\_\_\_  
Named Person's Signature and Email Address

\_\_\_\_\_  
Parent or Guardian Signature and Email Address (if Named Person is a Minor Under Age 18)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.80  
Effective Date: March 3, 1992  
Revised: February 5, 2019**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Local Agency Self Monitoring and Review**

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**A. Policy**

The local agency shall establish a self evaluation system to review and monitor their operations and those of associated clinics or contractors.

**B. Procedure**

1. The local agency shall review its operations periodically, and at least annually, to determine if local policies and procedures correspond to the Maryland State WIC Program Local Agency Policy and Procedure manual. At a minimum, this evaluation shall include:
  - a. A review of certification procedures
  - b. A sample record audit of at least one percent of participant records
2. A local agency may develop self-evaluation tools or use the tools developed by the State Agency (Attachments 7.80A, 7.80B). Tools developed by a local agency must include the minimum standards contained in the State-developed tools.
3. Records of self-evaluations shall be maintained by the local agency. Two years of review shall be submitted with Pre Management Evaluation Questionnaire during scheduled Management Evaluation.

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Attachment(s):

7.80A Local Agency Certification Self Review Tool  
7.80B Program Operation Self Review Tool

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Reference:

Federal Regulations 7 CFR 246.19 (b) (6)

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Revisions:

1/11 Updated Attachment 7.80A

6/17 Removed B.1.c. audit note needed with eWIC implementation. Updated 7.80A and 7.80B. Replaced references to checks with food instruments. Removed monitoring activities related to checks.

02/19

Revised B.3. to include two years of review shall be submitted with Pre Management Evaluation Questionnaire during scheduled Management Evaluation.

## Local Agency Certification Self-Review Tool

Staff Person/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Participant ID Number: \_\_\_\_\_ Category / Age: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Required certification information: Rate Counselor on whether task is completed appropriately

	Y	N	N/A	Comments
<b>Continuity of Care</b>				
Reviewed notes / alerts / goals from previous visit				
<b>Establishing Rapport</b>				
Staff Introduced self / clinic procedures explained				
Displayed understanding for other culture				
Focused on client when translator used				
Ensured Privacy (low voice – close door at client request)				
Offered help when needed (books, toys for child, room to BF etc)				
Used appropriate non-verbal communication				
Used respectful language				
<b>Pre-Cert / Family / Participant Information (spelling, information verified and documented)</b>				
Name, Phone number, Street/Mailing address, Birth date, Family size				
Income verified – Foster Care status documented if applicable				
Voter registration status, internet access status				
Proxy options explained / “Right to sign R&R” box “checked” if needed				
Proof of Identity				
Adjunct Eligibility				
Race / Ethnic Background / Asked about participation in other assistance programs (was purpose of these questions explained)				
Proof of Pregnancy if applicable				
Mother’s ID documented on infant screen if BF / completed BF intake				
<b>Cert Action / Rights and Responsibilities</b>				
Correct Category / Cert Reason / Cert Period assigned and explained				
Information on WIC Folder reviewed (if used by local agency)				
Immunization Screen updated – R&R signed at appropriate location				
R&R explained / Client given an opportunity to read – ask questions				
R&R signed correctly by certifier and participant				
Complaint and Fair Hearing Processes reviewed				
<b>Food Prescription / Follow up Appointment / Benefit Issuance</b>				
Appropriate schedule day / clinic confirmed				
Authorized Food List explained / clarified				
Food package assigned appropriate for category / preference				
Explain Shopping List/authorized foods				
Appropriate next appointment scheduled				
For new applicants – explain how to use eWIC card				
<b>Assessment / Nutrition Education</b>				
Height, weight, hemoglobin performed according to P&P				
Infection control procedures followed				
Lead Screening question asked – clarified response if needed				
Appropriate risk factors assigned				
High Risk Referral completed / procedure followed				

Skills checklist – Rate Counselor on a scale of 1-3 on how well each skill is performed

Note: Staff is not expected to use every skill with every client – check only those that apply

1 = Needs practice    2 = Meets Objective    3 = Excellent Job				1	2	3	Comments
<b>Assessment / Nutrition Education (continued)</b>							
Reviewed client's medical screen and health history information – asked probing questions to clarify responses							
Avoided spending extensive time on irrelevant information							
Shared findings (Ht/Wt/Iron) in a non-judgmental manner							
Asked open-ended questions to explore client's concerns							
Listened actively and allowed for silence							
Asked about / validated clients concerns / met need							
Maintained focus on desired health (ie healthy pregnancy, active family)							
Used Nutrition Basics info / visual aides to start and guide conversation							
Identified and acknowledged clients strengths (positive behaviors)							
Attempted to foster discussion based on risk factors if nothing offered by client - Provided simple, accurate nutrition message if client receptive							
Limited number of nutrition messages given to client per session							
Tailored message based on client's age, gender, culture and feedback							
Provided handouts to reinforce nutrition message – topics of interest pointed out (don't forget - iron, lead, breastfeeding, formula prep, tooth decay )							
Completed comprehensive assessment prior to providing nutrition education							
<b>Referrals / Setting Goals / Closure</b>							
Referred clients to outside sources when needed (DSS, food banks, BF)							
Worked with client to identify problem behaviors and ideas for change							
Summarized conversation							
Helped client set goal(s) that is specific & realistic for the family's lifestyle							
Documented goals / nutrition topics on the Nutrition Ed screen of WOW							
Restated goal and checked for understanding							
Expressed appreciation for clients time							
Was enthusiastic about following up at next visit							
Documented notes / alerts appropriately							
<b>Follow up with staff member</b>							
Parent's / Caregiver's Primary Concern:				Assigned Risk Factors:			
Nutrition Topics discussed:							
Suggestions / Feedback / Discussion Sample questions... "Tell me about your rationale for the Nutrition Education topics you discussed" "Tell me how you assessed the clients readiness for change"							

Developed by Washington County WIC Program

**Program Evaluation  
Sample Self-Review Tool**

**I. General Administration**

**Communication**

- \_\_\_\_\_ Staff meetings held monthly
- \_\_\_\_\_ Last staff meeting held \_\_\_\_\_.
- \_\_\_\_\_ Minutes kept \_\_\_\_\_. Attendance recorded \_\_\_\_\_.
- \_\_\_\_\_ Opportunity is provided at the staff meeting to learn new skills, as well as discuss and/or resolving current issues.
- \_\_\_\_\_ Follow up contacts are made with staff after new material is presented to ensure implementation.
- \_\_\_\_\_ Local agency policies/procedures are consistent with the State Plan and Federal Regulations.
- \_\_\_\_\_ There is a written plan for training staff that includes local and state policies and procedures.
- \_\_\_\_\_ Staff telephone responses to callers are positive and complete.

**Staff Satisfaction**

- \_\_\_\_\_ Staff given opportunity to express work related needs in staff meeting or private conference.

**Client Satisfaction**

- \_\_\_\_\_ Routine survey of participant to identify WIC related problems.
- \_\_\_\_\_ Participant problems are quickly resolved.
- \_\_\_\_\_ Current unresolved issues are \_\_\_\_\_.

**Outreach**

- \_\_\_\_\_ Continuing process throughout the year.
- \_\_\_\_\_ Log of outreach contacts maintained.
- \_\_\_\_\_ The most recent outreach effort was \_\_\_\_\_.

**Caseload**

- \_\_\_\_\_ Caseload maintained within 5% of allotment.

**Civil Rights**

- \_\_\_\_\_ Yearly civil rights training documented.
- \_\_\_\_\_ Last civil rights training held \_\_\_\_\_.

**II. Financial**

**Accountability**

- \_\_\_\_\_ Receipt of food instruments verified and entered into management information system.
- \_\_\_\_\_ All food instruments accounted for and monthly inventory completed.



- \_\_\_\_\_ All food instruments are stored in secure manner at all times.
- \_\_\_\_\_ Data processing equipment kept free of dust, food and drink.

**Recordkeeping**

- \_\_\_\_\_ Participant and financial records kept according to State policy.
- \_\_\_\_\_ Fair hearing requests/actions filed and logged by year.
- \_\_\_\_\_ Inventory of WIC owned property current.

**Reports**

- \_\_\_\_\_ Manual/voided checks returned to Data Processing on time.

**Budget**

- \_\_\_\_\_ Monitored monthly to track expenditures.
- \_\_\_\_\_ Time studies to support Nutrition Education expenditures completed quarterly. Last time study completed \_\_\_\_\_.

**III. Nutrition Education**

- \_\_\_\_\_ All WIC participants have opportunity for required contact 1 and contact 2.
- \_\_\_\_\_ Education related to participant's risk.
- \_\_\_\_\_ Professional and paraprofessionals given frequent opportunities to update their skills.
- \_\_\_\_\_ The parent/caregiver of participants certified for one year receive four nutrition education contacts.
- \_\_\_\_\_ High risk referral plan utilized.
- \_\_\_\_\_ Participants or caregivers are provided education materials and/or referrals related to their needs.
- \_\_\_\_\_ Risk code and food package assignment consistently meet standards.
- \_\_\_\_\_ Nutrition Education plan is followed as designed.

**Certification**

- \_\_\_\_\_ Certification staff observed at least annually to verify that certification standards are met. (See Attachment 7.80A Local Agency Certification Self-Review Tool)
- \_\_\_\_\_ Standards defined by Maryland paraprofessional training program are consistently met.
- \_\_\_\_\_ Certification time frames meet State and federal standards.

**IV. Program Operation and Compliance**

**Vendor Relations**

- \_\_\_\_\_ Informal vendor visits occur to foster communication and problem resolution.
- \_\_\_\_\_ Vendors monitored regularly.
- \_\_\_\_\_ Results of monitor visit maintained in log.
- \_\_\_\_\_ Vendor problems resolved quickly. Current vendor problems that are not resolved are

\_\_\_\_\_ Ongoing random reviews of vendor files are conducted and documented.

**Benefit Utilization**

- \_\_\_\_\_ Benefits redeemed appropriately on monitoring visit.
- \_\_\_\_\_ Participant reported redemption problems resolved quickly.

**Security**

- \_\_\_\_\_ Data Processing equipment is secured against theft and unauthorized use.
- \_\_\_\_\_ Computer access is restricted to authorized personnel by appropriate use of passwords.
- \_\_\_\_\_ Telephone numbers (for modems), passwords, security keys and related items are restricted to authorized personnel.
- \_\_\_\_\_ Backups of WIC data are performed on a regular basis and stored in a safe, secure location.
- \_\_\_\_\_ Logs are maintained to track the location and movement of Data Processing equipment.

**Comments:**

Coordinator: \_\_\_\_\_ Date completed: \_\_\_\_\_.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.81  
Effective Date: October 1, 1990  
Revised Date: July 31, 2023**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: State Monitoring and Review of Local Agency**

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**A. Policy**

The state agency shall conduct an evaluation of each local agency at least once every two years to determine compliance with the Local Agency Policies and Procedures. The evaluation shall include reviews of management, certification, nutrition education, participant services, civil rights compliance, accountability, financial management systems, food and delivery systems, Farmers' Market Nutrition Program (FMNP) and participant files.

**B. Procedure**

1. The State Office shall:

- a. Notify the local agency coordinator electronically of the management evaluation 60 calendar days prior to their scheduled management evaluation month. The notification shall include a questionnaire (Attachment 7.81A), Financial Documentation Requests, Inventory Workbook, Information Technology Inventory Sheet and request for local agency self-monitoring review documents from the last two years (Policy and Procedure 7.80).

The notification may include instructions for the local agency to send copies of reports and/or materials with the completed questionnaire.

- b. Contact the local agency coordinator and schedule dates and locations for on-site visits to the local agency WIC clinics and the administrative office.
- c. Utilize Management Evaluation Review Form Cycle 1 (Attachment 7.81B) or Management Evaluation Review Form Cycle 2 (Attachment 7.81C). Both forms evaluate each functional area of local agency operations but each form focuses on different aspects of local agency

operations. The forms will be used in alternate local agency evaluations.

- d. Conduct an exit interview with the local agency coordinator to review any findings and observations made during the evaluation.
- e. Provide a written report to the administrative head of the local agency within 6 months of the initial management evaluation letter.
- f. Respond to the corrective action plan submitted by the local agency within 30 calendar days after receipt.
- g. Conduct, if necessary, a follow up review within 6 months after approval of the corrective action plan to ensure that corrective action measures are implemented.
- h. Provide written notification of closure of the review.

2. The Local Agency shall:

- a. Submit the completed questionnaire and any requested materials to the state agency 30 calendar days prior to the scheduled management evaluation month.
- b. Permit state agency evaluators to conduct on-site reviews of a minimum of 20 percent of the clinics in each local agency.
- c. Permit state agency evaluators to observe local agency staff determining an applicant's eligibility and providing Program benefits including secondary nutrition education.
- d. Locate any documents that the state agency evaluators need to review.
- e. Submit a corrective action plan, including implementation timeframes, within 60 days of receipt of the state agency report, when such report contains a finding of noncompliance.

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Attachments:

- 7.81 A Pre Management Evaluation Questionnaire
- 7.81 B Management Evaluation Review Form Cycle 1
- 7.81 C Management Evaluation Review Form Cycle 2

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Reference:

246.19(b)(1) – (4)

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Revisions:

- 10/06 Attachment 7.81B- Revised Management Evaluation Forms
- 10/07 Attachments 7.81 A, B, C, and E
- 10/10 Attachment 7.81 A-number 5 removed reference to 'module' and changed to Competency Checklists.  
Attachment 7.81B-number 38 added "reference materials available."  
Attachment 7.81C-Changed to records value correctly removed reference to length/height/weight, number 38 added 'completed' incorporated area to list primary concern of participant, assigned risk factors, nutrition topics discussed and feedback section.  
7.81E Removed references to Building on Basics, Nutrition Basics, Breastfeeding Basics and replaced with WIC WISE II, Competency Checklist completed, Grow & Glow, Nutritionists Meeting & Breastfeeding Meeting Attendance.  
Revised Attachment 7.81G.  
Added Attachments 7.81H through N.  
Added "including the Farmers' Market Nutrition Program (FMNP) policy and procedures." In section B.1.f.  
Changed attachments in Section B.2.b to read "Attachments 7.81B-N."  
Added Reference 246.19(b)(1) – (4)
- 10/11 Revised Attachment C to delete digital scale, converts fractions of pounds correctly as needed, changed edges to both flat sides, reworded cleans work area and if blood spills occur following OSHA/MOSH guidelines, deleted uses WFP brochure and replaced with Uses Authorized Foods List at initial certification or as needed, added Peer Counselor Referral form completed by participant (if applicable), added provides breastfeeding support (if applicable), added using participant focused counseling, added initially certified and or as need, added nutrition and breastfeeding.  
Attachment D - Added to title Breastfeeding, added in WOW to last statement on page 2.  
Added Attachments P & Q
- 10/12 Revised Attachment 7.81G Financial Management.
- 10/14 Revised policy to reflect new review process; deleted all attachments, added new 7.81A, 7.81B and 7.81C.
- 1/18 Revised Attachment 7.81A, 7.81B and 7.81C to reflect eWIC policy changes.

- 02/19 Revised B.1.a. to include Financial Documentation Requests, Inventory Workbook, Information Technology Inventory Sheet and request for the most recent local agency self-monitoring review documents in local agency management evaluation notification. Revised B.1.e. to provide written report within 6 months of the initial management evaluation letter. Updated 7.81A, 7.81B and 7.81C to include clarifying language for monitoring of voiding and over-issuance of food benefits, monitoring of authorized vendors, ten required Civil Rights compliance areas, emergency procedure plan, separation of duties, and competency checklists.
- 08/21: Revised 7.81A to add 2.11 Maintain record of participants issued ineligibility/termination notices and documentation and 2.39 Updates all referral data in MIS at least annually. Policy 5.05 removed as this policy merged with policy 2.39.  
Revised 7.81B and 7.81C to add 4.28, reminds participants that any unused formula should be returned and that it may not be sold or given away, added requirement to submit 4.16A Maryland Quarterly Vendor Monitoring Logs, added 6.00, any expenditure charged to a WIC grant must be traceable to source documentation and each WIC local agency must maintain an accounting system and separate records relating to the WIC grant which conform to all state and federal regulations as well as generally accepted accounting principles.  
Revised 7.81C to add submission of Attachment 8.00D Monthly FMNP Distribution Reporting Form.  
Format change was made to 7.81A, 7.81B, and 7.81C.
- 07/23 Added Breastfeeding Services Questionnaire to 7.81A. Cost per item was updated to \$8.00 on page 30 of 7.81B and on page 31 of 7.81C (policy reference 6.05).

## 7.81A Pre Management Evaluation Questionnaire

Unit	P&P #	Management Evaluation Question	Policy Met			Comments
			Yes	No	N/A	
Program Support	1.00	Provides documentation showing the State reviewed and approved outreach materials developed by Local Agency staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	Provides documentation showing consultation with local Health Department or parent agency for guidance prior to creating social media account(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	Contacts the State Office prior to the establishment of account(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	Establishes both an Account Administrator and Content Moderator for social media account(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Does not use private messaging between the local agency account holder and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.03	Maintains a list of the names, addresses, and telephone numbers by date and by priority of all applicants who are wait listed after they are certified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.03	Contacts the individuals on the waiting list by priority and date order, schedules appointments for those applicants who telephoned and issues benefits to those who were certified and placed on the waiting list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Maintains a record of participants issued an ineligibility/termination notice and any associated documentation of why they were ineligible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Documents participants who requested a Fair Hearing before the date entered on Ineligibility Notice and continues to provide WIC benefits until the Hearing officer reaches a decision or the certification period expires, whichever occurs first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.18	Maintains files of the required documents for a period of 3 1/2 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Determines and documents that the institutions such as a homeless facility meets WIC requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Documents that homeless facilities are contacted every 6 months to ensure continued compliance and requests homeless facility notify the local agency if it ceases to meet any of these conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Nutrition	2.25	Provides regular, visible means for collecting voter registration applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.39	Updates all referral data in the MIS at least annually. Refers all applicants to mandatory programs. Provides a copy of Local Agency referral guide to State, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Inventories and tracks returned formula properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Documents donated formula at least one-month prior to expiration to designated organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.05	voids food benefits in the WIC information system using one of the pre-established void reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.10	Follows procedures to document the over-issuance of food benefits in the WIC information system by selecting appropriate over-issuance reason when reissuing benefits for the current issue month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.16	Conducts on-site monitoring visits to at least 10 percent of its authorized food vendors annually on a representative basis according to instructions in attachment 4.16B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Documents refusals of a participant or a participant's caregiver, to attend or participate in nutrition education in the participant's WOW record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Conducts and provides an annual assessment of participant views concerning the effectiveness of secondary nutrition education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Develops process for staff to routinely monitor the status of high risk participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Designates Local Agency Breastfeeding Coordinator who is a CPA with breastfeeding expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Disseminates breastfeeding promotion information to and from the State Agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Assists with training in breastfeeding promotion and support for local agency and local health department staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Establishes and utilizes a referral system with other health professionals within the health department and community to provide support to breastfeeding women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Calls participant if Hospital-Grade Electric Pump is not returned in 1 month. If an extension is requested, documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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		in participant's WOW record. Follows procedure if unable to reach participant by phone.				
Breastfeeding	5.11	Cleans returned breast pump motors and outer casing each time the motor is returned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Checks to assure each hospital-grade electric pump is functioning properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Insures that staff members who give out breastfeeding aids are trained in their appropriate use and are able to effectively educate participants on the proper use of the breastfeeding aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Designates peer counselor coordinator, if local agency has peer counselor program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Recruits and hires peer counselors based on job descriptions developed by the State Agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Trains peer counselors using the Maryland WIC Peer Counselor Training Program prior to independent contact with WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Works outside of the local agency WIC clinic or business hours as requested by local agency for peer counselor programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Partners with community resources to extend breastfeeding support beyond the WIC clinic. Peer counselor programs should also network with community lactation consultants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.15	Meets with each employee within *two months after each employee completes Grow and Glow, Part 2, to discuss what breastfeeding support roles each sees the employee taking on. (Local Agency Breastfeeding Coordinator or her designee, the Breastfeeding Peer Counselor Coordinator or other staff IBCLC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	7.00	Signs annual Civil Rights assurance agreement with condition of award.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.00	Prints the appropriate nondiscrimination statement on all WIC-related materials that are disseminated to applicants, participants, outreach/referral contacts, and the general public (leaflets, brochures, bulletins, news media PSAs, application forms, nutrition education materials).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Training Center	7.00	Reviews and monitors activities to ensure compliance with nondiscrimination laws and regulations and allows the State to do the same. Quickly resolves any areas of non-compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.00	Collects and reports racial and ethnic data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.02	Provides interpreter services free of charge to the participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	7.02	Submits annual LEP Report every SFY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.10	Develops a written emergency procedures plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Maintains a file of IRMA Policy Acknowledgement forms for all staff. Presents security awareness training and maintain appropriate documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center/Nutrition	7.60	Ensures that CPPAs do not perform CPA duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Installs, maintains, and checks for accuracy of equipment according to the manufacturer's specifications. Trains staff on the use and maintenance of the equipment (scales and stadiometer).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Makes available protective gear such as aprons, lab coats and protective eyewear for staff that request it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Maintains a standing order to perform hemoglobin checks, a letter of permit exception and a current CLIA waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Keeps a written copy of the LA infection control procedures in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.65	Has at least one, but no more than two, staff person(s) with access to online ordering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.66	Requires the review of the records for all certifications completed by a staff member who has not completed the paraprofessional/professional training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Receives signed consent to use applicant/participant photos for WIC materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81A Pre Management Evaluation Questionnaire

Program Support	7.70	Receives signed consent to use applicant/participant letter, electronic mail, voice mail or other social media for WIC materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.80	Reviews operations at least annually including certification procedures and participant record audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	If separation of duties is not possible on an ongoing basis, completes record review of all non-exclusive breastfeeding infants and 20% of the remaining records within two weeks of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	If local agency allows one person to perform all eligibility and certification functions, additional record reviews of 10% of each clinics certification records are conducted every 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Breastfeeding Services Questionnaire

1. Does the Local Agency have a Peer Counseling Program?  Yes  No
  - a. If yes:
    - i. Who supervises the peer counselors?
    - ii. Who at your agency has received the USDA Loving Support in Peer Counselor Management Training? Give names and dates completed for each person.
2. Do you conduct an annual assessment to determine:
  - a. Needs regarding breastfeeding?  Yes  No
  - b. Where gaps exist in breastfeeding services within your local agency and/or community and how they can be addressed?  Yes  No
  - c. Where improvements in your breastfeeding services are needed?  Yes  No

Please explain what you are doing for any areas that you indicated 'yes'.

### 7.81A Pre Management Evaluation Questionnaire

3. Do you have a policy that describes how peer counselors address participants' concerns and needs outside of clinic hours, including how after-hours referrals are made?
- Yes (attach policy)
- No
- Not Applicable
4. Do you have opportunities for the following staff to observe and shadow designated breastfeeding experts (DBEs) and experienced peer counselors?
- a. Peer Counselors  Yes  No  N/A
- i. Who do they observe?  BFPCs  BF Coordinator  IBCLC/DBE
- b. WIC non-PC staff  Yes  No
- i. Who do they observe?  BFPCs  BF Coordinator  IBCLC/DBE
5. Do you routinely, through spot checks and/or chart reviews:
- a. Monitor Peer Counselors' work  Yes  No  N/A
- b. Monitor non-PC staff's Breastfeeding advice  Yes  No
- c. Who does this monitoring?
6. Do you routinely observe newly trained staff during contacts with participants to provide guidance and affirmation?
- a. Peer Counselors  Yes  No  N/A
- b. WIC non-PC staff  Yes  No
- c. Who does these observations?
7. Do you schedule routine meetings to discuss case studies with Peer Counselors?
- Yes; Who conducts these meetings?  
How often are these meetings held?
- No N/A
8. Do you have a partnership with any non-WIC organizations or groups to collaborate on supporting breastfeeding participants and improving breastfeeding outcomes in your community?
- Yes; Explain:
- No
- N/A

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**Audit Cycle: Cycle 1**

**On-Site**

Unit	P&P #	Management Evaluation Question	Policy Met <i>Select One</i>			Comments
			Yes	No	N/A	
Program Support	1.00	Provides Outreach materials developed by Local Agency staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.02	Uses WOW information system or the manual certification form provided by the State agency to certify all applicants/participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.02	Advises the participant or the parent/legal guardian or designee of the participant's rights and responsibilities as outlined in Policy and Procedure 2.12 Participant's Rights and Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.02	Ensures that the staff, who verifies residency, income, identity and nutrition risk documents their review and approval of information provided by and/or obtained from the applicant to be certified as eligible for the WIC Program by entering their secure user login in the management information system or signing the manual certification form in the appropriate spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.03	Explains why the applicant is being placed on the waiting list, the priority system, the operation of the waiting list and their right to a fair hearing. Advises client to contact the local agency should there be changes to the information collected to determine eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.04	Determines and documents applicant residency correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.04	Uses the Confirmation of Residency form correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Nutrition	2.05	Determines income eligibility correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Documents proof of income correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Determines income for military personnel correctly per P&P 2.05E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Allows participants up to 30 days after certification to provide income documentation. If documentation is not provided by the end of the 30 day certification, the participant shall be terminated by the management information system. Participants may have their cert end date restored to the full certification period if documentation is provided before the 30 days has expired. Under no circumstances may a second, subsequent 30 day certification period be used if the applicant fails to provide the required documentation of income before the temporary certification period expires.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Probes carefully asking the applicant who pays the rent and buys the food if an applicant claims to have no income. After verifying that the applicant does not have any income, collateral verification of their situation is required. Requests that the applicant complete the Collateral Verification Zero Income form attesting to the accuracy of the applicant's level of income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Allows VOC card to serve as documentation of income eligibility for transferring participants and for in-stream migrant farmworkers and their family members. If a VOC card reflects that a migrant farmworker's certification period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		has expired, allows the VOC card to serve as income documentation if the VOC card reflects that an income determination was made within the past 12 months.				
Nutrition	2.05	Verifies an applicant's or a member of an applicant's family's current participation in Medical Assistance (Medical Care Programs) and Temporary Cash Assistance (TCA) and the Food Supplement Program (Independence cards).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Documents proof and verification of adjunct eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Documents foster child as family of one. Documents payments made by welfare agency or from any other source of care of the foster child as income for the foster child. Documents proof of adjunct eligibility from foster child if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Documents income changes and method to assess income during a certification period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Re-evaluates the family income to determine if they are income eligible should they discontinue participating in one of the adjunct income eligible programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Disqualifies all family members, if a participant is found to be income ineligible at a WIC appointment after their certification or recertification appointment based on the participant's adjunct income eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Determines family size correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Documents family size increased by one or by the number of expected multiple births if the pregnant woman's family income exceeds the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		Maryland Income Guidelines for the size of her family. In the case of multiple births, the pregnant woman must provide documentation of the number of multiple births from her doctor if her income eligibility is assessed using a family size increased by the number of expected multiple births.				
Nutrition	2.06	Counts an infant or child in the family size of the parent or caregiver with whom the infant or child resides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Counts an infant, child, or other family member who resides in a school or institution and the parent or caregiver continues to provide economic support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Counts foster child as family of one, if an infant or child is a foster child living with a family but remains the legal responsibility of a welfare or other agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Counts an adopted child or any other person for whom a family member has accepted legal responsibility. That person is counted in the family size for that family if the person lives with the family or is in a school or institution paid by the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Does not count a family providing shelter to a WIC applicant who is homeless in determining family size for the applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.09	Issues food instrument to the applicant at the time of notification that they are eligible for the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.09	Advises ineligible applicant in writing within 10 to 20 calendar days of his status, the reason for the ineligibility, and his right to a fair hearing. Provides the applicant with the name, address and telephone number of emergency food assistance programs in the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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### Audit Cycle: Cycle 1

Nutrition	2.10	Explains appropriate certification period to applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.10	Shortens or extends participant's certification period by not more than 30 days on a case-by-case basis if categorically eligible and sufficient appointment times to conduct a subsequent certification for a participant whose certification period was due to expire were not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Documents that a person found ineligible for the Program at any time during the certification period was advised in writing 15 days before termination of eligibility of the reasons for ineligibility and of the right to a fair hearing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Reassesses a participant's income eligibility during the certification period if the local agency receives information indicating that the participant's household income had changed. However, such assessments are not required in cases where sufficient time does not exist to effect the change. Sufficient time means 90 days or less before the expiration of the certification period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Documents in alerts and files a copy if a Notice of a Fair Hearing form was used and given to the applicant/caregiver or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.12	Provides applicant, legal guardians, or designees the opportunity to read or have read to them and electronically sign acknowledging acceptance of the Rights and Responsibilities. Provides a copy of the Participant Rights and Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.12	Completes the Residency & Income, Nutritional Information, and Nutritional Risk Eligible areas of the manual certification form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Nutrition	2.12	Signs form to signify who has completed each portion of the certification. If different persons complete the other areas, then those areas must contain a signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Provides instructions on how to transfer to another local agency in the state when requested by participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Transfers participants only when requested by the participant or parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Follows in-state transfer procedures in the management information system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Updates family and participant data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Retrieves and destroys participant ID folder issued from the sending local agency and issues new ID folder (if used by the local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Issues benefits that are due to the participant(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Schedules a follow up appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Issues VOC to all participants who state they may be moving during the certification period and to all migrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Completes and signs the VOC according to instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Documents missing VOC in WOW and issues a new VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Enrolls the participant with a VOC if the local agency has a waiting list and can enroll some participants regardless of the participant(s) category. If the local agency has a waiting list,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		tells the participant that they cannot be enrolled at this time but will be placed at the top of the list regardless of their category.				
Nutrition	2.13	Accepts all VOC and, if needed, contacts the original agency for missing or what appears to be altered information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Accepts all nutrition risk conditions from the other WIC program for the duration of the certification period for participant(s) with VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Retrieves and destroys the ID folder from the sending local agency and issues a new ID folder for participant(s) with VOC (if used by the local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Issues food instrument. Issues/prorates replacement benefits for the period in accordance with benefit issuance policy for participants with VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Conducts a new certification if the certification period stated on the VOC has expired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Follows the appropriate procedures for either the In-State Transfer or Out-of-State Transfer when accepting a VOC from a migrant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Sees all applicants physically for program services at the time of certification (unless a health care provider individually certifies that such action will be detrimental to the physical well being of the applicant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Arranges an alternate method of certification, the certification may be completed by using information provided by the health care provider as long as it meets the regulatory requirements of not being more than 60 days old for heights and weights and 90 days for bloodwork and is obtained while the applicant is in the same participant category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### Audit Cycle: Cycle 1

Nutrition	2.16	Stresses the positive long-term benefits of WIC nutrition services and encourages the participant to attend and participate in scheduled mid-certification appointment for nutrition assessment and education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Documents actions taken by the local agency that differed from the required certification/mid-certification procedures in the participant's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.17	Issues VOC to participants who are affiliated with military and who will be transferred overseas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.17	Accepts valid WIC Overseas Program VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Explains format of Identification Folder (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Validates and stamps ID Folder with local agency/county code, the WIC symbol, and phone number (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Completes ID folder per Policy 2.19 (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Asks at the initial certification if the client would like to choose one or two persons designated as a proxy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Enters the name(s) of the proxy (ies), if requested, in participant's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Asks the participant/parent or caregiver at the initial certification if they would like to authorize one or both of the proxies to serve as a designee and correctly enters proxy/designees information in the participant's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### Audit Cycle: Cycle 1

Nutrition	2.20	Confirms participants WIC ID folder at class pick up (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Provides a participant/parent or caregiver the opportunity to change a proxy/designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Identifies "homeless individual".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assures Confirmation of Residency form is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assesses income eligibility as outlined in P & P 2.05 for homeless individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assesses nutritional risk as outlined in P & P 2.31 for homeless individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Prescribes special food packages for the homeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Provides specific education concerning the use and the storage of foods offered in addition to other topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Refers homeless applicants and participants to appropriate health and human services agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.23	Requires and documents that all applicants provide proof of identity using acceptable proof of an applicant's identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.23	Uses the Proof of Identity Affidavit Form as acceptable proof on income under specific circumstances which would include the homeless, victims of fire or theft, illegal aliens, or teenagers who were put out of their homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.23	Enters "No Proof" in the Proof of Identity field if an applicant does not provide proof of identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

Nutrition	2.24	Changes participant’s category according to the established WOW procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.24	Asks the applicant to provide proof of pregnancy, if pregnancy is not obvious per policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.25	Provides all individuals applying for WIC Program benefits or the parent/caregiver of individuals applying for WIC Program benefits an opportunity to register to vote at each certification and recertification visit. Provides assistance to other individuals who express an interest in registering to vote.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.25	Gives the individual the voter registration application and provides assistance to those individuals who would like help in completing the registration application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.25	Asks the individual if he/she would like the WIC Office to mail the completed voter registration card to the local election board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.27	Asks the parent, legal guardian or designee to bring a documented immunization record to the visit when scheduling a certification appointment for an infant or child under age 2. Explains that this is not required for application to the program but the information is important for the health assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.27	Documents whether or not a documented immunization record was brought to the clinic and the dates DTaP immunizations were received on the WOW Immunization screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.27	Selects "illegible" from the dropdown under the "Special" column on the WOW Immunization screen when appropriate. Asks the caregiver to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		request that the health care provider clarify the dates.				
Nutrition	2.28	Asks the parent, caregiver, or designee if the child has had a blood test for lead and documents the response on the WOW medical screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Explains importance of a blood test for lead and provides written information about lead poisoning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Encourages caregiver to ask about blood test for lead at the child's next health care appointment, if the response is "no" or "don't know".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Documents blood lead test result, if known, on the WOW medical screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.31	Reviews risk factors assigned by WOW to ensure that they are correct. Removes and documents incorrect risk factors when appropriate. Re-enters assessment data related to incorrect risk factors if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.31	Identifies and documents all applicable risk factors on manual certification form when performing a manual certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.31	Assigns additional risk factors manually as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Measures weight of infants according to P&P 2.32A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Measures length of infants according to P&P 2.32A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Measures weight and height/length of women/children or obtains measurements from HCP within 60 days prior to date of visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Nutrition	2.32	Documents measurements provided by HCP as a comment on the medical screen in WOW and enters the date they were taken in the date field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Interprets data correctly using growth charts, prenatal weight gain grids, identified risk factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Performs hemoglobin test at the time of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Obtains and documents results from HCP within 90 days of the certification date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Performs/obtains blood test according to the established schedule for each participant category and, for children, as appropriate based on the previous test result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Installs and maintains equipment according to manufacturer's specifications and provides staff training on the use and maintenance of the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Considers relevant assessment information before deciding upon the intervention when the risk factor for Low Hemoglobin/Hematocrit is identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.34	Enters nutrition/health information correctly into WOW, answering all questions on the Medical and Nutrition History screens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.34	Provides appropriate nutrition intervention based on identified risk factors and participant concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.34	Obtains complete nutrition history for each participant using paper nutrition history forms during manual certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Nutrition	2.35	Explains the purpose of the WIC Program is to promote desirable health outcomes through nutrition education, breastfeeding support, special supplemental foods, and referrals during critical times of growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.35	Communicates with open dialogue and two-way communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.35	Prescribes the WIC foods for the individual participant to help meet recommended nutrient needs and explains WIC foods are not intended to supply all of the daily requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.35	Reassesses each participant at the end of the certification period for eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.38	Certifies infants under age 6 months, children, and breastfeeding women for one year and schedules a Mid-Certification visit approximately halfway through the certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.38	Explains the positive long-term benefits of WIC nutrition services and encourages the participant to attend mid-certification appointments for nutrition assessment and education. If the participant does not attend the appointment, provides benefits and attempts to schedule follow up appointment to collect anthropometric data. If follow-up cannot be scheduled, sends note to head of household to schedule follow up appointment or to request referral data from health care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Stores formula in a secure, safe place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Nutrition	3.05	Assists in transitioning an infant on a non-contract standard formula to the contract brand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Follows correct procedure for issuance of special formulas when an applicant's WIC appointment is delayed because of schedule availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Follows correct procedure for issuance of special formulas to a breastfeeding mother required to temporarily stop breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Documents signed receipt of issued formula to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.12	Uses the instructional material provided by the State as it is, or adapts the contents for use in informing participants, guardians, and designees on the proper use of food instrument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.12	Includes a list of all authorized WIC vendors located within the local agency's region or state wide as an addendum to these instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.12	Distributes, discusses and reviews the instructional material as well as the agency's complaint procedure with each participant, guardian, and designee at certification time, as required by the participant sanction policy, and at any time thereafter deemed necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.23	Informs applicants, participants, parents, caretakers, or designees program rights and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.28	Reminds participants when food package changes are made that involve infant formula, that any unused formula should be returned and that it may not be sold or given away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Nutrition	4.30	Issues one active food instrument to a cardholder at the time of initial certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Provides opportunity for cardholder to select a Personal Identification Number (PIN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Issues separate food instrument to each foster child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Replaces food instrument in clinic when allowed replacement reason listed in Policy 4.30 occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	Provides first nutrition education contact at the time of certification to each WIC participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary nutrition contact includes anticipatory guidance appropriate for the participant's category, age, and developmental stage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary nutrition contact is presented verbally as simple, positive, practical advice that builds upon the participant's own knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary nutrition contact includes referral(s) to health, social, and other community services, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary contact is documented in the participant's WOW record in the Nutrition Education screen. Referrals made are documented on the Client Referrals screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Secondary nutrition education is offered in conjunction with benefit issuance, as an individual or group session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Nutrition	5.02	Documents the secondary nutrition education contact in the participant's WOW record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Provides and documents a secondary contact for a participant who is issued WIC benefits during a certification appointment for another family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	The secondary contact is designed to assist the participant or caregiver in acquiring knowledge and skills related to food selection, purchase, storage, and preparation, infant or child feeding, and/or the adoption of physical activity and other healthful lifestyles practices and give consideration to the language and personal and cultural preferences of the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	For breastfeeding infant or child, update the amount of breastfeeding in the participant's record, even if the same as previous visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Documents refusal of a participant or a participant's parent, caregiver, or designee to attend or participate in nutrition education in the participant's WOW record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.05	Provides and documents appropriate information about the dangers of drugs, alcohol, and tobacco at certification or recertification to pregnant, postpartum, and breastfeeding women. Documents counseling in the Nutrition Education screen, and the Client Referral screen in WOW.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.09	Offers a breastfeeding friendly atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.09	Provides breastfeeding support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.09	Recommends breastfeeding aids that are appropriate for the local agency's participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Nutrition	5.11	Explains when to use the breast pump, how to use it effectively and safely, and how to clean it, when issuing. Explains where to call for assistance and provides a written phone number. Demonstrates assembly and disassembly and then asks the participant to demonstrate assembly and disassembly of the pump.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.11	Provides written instruction/literature provided by the product manufacturer, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.11	Educates participant on the use of breast pump and follows up with participant within two business days, to provide additional instruction and answer any questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.11	Ensures Breast Pump Release of Liability or Hospital-Grade Electric Breast Pump Loaner Agreement and Release of Liability Form is signed per policy and retains on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Ensures participants sign the Breastfeeding Aid Release of Liability form prior to receiving nursing supplementers and breast shells. Maintains signed form on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.12	Explains to participants when to use the breastfeeding aid provided, how to use it, and how to clean it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.12	Provides instructions from the product manufacturer and nutrition education and handout literature, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.12	Recommends that participants inform the infant's health care provider of their use of a nursing supplementer, and the mother's health care provider of her use of breast shells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Assigns an inventory label to all new purchases or acquired inventory over \$50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 1**

Financial	6.02	Maintains the inventory sheet properly (adding/deleting inventory).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Materials and literature are available to meet the needs of non-English or limited English-speaking applicants/participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Bi-lingual staff are available to meet the needs of the non-English or limited English-speaking applicants/participants. Each work station has information on how to contact the interpretative services' vendor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Prominently displays the nondiscrimination poster, And Justice For All, in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Asks the applicant their racial/ethnic category(ies).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.02	Prominently displays the Language Line Solutions ID Poster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Secures all computer equipment and protects from water or other intrusive materials. Attends to all laptops while in an unsecured area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Protects system access by logging out and/or using screensaver password when leaving computer for more than a brief period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses an infant length board suitable for table-top measurements. The board shall be sturdy, made of wood or plastic with an unpadded surface, contain a fixed (unmovable) headboard and a freely-sliding foot piece, and have an attached ruler that measures in 1/8 inch (recommended) or 1/16 inch increments to at least 39 inches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 1**

Nutrition	7.62	Uses a stadiometer (height board). The stadiometer may be wall-hung or free-standing and shall consist of a flat measuring ruler (against which the applicant’s back is placed) with 1/8 inch(recommended) or 1/16 inch (recommended) or 1/16 inch increments and a freely-sliding head piece (set perpendicular to the ruler).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses either a beam balance or electronic (digital) table-top infant scale or an electronic floor scale with a tare function for infants and children under 2 years of age. The scale shall measure to the nearest one ounce and allow unobstructed reading of the weight measurement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses a beam balance or electronic (digital) floor scale for women and children 2 years of age and older. The scale shall measure to the nearest 4 ounces, up to at least 440 pounds and shall allow unobstructed reading of the weight measurement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses an approved hemoglobin analyzer in clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Displays pictorial and/or clearly written guidelines for performing the hemoglobin screen and for universal precautions at the site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Dates open containers of microcuvettes and uses cuvettes within 90 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses retractable lancets including sizes for young children and adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Makes available appropriate-sized gloves for certifiers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### Audit Cycle: Cycle 1

Nutrition	7.64	Has adequate supplies of alcohol wipes or alcohol, gauze or other dry pads, and appropriate-sized bandages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Has a sink and soap for washing hands or has an acceptable, waterless antiseptic hand cleanser if sink is unavailable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses puncture-proof disposal containers for used needles and cuvettes and locates them safely for the protection of staff and participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses biohazard-labeled containers for other infectious waste and locates them safely for the protection of staff and participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Keeps work area clean and maintains it according to OSHA/MOSH housekeeping guidelines. Has approved cleaner or bleach solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Follows a written blood borne pathogens procedure that complies with OSHA requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	Performs the following duties by separate clinic staff members: income determination and determination of medical or nutrition risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	Scans proof of identity, residency and income into WIC information system when separation of duties is not possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.90	Treats all customers with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.90	Promptly answers all customers' questions with accurate, objective information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.90	Responds to all customers' concerns and complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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### Audit Cycle: Cycle 1

Nutrition	8.00	Distributes the FMNP checks and provides nutrition education covering the benefits of fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	8.00	Provides all participants with instructional materials for FMNP checks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	8.00	Stores the unissued FMNP checks securely when they are not being distributed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	8.00	Maintains the check registers in order by issued serial numbers for at least three years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Off-Site

Unit	P&P #	Management Evaluation Question	Policy Met <i>Select One</i>			Comments
			Yes	No	N/A	
Program Support	1.00	Targets the highest priority target groups with outreach plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.00	Identifies and contacts organizations that have a significant WIC eligible population to facilitate referrals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.00	Submits the annual Outreach Plan covering the upcoming SFY by the required deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	Aligns Social Media account(s) content with the vision and mission of the WIC Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	Assures posts focus on WIC related topics and provides proper credit to the source of information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Uses only one Facebook page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Assures that the Twitter avatar is consistent with the local agency Facebook page image.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Takes all precautionary measures to ensure Twitter privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 1**

Program Support	1.10A	Does not have a YouTube channel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Does not have a blog.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Uses standardized responses between participants and the local agency page administrator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Monitors page routinely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Leaves content added by the State.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.02	Documents evaluation of need for the formula and authorizes its issuance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.02	Ensures procedures are followed when issuing formula.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.03	Issues formula according to policy for children and women with special dietary needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.02 & 3.03	Documents all required information correctly in WOW on the participant's notes screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.06	Refers to Medical Assistance or REM for tube fed or REM eligible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.06	Reviews exempt (special) formula requests for participants who receive Medical Assistance and processes according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.01	Ensures that local agency employees are aware of the requirement to report possible conflicts of interest to include participation in the WIC Program, serving as a proxy of a WIC participant; employment at a WIC authorized vendor, and ownership of, or relationship to an owner of a WIC authorized store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 1**

Vendor	4.01	Ensures that local agency employees who are WIC participants or proxies of WIC participants or who have family members or relatives who are WIC participants do not certify themselves, or those for whom they serve as proxies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.01	Ensures that local agency employees who are WIC participants or proxies of WIC participants do not issue a food instrument to themselves, or to the participants for whom they serve as proxies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.01	Ensures that a local agency employee who is employed by, has ownership of, or is a family member or relative of an owner of a WIC authorized vendor is not responsible for routine monitoring of that vendor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.01	Obtains a signed WIC Employee Conflict of Interest Statement (Attachment 4.01A) annually and when an employee's status changes to warrant documentation of participation in the WIC Program, serving as a proxy of a WIC participant, employment at a WIC authorized vendor, and ownership of, or relationship to an owner of a WIC authorized store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.05	VOIDS food benefits in the WIC information system using one of the pre-established void reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.10	Follows procedures to document the over-issuance of food benefits in the WIC information system by selecting appropriate over-issuance reason when reissuing benefits for the current issue month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.16	Conducts on-site monitoring visits to at least 10 percent of its authorized food vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		annually on a representative basis according to instructions in attachment 4.13B.				
Vendor	4.16	Monitors potential high-risk and high-risk vendors in accordance with Policy 4.17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.16	Submits to the State Agency 4.16A Maryland Quarterly Vendor Monitoring Log in January, April, July, and October regardless if any monitoring activities were conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.21	Conducts, documents and maintains documentation of vendor monitoring and training in accordance with Policies 4.15, 4.16 and 4.17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.21	Forwards copies of documentation of all vendor related contacts and activities to the State Agency in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Sanctions shall be based on the more serious infraction if more than one kind of infraction, actual or attempted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Keeps all offenses under this policy active in the participant's WIC information system record for two years from the date of sanction. No sanction issued over two years prior to the current violation shall be considered in issuing a subsequent sanction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Encourages vendors to lodge complaints against participants, parents, caretakers, or designees who violate or attempt to violate Program Procedures and Regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Notifies the participant, parent, caretaker, or designee in writing of any alleged abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Investigates and documents each alleged situation within 30 days of its occurrence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

Vendor	4.23	Investigates within 30 days of receipt of anonymous tips of alleged participant, caretaker, or designee abuse. If the alleged abuse cannot be verified, a sanction cannot be imposed. In such cases, counseling may be the only appropriate option.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Exhausts all avenues for remedying the offense if the participant is an infant or a child. He/she should not be disqualified for the abuses of his/her parent, caretaker or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Uses of the WIC information system generated Education and Warning letters to notify a participant, caretaker, or designee or applicant who is to receive a warning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Sends a written advance notice of disqualification at any time during certification not less than 15 days before the disqualification, stating the reasons for this action and the participant's right to a fair hearing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Continues to provide benefits to participants who appeal the disqualification within the 15-day advance adverse action notification period until the hearing official reaches a decision adverse to the participant, or the certification period expires, whichever occurs first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Reports physical abuse incidents towards the vendor, clinic or agency staff, and/or property to the police.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Disqualifies the designee and issues a warning letter to the participant or the caretaker in cases of program abuse by a designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

Vendor	4.23	Allows a disqualified participant to reapply for Program benefits at the end of the disqualification period or when full restitution of any remittance due is made or a repayment schedule is agreed upon according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Provides according to policy acceptable formats for delivering the secondary contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Develops a written procedure to ensure that participants identified as at high nutritional risk receive a care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Documents counseling by the CPA according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Documents refusal of high risk services by the participant, caregiver or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Documents in the Care Plan all appropriate and timely information provided to the participant regarding their high risk status according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.06	Develops and submits Nutrition/Breastfeeding Services Plan to the State Nutrition Services Unit according to guidelines in policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.06	Submits changes to Nutrition/Breastfeeding Services Plan according to recommendations provided from the State Office. Hard copy is kept at the State Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Ensures contact is made with nutrition education specialist and/or breastfeeding coordinator to discuss development or procurement of items used with WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

Nutrition	5.08	Follows policy in selecting appropriate materials are developed or purchased for WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Uses current USDA nondiscrimination statement on all developed publications as indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Makes copies of approved nutrition education or breastfeeding promotion materials available to the State WIC Office for LA sharing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Follows guidelines with regards to considering specific equipment prior to purchase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.09	Attends quarterly Breastfeeding Coordinator Meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Sends all staff (except peer counselors) to WIC WISE 1, WIC WISE 2, and Grow and Glow (parts 1 and 2) as a part of their new employee breastfeeding training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Issues one can of formula powder per month from WIC for an infant less than 1 month old with appropriate documentation for a specific breastfeeding complication. All infants provided one can of infant formula powder during the first month of life must have a recommendation from either an IBCLC or physician and those with latch-on difficulty, poor suck, or feeding difficulty must be receiving f/u with a lactation consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Breastfeeding	5.11	Considers factors in determining whether to provide a manual breast pump or electric pump to a participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Maintains logs (in participant's WOW record) to document who received and reason for receipt Hospital-Grade and Electric Breast Pumps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Maintains log (in participant's WOW record) to document when a breast pump is returned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Documents each issuance under BF Aids on the BF Support breastfeeding screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Follows-up with participant to determine progress within two working days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Counsel WIC participants about normal breastfeeding issues. Peer counselors will follow the contact guidelines and protocols to determine frequency of contact with participants and issues to be discussed for specific concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Documents contacts per contact guidelines in Att. 5.13A by peer counselors and amount of breastfeeding using the WIC information system or, when not available, using a paper documentation form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Attends Breastfeeding Peer Counselors & Peer Counselor Coordinators Meetings four times a year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.15	Updates Breastfeeding Support Roles Table throughout the year and submits with Nutrition/Breastfeeding Services Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Financial</b>	6.00	Charges expenditures to a WIC grant with traceable documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

Financial	6.00	Maintains an accounting system and separate records relating to the WIC grant which conform to all state and federal regulations as well as generally accepted accounting principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Enters time studies in WOW. The reports are checked quarterly by Financial Unit. Any omissions or deficiencies are immediately addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Follows the definition of Standard and Non-Standard work schedules in completing the time studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Abides by the frequency of time studies for their different categories of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Certifies that all data is complete and correct (staff person).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Reviews and approves all data that was entered (supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Completes the Salary Calculations Worksheet correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Uses the percentages calculated at the bottom of the Quarterly Time Study Percentages Report to allocate salary and fringe expenditures as well as expenditures in other appropriate line items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Obtains approval for all equipment purchases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Offers equipment purchased with WIC funds that is no longer needed to other programs according to the established priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Financial	6.02	Reports broken equipment to the Financial Unit, updates attachment 6.02A and disposes of it according to the policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Reports stolen equipment to the Financial Unit and updates attachment 6.02A according to the policies including a comment about theft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.04	Reviews compliance to this policy when receiving reports for temporary staff assigned to the local agency (Financial Unit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures items purchased for staff present a WIC outreach, nutrition education or breastfeeding message and contain the local WIC agency name and contact information (telephone number or web site).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures purchased items have a WIC specific message that targets the potentially eligible population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures that purchased items contain the USDA nondiscrimination statement on publications or other printed materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures purchased items were at a reasonable and necessary cost with a total cost per item of less than \$8.00.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures items purchased for staff used when staff travel throughout the community and participate in various cooperative functions that target WIC population and not used primarily in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures all WIC personnel listed in the approved budget file appear on the payroll.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures all personnel charged to WIC on the agency payrolls completed a time study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures that daily backup documentation agree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

		with the Summary of Time Study Hours in the budget file.				
Financial	6.06	Documents the salary costs available for employees who split their time between WIC and another program on a regular schedule (only required to do time studies one month per quarter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures the WIC Program is charged only for the hours worked for WIC and provides back-up documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Documents the salary costs available for employees who split their time between WIC and another program NOT on a regular schedule (daily time studies required all year).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures the backup documentation agree with the expenditures reported on quarterly report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.08	Ensures a MBE or SBR was used whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.08	Ensures all new equipment purchased and assigned an inventory number are listed on the Schedule of Equipment Costs (4542G) in the WIC Program Budget Package.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.08	Ensures a minimum of three bids were received when purchasing an item or service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.08	Ensures records are maintained according to the Records Retention Schedule as stated in the Financial Management Policy and Procedure section 6.00.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures Vehicle Mileage Log (6.09A) is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

Financial	6.09	Documents all travel to conduct WIC Program business including site visited and miles traveled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures vehicles are used only to conduct WIC Program business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensure employees show commute miles if they took the car home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures that drivers who used privately owned vehicles for official WIC Program business are reimbursed in accordance with the DBM approved rate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures one half the ordinary standard rate was used when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures drivers are not reimbursed for commuting miles as well as commute miles while conducting WIC business leaving from and returning to their home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures all drivers complete and submit a Vehicle Mileage Log with their request for reimbursement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Ensures official travel expenditures (transportation, lodging, and phone) are reimbursed in accordance with the regulations set forth by the Department of Budget and Management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Ensures meal allowances for employees while on travel are properly reimbursed at the rates established by DBM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Ensures registration receipts are submitted with reimbursement request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Reviews Civil Rights Responsibilities policy at staff meetings every state fiscal year at a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

		minimum. Monitors staff to ensure adherence to policy. Quickly resolves any non-compliance.				
Training Center	7.00	Ensures access to clinic for disabled individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Provides civil rights training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Provides a copy of the sign in sheet, agenda, and outline of the civil rights presentation given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.01	Reports any complaints of discrimination in the past two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.01	Submits the correct complaint form within established time frames.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.21	Review caseload reports to determine if caseload is achieved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.21	Describes procedure to contact pregnant women who do not keep their appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.40	Only approved software is installed on WIC computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.40	Maintains a record of software licenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.40	Uses WIC computers for WIC/work related purposes only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Submits Staff Data Sheets in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Assigns system access appropriately for users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.60/7.66	Insures all WIC CPPA's and new CPA's to attend New Employee Training within nine months from date of hire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.61	Attends the State WIC Conference as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WIC Director	7.61	Attends the monthly local agency coordinators' meeting (local agency coordinator or a designated representative).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Nutrition	7.61	Attends State sponsored trainings as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.65	Requests permission prior to placing manual orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.65	Submits the proper order form for all manual orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.66	Observes new CPA and CPPA and completes and signs competency checklists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.66	Provides Training Center with original competency checklists for review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	7.66	Maintains original temp's timesheet for audit purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.67	Signs the temp's timesheet and faxes to the Training Center by the published deadline included with the confirmation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.67	Concerns regarding performance or attendance of temporary staff are forwarded to the staff at the Training Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.67	Contacts the Training Center at any time to discuss requests for temporary staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Reports suspected cases of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Receives signed request before releasing participant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Releases participant information to participants or the parents or guardian when requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Submits subpoenas to State WIC Office for approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Provides participant information to other State WIC agencies when requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81B Management Evaluation Review Form

### Audit Cycle: Cycle 1

Program Support	7.80	Conducts annual reviews of its clinic operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Conducts annual reviews of its staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Conducts an annual sample record audit of at least one percent of participant records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Uses the State supplied tool to monitor clinics and staff or uses a form including the minimum standards contained in the State developed tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.82	Conducts review of certifications when separation of duties is not possible according to Policy 7.82.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Describes how the local agency instructs staff on the three key components of providing quality customer service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Resolves all customers' needs with the fewest number of calls possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.91	Documents that the local agency resolves customer complaints within two days of receipt of the complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.91	Conducts surveys in the clinics or offices (health department or non-profit health services) that allows a participant to provide anonymous comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Submits receipt form for FMNP checks to the State Department of Agriculture for the last calendar year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Trains staff annually on the distribution of FMNP checks to the participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Provides instructions on how to use the FMNP checks to participant or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Uses attachment 8.00D Monthly FMNP Distribution Reporting Form, to report the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81B Management Evaluation Review Form**

**Audit Cycle: Cycle 1**

		total number of books of checks issued and the monthly totals of each category to the WIC Program FMNP Coordinator by the fifth business day of the following month.				
Vendor	8.00	Distributes the FMNP checks within the authorized time frame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Reports lost or stolen FMNP checks following instructions on notifying the State Office on the required form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**7.81C Management Evaluation Review Form**

**Audit Cycle: Cycle 2**

**On-Site**

Unit	P&P #	Management Evaluation Question	Policy Met			Comments
			Yes	No	N/A	
Program Support	1.00	Provides Outreach materials developed by Local Agency staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.02	Uses WOW information system or the manual certification form provided by the State agency to certify all applicants/participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.02	Advises the participant or the parent/legal guardian or designee of the participant's rights and responsibilities as outlined in Policy and Procedure 2.12 Participant's Rights and Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.02	Ensures that the staff, who verifies residency, income, identity and nutrition risk documents their review and approval of information provided by and/or obtained from the applicant to be certified as eligible for the WIC Program by entering their secure user login in the management information system or signing the manual certification form in the appropriate spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.03	Explains why the applicant is being placed on the waiting list, the priority system, the operation of the waiting list and their right to a fair hearing. Advises client to contact the local agency should there be changes to the information collected to determine eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.04	Determines and documents applicant residency correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.04	Uses the Confirmation of Residency form correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81C Management Evaluation Review Form**

**Audit Cycle: Cycle 2**

Nutrition	2.05	Determines income eligibility correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Documents proof of income correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Determines income for military personnel correctly per P&P 2.05E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Allows participants up to 30 days after certification to provide income documentation. If documentation is not provided by the end of the 30 day certification, the participant shall be terminated by the management information system. Participants may have their cert end date restored to the full certification period if documentation is provided before the 30 days has expired. Under no circumstances may a second, subsequent 30 day certification period be used if the applicant fails to provide the required documentation of income before the temporary certification period expires.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Probes carefully asking the applicant who pays the rent and buys the food if an applicant claims to have no income. After verifying that the applicant does not have any income, collateral verification of their situation is required. Requests that the applicant complete the Collateral Verification Zero Income form attesting to the accuracy of the applicant's level of income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Allows VOC card to serve as documentation of income eligibility for transferring participants and for in-stream migrant farmworkers and their family members. If a VOC card reflects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81C Management Evaluation Review Form**

**Audit Cycle: Cycle 2**

		that a migrant farmworker's certification period has expired, allows the VOC card to serve as income documentation if the VOC card reflects that an income determination was made within the past 12 months.				
Nutrition	2.05	Verifies an applicant's or a member of an applicant's family's current participation in Medical Assistance (Medical Care Programs) and Temporary Cash Assistance (TCA) and the Food Supplement Program (Independence cards).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Documents proof and verification of adjunct eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Documents foster child as family of one. Documents payments made by welfare agency or from any other source of care of the foster child as income for the foster child. Documents proof of adjunct eligibility from foster child if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Documents income changes and method to assess income during a certification period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Re-evaluates the family income to determine if they are income eligible should they discontinue participating in one of the adjunct income eligible programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Disqualifies all family members, if a participant is found to be income ineligible at a WIC appointment after their certification or recertification appointment based on the participant's adjunct income eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Determines family size correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Documents family size increased by one or by the number of expected multiple births if the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		pregnant woman’s family income exceeds the Maryland Income Guidelines for the size of her family. In the case of multiple births, the pregnant woman must provide documentation of the number of multiple births from her doctor if her income eligibility is assessed using a family size increased by the number of expected multiple births.				
Nutrition	2.06	Counts an infant or child in the family size of the parent or caregiver with whom the infant or child resides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Counts an infant, child, or other family member who resides in a school or institution and the parent or caregiver continues to provide economic support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Counts foster child as family of one, if an infant or child is a foster child living with a family but remains the legal responsibility of a welfare or other agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Counts an adopted child or any other person for whom a family member has accepted legal responsibility. That person is counted in the family size for that family if the person lives with the family or is in a school or institution paid by the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.06	Does not count a family providing shelter to a WIC applicant who is homeless in determining family size for the applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.09	Issues food instrument to the applicant at the time of notification that they are eligible for the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.09	Advises ineligible applicant in writing within 10 to 20 calendar days of his status, the reason for the ineligibility, and his right to a fair hearing. Provides the applicant with the name, address and telephone number of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		emergency food assistance programs in the area.				
Nutrition	2.10	Explains appropriate certification period to applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.10	Shortens or extends participant's certification period by not more than 30 days on a case-by-case basis if categorically eligible and sufficient appointment times to conduct a subsequent certification for a participant whose certification period was due to expire were not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Documents that a person found ineligible for the Program at any time during the certification period was advised in writing 15 days before termination of eligibility of the reasons for ineligibility and of the right to a fair hearing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Reassesses a participant's income eligibility during the certification period if the local agency receives information indicating that the participant's household income had changed. However, such assessments are not required in cases where sufficient time does not exist to effect the change. Sufficient time means 90 days or less before the expiration of the certification period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Documents in alerts and files a copy if a Notice of a Fair Hearing form was used and given to the applicant/caregiver or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.12	Provides applicant, legal guardians, or designees the opportunity to read or have read to them and electronically sign acknowledging acceptance of the Rights and Responsibilities. Provides a copy of the Participant Rights and Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Nutrition	2.12	Completes the Residency & Income, Nutritional Information, and Nutritional Risk Eligible areas of the manual certification form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.12	Signs form to signify who has completed each portion of the certification. If different persons complete the other areas, then those areas must contain a signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Provides instructions on how to transfer to another local agency in the state when requested by participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Transfers participants only when requested by the participant or parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Follows in-state transfer procedures in the management information system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Updates family and participant data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Retrieves and destroys participant ID folder issued from the sending local agency and issues new ID folder (if used by the local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Issues benefits that are due to the participant(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Schedules a follow up appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Issues VOC to all participants who state they may be moving during the certification period and to all migrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Completes and signs the VOC according to instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Documents missing VOC in WOW and issues a new VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Nutrition	2.13	Enrolls the participant with a VOC if the local agency has a waiting list and can enroll some participants regardless of the participant(s) category. If the local agency has a waiting list, tells the participant that they cannot be enrolled at this time but will be placed at the top of the list regardless of their category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Accepts all VOC and, if needed, contacts the original agency for missing or what appears to be altered information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Accepts all nutrition risk conditions from the other WIC program for the duration of the certification period for participant(s) with VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Retrieves and destroys the ID folder from the sending local agency and issues a new ID folder for participant(s) with VOC (if used by the local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Issues food instrument. Issues/prorates replacement benefits for the period in accordance with benefit issuance policy for participants with VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Conducts a new certification if the certification period stated on the VOC has expired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Follows the appropriate procedures for either the In-State Transfer or Out-of-State Transfer when accepting a VOC from a migrant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Sees all applicants physically for program services at the time of certification (unless a health care provider individually certifies that such action will be detrimental to the physical well being of the applicant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Arranges an alternate method of certification, the certification may be completed by using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		information provided by the health care provider as long as it meets the regulatory requirements of not being more than 60 days old for heights and weights and 90 days for bloodwork and is obtained while the applicant is in the same participant category.				
Nutrition	2.16	Stresses the positive long-term benefits of WIC nutrition services and encourages the participant to attend and participate in scheduled mid-certification appointment for nutrition assessment and education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Documents actions taken by the local agency that differed from the required certification/mid-certification procedures in the participant's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.17	Issues VOC to participants who are affiliated with military and who will be transferred overseas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.17	Accepts valid WIC Overseas Program VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Explains format of Identification Folder (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Validates and stamps ID Folder with local agency/county code, the WIC symbol, and phone number (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Completes ID folder per Policy 2.19 (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Asks at the initial certification if the client would like to choose one or two persons designated as a proxy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Enters the name(s) of the proxy (ies), if requested, in participant's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Asks the participant/parent or caregiver at the initial certification if they would like to authorize one or both of the proxies to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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		as a designee and correctly enters proxy/designees information in the participant's record.				
Nutrition	2.20	Confirms participants WIC ID folder at class pick up (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Provides a participant/parent or caregiver the opportunity to change a proxy/designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Identifies "homeless individual".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assures Confirmation of Residency form is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assesses income eligibility as outlined in P & P 2.05 for homeless individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assesses nutritional risk as outlined in P & P 2.31 for homeless individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Prescribes special food packages for the homeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Provides specific education concerning the use and the storage of foods offered in addition to other topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Refers homeless applicants and participants to appropriate health and human services agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.23	Requires and documents that all applicants provide proof of identity using acceptable proof of an applicant's identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.23	Uses the Proof of Identity Affidavit Form as acceptable proof on income under specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		circumstances which would include the homeless, victims of fire or theft, illegal aliens, or teenagers who were put out of their homes.				
Nutrition	2.23	Enters "No Proof" in the Proof of Identity field if an applicant does not provide proof of identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.24	Changes participant's category according to the established WOW procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.24	Asks the applicant to provide proof of pregnancy, if pregnancy is not obvious per policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.25	Provides all individuals applying for WIC Program benefits or the parent/caregiver of individuals applying for WIC Program benefits an opportunity to register to vote at each certification and recertification visit. Provides assistance to other individuals who express an interest in registering to vote.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.25	Gives the individual the voter registration application and provides assistance to those individuals who would like help in completing the registration application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.25	Asks the individual if he/she would like the WIC Office to mail the completed voter registration card to the local election board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.27	Asks the parent, legal guardian or designee to bring a documented immunization record to the visit when scheduling a certification appointment for an infant or child under age 2. Explains that this is not required for application to the program but the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		information is important for the health assessment.				
Nutrition	2.27	Documents whether or not a documented immunization record was brought to the clinic and the dates DTaP immunizations were received on the WOW Immunization screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.27	Selects "illegible" from the dropdown under the "Special" column on the WOW Immunization screen when appropriate. Asks the caregiver to request that the health care provider clarify the dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Asks the parent, caregiver, or designee if the child has had a blood test for lead and documents the response on the WOW medical screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Explains importance of a blood test for lead and provides written information about lead poisoning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Encourages caregiver to ask about blood test for lead at the child's next health care appointment, if the response is "no" or "don't know".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Documents blood lead test result, if known, on the WOW medical screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.31	Reviews risk factors assigned by WOW to ensure that they are correct. Removes and documents incorrect risk factors when appropriate. Re-enters assessment data related to incorrect risk factors if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.31	Identifies and documents all applicable risk factors on manual certification form when performing a manual certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.31	Assigns additional risk factors manually as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Nutrition	2.32	Measures weight of infants according to P&P 2.32A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Measures length of infants according to P&P 2.32A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Measures weight and height/length of women/children or obtains measurements from HCP within 60 days prior to date of visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Documents measurements provided by HCP as a comment on the medical screen in WOW and enters the date they were taken in the date field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Interprets data correctly using growth charts, prenatal weight gain grids, identified risk factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Performs hemoglobin test at the time of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Obtains and documents results from HCP within 90 days of the certification date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Performs/obtains blood test according to the established schedule for each participant category and, for children, as appropriate based on the previous test result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Installs and maintains equipment according to manufacturer's specifications and provides staff training on the use and maintenance of the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Considers relevant assessment information before deciding upon the intervention when the risk factor for Low Hemoglobin/Hematocrit is identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Nutrition	2.34	Enters nutrition/health information correctly into WOW, answering all questions on the Medical and Nutrition History screens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.34	Provides appropriate nutrition intervention based on identified risk factors and participant concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.34	Obtains complete nutrition history for each participant using paper nutrition history forms during manual certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.35	Explains the purpose of the WIC Program is to promote desirable health outcomes through nutrition education, breastfeeding support, special supplemental foods, and referrals during critical times of growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.35	Communicates with open dialogue and two-way communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.35	Prescribes the WIC foods for the individual participant to help meet recommended nutrient needs and explains WIC foods are not intended to supply all of the daily requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.35	Reassesses each participant at the end of the certification period for eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Informs the woman that she and her newborn infant may be able to be certified while she is in the hospital (where the local agency performs certifications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Provides outreach brochure to potentially WIC eligible women or current WIC participants who live outside the service area and encourages them to call appropriate local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		agency for a certification appointment for hospital certifications.				
Nutrition	2.36	Follows all certification policies/procedures for hospital certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Identifies/documents all applicable nutrition risks. Dates for weight, height/length, and hemoglobin/hematocrit measurements are recorded as the date of the actual measurement for hospital certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Provides and documents nutrition education and breastfeeding support for each participant as appropriate to the participant's risks, needs, and interests identified and prioritized during the nutrition risk assessment for hospital certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Secures laptops and printers to a cart when transporting and using them in patient rooms. Stores them in a locked room in the hospital unless they are returned to the WIC clinic each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Monitors hospital certifications as part of its self-monitoring system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.38	Certifies infants under age 6 months, children, and breastfeeding women for one year and schedules a Mid-Certification visit approximately halfway through the certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.38	Explains the positive long-term benefits of WIC nutrition services and encourages the participant to attend mid-certification appointments for nutrition assessment and education. If the participant does not attend the appointment, provides benefits and attempts to schedule follow up appointment to collect anthropometric data. If follow-up cannot be scheduled, sends note to head of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		household to schedule follow up appointment or to request referral data from health care provider.				
Nutrition	3.05	Stores formula in a secure, safe place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Assists in transitioning an infant on a non-contract standard formula to the contract brand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Follows correct procedure for issuance of special formulas when an applicant's WIC appointment is delayed because of schedule availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Follows correct procedure for issuance of special formulas to a breastfeeding mother required to temporarily stop breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Documents signed receipt of issued formula to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.12	Uses the instructional material provided by the State as it is, or adapts the contents for use in informing participants, guardians, and designees on the proper use of food instrument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.12	Includes a list of all authorized WIC vendors located within the local agency's region or state wide as an addendum to these instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.12	Distributes, discusses and reviews the instructional material as well as the agency's complaint procedure with each participant, guardian, and designee at certification time, as required by the participant sanction policy, and at any time thereafter deemed necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Nutrition	4.23	Informs applicants, participants, parents, caretakers, or designees program rights and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.28	Reminds participants when food package changes are made that involve infant formula, that any unused formula should be returned and that it may not be sold or given away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Issues one active food instrument to a cardholder at the time of initial certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Provides opportunity for cardholder to select a Personal Identification Number (PIN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Issues separate food instrument to each foster child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Replaces food instrument in clinic when allowed replacement reason listed in Policy 4.30 occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	Provides first nutrition education contact at the time of certification to each WIC participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary nutrition contact includes anticipatory guidance appropriate for the participant's category, age, and developmental stage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary nutrition contact is presented verbally as simple, positive, practical advice that builds upon the participant's own knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary nutrition contact includes referral(s) to health, social, and other community services, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Nutrition	5.01	The primary contact is documented in the participant's WOW record in the Nutrition Education screen. Referrals made are documented on the Client Referrals screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Secondary nutrition education is offered in conjunction with benefit issuance, as an individual or group session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Documents the secondary nutrition education contact in the participant's WOW record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Provides and documents a secondary contact for a participant who is issued WIC benefits during a certification appointment for another family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	The secondary contact is designed to assist the participant or caregiver in acquiring knowledge and skills related to food selection, purchase, storage, and preparation, infant or child feeding, and/or the adoption of physical activity and other healthful lifestyles practices and give consideration to the language and personal and cultural preferences of the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	For breastfeeding infant or child, update the amount of breastfeeding in the participant's record, even if the same as previous visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Documents refusal of a participant or a participant's parent, caregiver, or designee to attend or participate in nutrition education in the participant's WOW record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.05	Provides and documents appropriate information about the dangers of drugs, alcohol, and tobacco at certification or recertification to pregnant, postpartum, and breastfeeding women. Documents counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		in the Nutrition Education screen, and the Client Referral screen in WOW.				
Nutrition	5.09	Offers a breastfeeding friendly atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.09	Provides breastfeeding support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.09	Recommends breastfeeding aids that are appropriate for the local agency's participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.11	Explains when to use the breast pump, how to use it effectively and safely, and how to clean it, when issuing. Explains where to call for assistance and provides a written phone number. Demonstrates assembly and disassembly and then asks the participant to demonstrate assembly and disassembly of the pump.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.11	Provides written instruction/literature provided by the product manufacturer, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.11	Educates participant on the use of breast pump and follows up with participant within two business days, to provide additional instruction and answer any questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.11	Ensures Breast Pump Release of Liability or Hospital-Grade Electric Breast Pump Loaner Agreement and Release of Liability Form is signed per policy and retains on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Ensures participants sign the Breastfeeding Aid Release of Liability form prior to receiving nursing supplementers and breast shells. Maintains signed form on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81C Management Evaluation Review Form**

**Audit Cycle: Cycle 2**

Nutrition	5.12	Explains to participants when to use the breastfeeding aid provided, how to use it, and how to clean it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.12	Provides instructions from the product manufacturer and nutrition education and handout literature, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.12	Recommends that participants inform the infant's health care provider of their use of a nursing supplementer, and the mother's health care provider of her use of breast shells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Assigns an inventory label to all new purchases or acquired inventory over \$50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Maintains the inventory sheet properly (adding/deleting inventory).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Materials and literature are available to meet the needs of non-English or limited English-speaking applicants/participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Bi-lingual staff are available to meet the needs of the non-English or limited English-speaking applicants/participants. Each work station has information on how to contact the interpretative services' vendor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Prominently displays the nondiscrimination poster, And Justice For All, in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Asks the applicant their racial/ethnic category(ies).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.02	Prominently displays the Language Line Solutions ID Poster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Secures all computer equipment and protects from water or other intrusive materials. Attends to all laptops while in an unsecured area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 2**

IT	7.41	Protects system access by logging out and/or using screensaver password when leaving computer for more than a brief period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses an infant length board suitable for table-top measurements. The board shall be sturdy, made of wood or plastic with an unpadded surface, contain a fixed (unmovable) headboard and a freely-sliding foot piece, and have an attached ruler that measures in 1/8 inch (recommended) or 1/16 inch increments to at least 39 inches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses a stadiometer (height board). The stadiometer may be wall-hung or free-standing and shall consist of a flat measuring ruler (against which the applicant's back is placed) with 1/8 inch (recommended) or 1/16 inch (recommended) or 1/16 inch increments and a freely-sliding head piece (set perpendicular to the ruler).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses either a beam balance or electronic (digital) table-top infant scale or an electronic floor scale with a tare function for infants and children under 2 years of age. The scale shall measure to the nearest one ounce and allow unobstructed reading of the weight measurement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses a beam balance or electronic (digital) floor scale for women and children 2 years of age and older. The scale shall measure to the nearest 4 ounces, up to at least 440 pounds and shall allow unobstructed reading of the weight measurement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81C Management Evaluation Review Form

### Audit Cycle: Cycle 2

Nutrition	7.64	Uses an approved hemoglobin analyzer in clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Displays pictorial and/or clearly written guidelines for performing the hemoglobin screen and for universal precautions at the site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Dates open containers of microcuvettes and uses cuvettes within 90 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses retractable lancets including sizes for young children and adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Makes available appropriate-sized gloves for certifiers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Has adequate supplies of alcohol wipes or alcohol, gauze or other dry pads, and appropriate-sized bandages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Has a sink and soap for washing hands or has an acceptable, waterless antiseptic hand cleanser if sink is unavailable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses puncture-proof disposal containers for used needles and cuvettes and locates them safely for the protection of staff and participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses biohazard-labeled containers for other infectious waste and locates them safely for the protection of staff and participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Keeps work area clean and maintains it according to OSHA/MOSH housekeeping guidelines. Has approved cleaner or bleach solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Follows a written blood borne pathogens procedure that complies with OSHA requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81C Management Evaluation Review Form**

**Audit Cycle: Cycle 2**

Nutrition	7.82	Performs the following duties by separate clinic staff members: income determination and determination of medical or nutrition risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	Scans proof of identity, residency and income into WIC information system when separation of duties is not possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.90	Treats all customers with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.90	Promptly answers all customers' questions with accurate, objective information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.90	Responds to all customers' concerns and complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	8.00	Distributes the FMNP checks and provides nutrition education covering the benefits of fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	8.00	Provides all participants with instructional materials for FMNP checks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	8.00	Stores the unissued FMNP checks securely when they are not being distributed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	8.00	Maintains the check registers in order by issued serial numbers for at least three years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81C Management Evaluation Review Form**

**Audit Cycle: Cycle 2**

**Off-Site**

Unit	P&P #	Management Evaluation Question	Policy Met <i>Select One</i>			Comments
			Yes	No	N/A	
Program Support	1.00	Targets the highest priority target groups with outreach plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.00	Identifies and contacts organizations that have a significant WIC eligible population to facilitate referrals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.00	Submits the annual Outreach Plan covering the upcoming SFY by the required deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	Aligns Social Media account(s) content with the vision and mission of the WIC Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	1.00	Has a cooperative agreement with any local hospital, and if so, conducts outreach and certification at the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	Assures posts focus on WIC related topics and provides proper credit to the source of information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	Keeps social media accounts separate from any other application(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Uses only one Facebook page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Assures that the Twitter avatar is consistent with the local agency Facebook page image.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Takes all precautionary measures to ensure Twitter privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Does not have a YouTube channel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Does not have a blog.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Works with the State to co-administrate the Facebook account.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 2**

Program Support	1.10A	Takes all precautionary measures to ensure Facebook privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Provides orientation to volunteers regarding the importance of maintaining the confidential nature of participant information and assures that they sign a confidentiality statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.37	Provides orientation to volunteers regarding the importance of maintaining the confidential nature of participant information and assures that they sign a confidentiality statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.37	Volunteers are not permitted to drive local agency vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.37	Adheres to any additional policies/procedures pertaining to the use of volunteers required by the health department/agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.37	Provides orientation to dietetic interns regarding the importance of maintaining the confidential nature of participant information and assures that they sign a confidentiality statement. Does not permit dietetic interns to drive local agency vehicles. Assigns appropriate learning activities to dietetic interns. Assures that actual provision/performance of services by dietetic interns is supervised by a CPA who is present at the time the service is provided or performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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**Audit Cycle: Cycle 2**

Nutrition	3.02	Documents evaluation of need for the formula and authorizes its issuance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.02	Ensures procedures are followed when issuing formula.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.03	Issues formula according to policy for children and women with special dietary needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.02 & 3.03	Documents all required information correctly in WOW on the participant's notes screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.06	Refers to Medical Assistance or REM for tube fed or REM eligible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.06	Reviews exempt (special) formula requests for participants who receive Medical Assistance and processes according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.05	VOIDS food benefits in the WIC information system using one of the pre-established void reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.10	Follows procedures to document the over-issuance of food benefits in the WIC information system by selecting appropriate over-issuance reason when reissuing benefits for the current issue month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.13	Designates a Local Agency Liaison Staff Person who will be the Local Agency contact person during and after the vendor authorization process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.13	Provides an appropriate number of staff to assist the State Agency in the vendor authorization process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81C Management Evaluation Review Form

### Audit Cycle: Cycle 2

Vendor	4.13	Ensures that appropriate staff attends required training(s) on the vendor authorization process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.13	Conducts on-site reviews of applicant vendors, as required by the State Agency using the Retail Vendor On-Site Review Form as found in Attachment 4.13A. The completed on-site review forms shall be submitted to the State Agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.13	Assists the State Agency in the vendor training process, as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.22	Reviews the list of potential matches identified and, to the best of their ability, determine if the enrollee they are adding exists in the WIC information system, prior to saving the new record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.22	Reviews the dual participation section of the WIC information system not less than monthly for each clinic to detect and resolve possible dual participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.22	Contacts the other agency to verify the enrollment and, if indicated, decides the course of action to be taken. Initiate the appropriate action as indicated in P&P 4.23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.23	Issues WIC information system generated Education, Warning, and or Disqualification Notices to participants in accordance with sanction procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.28	Monitors local newspapers or marketplaces to identify advertisements offering infant formula for sale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.28	Uses the management information system (MIS) to match the seller's name, phone number, email address, or any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 2**

		identifying fields to determine if the seller is a WIC participant.				
Vendor	4.28	Confirms that the seller is a WIC participant to the State Agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.28	Contacts the participant to provide notification that he or she: may not sell or give away formula purchased with WIC benefits, must return to the WIC local agency any infant formula provided by WIC that they do not need or are not able to use and must immediately remove the advertisement from the application site(s). If applicable, will be sanctioned in accordance with Policy and Procedure 4.23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.28	Documents the contact with the participant in the participant's WIC information system notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Provides according to policy acceptable formats for delivering the secondary contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Develops a written procedure to ensure that participants identified as at high nutritional risk receive a care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Documents counseling by the CPA according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Documents refusal of high risk services by the participant, caregiver or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Documents in the Care Plan all appropriate and timely information provided to the participant regarding their high risk status according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 2**

Nutrition	5.06	Develops and submits Nutrition/Breastfeeding Services Plan to the State Nutrition Services Unit according to guidelines in policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.06	Submits changes to Nutrition/Breastfeeding Services Plan according to recommendations provided from the State Office. Hard copy is kept at the State Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Ensures contact is made with nutrition education specialist and/or breastfeeding coordinator to discuss development or procurement of items used with WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Follows policy in selecting appropriate materials are developed or purchased for WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Uses current USDA nondiscrimination statement on all developed publications as indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Makes copies of approved nutrition education or breastfeeding promotion materials available to the State WIC Office for LA sharing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Follows guidelines with regards to considering specific equipment prior to purchase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.09	Attends quarterly Breastfeeding Coordinator Meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Sends all staff (except peer counselors) to WIC WISE 1, WIC WISE 2, and Grow and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 2**

		Glow (parts 1 and 2) as a part of their new employee breastfeeding training.				
Breastfeeding	5.09	Issues one can of formula powder per month from WIC for an infant less than 1 month old with appropriate documentation for a specific breastfeeding complication. All infants provided one can of infant formula powder during the first month of life must have a recommendation from either an IBCLC or physician and those with latch-on difficulty, poor suck, or feeding difficulty must be receiving follow-up with a lactation consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Considers factors in determining whether to provide a manual breast pump or electric pump to a participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Maintains logs (in participant's WOW record) to document who received and reason for receipt Hospital-Grade and Electric Breast Pumps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Maintains log (in participant's WOW record) to document when a breast pump is returned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Documents each issuance under BF Aids on the BF Support breastfeeding screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Follows-up with participant to determine progress within two working days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Counsel WIC participants about normal breastfeeding issues. Peer counselors will follow the contact guidelines and protocols to determine frequency of contact with participants and issues to be discussed for specific concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Breastfeeding	5.13	Documents contacts per contact guidelines in Att. 5.13A by peer counselors and amount of breastfeeding using the WIC information system or, when not available, using a paper documentation form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Attends Breastfeeding Peer Counselors & Peer Counselor Coordinators Meetings four times a year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.15	Updates Breastfeeding Support Roles Table throughout the year and submits with Nutrition/Breastfeeding Services Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Charges expenditures to a WIC grant with traceable source documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Maintains an accounting system and separate records relating to the WIC grant which conform to all state and federal regulations as well as generally accepted accounting principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Enters time studies in WOW. The reports are checked quarterly by Financial Unit. Any omissions or deficiencies are immediately addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Follows the definition of Standard and Non-Standard work schedules in completing the time studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Abides by the frequency of time studies for their different categories of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Certifies that all data is complete and correct (staff person).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Reviews and approves all data that was entered (supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Completes the Salary Calculations Worksheet correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 2**

Financial	6.01	Uses the percentages calculated at the bottom of the Quarterly Time Study Percentages Report to allocate salary and fringe expenditures as well as expenditures in other appropriate line items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Obtains approval for all equipment purchases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Offers equipment purchased with WIC funds that is no longer needed to other programs according to the established priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Reports broken equipment to the Financial Unit, updates attachment 6.02A and disposes of it according to the policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Reports stolen equipment to the Financial Unit and updates attachment 6.02A according to the policies including a comment about theft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.04	Reviews compliance to this policy when receiving reports for temporary staff assigned to the local agency (Financial Unit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures items purchased for staff present a WIC outreach, nutrition education or breastfeeding message and contain the local WIC agency name and contact information (telephone number or web site).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures purchased items have a WIC specific message that targets the potentially eligible population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures that purchased items contain the USDA nondiscrimination statement on publications or other printed materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures purchased items were at a reasonable and necessary cost with a total cost per item of less than \$8.00.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**Audit Cycle: Cycle 2**

Financial	6.05	Ensures items purchased for staff used when staff travel throughout the community and participate in various cooperative functions that target WIC population and not used primarily in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures all WIC personnel listed in the approved budget file appear on the payroll.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures all personnel charged to WIC on the agency payrolls completed a time study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures that daily backup documentation agree with the Summary of Time Study Hours in the budget file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Documents the salary costs available for employees who split their time between WIC and another program on a regular schedule (only required to do time studies one month per quarter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures the WIC Program is charged only for the hours worked for WIC and provides back-up documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Documents the salary costs available for employees who split their time between WIC and another program NOT on a regular schedule (daily time studies required all year).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures the backup documentation agree with the expenditures reported on quarterly report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.08	Ensures a MBE or SBR was used whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.08	Ensures all new equipment purchased and assigned an inventory number are listed on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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**Audit Cycle: Cycle 2**

		the Schedule of Equipment Costs (4542G) in the WIC Program Budget Package.				
Financial	6.08	Ensures a minimum of three bids were received when purchasing an item or service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.08	Ensures records are maintained according to the Records Retention Schedule as stated in the Financial Management Policy and Procedure section 6.00.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures Vehicle Mileage Log (6.09A) is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Documents all travel to conduct WIC Program business including site visited and miles traveled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures vehicles are used only to conduct WIC Program business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensure employees show commute miles if they took the car home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures that drivers who used privately owned vehicles for official WIC Program business are reimbursed in accordance with the DBM approved rate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures one half the ordinary standard rate was used when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures drivers are not reimbursed for commuting miles as well as commute miles while conducting WIC business leaving from and returning to their home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.09	Ensures all drivers complete and submit a Vehicle Mileage Log with their request for reimbursement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81C Management Evaluation Review Form

### Audit Cycle: Cycle 2

Financial	6.10	Ensures official travel expenditures (transportation, lodging, and phone) are reimbursed in accordance with the regulations set forth by the Department of Budget and Management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Ensures meal allowances for employees while on travel are properly reimbursed at the rates established by DBM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Ensures registration receipts are submitted with reimbursement request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Reviews Civil Rights Responsibilities policy at staff meetings every state fiscal year at a minimum. Monitors staff to ensure adherence to policy. Quickly resolves any non-compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Ensures access to clinic for disabled individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Provides civil rights training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Provides a copy of the sign in sheet, agenda, and outline of the civil rights presentation given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.01	Reports any complaints of discrimination in the past two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.01	Submits the correct complaint form within established time frames.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.21	Review caseload reports to determine if caseload is achieved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.21	Describes procedure to contact pregnant women who do not keep their appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.40	Only approved software is installed on WIC computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.40	Maintains a record of software licenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81C Management Evaluation Review Form**

**Audit Cycle: Cycle 2**

IT	7.40	Uses WIC computers for WIC/work related purposes only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Submits Staff Data Sheets in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Assigns system access appropriately for users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.60/7.66	Insures all WIC CPPA's and new CPA's to attend New Employee Training within nine months from date of hire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.61	Attends the State WIC Conference as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WIC Director	7.61	Attends the monthly local agency coordinators' meeting (local agency coordinator or a designated representative).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.61	Attends State sponsored trainings as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.66	Observes new CPA and CPPA and completes and signs competency checklists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.66	Provides Training Center with original competency checklists for review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	7.66	Maintains original temp's timesheet for audit purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Reports suspected cases of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Receives signed request before releasing participant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Releases participant information to participants or the parents or guardian when requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Submits subpoenas to State WIC Office for approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7.81C Management Evaluation Review Form

### Audit Cycle: Cycle 2

Program Support	7.70	Provides participant information to other State WIC agencies when requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Conducts annual reviews of its clinic operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Conducts annual reviews of its staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Conducts an annual sample record audit of at least one percent of participant records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Uses the State supplied tool to monitor clinics and staff or uses a form including the minimum standards contained in the State developed tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.82	Conducts review of certifications when separation of duties is not possible according to Policy 7.82.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Describes how the local agency instructs staff on the three key components of providing quality customer service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Describes how the local agency is committed to providing good customer service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Resolves all customers' needs with the fewest number of calls possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.91	Documents that the local agency resolves customer complaints within two days of receipt of the complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.91	Conducts surveys in the clinics or offices (health department or non-profit health services) that allows a participant to provide anonymous comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Submits receipt form for FMNP checks to the State Department of Agriculture for the last calendar year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7.81C Management Evaluation Review Form**

**Audit Cycle: Cycle 2**

Vendor	8.00	Trains staff annually on the distribution of FMNP checks to the participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Provides instructions on how to use the FMNP checks to participant or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Uses attachment 8.00D Monthly FMNP Distribution Reporting Form, to report the total number of books of checks issued and the monthly totals of each category to the WIC Program FMNP Coordinator by the fifth business day of the following month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Distributes the FMNP checks within the authorized time frame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.82  
Effective Date: October 1, 1994  
Revised Date: January 26, 2018**

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**SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT**

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**SUBJECT: Separation of Duties**

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**A. Policy**

Separation of duties during certification is required in order to have a strong internal control system at local agency clinic sites. The local agency shall ensure separation of duties in WIC clinics or monitoring of records in clinics where separation of duties is not practical.

WIC employees shall not certify themselves, close friends, or family members.

Separation of duties is not necessary during group or individual benefit issuance appointments.

**B. Procedure**

1. Whenever possible, each of the following duties should be performed by a separate clinic staff member in order to ensure separation of duties:
  - a. Income determination or adjunct eligibility verified;
  - b. Determination of medical or nutrition risk.
2. When separation of duties is not possible on an ongoing basis:
  - a. Proof of identity, residency, and income shall be scanned into the record in the MIS. Photo identification used for proof of identity for an adult participant does not need to be scanned at each certification, if the identification is verified.
  - b. A record review of all non-exclusive breastfeeding infant participants (food packages that contain infant formula) and 20 percent of the remaining records shall be performed within two (2) weeks of the certification by an individual other than the certifier such as the Local Agency Coordinator or designee. Results of monitoring shall be recorded on Attachment 7.82A.

- c. An additional record review of 10 percent of each clinic's certification records must be conducted every six months by the WIC Program Director or designee, or a Local Agency Coordinator for clinics with multiple staff that allow one person to perform all eligibility and certification functions including issuing food benefits.
  
- d. Documentation of all reviews must be maintained on file at the local agency for review during management evaluations.

Attachments:

7.82A Separation of Duties Monitoring Form

References:

Policy & Procedure Number: 4.10

7 CFR 246.4 (a)(xii)

FNS Policy Memo 2016-5

Revisions:

1. 8/04 Revised to change WOW to WIC information system.
2. 10/11 Changed Policy number from 4.07 to 4.09
3. 10/16 Added Attachments 4.09A and 4.09B. Monitoring shall be completed to 10 percent of records in single person clinics or hospitals where one staff member is available to certify and issue benefits.
4. 1/18 Changed Policy number from 4.09 to 7.82. Incorporated guidance included in FNS Policy Memo 2016-5.

# Separation of Duties Monitoring Form

Local Agency: \_\_\_\_\_ Clinic number \_\_\_\_\_

Date: \_\_\_\_\_ Number of appointments \_\_\_\_\_ Number of reviews: IFF/IBP \_\_\_\_\_ Other \_\_\_\_\_

Staff member	Participant ID number	IFF or IBP	No relationship to self/family member/friend verified	Proofs verified			Cert took place during normal clinic hours? (Y/N)	Nutrition Risk Appropriate (Y/N)	Notes
				ID	R	I			



**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.90  
Effective Date: October 1, 2006**

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**SECTION:           CUSTOMER SERVICE**

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**SUBJECT:           Customer Service Guidelines**

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**A.     Policy**

1.     Each local agency shall implement a high quality standard of customer service delivery, exemplified by the following three key components:
  - a.     Reliable points of entry;
  - b.     Prompt response to customer calls, written correspondence, and requests for services; and
  - c.     Front-line customer contacts handled with the highest level of professionalism and customer service.
  
2.     Each local agency shall ensure that staff meets the following objectives of high quality customer service:
  - a.     Treat all customers with courtesy and respect;
  - b.     Promptly answer all customers' questions with accurate, objective information;
  - c.     Resolve all customers' needs with the fewest number of calls possible;
  - d.     Use language that all customers can easily understand; and
  - e.     Promptly respond to all customers' concerns and complaints.
  
3.     Each local agency is directly responsible for delivery of all customer service commitments. To better support the WIC staff, local agency management shall:
  - a.     Involve staff in customer service improvement initiatives; and

- b. Establish a customer-focused culture and infrastructure at all levels of management and internal support.

**B. Procedure**

Local agencies shall abide by the above policy.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.91  
Effective Date: October 1, 2006**

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**SECTION :**        **CUSTOMER SERVICE**

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**SUBJECT:**        **Customer Service Complaints**

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**A.     Policy**

The local agency is responsible for receiving and responding to all customer comments complaints within two business days of receipt. The WIC Coordinator shall determine whether an oral or written response is necessary based on the situation.

**B.     Procedure**

The local agency shall:

1.    Resolve customer complaints, except those relating to civil rights discrimination (Refer to Policy and procedure 7.01) at the initial point of contact or within two days of receipt of the complaint. The State Agency will become involved only after the chain of command has been followed at the local agency and there is no mutual resolution, or as referred by the WIC Coordinator.
  
2.    Ensure that all clinic staff:
  - a.    Has the authority to resolve customer complaints at the initial point of contact or within two business days of the receipt of the complaint; or
  
  - b.    Know the chain of command to refer the complaint or complainant.
  
3.    Have customer feedback forms/surveys readily available in the WIC clinic, health department or health services building and in a conspicuous place for customers to provide anonymous comments.