SOUTH CAROLINA WIC STATE PLAN
LIST OF CHANGES
FY 2021

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1-1	**INTRODUCTION** **Updated** participation with FY '20 caseload.
1-3 to 1-20	**2020 WIC Program Accomplishments and GOALS AND OBJECTIVES, Updated.** 2020 WIC accomplishments and FY '21 goals and objectives.
2-2	**B. PARTICIPATION MONITORING, 3. Unduplicated Participant Count and Federal Participation, Updated and 4. Rolling Month vs End of Month Reporting, Added.**
2-5	**3. Outreach Materials, "**When necessary these materials are translated into languages for LEP participants and/or provided in alternative formats for persons with disabilities.", **Added.**
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3-10	**8. REGISTERED DIETITIAN PROFESSIONAL REQUIREMENTS, A., Updated.**
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2021 SOUTH CAROLINA WIC
PROGRAM PROCEDURES

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CHAPTER 1 GENERAL PROGRAM ADMINISTRATION

INTRODUCTION

In the state of South Carolina, the Department of Health and Environmental Control (SCDHEC) administers the Special Supplemental Food Program for Women, Infants and Children (WIC). This plan describes the activities that will be supported by WIC funds. These activities are health assessment and referral, nutrition and breastfeeding education and providing supplemental food to eligible individuals.

The South Carolina WIC Program is comprised of the South Carolina DHEC as the state and primary agency. SCDHEC has four (4) regional areas with multiple clinic sites across the 46 counties of the state. The four (4) regional areas have a direct reporting link to the SCDHEC Director. In addition to the SCDHEC sites, the SC WIC Program has agreements with two (2) Primary Care Centers in the state. The WIC State Plan reflects the overall programmatic management of the SC WIC Program. For clarity purposes in the document the terms, local WIC sites or local WIC clinics, refer to the entire WIC program, inclusive of DHEC regional areas and Primary Care Centers (PCCs). DHEC Region refers to the SCDHEC regional areas and lastly PCC refers to the Primary Care Center.

In 1973, SC WIC program services were first offered to low income pregnant, postpartum and breastfeeding women, infants and children under the age of five who were identified to be at nutritional risk because of inadequate health care or inadequate nutrition or both. The South Carolina WIC Program has grown from an average of 900 participants per month in the federal fiscal year of 1973 to an average of 84, 938 participants in the federal fiscal year of 2020.

As an integral component of the Bureau of Community Nutrition Services, WIC impacts the health of mothers and children in the medically needy population. The supplemental foods provided by WIC promote health as indicated by relevant nutrition science, public health concerns and cultural eating patterns. The health services provided to the WIC population through the SC DHEC programs support the health assessment and nutrition education activities. The resulting improved nutritional and health status during pregnancy and early childhood provides the best chance for the future of South Carolinians.

To give the public an opportunity to provide input into the WIC program, a newspaper advertisement asks the public to comment each year on the WIC State Plan. In addition, current WIC participants and WIC Vendors serve as members of the Food Package Review Committee which review's and discusses food package changes, and a toll-free number is available in South Carolina to provide input into the program. This number is shown in all health departments, is provided in all public notices and news releases, is provided to all participants on printed material, and is available to agencies serving the general public.

Food and Nutrition Service, USDA

The Department of Health and Environmental Control, by and through its management structure, hereby undertakes to ensure each SCDHEC Regional office:

(1) Complies with all the fiscal and operational requirements prescribed by the State agency pursuant to this part, 7 CFR part 3016, the debarment and suspension requirements of 7 CFR part 3017, if applicable, the lobbying restrictions of 7 CFR part 3018, and FNS guidelines and instructions, and provides on a timely basis to the State agency all required information regarding fiscal and Program information;
(2) Has a competent professional authority on the staff of the State agency, inclusive of all WIC sites, and the capabilities necessary to perform the certification procedures;
(3) Makes available appropriate health services to participants and informs applicants of the health services which are available;
(4) Prohibits smoking in the space used to carry out the WIC Program during the time any aspect of WIC services are performed;
(5) Has a plan for continued efforts to make health services available to participants at the clinic or through written agreements with health care providers when health services are provided through referral;
(6) Provides nutrition education services, including breastfeeding promotion and support, to participants, in compliance with § 246.11 and FNS guidelines and instructions;
(7) Implements a food delivery system prescribed by the State agency pursuant to § 246.12 and approved by FNS;
(8) Maintains complete, accurate, documented and current accounting of all Program funds received and expended;
(9) Maintains on file and has available for review, audit, and evaluation all criteria used for certification, including information on the area served, income standards used and specific criteria used to determine nutritional risk;
(10) Does not discriminate against persons on the grounds of race, color, national origin, age, sex or disability; and compiles data, maintains records and submits reports as required to permit effective enforcement of the non-discrimination laws; and
(11) Where the program operates within a hospital and/or that has a cooperative arrangement with a hospital:
    (a) Advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services; and
    (b) To the extent feasible, provides an opportunity for individuals who may be eligible to be certified within the hospital for participation in the WIC Program.

7 CFR, Part 246.6

2020 WIC PROGRAM ACCOMPLISHMENTS

November 2019 the WIC team successfully implemented eWIC statewide, ahead of schedule and below budget. This conversion has automated a great deal of the WIC process and provides better care for families on the program. The team spent over 8,000 hours testing SCWIC and 5,000 hours conducting SCWIC trainings.

eWIC brings many benefits to our WIC participants, vendors, and staff, including:

- Participants will save time at checkout and can buy WIC foods in as many shopping trips as they need throughout the month.
- Vendors will receive faster payment and fewer checkout errors.
- WIC staff will be able to cut down on wait times in the clinics with eWIC.

The implementation of eWIC also comes with an added incentive, the "WIC mobile app". The app allows participants to view details on upcoming appointments, scan a UPC while shopping to see if the item is WIC approved, find out where to shop, and so much more.

The team hosted several Vendor Summits to educate and inform the stores about changes within the program. The summits bring together corporate leaders and vendors to create a space to share and learn from collective successes and challenges. At the summits, vendors participate in roundtable discussions ranging from topics on maximizing shopping experiences to working with eWIC. South Carolina WIC was the only program in the southeast region to conduct vendor summits.

SC WIC's nutrition education program is focused on helping families stay healthy and eat right during times of important growth. Participants can receive one-on-one education with WIC staff, join a group of parents for an interactive group discussion, or use SC WIC's web-based nutrition education system. SC WIC conducted a TeleWIC pilot to increase participant retention by using telephone conversations. The benefits are improved care, better outcomes, and increased options for participant retention. Since the first quarter of 2020 (January- March) more than 14,000 lessons have been completed through WIChealth.org. Over 300 recipes were viewed with 75% of them being from a phone. Over the past year, over half of participants completed their lessons on a smartphone, desktop, or tablet.

With the intent to increase the proportion of breastfed infants by enhancing program operations and removing barriers, the SC WIC Program increased its number of breastfeeding experts from 72 to 78 with the addition of 3 Certified Lactation Counselors (CLCs) and two International Board-Certified Lactation Consultants (IBCLCs). This means more access to breastfeeding promotion, education, and support for breastfeeding participants. Breastfeeding rates have remained at 21% with initiation rates for the past fiscal year up from 67.6% to 67.7% as of June 30, 2019.

SC WIC has also formed partnerships with other organizations throughout the state to increase participant reach and to be inclusive of different types of participants. Through PASOs, a Hispanic based outreach organization, WIC has been able to reach Hispanic communities, share valuable information, and connect those families to WIC services.

South Carolina has joined other state agencies nationally to take part in a National WIC Association campaign that will run through the end of 2023. The goals are to raise awareness, drive enrollment, and improve the perception of WIC. Campaign components include digital advertising, point-of-care, education, print advertising, and social/digital PR.

WIC is working with community partners such as First Steps, Head Start, and Children's Trust to remove barriers to participation and improve access to WIC.

WIC and Head Start are making great strides at collaborations and MOAs on both the state and local levels. WIC has attended Head Start and regional conferences statewide to provide education about WIC benefits, and the WIC Services on Wheels mobile units are making stops at Head Start locations throughout the state and providing onsite certifications.

The WIC mobile units (4) continually make stops at Head Start locations across the state. Additionally, the team has MOAs with hospitals statewide to provide services on site.

During the COVID-19 Pandemic:

The WIC team collaborated with the First Choice Community Center- Select Health of South Carolina to perform outreach at the organization's drive-thru baby showers across the state.

The WIC team kept participants up to date on clinic changes by sending out text messages through CARES to participants.

The State WIC Outreach Coordinator transformed the WIC homepage into a COVID-19 and WIC information hub where all information and new updates were readily available for participants to keep them informed and up to date.

WIC information and updates were shared on television stations throughout the state.

The WIC team increased food choices and expanded food packages to ensure participants could purchase the items they needed during food shortages.

To protect WIC participants and WIC staff, WIC services were offered telephonically.

The state continued to request and receive special waivers from USDA to continue to assist WIC participants with receiving benefits as safely as possible.

WIC participation rates has increased significantly.

From March to April 2020, breastfeeding rates went up another 0.6%, from 20.7% to 21.3%.

BREASTFEEDING GOAL

Goal: Increase the number of breastfeeding infants in the SC WIC Program from 21% (FY 2020) to 22% (FY 2021).

Objectives:

1.1 Monitor and provide tools and training to ensure that in least 80% of cases:

a. During certifications and six-month evaluations for moms, CPAs will assess participants' knowledge, attitudes, and concerns related to breastfeeding, identify the factors that may affect her success with breastfeeding and provide breastfeeding education and support to address assessed needs and concerns.

b. CPAs will assess and promote breastfeeding during all WIC classes.

1.2 Monitor and provided tools and training to ensure that at least 80% of breastfeeding women who request a change in status to receive formula/more formula will be sent to a nutritionist for detailed breastfeeding assessment and counseling. Audits will show that CPAs will issue the minimum amount of formula for partially breastfed infants in 90% of cases.

1.3 Peer counselors will increase the percentage of breastfeeding promotion and support contacts to 80% or higher.

1.4 Monitor initiation rates from MCH/Vital Records data. Goal of 69.5% for 2020, up from 68.2% in 2019 (67.2% in 2018).

Objective 1.1	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Monitor and provided tools and training to ensure that in at least 80% of cases: a. During certifications and six-month evaluations for moms, CPAs will assess participants' knowledge, attitudes, and concerns related to breastfeeding, identify the factors that may affect her success with breastfeeding and provide education and support to address assessed needs and concerns. b. CPAs will promote breastfeeding during all WIC classes.	a. Update breastfeeding training module. CPAs will complete BF training module with passing score. b. Develop tool to observe CPAs for breastfeeding promotion and support during prenatal, breastfeeding and postpartum certifications, follow-ups and package changes. State audits to ensure that all CPAs will be observed at least yearly doing prenatal cert by supervisors/ Breastfeeding Coordinators (or designee) with a score of at least 80%. State audits to ensure that all CPAs are being observed for breastfeeding promotion while doing a prenatal class with a score of at least 80%.	a. Provide training to be completed by 1/2021 (by current WIC staff) or in first month of employment (new hires) b. CO yearly audits to review quarterly CPA audits/observations by regions (per ME schedule).	Audit tools Observation tools Online Training Handouts SCWIC Records USDA Infant Nutrition and Feeding guide (2019)	BF training module scores Scores from audits and observation tools Regional observation records and scores SCLearning record of training Management Evaluations

Objective 1.2	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Monitor and provide tools and training to ensure that at least 80% of breastfeeding women who request a change in status to receive formula/more formula will be sent to a nutritionist for detailed breastfeeding assessment and counseling. (No baseline data available) Audits will show that CPAs will issue the minimum amount of formula for partially breastfed infants in 90% of cases. (Baseline 90% from 2018-2019 MEs; no data for 2020)	Monitor for assessment documented in Individual Care Plan in SCWIC. Develop tool to guide CPAs in providing individualized breastfeeding assessments and counseling during initial certifications and for follow-up when formula is requested. Audit for breastfeeding referrals to CLC or IBCLC at time of status change request if complications were identified in CPA assessment. If formula is provided, audit for minimum amount of formula provided, not to exceed infant's needs.	Implementation starting October 2020. Objective to be achieved as of 9/2021.	CPA Breastfeeding Package Change Guidelines SCWIC breastfeeding information screens Minimum formula calculations cheat sheet Breastfeeding handouts/ educational materials addressing issues leading to formula request CLCs/IBCLCs as needed audit tools USDA Infant Nutrition and Feeding guide (2019) ME forms	Regional audits for individualized Care plan note or follow-up notes when each change of status is requested (percent); CO to review during Management Evaluations. Regional audit for percent breastfeeding referrals received with status change; CO to review during Management Evaluations Minimum formula calculation in SCWIC – Management Evaluations.

Objective 1.3	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Increase the percentage of Prenatal and Breastfeeding: Week 1 contacts made by peer counselors, to 80% or higher statewide. Baseline: < 60% average of 2019 and 2020 Management Evaluations for education/support prenatal and breastfeeding contacts completed.	a. Monitor WIC staff to direct all Prenatal and Breastfeeding participants to site peer counselor at time of initial certification visit, when available. b. Require Peer Counselors to complete at least 3 or more prenatal promoti on and support contacts. c. Conduct Peer Counseling Program Reviews with all regions and PCCs that have Peer Counseling programs. d. Peer Counselor Coordinator will hold quarterly meeting with all Peer Counselors in SC. e. Annual training for all Peer Counselors and their supervisors. f. Implement USDA's Learn Together. Grow Together training platform.	a. and b. October 2019 – September 2021 for statewide evaluation c., d., and e., Activities completed by September 30, 2020 f. TBD, when available from USDA	WIC Peer Counselor Observation d-0680 SCWIC Reports and Logs Loving Support Assessment and Planning Tool #9 and #2. ME Tool	Management Evaluation WIC Peer Counselor Observation Score Loving Support Assessment Evaluation
Objective 1.4	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Monitor initiation rates from MCH/Vital Records data. Goal of 69.5% for 2020, up from 68.2% in 2019 (67.2% in 2018).	a. Distribute quarterly report to WIC leadership. b. Recognize counties with initiation rates ≥ 76% during World Breastfeeding Week.	a. September 30, 2021 b. August 2021	Vital Records Data	Annual

NUTRITION GOAL

Goal: Improve the nutritional and overall health of WIC families in South Carolina.

Objectives:

1.1 State Office will host an annual WIC Food Package Committee Meeting to review food package with stakeholders. The stakeholders will provide input regarding options of product size availability.

1.2 State Office will collaborate with 3Sigma to provide an eWIC mobile application that will include a UPC submission process for participants.

Objective 1.1	Strategies/Activities	Timeframes/Dates	Resources	Evaluation
Increase options of product size to participants	Invite stakeholders to the annual WIC Food Package Committee Meeting Discuss size product options available in stores in SC Track the usage of the "new" size product option once approved	December 1, 2021	SCWIC WIC Food Package Committee Meeting State Office WIC Vendor Unit	Annual
Objective 1.2	**Strategies/Activities**	**Timeframes/Dates**	**Resources**	**Evaluation**
Utilize technology to enhance communication with participants and increase WIC participation.	Plan and develop staff training on the usage of the eWIC mobile application. Update policies and procedures Meet with 3Sigma, Vendor and Technology Unit Track participant usage of the mobile app Administer participant surveys	March 2021	SCWIC 3Sigma WIC Technology Unit WIC Vendor Unit	Quarterly Report

NUTRITION SERVICES GOAL

Goal: Improve the nutritional and overall health of WIC families in South Carolina.

Objectives:

1.1 Exit counseling is provided to women exiting the Program at a minimum of 60% of the time. Public Law 103-111 passed by congress stipulates that women exiting the WIC program be given a counseling session along with a written exit brochure to reinforce the important health messages she has been receiving through the WIC program.

1.2 Registered Dietitian appointments will be scheduled at least 75% of the time for high risk care planning a maximum of 30 working days from the referral date.

1.3 Registered Dietitians will document care plans a minimum of 80% of the time.

Objective 1.1	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
All women exiting the WIC program will receive exit counseling during a postpartum or breastfeeding certification or recertification.	All women will be given a copy of the book, "Next Steps to Good Health." ML#025599 Exit Counseling will be documented in SCWIC education module.	October 1, 2020- September 30, 2021	Lesson plans State Plan Next Steps to Good Health SCWIC education module	Each region will audit charts for exit counseling documentation and observe certifications, and appropriate classes for exit counseling a minimum of each quarter. These may be peer audits. Exit Counseling must be conducted and documented a minimum of 60% of the time for the state. If <60%, a corrective action plan must be implemented. Central office will monitor during Management Evaluation.

Objective 1.2	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Participants needing a high-risk nutrition referral to the Registered Dietitian receives an appointment no later than 30 working days from the referral.	Telehealth nutrition counseling. Educating participants on the benefits of a Registered Dietitian. Schedule appointments as soon as possible and allow for the participant needs to reschedule.	October 1, 2020-September 30, 2021	SCWIC reports Risk code reference tool RD appointment card	State Office will monitor scheduled appointment times during management evaluations.
Objective 1.3	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Participants will receive education, counseling and nutrition care planning from a Registered Dietitian when referred and referral accepted.	Schedule appointments as soon as possible and allow for the participant needs to reschedule. Telehealth nutrition counseling. In person clinic appointments Document in SCWIC High Risk Nutrition/ RD Care Plan.	October 1, 2020-September 30, 2020	Nutrition Care manual SCWIC participant record Dietary Guidelines for Americans	Routine chart audits by Lead RD. State Office monitoring during management evaluation.

NUTRITION SERVICES GOAL

Goal: Increase the percentage of participants redeeming all Farmers' Market Nutrition Program (FMNP) vouchers by 5% in the 2021 season.

Objectives:
1.1 Increase participants comfort level in using FMNP vouchers
1.2 Increase awareness on benefits of shopping local

Objective	Strategies/Activities	Timeframes/Dates	Resources	Evaluation
Increase participants comfort level in using FMNP vouchers	Revise FMNP education to emphasis fruit and vegetable benefits and thoroughly explain FMNP voucher redemption process	June – October 2021	New materials New lesson plan	Increase of participants redeeming all FMNP vouchers
Objective	**Strategies/Activities**	**Timeframes/Dates**	**Resources**	**Evaluation**
Increase awareness on benefits of shopping local	Revise handouts to emphasis local produce benefits	June – October 2021	"Shop Smart at Your Farmers Market" handout	Increase in percentage of first time farmers' market shoppers (last year 40%)

PROGRAM INTEGRITY

Goal: Ensure program integrity, cost effectiveness, quality of service and participant accountability. Strengthen program integrity and responsible stewardship of WIC funds by reducing dual participation and fighting fraud.

Objectives:

1.1 Improve program integrity with documentation of and follow-up on the online sale of food benefits and formula.

1.2 Implement a Memorandum of Understanding (MOU) with the state of Georgia and North Carolina to provide cross referrals of possible dual participation.

Objective 1.1	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Improve program integrity with documentation of and follow-up on the online sale of food benefits and formula.	Weekly monitoring and responding to on-line advertisements offering WIC commonly issued food benefits and/or formula. Comply with the Federal requirements for suspension and claims for participants that have offered for sale/sold or improperly disposed of food benefits and/or formula.	Ongoing	eWIC Monitoring Social Media Websites	Identified cases and record in tracking system.
Objective 1.2	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Implement a Memorandum of Understanding (MOU) with the state of Georgia and North Carolina to provide cross referrals of possible dual participation.	Work in collaboration with the states of Georgia and North Carolina in investigations of possible interstate dual participation through data sharing.	Ongoing	eWIC data-sharing	In process

CIVIL RIGHTS

Goal: Ensure overall civil rights compliance and the enforcement of the prevention of discrimination based on the WIC six protected classes in all local WIC agencies or other sub-recipients (any agency, organization or corporation that receives Federal financial assistance directly or indirectly from United States Department of Agriculture (USDA).

Objectives:
1.1 Mandatory statewide Civil Rights/Customer Service trainings are conducted annually at the State/local agency levels.
1.2 Verify local agencies are in compliance with use of non-discrimination policy posters and OMB racial/ethnic data collection standards.

Objective 1.1	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Mandatory statewide Civil Rights/Customer Service trainings are conducted annually at the State/local agency levels.	Review and revise both training modules to ensure the most current policies and procedures. Make available for all State and local staff through the MYSCLearning online system.	Yearly	MYSCLearning online system	Local agencies are monitored for compliance of this mandatory training during the onsite review process. Verification is obtained for both the local agency and central office staff through the MYSCLearning online tracking.
Objective 1.2	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Verify local agencies are in compliance with use of non-discrimination posters and OMB racial/ethnic data collection standards.	During monitoring, observe to ensure proper posting of signs. During staff interviews verify that Racial/Ethnic Data Collection procedures are followed.	Yearly	Regulatory compliance as evidenced in monitoring reports.	Local agencies are monitored for compliance during the onsite review process.

TECHNOLOGY SERVICES

Goal: Utilize technology to reduce barriers to WIC services and increase participation.

Objectives:
1.1 Maintain of the new MIS SCWIC and eWIC systems to enhance program efficiency and sustainability.
1.2 Increase the data analytic information and the informatics of WIC participation reports.
1.3 Develop South Carolina WIC Online Application to improve visibility and streamline WIC services through technology.

Objective 1.1	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Maintain the new MIS SCWIC and eWIC systems to enhance program efficiency and stainability	Participate in SCWIC and eWIC enhancement activities. Conduct Change Control Board (CCB) Meetings to review enhancement changes in SCWIC Creation of the SCWIC Innovation Team (SIT) to help review region and central office MIS system request. Conduct WIC participant and Regional WIC staff surveys to review status of SCWIC system needs.	October 1, 2020-September 30, 2021	1.Brand, configure, and modify SCWIC FNS standards 2. EBT Processing Configuration/Modification Procedures 3. Vendor's contracts 4. State Plan	Reviewing the four releases that is conducted by the MIS vendor is delivered with changes and enhancements to meet program needs. Monitoring and tracking any system issues. Policy and Procedure updates to reflect the changes in clinic flows pertaining to MIS SCWIC and eWIC.

Objective 1.2	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Increase the data analytic information and the informatics for WIC participation reports.	Continue to conduct reviews with contractors on the report management portion of the MIS SC WIC. Increase the visibility of Quality Improvement (QI) on reports to include: • Card Issuance • Number of Family Redemptions • The number of WIC appointments were kept in each region per month • The Life Cycle of WIC Participants • Mobile App Users	October 1, 2020-September30, 2021	1. MIS SC WIC report manual	Provide the WIC Participation report to WIC Regional Staff. Monitor the MIS SCWIC reports to ensure proper data to be added to the WIC participation Report.
Objective 1.3	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Develop South Carolina WIC Online Application to improve visibility and streamline WIC services through technology.	Working with our SC DHEC IT development team to create the SC WIC online application. The WIC Online application will be broken up in two phases to complete the project.	October 1, 2020-September30, 2021	1. SC IT DHEC Standards 2. State Plan	UAT testing will be conducted. (November 2020) Pilot testing will be conducted and confirmed. (January-February 2021) Providing the necessary training for staff to operate SCWIC online application in the clinic.

VENDOR MANAGEMENT

Goal: To improve communication and effectiveness in Vendor Management.

Objective:
1.1 Enhance the participant shopping experience through multiple methods and use data analysis to assure program integrity efforts are effective.
1.2 The State Agency will ensure program integrity utilizing data generated through electronic benefit transfer (EBT) system.
1.3 Implement and incorporate virtual monitoring tools to assist when onsite visits are not permitted.

Objective 1.1	Strategies/Activities	Timeframe/Dates	Resources	Evaluation
Enhance the participant shopping experience through multiple methods and use data analysis to assure program integrity efforts are effective.	Integrate vendor feedback from applicants to improve the in-store shopping experience. Explore opportunities to get stores to incorporate WIC logo onto their shelf tags using the APL identified WIC foods. Collaborate with EBT contractor and stakeholders to determine feasibility and funding needs for alternatives to in-store shopping and cashier attended checkout processes. Explore alternative shopping methods and participant accessibility to authorized vendors.	September 30, 2021	SCWIC system Vendor materials Corporate contacts Emails, mail-outs, conference calls Teams meeting Skype Video conference Emails Fax	Vendor monitoring Pre-approvals Quarterly calls Surveys

	Quarterly Vendor Advisory Meetings Review minimum stocking requirements.			
Objective 1.2	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
The State Agency will ensure program integrity utilizing data generated through electronic benefit transfer (EBT) system.	Monitor WIC vendor integrity using EBT data and inventory audits. Participate in NWA workgroups related to online ordering/delivery and eWIC retailer recertification Utilize tools available through the data warehouse and MIS system to create improved data analysis tools to assist with detection of high-risk behaviors for vendors.	September 30, 2021	SCWIC system Vendor materials Corporate contacts Emails, mail-outs, conference calls Teams meeting Skype Video conference Emails Fax	Vendor monitoring Pre-approvals Quarterly calls Reports/Queries
Objective 1.3	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Implement and incorporate virtual monitoring tools to assist when onsite visits are not permitted	Review process with stakeholders for feedback. Add process to annual disaster plan.	September 30, 21	SCWIC	

WIC COLLABORATIONS

Goal: Strengthen coordination of information and resources with community stakeholders to meet the needs of WIC participants.

Objective:
1.1 Maintain active coordination/collaboration with identified stakeholders.
1.2 Collaborate with the Division of PH Nutrition Practice and SNAP-ED Program and Division of Nutrition, Physical Activity and Obesity.
1.3 Initiate collaboration with Health and Human Services (Medicaid) as it relates to special formulas.

Objective 1.1	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Maintain active coordination/collaboration with identified stakeholders.	Continue to actively participate in State/Regional level MCH, Head Start, Lead Prevention, 2As & 1 R, DSS, First Steps, Children's' Trust, and Oral Health Collaborate with the Division of Nutrition, Physical Activity and Obesity.	September 30, 2021		Improvement of service delivery to mutual participants. Record of collaborative efforts.
Objective 1.2	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Collaborate with the Division of PH Nutrition Practice and SNAP-ED Program & Division of Nutrition, Physical Activity and Obesity (DNPAO)	DNPAO will form and maintain effective collaborative partnerships. Coordinate nutrition education efforts	September 30, 2021	SCWIC Reports	Record of collaborative efforts. Improvement of service delivery to mutual participants.
Objective 1.3	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Initiate collaboration with Health and Human Services (Medicaid).	Identify specific liaisons from Department of Health and Human Services (Medicaid)	September 30, 2021	SCWIC	Record of collaborative efforts.

PARTICIPATION

Goal: Effectively reach all eligible individuals as resources allow.

Objective: 1.1 Determine baseline for pregnant women and children applicants. Develop target for improvement.				
Objective 1.1	**Strategies/Activities**	**Timeframe/Dates**	**Resources**	**Evaluation**
Determine baseline for pregnant women and children applicants. Develop target for improvement.	Review WIC Eligibility Report and Monthly Participation Report. Based on regions' data, highlight a best practice for increasing 1st trimester enrollment at a WIC Leadership Team Meeting. Work with the regions to identify approaches to address retention of children in the WIC Program.	January 2021	SCWIC Bureau of Population Health Data Analytics & Informatics	Participation report.

FINANCIAL MANAGEMENT GOAL

Goal: Ensure shared employees are allocated to the programs on which they are working, particularly WIC Services.

Objectives:
1.1 PCAS documentation will be monitored and reconciled on a monthly basis and reported to the Central Office on a quarterly basis.

Objective	Strategies/Activities	Timeframes/Dates	Resources	Evaluation
PCAS documentation will be monitored and reconciled on a monthly basis and reported to the State Office on a quarterly basis.	• Financial Management sending out the reports monthly. • Regions submitting assurance statements along with the quarter's completed PCAS reconciliation report(s)	Quarterly	• Region Public Health Director, Administrator, WIC Program Manager • PCAS Reconciliation Report • Funding Report	State Office will review reconciliation reports during management evaluations.

A. POSITIVE PARTICIPANT-CENTERED SERVICES

The first experience a participant has with staff sets the stage for future appointments. The participant's first experience could happen on the phone or in person and should lead to a positive relationship with WIC.

1. Initial Impression
   a. A participant-centered environment is welcoming and positive. It helps the participant to feel comfortable and open to positive experiences/changes.
   b. Ensuring the clinic, including the offices and waiting rooms, look professional and welcoming can set the standard for the clinic, i.e., organized, tidy, child friendly.
   c. When possible, arrange furniture to facilitate open conversations between staff and participants (knees to knees, when possible).

2. Effective Communication by Telephone
   a. Research indicates that most people form a mental image of a service from the tone of voice of the person speaking, rather than what is actually said. Therefore, smile when answering the phone and asking, "How may I help you?" Callers can "hear" the smile on your face.
   b. Only use **Hold** when you absolutely must and always ask the caller first before doing so.
   c. Give callers a final chance to ask questions or add information.
   d. If the WIC clinic has an answering machine, check the messages often and return calls as soon as possible.

3. Creating a positive clinical experience for the participant/parent/authorized representative and infants/children.
   a. Greet the participant/parent/authorized representative and child when they arrive for services. Introduce yourself.
   b. Address participant/parent/authorized representative by name. Never as "honey" or "sweetie," etc.
   c. Thank the participant/parent/authorized representative for being on time.
   d. Walk along-side (when possible) the participant instead of walking ahead of them.
   e. Smile. It is a simple way to connect.
   f. Make eye contact and speak in a pleasant tone of voice.
   g. Minimize distractions when talking with the participant.
   h. Be positive and enthusiastic.
   i. Listen as much or more than you talk.
   j. Focus on the participant/parent/authorized representative, not on computers or forms.
   k. Respect the participant's time by starting the appointment on time, when possible. If the clinic is running late, let the participant/parent/authorized representative know and apologize for any delays.
   l. Ask the participant/parent/authorized representative what questions they have before leaving your area.
   m. Each staff person that has contact with a participant/parent/authorized representative should thank them for coming in for services.

4. Explanation of WIC
   a. Explain procedures before starting and ask if the participant/parent/authorized representative has any question.
   b. Explain the reason why WIC requires certain items such as identification, residency, and income documentation, signing the signature pad for the Rights and Responsibilities Statement, etc.
   c. Explain the nutrition assessment to promote information sharing for the development of goals and healthy family practices.
   d. Review the food package items and how they benefit the individual.
   e. Discuss the food guide. How to redeem food benefits should be reviewed at each issuance.
   f. Show them where to locate the vendor toll-free telephone number to call to speak to a WIC Vendor Unit staff person, if needed.

5. Difficult Situations/Handling Complaints
   a. Staff should start from the context of "I'm here to assist you. Let's talk about your needs and see what can be done."
   b. Offer choices for resolving the problem or enlist the assistance of your supervisor/co-worker.
   c. Empathize and do not put the participant/parent/authorized representative on the defense. Affirm the importance of the parents' role in helping children form healthy habits that last a lifetime.

6. Self-Observation Guide to Connecting with Participants
   a. Each time you make a great connection with someone you are serving, note what you did that made it successful. Writing down these techniques will better assist you in repeating them in the future.
   b. During staff meetings, share your successes with your coworkers. Utilize this as an education tool and a means to open communications with your team. As we serve our participants, we also serve our team members.

Successful connection – with participant type and date	**Write down successful strategies or questions used to make the connection with the participant**

7. Leadership for Providing Participant-Centered Services
   a. Encourage staff to provide WIC services in a positive, participant-centered manner.
   b. Survey participants about the WIC services they receive.
   c. Use feedback from participants to adjust clinic practices to better address their needs.
   d. Involve staff in the development of participant-centered clinical practices and goals.

B. EVALUATION AND SELECTION OF WIC SITES

1. Criteria for Selecting New WIC Sites

a. Health Department
The SCDHEC operates local health departments to ensure that programs and services meet the needs of local areas. The local health departments are organizationally responsible to the state agency thus the local health departments are automatic providers of WIC Services. Applications or agreements to participate on the Program are not relevant. See Attachment L for information regarding the location of health clinics offering WIC Services.

b. Primary Care Center
Currently, the State Office has a written agreement with two Primary Care Centers to provide WIC services to eligible participants being served by the centers. The Beaufort Jasper Comprehensive Health Center (Beaufort) and the Little River Medical Center are the Primary Care Centers currently under contract.

When the State Office receives interest from a Primary Care Center regarding the provision of WIC Services, the center is contacted for further follow up. The State Office first must determine if sufficient funds are available to support the new operation of the Program. If funds are available, the State must ensure that the center has the required credentials in accordance with the federal and state regulations.
Other factors considered are:
1. The availability of other community resources to participants;
2. The cost efficiency and cost effectiveness of the Primary Care Center in terms of food and administrative costs; and
3. The percentages of participants in each priority level being served by the Primary Care Center.

2. Fair Hearing Procedures for Primary Care Centers

a. The State Agency shall provide the Primary Care Center (PCC) with written notification of an adverse action at least sixty (60) days prior to the effective date of the action. The written notice will include:
1. The action being taken
2. The reason(s) for the action
3. The effective date of the action
4. An explanation of the PCC's right to request a fair hearing and the procedures that must be followed

b. The PCC has the opportunity of requesting a fair hearing (administrative review) regarding certain adverse actions taken by the State Agency.

c. The State Agency will use a uniform appeal process to evaluate all appeal requests from PCCs. The following adverse actions are subject to administrative reviews (fair hearings):
1. Denial of a PCC's application;
2. Disqualification of a PCC; and
3. Any other adverse action that affects the PCC's participation.

d. The PCC will not receive an administrative review (fair hearing) for the following actions:
   1. Expiration of the PCC's agreement; and
   2. Denial of the PCC's application if the State agency's PCC selection is subject to procurement procedures applicable to the State agency.

e. **Effective date of adverse actions against PCCs.** The State agency must make denials of PCC's application effective immediately. The State agency must make all other adverse actions effective no earlier than 60 days after the date of the notice of the adverse action and no later than 90 days after the date of the notice of adverse action, or in the case of an adverse action that is subject to administrative review, no later than the date the PCC receives the review decision.

C. NOTICE OF SITE CHANGES/CLOSURE

1. Changes and/or Added Local WIC Sites

a. In order to enable State/local WIC staff to better serve participants throughout the state all changes regarding local WIC site contact information must be provided to the State WIC Office.

b. The WIC Program Manager is responsible for ensuring written notification is provided to the State WIC Director when the following changes occur:
   1. Name of local WIC site
   2. Physical/mailing address
   3. Telephone/fax number
   4. Clinic days/hours of operation
   5. Site's anticipated participation
   6. The availability of other community resources to participants
   7. Analysis of the financial impact
   8. Proximity of authorized WIC vendors
   9. The percentages of participants in each priority level to be served by the site

c. The State WIC Office will review the documentation provided by the Region. Once approved the WIC Program Manager will be notified to add or update SCWIC Agency/Clinic Setup in SCWIC.

d. New Sites
   An email must be sent to the State WIC Director a minimum of ten (10) business days prior to the opening date of any new sites. The minimum information that must be included is as follows:
   1. Site Name
   2. Days/Hours of operation
   3. County
   4. Street Address
   5. City
   6. State
   7. Zip Code
   8. Phone # with Area Code
   9. Contact name and email address
   10. FCHC/PCC (Yes or No)
   11. WIC Services Provided (Yes or No) CLIA #
   12. Sender Number

2. Closures of Local WIC Sites

a. Once site closure is determined necessary (either temporarily (more than a week) or permanently) immediate written notification must be provided to the State WIC Director. The State WIC Director will notify the Southeast Regional Office (SERO). The Region will need to include the site days and hours of operation, site staffing, and site average participation for the past six (6) months, reasons for site closure, and options utilized prior to the decision to close the site.

b. The WIC site is required to send participants written notification a minimum of thirty (30) calendar days prior to the closure of the site.
Participant notification must include the following information:
   1. Listing of sites (including addresses) for that participant to review and determine where they will be receiving future WIC benefits;
   2. Any information regarding additional health care services available at new sites; and
   3. Contact name and telephone number.

c. The WIC Program Manager will notify the WIC State Director within 48 hours, via email, of any Health Department site closures (closed for the day, closed due to inclement weather, power outages, closed for training, and/or staffing, etc.). The WIC Program Manager will provide the WIC State Director with a corrective action plan for the closure to include reappointment of all WIC applicants, the reason for the closure, and any necessary corrective actions.

For Your Notes

CHAPTER 2 PARTICIPATION MANAGEMENT/OUTREACH

A. PARTICIPATION TARGETS

Based on guidance from USDA (SERO), participation targets for Regions will be the Region's federal fiscal year 2016 average with an annual increase of 5%. For the purposes of determining a WIC clinics participation USDA states, "A person may be certified to receive benefits during a report month, she is not considered a participant under program regulations unless she obtains her monthly supplemental food benefits. In an electronic benefits transfer (EBT) system, an enrollee is counted as a participant when food benefits either are loaded to the EBT card or become available to the EBT account."

Once this participation is met, the State Agency will use the following steps to determine the participation targets for each Region:

1. The average of the latest six months' participation.
2. The percentage of participation served is calculated.
3. The most current need figure for the State is multiplied by a realistic and agreed-upon percentage to determine the statewide target figure.
4. The statewide target figure is multiplied by each Region's percentage of participation served to determine Region's participation target.

The target participations are calculated each year to be effective the beginning of the federal fiscal year. Each month the actual participation served is compared to the target participation.

B. PARTICIPATION MONITORING

1. **State Level Monitoring**
   The State Office is responsible for monitoring the statewide participation. This is done through SCWIC for Regions and Primary Care Centers that provide WIC services. This data is compiled and monitored by the state staff on a monthly basis.

   The State Office utilizes multiple data and observational resources to determine Program and Operational factors that may affect participation. These analyses are shared with leadership to determine if program or operational changes are needed and how those will be implemented.

2. **Local Level Monitoring**
   DHEC Regions and PCCs are expected to review the participation data and determine if follow-up action is needed. The data should be distributed to the management team, supervisors, and frontline staff in each county and site for review. During Management Evaluations, the State Office reviews the local level distribution of participation data to WIC staff, monthly meeting agendas and discussions, participation trends, and plans and activities that address decreases in participation.

   In addition, DHEC Regions and PCCs should review and monitor the most current target participation report and compare this data to the actual participation as part of participation management. Participation should be charted by site to detect any substantial increases or decreases that may require follow-up.

3. **Participation Report – Unduplicated Participant Count and Federal Participation**
The monthly participation data report is a statewide participation report that includes participation data by Region/PCC, county and clinic.

The following data is included in the monthly participation data report:
a. Memorandum including current (preliminary) month participation, previous (final) month participation, (preliminary previous month vs current month) and, last year participation.
b. The federal participation report will include the following:
    i. Women Pregnant
    ii. Women Breastfeeding Fully
    iii. Infant BF Fully
    iv. Infant BF Partially
    v. Infant Non-Breastfed
    vi. Children

4. **Rolling Month vs End of Month Reporting**

The official participation report will be pulled on the 1st of each month (or the next business day) for the previous month. At a minimum, SCWIC's "Unduplicated Participation" for the preliminary/final months and "Federal Participation" reports will be used for this reporting. The big difference is this participation will be the preliminary participation for that prior month. Due to the rolling months, a month's final participation number will be two months later. In short, the official participation report sent out will have the preliminary participation for the previous month and the final participation for the month before the previous month. This month delay is one of the necessary adjustments to operating on rolling months vs. calendar months; however, the benefits that rolling month benefits bring to the participants and the vendors far outweighs this minor adjustment.

5. **Reports Utilized to Increase Participation**

a. **WIC-Eligible Report**
The SC WIC Program disseminates a monthly report to regional WIC staff of infants and children less than five years of age who receive SNAP benefits but are not also on WIC. In accordance with the Memorandum of Understanding between the South Carolina Department of Health and Environmental Control (SC DHEC) and South Carolina Revenue and Fiscal Affairs Office (SC RFA), this report can be used to establish eligibility of WIC applicants or participants for the programs that the organization administers, conduct outreach to WIC applicants and participants for such programs, streamline administrative procedures in order to minimize burdens on staff, applicants, or participants in either the receiving program or the WIC Program, and/or to assess and evaluate the responsiveness of a State's health system to participants' health care needs and health care outcomes.

The following data is included in the monthly WIC-Eligible report:
1. Region
2. County
3. Date of birth
4. Name of SNAP recipient
5. Physical Address
6. Mailing Address
7. Telephone Number

b. **Participant Retention Report (formerly the Non-Participation Report)**
The Participant Retention Report provides a list of participants with a valid certification who have not obtained food benefits and do not have a WIC appointment during the selected date range.

1. This report is located in SCWIC under the Reports Menu. Staff must work the report, at a minimum of, once per month.
2. This report produces the Participant Name, Participant ID #, Certification Expiration Date, Last Food Benefit Issuance Date, Phone #, OK to Call, if "NO" is listed in this field, then the phone number field will be blank, High Risk Status, Head of Household (HOH), Name, and Address.
3. All of the aforementioned fields should be utilized by staff when working the report.
   i. Staff must note action taken for each participant on the report, i.e. D/C, telephone invalid, letter sent, or documenting the reappointment date.
4. The Participant Retention Report must be utilized to contact individuals to ensure they receive food benefits.
5. Participants who fail to return to obtain food benefits for two (2) consecutive months should be discharged from the program.
6. The Participant Retention Report and all notes should be retained through the length of the audit cycle (two years).

C. WIC DATA REQUESTS

1. All requests for program data must be submitted to the Technology Services Unit (TSU) Manager utilizing the DHEC 2783 form.
2. The TSU Manager will review the form and assign it to the appropriate person for processing. The person requesting the data will be contacted within three (3) working days with an anticipated completion date and for additional information, if necessary.
3. Allow a minimum of seven (7) working days for completion of data requests.
4. This procedure will be followed for both internal (program and inter-agency programs) and external requests for WIC data.
5. Prior to assigning for completion, the TSU Manager must send any requests including participant identifiable information (Participant ID #, Name, etc.) to the Freedom of Information Office for review/approval.
6. Prior to assigning for completion, the TSU Manager must send any Research Study Data Requests to the DHEC Internal Review Board for review/approval.

D. OUTREACH

1. State Outreach/Communications Plan

The State WIC Outreach Coordinator will develop a strategic statewide outreach and communications plan. This plan will be aligned with program participation and nutrition goals and include details on target audience, messages and materials, channels of communication and distribution, and evaluation. It will be approved by the State WIC Director, the Bureau of Community Nutrition Services Director and the Outreach Director.

Everyone on the WIC team plays a role in outreach – whether it's delivering direct services or cultivating partnerships to spread the word about the benefits of WIC.

The DHEC Central Office WIC staff will provide conference call and/or on-site technical assistance to regional health departments and PCCs to implement outreach and communications strategies to engage potential participants and generate awareness within their communities.

2. Regional/PCC Outreach Activity Plan and Quarterly Reports

Each DHEC Region and PCC is required to submit an outreach activity plan to the Outreach Coordinator. The plan addresses methods designed to promote WIC program services to potential participants as well as the general population. The plan has a goal and must include the following: 1) strategy, 2) S.M.A.R.T. objective(s), 3) activities, 4) date implemented by, 5) date completed by, 6) resources, and 7) evaluation. The plan must also include future events the region and PCC are planning to attend for the upcoming 90 days. Each objective is to be county-specific and address the distinctive community needs/issues. Upon completion of an activity, staff will need to document the "Results/Comments" section with the number of attendees and number of handouts distributed. **(See Outreach Tracking Log for specific examples, Appendix 2.1)**. Regions and PCCs must document an explanation on why it was not able to attend an event it had planned to attend. Plans are due in Central Office no later than September 15th of each year. These plans will be implemented by October 1st of the same year.

Quarterly reports will evaluate past and future outreach efforts. The plans are due on the following:

Due Dates	Plans Date
September 15	Annual Plan Future Plan: October – December
December 15	Quarterly Report: October – December Future Plan: January – March
March 15	Quarterly Report: January – March Future Plan: April – June
June 15	Quarterly Report: April – June Future Plan: July – September

Quarterly reports are submitted via the DHEC OneDrive for DHEC regions and traditional mail or email for primary care centers.

3. **Outreach Materials**

General outreach materials are developed by WIC Central Office in partnership with the agency's Communications Resources Department. When necessary these materials are translated into languages for LEP participants and/or provided in alternative formats for persons with disabilities. Regional staff is encouraged to provide suggested changes/updates to current publications to best reflect participants' needs and these recommendations will be discussed at the WIC Materials Review Meetings. If new materials are needed, regional staff should contact the State Outreach Coordinator for assistance in working through the Outreach Request process for brochures, flyers, cards, posters, infographics, or artwork. The same guidelines are followed for nutritional education materials.

For information on materials available, staff should visit http://dhecnet/co/cr/materials. This is a comprehensive Approved Materials Listing (AML) and includes printed materials stocked at the agency's Educational Materials Library (EML) and other approved materials that can be requested to be printed. It can be searched by publication number, title, format, language, primary subject, location, or program area.

To view and order WIC materials through DHEC's Educational Materials Library (EML), please visit http://www.scdhec.gov/Agency/EML.

After materials are discussed at the WIC Materials Review Meetings, a member of the central office should set up a meeting within 5-10 days with the State WIC Outreach Coordinator to discuss changes ahead of requests being submitted through the outreach process and to prioritize projects for submission.

4. **Media and/or Advertising Campaigns**

Depending on funds available, targeted campaigns may be conducted as an outreach tool. The campaigns will be part of the overall strategic plan and be based on research and aligned to specific program goals (i.e. participation, breastfeeding rates, etc.). WIC Central Office will coordinate participation in the National WIC Association campaign. All paid media campaigns will be developed in partnership with the agency's Outreach Director and will follow the Outreach Request approval process. This includes but is not limited to, billboards and electronic, print, radio and television ads.

It is DHEC policy that the agency's Outreach Director must approve television and radio commercials. All purchase of air time will be conducted at the state level by the Outreach Director. Regional staff will be notified when ads are scheduled to run in their areas to plan accordingly for a potential increase in inquiries for service.

5. **Adjusted Clinic Schedules**

WIC sites should make every effort to provide alternate hours of service to meet the needs of special populations (e.g. migrants, working parents, etc.). Suggested alternate hours are prior to 8:30 a.m., noon to 2 p.m. (lunch hours) and after 5 p.m. These services are to include certification, nutrition education (individual or group education) and issuance of food benefits.

6. **Quarterly Outreach Conference Calls**

The State WIC Outreach Coordinator will facilitate quarterly outreach conference calls (3rd Tuesday from 2:30-3:30 pm in February, May, August, and November unless affected by holidays or trainings), and attendance from each Region/PCC is required. The calls will include an outreach update from Central Office, and allow the opportunity for Regional/PCC staff to share successes, challenges and lessons learned.

7. **Partner Engagement**
Regional/PCC staff are encouraged to cultivate diverse partnerships to boost referrals to the WIC program. Health, social, civic, and business organizations should be engaged to help inform potentially-eligible individuals about the program and its benefits. Regional staff is encouraged to make face-to-face visits to appropriate agencies and organizations to conduct training sessions that describe WIC program benefits, eligibility criteria and information about local clinic sites. Staff is also encouraged to exhibit at events that expose them to the WIC-eligible target population. These efforts must be reflected in the regional/PCC staff quarterly outreach reports.

Regions are especially encouraged to collaborate with local S.C. Head Start programs, as well as PASOs for outreach to the Hispanic/Latino population. WIC SoW (Services on Wheels) will provide a service delivery model to promote partnership opportunities with both Head Start and PASOs. Regions and PCCs are expected to distribute the WIC Sow Survey to capture feedback from participants.

8. **Digital Content**
Regions/PCCs are asked to submit story ideas and newsletters to the State WIC Outreach Coordinator highlighting the work taking place throughout the State. This information will be used by Central Office for consideration for placement on the DHEC Dashboard and DHEC Social Media platforms to include Facebook and Twitter. Staff must use DHEC 0550 (Release/Authorization form), to use information and/or photos from individuals.

9. **Success Stories**
Regions/PCCs are required to submit at least one WIC Success Story or customer testimonial to Central Office by the last Wednesday of February, May, August, and November of each year. These will be compiled at Central Office for a "WIC in Review" Report, and will also be shared with DHEC Communications for promoting as deemed appropriate.

10. **WIC SoW**
Regions are required to use WIC SoW a minimum of three times each quarter. These efforts should also be reflected in quarterly outreach plans.

11. **WIC Accountability Reports**
Regions/PCCs are asked to utilize the WIC Accountability Reports to perform outreach to participants who are eligible for WIC but are not receiving services by sending WIC postcards. The region/ PCC should track in their outreach plans how many were sent, returned back to sender, appointments made, appointments kept, and appointments missed from the effort. These efforts should also be reflected in quarterly outreach plans.

E. SPECIAL POPULATIONS

1. ELIGIBILITY OF PERSONS AFFILIATED WITH INSTITUTIONS

a. For purposes of WIC participation, a residential institution (one which provides regular food services) is defined as one in which the individual is a permanent resident and does not have liberty to come and go on their own; i.e. are committed for a given period of time.

b. Therefore, those individuals who are residents of a temporary shelter (until other arrangements are made or the crisis is over) are eligible to be screened for WIC participation. Examples of temporary shelters are: Sister Care, shelter for the homeless, etc.

c. In determining income eligibility of these individuals, the family size of the institutionalized person or unit of related persons, e.g., a mother and her children in a temporary shelter for battered women, does not include other residents of the shelter. Income of the institutionalized person is also separate from the income other residents and the general revenues of the institution. For a resident of an institution to receive WIC benefits, the institution must guarantee the following:

1. First, the institution must not accrue financial or in-kind benefit from a person's participation in WIC, e.g., by transferring WIC foods provided to persons in institutions to the institution's own general inventories, reducing the quantity of food provided to WIC participants, or by some other such compensatory action that would reduce the level of institutional support to WIC participants. If such institutional benefit were permitted, WIC participation would not enhance the participant's individual welfare. Resources which should have benefited only the individual participant would in effect be subsumed into the institution's budget and food inventories to meet needs defined by the institution.
2. Second, food items purchased with WIC food benefits must not be used in communal feeding. WIC provides specific foods intended to meet the individual needs of participants in crucial stages of growth and development. If WIC foods were used in the institution's communal food service, they would reduce institutional food costs, but would not enhance the participant's diet to the degree intended.
3. Third, institutional proxies may not, as a standard procedure, obtain WIC food benefits for all program participants in their respective institutions or transact the food benefits at the same time. While proxies may be used in certain situation for some participants, proxies may not routinely obtain and transact WIC food benefits for all participants affiliated with the institution. Were institutional proxies permitted to perform these functions routinely, participants' contacts with WIC clinics, and thus with health care and referral services, would be seriously curtailed. Furthermore, if the institution managed food benefits and purchased WIC foods at the same time for all residential participants, a logical extension of this practice would be use of WIC foods in communal food service rather than for the specific benefit of the WIC participants for whose use they are issued. Finally, no institutional constraints may be placed on the ability of the WIC participant to partake of supplemental foods and all associated WIC services made available to participants by the WIC Program. This general prohibition stresses the need for full, free, and direct participant access to all program benefits and services such as is available to participants not associated with an institution.

d. If the local clinic is serving participants in institutions and/or shelters, the WIC/Program Manager or designee must contact the institution or shelter (by phone, letter or on-site visit) periodically (at least quarterly) to ensure that the facility is in compliance with the four requirements listed above. Documentation of the contact must be kept on file.

e. Institutions and shelters must notify the local clinic if they no longer meet the requirements.

2. MIGRANT ELIGIBILITY DETERMINATION

WIC screening procedures for eligibility determination must be completed on each person at the time of initial certification and at each certification, with the exception of migrant participants. A migrant farm worker is defined as an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode. An instream migrant and their family members must have an income determination at least once every 12 months. Such families shall satisfy the income criteria in any State for any subsequent certification while the migrant is instream during the 12 month period following the determination. A migrant farm worker may be certified with an expired VOC card if their last certification was performed within the past 12 months. If the time frame of income determination is not known an income assessment must be performed at certification. SC WIC should be updated to reflect the Migrant status.

3. ELIGIBILITY OF UNDOCUMENTED IMMIGRANTS FOR PARTICIPATION IN WIC

Neither WIC authorizing legislation, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, nor the WIC regulations require citizenship or alien status as a condition for WIC eligibility. The Immigration and Naturalization Service (INS) states that the receipt of WIC benefits does not render an undocumented immigrant a public charge and that WIC benefits should not be denied.

4. SERVICES TO THE HOMELESS

A. **"Homeless individual" is defined as**:

1. An individual who lacks a fixed and regular nighttime residence: or;
2. An individual whose primary nighttime residence is:
    a. A supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations.
        i. If the applicant frequently stays at one shelter, use the shelter address.
    b. An institution that provides a temporary residence for individuals intended to be institutionalized.
    c. A temporary accommodation in the residence of another individual (of not more than 365 days).
        i. The address of a relative or friend may be used.
    d. public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
        i. The address of the WIC site may be used.

B. **Eligibility of Homeless Individuals**

1. WIC staff are responsible for ensuring accessibility of WIC services to the homeless population.
2. Homeless families or individuals may be residing in a vehicle, park, hallway, doorstep, sidewalk, abandoned building, temporary shelter, hotel or motel.
3. Homeless women and children may have compromised health and nutrition status as well as high levels of anxiety and stress.
4. Sensitivity should be displayed when gathering certification information and all WIC procedures should be thoroughly explained.

5. The homeless are considered high risk. Every effort should be made to provide an emergency certification to the homeless applicant, i.e., within 1-2 days. Special follow-up should be initiated for these individuals.
6. SCWIC should be documented to reflect the "homeless" status.

C. **Homeless applicants/participants should be referred to appropriate local service agencies, such as:**
   1. DSS/TANF/SNAP
   2. Food Banks/meal programs
   3. Shelters
   4. Legal Services

A referral call should be made on behalf of the homeless applicant/participant to these agencies.

F. WIC STATE OFFICE APPROVAL OF WAITING LIST POLICY

1. Waiting lists are **only used when maximum participation has been reached**, and/or the state lacks food dollars to serve additional participants. **Participants should not be placed on waiting lists due to clinic scheduling problems, i.e., lack of appointment slots. Scheduling problems should be addressed and corrected.**

2. When maximum participation has been reached, the Region/Primary Care Center must submit a written request to implement a waiting list. The State Office must approve the request prior to implementation. If approved, policy will be implemented as follows:

   a. Participants transferring from another state or local WIC site with a valid VOC must be placed on the waiting list ahead of all other individuals regardless of priority.

   b. Staff will serve participants based on a statewide priority system. The highest priority persons become program participants first as slots become available.

   c. First priority (I) is given to pregnant women, breastfeeding women and infants at nutrition risk due to anthropometric, biochemical or medical condition. Second priority (II) is given to infants up to 6 months of age born to a WIC mom or mom who could have been on WIC during pregnancy due to a documented anthropometric, biochemical or medical risk. Third priority (III) is given to children and high risk postpartum women due to anthropometric, biochemical or medical condition. Fourth priority (IV) is given to pregnant women, breastfeeding women and infants at dietary risk. Fifth priority (V) is given to children at dietary risk. Priority six (VI) is given to non-breastfeeding postpartum women with any nutrition risk. Priority seven (VII) is given to an individual at nutrition risk solely due to homelessness, migrant, or other predisposing condition (e.g., foster care). Refer to Nutrition Risk Tables by participant category, for detailed information on nutrition risk priorities.

   d. WIC Appointment Screening Forms are used to document the applicant's category/priority.

e. The following information must be recorded for each applicant:
   1. Applicant's name
   2. Applicant's address and telephone number
   3. Applicant's WIC category (pregnant, breastfeeding or postpartum woman, infant, child)
   4. Birth date of child or infant or EDD
   5. Date placed on waiting list
   6. Primary language spoken and major life activity impaired or need for communication assistance or reasonable modification?

f. Applicants will be notified of their placement on a waiting list within 20 calendar days of visiting or contacting the clinic.

g. If there is no appointment slot available at the WIC site in which the applicant is applying, staff must inform the applicant of available appointment slots at the geographically closest WIC sites. The applicant has the option of taking the available appointment or being placed on the waiting list.

h. When the WIC site is able to serve additional applicants, clinic appointments are scheduled based on estimated priority, beginning with the applicants in the highest priority. Income and priority should be rescreened during any contact with the applicant (e.g., applicant calls again, staff contacts applicant to schedule appointment).

i. Applicants will remain on the waiting list until: (1) appointed, (2) appointment is refused, (3) they become categorically ineligible, or (4) staff has made two unsuccessful attempts to contact the applicant to schedule an appointment (must be documented on waiting list).

j. Applicants should be advised that it is their responsibility to keep the local WIC site updated with their current address/phone number.

k. The WIC Appointment Screening Forms are maintained by the CPA. The CPA is required to review the forms monthly. Any applicants that have become ineligible are removed from the file (e.g., postpartum over 6 months, children over 5, etc.). The participant's priority (as specified in b., above) is determined by a Competent Professional Authority.

l. Regardless of how many appointments the applicant may miss, no individual can be denied the right to apply for benefits.

m. Documentation must be kept on file for three years. After three years files should be shredded.

n. Whether or not WIC applicants are appointed, they should always be referred to other health services.

Date of Activity	County	Type of Outreach Human Services, Health Care, Community, Other (meetings, presentations, health fairs, etc.)	Location of Outreach Activity	Name of Materials (Delivered/Distributed/Mailed/N/A)	Number in Attendance or # Visiting Display Table	Name of Staff Attended & Program Area	Follow-up Date (if needed)	Contact Person (if applicable)	Comments/Results/Effectiveness	Issues/Barriers/Lessons Learned

SC DHEC REGION AND CONTRACTUAL LISTING

1. Upstate Public Health Region

a. Anderson Health Department
Anderson, SC
b. Abbeville Health Department
Abbeville, SC
c. Center of Pediatric Medicine
Greenville, SC
d. Greenwood Health Department
Greenwood, SC
e. Laurens Health Department
Clinton, SC
f. McCormick Health Department
McCormick, SC
h. Seneca Health Department
Seneca, SC
i. Center for Community Services
Simpsonville, SC
j. Greer Human Resource Center
Greer, SC
k. Greenville Memorial Hospital/GHS
Greenville, SC
l. Greenville Health Department
Greenville, SC
m. Pickens Health Department
Pickens, SC
n. Slater/Marietta Health Department
Slater, SC
o. Cherokee Health Department
Gaffney, SC
p. Spartanburg Health Department
Spartanburg, SC
q. Union Health Department
Union, SC

2. Midlands Public Health Region

a. Batesburg-Leesville Clinic
Batesburg, SC
b. Chester Health Department
Chester, SC
c. Edgefield Health Department
Edgefield, SC
d. Aiken Health Department
Aiken, SC
e. Barnwell Health Department
Barnwell, SC
f. Fairfield Health Department
Winnsboro, SC
g. Fort Jackson Clinic
Fort Jackson, SC
h. Kershaw Health Department
Camden, SC
i. Lancaster Health Department
Lancaster, SC
j. Lexington Health Department
Lexington, SC
k. Margaret J. Weston
Aiken, SC
l. Newberry Health Department
Newberry, SC
m. Richland Community
Eastover, SC
n. Richland Health Department
Columbia, SC
o. Saluda Health Department
Saluda, SC
p. York Health Department
Rock Hill, SC
q. York Health Center
York, SC

3. Pee Dee Public Health Region

a. Chesterfield Health Department
Chesterfield, SC
b. Darlington Health Department
Darlington, SC
c. Dillon Health Department
Dillon, SC
d. Florence Health Department
Florence, SC
e. Hartsville Health Department
Hartsville, SC
f. Lake City Health Department
Lake City, SC
g. Marion Health Department
Mullins, SC
h. Marlboro Health Department
Bennettsville, SC
i. Clarendon Health Department
Manning, SC
j. Conway Health Department
Conway, SC
k. Georgetown Health Department
Georgetown, SC
l. Williamsburg Health Department
Kingstree, SC
m. Myrtle Beach Health Department
Myrtle Beach, SC

n. Lee Health Department
Bishopville, SC
o. Shaw AFB
Sumter, SC
p. Sumter Health Department
Sumter, SC
q. Stephens Cross Road Health Department
Stephens Cross, SC

4. Low Country Public Health Region

a. Allendale Health Department
Allendale, SC
b. Bamberg Health Department
Bamberg, SC
c. Calhoun Health Department
St. Matthews, SC
d. Holly Hill Health Clinic
Holly Hill, SC
e. Orangeburg Health Department
Orangeburg, SC
f. Berkeley Health Department
Moncks Corner, SC
g. Goose Creek Health Clinic
Goose Creek, SC
h. Mt. Pleasant Health Clinic
Mt. Pleasant, SC
i. North Area Health Clinic
Charleston, SC
j. Northwoods Health Clinic
North Charleston, SC
k. Summerville Health Department
Summerville, SC
l. Beaufort Health Department
Beaufort, SC
m. Bluffton Health Center
Bluffton, SC
n. Colleton Health Department
Walterboro, SC
o. Hampton Health Department
Hampton, SC
p. Jasper Health Department
Ridgeland, SC
q. Sea Island Comprehensive
Johns Island, SC

5. <u>Beaufort-Jasper Comprehensive Health Center</u>

a. Chelsea Medical Center
Ridgeland, SC
b. Port Royal Medical Center
Port Royal, SC

6. <u>Little River Medical Center</u>

a. Little River Medical Center
Loris, SC
b. Little River Medical Center
South Strand, SC

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CHAPTER 3 WIC STAFFING

A. STATE STAFFING

The WIC Program is a division within the Bureau of Community Nutrition Services. The State WIC Director oversees the overall operations of the program. The Administrative Coordinator provides direct support to the State WIC Director. The Division of WIC Services is composed of four (4) units which administer the South Carolina WIC Program.

1. The State WIC Director responsibilities are as follows:
   A. Leads, directs and provides vision in all efforts related to the WIC program and population.
   B. Directs planning, administration and evaluation of services within the Division of WIC.

2. The Assistant State WIC Director responsibilities are as follows:
   A. Management of the Division of WIC Services which consists of but not limited to:
   1. Provides direction and oversight of clinical services for reproductive aged women, infants, and children birth to 5 years.
   2. Provides direction for administrative support services.
   3. Provides oversight of program and staff development, program implementation, ongoing monitoring of activities and QA, and quality improvement for all program population areas.
   4. Provides direction information management.
   5. Provides direct supervision of leadership for the entire staff and programs for which they are responsible in the areas of support services.
   B. On a statewide basis, provides oversight for the following:
   1. Implementation and interpretation of WIC policies and procedures to ensure compliance with federal and state regulations and policies, including site visits to assure follow up of management and evaluation findings to assure compliance to policies and procedures of the WIC program;
   2. Health Regions and contractual agencies operations to ensure compliance with federal and state WIC requirements;
   3. Participation management including data reports, data analysis and trends of WIC participation; and
   4. SCWIC computer module used to support program operations and provide data reporting to USDA/FNS.
   C. Provides oversight for the nutrition services unit, vendor management unit, program policy unit, and program compliance unit.
   D. Develops the vision for and directs the development and distribution of the annual WIC State Plan and annual WIC State Meeting.
   E. Serves as liaison to all Public Health and Administration team members and works closely to promote WIC for infants, children, and reproductive women.
   F. Communicates and coordinates common efforts with other SC DHEC Programs, other state agencies, advocacy groups, other state WIC Programs and USDA/FNS.

3. The Nutrition Services Unit consists of the Nutrition Service Manager, WIC Nutrition Education Coordinator, Food Package Coordinator, a WIC Nutrition Consultant, Breastfeeding Coordinator, Breastfeeding Peer Counselor Coordinator and Administrative Assistant. The responsibilities are as follows:
   A. develops, interprets and implements the nutrition education component of the program;
   B. develops and updates nutrition training materials and provides training and assistance for WIC staff;
   C. develops/reviews/approves nutrition education materials for Central Office and WIC sites;
   D. develops/interprets and implements the WIC Food Package, ensuring the nutritional needs of the WIC population are met;
   E. develops/implements and evaluates the use of special formulas;
   F. provide coverage to regions for ordering prescriptive and other formulas that must be drop-shipped to WIC sites;
   G. implements nutritional risk criteria;
   H. ensures that quality breastfeeding education and support are maintained;
   I. develops breastfeeding policies and procedures, and provides staff orientation and training;
   J. coordinates and implements the Breastfeeding Peer Counselor Program;
   K. monitors staffing, provides/monitors training, and evaluates Peer Counselor Program;
   L. conducts Management Evaluations;
   M. conducts Farmers' Market Management Evaluations and Farmers' Market Nutrition Education; and
   N. prepares, records and files unit's travel reimbursement.

4. The Program Compliance Unit consists of the Program Compliance Unit Manager and the Program Integrity Special Investigator. The responsibilities are as follows:
   A. Investigates participant and employee abuse;
   B. Ensures Civil Rights federal guidelines are observed;
   C. Reviews DHEC Regional and PCC programmatic procedures;
   D. Conducts Management Evaluations; and
   E. Manages the Farmers' Market Nutrition Program.

5. The Program Policy Unit consists of the Program Policy Manager and the Administrative Coordinator.

   The responsibilities are as follows:
   A. reviews DHEC Regional and PCC programmatic procedures;
   B. interprets and develops program policies and procedures;
   C. conducts Management Evaluations;
   D. develops the State Plan;
   E. receives, resolves, and/or channels WIC complaints;
   F. develops/reviews/monitors all contracts.

6. The Vendor Management Unit consists of the Vendor Manager, three (3) Special Investigators, Training Special Investigator, and Administrative Assistant. The responsibilities are as follows:
   A. reviews and approves vendor (grocery) applications for participation in the South Carolina WIC Program;
   B. monitors all participating vendors (pre-approval, routine, and high risk);
   C. conducts annual vendor training;
   D. responds to vendor inquiries concerning programmatic procedures/policies;
   E. conducts undercover compliance buys;
   F. assures vendor files are maintained and tracks vendor application process;

G. prepares and processes direct expenditure invoices for food benefits that are not processed through the bank;
H. maintains the Approved Product List (APL); and
I. prepares, records and files unit's travel reimbursement.

7. The Division of Administration has oversight of the bureau's grants, contracts, external audits, procurements, and the Technology Services Unit. This bureau consists of over $120,000,000 of funding, which a majority is federal funding that is highly regulated and audited by USDA on various grants/functional areas on a two-year rotation. The WIC grant amount is nearly 1/6 of the Agency's overall budget; the NSA grant is about 1/3 of Public Health overall budget. This division is responsible for 7 CFR 246.3 - The State agency is responsible for the effective and efficient administration of the Program in accordance with the requirements…governing administration of grants (2 CFR part 200, subparts A through F and USDA implementing regulations 2 CFR part 400 and part 415) and ensuring the compliance of the WIC Program's requirement set forth in 7 CFR 246.14 Program Costs, 7 CFR 246.15 Program income other than grants, 7 CFR 246.16 Distribution of Funds, and 7 CFR 246.17 Closeout procedures 7 CFR 246.20 Audits.

   This Division consists of the Bureau Administrator, the WIC Financial Coordinator, the Procurement Liaison, and the Technology Services Unit.

8. The Technology Services Unit consists of the Technology Manager, SCWIC Support Coordinator, Data Research Analyst, BCNS/WIC Epidemiologist and Administrative Assistant. The responsibilities are as follows:
   A. ensures compliance with agency computer and data management procedures;
   B. provides SCWIC support and training for SCWIC updates to regional administrative staff;
   C. ensures the process of reconciliation of all food benefits;
   D. collects, analyzes, interprets and reports epidemiologic and health services data related to WIC recipients, WIC-eligible recipients and Maternal and Child Health (MCH) populations
   E. completes data analysis and reporting projects;
   F. participates in agency led technology projects;
   G. coordinates EBT implementation activities for the state;
   H. works with Agency IT staff to ensure SCWIC is updated and program policies are revised and updated;
   I. maintains reading files and special formula food benefit files; and
   J. prepares, records and files unit's travel reimbursement.

9. The Outreach Coordinator is responsible for the following:
   A. conduct appropriate background research to gather information and material needed to design outreach products tailored to effectively promote Women, Infant and Children Program to existing and prospective applicants;
   B. works in consultation with Communication Resources and WIC staff to develop written content for brochures, flyers, fact sheets, news release, success stories and social media or online materials;
   C. tracks, reviews, and reports on the effectiveness of WIC outreach activities;
   D. ensures WIC information on the Agency's website is up-to-date; and
   E. assists in planning, developing, and execution of WIC outreach campaigns.

B. REGIONAL/PCC STAFFING

1. RESPONSIBILITIES OF WIC PROGRAM MANAGER

A. Actively participants in Regional budget meetings and is included in the approval process of WIC purchases, travel and personnel funding. Knowledgeable of federal funding guidelines and grant deliverables. Ensure Breastfeeding and Nutrition Education expenditure requirements are compliant with federal guidelines.
B. Supervises the WIC Coordinator(s), Regional Breastfeeding Coordinator and oversight of Breastfeeding Peer Counselors, and International Certified Lactation Consultants (IBCLC) employees or contract employees.
C. Assesses the quality of nutrition/breastfeeding care and nutrition/breastfeeding education for the Region.
D. Reviews all WIC Program activities in local WIC clinics to assure compliance with federal regulations and state policies and procedures. Evaluates results of reviews and takes necessary action to correct deficiencies. Conducts reviews at a minimum of 20% of the regional WIC sites per year.
E. Assures program guidelines and performance measures are monitored, reporting progress and implementing quality improvement activities based on program indicators.
F. Directs orientation of WIC staff and ensures all mandatory trainings are received by WIC staff in the Region, including annual administrative, nutrition education, breastfeeding and Civil Rights/Customer Services trainings. Periodically assesses staff training needs and assures that the identified training needs are met.
G. Serves as the liaison between the WIC sites and the community.
H. Assures that a systematic approach for appointing participants for nutrition education activities is implemented to ensure that the nutrition requirements of the WIC Program are fulfilled.
I. Assures the ID cards and EBT cards are stored in secure locations in all local WIC clinics and designates one person responsible for security in each location.
J. Assures coordination and integration of services; i.e. certification, nutrition education and FI issuance available at the same time.
K. Assures adequate clinic appointments are available to serve WIC needs/requests. Initiates the resolution of fair hearing requests prior to a formal request. All civil rights complaints should be forwarded to USDA.
L. Initiates the resolution of fair hearing requests prior to a formal request. All civil rights complaints are forwarded to USDA.
M. Interprets current policy and procedures to WIC staff.
N. Responds to recommendations made in WIC site reviews performed by agency personnel, auditors or USDA reviewers.
O. Assures that all local WIC clinics are in compliance with the National Voter Registration Act of 1993.
P. Attends bi-monthly WIC Program Managers' Meeting.
Q. Monitors participation status monthly and provides guidance and recommendations to WIC sites.

2. WIC COORDINATOR

A. Assists the WIC Program Manager with the development, implementation, coordination and evaluation of program operations and goals.
B. Serves as the Administrative resource consultant for staff.
C. Guides staff to the appropriate party for non-administrative issues including, but not limited to, nutrition services.
D. Exercises judgement and discretion in applying Agency and program policies and procedures.
E. Maintains knowledge of current WIC regulations, policies, and procedures.
F. Assures current WIC regulations, policies and procedures are implemented in clinic sites.
G. Assures that all information provided to external entities regarding WIC is accurate and reflects the current policies and procedures.
H. Assists with monthly participation monitoring and analysis.
I. Orders and maintains security of WIC supplies including but not limited to: EBT cards, WIC ID Cards, etc.
J. Attends the WIC Leadership Team Meetings and trainings conducted by WIC Central Office.
K. Consults with WIC Central Office as needed.
L. Participates in new Administrative Support staff recruitment/orientation.
M. Ensures the competency of Administrative Support staff with current policies and procedures.
N. Utilizes the Administrative WIC Competency Checklist to evaluate Administrative staff at least twice per calendar year.
O. Build appointment schedules in SCWIC to identify days in which sites are closed such as standard holidays, as well as, known non-work days.
P. Build templates to define the resources that are available for appointments.
Q. Setup new users in SCWIC and assign clinic roles.
R. Monitors clinic sites and assesses that procedures are meeting the Management Evaluation goals for Administrative Policy, Civil Rights/Fair Hearing and Customer Service/Outreach.
S. Works with county staff to assure that adequate clinic appointments are available to meet WIC processing standards.
T. Reviews, evaluates and make recommendations to assure clinic flow efficiency.
U. Monitors and assesses that procedures are meeting the Farmer’s Market Management Evaluation goals.
V. Assists in the development and implementation of the annual Outreach Plan for the region/PCC.
W. Investigates, resolves, provides follow-up, and reports internal and external customer service complaints per policy.

3. BREASTFEEDING COORDINATOR

A. Professional Qualifications:

Breastfeeding Coordinator must have at a minimum the following training and experience:

1. Bachelor's degree in Nutrition or Nutrition related field and two (2) years' experience counseling pregnant or breastfeeding participants; and a Certified Lactation Counselor (CLC) or complete CLC training within 1 year of being in the position, or IBCLC (International Board Certified Lactation Consultant) or IBCLC eligible (preferred).
2. Must successfully complete the training "Loving Support© Through Peer Counseling: A Journey Together for WIC Managers and for Peer Counselors."
3. Must successfully complete the training "Using Loving Support© to GROW and GLOW in WIC: Breastfeeding Training for Local Staff."

B. Duties Include:

Manages the breastfeeding peer counseling program at the local WIC site level, provides direct supervision of peer counselors.

1. Develops, plans, administers, monitors, and evaluates the yearly breastfeeding plan for WIC sites. Coordinates development of the plan with the breastfeeding staff and WIC Program Manager.
2. Disseminates and implements breastfeeding policies and procedures in all local WIC clinics.
3. Ensures all administrative, clinical and breastfeeding staff receive **Using Loving Support© to Grow and Glow in WIC Breastfeeding Training for local WIC staff.** Staff should receive the training every three (3) years and documented in their personnel records. Administrative staff should be trained on modules one (1) through five (5); all other staff should receive training on modules one (1) through nine (9), module ten (10) is optional.
4. Coordinates referrals by risk condition to the appropriate provider such as peer counselor, CLC or IBCLC.
5. Routinely evaluates WIC breastfeeding program activities in all sites. In coordination with the WIC Program Manager, evaluates results of reviews and takes necessary action.
6. Assists in monitoring all WIC breastfeeding expenditures to assure compliance with federal regulations and USDA policy.
7. Provides direct supervision of breastfeeding staff (peer counselor) as outlined in the EPMS (Employee Performance Management System). Completes a quarterly evaluation of all peer counselors using the Counseling Skills Checklist (DHEC0594). Completes the Telephone, Email, and Texting Follow-up Checklist (DHEC 0595) at least annually on each Peer Counselor.
8. Assures appropriate breastfeeding orientation and training are provided to new and existing staff.
9. Acts as a resource person for the WIC breastfeeding program, physicians' offices and healthcare providers and businesses.
10. Provides consultation, technical assistance and training to physicians' offices, healthcare providers and community organizations on breastfeeding support.
11. Coordinates with other program areas and assures integration of the breastfeeding program goals into program services.
12. Responsible for breastfeeding outreach by participating in coalitions, media events and other community outreach events.
13. Attends quarterly Breastfeeding Coordinator meetings.
14. Attends annual Peer Counselor Update as required by the WIC Central Office.
15. Meets quarterly with all CLCs who cover sites for which that BFC is responsible.

16. Meets quarterly with all Peer Counselors, to include quarterly trainings.
17. The BFC or designated breastfeeding expert will perform yearly observations on CPAs to assist and ensure that CPAs are promoting exclusive or maximum continued breastfeeding among all prenatal and breastfeeding participants.
18. The BFC or designated breastfeeding expert will perform yearly breastfeeding chart reviews and observations of each CLC covering sites for which that BFC is responsible.

4. LEAD REGISTERED DIETITIAN PROFESSIONAL REQUIREMENTS

Holds a Bachelors' degree or Masters' degree in the field of nutrition from an accredited college or university, has credentials of a Registered Dietitian from the Commission of Dietetic Registration, and is a Licensed Dietitian in the State of SC. Has successfully completed the SC WIC Nutrition Education Modules and Certification Competency Training.

Essential Responsibilities are:

A. Recruit, screen, interview, select, and orients registered dietitians and/or other nutrition staff. Identify regional nutrition staff training needs, coordinate continuing in-service education training and professional development needs of registered dietitians and/or other nutrition staff. Participate in the performance evaluations of all licensed registered dietitians in the region and assist with the evaluation of other nutrition staff.

B. Oversee the quality assurance component of nutrition practice in the region through monitoring and evaluating of the registered dietitians, nutrition staff and/or other region staff delivering nutrition services. Participate in the development, implementation and evaluation of client care and nutrition staff productivity standards. Review and make recommendations on staffing needs to the WIC Program Manager, CSHCN Program Manager, Region Program Director and/or Region Health Director.

C. Assist the WIC Program Manager in implementation and monitoring of nutrition-related policies and procedures.

D. Provide professional expertise, consultation and technical assistance to licensed dietitians, physicians and other health care providers both within and external to the agency. Provide nutrition consultation and technical assistance for region staff on nutrition-related services. Serve as the primary advisor on nutrition and nutrition-related issues for the region. Plan, coordinate and supervise professional practice experiences for dietetic interns completing practicums in the region.

E. Update professional skills and knowledge to assure delivery of quality nutrition services. Participate in continuing education opportunities to assure utilization of evidence-based practices. Assist the State Director of SNAP-ED and Nutrition Practice in developing nutrition services policies and procedures for nutrition services.

F. List II therapeutic formulas approvals.

5. ELIGIBILITY REQUIREMENTS FOR PROVIDERS OF NUTRITION EDUCATION (INDIVIDUAL AND/OR GROUP EDUCATION)

General Information

In the South Carolina Department of Health and Environmental Control, the primary providers of nutrition education are nutritionists, nutrition education specialists, Registered Nurse (RNs), Licensed Practical Nurse (LPNs), Registered Dietitian (RD), and health educators.

Professional Qualifications

In South Carolina, nutrition education specialists, RDs, RNs, LPNs and health educators may be considered eligible to conduct group (and/or individual) nutrition education when the following criteria are met:

A. Education Requirements:
   The LPN is a graduate of an accredited school of practical/vocational nursing.
   1. The nutrition education specialist has a B.S. or B.A. Degree in Nutrition, Foods and/or Nutrition, or Family and Consumer Sciences, Home Economics, Health Promotion or other approved nutrition or health related degree (see Appendix 3.1 for course requirements).
   2. The Health Educator has a B.S. Degree in Health Education.
   3. The RN has a minimum of a nursing diploma education or two (2) year (associates) degree from an accredited school of nursing and be a licensed RN in South Carolina.
   4. The RD has a minimum of a bachelor's degree and registration by the Commission on Dietetic Registration for the Academy or Nutrition and Dietetics and licensed to practice dietetics from the South Carolina Panel for Dietetics.

   Note: RNs and LPNs are reviewed by the Office of Public Health Nursing to ensure licensing without encumbrance. RDs are reviewed by Professional and Community Nutrition Services to ensure licensing compliance.

B. Has successfully completed in no more than 3 attempts the South Carolina's WIC Nutrition Education Program Modules, under the regionally assigned nutritionist* . A copy of the "Certificate of Completion of South Carolina's WIC Nutrition Education Program Modules" shall be kept in the Region in the office of the WIC Program Manager, in a file entitled "Completion of South Carolina's WIC Nutrition Education Program Modules". Copies of the certificates of completion will be given to the appropriate discipline director.

C. Each year, all nutrition education specialists, LPNs, RNs, RD's, and health educators conducting group (and/or individual) nutrition education must receive eight (8) hours of continuing nutrition education.

D. Will be provided periodic guidance by a regionally assigned nutritionist to determine which WIC participants should be referred to the nutritionist for further counseling.

E. Will be trained in the group nutrition education procedures (unless have already received such training) under the direction of a regionally assigned nutritionist.

F. Yearly evaluations (direct observation of performance) will be conducted by the regionally assigned nutritionist during individual and/or group nutrition education. Certification Checklist (DHEC 2036) and/or Group Nutrition Education Checklist (DHEC 2038) will be utilized for the yearly evaluations. Documentation of these evaluations are placed on file and monitored through the WIC M. E. Tool. Copies of these evaluations will be sent to the appropriate discipline director.

*Regionally assigned Nutritionist – A registered and licensed dietitian (R.D. /L.D.) or nutritionist with a thorough knowledge of WIC, MCH programs, public health, and with public health experience.

6. GUIDELINES FOR DETERMINING QUALIFICATIONS FOR ELIGIBLE PROFESSIONALS TO CONDUCT WIC CERTIFICATIONS

Competent Professional Authority

The WIC Federal Regulations state that physicians, physicians' assistants, nutritionists, dietitians, RNs, APRNs, or local medically trained health officials are the only persons authorized as Competent Professional Authorities (CPAs) to determine nutritional risk and prescribe supplemental foods. The State agencies have the flexibility to define the "local medically trained health officials". Nutrition education specialists, RNs, and LPNs who meet the following criteria are considered "locally medically trained health officials" and as stated in the Federal Regulations are qualified to certify any category or priority of participant. A CPA will determine if a person is at nutritional risk and eligible for the WIC Program through a comprehensive nutrition assessment.

7. NUTRITION EDUCATION SPECIALIST PROFESSIONAL QUALIFICATIONS

In South Carolina, the nutrition education specialist may be considered eligible to conduct WIC Certifications when the following criteria are met:

A. Has a B.S. or B.A. Degree in Nutrition, Foods and/or Nutrition, or Family and Consumer Sciences, Home Economics, Health Promotion or other approved nutrition or health related degree.

B. Has successfully completed in no more than 3 attempts the South Carolina's WIC Nutrition Education Program Modules, under a regionally assigned nutritionist*. A copy of the Certificates of Completion of the "WIC Nutrition Education Modules" will be kept in the office of the WIC Program Manager in a file entitled "Completion of South Carolina's WIC Nutrition Education Module".

C. Procedures for Approval

At the end of the training period, the WIC Program Manager will observe, evaluate, and determine if the person is adequately prepared to do certification and provide appropriate counseling. In PCCs the Central Office WIC Nutrition Consultants will determine the nutrition education specialist's readiness to preform certifications. Consultation from Central Office in making this decision is available upon request.

*Regionally assigned Nutritionist – A registered dietitian (RD) or nutritionist with a thorough knowledge of WIC, MCH program knowledge, public health knowledge and experience.

8. REGISTERED DIETITIAN PROFESSIONAL REQUIREMENTS

Holds a Bachelors' degree or Masters' degree in the field of nutrition from an accredited college or university, has credentials of a Registered Dietitian from the Commission of Dietetic Registration, and is a Licensed Dietitian in the State of SC. Has successfully completed the SC WIC Nutrition Education Modules and Certification Competency Training. Registered Dietitian should display their current license in their work areas.

A. Duties include:
   1. Develops individual care plans for participants who are referred and deemed at high risk for poor health and/ or nutritional outcomes.
   2. Uses Nutrition Care Process for assessment, diagnosis, intervention, monitoring, and evaluation of participants.
   3. Oversees food and formula prescriptions and coordinates with medical providers, as appropriate.
   4. Assesses and approves need for List II therapeutic formulas when ordered by medical provider.
   5. Coordinates nutrition education, including breastfeeding promotion and support that is responsive to the identified needs/interests of each high-risk participant.
   6. Documents providing referrals and conducting appropriate follow-up to referrals to high risk participants.
   7. Tracks high risk participants progress in improving their health and documents outcomes.
   8. Performs certifications or recertifications as scheduled.
   9. Schedules participants for follow up, as needed.
   10. Builds food prescriptions in SCWIC for participants needing List II therapeutic formulas.

*Regionally assigned Nutritionist – A registered dietitian (RD) or nutritionist with a thorough knowledge of WIC, MCH program knowledge, public health knowledge and experience.

9. LICENSED PRACTICAL NURSE PROFESSIONAL QUALIFICATIONS

In South Carolina the LPN may be considered eligible to conduct WIC certifications when the following criteria are met:

A. A Licensed Practical Nurse (LPN) in South Carolina with an accredited license and having graduated from an accredited school of practical/vocational nursing as a Graduate Practical Nurse.

B. Has successfully completed in no more than 3 attempts the South Carolina's WIC Nutrition Education Program Modules, under a regionally assigned nutritionist (See eligibility requirements for providers of nutrition education). A copy of the Certificates of Completion of the South Carolina's WIC Nutrition Education Program Modules will be kept in the Region in the office of the WIC Program Manager in a file entitled, "Completion of South Carolina's WIC Nutrition Education Program Modules". Copies of the certificate of completion will be given to the appropriate discipline director.

C. LPN working in WIC is accountable to the Office of Public Health Nursing through established chain of command.

D. **Procedures for Approval**
The LPN is to follow the same procedures as those outlined for nutrition education specialist.

*Regionally assigned Nutritionist – A registered dietitian (RD) or nutritionist with a thorough knowledge of WIC, MCH program knowledge, public health knowledge and experience.

10. REGISTERED NURSE PROFESSIONAL QUALIFICATIONS

In South Carolina, the RN may be considered eligible to conduct WIC certifications when the following criteria are met:

A. Is a Licensed Registered Nurse (RN) in South Carolina with an unencumbered license and has a minimum of a nursing diploma or two (2) year (associates) degree from an accredited school of nursing.

B. Has successfully completed in no more than 3 attempts the South Carolina's WIC Nutrition Education Program Modules under a regionally assigned nutritionist. A copy of the "Certificates of Completion" will be kept on file with WIC Program Manager in a file entitled "Completion of South Carolina's WIC Nutrition Education Program Modules". Copies of the certificates of completion will be given to the appropriate discipline director.

C. RN working in WIC is accountable to the Office of Public Health Nursing through established chain of command.

D. **Procedures for Approval**
The RN is to follow the same procedures as those outlined for the nutrition education specialist.

*Regionally assigned Nutritionist – A registered dietitian (RD) or nutritionist with a thorough knowledge of WIC, MCH program knowledge, public health knowledge and experience.

11. ORIENTATION AND TRAINING FOR STAFF PROVIDING WIC CERTIFICATIONS AND FACILITATED LEARNING CLASSES

A. Professional staff (Nutritionists, Nutrition Education Specialists, Registered Dietitians, RNs, LPNs, and Health Educators) must receive orientation to the regulations, policies, and procedures of the WIC Program. These individuals include those who are newly employed and those who are new to a position as a result of a transfer or promotion.

B. Any individual who will be conducting WIC certifications must first be adequately trained in all the components of certification for all participants' types. Training is to be provided by the regionally assigned nutritionist with at least one year of experience in conducting WIC certifications. (See 5. F. above.) The training shall include:
   1. Completion of the "WIC Certification Competency Training Procedures" – DHEC 1554, Mark areas N/A for "not applicable" if trainee has received training through another DHEC Program.
   2. The trainee will successfully complete the South Carolina Nutrition Education Program Modules and the WIC Proficiency Exam s with a score of 85% or greater.
   3. All CPAs should be checked off on breastfeeding modules and complete breastfeeding module exams with a passing grade.
   4. The trainee will perform a certification for each participant type while under direct observation of the regionally assigned nutritionist and all applicable areas must be marked "yes" before the trainee is allowed to conduct certifications. Utilize DHEC 2036 –WIC Certification Checklist-Clinical to evaluate the certification process. The regionally assigned nutritionist will rate the certification performance on the "WIC Certification Competency Checklist".
   5. Complete training within 8 weeks of date of employment.
   6. A certification observation must be conducted by the WIC Program Manager, Lead RD or designee at six (6) months of employment using the DHEC 2036.

C. Any individual conducting classes must be reviewed. The trainee will perform a facilitated learning class under the direct observation of the regionally assigned nutritionist. The observer will use DHEC 2038 "Group Nutrition Education Checklist" to rate the performance.

D. A thorough orientation of the WIC site's operations and services should be completed prior to servicing participants.

E. When the trainee has completed training, place the observations and check off list in the trainee's personnel file.

F. Each year all professional staff must receive eight (8) hours of continuing nutrition education. Those hours will be as follows:
   1. Four (4) hours of nutrition and two (2) hours of breastfeeding as provided by WIC Central Office.
   2. Two (2) hours of training will be provided by the WIC Program Manager and Breastfeeding Coordinator at the local level.
   3. Local level training should focus on Participant Centered Education (PCE) and customer service to promote positive health outcomes based on nutrition education.
   4. The WIC Program Manager will be responsible for overseeing the completion of the eight hours of training.
   5. All training will be tracked using the DHEC eLearning system.

12. BREASTFEEDING PEER COUNSELOR

A. **Professional Qualifications**:

The woman must meet at a minimum the following criteria to be defined as a peer counselor:

1. Is considered a paraprofessional (lack of professional status and previous training).
2. Recruited and hired from target population.
3. Breastfed at least one baby and is enthusiastic about breastfeeding.
4. Available to work at least 10 hours per week.
5. Available to WIC participants outside the usual clinic hours (8:00 am to 5:00 pm) and WIC clinic environment. (Willing to make breastfeeding contacts by phone from home, if necessary.)
6. Must successfully complete the training "*Loving Support*© Through Peer Counseling: A Journey Together for Peer Counselors."

B. **Duties Include**:

1. Promotes and supports breastfeeding to the WIC pregnant and breastfeeding participants.
2. Counsels pregnant and breastfeeding mothers by telephone, cellular phone, in WIC clinic, home visits, and/or hospital visits at intervals prescribed in the WIC State Plan.
3. Provides Level 1 breastfeeding information and support within their scope of practice to new mothers.
4. Maintains strict confidentiality of participant information.
5. Refers pregnant and breastfeeding participants to the appropriate staff as determined by WIC policies: 1) Regional/PCC Breastfeeding Coordinator, 2) Lactation Consultant, 3) Public health programs in the community and 4) Social service agencies.
6. Attends appropriate breastfeeding conferences/workshops.
7. Keeps accurate records of all contacts made with WIC mothers.
8. Reads assigned books and materials on breastfeeding provided by the Regional/PCC Breastfeeding Coordinator.
9. Assists in promoting breastfeeding through special projects.
10. Attends annual Peer Counselor Update as provided by the WIC Central Office.

13. COMPETENT PROFESSIONAL AUTHORITY (CPA), CERTIFIED LACTATION COUNSELOR ∗(CLC)

A. **Professional Qualifications:**

The CPA, CLC, receives breastfeeding referrals and provides both Level 1 and Level 2 breastfeeding support and counseling to WIC pregnant and breastfeeding mothers. The CPA, CLC, serves as a resource to other CPAs in their job during certifications.

Eligibility requirements to become a CLC

1. One (1) year of experience as a certified professional authority (CPA)
2. No personnel action (s) taken within the past year.
3. Provides outstanding customer service in everyday interactions.
4. Promotes breastfeeding practices in all interactions.
5. Communicates in a professional and effective manner.
6. Must have successfully completed the Certified Lactation Counselor (CLC) Training from the Healthy Children Project, Inc.'s Center for Breastfeeding, and have passed the Certified Lactation Counselor Exam. They are to maintain their certificate with the Academy of Lactation Policy and Practice (ALLP).
7. Must successfully complete the training "Using *Loving Support*© to GROW and GLOW in WIC: Breastfeeding Training for Local Staff".

B. **Additional Duties Include:**

1. Promotes and supports breastfeeding to WIC pregnant and breastfeeding participants under the supervision of the Regional/PCC Breastfeeding Coordinator.
2. Issues breast pumps to WIC–certified breastfeeding participants according to policy.
3. Maintains strict confidentiality of participant information.
4. Keeps accurate records of all contacts made with WIC participants.
5. Refers pregnant and breastfeeding participants to the appropriate staff as determined by WIC policies.
6. Attends appropriate breastfeeding conferences/workshops.
7. Reads assigned books and materials on breastfeeding provided by the Regional/PCC Breastfeeding Coordinator.
8. Assists in training peer counselors and quality assurance.
9. Assists in promoting breastfeeding through special projects and outreach activities.
10. CLCs will be audited via chart review and observation at least once yearly by their BFC or designated breastfeeding expert.

∗ Individuals who do not have a qualifying Bachelor's degree for the NES position, but earned CLC certificates prior to March 1, 2012, and are currently in a WIC Peer Counselor position may continue in their positions as Peer Counselors, if funded on Loving Support©, and practice within the peer counselor scope of practice. After March 1, 2012, all employees must meet, at a minimum, the NES professional qualifications before completing the CLC training.

If the individual is funded on Loving Support©, in order to practice within the CLC scope of practice, the individual must be moved to non-peer counselor funds. The individual will stay in the same classification.

14. LACTATION CONSULTANT*

A. **Professional Qualifications:**

A WIC Lactation Consultant holds the International Board Certified Lactation Consultant (IBCLC) credential issued by the International Board of Lactation Consultant Examiners, which enables the IBCLC to handle more complex breastfeeding problems, provide in-service education on lactation for hospital and professional staff, and provide program oversight.

1. Holds current the certification IBCLC issued by the International Board of Lactation Consultant Examiners, and works within the framework defined by the latest IBLCE Code of Professional Conduct and the Clinical Competencies for IBCLC Practice as specified at IBLCE.org.
2. Is enthusiastic about breastfeeding and wants to assist other mothers in enjoying a positive experience.
3. Has demonstrated leadership and training skills.
4. Has flexibility to work full-time, part-time, or hourly depending on the needs of the local WIC agency.
5. Has a telephone and is available to accept referrals outside the usual WIC clinic hours.
6. Has access to a computer and is proficient in basic computer software and/or capable of learning new software used by the agency.
7. Access to reliable transportation and a valid South Carolina driver's license.
8. Demonstrates good customer service skills, ability to relate to persons of diverse ethnic and cultural backgrounds, and communicates in a professional, courteous, and tactful manner.
9. Is able to remain calm and exercise sound judgment in unusual or stressful situations.
10. Preferred Skill: bilingual in English and Spanish.

B. **Duties Include:**

1. Provide follow-up breastfeeding support to WIC participants.
2. Receives referrals from Regional Breastfeeding Coordinator, of mothers experiencing Level 3 maternal and infant breastfeeding problems.
3. Assesses breastfeeding situations and provides counseling to high-risk mothers and infants.
4. Counsels high-risk mothers needing breast pumps or other equipment for Level 3 breastfeeding situations.
5. Provides timely follow-up services by telephone, home visits, WIC clinic visits, and/or hospital visits.
6. Is available outside the usual 8:00am to 5:00pm working hours to new mothers experiencing breastfeeding problems.
7. Follows the IBCLC Scope of Practice as issued by the International Board of Lactation Consultant Examiners.
8. Communicates with health professionals regarding high risk cases, and refers mothers with medical concerns beyond the IBCLC Scope of Practice.
9. Maintains strict confidentiality of participant information.
10. Keeps accurate records of all contacts made with WIC participants.
11. Provides regional training and education in lactation management.
12. Mentors peer counselors.
13. Serves as a liaison along with the Breastfeeding Coordinator between WIC and the community.
14. Maintains IBCLC credential and breastfeeding knowledge and skills through continuing education and IBCLC recertification.

15. Each IBCLC will receive at least one peer audit yearly (observation and record review) from another IBCLC.
16. Each IBCLC will perform at least one peer audit yearly (observation and record review) of another IBCLC.

C. ∗Individuals who do not have a Bachelor's degree but completed IBCLC certification prior to January 1, 2012 and are currently in a WIC Peer Counselor position may continue in their positions as Peer Counselors, if funded on Loving Support©, and practice within the peer counselor scope of practice. After January 1, 2102, new employees without a Bachelor's degree must meet the International Board Certified Lactation Consultants Examiners (IBCLE) educational requirement for eligibility and pass the IBCLE examination. If the individual is funded on Loving Support© funds, in order to practice within the IBCLC Scope of Practice, the individual must be moved to non-peer counselor funds. The individual will stay in the same classification, but will be given the internal title of "Mother Support Counselor."

D. In January 2012, the International Board Certified Lactation Consultants Examiners (IBCLE) changed the qualification requirements to be eligible for the IBCLE exam for individuals who provide lactation support and care (mother support counselor) but are not a recognized health professional.

E. To qualify for the IBCLE exam, these individuals must complete the General Education in the Health Sciences courses. Courses may be completed at any accredited school of higher learning and fourteen (14) general education courses in the Health Sciences must be completed prior to applying for the IBCLE exam. The required courses are in eight (8) subject areas: biology; nutrition; human anatomy; human physiology; psychology, counseling or communication skills; introduction to research and statistics; infant and child growth and development; and sociology or cultural sensitivity or cultural anthropology.

F. IBCLE also requires completion of a course in each of the six (6) health science topics: basic life support; medical terminology; medical documentation; occupational safety and security for health professionals; professional ethics for health professionals; and universal safety precautions and infection control.

15. SCOPE OF PRACTICE

A. BREASTFEEDING PEER COUNSELOR (BFPC)

1. This Scope of Practice that encompasses the activities for a BFPC are:
   a. Offer breastfeeding encouragement
   b. Provide information on the advantages of breastfeeding and the risks of not breastfeeding
   c. Help women identify their concerns and barriers around breastfeeding
   d. Recognize signs of the normal course of breastfeeding
   e. Provide basic education, problem-solving and support
   f. Teach mothers basic techniques that help ensure a successful start in breastfeeding
   g. Help mothers advocate for a positive birth/hospital experience
   h. Help mothers plan for a return to work or school that supports the continuation of breastfeeding
   i. Refer families to appropriate resources
   j. Identify situations out of their scope of practice and make appropriate referrals in a timely manner.

2. The Peer Counselor is not trained or authorized to perform and shall not:
   a. Diagnose conditions
   b. Provide medical advice
   c. Issue breast pumps
   d. Prescribe or recommend medications
   e. Attempt to remedy potentially serious problems.
   f. Address conditions outside of level 1 referral guidelines, unless they have the qualifications (e.g., CLC, IBCLC) and position funding to do so (non-Loving Support© funding).

B. INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANTS (IBCLC)

The following Scope of Practice was updated December 12, 2018 by the International Board of Lactation Consultant Examiners (IBLCE) (https://iblce.org/wp-content/uploads/2018/12/scope-of-practice-2018.pdf)
International Board Certified Lactation Consultant (IBCLC) have demonstrated specialized knowledge and clinical expertise in breastfeeding and human lactation and are certified by the International Board of Lactation Consultant Examiners® (IBLCE®). This Scope of Practice encompasses the activities for which IBCLCs are educated and in which they are authorized to engage. The aim of the Scope of Practice is to protect the public by promoting that all IBCLCs provide safe, competent and evidence-based care. As this is an international credential, this Scope of Practice is applicable in any country or setting where the IBCLC practices.

1. **IBCLCs must practice according to the Clinical Competencies for the Practice of International Board Certified Lactation Consultants® (IBCLCs®)** **(**https://iblce.org/wp-content/uploads/2018/12/clinical-competencies-2018.pdf). This includes the following (these are only key aspects from the document; please see website for complete document and further information):
   a. History taking and assessment skills
   b. Obtain the participant's permission to provide care on breastfeeding
   c. Ascertain the participant's goals for breastfeeding/child-feeding.
   d. Utilize appropriate counseling skills and techniques.

e. Respect a participant's individuality, including but not limited to, sect, ability/disability, gender identity, sexual orientation, sex, ethnicity, race, national origin, political persuasion, marital status, geographic location, religion or culture.
f. Obtain a lactation history.
g. Identify events that occurred, before and during the pregnancy, labor and birth process that may adversely affect breastfeeding and human lactation.
h. Identify risks to lactation associated with pregnancy achieved with Assisted Reproductive Technology (ART).
i. Assess the breasts to determine if changes are consistent with adequate function/lactation.
j. Assess the impact of physical, mental and psychological states of the breastfeeding parent on breastfeeding.
k. Obtain child's health history and assess the impact of the child's medical condition on breastfeeding.
l. Assess social support and possible challenges
m. Skills to assist breastfeeding dyad including: Assess oral anatomy, neurological responses and reflexes of the infant; assessing infant behavior and development related to breastfeeding; signs of readiness to feed, and expected feeding patterns; assessment of oral anatomy, addressing infant behavior/development, breastfeeding position; latch, effective milk transfer, infant stooling and voiding; hand expression; engorgement; blocked ducts, mastitis, painful/damaged nipples; family planning/fertility; recognition of peripartum mood disorders; community resources; complementary foods; weaning; breastmilk substitutes; safe handling; storage and use of human milk; baby's kcal and volume requirements; and child growth.
n. General problem-solving skills including: meeting breastfeeding goals; preventing Sudden Infant Death Syndrome (SIDS); breastfeeding children of different ages; and culturally competent education.
o. Utilization of techniques and devices related to breastfeeding
p. Develop, implement, and evaluate an individualized feeding plan in consultation with the participant including: appropriate education; evidence-based information regarding lactation and foods; evidence-based information regarding lactation and medications (over-the-counter and prescription), alcohol, tobacco and addictive drugs, including their potential impact on milk production and child safety; complementary and alternative therapies during lactation and their impact on milk production and the effect on the child; integration of cultural, psychosocial and nutritional aspects related to breastfeeding.

C. CERTIFIED LACTATION COUNSELOR (CLC)

1. Certified Lactation Counselor® (CLC®) certification identifies a professional in lactation counseling who has demonstrated the necessary skills, knowledge, and abilities to provide breastfeeding counseling and management support to families who are thinking about breastfeeding or who have questions or problems during the course of breastfeeding/lactation. For more information, see https://www.alpp.org/scope-of-practice/scope-practice-clc).

2. CLCs are individuals who have successfully completed a minimum of 52 hours of training based upon the footprint of the World Health Organization/UNICEF Breastfeeding Counseling Training Course; have passed a criterion-referenced examination administered by the Academy of Lactation Policy and Practice (ALPP); and have demonstrated the clinical competencies and skills required to provide safe, evidence-based counseling for pregnant, lactating, and breastfeeding women, including the:

a. Ability to recognize one's own and others' attitudes, values, and expectations about infant feeding and healthy lifestyles.
b. Ability to apply the concept of an individualized approach to counseling and management of breastfeeding, from preconception through weaning.
c. Ability to use appropriate, effective, and client-centered communication skills.
d. Ability to identify opportunities to offer information/education within the counseling encounter to women, the whole family constellation, and the community.
e. Ability to assess physical and psychosocial aspects of the breastfeeding dyad.
f. Ability to utilize reliable tools to assess affective/ineffective breastfeeding and milk transfer.
g. Ability to incorporate evidence based approaches to practice and make appropriate referrals operating on the continuum of the health care team.
h. Knowledge of programs, policies and legislation on state, national, and international levels that promote, protect and support breastfeeding.

16. ADMINISTRATIVE STAFF

A. Each DHEC Region and PCC shall ensure that sufficient staff is available to administer the WIC Program in all of its local WIC clinics in an efficient and effective manner including the functions of food delivery.

B. In order to provide services, staff must receive proper training and orientation to the regulations, policies and procedures of the WIC Program. Administrative Support Staff should attend at least one (1) training conducted by Regional staff per year. Supervision of this training is to be provided by the WIC Program Manager, his/her designee, or other supervisory staff. Documentation of all staff trainings/orientation should be kept on file at the local clinic site or in the office of the WIC Program Manager.

C. Any individual that will be providing WIC Administrative services must first be adequately trained in all the Administrative components. Training is to be provided by assigned staff with at least one year WIC Administrative service experience.
   1. A thorough orientation of the WIC site's operations and services must be completed prior to servicing participants. Training should be complete within 12 weeks of orientation into the WIC program.
   2. The trainee will perform Administrative duties under direct observation of the local sites' WIC Designee.
   3. The WIC Designee will utilize the Administrative WIC Competency Checklist to evaluate the trainee. The trainee should have an initial score of 85% or greater.
   4. An observation must be conducted by the WIC Coordinator at least thirty (30) days after training is completed using the Administrative WIC Competency Checklist. The trainee must score 100% on all applicable areas of the Administrative WIC Competency Checklist before being allowed to independently provide WIC Administrative services. Deficiencies noted must be reevaluated by the WIC Coordinator within thirty (30) days and the results be documented on the WIC Coordinator's Administrative Competency Checklist.
   5. When the trainee has completed training, the observations and check off list is to be placed in the trainee's supervisor file.
   6. A copy of each WIC Administrative Competency Checklist must be maintained for two years and be available for review during the Management Evaluation.

D. Administrative support staff are responsible for interviewing and determining if applicants meet the identification, residency and financial requirements for eligibility with the WIC Program. Staff performs numerous duties in support of Program requirements.
   1. Duties include but are not limited to:
      a. Utilizes and documents the APP appointment code appropriately in SCWIC.
      b. Explains the Certification process to applicants/participants/authorized representatives.
      c. Utilizes resources available to ensure applicants/participants/authorized representatives with disabilities/cultural differences are served appropriately.
      d. Informs and educates applicants/participants/authorized representatives on program policies and procedures.

e. Ensures the applicant/participant/authorized representative records their signature signifying agreement to the "Rights and Responsibilities Statement" and confirmation to the accuracy of the proofs (identification, residency and income) presented for certification.
f. Reviews and approves proofs presented for certification, (identification, residency and income).
g. Assesses adjunctive eligibility.
h. Offers Voter Registration services as well as documents and retains responses.
i. Conducts interviews of the economic unit to determine eligibility.
j. Explains the role of proxies and other parent to applicants/participants/authorized representatives and documents accordingly.
k. Issues and explains the SCWIC ID Card.
l. Issue food benefits to participants as required.
m. Issues Farmers' Market checks and maintains documentation when the Farmers Market program is operational in the local site.
n. Collects and enters SCWIC data as required by the agency and program.
o. Runs, completes and maintains reports as required.
p. Maintains security of program supplies during the work day.
q. Makes follow-up appointments as needed and coordinates appointments with multiple participants in one family.
r. Generates/mails reminder/missed appointment letters/telephone calls as needed.
s. Refers participants to appropriate local service agencies, if applicable.
t. Discharges participants that no longer meet the eligibility requirements.
u. Updates the participants' information to include address/telephone/ texting and email information at each clinic visit.

For Your Notes

Professional and Community Nutrition Services

Other Health Related Degrees
Approval Form

Natural and Biological Science Courses: (Minimum of 2 courses is required)
____Anatomy and Physiology
____Biology
____Chemistry
____Human Physiology
____Microbiology

Related Courses: (Minimum of one course is required)
____Chronic Disease & Risk Reduction
____Diseases & Disorders
____Health and Safety
____Health Promotion across the Lifespan
____Medical Terminology
____Personal & Community Health
____Principles of Health Promotion & Education
____Wellness in Health Promotion
____Other (Specify)
_____

_____

Nutrition: (Minimum of 2 courses is required)
____General Nutrition
____Maternal and Child Nutrition
____Nutrition through the Life Cycle
____Nutrition practicum or work experience
____ Other (Specify)
_____
_____

Psychosocial and Behavioral Courses: (Minimum of 1 course is required)
____Human Growth and Development
____Health Behavior and Education
____Principles of Adult Education
____Psychology
____Sociology

Overall GPA _____
Approved by: _____
Date:_____
Title: _____

CHAPTER 4 SCHEDULING AND PROOF DOCUMENTATION

A. APPOINTING PROCESS AND COMMUNICATIONS

1. APPOINTMENTS

A. Staff are required to schedule appointments for employed adult individuals seeking to apply or reapply for participation in the WIC Program for themselves or on behalf of others to minimize the time the individual is absent from the workplace due to such application.

B. Staff are responsible for following processing standards in appointing applicants and participants who visit the clinic. Appointments made via the telephone are not subject to processing standards; however, extended delays in scheduling applicants are strictly prohibited and contradictory to the goals of the Program.

C. WIC Program Managers who identify local WIC clinics experiencing difficulties appointing applicants appropriately should make an assessment to identify the source(s) of the problem(s). The WIC Program Manager and clinic staff will then work with Central Office WIC staff to develop procedures to eliminate the impediments to providing services.

2. SCHEDULING

A. Processing Standards

1. Processing standards begin when the individual first visits the clinic (face-to-face contact) and makes an oral or written request for WIC Program benefits. This includes new applicants or applicants who request to be readmitted to the program.
2. Pregnant women, infants and members of migrant farm worker households who soon plan to leave the jurisdiction of the local clinic are to be notified of their eligibility or ineligibility within **ten (10)** calendar days of the date of their initial visit.
3. All other applicants are to be notified of their eligibility or ineligibility within twenty (20) calendar days of the date of their initial visit.
4. Appointments made via the telephone are not subject to processing standards.

B. Procedures for Documenting Processing Standards

1. An application date (APP date) is used to record the initial date of contact.
2. Applicants who present at the clinic but are unable to complete the certification appointment must be rescheduled with a new appointment date and time.
3. If the applicant requests an appointment outside of processing standards, staff must document in Scheduling Task and select the "IS IN PERSON" box.
4. If the applicant fails to keep their appointment, the system will note that they did not keep the appointment.
5. Processing standards do not apply to midcert appointments made on the same date of certification.

C. Scheduling Applicant/Participant Appointment

1. Applicants who request an appointment in person (face-to-face) must be scheduled within the processing standards.
2. Staff must attempt to contact pregnant women and infants who miss their initial appointment in an effort to reappoint.
3. Every effort should be made to link applicant appointments with other family members that are presently participating in the Program.
4. Staff must offer to schedule the participant's next appointment before the participant leaves the clinic.

a. For sites utilizing the Palmetto GBA for appointing, follow the procedures below:
   i. Participant agrees to schedule next appointment:
      (1) Inform the participant that they will receive an automated reminder call two (2) days prior to their scheduled appointment. If the date and time do not work for them, they are provided the option at that time to reschedule. If they do not show for the appointment, they will receive a call 2-3 days later to reschedule.
      (2) Document the appointment type, date and time on the back of the WIC ID Card in the appropriate section.
   ii. Participant declines to schedule next appointment:
      (1) Inform the participant of the benefit of scheduling an appointment.
      (2) Document the appointment type and timeframe in which the next appointment should be scheduled on the back of the WIC ID Card. Provide the participant with the toll-free number (1-855-472-3432) to call to schedule their next appointment.

b. For sites that <u>do not</u> utilize Palmetto GBA for appointing, follow the procedures below:
   i. Participant agrees to schedule next appointment:
      (1) Document the appointment type, date and time on the back of the WIC ID Card in the appropriate section.
      (2) A reminder letter must be sent to the applicant two (2) weeks prior to the appointment or a phone contact will be made 2 days prior to the appointment.
   ii. Participant declines to schedule next appointment:
      (1) Document the appointment type and timeframe in which the next appointment should be scheduled on the back of the WIC ID Card. Provide the participant with the site number to call to schedule their next appointment.
   iii. All participants who have missed their certification appointment must be contacted by phone or mail.

5. Staff must allow the applicant/participant/authorized representative to have input into the time and date of their appointment.

D. Rescheduling Re-evaluation Appointments

A. When a high-risk participant fails to keep a certification appointment or is about to be discharged for non-participation, a CPA must review the participant's record in SCWIC to make a determination about follow-up and the next appropriate appointment if needed (class, care plan).

B. Staff will utilize the Missed Certification Appointment Letter generated from SCWIC or contact the applicant/participant by phone for follow-up.

C. If a participant fails to keep a certification appointment and reapplies, their priority and/or risk will be considered in scheduling.

3. ELECTRONIC COMMUNICATION

A. **Text Messaging**

In order to provide an alternate means of communication between applicants/parents/authorized representatives, a valid cellular telephone number for receiving text messages must be documented in SCWIC on each applicant. The participant/authorized representative must approve of receiving text messages. Update SCWIC Address/Phone/Email tab as appropriate.

B. **Email Messaging**
In order to provide an alternate means of communication between participants/parents/authorized representatives, a valid email address should be collected and entered in SCWIC on each applicant. The participant/parent/authorized representative must approve of receiving emails. Update SCWIC Address/Phone/Email tab as appropriate.

Note: For further information, refer to the DHEC Procedures Manual, Division of Administration, Telephone/Mail/Fax/Electronic Copies/Text Transmission of Protected Health Information and the Authorization to Release Information Procedures, Section 8, a and b, as found on the DHECNET.

4. 10/20 DAY REPORT

A. This report is to be run and monitored **monthly**.
B. It can be generated by Clinic name and date range. Only those participants that have the "In Person" check box marked will display.
C. Staff will review and ensure that if the appointment was made per the participant's request outside the processing standards, that an ALERT is entered on the participant level.
D. WIC Program Manager/designee should review and evaluate clinic scheduling to assist in having the clinic meet the processing standard.
E. The report is to be maintained on site for the length of the audit cycle (2 years).

B. PROOF REQUIREMENTS

1. PROOF OF IDENTIFICATION

A. At each certification, the staff will view one of the approved documents for identification for each participant (infant, child, or woman) **and** one of the following identifications for the parent/authorized representative, if applicable. Visual recognition is not allowed.
B. Current is defined as being dated within 30 days of the certification.
C. Valid is defined as not being expired at the time of certification.
D. **Record** in SCWIC the type of identification viewed for the participant and parent/authorized representative (if applicable).
E. If using the Medicaid Card for proof of identification, the computer system or telephone verification of eligibility must be made and documented in SCWIC.
F. Xeroxed copy and faxes are not recommended for documentation of proof. These situations must be handled on a case-by-case basis. Staff should contact the WIC Program Manager (or designee) for approval.
G. See Appendix 4.2 for a more detailed explanation of proofs.

The list below includes approved identification items for women applicants and parents or authorized representatives.

1. Active Medicaid Card or NOE
2. Valid Beginner's Permit
3. Benefactor Letter
4. Birth Certificate
5. Court/Custody paperwork
6. *Current bill w/ name
7. *Current Leave and Earnings Statement (LES)
8. Current letter from employer
9. *Current paystub w/name
10. Valid SCWIC ID card
11. Valid school ID/Record
12. Valid employee ID w/photo
13. Valid Driver's License
14. Current DSS documentation/paperwork
15. Current Hospital documentation/discharge
16. *Valid Insurance card/policy
17. Marriage License
18. Current Medical record from physician
19. Valid Mexican Voter Registration Card
20. Valid Mexico Matricula Consular
21. No Proof Form
22. Valid Resident Alien Card
23. Valid SC DMV ID w/photo
24. Valid SNAP/TANF NOE
25. Current signed Social Security Application
26. Social Security Card
27. Valid ID card w/photo
28. Valid US Military ID
29. Valid Passport
30. Voter Registration Card
31. School record from current school year
32. Valid Car Registration/Title

The list below includes approved identification items for infants and /or children.

1. Active Medicaid Card or Notice of Eligibility
2. Birth Certificate
3. Benefactor Letter
4. Crib Card (not to exceed 12 mo. from DOB)
5. Current court/custody paperwork
6. Valid SCWIC ID card
7. *Valid Insurance Card/policy
8. Current DSS documentation/paperwork
9. Current Foster Child Placement Notice
10. Hospital documentation/discharge (not to exceed 12 months from DOB)
11. Hospital Foot Print Card (not to exceed 12 mo. from DOB)
12. Infant Hospital ID bracelet (not to exceed 12 mo.)
13. Current Medical record from physician
14. Current Mid-Wife Documentation
15. No Proof form
16. Current signed Social Security Application
17. Social Security Card
18. Valid Passport
19. Valid U.S. Military ID
20. Valid school ID
21. School record
22. Valid NOE from SNAP/TANF

2. PROOF OF RESIDENCY

A. At each certification, staff will view proof of residency for each participant. Residency documents should be no older than 60 days or the most current issued document (i.e. a utility bill within the past 60 days, a school record for the current school year).
B. **Medicaid Card and/or the Medicaid computer system cannot be used as a proof of residency.**
C. The document must show a physical address (**P.O. Box numbers are not allowed**).
D. The length of time an applicant has lived at an address is not used in determining residency status.
E. For additional information regarding Homeless participants refer to Chapter 7 and 13.
F. Xeroxed copy and faxes are not recommended for documentation of proof. These situations must be handled on a case-by-case basis. Staff should contact the WIC Program Manager (or designee) for approval.
G. See Appendix 4.2 for a more detailed explanation of proofs.

The following are some of the proofs WIC will accept:

∗ Electronic Proofs allowed

1. ∗ Current Bank statement
2. Benefactor Letter
3. Valid Car registration/title
4. Court/government office documentation
5. DSS documentation/paperwork
6. *Bill w/ address
7. *LES w/ address
8. *Mortgage or Rental Agreement
9. *Paystub w/ address
10. Hospital documentation/discharge
11. Valid ID card w/ address
12. *Valid Insurance card/policy
13. Letter from individual/ institution where applicant resides
14. Letter from physician
15. No Proof form
16. Valid Notice of Eligibility from Medicaid, TANF, SNAP
17. Valid SC Beginner's Permit w/current address
18. Valid SC Driver's License w/current address
19. School record
20. *Student Loan Letter/Loan Agreement
21. Tax documentation from farm and non-farm self-employment
22. Voter Registration Card
23. WIC Appointment Letter
24. Valid SC DMV ID Card w/current address

3. INCOME DOCUMENTATION

A. Income is defined as gross income before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. Income includes all cash income. "**Household/Economic unit/Family**" income not applicant income, is required for eligibility purposes in the WIC Program.
B. At each **certification**, the staff will **view** documentation for proof of income provided by the applicant or parent/authorized representative. **Documentation of all income for everyone living in the economic unit is required**. Staff will document the legal name of each income contributor in the household. Staff should refrain from documenting in the income field with the use of nouns such as "Mom", "Dad", "Self", etc. If the income is received weekly, the last 4 weeks of paystubs, will need to be presented. If income is received twice per month, the last 2 paystubs, will need to be presented.

1. STATEMENT OF INCOME FORM. Applicants who fail to provide "all" or "any" of the required paystubs to calculate the entire month of income or are awaiting adjunctively eligible (Medicaid, TANF, or SNAP) approval, may be certified for 30 days and only one month of food benefits issued. The participant/parent/authorized representative eligibility should be determined based on the information the participant/parent/authorized representative provides at the appointment. If found eligible based on this information, certification can proceed. The participant/parent/authorized representative must complete the DHEC 3208 Statement of Income Form to self-declare the income for the household/economic unit. Staff will make an appointment for the applicant to present additional income documentation. The applicant must return with the documentation to continue receiving WIC services, a proxy **cannot** present income documentation for an applicant. The DHEC 3208 is to be scanned into SCWIC and a copy must be kept on file for the length of the Management Evaluation cycle (2 years) for auditing purposes.

C. Under no circumstances should a second, subsequent 30-day certification period be used if an applicant fails to provide the required documentation of income before the temporary certification period expires. Staff must follow discharge procedures.
D. If proof provided is not listed below staff may contact the WIC Program Manager (or designee) for approval.
E. Current income is defined as income received by the household during the month (30 days) prior to the date of the certification.
F. Applicants who are adjunctively income eligible for WIC must also be categorically eligible and assessed for nutritional risk to qualify for the Program.
G. Xeroxed copies and faxes are not recommended for documentation of proof. These situations must be handled on a case-by-case basis. Staff should contact the WIC Program Manager (or designee) for approval.
H. For additional information regarding Migrant and Homeless participants refer to Chapter 7 and 13.
I. See Appendix 4.2 for a more detailed explanation of proofs.

The following are some of the proofs WIC will accept:

***Electronic Proofs allowed**

1. Active Medicaid Card
2. Active Medicaid Card MEVS Only
3. Active Medicaid Infant
4. Active Medicaid Infant MEVS Only
5. Active Medicaid Pregnant Woman
6. Active Medicaid Pregnant Woman MEVS only
7. *Alimony Letter
8. *Award letter/notice
9. *Bank statement (within last 30 days)
10. Benefactor Letter (within last 30 days)
11. *Child support letter
12. *Leave and Earnings Statement (LES) (within last 30 days)
13. *Paystubs w/gross earnings (within last 30 days)
14. Employer statement w/gross earnings (within last 30 days)
15. Foster child placement notice
16. Tax return (1040, etc., from farm and non-farm self-employment)
17. No Proof Form
18. Valid Notice of Eligibility (NOE) from TANF
19. Valid Notice of Eligibility (NOE) from SNAP
20. Valid Notice of Eligibility (NOE) from Medicaid
21. Letter from regular cash contributor not living in the household (within the last 30 days)
22. *Subsidy documentation from government agency
23. *Workers Compensation Letter
24. *Supplemental Security Income (SSI) Statement or bank statement indicating SSI.
25. *Unemployment letter/notice

4. COUNT THE FOLLOWING ITEMS AS INCOME FOR WIC ELIGIBILITY:

1. Monetary compensation for services, including wages, salary, commission, fees, workman's compensation, or severance pay;
2. Net income from farm and non-farm self-employment;
3. Social Security benefits;
4. Interest on savings or bonds;
5. Dividends;
6. Income from estates, trusts, or inheritance, lottery winnings;
7. Net rental income;
8. Public assistance or welfare payments;
9. Unemployment compensation;
10. Government civilian employee or military retirement or pensions or veterans' payments;
11. Private pensions or annuities;
12. Alimony or child support;
13. Regular contributions from person not living in the household;
14. Net royalties;
15. Other cash income such as cash amounts received or withdrawn from any source including savings, investments, etc. and other resources readily available to the family.

5. DO NOT COUNT THE FOLLOWING ITEMS AS INCOME FOR WIC ELIGIBILITY:

1. The value of in-kind benefits. In-Kind Benefits – Any benefit, which is of value but which is not provided in the form of cash money, is considered an in-kind benefit and is not counted as income.
2. National Older Americans Volunteer Program.
3. National School Lunch Act.
4. Youth Employment Demonstration Program.
5. Home Energy Assistance Act of 1980.
6. Volunteers in Service to America (VISTA).
7. Domestic Volunteer Service Act of 1973.
8. The Child Nutrition Act of 1966.
9. The Food Stamp Act of 1977 (SNAP benefits).
10. Student financial assistance received under title IV programs, i.e. Pell Grant, Supplemental Educational Opportunity Grant, Byrd Honor Scholarship, etc.
11. The Child Care and Development Block Grant (CCDBG).
12. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970
13. Small Business Act (SCORE and ACE).
14. Job Training Partnership Act (JPTA).
15. Certain sub marginal land of U.S. in trust for certain Indian tribes.
16. Alaska Native Claims Settlement Act.
17. Grand River Band of Ohawa Indians.
18. Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation.
19. Payments to the Passamaquoddy Tribe and the Penobscot Nation pursuant to the Maine Indian Claims Settlement Act of 1980.
20. Disaster Relief Act amended 1989.
21. Childcare payments made under section 402(g)(1)(E) of the Social Security Act.
22. Childcare payments made under the "At-Risk" Block Grant.
23. Low-income Home Energy Assistance Act
24. Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990.
25. Payments pursuant to the Agent Orange Compensation exclusion.
26. Payments received for wartime Relocation of Civilians under the Civil Liberties Act of 1988.
27. Value of any childcare provided or paid for under the Child Care and Development Block Grant Act.
28. Old Age Assistance Claims Settlement Act except for per capita shares in excess of $2000.

29. Payments received under the Cranston-Gonzales National Affordable Housing Act (unless family income equals or exceeds 80% of the median income of the area).
30. Housing and Community Development Act of 1987 (unless family income equals or exceeds 80% of the median income of the area).
31. Payments received under the Sac and Fox Indian claims agreement.
32. Payments received under the Judgment Award Authorization Act (i.e., reimbursement for damage of real or personal property or for injuries and medical bills resulting from an accident or injury).
33. Payments for the relocation assistance of members of Navajo and Hopi Tribes.
34. Payments of the Turtle Mountain Band of Chippewas, Arizona.
35. Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona).
36. Payments to the Assiniboine Tribe of the Fort Belknap Indian community and Assinibone Tribe of the Fort Peck Indian Reservation (Montana).
37. Payments to the Red Lake Band of Chippewas.
38. Payment received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act.
39. Payments to the Chippewas of Mississippi.
40. Medicare Prescription Drug, Improvement and Modernization Act of 2003 (any subsidy that a household receives through the prescription drug discount card program).
41. Earned Income Tax Credit (EITC) refund to or offset of taxes already paid out of gross income.
42. Reimbursement from employer for tuition.
43. National Flood Insurance Program (NFIP) for activities that reduce the risk of repetitive flood damage.
44. Rebate checks made under the Economic Stimulus Act of 2008.
45. Short term, non-secured loans which the applicant does not have constant or unlimited access.

6. DO NOT COUNT MILITARY INCOME

A. Military housing allotments. These housing allowances will be reflected as follows: 1) BAH-Basic Allowance for Housing, 2) FSH-Family Separation Housing, and 3) OHA Overseas Housing Allowance.
B. Mandatory salary reduction amount for military service used to fund the Veteran's Educational Assistance Act of 1984.
C. OCONUS COLA (cost-of-living allowance for military family members on duty **outside** the contiguous states of the United States).
D. Family Subsistence Supplemental Allowance (FSSA) for military families designed to bring a household's income up to 130% of poverty level.
E. Combat pay. These payments will be reflected as follows: 1) Hostile Fire Pay (HFP) and 2) Imminent Danger Pay (IDP).
F. The following military special duty payments **may be** excluded from income determination if the service member is deployed to a combat area: 1) Hardship Duty Pay (HDP) (HDP-L) (HDP-M), 2) Family Separation Pay (FSA), 3) Combat-Related Injury and Rehabilitation Pay (CIP), and Hazard Duty Incentive Pay (HDIP).

7. INCOME CONVERSION PROCEDURES

A. SCWIC will automatically calculate a WIC applicant's income. Applicants may have one or more sources of income i.e., multiple adults with different jobs, child support payments, seasonal farming income, etc. In addition, these household incomes may be paid at different frequencies throughout the month. SCWIC will compare the income frequencies (when necessary) and annualize income as appropriate.

B. Analyzation of all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12. Add together all unrounded converted values. Compare the total annual income with the appropriate household size to determine income eligibility. Example #1:
Barbara's rate of income is weekly but there is a different amount earned each week:

Week 1 = $200.00
Week 2 = $150.00
Week 3 = $175.00
Week 4 = $250.00

Answer: The weekly amounts should be summed up to a monthly amount of $775.00 and then multiplied by 12 to get an annual amount of $9300.00. This annual amount should be compared to the established income guidelines to determine if the household is income eligible.

Example #2:
For the individual whose income fluctuates, it is best to annualize all income sources in the household. For example, if an individual is paid $1200.00 for three months of work, and this amount is all that is received, then the $1200.00 is divided by 12 to get a monthly amount of $100.00 per month to use in determining income eligibility. If there are other individuals that live in the household, their income would also count.

8. ADJUNCTIVE ELIGIBILITY

7 CFR 246.7(d)(v)(A) states, "The State agency shall accept as income-eligible for the Program any applicant who documents that he/she is:

(*1*) Certified as fully eligible to receive SNAP benefits under the Food and Nutrition Act of 2008, or certified as fully eligible, or presumptively eligible pending completion of the eligibility determination process, to receive Temporary Assistance for Needy Families (TANF) under Part A of Title IV of the Social Security Act or Medical Assistance (i.e., Medicaid) under Title XIX of the Social Security Act; or

(*2*) A member of a family that is certified eligible to receive assistance under TANF, or a member of a family in which a pregnant woman or an infant is certified eligible to receive assistance under Medicaid.

A. **Medicaid:** The best practice of verifying Active Medicaid is to view the Medicaid card displaying the name and Medicaid number of the applicant, or family members, who is a pregnant woman or an infant, or the Notice of Eligibility (NOE). Staff must enter the Medicaid number correctly in order to ensure the system retrieves the correct Medicaid record.
B. The SCWIC Medicaid Eligibility Verification System (MEVS) can be used for applicants, pregnant women up to 6 weeks postpartum family member, or infant family member who are enrolled in Medicaid but do not have the Medicaid card or NOE at the time of certification. Staff must enter the name (exact) and date of birth into MEVS (Ask/Verify). Staff will enter the Medicaid recipient's name in the manner in which it is listed in the Medicaid system to obtain the Medicaid verification (i.e., adding or not the middle initial or misspelling of name may cause the system to return a "not found" request). If the computer system is not operating staff can contact the Medicaid Interactive Voice Prompt system for verification.

    1. If an infant or pregnant woman up to 6 weeks postpartum is Medicaid eligible within the "family/household", other family members may be certified based on income adjunctive eligibility.
    2. Once an infant with Medicaid reaches the age of "one year old" other family members are no longer eligible based on income adjunctive eligibility.
    3. The child with Medicaid may be certified for the WIC Program; however, no other members of his/her family are eligible based on income adjunctive eligibility.

C. **Temporary Assistance to Needy Families (TANF):** For a member of the WIC family that is certified eligible to receive assistance under TANF a Notice of Eligibility is acceptable as proof of income eligibility.

D. **SNAP**: A Notice of Eligibility (NOE) is acceptable as proof of income eligibility. The WIC applicant's name and valid enrollment (dates of eligibility) must be documented on the notice. A SNAP **EBT** card is **NOT** acceptable proof for adjunctive eligibility for the WIC Program.

Income and Family Documentation for the Adjunctively Eligible Applicant:

A. An applicant/parent/authorized representative is required to self-declare income and family size. Staff must document the declared earnings, name of the family member (not "Mom" or "Dad") and income frequency. Staff will document in SCWIC "Proofs of Income" (pay stubs, etc.) are not required for the adjunctively eligible applicant. Staff will not document a "0" for income or other assistance program benefits as income (i.e., SNAP, TANF, etc.).

B. The WIC Program may record the Medicaid number, SNAP Number, or TANF number from the Hospital Record for income eligibility for the Program provided there is an MOA to ensure confidentiality and participant's notification.

Documenting Adjunctively Eligible Program Number:

A. Record the adjunctive program identification number in SCWIC.

B. The adjunctively eligible program number must be updated at each certification. If enrollment in an adjunctively eligible program cannot be verified at a subsequent certification, the enrollment number should not be entered in SCWIC.

C. The CONFER button is utilized in SCWIC when utilizing a family member's adjunctive eligibility to establish adjunctive eligibility for the WIC applicant(s).

Note: A person found income eligible based solely on proof of eligibility in another program (Medicaid, TANF, and SNAP) cannot be disqualified from WIC during a certification period without a complete income reassessment.

9. EXCEPTIONS TO PROVIDING PROOF OF IDENTIFICATION, RESIDENCY, AND INCOME

If the No Proof Form or Benefactor Letter is completed in a language other than English, the letters will need to be translated to English for auditing purposes. For auditing purposes, a **copy** of the No Proof Form and Benefactor Letter are to be kept on file for the length of the Management Evaluation cycle (two years).

A. NO PROOF FORM

1. Applicants **unable** to provide proof of identity, residency, or income may complete the No Proof Form (DHEC 3600). The "reason section" of the form should explain why there is "no proof", i.e. theft, fire, homeless, migrant, transfer, or paid in cash and employer will not document on paper the applicant's income. **Other reasons for utilizing the "No Proof Form" must be approved by the WIC Program Manager (or designee) on a case-by-case basis**.

2. Applicants, who **fail** to bring the necessary identity or residency proof(s) for certification, and those proofs are not available in electronic form, will need to be rescheduled for another appointment within processing standards. Participants should not use the No Proof Form for repeated certifications. Staff should provide the participant with a Benefactor Letter after the initial use of the No Proof Form as necessary.

3. The "No Proof Form" should only be used as a last resource for documenting income for the WIC Program.
   a. If the applicant fails to bring income documentation, the DHEC 3208 Statement of Income Form should be utilized.
   b. If the applicant is reporting "0" income, the DHEC3609 SC WIC Benefactor Letter should be utilized.

4. If the No Proof Form is completed in any language other than English, and interpreter services are needed, staff must do the following:
   a. Staff will contact the interpretative services vendor.
   b. The applicant will speak with the interpreter and the interpreter will interpret/relay/communicate the information to staff.
   c. Staff will document verbatim the interpretation of the reason(s) applicants cannot provide proof of identification, residency and/or income.
   d. A copy of the Spanish No Proof Form will be provided for Spanish speaking applicants to review during the interpretation process.

B. BENEFACTOR LETTER

1. Applicants applying for WIC and reporting "0" zero income or applicants paid in cash must obtain a written statement from a reliable third party that has knowledge of the applicant's family income. Reliable third parties may include staff of a social service agency, church, relief organization, legal aid society, school counselor, nurse, or individual who provides cash contributions to the household unit. WIC employees or members of the applicant's economic unit **cannot** be a third -party verifier. The statement should be signed, dated and include a phone number. The applicant may use DHEC 3609 (SC Benefactor Letter) to obtain the third-party verification.

2. If the Benefactor Letter is completed in any language other than English, and translation services are needed, staff must do the following:

a. Staff will complete a fax cover sheet each time a form is sent for translation. The fax cover sheet must also include the sender's name and email address, in addition to the clinic name, location, fax number and telephone number. The WIC staff member will need to write their name and email address on the fax cover sheet each time.
b. WIC staff will fax the documentation to the Division of Community Health Services first, then to the translating vendor.
c. If the documentation is not on the DHEC 3609 (SC Benefactor Letter), fax a blank DHEC 3609 along with the documentation provided by the participant.
d. The translation vendor/services will complete the translation of the form as requested and return to WIC staff.

10. DOCUMENTATION OF WORKING OR FULLTIME STUDENT/PARENTS/ AUTHORIZED REPRESENTATIVES

A. Parents/authorized representatives may present prior to the child's appointment to provide eligibility proofs, and other certification information required. The Rights and Responsibilities Statement must be signed and printed by the parent/authorized representative prior to the child's appointment. The certification is to be discharged immediately as Incomplete and the 15 Day Notice of Ineligibly (DHEC 3156) is to be issued to the parents/authorized representatives.

B. The Working Parent Letter (DHEC 2008) must be completed by the parent/authorized representative to support their inability to attend clinic.

C. The completed DHEC 2008 should be scanned into SCWIC for that certification period. The DHEC 2008 is only applicable for the current certification period.

D. Referral data must be provided at the time of certification. Follow Referral Data guidelines for obtaining blood work and anthropometric data.

E. **A proxy or an authorized representative must present the child within 15 days.** Food benefits are to be issued at time of certification. If the proxy or authorized representative does not present for certification within 15 days, the child(ren) are to be discharged as from the Program as Certification Attempt Not Complete Within 15-days, following the current discharge procedures, see Ineligibility Notification Procedures section.

F. Appointments to an early, late, or Saturday clinic are preferred. Local WIC clinics without extended hours should explore establishing alternate hours for participants.

G. College students/high school students that do not live on campus and are part of the economic unit of their child(ren), can complete the Working Parent Letter (DHEC 2008) to have a proxy or authorized representative present the child(ren) for certification. The college student/high school student must provide all eligibility proofs and complete all required information prior to certification.

H. Children of full-time college students (that live on campus away from the local WIC site) and have designated an Authorized representative for their child(ren) do not have to complete the Working Parent Letter (DHEC 2008). The Authorized representative can sign the Rights and Responsibilities Statement, as the applying parent, and the child(ren) will be considered as part of the household and economic unit of the Authorized representative who is applying on behalf of the child(ren).

11. DETERMINING FAMILY/HOUSEHOLD SIZE

For purposes of determining income eligibility for WIC, family is defined as a group of related or non-related individuals who are not residents of an institution but who are living together as one economic unit.

A. **Pregnant Women:**
A pregnant woman who is ineligible for participation in the program because she exceeds the income guidelines will be asked if she would like to increase the number of individuals in her family by the number of embryos or fetuses in utero, e.g. twins = 2. The same increased family size may also be used for any of the pregnant woman's categorically eligible family members. Women applicants may request to waive this increase in family size.

B. **Foster Child:**
In determining financial resources of a foster child for WIC eligibility, staff will consider the child as a family of one and income that is paid to the foster parent for support of the child.

Foster Parent Verification: When an individual comes in to have a foster child certified for WIC, they must present a document from DSS of the foster child status. Any changes in placement of foster children require documentation, even if placement is awarded back to biological parent. Foster parents can have multiple accounts in SCWIC with EACH child having a separate EBT card. Staff may write initials of the participant on the back of the EBT for foster parents of multiple children.

C. **Custody Changes:** No paperwork is required; however, if it is available, scan a copy in SCWIC. An alert is to be entered in SCWIC any time custody changes stating the following: Name of previous parent/authorized representative, name of new parent/authorized representative, relationship to the child, and date custody changed, with the exception of a closed adoption.

D. **Adopted Child:**
A child that lives with a family who has accepted legal responsibility for them is counted in the family size of the family with whom he/she lives.

1. Open Adoption: For all open adoptions staff will review adoption documentation for name change, address change, and change in Head of Household. This information is updated in SCWIC and a copy of the adoption documentation is scanned into the participant's record.

2. Closed Adoption: Prior to beginning the SCWIC adoption process, administrative staff must make a copy of the adoption documentation to send to the Quality Improvement staff or designee responsible, as determined by the Region/PCC, for archiving records. Administrative staff will scan adoption paperwork into the "old" record prior to issuing a "new" SCWIC Identification number. Refer to the SCWIC Training Guide Quick Reference for processes.

E. **Joint Custody:**
A child that resides in more than one home as a result of joint custody situation shall be considered as part of the household of the parent/authorized representative who is applying on behalf of the child.

F. **Minor:**
A minor (and children) that resides with parents, and is taken care of by parents, is considered part of the parent's family. A minor (and children) that resides separately from parents, and living within another economic unit, should be counted in the family size of that economic unit.

G. **Child in School/Institution:**
A child who resides in a school or institution whose economic support is being paid for by the parent/authorized representative is counted in the family size of that parent/authorized representative.

H. **More than one family in a house:**
It is possible for two separate families to live under the same roof. In determining the composition of the family, the staff will need to determine the economic dependence or independence of the family applying for WIC. The income they report must be sufficient to cover their living expenses (i.e. food, daycare, and clothing).

I. **Military:**
1. For WIC purposes, military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the economic unit.

2. Staff may be confronted with dramatic household composition changes for military family members in which military service personnel are deployed overseas or assigned to a military base and temporarily absent from the home. For example, a military family's children may live with their grandparents while the parents are on active duty. Therefore, in this and similar cases, three options exist in determining family composition and income.
   a. One option is to count the absent parents and their children as the economic unit would have been prior to the parents' deployment. Use of this option would be dependent on whether the staff could reasonably determine, based on available data, the total gross income of that economic unit. A second option, depending on the circumstances, is to count the children as a separate economic unit.
   b. To be considered a separate economic unit, as set forth in SFP Regional Letter 140-7 (FNS Instruction 803-3, Rev.1) the unit must have its own source of income, e.g. child allotments(s). Staff must then decide whether the income is adequate to sustain the economic unit. If the child allotments are not considered adequate to sustain the children as a separate economic unit, then procedures set forth in option three below would be used.
   c. A third option, when options 1) or 2) are not applicable, is to consider the children to be part of the economic unit of the person(s) they are residing with; therefore, family composition and income would be determined on this basis. These same options would apply if the children and one parent temporarily moved in with friends or relatives.

J. **Same sex parents/legal guardians**
1. During the certification, questions must be the same for all persons requesting to be listed as parents. Due process and equal protection is awarded to all parents and families, regardless of sexual orientation.
2. A person married to the child's parent is considered a step-parent to the child and would be part of the economic unit and listed as the other parent/authorized representative.
3. Lastly, South Carolina courts recognize adoptions from other states.
4. For additional information, or to discuss a specific event or circumstance, contact the DHEC Office of General Counsel.

K. **WIC applicant/family interviewing techniques:**

1. Developing a successful interviewing method is key to obtaining accurate information in a timely manner. No two applicants are the same; therefore, staff must adapt to the diversities of our WIC population. The following are key areas to remember as well as helpful hints that may assist in becoming a more effective interviewer.

2. A key rule to apply to all WIC applicants is that an economic unit must have its own source of income to finance their living expenses (i.e., rent, transportation, utilities, etc.). The following questions should help staff resolve problems encountered when determining an applicant's family/household size.
   a. What are the names of the family "economic unit" members and what is their financial relationship to the applicant? What is the family's source of income and are there any financial arrangements made with the persons with whom they live?
   b. Is the WIC applicant/family able to maintain their own residence?
   c. Who supplies the WIC applicant/family with food, diapers, and transportation fare?
   d. If the income reported seems too low to maintain a family, ask participant if there were any unusual circumstances (i.e. temporary lay-offs, works part-time).

3. As an interviewer you will need to learn a variety of strategies and techniques that can be used. Applicants may be evasive as well as non-communicative and you have only a limited amount of time to determine how to approach this particular client.
   a. Take a moment to explain the process to the applicant. This will lead to an opening for beginning the interview.
   b. To have a successful interview, which produces the necessary information with the least resistance; it's important to appear open and friendly.
   c. Using your own experience(s) can be a useful tool to developing a connection with the applicant and creating a relaxed environment.
   d. If you do not feel comfortable with the information provided to you, make copies of all "proofs" provided and send to the Program Integrity Investigator at Central Office.

L. **Family/Household Examples:**

1. Ms. Applicant and her 3-year-old daughter live with Ms. Applicant's mother and father. Ms. Applicant is applying for WIC for her daughter. She is currently employed full time and provides the food, clothing, and other living expenses for her and her daughter. Ms. Applicant's parents do not provide any money, and do not share any income with their daughter, Ms. Applicant. Although Ms. Applicant is living in their house, this is not considered as income or an expense because WIC sees this as an "in-kind" benefit. Family Unit = 2. Ms. Applicant's income is used to determine financial eligibility.

2. Ms. Applicant and her 3-year-old daughter live with her mother and father. Ms. Applicant is applying for WIC for her daughter. Ms. Applicant is not working and her mother and father provide her with food, clothing, and other living expenses for her and her daughter. Family Unit = 4. The income of Ms. Applicant's mother and father are used to determine financial eligibility.
   Note: Ms. Applicant and her 3-year-old daughter are considered in her parent's family. If her mother and father have another family member, for example a son, the family unit would equal 5, to include the son.

3. Grandma lives with Ms. Applicant (who is pregnant) and her 3-year-old daughter. Grandma receives social security and works part time. Ms. Applicant does not work. Grandma buys food, clothing, and pays for the food and clothing of Ms. Applicant and daughter. Family Unit = 3. If Ms. Applicant's income ineligible, staff are to ask if she wants to count unborn baby, Family Unit=4. The income of Grandma is used to determine financial eligibility.

For Your Notes

WIC INCOME ELIGIBILITY GUIDELINES EFFECTIVE JULY 1, 2020 TO JUNE 30, 2021

INCOME (185% POVERTY)					
FAMILY SIZE	**YEARLY**	**MONTHLY**	**TWICE-MONTHLY**	**BI-WEEKLY**	**WEEKLY**
1	**$23,606**	**$1,968**	**$984**	**$908**	**$454**
2	**31,894**	**2,658**	**1,329**	**1,227**	**614**
3	**40,182**	**3,349**	**1,675**	**1,546**	**773**
4	**48,470**	**4,040**	**2,020**	**1,865**	**933**
5	**56,758**	**4,730**	**2,365**	**2,183**	**1,092**
6	**65,046**	**5,421**	**2,711**	**2,502**	**1,251**
7	**73,334**	**6,112**	**3,056**	**2,821**	**1,411**
8	**81,622**	**6,802**	**3,401**	**3,140**	**1,570**
For each additional family member add	**$8,288**	**$691**	**$346**	**$319**	**$160**

Proofs of Identification	
***Indicates electronic proofs are allowed.**	
PROOFS OF IDENTIFICATION	**DEFINITIONS OF PROOFS OF IDENTIFICATION**
*Valid Insurance Card/Policy	Includes both auto and health insurance card/policy documentation. Must contain applicant/parent/authorized representative's name. Must not be expired.
*Current Paystub/LES	Must be dated within 30 days of certification/must contain name of applicant/parent/authorized representative.
Social Security Card	
Current signed Social Security Card Application	Must be signed by the caseworker completing the process. Applicant may also use a printout from the Social Security Office verifying process for applying for the card has been completed and the card will be mailed.
Active Medicaid/NOE/Phone Verified	*Staff must verify Medicaid eligibility.* Participant is currently Medicaid eligible, verification done by NOE or by automated Medicaid telephone system if MEVS is not operational. If unable to establish adjunctive eligibility, (unable to verify, Medicaid telephone system down, etc.) the applicant/parent/authorized representative is required to provide additional documentation or be reappointed.
Benefactor Letter	Written statement from a reliable third party that has knowledge of the applicant's identity situation, should include length of time knowing family. Must be signed, dated and include a telephone number. Must be completed within 30 days of certification. **Cannot** be completed by a member of the economic unit or household.
Birth Certificate	
Crib Card	Not to exceed 12 months from Date of Birth. Can state Baby Boy/Girl and the last name.
* Current bill w/name	Must contain the date and name of applicant/parent/authorized representative.
Valid Car registration/title	Must contain applicant/parent/authorized representative's name and date.
Valid employee ID w/photo	
Current employer statement w/ gross earnings	Must be dated and signed by the employer and includes: daytime telephone number and name of employee.
Valid SC WIC ID card	Person must be currently enrolled in the SC WIC Program. Certification must not have expired.
Valid school ID	
School record	Must be from the current school year and contain name, DOB and date.
Hospital footprint card	Must not exceed 12 months from Date of Birth, must contain name or state Baby Boy/Girl and the last name.
Infant Hospital ID Bracelet	Must not exceed 12 months from Date of Birth. Can state Baby Boy/Girl and the last name.
Marriage License	
No Proof Form	Applicant/parent/authorized representative must complete. Last resource for documenting identification, cannot be used for repeated certifications.
Valid NOE from TANF, SNAP	Must contain name and dates of eligibility.
Current court/government office documentation	Some examples are: court summons/power of attorney/correspondence from an attorney, tax notice, county treasury office, family court letter, SS Administration, etc. Must contain the date and name of applicant/parent/authorized representative.
Current DSS documentation/paperwork	Some examples are SNAP/TANF statement with applicant's name, guardianship papers (safety plan), etc. Must contain the date and name of applicant/parent/authorized representative.
Current Foster Child Placement Notice	Must contain applicant/authorized representative/child's name.
Current Hospital documentation/discharge	Must contain the applicant/parent/authorized representative's name or state Baby Boy/Girl and the last name as proof of ID for an infant (not to exceed 12 months from DOB).
Current Medical Record from Physician	Staff may use a referral form from a physician must contain applicant's name and current date.
Current Mid-Wife Documentation	Must contain applicant's name or state Baby Boy/Girl as proof of ID for an infant.
Valid Beginner's Permit	
Valid Driver's License	Must not be expired, can be from out-of-state.
Valid ID Card w/photo	
Valid Mexican Voter's Registration Card	
Valid Mexico Matricula Consular	Mexican identification card issued by the Government of Mexico through its consulate office to Mexican nationals residing outside Mexico. Must not be expired.
Valid Passport	
Valid Resident Alien Card	
Valid SC DMV ID Card w/ photo	
Valid ID Card	
Valid US Military ID	
Voter Registration Card	

NOTES:
-Current--Being dated within 30 days of the certification.
-Valid-proof Not being expired at the time of-certification.

Proofs of Residency

***Indicates electronic proofs are allowed.**

Proofs of Residency	Definitions of Proofs of Residency
*Current bank statement	Must contain applicant/parent/authorized representative's name and date.
*Bill w/address	Does not include junk mail.
*Paystub/LES w/address	Must contain name of applicant/parent/authorized representative and date.
*Student Loan Letter/Loan Agreement	Must contain name and date.
*Insurance card/policy	Includes both auto and health insurance card/policy documentation. Must contain applicant/parent/authorized representative name and address. Must not be expired.
Benefactor Letter	Written statement from a reliable third party that has knowledge of the applicant's residential situation, to include the street address. Must be signed, dated and include a telephone number. Must be completed within 30 days of certification. **Cannot** be completed by a member of the economic unit or household.
Valid Car registration/title	Must contain applicant/parent/authorized representative's name, current address, and date.
Court/government office documentation	Some examples are: court summons/power of attorney/correspondence from an attorney, tax notice, county treasure office, family court letter, SS Administration, etc. Must contain date and name of applicant/parent/authorized representative.
DSS documentation/paperwork	Some examples are: DSS notification, SNAP/TANF statement with applicant/parent/authorized representative's name, Guardianship papers (safety plan), with applicant/parent/authorized representative's name.
Current employer statement w/ gross earnings	Must be dated and signed by the employer and include: daytime telephone number, name of employee and employee's address.
Current Letter from person/institution where applicant resides	Current letter must include the institution/person's name, address and date.
*Mortgage or Rental Agreement	
School Record	Must be from the current school year and contain name, DOB and date.
Letter from physician	Must contain the applicant or parent/authorized representatives name and address (Appt. letter, due date statement, etc.).
Tax return (1040, etc.)	From farm and non-farm self-employment.
No Proof Form	Applicant/parent/authorized representative must complete. Last resource for documenting residency, cannot be used for repeated certifications.
Valid NOE from Medicaid	*Staff must verify Medicaid eligibility.* Participant is currently Medicaid eligible. If unable to establish adjunctive eligibility, (MEVS system down, etc.) the applicant/parent/authorized representative is required to provide additional documentation or be reappointed.
Valid NOE from TANF, SNAP	Must contain name and dates of eligibility. (An EBT card cannot be used.)
Hospital documentation/discharge	Must contain the applicant or parent/authorized representative(s) name and address. Can state Baby Boy/Girl and last name for an infant.
Valid SC Beginner's Permit w/ current address	Must contain current address.
Valid SC Driver's License w/ current address	Must contain current address.
Valid ID Card w/address	Must contain current address.
Voter's Registration Card	Must contain current address.
WIC Appointment Letter	Must contain name, date and current address.

NOTES:

-Documentation must be physical address. No P.O. boxes allowed.

-If a WIC applicant lives with someone else and has no written proof of their residence, the individual/institution with whom the applicant lives may provide one of the above proofs for the applicant confirming residency.

- Staff must determine if the applicant is a part of the household in which they live. If not, staff must determine if the residency is an in-kind benefit and if the applicant has enough income in which to sustain themselves.

-Current-within the past 60 days, or the most recent, i.e., most recent bill, pay stub, etc.

-Valid-proof having an ending date and may be used as proof prior to the date of expiration.

Proofs of Income

***Indicates electronic proofs are allowed.**

PROOFS OF INCOME	DEFINITIONS OF PROOFS OF INCOME
*Alimony letter	Must state amount and frequency (most current)
*Award letter/notice	VA, Annuity, etc. (most current)
*Bank statement	If the applicant or parent/authorized representative is living off their savings. The amount withdrawn monthly to pay for their expenses plus interest earned on that account will be considered income. Documentation must be within 30 days of the certification. (Deposits of set amount, gross deposits, not net deposits.)
*Paystub/LES	Dated within 30 days of certification/must contain name, gross amount and frequency.
*Subsidy documentation from government agency	Funds from a government agency to assist with schooling, farming, etc. must include applicant/parent/authorized representatives name, date, amount and frequency.
*Supplemental Security Income (SSI) Statement	Must contain name of applicant/parent/authorized representative, date, amount and frequency.
*Unemployment letter/notice	Includes in-state and out-of-state unemployment benefits. Must contain name of applicant/parent/authorized representative, date, amount and frequency.
*Workers Compensation Letter	Must contain name of applicant/parent/authorized representative, date, amount and frequency.
Active Medicaid • Infant Pregnant Woman	*Staff must verify Medicaid eligibility*. Select when participant is not currently Medicaid eligible and there is an infant in the economic unit that is Medicaid eligible. If unable to establish adjunctive eligibility, (MEVS not operational, etc.) the applicant/parent/authorized representative is required to provide additional documentation or be reappointed.
Active Medicaid/NOE/Phone Verified	*Staff must verify Medicaid eligibility*. Participant is currently Medicaid eligible, verification done by NOE or by automated Medicaid telephone system if MEVS is not operational. If unable to establish adjunctive eligibility, (unable to verify, Medicaid telephone system down, etc.) the applicant/parent/authorized representative is required to provide additional documentation or be reappointed.
Active Medicaid MEVS Only	Used Medicaid system for proof of income, Medicaid eligibility must be verified.
Active Medicaid MEVS Only • Infant • Pregnant Woman	Used Medicaid system for proof of income, Medicaid eligibility must be verified.
Benefactor Letter	Written statement from a reliable third party that has knowledge of the applicant's family income. Must be signed, dated and include a telephone number. Must be completed within 30 days of certification. **Cannot** be completed by a member of the economic unit or household.
*Child support letter	For example: Letter from the court or letter from the father (payer of child support) must state amount and frequency. If letter from payer, must be dated within 30 days of certification.
Employer statement w/ gross earnings	Must be dated and signed by employer and include: daytime telephone number, name of employee, how much gross and how often (weekly, bi-weekly, etc.)
Foster child placement notice	Must contain amount and frequency of income that is paid to the foster parent for support of the child.
Tax return (1040 etc.)	From farm and non-farm self-employment.
No Proof Form	Applicant/parent/authorized representative must complete. Last resource for documenting income, cannot be used for repeated certifications. Those reporting zero income should **not** use this form.
NOE from TANF, SNAP	Must contain name and dates of eligibility. (An EBT card cannot be used.)
Current regular cash contributor signed letter	Letter from person who pays bills/ letter from person stating he/she pays the applicant's utilities. Cannot be completed by a member of the economic unit or household. Must be dated within 30 days of certification, must contain applicant/parent/authorized representatives name, be signed, include frequency, amount and telephone number of contributor.

Notes: ***When an applicant states that they are independent of the economic unit in which they reside, the applicant must provide documentation to show that they have enough income to sustain themselves. Current-within the past 60 days or the most recent, i.e., most recent bill, pay stub, etc.- Valid-proof having an ending date and may be used as proof prior to date of expiration.***

CHAPTER 5 CLINIC ADMINISTRATIVE PROCESSES

A. SCWIC RECORD

The WIC record is housed in SCWIC. The WIC State Office is responsible for producing, implementing and maintaining WIC forms filed in SCWIC.

1. When WIC services are provided to WIC participants, all forms and information relating to WIC are to be read and signed by the participant. The forms may require an eSignature or signing by the participant and then scanned, as appropriate in SCWIC.
2. If a subpoena is received for a participant's WIC record staff are to release **only** copies of documents that are specifically requested in the subpoena. A copy of the subpoena is filed in SCWIC with the Authorization to Release Information form (DHEC 1623).
4. If an applicant/parent/authorized representative requests information pertaining to enrollment in the SC WIC Program, (current dates of eligibility, past dates of eligibility, hemoglobin, etc.) a completed (DHEC 1623) Authorization to Release Health Information form is to be completed and scanned into SCWIC.
5. The most utilized forms for certification are as follows:

- WIC Participant Rights and Responsibilities Agreement – DHEC 1862B
- Medical Documentation for WIC Special Formula – DHEC 2074
- WIC No Proof Form – DHEC 3600
- SC WIC Program Benefactor Letter – DHEC 3609
- Statement of Income Form DHEC 3208
- South Carolina WIC Program Multi-User Breast Pump Agreement – DHEC 1825
- South Carolina WIC Program Multi-User Breast Pump Agreement – DHEC 4015
- Overdue Breast Pump Letter
- South Carolina WIC Program Single User Breast Pump Agreement – DHEC 2090
- Breastfeeding Peer Counselor Last Attempt Letter
- Working Parent Letter – DHEC 2008
- Consent to Release Information – DHEC 1623
- Any Non-DHEC form/information (i.e., Foster Parent Agreements, referral data, copy of proof of pregnancy, etc.)

B. THE PARTICIPANT RIGHTS AND RESPONSIBILITIES AGREEMENT/DHEC 1862B

1. The Participant Rights and Responsibilities Agreement is used in conjunction with SCWIC when certifying applicants for the WIC Program. The form is the official signature page for recording the applicant/parent/authorized representative signature signifying agreement to the "Rights and Responsibilities Statement" and confirmation to the accuracy of the proofs (identification, residency and income) presented for certification. It is to be completed before data entry is done in SCWIC.

2. Determination of guardianship or custody is not a condition of eligibility. The authorized representative is not defined nor does it imply that this individual must be a legal guardian. Staff should not require an individual to provide this documentation or sign a form indicating this legal responsibility. By the Authorized Representative signing the Rights and Responsibilities Statement (1862B), they acknowledge that he/she has the authority to consent to the examination of the minor applicant/participant in order to determine his or her eligibility for WIC services.

3. Documentation of Rights and Responsibilities Statement (DHEC 1862B)

   A. Applicants/parent/authorized representative must read the Rights and Responsibilities Statement (or have it read to them) before signing their name to the signature pad. Staff must also read the notice that appears on the SCWIC screen BEFORE allowing the applicant/parent/authorized representative to sign the signature pad.

   B. When utilizing the form, staff must review each item with the participant/parent/authorized representative and ensure all lines are reviewed, prior to obtaining the applicant's eSignature.

   C. If the signature is represented by an "X" or other symbol, the staff will print the name of the applicant and initial on the eSignature pad.

   D. The Rights and Responsibilities Statement eSignature is saved in Communications under the Head of Household.

C. VOTER REGISTRATION

WIC was among several federal assistance programs specifically named in the National Voter Registration Act of 1993 (also known as the "NVRA" and Motor Voter) to serve as an agency based voter registration application site. The South Carolina WIC Program staff must offer applicants, participants, or authorized representatives the opportunity to register to vote at the time of all covered transactions, which includes application, recertification, and change of address.

Registration Procedures:

A. After the applicant, participant, or authorized representative signs the Participant Rights and Responsibilities Agreement (1862B), Motor Voter registration information will be captured in SCWIC on the household level.
   1. Staff
   2. Staff must ensure that the "Address, Phone, Email" box of SCWIC is updated at each covered transaction.

B. **Motor Voter Documentation**
   1. Staff must ask the following question and enter the applicant, participant, or authorized representative response:

   If you are not registered to vote where you live now, would you like to apply to register to vote here today?

   Note: If staff feel that more of an explanation is necessary, in a conversational tone, inform the individual that to register to vote you must be:
      a. U.S. citizen
      b. Eligible to vote; and
      c. South Carolina resident.

C. If the registrant chooses "on-site", the Voter's Registration form and Declination form will print. If the registrant chooses "by mail", the Voter's Registration by Mail form, Declination form, and list of addresses for each county voter registration office will print. Applications and relevant documents will automatically generate for printing.

D. Ask the applicant to sign and date the Declination form. Cut the bottom portion of the form that includes the statement below and give it to the individual.

   If you believe that someone has interfered with your right to register to vote or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Executive Director, S.C. Election Commission.

E. If applicant, participant, or authorized representative states that they do not wish, are not eligible, or are already registered to vote, staff will print the auto-generated Declination form for signature. Staff must cut the bottom portion of the form and give to the applicant.

F. Retain the top portion of the Declination form for filing. WIC staff should proceed with the WIC process.

   Note: Motor Voter documentation is collected on the Household Level, SCWIC requires collection of Motor Voter documentation again under the Participant Info level if the Authorized Representative is also the person applying for WIC benefits (i.e., pregnant, breastfeeding, or postpartum woman). Staff should select "same as authorized representative" from the drop down menu. The declination form that generates does not need to be printed again.

G. If the individual REFUSES to sign the Voter Declination Form:
   1. Print the individual's name in the top left corner along with the date.
   2. Write RTS (refused to sign) under the name and date.
   3. Retain the form for filing and proceed with the WIC process.

H. If the individual FAILS to sign the Voter Declination Form:
   1. Note "FTS" in ink on the blank signature line.
   2. Staff should attempt to obtain the participant/parent/authorized representative's signature at the next visit to the clinic.
   3. When the individual returns, draw a line through "FTS", staff initial and date, and have the participant/parent/authorized representative to sign.

I. WIC staff are required to offer assistance with completing the Voter's Registration form but are prohibited from:

1. Seeking to influence an individual's political preference or party registration;
2. Displaying any political preference or party allegiance;
3. Taking any action or making any statement to an individual to discourage interest in registering to vote; or
4. Taking any action or making any statement that may lead the individual to believe a decision to register or not to register has any bearing on the availability of or eligibility for WIC services.

J. The participant, parent or authorized representative may change his or her address by telephone, staff must complete the following:
   1. Ask the participant, parent or authorized representative whether he or she wishes to register to vote or wishes to update any prior voter registration information.
   2. Mail a Voter Declination Form and Voter Registration Application to the address provided. If the individual returns the completed Voter Registration Application to WIC staff, follow procedures for mailing completed forms.
   3. Advise the individual that he or she can visit the office and obtain assistance completing the Voter Registration Application.

   The Declination Form is sent to ensure that the individual has the information on how to file a complaint. The individual should not return the Declination Form to the WIC Office.

K. Office Mechanics and Filing:

   1. **South Carolina Voter Registration by Mail forms:** The hard copy of the completed voter registration form shall be sent to the local county voter registration office on a weekly basis. If an application is accepted within 5 days before the last day for registration to vote in an election, the application shall be sent to the appropriate voter registration office immediately. (Voter registration closes 30 days prior to any election.)

   2. **Voter Declination Form:** File by month of response, each response is to be filed separately and maintained on site for 24 months for auditing purposes. Currently there is a hold on the destruction of any Motor Voter documentation for South Carolina WIC.

   3. **Ordering Voter Registration Declination Forms and Voter Registration By Mail Forms:** South Carolina Voter registration forms are to be available at all times. Staff may order forms, in case of computer failure, by contacting the local county office of voter registration, by calling the South Carolina Election Commission at (803) 734-9060, or by emailing Edwin Jones at ejones@elections.sc.gov. Voter Registration forms are also available online from the Election Commission.

      Note: If the Declination Form has been printed with the incorrect response, staff should write "Error" in the top corner on the declination and file accordingly, re-enter Motor Voter response in SCWIC to generate a new declination with the correct response for the participant to sign.

L. Motor Voter Report

1. This report is to be run around the first of the month for the previous month.
2. This report is generated by Date Range, Region, County and Location. This report will show all entries within the selected date range that have had a Motor Voter entry in SCWIC. Motor Voter entries are captured at the Head of Household level; here is where the Declination Form and application or mailing application are generated and printed. The entries are divided by type and are totaled. The report provides an overall total of HH's responses.
3. The Program Manager/designee should use this report during internal audits to compare the number of Declination forms on file with the number of entries that were entered into SCWIC to determine the sites' compliance rate.
4. When Motor Voter documentation is collected staff should review the Clinic site to ensure the participant is housed under the appropriate location otherwise the Motor Voter report data will be incorrect.
5. This report should be retained at the local site for two (2) years. Currently there is a hold on the destruction of any Motor Voter documentation for South Carolina WIC.

D. TRANSFER OF CERTIFICATION

In-Coming Transfers from Out-of-State:

1. The clinic site will enroll applicants with a current WIC certification from another state. Staff will ensure that the participant/parent/authorized representative reads, initials, and signs the South Carolina Rights and Responsibilities Statement and utilizes the eSignature pad for documentation.

2. The Verification of Certification (VOC) allows participants to transfer WIC Program benefits to another WIC Program out-of-state without delay in services. Local clinics will accept a Verification of Certification (VOC) as proof of eligibility from participants who have relocated. At a minimum the VOC must contain the participant name, date the participant was certified, and date that the current certification expires.
   The Out-of-State VOC should provide the receiving WIC office with the following information:
   a. Name of participant
   b. Date certification was performed
   c. Date income eligibility was determined: this may be different than the certification date.
   d. The nutritional risk of the participant
   e. Date the certification expires
   f. Signature and printed name of the CPA
   g. The name, address, and telephone number of the transferring site
   h. Identification Number (WIC participant ID number)

3. Staff may contact (via telephone) out-of-state WIC agencies to obtain transfer information needed to provide program benefits. At a minimum, staff must obtain the participant's name and valid certification date(s). Staff must request all VOC information (eight items) from the transferring state be sent no later than the next business day.

4. An income and nutrition risk screening are not necessary for a transferring participant.

5. Staff having difficulty acquiring the necessary information for a transfer can find VOC State contact information on the USDA's website at http://www.fns.usda.gov/wic/wic-contacts .

6. Transferring Participants should provide:
   a. A VOC card/form in their name with valid certification dates.
   b. Proof of Identification is required for the transferring participant. If the participant is an infant or child, identification is required for both the infant/child and the parent or authorized representative:
      Note: Out-of-State transfers may not use their WIC ID card from another state for proof of identification. They must establish identification using one of the proofs listed in the acceptable proof list.
   c. Proof of Residency is required for the transferring applicant. A transfer who is unable to provide proof of residency can qualify for the SC No Proof Form. This form can be used if the transfer has not been at an address a reasonable time period (approximately 60 days) to establish residency.

7. The following procedures should be followed when enrolling transfers:
   a. Enter the required proof documents (Identification and Residency) in SCWIC.
   b. Income verification is not required for participants transferring with a current certification.
   c. Obtain any unredeemed food benefits from the participant. If the participant presents an out-of-state WIC EBT card, staff are to contact the site from which the participant is transferring from for the remaining food package balance prior to the CPA building the food package.

d. Risk Code "502" (Transfer of Certification) will be automatically assigned to the participant's certification. The CPA will enter the Verification of Certification (VOC) information to include all other applicable risk codes documented on the VOC.
e. If the participant has unredeemed food benefits for the current month, the CPA will build a food package based on what was not redeemed.
g. Any unredeemed food benefits (eWIC cards) must be destroyed.
i. For additional information regarding Migrant participants refer to Chapter 7 and Chapter 14.
j. Staff will scan the VOC from out-of-state in SCWIC by selecting "Inbound VOC document" in the drop-down list under the Communications menu.

8. Procedural examples for transfers from out-of-state:
   a. Participant presents to the clinic and has a VOC, that includes benefits start date and benefits end date.
      i. Staff will obtain the out-of-state eWIC card from the participant. The CPA will build the food package for the current month if benefits were not issued. Staff will then destroy the out-of-state eWIC card.
   b. Participant presents to the clinic and does not have the VOC but does have eWIC card for that month from another state.
      i. Staff will contact the previous clinic location and request a VOC and if needed, any unredeemed food benefits, for the participant. The CPA will build the food package based on what was not redeemed for the current month.
   c. Participant presents to the clinic and does not have the VOC or a eWIC card.
      i. Staff will contact the previous clinic location and request a VOC, and ask if food benefits were issued for the current month, what was not redeemed and their contents.
   d. Participant moves to another state and does not present a VOC or food benefits from SC.
      i. The receiving state will contact the previous SC clinic site. SC clinic staff will fax a VOC, any needed prescriptions, and a summary of food benefits redeemed for that month.

9. If a waiting list for participation exists due to inadequate food money, the transferring participant shall be placed on the list ahead of all waiting applicants.

10. In-stream migrant farm workers or their family members can be certified for the program when they present with an expired VOC. The VOC must indicate that their last certification determination was performed within the past 12 months.

11. Transferring participants will be provided WIC benefits until the end of the certification period as stated on the Verification of Certification. When their certification period expires, a new eligibility determination will be made.

In-State Transfers:

1. <u>Participants Transferring Within a DHEC Region or PCC</u>
   a. Staff receiving the transferring participant must update SCWIC, to include: SCWIC clinic, address, telephone number (including texting information), and email address, proxies and alternate parent/authorized representative must be reviewed and updated, as applicable.
   b. The Identification and Residency proof section will be updated in SCWIC.
   c. Appointments that are scheduled in the future at the transferring site should be updated as Cancelled Appointment.

2. Participants Transferring to another DHEC Region or PCC within the State
   a. Participants are required to provide proof of identification and residency.
   b. The Participants Rights and Responsibilities Agreement (1862B) does not have to be completed on participants transferring to another DHEC Region or PCC within the state.
   c. The record will be opened in the receiving site for the participant transfer verification process, food package assignment, and food benefits issued, if applicable. Staff will update SCWIC clinic and Identification and Residency proofs.
   d. It is not necessary for staff to generate a Notice of Ineligibility or Termination (DHEC 1892) for an in-state transfer.
   e. Appointments that are scheduled in the future at the transferring site should be updated as Cancelled Appointment.

Out-Going Transfers:

1. Staff must:
   a. When a participant informs the staff they are moving out of state, staff should printout a VOC to ensure there is no delay in receiving WIC services at their new location.
   b. If the participant is receiving special formula, the CPA will print the prescription that needs to be provided to accompany the VOC, the 15-Day Notice (DHEC 3156), and the Fair Hearing flyer (ML009151) issued by administrative staff.
   c. If there are any future appointments scheduled in SCWIC, staff are to update them as "Cancel Appointment".
   d. Staff will manually terminate the certification. When staff generate an Outbound VIC, they are to scan it into the participants SCWIC record for future reference. Staff will select "Outbound VOC document" in the drop-down list under the Communications menu.
   e. In order to promote continuity of services for participants who have moved out-of-state, staff will email/fax the VOC document and any other pertinent information i.e., prescriptions, etc. to the receiving site.
   f. In the event that local WIC staff are unobtainable to provide transfer information for an out-of-state request:
      i. Central Office staff will verbally release to the requesting state: 1) participant name, 2) date of certification, 3) date current certification expires, and 4) food benefit issuance.
      ii. Central Office staff will immediately email the WIC Program Manager and WIC Coordinators of the request to include:
         (1). SC site location
         (2). Participant's name
         (3). Participant's Date of Birth
         (4). Name of requesting site
         (5). Contact Name
         (6). Telephone, email address, and fax numbers
   g. The WIC Program Manager or WIC Coordinators will ensure that the VOC and any pertinent information are emailed/faxed within one (1) business day.

   Note: The WIC Program is required to have staff available to provide WIC services during posted working hours.

2. Verification of Certification Posters:
   a. VOC posters must be displayed in the clinics so that participants can easily see what is needed when transferring a WIC certification from state to state.
   b. VOC posters are required to be displayed in the following locations:
      i. Waiting rooms/reception area
      ii. Counseling rooms.

E. WIC OVERSEAS PROGRAM

1. The Department of Defense (DOD) and TRICARE Management Activity (TMA) are responsible for administering the WIC Program outside the United States. Participants who transfer overseas and meet the eligibility requirements will participate in the program until the end of their certification period.
2. Eligibility limitations to the WIC Overseas Program are as follows:
   a. Members of the armed forces, on duty, stationed outside the U.S. and their dependents
   b. Civilians who are employees of military department outside the U.S. and their dependents
   c. Employees of DOD contractors who live outside the U.S. and their dependents
3. Staff will provide the participant with a VOC for transfer.
4. Participants transferring from the WIC Overseas Program will present a full page document (Participant Profile Report) and VOC card with the participant's name, the date the participant was certified, and the date that the current certification expires.
5. Transfers must still present proof of residency and identity according to WIC Program regulations.

F. APPLICANT DETERMINED INELIGIBLE AT INITIAL VISIT

1. If determined during the initial visit that the applicant is not income eligible it is not necessary to provide a clinic appointment. Standard procedures are followed for notifying an individual of their ineligibility for the program and issuance of the Notice of Ineligibility (DHEC 1892) and Fair Hearing Flyer (ML00915).

G. MID-CERTIFICATION REASSESSMENT/INELIGIBILITY

1. If staff becomes aware of a change in eligibility status of the participant during a certification period, (i.e., over income, household composition) the participant must be rescreened and any other family/household members as well. If staff believes that income has been falsified, the Complaint Tracking screen in SCWIC must be completed.

2. If during a certification period the participant or applying parent contacts the clinic site and states that their income exceeds the allowable limit for WIC, the guidelines are as follows:

   a. The participant/applying parent must provide sufficient information to the staff in order to establish their identity.
   b. Determine if gross income exceeds WIC guidelines.
   c. If income ineligibility is established the participant will be discharged, following the current discharge procedures, see Ineligibility Notification Procedures section. Staff will select the reason for the discharge (over income) and document the date of the phone contact and the amount of income provided by the participant/applying parent.

H. CATEGORICAL INELIGIBILITY

Staff are to utilize the 15 Day Notice and Discharge Tool located in SCWIC to ensure that those categorically ineligible participants are issued a 15 Day Notice of Ineligibility (DHEC 3156) and a Fair Hearing Flyer (ML009151). The Notice of Ineligibility (DHEC 1892) is to be issued approximately 15 days later by utilizing the 15 Notice Discharge Report.

I. INELIGIBILITY NOTIFICATION PROCEDURES

1. Participants that are about to be suspended or disqualified or who have a certification that is about to expire must be notified in writing no less than 15 days in advance. The 15 Day Notice of Ineligibility (DHEC 3156) is to be used for this purpose. Participants that are due to be terminated for Non-Participation or Deceased are excluded from receiving the 15 day notice.

2. A signed copy (staff signature) of the "15 Day Notice of Ineligibility" (DHEC 3156) and Fair Hearing Flyer (ML009151) must be given to the participant. The WIC Program Manager's name, address, and phone number will be printed by SCWIC in the Fair Hearing section of the DHEC 3156.

3. When the 15 Day Notice of Ineligibility, DHEC 3156 is mailed or given to participants, a copy of the Fair Hearing Flyer (ML009151) is also included.

4. The DHEC 1892 "Notice of Ineligibility" is to be used when notifying participants of their ineligibility for the WIC Program.

5. For those participants that are not required to receive a 15 days' notice prior to termination, a "Notice of Ineligibly", DHEC 1892 is to be issued along with the Fair Hearing flyer (ML009151). The WIC Program Manager's name, address, and phone number will be printed by SCWIC in the Fair Hearing section of the DHEC 1892.

6. If the participant is deceased, terminate the participant and it is not necessary to mail or give a surviving parent/authorized representative a "Notice of Ineligibility", (DHEC 1892) or the Fair Hearing Flyer (ML009151). Future appointments for that participant should be cancelled.

J. ELIGIBILITY REPORTS

1. **15 Day Notice**
   USDA requires that a participant who is about to be suspended or disqualified or who has a certification that is about to expire be given 15 days advanced notice in writing.

2. **15 Day Notice of Ineligibility Report**
   The 15 Day Notice of Ineligibility Report provides a list of participants which may no longer be eligible for the Program and require a 15 Day Notice.
3. The 15 Day Notice of Ineligibility Report must be completed daily by staff and document each action taken/follow up conducted, etc. for each participant on the report. Staff are to review each case to verify the correct termination reason prior to generating the required forms.
   The 15 Day Notice of Ineligibility Report and all notes should be retained through the length of the audit cycle (two years).

The following table indicates if a 15 Day Notice is required, if an individual will show on the report and the forms that are required based on the Termination ~~Notice/Discharge~~ Reason.

Termination Reason	15 Day Notice Required?	Included on 15-Day Notice of Ineligibility Report	Form Generated/Sent
PARTICIPANT DECEASED	No	No	None
NOT A RESIDENT OF SC	Yes	No	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
BENEFITS HAVE NOT BEEN PICKED UP FOR 2 MONTHS IN A ROW	No	No	NOI (DHEC 1892) & Fair Hearing Flyer (ML009151)
DATA ENTRY ERROR	No	No	None
CERTIFICATION INCOMPLETE	No	Will not show on report discharged form certification	NOI (DHEC 1892) & Fair Hearing Flyer (ML009151)
6 MONTHS POST-PARTUM (NON BREATFEEDING)	Yes	Yes	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151
12 MONTHS POST-PARTUM (BREASTFEEDING)	Yes	Yes	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
CHILD IS NOW 5 YEARS OLD	Yes	Yes	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
DUPLICATE ENROLLEE	No	No	None
OVER INCOME	Yes	No	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
CERTFICATION NOT COMPLETED WITHIN 15 DAYS	Yes	No	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
PROOF NOT PROVIDED WITHIN30 DAYS	Yes	No	NOI (DHEC 1892) & Fair Hearing Flyer (ML009151)
NO PROOF OF PREGNANCY	Yes	Yes	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
NOT PHYSICALLY PRESENT	Yes	Yes	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
CHOSE TO LEAVE THE PROGRAM	Yes	No	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
DISQUALIFIED	Yes	No	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)
WAITING LIST	Yes	No	15 Day Notice (DHEC 3156) & Fair Hearing Flyer (ML009151)

K. SCWIC Guided Script DHEC 1873 (FOR USE WHEN SCWIC IS NOT OPERATIONAL)

SCWIC Guided Script application form is used for certifying applicants on the WIC Program when SCWIC is not operational. The form assists staff in the collection of essential data necessary for proper assessment of the applicant's demographic information, income, and categorical status. Based on the information documented on the script, food benefits are uploaded to a eWIC card, program characteristics (educational level, Voter Registration, racial/ethnic data, etc.) are compiled, and pertinent data reports are produced. The script is maintained until the participant's information can be entered into SCWIC. All documentation is to be entered within two (2) working days, once the system is functioning. The participant will be issued a eWIC card at the time of certification, staff will make a photocopy of the card for data entry when SCWIC becomes operational. The DHEC 2044 should be utilized to document eWIC cards that are issued. Staff must contact the participants to inform them that the cards have been activated. The WIC Program Manager or designee should ensure all staff are trained and have access to the forms necessary for the completion of the certification process.

Note: All effort should be made to input information into SCWIC as soon as the system is operational.

1. **Administrative Staff**

   A. Administrative staff are responsible for, but not limited to, interviewing applicants as it relates to: 1) financial eligibility, 2) ethnic/racial data, 3) adjunctively eligibility, and 4) Motor Voter.

      General highlighted areas of the administrative script are:

      1. All documentation is to be completed in black ink.
      2. Certification date must be the date the script/application was completed.
      3. Both the Administrative Script and Rights and Responsibilities Statement (DHEC 1862B) will be completed. Once SCWIC is operational, information from the administrative script will be entered in SCWIC. The Rights and Responsibilities Statement (DHEC 1862B) is scanned, as appropriate into SCWIC. Once all procedures are complete the paper forms are shredded. Applicants/parents/authorized representatives must read/review Rights Statement and Responsibilities (DHEC 1862B) (or have read to them), sign/print and if applicable, ~~initial~~ before documenting information on the Administrative Script. The Rights Statement can be given to applicant at sign-in to read while waiting to be processed.

L. ARM 11 & ARM 13

Program staff shall work with their Quality Improvement Director (QID) and the agency Records Officer with any process questions prior to purging WIC information. S.C. Department of Archives and History destruction request forms (ARM11 or ARM13) will be used to properly request record destruction approval prior to record disposal. Requests will be submitted using the agency's Compliance Records Management Site. Appendix 5.2 provides guidance for the most frequently used WIC forms and the corresponding ARM request form that is required for disposal approval.

1. **An ARM11** request is used when forms/records have met retention and are ready for destruction approval. A completed ARM11 request (approved by the agency Records Officer) provides the approval to destroy the outlined records and for staff to document the destruction date once the records are destroyed.

2. **An ARM13** request is used when forms/records have not met retention but are scanned into SCWIC to store the record digitally to dispose of the paper original. An ARM13 destruction request must be approved prior to destruction of the original paper records. The completed ARM13 request (approved by both the agency Records Officer and S.C. Department of Archives and History) provides the approval to destroy the paper originals and for staff to document the destruction date once the records are destroyed.

3. WIC forms and/or Verification of Certification, custody papers, Department of Social Services documentation, foster parent agreements, as well as, copies of identification used to correct spelling in SCWIC should be retained for 3 months after data entry. Once the 3-month retention has been met, an ARM13 destruction request should be submitted prior to disposal.

4. Referral forms (Tobacco Cessation and NFP) should be retained for 2 years after completion due to auditing. Once the 2-year retention has been met, an ARM11 destruction request should be submitted prior to disposal. The general retention schedule applicable to these records is the Administrative Reference File (Non-Executive) schedule, 12-307.

5. Working Parent Letters, No Proof Forms, Statement of Income, and Benefactor Letters will be retained separately for 2 years after scanning due to management evaluations (ME) auditing. Once the 2-year retention has been met, an ARM11 destruction request should be submitted prior to disposal. The general retention schedule applicable to these records is the Administrative Reference File (Non-Executive) schedule, 12-307.

6. The specific retention schedule applicable to these records is the Compliance Records Management site, Input/Source Documents schedule, at the following links:

- 14907- https://dhec.sharepoint.com/sites/teams/QIPM/Retention/Retention%20Schedules/14097.pdf
- 12-307 https://scdah.sc.gov/sites/default/files/Documents/Records%20Management%20(RM)/Schedules/admin.pdf

Transfers of Certification

In-Coming Transfers from Out of State	With-In the State Transfers	With-In the Region Transfer
● Enroll applicants with current WIC VOC from out of state ● Applicants without VOC – staff may contact out-of-state WIC clinic to obtain transfer information. * At a minimum: participant's name and certification date(s). ● The Rights and Responsibilities Statement DHEC 1862B must be electronically signed. ● Transfer participants receive benefits until the end of the certification period as determined by the out-of-state WIC clinic. If the participant has unredeemed food benefits for the current month, the package will be built based on unredeemed benefits. If the participant presents a WIC EBT card, staff are to contact the site from which the participant is transferring from for the remaining food package balance prior to the CPA building the food package. If the participant does not present any food benefits, staff are to contact the sending site to determine the food package issued and food already redeemed for the current month. **NOTE:** Out-of-State EBT cards must be destroyed.	● ID and Residency must be updated in SCWIC. ● The Rights and Responsibilities Statement DHEC 1862B does not have to be completed for in-state transfer.	● ID and Residency must be updated in SCWIC.

Proof of ID for participant and/or parent/authorized representative and proof of residency is required for ALL types of transfers.

Frequently Utilized WIC Forms and Corresponding ARM Request

WIC Form	Description	SCWIC	ARM #
1623 (A)	Consent to Release Information	Scan/Shred	13
1862B	Participant Rights & Responsibilities	Electronic Signature Scan/System Generated	13
1825	Breast Pump Loan Agreement	Scan/Shred	13
1850	Referral	Scan/Shred	13
2074	Medical Documentation (Prescription)	Scan/Shred	13
2090	Personal Pump Agreement	Scan/Shred	13
1879 & 1879a	Protective Services Report	Scan/Shred	13
1048	Waiver of Interpreter	Scan/Shred	13
720	Prenatal Weight Gain Chart	Data entered in SCWIC/Shred	11
729	Birth to 36 months - Boys	Data entered in SCWIC/Shred	11
730	Birth to 36 months - Girls	Data entered in SCWIC/Shred	11
774	Growth Grid 2-5 years - Boys	Data entered in SCWIC/Shred	11
775	Growth Grid 2-5 years - Girls	Data entered in SCWIC/Shred	11
1498	Birth to 24 months - Boys	Data entered in SCWIC/Shred	11
1499	Birth to 24 months - Girls	Data entered in SCWIC/Shred	11
1042	Tobacco Referral Form	Batch File for 2 years	11
1873	SC WIC Guided Script	Data entered in SCWIC/Shred	11
1469	Referral to Nurse Family Partnership	Batch File for 2 years	11
1892	Notice of Ineligibility or Termination	System Generated & Captured	N/A
3156	15 Day Notice	System generated, Captured & mailed/given to participant	N/A
2768	Pump Delinquent Letter	System generated. Form to be D/C	N/A
4028	WIC Women's Data Entry Form	Data entered in SCWIC/Shred	11
4032	WIC Infant/Child Data Entry Form	Data entered in SCWIC/Shred	11
2008	Working Parent Letter	Scan/Shred	13
3208	Statement of Income	Scan/Shred	13
3600	No Proof Form	Scan/Shred	13
3609	Benefactor Letter	Scan/Shred	13
SC Voter Registration Form	Declination Form	File – on hold	

Motor Voter Declination Form - hold until further notice

Maintained for the ME cycle (2 years from date used) to allow for auditing purposes – SCWIC does not have a report to show participants who have utilized these forms for certification

A. FOOD DELIVERY

The South Carolina WIC Program uses a uniform retail purchase system in which participants, parents or authorized representatives, of infants and child participants, and proxies obtain authorized supplemental foods by submitting an EBT benefit card issued by the WIC sites to an authorized retail store. EBT cards confirm the purchase through an approved product list (APL) of universal product codes (UPC) created by the State WIC office. Food items that are eligible and have been prescribed for the household are debited against the household's EBT account. EBT card transactions are then processed for payment to the vendor.

The SC WIC Program provides food benefits to participants for the following: (1) the food benefits contains the household's prescribed food packages for their specific categories and is tailored to meet their nutritional and dietary needs and (2) cash value benefits that are a fixed-dollar amount in which the participant may obtain authorized fresh and/or frozen fruits and vegetables.

1. Local WIC clinics certify individuals as eligible to receive program benefits based on the following criteria:
   a. Categorical – The applicant must be a woman who is pregnant or is within six (6) months postpartum; or a breastfeeding woman up to one (1) year from date of delivery; an infant up to one (1) year of age; or a child under five (5) years of age.
   b. Residency – The applicant must reside in the jurisdiction of the state.
   c. Income – The applicant must meet specified income criteria.
   d. Nutritional Risk – The applicant must be at nutritional risk.

2. A comprehensive health assessment (includes height or length and weight measurements, and hematological test) is conducted by the Competent Professional Authority (CPA). Based on the assessment, the CPA recommends a food package for the participant. All participant data including the recommended food package is entered in SCWIC and food benefits are loaded onto the EBT card.

3. The participant/parent/authorized representative is instructed by WIC staff, at the time of issuance, the process for completing their EBT WIC redemption and provided the approved SC WIC Food Guide. Staff must also provide a "eWIC Card Guide" for the participants to reference. The participant/parent/authorized representative will select a Personal Identification Number (PIN), which will activate the card.

4. Participants present the EBT card for the specified kinds and quantities of WIC foods to the vendors before utilizing other forms of payment. The vendor will provide the participant with a receipt listing the balance of WIC food items available, as well as, the end date for transacting WIC food benefits within that issuance cycle.

5. The WIC Connect system, State's EBT processor, supports all relevant reconciliation and settlement requirements on a daily basis.

6. **WIC Program funds may not be used to provide retroactive benefits to participant.**

B. FOOD DELIVERY BY PARTICIPANT CATEGORIES

Eligible participants are certified at the time of their entrance into the program. Food benefits are provided at the time of certification. The participant is to receive the maximum benefits allowed to meet their nutritional and categorical requirements.

1. INFANTS

Infants are less than one year old.

a. Newborn infants are certified for up to one year of age. Infants who are not physically present at certification (baby less than 8 weeks of age) are issued **only two months** of food benefits and parent/authorized representative informed about the WIC policy for presenting the infant. The parent/authorized representative must present the infant by two months of age. Infants over six (6) months of age are **certified** for a period of six (6) months per certification, beginning with the date of certification.

b. An infant is eligible to receive food benefits each month up to the first (1^{st}) birthday.

2. CHILDREN

Children must be at least 12 months of age and less than 5 years old.

a. Children are **certified** for a period of twelve (12) months per certification.

3. PREGNANT WOMEN

Pregnant women considered categorically eligible must be confirmed as pregnant.

a. If a confirmation of pregnancy is not provided on the day of certification, the certification is only valid for 60 days. In order to remain on the program, the participant must provide an EDD statement or the CPA must be able to establish visual confirmation of pregnancy.

b. Pregnant women are **certified** for the duration of pregnancy and continue to be categorically eligible until six (6) weeks postpartum, regardless of the outcome of the pregnancy. The pregnant woman is eligible to receive food benefits for the duration of the pregnancy and up to 6 weeks from the date of delivery.

4. POSTPARTUM WOMEN

Postpartum women have delivered within the previous six months regardless of the outcome of pregnancy.

a. Postpartum women are **certified** until six (6) months after delivery.

5. BREASTFEEDING WOMEN

a. Breastfeeding women are categorically eligible as long as they are breastfeeding at least once a day or until the infant is one (1) year of age. (Eligible infants of breastfeeding mothers are certified whether or not they are currently receiving a food package).

c. If a woman stops breastfeeding:

i. If she is <u>more than 6 months</u> postpartum, she is <u>categorically</u> ineligible and must be removed from the Program; or

ii. If she is <u>less than 6 months</u> postpartum, determine if the women qualifies to participate as a postpartum woman and receive postpartum food benefits.

C. IDENTIFICATION CARD

1. Identification Card (ML-025603)

Staff must issue an ID card to eligible WIC participants or the parent/authorized representative of a WIC participant. A proxy cannot be issued an identification card.

This card is used to:

A. Identify eligible WIC participants.
B. Identify proxies.
C. List appointment information.
D. Staff will issue and explain the use of the ID card to the participant at certification.
E. The participant should be informed that the ID card must be:
   1. Presented to WIC staff when picking up food benefits.
   2. Utilized to document the participant's next WIC appointment.
   3. Explain shopping procedures and have the participant read and initial the participant's responsibilities regarding cashing their WIC benefits.

2. Failure to Present ID card

A. Staff will inform each family that is enrolled on SCWIC and receiving eWIC benefits of the importance of bringing the WIC ID card and eWIC card to every visit at the clinic.
B. Benefits will not be denied if the WIC ID card is not brought in by the participant or parent/authorized representative at the time of benefit issuance. When a participant/authorized representative fails to bring the WIC ID card for food benefit issuance, the participant/authorized representative must show proof of identification (see listing in Proof of Identification section).
C. Proxies must have the WIC ID card when presenting for food benefit issuance.
D. If the participant/authorized representative does not have acceptable identification, do not issue food benefits.
E. Reissue WIC ID card to the participant/parent/authorized representative if lost or beyond use.

D. AUTHORIZED REPRESENTATIVE/ALTERNATE HEAD OF HOUSEHOLD/PROXIES

1. AUTHORIZED REPRESENTATIVE (AR)/ALTERNATE HEAD OF HOUSEHOLD

If the applicant/authorized representative so chooses, a person that is a **member of the economic unit** of the participant (resides in the home with the participant and their income is counted with the reported income) can be designated as the "Alternate Head of Household". The "Alternate Head of Household" has all the **WIC rights** (not custody, legal, etc.) as the Authorized Representative.

He/she may perform the following duties:

A. Show identification, issued food benefits, or be issued a new WIC ID Card
B. Bring the infant/child for certification
C. Bring the infant/child for six month evaluation
D. Redeem food benefits
E. Attend nutrition education classes or bring the child for a Care Plan
F. Issued a VOC

2. **PROXIES**

The person who is certified or a parent/authorized representative may designate one or two reliable people to act as proxies in his/her absence. Proxies must be sixteen (16) years of age or older.

A. The proxy is authorized to pick up and/or redeem food benefits in the absence of the authorized individual who is either the participant or acting on behalf of participant.

B. The proxy's name and relationship to the participant, i.e., aunt, grandmother, etc. must be entered in SCWIC. If a proxy has changed or a new proxy is added, the participant or parent/authorized representative must come to the clinic and make the change in person.

C. If an applicant designates no proxy and/or no Alternate Head of Household, DECLINED is to be selected.

D. A proxy may be issued and/or redeem food benefits when the participant cannot. They must present the WIC ID card for benefits to be issued.

E. A clinic employee can serve as a proxy for an immediate family member (brother/brother-in-law, sister/sister-in-law/daughter/daughter-in-law/son/son-in-law, grandchildren). However, if the proxy is a staff member who issues food benefits, they cannot issue to themselves. Nor can the employee perform any component of the certification process (income screening, food prescription, nutrition assessment). A staff member, who serves as a proxy, is not issued a duplicate WIC ID card or eWIC card.

F. A proxy may attend classes for the participant/parent/authorized representative as long as it does not interfere with the participant receiving the appropriate nutrition education information.

G. A proxy may bring the infant/child to the clinic for their 6 month evaluation on behalf of the parent/authorized representative.

H. A proxy may bring in a prescription that is an update/renewal to the existing package if the participant was receiving a List I or II previously and only if there are no changes in formula, formula amounts, and no changes or addition of supplemental foods.

I. A proxy cannot be issued a WIC ID card.

J. The proxy cannot update the address, telephone number (to include texting information), email, contacts, or designate the authorized representative or family relationships for the participant/parent/authorized representative.

K. A proxy cannot be issued a Verification of Certification (VOC).

The following table summarizes activities based on designation.

	Participant, Parent, Alternate Head of Household, Authorized Representative	Proxy(s)
Pickup and redeem benefits	X	X
Attend nutrition education class	X	X
Bring infant/child in for 6 month evaluation	X	X
Issued a new WIC ID card	X	
Bring infant/child in for certification (provide eligibility proofs & other certification information)	X	
Bring child in for physical presence (if not presented at certification initiation)	X	X
Update address, telephone#, email, contacts	X	
Initiate transfer of the participant	X	
Request food package changes (including formula)	X	

E. FOOD BENEFIT ISSUANCE PROCEDURES

The SC WIC Program will issue food benefits by electronic benefits transfer (EBT). Food benefits may be issued monthly, bi-monthly or tri-monthly.

1. Staff must issue food benefits to participants at the time of certification. If the participant has left the clinic without having them issued, the certification must be discharged as "incomplete".
2. Staff may mail food benefits(s) only to those participants who meet the criteria or conditions listed in F. Mailing Food Benefits.
3. There is no limit on the number of times that an eWIC card can be replaced for a household due to being lost, stolen or damaged.

F. MAILING FOOD BENEFITS

1. Staff may mail the eWIC card on an individual basis. To receive a eWIC card by mail the participant must meet one of the following criteria:
   a. A medical condition that necessitates the use of medical equipment that is not easily transportable.
   b. A medical condition that requires confinement to bed rest.
   c. A serious illness that may be exacerbated by coming to the clinic.
   d. An applicant and/or parent/authorized representative who by requiring to be physically present would pose an unreasonable barrier to services.

2. Staff may mail a eWIC card in the event SCWIC is not operational under the following conditions:
   a. eWIC cards can be mailed **only** to those participants who visit the clinic while SCWIC is not operational.
   b. The WIC Program Manager or WIC designee for the clinic site must contact Central Office Technology Service staff to report that SCWIC is down, the time the computer system was reported down and possible causes of the system problem as informed by an IRC.

3. Lost/Stolen/Damaged eWIC cards
   Participants or parents/authorized representatives are responsible for eWIC cards issued to them. However, staff are authorized to reissue a replacement eWIC card for those reported as lost, stolen, or damaged and who by requiring to be physically present would pose an unreasonable barrier to services. Staff will ensure that they are speaking with the participant/parent/authorized representative and confirm the address in SCWIC. The lost card will be deactivated and the new card will be loaded with the participant's food benefits and mailed.
   a. The new eWIC card and the eWIC Card Guide (CR-012327) will be mailed together instructing the participant on how to PIN their new eWIC card, once received.
   b. If the replacement eWIC card is mailed and participant/parent/authorized representative contacts the clinic stating they did not receive the card, staff will deactivate the card and instruct the participant to come into the clinic for issuance.
   c. Cards returned in the mail will be deactivated and shredded. The participant is required to come into the clinic for benefit issuance.

4. Procedures for mailing:
   a. Confirm valid certification.
   b. Confirm the mailing address.
   c. Give the participant their next appointment, when applicable.
   d. The **Food Benefit Mailing Log (DHEC 2044)** must be maintained noting all eWIC card number(s), participant(s) name and identification number(s), date mailed, reason for mailing and staff signature.
   e. First class mail is the lowest cost mail service acceptable. Labels can be used on the envelopes and all envelopes must be sealed and delivered to the mailing area. The envelope must state "Return Service Requested" in order for the eWIC card to be returned if the address is invalid.
   f. The WIC Program Manager or WIC designee will examine mail procedures within each site and provide recommendations for the site supervisor to ensure WIC mail is transferred daily to the lead WIC staff person in the site. The WIC Program Manager or WIC designee will review the process annually to ensure that mail is transferred daily to WIC staff as required.
   g. If the eWIC card was returned in the mail, the issuing site staff are to use the following procedures:
      i. Contact the participant (if possible) in an effort to issue the returned food benefits. If unable to contact, staff will deactivate and destroy the eWIC card.
      ii. The staff person will document the eWIC card returned on the DHEC 2044 and initial.
   h. The WIC Program Manager must determine if mailing should continue when an excessive number of eWIC cards are returned in the mail.

5. eWIC cards that were mailed but reported by participant/parent as not received after five (5) working days must be deactivated. Staff will request the parent, authorized representative, or proxy come to the clinic for food benefit reissuance. Proxies are required to have the WIC ID card for benefit issuance.

6. If the status of mailing SNAP should change e.g. discontinuing SNAP mailing due to mail losses, WIC food benefit mailing will also discontinue in that area. USDA approval is required for any further mailing in that area.

G. INVALIDATION OF FOOD BENEFITS

246.12 (q) states the State agency must account for the disposition of all food benefits as either issued or voided, and as either redeemed or unredeemed. Redeemed food benefits must be identified as validly issued and/or redeemed.

1. Invalidation code for food benefits

Invalidated are food benefits which cannot be utilized by the participant.

a. Void:

If all benefits previously issued have not been redeemed, the CPA can reissue benefits. However, if some of the benefits for the current month have been redeemed, the CPA staff will determine if the current month of benefits can be reissued or future benefits only.

H. REPLACEMENT OF eWIC CARDS

1. Participants or parents/authorized representatives are responsible for eWIC cards issued to them. However, staff are authorized to immediately reissue a replacement eWIC card for the following situations:
   a. A damaged eWIC card is brought into the clinic
   b. The head of household changes, custody changes, or changes in foster care circumstances
   c. Stolen/lost card
   d. Participant cannot access the card due to domestic violence situation
   e. Other extenuating circumstances, if approved by the WIC Program Manager or designee.

2. If the participant/parent/authorized representative has lost their eWIC card it may be replaced. Staff must inquire to whether the participant or parent/authorized representative has made an effort to locate the lost card.

3. Staff will deactivate (Stop Access) the lost/stolen/damaged card in SCWIC. Food benefits not already redeemed will be transferred to the new eWIC card. The deactivated card will be shredded, if applicable.

I. SECURITY AND RECEIPT OF eWIC CARDS

1. Shipments of eWIC cards are made quarterly through the WIC state office to the Region/PCC WIC Coordinators. Each box of cards will contain a packing slip that shows the total number of cards and the entire number range for each box. If any discrepancies are discovered, note on the packing slip and contact Central Office immediately. Upon delivery of the cards, it is the responsibility of the clinic/site to verify the eWIC cards received. It is not necessary to count the individual cards.
   a. If there are any discrepancies when receiving eWIC cards from another WIC clinic/site, notify the office they were received from immediately by phone and follow up in writing within one week.
2. An inventory sheet must be maintained to ensure eWIC card inventory and current cards received and/or transferred to other sites. The form, “eWIC Card Inventory”, can be found on OneDrive. Each region/PCC will have their own online spreadsheet to maintain. WIC Coordinators are responsible for sharing access to designated staff, if necessary. Each region/PCC will be required to use this form to track the eWIC cards. If a situation arises with inventory, the region/PCC is encouraged to contact WIC Central Office. Regional/PCC staff need to be able to quickly identify the number of eWIC cards on hand at all times at the site.
3. All eWIC cards should be securely stored at all times when not in use and within the clinic.

a. One staff member is assigned the responsibility of securing eWIC cards in each clinic site.
b. eWIC cards are to be stored in a locked location when not in use.
c. A limited number of WIC staff members should be given access to the eWIC cards.
d. During issuance, eWIC cards should not be left unattended and should not be accessible to participants or to other unauthorized persons.

J. SECURITY OF WIC ID CARDS

1. One staff member is assigned the responsibility of securing WIC Program ID cards in each clinic site.
2. WIC ID cards are to be stored separately in locked locations.
3. A limited number of WIC staff members should be given access WIC ID cards.
4. During issuance WIC ID cards and should not be left unattended.

CHAPTER 7 NUTRITION SERVICES

A. SOUTH CAROLINA WIC NUTRITION SERVICES

1. Definition of Nutrition Services

A. The Nutrition Services Unit of the State agency assumes responsibility for the leadership and guidance for the overall integrity of nutrition services within the program. USDA Regulations, The WIC Nutrition Services Standards, WIC Nutrition Risk, and VENA, A Guide to the Art and Science of WIC Nutrition Assessment are the resources used in the development of the Nutrition Services Policies.

B. The Regional Program Manager is responsible for planning, directing, coordinating, and evaluating the nutrition services at the regional level.

C. The goals of the nutrition policy, and standards are to assist participants in achieving a positive change in dietary, physical activity, and lifestyle habits that result in positive health outcomes during critical times of growth and development.

D. To maximize effectiveness of the WIC program, the nutrition services provided must reflect current scientific knowledge and contemporary public health issues.

E. A participant applying for WIC receives a Value Enhanced Nutrition Assessment (VENA) to determine eligibility and other nutrition services that are relevant to the participants needs.

F. The WIC nutrition assessment is the process of obtaining and synthesizing relevant and accurate information in order to:
   1. Assess an applicant's nutrition status and health risks
   2. Design appropriate nutrition education and counseling
   3. Tailor the food package to address nutrition needs
   4. Make appropriate referrals

G. VENA is the first step in quality nutrition services. In order to provide an appropriate and personalized nutrition intervention (education, food package tailoring, and referrals) a complete nutrition assessment must be conducted.

H. Follow up is also an important part of the nutrition service process as it allows nutrition staff to monitor progress, reinforce education messages and elicit feedback from participants.

I. The information necessary to complete a WIC nutrition assessment includes:
   1. Anthropometric
   2. Biochemical
   3. Clinical
   4. Dietary
   5. Environmental and social

J. It is vital that the information collected is accurate in order to identify and validate nutrition risk factors and guide WIC participant centered services.

2. Program Coordination

A. The purpose of program coordination is to meet the additional needs of participants to improve their health, nutrition and social needs, as well as provide a continuum of care to support women, infants, and children. Collaborations with key stakeholders and community partners allow WIC staff to form referral networks and develop strategies to address participant's needs.

B. A memorandum of understanding with the other program or programs to facilitate program coordination and collaboration must include a review of activities, plans and agreement and be signed and dated.

C. Examples of coordination efforts are:
   1. Representing and promoting WIC nutrition services at meetings and conferences.
   2. Soliciting input and collaborating with these organizations when developing educational and outreach materials and campaigns.
   3. Developing written agreements with health and human service agencies to enhance participant care and services.
   4. Participating in joint program planning, grant writing, etc.
   5. Training students and interns.
   6. Individuals and organizations in the community can conduct group nutrition education for WIC class credit upon approval of the State Nutrition Service Manager.
   7. Individuals and/or organizations in the community with special nutrition skills or expertise can be utilized to provide nutrition education if they are approved by the Director of the Division of Public Health Nutrition Practice and SNAP-Ed Program.

D. The State and local agency will develop and foster positive relationships with community partners Such as:
   1. Breastfeeding promotion and support services
   2. Child care centers
   3. Community programs
   4. Commodity Supplemental Food Program (CSFP), Supplemental Nutrition Assistance Program (SNAP), Child and Adult Care Food Program (CACFP), and other FNS programs.
   5. Cooperative Extension Service
   6. Early Head Start and Head Start programs
   7. Family planning agencies
   8. Hospitals
   9. Immunization providers (See Immunization Screening and Referral of WIC Participants, Appendix 9.2)
   10. Physician and health care providers
   11. Oral health services
   12. Shelters and food pantries
   13. Faith-based organizations
   14. Teen and parent programs
   15. Medicaid

3. Participant Referrals

A. Referring Program applicants, participants and designated proxies to other health, welfare, and social services helps to meet the additional needs of participants and assists in improving health and/or achieving positive health outcomes. The referral process also informs applicants who are ineligible for the WIC program of other programs and services that many benefit them. Refer to the Directory of Services for Women and Families in South Carolina ML# 017048.

B. Provide and document the delivery of relevant, updated, and accurate referral information to health and social services based on the nutrition assessment for each participant. Follow up on those referrals at each six month evaluation, or certification and document the results of the referral. *Example: Participant was referred to health care provider for immunizations and is currently up to date on all immunizations.*

C. All referrals are generated in SCWIC.

D. USDA WIC regulation 7 CFR 246.7 (b) (1) states that written information be provided to participants when referring them for Medicaid. For referrals see https://www.scdhhs.gov/ or DHEC 3400 in RIMS.

E. Each provider should have a list of current resources for drug and other harmful substance abuse counseling and treatment. Visit https://findtreatment.samhsa.gov for a list of providers by address or zip code.

F. Provide information about other nutrition assistance programs and services to assist participants when a WIC Program waiting list has been established and/or to improve food security. Examples of other nutrition assistance programs include:
   1. WIC Farmers Market Nutrition Program
   2. SNAP
   3. Commodity Supplemental Food Program (CSFP)
   4. Food Pantries, food banks, and soup kitchens

G. Refer participants, as appropriate, to other resources and community organizations.
   Referrals outside of DHEC may include:
   1. Child Protective Services https://dss.sc.gov to find your county's number
   2. Domestic Violence Programs 1-800-799-SAFE (7233)
   3. Homeless Shelters
   4. Temporary assistance for needy families TANF (800-616-1309)
   5. Advise pregnant women to know their HIV status. Provide local referrals to HIV counseling and testing services.

H. Referrals to these programs are made either by staff calling resource for the participant or by providing the participant with the phone number for the organization. Referrals are to be documented under the referrals in SCWIC. To find State resource numbers go to https://dss.sc.gov/contact/ or www.sc211.org

I. Referrals to Primary Health Care Providers (PCPs):
   In addition to other health discipline referrals, pregnant women with the following conditions must be instructed to consult with their Primary Care Provider (PCP) within 24 hours. Document statement to consult with PCP in the referral section of SCWIC.

Prenatal Issues Requiring a Referral to PCP	
1	Spotting or bleeding.
2	Excessive vomiting or nausea.
3	Swelling.
4	Contractions, suggesting premature labor.
5	Baby stops moving.
6	Other troublesome medical situations.

4. **Referring to the Registered Dietitian**

A. The Risk Code Criteria for Referral to Licensed Registered Dietitians was determined with guidance from the Director, Division of Public Health Nutrition Practice and SNAP-Ed Program.

B. Public Health Registered Dietitians provide Medical Nutrition Therapy for nutrition related medical conditions, and monitor participants over time to reduce risk factors and help improve quality of life through educating about healthy lifestyle behaviors, and counseling for behavior change.

C. Participants determined to be high risk are referred to the Registered Dietitian for one on one counseling during each evaluation period in which a high risk factor is triggered.

D. Refer to the Registered Dietitian in referrals of SCWIC.
   1. Inform the participant that a benefit of WIC services includes the availability to receive nutrition therapy from a Registered Dietitian.
   2. Refer to the Risk Code resource tool to inform participants of the importance of managing the risk for the best health outcome.
   3. During the certification, use the referral tab and choose RD from the dropdown referral list.
   4. If the participant accepts the referral, schedule the RD appointment. If referral is declined, schedule the next appropriate education encounter or refer to WIChealth.org.

E. The RD appointment should be scheduled at the earliest time available that is convenient for the participant but no more than 30 days from the date of the risk factor identification. The appointment can be scheduled in clinic or as a phone consult. If the participant prefers a phone consult, document in the subjective information of the individual care plan that scheduled appointment is by phone. Verify phone contact information with participant. **Note**: RD's must review their scheduled appointments and the corresponding care plans each day, to determine, if participants are coming into clinic or requested a phone consultation.

F. Complete the RD/LD information card # ML 025573 with appointment time and the RD's name and provide to the participant for placement into her WIC identification card.

G. The RD appointment is counted as an education encounter to comply with education obligation as defined by USDA regulations.

H. A proxy may attend appointment with RD/LD if they are familiar with dietary patterns of the child.

I. If the participant does not show up for the scheduled appointment, the Registered Dietitian shall call the participant to reschedule the appointment or to complete a telephone consultation. If unable to contact by phone, Registered Dietitian will issue benefits valid for one month and document in food prescription comments. Registered Dietitian will schedule the next appointment with the RD prior to the valid through date of the food or formula benefits.

J. If a participant declines the referral for RD/LD services, schedule the participant for a facilitated group discussion, an individual nutrition encounter or refer to web class and issue benefits for three (3) months.

5. Substance Abuse: Screening, Education, and Referral (CFR 246.7)

A. WIC staff must provide information on the dangers of alcohol, tobacco and other harmful drugs to all pregnant, breastfeeding, and postpartum women and parents/authorized representatives of infant or child participants and if appropriate refer for further assessment and treatment. Substance abuse education must be discussed verbally and the handout entitled "Substance Use: Risks to you and your family" (ML-009084 or ML-025600 Spanish) is provided to all pregnant, postpartum, and breastfeeding women and parents or authorized representatives of infants and children during each certification.

B. WIC staff must document substance use education in the Education tab of SCWIC.

C. Participants in need of help regarding substance use must be referred to local alcohol and drug abuse treatment agencies for further counseling and/or treatment. Each local clinic site must maintain a list of these local treatment agencies for making needed referrals.

D. During a six month evaluation, substance use education must be provided verbally and with written materials.

E. For additional information on Substance Use Prevention, go to http://wicworks.fns.usda.gov/wicworks/Topics/ResourceManual.pdf .

Note: Each WIC site must have a list of local substance use counseling and treatment resources to provide to participants as needed.

F. **Smoking Intervention and Cessation Agency Policy:**
WIC staff must provide a brief clinical intervention to clients who smoke or use any tobacco product AND are ready to quit. The Ask, Advise, and Refer (2As+R) Tobacco Cessation Intervention. Ask about tobacco use, advise to quit, and assess readiness to quit. If ready, refer to quit line at 1-800-QUIT-Now. Complete the referral form DHEC #1049 and fax to quit line. Referral forms should be maintained in a batch form and kept in a locked central location according to clinic policy.

For Your Notes

CHAPTER 8 WOMEN NUTRITION ASSESSMENT AND RISK ASSIGNMENT

A. CERTIFICATION

1. A WIC certification is completed to assess and document each applicant's eligibility for the program.

2. Eligible participants are certified at the time of their entrance into the program and remain eligible until the end of the month that their ineligibility begins. Participants receive a nutrition and health assessment individualized nutrition education, and referrals to appropriate agencies or medical providers at the certification.

3. Nutrition service staff are responsible for collecting and documenting assessment information, assigning risk codes, providing nutrition education, assigning food prescription, issuing benefits and scheduling the appropriate follow up appointments, and making referrals in the SCWIC.

4. If SCWIC is not operational, the DHEC 4028 is the clinical form used for certifying women applicants on the WIC Program. The form assists staff in the collection of essential data necessary for proper assessment of the applicant's nutritional, risk, and categorical status. The prenatal weight gain chart, DHEC 720, may also be utilized in the certification process when SCWIC is not operational. The women's script (DHEC 4028) and the prenatal weight gain chart (DHEC 720), as applicable, are maintained until the participant's information can be entered into SCWIC. All documentation is to be entered within two (2) working days, once the system is functioning. The CPA will work in conjunction with the administrative staff to ensure all applicant data is entered into SCWIC and food benefits are issued. The WIC Program Manager or designee should ensure all staff are trained and have access to the forms necessary for the completion of the certification process.

1. WOMEN CATEGORY DEFINITIONS AND CERTIFICATION PERIODS:

a. Pregnant Women

Pregnant women considered categorically eligible must be confirmed as pregnant.

1. A confirmation of pregnancy can be provided by the following indicators: clinical assessment indicating presumption of pregnancy (this may include detection of fetal heart tones or active fetal movements palpated by the observer); and/or an obvious advanced state of pregnancy; or a statement of estimated date of delivery (EDD) from a nurse or physician. A copy of an ultrasound can be used if the participant's name, EDD/or weeks gestation and the medical authority who conducted the ultrasound is documented on the ultrasound picture. Confirmation of pregnancy is scanned into SCWIC under the Communications tab.
2. If a confirmation of pregnancy is not provided on the day of certification, the certification is only valid for 60 days (two months of food benefits). In order to remain on the program, the participant must provide an EDD statement or the CPA must be able to establish visual confirmation of pregnancy.
3. Pregnant women are **certified** for the duration of pregnancy and continue to be categorically eligible until six (6) weeks postpartum, regardless of the outcome of the pregnancy.

b. Postpartum Women

Postpartum women have delivered within the previous six months regardless of the outcome of pregnancy.

1. Postpartum women are **certified** until six (6) months after delivery.

c. Breastfeeding Women

1. Breastfeeding women are categorically eligible if they are breastfeeding at least once a day or until the infant is one (1) year of age. (Eligible infants of breastfeeding mothers are certified whether or not they are currently receiving a food package).
2. Breastfeeding women should have four (4) nutrition education encounters during a 1 year period or two (2) encounters within a six month period. Breastfeeding women who were not on WIC can be certified initially any time during the first year after delivery.
3. If a women in Priority I, II or IV stops breastfeeding, one of two conditions apply:
   a. If she is more than 6 months postpartum, she is categorically ineligible and must be removed from the Program; or
   b. If she is less than 6 months postpartum, determine if the women qualifies to participate in her own right as a postpartum woman.
4. Consider the following three cases of a woman who has ceased to breastfeed and is less than six months postpartum.

Examples:

a. ***The woman, assigned risk code 601, has been placed in Priority I or II based solely on her infant (who had a risk code other than 702).*** The woman would have been ineligible in her own right at the time she was certified, her Program benefits would end. A complete new certification that documents a nutritional risk factor that qualifies her for the Program in her own right as a postpartum woman would be necessary for her to continue WIC benefits.

b. ***The woman, assigned risk code 601, was certified as Priority I or II based solely on her infant), but upon a review of her health record by a CPA, has a documented postpartum nutritional risk factor that qualifies her as a postpartum.*** Keep her on the Program with no new certification based on her medical/nutritional data. Update SCWIC indicating her change in category.

c. ***The woman was certified as Priority I in her own right, due to hematological, anthropometric or other medical data at certification.*** Keep her on the Program with no new certification**.** Update SCWIC indicating her change in category.

5. Certification of Non-Birth Breastfeeding Women
   The non-birth breastfeeding woman who is providing her breast milk for the nourishment of a WIC infant can be certified as a breastfeeding woman. She must meet the eligibility requirements of a breastfeeding woman. As with the natural mother, her eligibility as a breastfeeding woman ends when she stops nursing the infant at least once per day or at the infant's first birthday, whichever occurs first. ***If the infant's birth mother is also certified, she must be classified in a non-breastfeeding postpartum status.***

B. PHYSICAL PRESENCE

1. At each certification, the CPA is required to document the physical presence of the WIC participant. The applicant must be actively enrolling for WIC benefits to be established as physically present for WIC Services. This will enable staff to further strengthen the integrity and accountability of the certification process.

2. In limited circumstances there are exceptions to the requirement of physical presence (i.e., medical condition, confined to bed rest, etc.); however, specific documentation is required for the exemption.

C. EXCEPTIONS TO PHYSICAL PRESENCE

1. An applicant or the parent/authorized representative of an applicant who has a disability or illness that makes it difficult to come to the WIC clinic may be certified for the WIC Program without physically presenting at the clinic. A signed statement from a physician or healthcare provider supporting the medical condition and exception to physical presence must be provided. A prescription for a special formula alone is not an acceptable alternative. A photocopy of the statement should be scanned in SCWIC for that **certification period**. Following are special situations in which an applicant may be certified without physically presenting at the appointment:
   a. A medical condition that necessitates the use of medical equipment that is not easily transportable.
   b. A medical condition that requires confinement to bed rest.
   c. A serious illness that may be exacerbated by coming into the clinic.
   d. An applicant and/or parent/authorized representative who by requiring to physically present would pose an unreasonable barrier to services.

2. Supervisory staff or designee should utilize the Not Physically Presented Report located in SCWIC on a monthly basis to ensure those participants that do not have the Physically Present box checked in SCWIC are provided with appropriate follow-up.

D. NUTRITION ASSESSMENT

Nutrition assessment is necessary to link collected health and diet information to risk assessment and the delivery of appropriate and personalized nutrition interventions that lead to chronic disease prevention and improved health outcomes. All questions on the guided script shall be asked and answered by the participant in order to obtain a comprehensive assessment and identify all risks to the woman's health. The nutrition assessment obtains and synthesizes relevant and accurate information in order to:

1. Assess an applicant's nutrition status, risks, capacities, strengths, needs and/or concerns.
2. Design appropriate nutrition education and breastfeeding promotion and support that address participants needs and concerns.
3. Tailor the food package to address nutrition needs.
4. Make appropriate referrals.

E. DETERMINING THE NUTRITIONAL RISK

This section describes the requirements for Nutritional Risk Criteria. Criteria and supportive data are recorded in SCWIC.

Referral Data

Staff may use of referral data furnished by other health providers (i.e., private physicians/APRNs) to determine risk. If such data is used, it must be documented under "Physical Measures" tab of the certification data screen. Anthropometric and biochemical data must be no more than 60 days old prior to certification and signed. All fully breastfed infants will be weighed, and length and head circumference measured at the time of certification. Data must be reflective of the participant's categorical status and presented at the time of certification. In SCWIC the referral anthropometric and biochemical information is entered on the Wt/Ht/Bloodwork page. The CPA will check the Non-WIC Box, the date of the measures from the referral and the measures.

1. NUTRITIONAL RISK FOR PREGNANT, POSTPARTUM, AND BREASTFEEDING WOMEN

A. Anthropometric Assessment:

1. Measure height, with participant's heels (NO SHOES), buttocks, shoulders and head touching the vertical measurement board.
2. Weigh in light indoor clothing without shoes, purse, jacket, etc.
3. Anthropometric data and bloodwork are entered and maintained on the Wt/Ht/Bloodwork screen.
4. The data fields displayed on the Wt/Ht/Bloodwork screen are dependent on the category of the active participant and will show additional questions that must be entered specific to the age and category of the participant.
5. For pregnant women, a prenatal chart can be generated based on the prenatal data entered into the Anthropometric grid.
6. Review assignment of all risk codes related to anthropometric measures (refer to risk criteria) under the "Risk Codes" tab of the certification data screen in SCWIC.
7. Confirm that applicable risk codes are recorded under the "Risk Codes" tab of the certification data screen in SCWIC.
8. **Pregnant Woman:**
   a. Ascertain pre-pregnancy weight and record in SCWIC. If pre-pregnancy weight is unknown by participant, use the first trimester weight as the pre-pregnancy weight. Many women do not know their weight prior to pregnancy. Use critical thinking skills when entering stated pre-pregnancy weight. A woman should only gain or lose 2-4 pounds in the first trimester unless she has a medical condition causing excessive weight loss or gain.
   b. Weight is automatically plotted on the appropriate prenatal weight gain chart.
   c. If SCWIC is out of service plot weight on appropriate prenatal weight gain chart (DHEC 720). Prenatal weight gain charts include pre-pregnancy underweight, pre-pregnancy normal weight, pre-pregnancy overweight and pre-pregnancy obese.
   d. Share the weight chart with the participant and advise participant on her individualized weight gain goals. Plot current weight on the weight chart on the educational handout Tips for a Healthy Pregnancy ML# 025495 or ML # 025496 (Spanish) and provide to participant. Educate participant how to use and to take her chart to her Prenatal MD appointments and document weight at each visit. If a referral to RD is required due to weight status, weight history is vital to assist participant in obtaining a healthy outcome.

B. Bio-Chemical Evaluation:

1. Lab values taken for the hemoglobin (Hb) or hematocrit (Hct) for WIC Program eligibility cannot be used for diagnosis, prognosis and/or treatment purposes. For recommended referral protocol for abnormal hemoglobin, see Appendix 8.3.
2. Hemoglobin or hematocrit data criteria is as follows:
   a. Pregnant women:
   Should be taken at the earliest opportunity during pregnancy and reflective of the category.
   b. Postpartum and Breastfeeding women:
   Should be taken after the termination of the pregnancy (ideally 4-6 weeks after delivery).
   - **Breastfeeding women:**
     No additional blood test is required 6-12 months postpartum.

3. WIC Program requires no limitation on the age of the referral data as long as it is reflective of a woman applicant's category and is presented at the time of certification.

4. Review the laboratory tests related to biochemical evaluation. If applicable, confirm that SCWIC identified and auto-assigned risk code 201 under the "Risk Codes" tab of the certification data screen.

C. **Breastfeeding Promotion**

1. Breastfeeding assessment is completed on all women (unless breastfeeding is contraindicated). The assessment questions in SCWIC are designed to assist in prenatal decision making, and to aid nutrition staff in providing anticipatory guidance, and appropriate referrals.

D. **Health Assessment:**

1. Complete/update database under Health Screen.
2. Document any current medical problems. Review the list of medical problems listed in SCWIC with the participant. Answer the question, "Do you have any health or medical issues" with YES in order to review the list. If participant does not have any of the listed medical or health issues, change answer to NO.
3. Identify all applicable risk codes from evaluation of medical history (refer to risk criteria). The **Nutrition Risk** screen displays all nutrition risk factors either manually or system generated from the participant's data and is comprised of two (2) tabs: **Current** and **History**.
4. **Current** risk factors are those pertaining to the participant's current certification period. Risks that are displayed on the **History** tab are those from previous certification periods. **Current** risks are automatically moved to **History** upon the establishment of a new certification period.
5. The **Nutrition Risk** screen allows the user to have the system assign the participant's risks and to manually assign risks that apply.
6. Confirm that all applicable risk codes are recorded. Provide nutrition education and appropriate referrals based on risk.

E. **Health Outcome based Nutrition Assessment**:

The CPA will explain the purpose of the nutrition assessment to the participant and describe the staff relationship as a partnership working to achieve positive health outcomes. Participants must have a nutrition risk to be eligible for WIC program.

F. The health goal for a pregnant woman is to deliver a healthy, full term infant while maintaining optimal health status.

G. The health goal for a postpartum and breastfeeding woman is to achieve optimal health during childbearing years and reduce risk for chronic disease.

1. The CPA should use open-ended questions, as well as data (e.g., bloodwork, anthropometrics) to do a comprehensive nutrition assessment. All questions in the guided script are designed to determine risk. If a question is skipped because it is not mandatory, risk codes may be missed.
2. The guided script includes a depression screen. The screening tool we use is called the PHQ-2 (Patient Health Questionnaire). The CPA will total the answers to the 2 questions and if the participant scores a 6, ask if she would like a referral for further evaluation of her feelings. If she says yes, have her sign a DHEC # 1623 and scan or eSignature captured, as appropriate into SCWIC. Ask what contact information she would like to use. Call the local SCDMH SBIRT Mental Health Center and give the contact her information. Inform participant she will be contacted in 24-48 hours. Provide participant with the SBIRT Mental Health Center contact information and the ML-025627 Depression During or After

Pregnancy. If she answers no, give the above handouts. Document the referral in the referral tab under DMH.

4. Identify all applicable risk codes related to the nutrition assessment (refer to Risk Criteria).
5. Confirm that applicable risk codes are recorded in SCWIC.

H. **Six Month Evaluation of Breastfeeding Women**

1. Breastfeeding women must receive a nutritional evaluation during the six (6) month of certification. Documentation for this sixth month evaluation should include the following within the WIC module:
   a. Current weight and height (referral data is acceptable);
   b. Calculation of BMI;
   c. Medical home, interval history and medications;
   d. Assignment of applicable risk codes;
   e. Reassessment of substance use and current status of breastfeeding;
   f. nutrition assessment and follow-up on mutual goal;
   g. individual nutrition education;
   h. Set a new goal to achieve optimal health;
   i. breastfeeding assessment;
   j. referral to health services as deemed necessary (e.g., MD, RD, CLC, Dentist, etc.);
   k. review food package and revise as needed;
   l. Document appropriate Education in Nutrition Education screen of SCWIC.
2. All breastfeeding women certified at < (less than) 5 months post-delivery must be scheduled for a sixth month evaluation.

I. **Documentation for CPA**

Documentation is essential for staff to build on and follow up on prior visits for participants. Adequate documentation facilitates communication between staff and ensures continuity of care of participants.

1. Effective documentation is:
   a. Consistent
   b. Clear
   c. Concise
   d. Complete
2. Documentation should provide a complete picture of the visit, be easy to retrieve and review. Document validation of any risks that are not otherwise validated in the WIC certification. It should summarize the nutrition education/counseling provided, participants concern, participant's understanding and readiness to change and anticipatory guidance provided.
3. Document the Note in the Individual Care Plan Note section in SCWIC when a participant has a high risk code and/or the staff needs to communicate additional information for monitoring.
4. Documentation does not need to contain information that is available in other sections of the certification such as hemoglobin or weight.
5. All documentation should be documented by the provider only at the time of the certification, recertification, education appointment or follow-up appointment.

J. **VENA stands for Value Enhanced Nutrition Assessment.** This method of assessment expands the purpose of nutrition assessment from eligibility determination to quality nutrition services.

K. **Goal Setting:**

A goal is about the final impact or outcome the WIC participant wants to accomplish. A well phrased goal is one that is specific, measurable, achievable, realistic, and time bound. The CPA should not set the goal; however, they can guide the participant in the goal setting process using the participant's health, or nutrition risks or the anticipatory guidance needed to help participant make healthy lifestyle changes.

1. The CPA can be a partner in transforming the participant's idea for improvement into a measurable goal with a timeframe for completion.
2. Follow up is a required component of the WIC assessment. The CPA is required to find out how the participant has addressed a nutrition or health issue from a previous certification and documented in the Follow-up section of the Care Plan screen.
3. The Goal will be documented in the Individual Care Plan Note in SCWIC for all participants who have a high risk code triggered.
4. A goal for the participant with a low risk code will be documented in the **note column** beside the education provided that addresses risk or anticipatory guidance provided to the participant. (*Example: You determine through the assessment that participant is not taking her prenatal vitamin because she forgets to take it in the morning because she is rushing to get to work. risk code 427.4: Inadequate vitamin/ mineral supplementation is triggered. Education provided is Tips for a Healthy Pregnancy. Goal: Participant agrees to take her prenatal vitamin each evening before bedtime. She will store vitamin bottle beside her bed and set an alarm on her phone as a reminder for the remainder of her pregnancy or as prescribed by her healthcare provider).*

L. Review Procedures of Pregnant Women Immunization

1. WIC staff will provide all pregnant women with Tdap and Flu Vaccine Rack Card (English ML-025678, Spanish ML-025692).
2. WIC CPA will ask pregnant women whether they have had the Tdap vaccine during pregnancy or flu vaccine for the current season.
3. WIC CPA will recommend all pregnant women receive Tdap and flu vaccine during pregnancy at every visit.
    a. Pregnant women can get the flu shot anytime during pregnancy. Offer to schedule an appointment with the DHEC immunization clinic, or refer the participant to her primary care provider, prenatal care provider or local pharmacy.
    b. The optimal time for Tdap vaccination is between the 27th and 36th week of pregnancy;
        i. If the woman is ≥27 weeks pregnant, ask if she would like to be vaccinated at the visit. Complete the referral information in SCWIC, and contact the site immunization nurse or other trained immunization staff who may be able to administer the vaccine or schedule a return visit for the participant with the immunization clinic.
        ii. If the woman is <27 weeks pregnant, if scheduling allows, offer to schedule a return visit for the participant with the DHEC immunization clinic.
        iii. If unable to schedule in the system, refer the participant to her primary care or prenatal care provider.

F. EXCEPTIONS TO THE HEMATOLOGICAL TESTING REQUIREMENT FOR WIC CERTIFICATION

The only circumstances that would preclude hematological testing for anemia are:

1. If an applicant's religious beliefs will not allow him or her to have blood drawn. A statement of the applicant's refusal to have blood drawn must be documented in SCWIC.

2. If the applicant has a medical condition, e.g., hemophilia, fragile bones (osteogenesis imperfecta), or a serious skin disease, in which the procedure (i.e., finger stick or venipuncture) of collecting the blood sample could cause harm to the applicant. Documentation from a health care provider of the medical condition must be scanned into SCWIC. DHEC 1623 (Consent to Obtain/Release Medical Information) must be signed by the applicant before such medical information can be requested. Scan documentation of the medical condition, as well as, DHEC 1623, into SCWIC. If information on the medical condition is received verbally from the health care provider, document it in SCWIC. If the noted condition is considered to be treatable, such as serious skin disease, a new statement from the physician would be required for each subsequent certification. If the condition is considered "life-long", such as hemophilia, a new statement from the physician would not be necessary for a subsequent certification(s).

3. In the case of one of the above medical conditions which precludes hematological testing, staff should make every effort to obtain referral data from the applicant's health care provider. In most cases, a person with a serious medical condition will be receiving regular medical care and referral data should be attainable. If attempts to obtain referral data fail, the WIC site may: (1) certify the applicant based on an identified risk criteria other than anemia or (2) refer the participant to a laboratory that has trained personnel to collect blood from such persons. The applicant cannot be required to obtain such data at her own expense. In the case where an applicant's religious beliefs preclude having blood drawn, the clinic may certify the applicant based on the identified risk criteria other than anemia.

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Anthropometric	
101 **I**	**Underweight:** Pre-pregnancy Body Mass Index (BMI) < 18.5. Note: BMI cut-offs apply to all women regardless of age (both adolescent and adult participants), when determining WIC eligibility. **See Body Mass Index (BMI) Table (Reference 2) for determining weight classification.**
111 **I** **HR if BMI ≥ 30**	**Overweight:** Pre-pregnancy Body Mass Index (BMI) ≥ 25. BMI cut-offs apply to all women regardless of age (both adolescent and adult participants), when determining WIC eligibility. **See Body Mass Index (BMI) Table (Reference 2) for determining weight classification.**
131 **I** **HR (After 1st trimester)**	**Low Maternal Weight Gain:** Low weight gain at any point in pregnancy, such that using the National Academy of science, engineering and medicine (NASEM based weight gain chart (Reference 2), a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category, as follows:

Pre-pregnancy Wt. Groups	Definition (BMI)	Total Wt. Gain Range (pounds)
Underweight	< 18.5	28-40
Normal Weight	18.5 – 24.9	25-35
Overweight	25.0 – 29.9	15-25
Obese	≥ 30.0	11-20

BMI cut-offs apply to all women regardless of age (both adolescent and adult participants), when determining WIC eligibility. **See Body Mass Index (BMI) Table (Reference 2) for determining weight classification** or use the formula: [weight (lb.)/[height (in.)]² x 703**.** This risk code is not applicable for multi-fetal pregnancies, which are considered a nutrition risk (risk code 335) in and of themselves, aside from the weight gain issue.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY | **CRITERIA**

Anthropometric

133
I

High Maternal Weight Gain:

Singleton Pregnancies:

High weight gain at any point in pregnancy, such that using an IOM-based weight gain chart (Appendix 8.1), a pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category.

Pre-pregnancy Wt. Groups	Definition (BMI)	Cut-Off Values
Underweight	< 18.5	>40 lbs.
Normal Weight	18.5 – 24.9	>35 lbs.
Overweight	25.0 – 29.9	>25 lbs.
Obese	≥ 30.0	>20 lbs.

Note: BMI cut-offs apply to all women regardless of age (both adolescent and adult participants), when determining WIC eligibility. See Body Mass Index (BMI) Table (Reference 2) for determining weight classification. This risk code is not applicable for multi-fetal pregnancies.

Biochemical

201
I

Low/Hematocrit/Low Hemoglobin:

Hemoglobin or hematocrit concentration below the levels in the following chart.

Pregnancy Chart	1st Trimester (0-13 wks.)		2nd Trimester (14-26 wks.)		3rd Trimester (27-40 wks.)	
	Hb	**Hct**	**Hb**	**Hct**	**Hb**	**Hct**
Nonsmokers	11.0	33.0	10.5	32.0	11.0	33.0
Up to 1 Pack/day	11.3	34.0	10.8	33.0	11.3	34.0

211
I
HR

Elevated Blood Lead Levels:

Blood lead level of ≥ 5 µg/deciliter **within the past 12 months**.

Clinical/Health/Medical

301
I

Hyperemesis Gravidarum:

Severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances. This risk is based on a chronic condition, not single episodes. Hyperemesis Gravidarum is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded.

Self-reported as diagnosed by a physician.

302
I
HR

Gestational Diabetes:

Gestational diabetes mellitus (GDM) is any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.

Self-reported as diagnosed by a physician.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
303 **I**	**History of Gestational Diabetes:** History of diagnosed gestational diabetes mellitus (GDM). ***Self-reported as diagnosed by a physician.***
304 **I**	**History of Preeclampsia:** History of diagnosed preeclampsia. ***Self-reported as diagnosed by a physician.***
311 **I**	**History of Preterm or Early Term Delivery:** • Preterm – Delivery of an infant at ≤ 36 6/7 weeks gestation. • Early Term – Delivery of an infant ≥ 37 0/7 and ≤ 38 6/7 weeks gestation. • Any history of preterm or early term delivery.
312 **I**	**History of Low Birth Weight:** • Birth of an infant weighing ≤ 5 lb. 8 oz. (≤ 2500 grams). • Any history of low birth weight.
321 **I**	**History of Spontaneous Abortion, Fetal or Neonatal Loss:** • **A spontaneous abortion** (SAB) is the spontaneous termination of a gestation at <20 weeks gestation or <500 grams. A **fetal death** is the spontaneous termination of a gestation at ≥20 weeks. A **neonatal death** is the death of an infant within 0-28 days of life. • Any history of fetal or neonatal death or 2 or more spontaneous abortions. ***Self-reported as diagnosed by a physician.***
331 **I**	**Pregnancy at a Young Age: Conception ≤ 17 years of age:** Current pregnancy.
332 **I**	**Short Interpregnancy Interval:** Conception before 18 months postpartum. Current pregnancy.
333 **I**	**High Parity and Young Age:** Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. Current pregnancy.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR - All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
334	**Lack of or Inadequate Prenatal Care:** Lack of Prenatal Care defined as - prenatal care beginning after the 1st trimester (after 13th week). Inadequate Prenatal Care as defined by the following chart:
335	**Multifetal Gestation:** More than one (> 1) fetus in a current pregnancy.
336 **I**	**Fetal Growth Restriction:** Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR)). FGR is usually defined as a fetal weight <10th percentile for gestational age. ***Self reported as diagnosed by a physician.***
337 **I**	**History of Birth of a Large for Gestational Age Infant:** Any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams). ***Self reported as diagnosed by a physician.***
338 **I**	**Pregnant Women Currently Breastfeeding:** Breastfeeding woman now pregnant.
339 **I**	**History of Birth With Nutrition Related Congenital or Birth Defect:** • A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. • Any history of birth with nutrition-related congenital or birth defect.
341 **I**	**Nutrient Deficiency or Disease:** Any currently treated or untreated nutrient deficiency disease. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, and Iron Deficiency. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key	
Priority Levels: I, II, III, IV, V, VI & VII	**High Risk: HR**
HR – All List II formulas	

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G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
342 **I** **HR (Crohn's, Malabsorption, Short bowel syndrome, others compromising nutritional status)**	**Gastro-Intestinal Disorders:** Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to: • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • pancreatitis • biliary tract diseases ***Self reported as diagnosed by a physician.***
343 **I** **HR**	**Diabetes Mellitus:** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. ***Self reported as diagnosed by a physician.***
344 **I**	**Thyroid Disorders:** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: **Hyperthyroidism:** Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). **Hypothyroidism:** Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. **Congenital Hyperthyroidism:** Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation). **Congenital Hypothyroidism:** Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. **Postpartum Thyroiditis:** Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. ***Self reported as diagnosed by a physician.***
345 **I** **HR**	**Hypertension and Prehypertension:** Presence of hypertension or prehypertension. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
346 **I** **HR**	**Renal Disease:** Any renal disease including pyelonephristis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. ***Self reported as diagnosed by a physician.***
347 **I** **HR**	**Cancer:** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. ***Self reported as diagnosed by a physician.***
348 **I** **HR (Cerebral Palsy)**	**Central Nervous System Disorders:** Conditions which affect energy requirements, ability to feed self, alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: • epilepsy • cerebral palsy (CP) • neural tube defects (NTD), such as spina bifida • Parkinson's Disease • Multiple Sclerosis (MS) **Must have adequate documentation by the CPA.**
349 **I** **HR (Nut. related conditions, cleft lip or palate, Down syndrome, Congenital Heart Disease)**	**Genetic and Congenital Disorders:** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to, cleft lip or palate, Down syndrome, thalassemia major, sickle cell anemia (not sickle cell trait), and muscular dystrophy. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
351 **I** **HR**	**Inborn Errors of Metabolism:** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, and fat. **Amino Acid Disorders** • Phenylketonuria • Maple syrup urine disease • Homocystinuria •. Tyrosinemia **Organic Acid Metabolism Disorders** • Isovaleric acidemia • 3-Methylcrotonyl-CoA-carboxylase deficiency • Glutaric acidemia type I and II • 3-hydroxy-3-methyglutaryl-coenzyme A lyase deficiency • Multiple carboxylase deficiency • Methylmalonic acidemia • Propionic acidemia • Beta-ketothiolase deficiency **Fatty Acid Oxidation Disorders** • Medium-chain acyl-CoA dehydrogenase deficiency • Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency • Trifunctional protein deficiency type 1 • Trifunctional protein deficiency type 2 • Carnitine uptake defect • Very long-chain acyl-CoA dehydrogenase deficiency **Lysosomal Storage Disease** • Fabry disease • Gauchers disease • Pompe Disease **Urea Cycle Disorders** • Citrullinemia • Argininosuccinic aciduria • Carbamoyl phosphate synthetase 1 deficiency **Carbohydrate Disorders** • Galactosemia • Glycogen storage disease • Hereditary Fructose Intolerance **Peroxisomal Disorders** • Zellweger Syndrome Spectrum • Adrenoleukodystrophy (x-ALD) **Mitochondrial Disorders** • Leber hereditary optic neuropathy • Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes • Mitochondrial neurogastrointestinal encephalopathy disease • Myoclonic epilepsy with ragged-red fibers • Neuropathy, ataxia, and retinitis pigmentosa • Pyruvate carboxylase deficiency ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
352a **I**	**Infectious Diseases – Acute** A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. These diseases and/or conditions include, but are not limited to: • Hepatitis A or Hepatitis E • Pneumonia • Meningitis (Bacterial/Viral) • Parasitic infections • Bronchiolitis (3 episodes in last 6 months) • Listeriosis ***Self reported as diagnosed by a physician.***
352b **I** **HR** **(HIV, AIDS, or severely Immuno compromised)**	**Infectious Diseases – Chronic** Conditions likely lasting a lifetime and require long-term management of symptoms. These diseases and/or conditions include, but are not limited to: • HIV (Human Immunodeficiency Virus infection) • AIDS (Acquired Immunodeficiency Syndrome) • Hepatitis B, Hepatitis C, Hepatitis D ***Self reported as diagnosed by a physician.***
353 **I**	**Food Allergies:** Adverse health effects arising from specific immune response that occurs reproducibly on exposure to a given food. ***Self reported as diagnosed by a physician.***
354 **I** **HR**	**Celiac Disease:** Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as: • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue ***Self reported as diagnosed by a physician.***
355 **I**	**Lactose Intolerance:** Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal pain and/or bloating, flatulence, cramps. **Symptoms must be well documented by the CPA. Consider customized food package. Use of standard food package must be justified by CPA.**
356 **I**	**Hypoglycemia:** Presence of Hypoglycemia. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
357 **I**	**Drug Nutrient Interactions:** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. **See Food Medication Interactions Resource.**
358 **I** **(Make referral to PCP.)**	**Eating Disorders:** Eating Disorders are anorexia nervosa and bulimia. Symptoms are manifested by abnormal eating patterns including, but not limited to: • self-induced vomiting • purgative abuse • alternating periods of starvation • use of drugs such as appetite suppressants, thyroid preparation or diuretics • self-induced marked weight loss ***Self reported as diagnosed by a physician.***
359 **I** **HR (Gastric-By-Pass or Cardiac-By-Pass Surgery)**	**Recent Major Surgery, Physical Trauma, Burns:** Major surgery (including C-sections), physical trauma or burns severe enough to compromise nutritional status. Any occurrence: • Within the past two (≤ 2) months may be self reported • More than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. ***Self reported as diagnosed by a physician.***
360 **I** **HR (Heart Disease, Cystic Fibrosis)**	**Other Medical Conditions:** Diseases or conditions with nutritional implications which are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardio respiratory diseases • heart disease • cystic fibrosis • persistent asthma (moderate or severe) requiring daily medication ***Self reported as diagnosed by a physician.***
361 **I**	**Depression:** Presence of clinical depression. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Dietary	
362 **I** **HR (Oral motor feeding problems, severe developmental delays, parental or critical nutrition support)**	**Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat:** Developmental, sensory or motor disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs. Disabilities includes but are not limited to: • minimal brain function • feeding problems due to development disabilities such as pervasive development disorder (PDD) which includes autism • birth injury • head trauma • brain damage • other disabilities
371 **I**	**Maternal Smoking:** Maternal smoking of tobacco products, i.e., cigarettes, pipes, or cigars.
372 **I** **HR (with related nutrition problems)**	**Alcohol and Substance Use:** • Any alcohol use • Any illegal substance use and/or abuse of prescription medications. Any marijuana use in any form.
381 **I**	**Oral Health Conditions:** Presence of oral health conditions such as dental caries, tooth decay, periodontitis, gingivitis, tooth loss or ineffective replaced teeth which impart the ability to ingest food in adequate quantity or quality. ***Self reported as diagnosed by a physician or dentist***
382	**Fetal Alcohol Spectrum Disorders:** Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy (1). FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE) (2). Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.
401 **IV**	**Failure to Meet *Dietary Guidelines for Americans:*** Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk for failure to meet Dietary Guidelines for Americans. Defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs. ***This risk may be assigned only to individuals for whom a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and for whom no other risk(s) are identified.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Other Risks	
427 **IV**	**Inappropriate Nutrition Practices for Women:** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. *Examples (including but not limited to) are outlined below:* 427.1 Consuming dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: • Single or multiple vitamins: • Mineral supplements; and • Herbal or botanical supplements/remedies/teas 427.2 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery: • Strict vegan diet; • Low-carbohydrate, high-protein diet; • Macrobiotic diet; and • Any other diet restricting calories and/or essential nutrients. 427.3 Compulsively ingesting non-food items (pica). *Non-food items:* • Ashes • Burnt matches • Chalk • Clay • Paint chips • Starch (laundry and cornstarch) • Large quantities of ice and/or freezer frost • Baking soda • Carpet fibers • Cigarettes • Dust • Soil 427.4 Inadequate vitamin/mineral supplementation recognized as essential by national public health policy. • Consumption of less than 27 mg of supplemental iron per day by pregnant woman. • Consumption of less than 400 μg of folic acid from daily supplements by non-pregnant woman. • Consumption of less than 150 μg of supplemental iodine per day by pregnant and breastfeeding women.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR –All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Other Risks	
427 **cont.**	427.5 Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms; *Potentially harmful foods:* • Raw fish or shellfish, including oysters, clams, mussels, and scallops; • Refrigerated smoked seafood; unless it is an ingredient in a cooked dish, such as a casserole; • Raw or undercooked meat or poultry; • Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; • Refrigerated pâté or meat spreads; • Unpasteurized milk or foods containing unpasteurized milk; • Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; • Raw or under cooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; • Raw sprouts (alfalfa, clover, and radish); or • Unpasteurized fruit or vegetable juices.
Other Risks	
502 **N/A**	**Transfer of Certification:** Person with current valid Verification of Certification (VOC) document from another State or WIC site.
503 **IV**	**Presumptive Eligibility for Pregnant Women** A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutritional risk.
601 **I**	**Breastfeeding Mother of Infant at Nutritional Risk:** A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk. This code may only be used if a risk code other than 702 has been assigned to the infant.
602 **I**	**Breastfeeding Complications or Potential Complications:** A breastfeeding woman with any of the following complications or potential complications for breastfeeding: • severe breast engorgement • recurrent plugged ducts • mastitis (fever or flu-like symptoms with localized breast tenderness) • flat or inverted nipples • cracked, bleeding or severely sore nipples • Age ≥ 40 years • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins)

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR –All List II formulas

G. RISK CODES FOR PREGNANT WOMEN

CODE/PRIORITY	CRITERIA
Other Risks	
801 **IV**	**Homelessness:** A woman identified as homeless as defined in section 246.2 of the WIC Regulations and SC WIC Manual – Homeless Section.
802 **VII**	**Migrancy:** Categorically eligible women who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.
901 **IV**	**Recipient of Abuse:** Battering within the past 6 months as self-reported, or as documented by a social worker, health care provider or other appropriate documents/personnel. "Battering" generally refers to violent physical assaults on women.
902 **IV**	**Women or Primary Authorized Representative with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food:** Woman with a limited ability to make appropriate feeding decisions and/or prepare food. May include individuals who are: • ≤ 17 years of age; • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self reported by participant. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist, or as self reported by participant. • Documentation or self report or misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. • Physically disabled to a degree which impairs ability to feed infant/child or limits food preparation abilities.
903 **IV**	**Foster Care:** • Entering the foster care system during the previous six months, or • Moving from one foster care home to another foster care home during previous six months. **Note:** 1. Use only when no other risk code can be found. 2. May not be used for consecutive certifications while the applicant has resided in the **same foster care home**. 3. Foster Care verification must be provided during the income screening.
904 **I**	**Environmental Tobacco Smoke Exposure:** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Anthropometric	
101 **PP – V** **BF - I**	**Underweight:** Postpartum and Breastfeeding Women who are < 6 months postpartum: pre-pregnancy or current Body Mass Index (BMI) <18.5 Breastfeeding Women who are > or equal to 6 months postpartum: current Body Mass Index (BMI) < 18.5 **Note:** BMI cut-offs apply to all women regardless of age (both adolescent and adult participants), when determining WIC eligibility. **See Body Mass Index (BMI) Table (Reference 2) for determining weight classification.**
111 **PP – VI** **BF – I** **HR * if BMI ≥ 30**	**Overweight:** Postpartum and Breastfeeding Women who are < 6 months postpartum: pre-pregnancy Body Mass Index (BMI) ≥ 25 Breastfeeding Women who are > or equal to 6 months postpartum: current Body Mass Index (BMI) ≥ 25 **Note**: BMI cut-offs apply to all women regardless of age (both adolescent and adult participants), when determining WIC eligibility. **See Body Mass Index (BMI) Table (Reference 2) for determining weight classification.**
133 **PP – VI** **BF – I**	**High Maternal Weight Gain:** Singleton Pregnancies: **Breastfeeding/Postpartum Women**: (most recent pregnancy only) Total gestational weight gain exceeding the upper limit of the IOM's recommended range based on the Body Mass Index (BMI). (Refer to table below.)

Pre-pregnancy Wt. Groups	Definition (BMI)	Cut-Off Values
Underweight	< 18.5	>40 lbs.
Normal Weight	18.5 – 24.9	>35 lbs.
Overweight	25.0 – 29.9	>25 lbs.
Obese	≥ 30.0	>20 lbs.

Note: BMI cut-offs apply to all women regardless of age (both adolescent and adult participants), when determining WIC eligibility. See Body Mass Index (BMI) Table (Reference 2) for determining weight classification. This risk code is not applicable for multi-fetal pregnancies.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

<table>
<tr><th>CODE/PRIORITY</th><th>CRITERIA</th></tr>
<tr><td colspan="2">Biochemical</td></tr>
<tr><td>201
PP – IV
BF – I</td><td>Low/Hematocrit/Low Hemoglobin:
Hemoglobin or hematocrit concentration below the levels in the following chart.
<table>
<tr><th colspan="7">Postpartum/Breastfeeding</th></tr>
<tr><th>Age in Yrs.</th><th colspan="2">12-<15</th><th colspan="2">15-<18</th><th colspan="2">≥ 18</th></tr>
<tr><th></th><th>Hb</th><th>Hct</th><th>Hb</th><th>Hct</th><th>Hb</th><th>Hct</th></tr>
<tr><td>Nonsmokers</td><td>11.8</td><td>35.7</td><td>12.0</td><td>35.9</td><td>12.0</td><td>35.7</td></tr>
<tr><td>Up to 1 Pack/day</td><td>12.1</td><td>36.7</td><td>12.3</td><td>36.9</td><td>12.3</td><td>36.7</td></tr>
</table></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>211
PP – III
BF – I
HR</td><td>Elevated Blood Lead Levels:
Blood lead level of ≥ 5 µg/deciliter within the past 12 months</td></tr>
<tr><td colspan="2">Clinical/Health/Medical</td></tr>
<tr><td>303
PP – IV
BF – I</td><td>History of Gestational Diabetes:
History of diagnosed gestational diabetes mellitus (GDM).
Self reported as diagnosed by a physician.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>304
PP – IV
BF – I</td><td>History of Preeclampsia:
History of diagnosed preeclampsia.
Self reported as diagnosed by a physician.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>311
PP – IV
BF – I</td><td>Most recent pregnancy resulted in Preterm or Early Term Delivery:
• Preterm – Delivery of an infant at ≤ 36 6/7 weeks gestation.
• Early Term – Delivery of an infant ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.
• Most recent pregnancy.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>312
PP – IV
BF – I</td><td>History of Low Birth Weight:
• Birth of an infant weighing ≤ 5 lb. 8 oz (≤ 2500 grams).
• Most recent pregnancy.</td></tr>
<tr><td colspan="2">Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII High Risk: HR
HR – All List II formulas</td></tr>
</table>

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
321 **PP – IV** **BF – I**	**History of Spontaneous Abortion, Fetal or Neonatal Loss:** • **A spontaneous abortion** (SAB) is the spontaneous termination of a gestation at <20 weeks gestation or <500 grams. A **fetal death** is the spontaneous termination of a gestation at ≥20 weeks. A **neonatal death** is the death of an infant within 0-28 days of life. • **Breastfeeding:** most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. • **Postpartum:** most recent pregnancy. ***Self-reported as diagnosed by a physician.***
331 **PP – V** **BF – I**	**Pregnancy at a Young Age: Conception ≤ 17 years of age:** Most recent pregnancy.
332 **PP – V** **BF – I**	**Short Interpregnancy Interval:** Conception before 18 months postpartum. Most recent pregnancy.
333 **PP – V** **BF – I**	**High Parity and Young Age:** Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. Most recent pregnancy.
335 **PP – V** **BF – I**	**Multifetal Gestation:** The most recent pregnancy.
337 **PP – IV** **BF – I**	**History of Birth of a Large for Gestational Age Infant:** **Breastfeeding/Non-Breastfeeding Women:** Most recent pregnancy, or history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams). ***Self reported as diagnosed by a physician.***
339 **PP – IV** **BF – I**	**History of Birth With Nutrition Related Congenital or Birth Defect:** • A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. • Most recent pregnancy.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
341 **PP – V** **BF – I**	**Nutrient Deficiency or Disease:** Any currently treated or untreated nutrient deficiency or disease. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, and Iron Deficiency. ***Self reported as diagnosed by a physician.***
342 **PP – III** **BF – I** **HR (Crohn's, Malabsorption, short bowel syndrome, others compromising nutrition status)**	**Gastro-Intestinal Disorders:** Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to: • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • pancreatitis • biliary tract diseases ***Self reported as diagnosed by a physician.***
343 **PP – III** **BF – I** **HR**	**Diabetes Mellitus:** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. ***Self reported as diagnosed by a physician.***
344 **PP – V** **BF – I**	**Thyroid Disorders:** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: **Hyperthyroidism:** Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). **Hypothyroidism:** Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. **Congenital Hyperthyroidism:** Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation). **Congenital Hypothyroidism:** Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. **Postpartum Thyroiditis:** Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
345 **PP – III** **BF – I** **HR**	**Hypertension and Prehypertension:** Presence of hypertension or prehypertension. ***Self reported as diagnosed by a physician.***
346 **PP – V** **BF – I** **HR**	**Renal Disease:** Any renal disease including pyelonephristis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. ***Self reported as diagnosed by a physician.***
347 **PP – V** **BF – I** **HR**	**Cancer:** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. ***Self reported as diagnosed by a physician.***
348 **PP – III** **BF – I** **HR (Cerebral Palsy)**	**Central Nervous System Disorders:** Conditions which affect energy requirements, ability to feed self, alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: • epilepsy • cerebral palsy (CP) • neural tube defects (NTD), such as spina bifida • Parkinson's Disease • Multiple Sclerosis (MS) **Must have adequate documentation by the CPA.**
349 **PP – III** **BF – I** **HR (Cleft palate/lip, Down syndrome, Congenital Health Disease)**	**Genetic and Congenital Disorders:** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to, cleft lip or palate, Down syndrome, thalassemia major, sickle cell anemia (not sickle cell trait), and muscular dystrophy. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
351 **PP – III** **BF – I** **HR**	**Inborn Errors of Metabolism:** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, and fat. **Amino Acid Disorders** • Phenylketonuria • Maple syrup urine disease • Homocystinuria •. Tyrosinemia **Organic Acid Metabolism Disorders** • Isovaleric acidemia • ..3-Methylcrotonyl-CoA-carboxylase deficiency • Glutaric acidemia type I and II • 3-hydroxy-3-methyglutaryl-coenzyme A lyase deficiency • Multiple carboxylase deficiency • Methylmalonic acidemia • Propionic acidemia • Beta-ketothiolase deficiency **Fatty Acid Oxidation Disorders** • Medium-chain acyl-CoA dehydrogenase deficiency • Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency • Trifunctional protein deficiency type 1 • Trifunctional protein deficiency type 2 • Carnitine uptake defect • Very long-chain acyl-CoA dehydrogenase deficiency **Lysosomal Storage Disease** • Fabry disease • Gauchers disease • Pompe Disease **Urea Cycle Disorders** • Citrullinemia • Argininosuccinic aciduria • Carbamoyl phosphate synthetase 1 deficiency **Carbohydrate Disorders** • Galactosemia • Glycogen storage disease • Hereditary Fructose Intolerance **Peroxisomal Disorders** • Zellweger Syndrome Spectrum • Adrenoleukodystrophy (x-ALD) **Mitochondrial Disorders** • Leber hereditary optic neuropathy • Mitochondrial encephalomyopathy, lacti acidosis, and stroke-like episodes • Mitochondrial neurogastrointestinal encephalopathy disease • Myoclonic epilepsy with ragged-red fibe • Neuropathy, ataxia, and retinitis pigment • Pyruvate carboxylase deficiency ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
352a **PP – V** **BF – I**	**Infectious Diseases – Acute** A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. These diseases and/or conditions include, but are not limited to: • Hepatitis A or Hepatitis E • Pneumonia • Meningitis (Bacterial/Viral) • Parasitic infections • Bronchiolitis (3 episodes in last 6 months) • Listeriosis ***Self reported as diagnosed by a physician.***
352b **PP – V** **BF – I** **HR** **(HIV, AIDS, or severely Immuno compromised)**	**Infectious Diseases – Chronic** Conditions likely lasting a lifetime and require long-term management of symptoms. These diseases and/or conditions include, but are not limited to: • HIV (Human Immunodeficiency Virus infection) • AIDS (Acquired Immunodeficiency Syndrome) • Hepatitis B, Hepatitis C, Hepatitis D ***Self reported as diagnosed by a physician.***
353 **PP – V** **BF – I**	**Food Allergies:** Adverse health effects arising from specific immune response that occurs reproducibly on exposure to a given food. ***Self reported as diagnosed by a physician.***
354 **PP – III** **BF – I** **HR**	**Celiac Disease:** Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as: • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue ***Self reported as diagnosed by a physician.***
355 **PP – V** **BF – I**	**Lactose Intolerance:** Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal pain and/or bloating, flatulence, cramps. **Symptoms must be well documented by the CPA. Consider customized food package. Use of standard food package must be justified by CPA.**
356 **PP – V** **BF – I**	**Hypoglycemia:** Presence of Hypoglycemia. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
357 **PP – V** **BF – I**	**Drug Nutrient Interactions:** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. **See Food Medication Interactions Resource.**
358 **PP – III** **BF – I** **HR – (unless already in treatment)**	**Eating Disorders:** Eating Disorders are anorexia nervosa and bulimia. Symptoms are manifested by abnormal eating patterns including, but not limited to: • self-induced vomiting • purgative abuse • alternating periods of starvation • use of drugs such as appetite suppressants, thyroid preparation or diuretics • self-induced marked weight loss ***Self-reported as diagnosed by a physician.***
359 **PP – V** **BF – I**	**Recent Major Surgery, Physical Trauma, Burns:** Major surgery (including cesarean sections), physical trauma or burns severe enough to compromise nutritional status. Any occurrence: • Within the past two (≤ 2) months may be self reported • More than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. ***Self reported as diagnosed by a physician.***
360 **PP – III** **BF – I** **HR (Congestive Heart Disease, Cystic Fibrosis)**	**Other Medical Conditions:** Diseases or conditions with nutritional implications which are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardio respiratory diseases • heart disease • cystic fibrosis • persistent asthma (moderate or severe) requiring daily medication ***Self reported as diagnosed by a physician.***
361 **PP – V** **BF – I**	**Depression:** Presence of clinical depression. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
362 **PP – III** **BF – I** **HR (Severe developmental delays, oral motor feeding problems, parental or enteral nutrition support)**	**Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat:** Developmental, sensory or motor disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs. Disabilities includes but are not limited to: • minimal brain function • feeding problems due to development disabilities such as pervasive development disorder (PDD) which includes autism • birth injury • head trauma • brain damage • other disabilities
363 **PP – IV** **BF – I**	**Pre-Diabetes:** **<u>Breastfeeding/Postpartum Women:</u>** Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnosis criteria for diabetes mellitus. ***Self reported as diagnosed by a physician.***
371 **PP – IV** **BF – I**	**Maternal Smoking:** Maternal smoking of tobacco products, i.e., cigarettes, pipes, or cigars.
372 **PP – V** **BF – I**	**Alcohol and Substance Use:** • High Risk Drinking: Routine consumption of ≥ 8 drinks per week or > 4 drinks on any day. Note: A serving or standard size drink is: 1 can of beer (12 fluid oz.); 5 oz. of wine; and 1 ½ fluid ounces liquor (1 jigger gin, rum vodka, whiskey (86-proof), vermouth, cordials or liqueurs) or • Binge Drinking: Routine consumption of > 4 drinks within 2 hours; or • Any illegal substance use and/or abuse of prescription medications; or • Any marijuana in any form (breastfeeding women only).
381 **PP – V** **BF – I**	**Oral Health Conditions:** Presence of oral health conditions such as dental caries, tooth decay, periodontitis, gingivitis, tooth loss or ineffective replaced teeth which impart the ability to ingest food in adequate quantity or quality. ***Self reported as diagnosed by a physician or dentist.***
382	**Fetal Alcohol Spectrum Disorders:** Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy (1). FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE) (2). Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Dietary	
401 **PP – VI** **BF – IV**	**Failure to Meet *Dietary Guidelines for Americans:*** Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk for failure to meet Dietary Guidelines for Americans. Defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs. ***This risk may be assigned only to individuals for whom a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and for whom no other risk(s) are identified.***
427 **PP – VI** **BF – IV**	**Inappropriate Nutrition Practices for Women:** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. *Examples (including but not limited to) are outlined below:* 427.1 Consuming dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: • Single or multiple vitamins: • Mineral supplements; and • Herbal or botanical supplements/remedies/teas 427.2 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery: • Strict vegan diet; • Low-carbohydrate, high-protein diet; • Macrobiotic diet; and • Any other diet restricting calories and/or essential nutrients. 427.3 Compulsively ingesting non-food items (pica). *Non-food items:* • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Paint chips • Soil • Starch (laundry and cornstarch) • Large quantities of ice and/or freezer frost 427.4 Inadequate vitamin/mineral supplementation recognized as essential by national public health policy. • Consumption of less than 27 mg of supplemental iron per day by pregnant woman. • Consumption of less than 400 μg of folic acid from daily supplements by non-pregnant woman. • Consumption of less than 150 μg of supplemental iodine per day by pregnant and breastfeeding women.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Other Risks	
501	**Possibility of Regression:** A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent Professional Authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Limit the use of regression to one time following a certification period.
502 **N/A**	**Transfer of Certification:** Person with current valid Verification of Certification (VOC) document from another State or WIC site.
601 **BF – I**	**Breastfeeding Mother of Infant at Nutritional Risk:** A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk. This code may only be used if a risk code other than 702 has been assigned to the infant.
602 **BF – I**	**Breastfeeding Complications or Potential Complications:** A breastfeeding woman with any of the following complications or potential complications for breastfeeding: • severe breast engorgement • recurrent plugged ducts • mastitis (fever or flu-like symptoms with localized breast tenderness) • flat or inverted nipples • cracked, bleeding or severely sore nipples • Age ≥ 40 years • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins)
801 **PP – VI** **BF – IV**	**Homelessness:** A woman identified as homeless as defined in section 246.2 of the WIC Regulations and SC WIC Manual – Homeless Section.
802 **PP – VII** **BF – VII**	**Migrancy:** Categorically eligible women who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.
901 **PP – VI** **BF – IV**	**Recipient of Abuse:** Battering within the past 6 months as self-reported, or as documented by a social worker, health care provider or other appropriate documents/personnel. "Battering" generally refers to violent physical assaults on women.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

H. RISK CODES FOR POSTPARTUM/BREASTFEEDING WOMEN

CODE/PRIORITY	CRITERIA
Other Risks	
902 **PP – VI** **BF – IV**	**Women or Primary Authorized Representative with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food:** Woman with a limited ability to make appropriate feeding decisions and/or prepare food. May include individuals who are: • ≤ 17 years of age; • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self reported by participant; • Intellectual disability diagnosed, documented, or reported by a physician or psychologist, or as self reported by participant. • Documentation or self report or misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. • Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities.
903 **PP – VI** **BF – IV**	**Foster Care:** • Entering the foster care system during the previous six months, or • Moving from one foster care home to another foster care home during previous six months. **Note:** 1. Use only when no other risk code can be found. 2. May not be used for consecutive certifications while the applicant has resided in the **same foster care home**. 3. Foster Care verification must be provided during the income screening.
904 **PP – IV** **BF – I**	**Environmental Tobacco Smoke Exposure:** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

For Your Notes

BMI Table for Determining Weight Classification for Women (1)

Height (Inches)	Underweight BMI <18.5	Normal Weight BMI 18.5 – 24.9	Overweight BMI 25.0 – 29.9	Obese BMI ≥ 30.0
58”	<89	89-118	119-142	>142
59”	<92	92-123	124-147	>147
60”	<95	95-127	128-152	>152
61”	<98	98-131	132-157	>157
62”	<101	101-135	136-163	>163
63”	<105	105-140	141-168	>168
64”	<108	108-144	145-173	>173
65”	<111	111-149	150-179	>179
66”	<115	115-154	155-185	>185
67”	<118	118-158	159-190	>190
68”	<122	122-163	164-196	>196
69”	<125	125-168	169-202	>202
70”	<129	129-173	174-208	>208
71”	<133	133-178	179-214	>214
72”	<137	137-183	184-220	>220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Calculation of BMI

Using pounds and inches

Formula: weight (lb)/[height (in)]² x 703

Example:

Weight = 150 lbs. Height 5’5” (65”)

Calculation: [150 ÷ (65)²] x 703

[150 ÷ 4,225]

0.0355 x 703 = 24.96 BMI

Risk Code Criteria for Referral to Licensed Registered Dietitian						
Risk Factor Code	High Risk Nutrition/Medical Conditions	**I**	**C**	**PN**	**BF**	**P**
103	Underweight (≤ 2nd %tile weight/length 0-24 m or BMI ≤ 5th percentile 2-5 years)	Y	Y			
111	Overweight (pre-pregnancy weight with BMI ≥ 30)			Y	Y	Y
113	Obese (BMI ≥ 95th percentile) *		Y			
114	Overweight (BMI ≥ 85th and < 95th %tile 2-5 years) *		Y			
115	High Weight to Length (Wt/Length ≥ 98th %tile 13 to < 24 months)		Y			
131	Low Maternal Weight Gain (after 1st trimester)			Y		
132	Maternal Weight Loss (after the 1st trimester)			Y		
134	Failure to Thrive	Y	Y			
141	Very Low Birth Weight and Low Birth Weight	Y				
211	Elevated Blood Lead Levels ≥15 µg/dl	Y	Y			
302	Gestational Diabetes			Y		
342	Gastroesophageal Reflux Disease (GERD) with weight loss	Y	Y			
342	Gastro-Intestinal Disorders (Crohn's, Malabsorption, Short Bowel Syndrome, others compromising nutritional status)	Y	Y	Y	Y	Y
343	Diabetes Mellitus	Y	Y	Y	Y	Y
345	Hypertension	Y	Y	Y	Y	Y
346	Renal Disease	Y	Y	Y	Y	Y
347	Cancer	Y	Y	Y	Y	Y
348	Cerebral Palsy	Y	Y	Y	Y	Y
349	Genetic and Congenital Disorders with nutrition related conditions (e.g., Cleft Lip/Palate, Down Syndrome, Congenital Heart Disease)	Y	Y	Y	Y	Y
351	Inborn Errors of Metabolism (e.g., PKU, MSUD, Galactosemia)	Y	Y	Y	Y	Y
352b	HIV/AIDS or Severely Immunocompromised	Y	Y	Y	Y	Y
354	Celiac Disease	Y	Y	Y	Y	Y
358	Eating Disorders (unless already in treatment)	Make referral to PCP.				
359	History of Gastric-By-Pass Surgery			Y		
360	Congestive Heart Disease, Cystic Fibrosis	Y	Y	Y	Y	Y
362	Severe Developmental Delay, Oral-Motor Feeding Problems	Y	Y	Y	Y	Y
362	Parenteral or Enteral Support	Y	Y	Y	Y	Y
372	Substance Abuse with related nutrition problems			Y		
A14	All List II Special Formulas	Y	Y	Y	Y	Y

High Risk Referral Resource: *Office of Professional and Community Nutrition Services Policy Manual,* "Guidelines for Referral to Licensed Registered Dietitian"

Guidelines may not be modified for more than a six (6) month period of time and only with permission from the Director of OPCNS and WIC Nutrition Education Coordinator.

RECOMMENDED REFERRAL PROTOCOL FOR ABNORMAL HEMOGLOBIN

1. If Hb is 6.9 g/dL or below, **repeat the test to verify accuracy but do not delay referral for consult.** Call the WIC participant's primary care provider for an immediate referral on the same day as WIC office visit. If unable to reach participant's physician, refer to an urgent care center or emergency room for a visit the same day. Certify and issue food benefits. Do not provide nutrition counseling at this time. Give appointment for a nutrition encounter in 30 days.

2. If Hb is 7.0 – 8.5 g/dL, repeat the fingerstick to verify accuracy then call the WIC participant's primary health care provider for referral. If the WIC participant does not have a primary care provider, refer the participant to the appropriate DHEC/MCH staff responsible for linking participants with a primary care provider. Certify and issue food benefits. Do not provide nutrition counseling at this time. Give appointment for a nutrition encounter in 30 days.

3. If Hb is 8.6 – 9.9 g/dL, repeat the fingerstick to verify accuracy. Send a referral to the WIC participant's primary health care provider reporting the abnormal laboratory value and any limitations of the screening test (no prior medical history, child has sickle cell anemia, etc.). Mention the WIC response (nutritional counseling, food/vitamin supplements, and follow-up in 6 months). If the WIC participant does not have a primary care provider, refer the participant to the appropriate DHEC/MCH staff responsible for linking participants with a primary care provider.

4. If Hb is 10.0 – 11.0 g/dL, give the participant, parent or legal guardian a copy of the test result and ask that they take the test result to the next physician visit. If the WIC participant does not have a primary care provider, refer the participant to the appropriate DHEC/MCH staff responsible for linking participants with a primary care provider.

CHAPTER 9 INFANT AND CHILD NUTRITION ASSESSMENT AND RISK ASSIGNMENT

A. CERTIFICATION

1. A WIC certification is completed to assess and document each applicant's eligibility for the program.

2. Eligible participants are certified at the time of their entrance into the program and remain eligible until the end of the month that their ineligibility begins. Participants receive a nutrition and health assessment individualized nutrition education. And referrals to appropriate agencies or medical providers at the certification.

3. If SCWIC is not operational, the DHEC 4032 is the clinical form used for certifying infant and child applicants on the WIC Program. The form assists staff in the collection of essential data necessary for proper assessment of the applicant's nutritional, risk, and categorical status. The growth grids, DHEC 0729, 0730, 0774, 0775, 1498, and 1499, may also be utilized in the certification process when SCWIC is not operational. The infant/child script (DHEC 4032) and the growth grids, as applicable, are maintained until the participant's information can be entered into SCWIC. All documentation is to be entered within two (2) working days, once the system is functioning. The CPA will work in conjunction with the administrative staff to ensure all applicant data is entered into SCWIC and food benefits are issued. The WIC Program Manager or designee should ensure all staff are trained and have access to the forms necessary for the completion of the certification process.

1. INFANT/CHILD CATEGORY DEFINITIONS AND CERTIFICATION PERIODS:

a. INFANTS

Infants are less than one year old.

1. Newborn infants are certified for up to one year of age. Infants who are not physically present at certification (baby less than 8 weeks of age) are issued **only two months** of food benefits and parent/authorized representative informed about the WIC policy for presenting the infant. The parent/authorized representative must present the infant by two months of age. Infants over six (6) months of age are **certified** for a period of six (6) months per certification, beginning with the date of certification.
2. Priority I and II infants and other infants **certified** before six (6) months of age are eligible until one year of age.

b. CHILDREN

Children must be at least 11.5-12 months of age and less than 5 years old.

1. Children are **certified** for a period of twelve (12) months per certification.

B. PHYSICAL PRESENCE

1. At each certification, CPA staff are required to document the physical presence of the WIC participant. The applicant must be actively enrolling for WIC benefits to be established as physically present for WIC Services. This will enable staff to further strengthen the integrity and accountability of the certification process.

2. In limited circumstances there are exceptions to the requirement of physical presence (i.e., medical condition, confined to bed rest, etc.); however, specific documentation is required for the exemption.

C. EXCEPTIONS TO PHYSICAL PRESENCE

1. An applicant or the parent/authorized representative of an applicant who has a disability or illness that makes it difficult to come to the WIC clinic may be certified for the WIC Program without physically presenting at the clinic. A signed statement from a physician or healthcare provider supporting the medical condition and exception to physical presence must be provided. A prescription for a special formula alone is not an acceptable alternative. A photocopy of the statement should be scanned into SCWIC for that **certification period**. Following are special situations in which an applicant may be certified without physically presenting at the appointment:
   a. A medical condition that necessitates the use of medical equipment that is not easily transportable.
   b. A medical condition that requires confinement to bed rest.
   c. A serious illness that may be exacerbated by coming into the clinic.
   d. An applicant and/or parent/authorized representative who by requiring to physically present would pose an unreasonable barrier to services.

   e. A new-born infant. An infant under 8 weeks of age may be certified without being physically present at the initial certification appointment. However, should the infant be enrolled prior to physically presenting, the parent/authorized representative must present the infant by two months of age. Newborn infants enrolled for WIC prior to physically presenting can be issued **up to** two (2) months of food benefits only. Staff must also select from the dropdown box the Reason Not Physically Present for certification.
      i. Documentation of birth weight and length or current weight and length from a physician or healthcare provider must be presented at certification. Follow Referral Data guidelines for obtaining bloodwork and anthropometric data.
      ii. When the infant physically presents, staff must update the Physically Present information.
      iii. Those infants that do not physically present after 60 days and do not present a statement from a physician or healthcare provider supporting a medical condition, should be discharged from the Program as Ineligible.
      iv. Parents/authorized representatives that request an infant be reinstated to the Program must either provide a statement from a physician or healthcare provider supporting a medical condition or be physically present before the reinstatement process is initiated. Staff are to update the Physically Presented box.

   f. Every effort should be made to have the infant present at enrollment (i.e. In-Hospital certification, alternative clinic hours).

   g. Supervisory staff or designee should utilize the Not Physically Presented Report located in SCWIC on a monthly basis to ensure those participants that do not have the Physically Present box checked in SCWIC are provided with appropriate follow-up.

D. NUTRITION ASSESSMENT:

Vena stands for Value Enhanced Nutrition Assessment. This method of assessment expands the purpose of nutrition assessment from eligibility determination to quality nutrition service

1. Nutrition assessment is necessary to link collected health and diet information to risk assessment and the delivery of appropriate and personalized nutrition interventions that lead to chronic disease prevention and improved health outcomes. All questions on the guided script shall be asked and answered by the participant in order to obtain a comprehensive assessment and identify all risks to the infant and childs health. The nutrition assessment obtains and synthesizes relevant and accurate information in order to:
   a. Assess an applicant's nutrition status, risks, capacities, strengths, needs and/or concerns.
   b. Design appropriate nutrition education and breastfeeding promotion and support that address participants needs and concerns.
   c. Tailor the food package to address nutrition needs.
   d. Make appropriate referrals.

E. DETERMINING THE NUTRITIONAL RISK FOR INFANTS/CHILDREN

1. Anthropometric Assessment:

Referral of anthropometric and biochemical data by other health providers is allowed, as long as data is no more than 60 days old and signed. If no referral is available, staff must measure length, weight and head circumference.

a. For infants who are less than 60 days old, birth length, weight and head circumference may be used. Birth length and weight are required for all infants and children up to 2 years of age at the initial certification. It is recommended for quality nutrition assessment that infants, especially those breastfed, be weighed and measured when physically present at the initial certification.

b. Head circumferences should be measured on the infants at the initial certification and, if infant is determined to be high risk, at the 6 month evaluation.

c. Anthropometric data and bloodwork are entered and maintained on the Wt/Ht/Bloodwork screen. The data fields displayed on the Wt/Ht/Bloodwork screen are dependent on the category of the active participant and will show additional questions that must be entered specific to the age and the category of the participant. For infants and children, growth charts can be generated from the anthropometric data.

d. **Computer-generated growth charts:**
SCWIC is programmed to assist the CPA in assessing physical growth in infants and children by creating on demand growth charts that are based on WHO and/or CDC growth chart data.

e. The growth charts can be generated from the Wt/Ht/Bloodwork screen. The computer-generated growth charts are printable, as needed.

f. If applicable, risk codes for underweight, or at risk of underweight, overweight, at risk of overweight, high weight for length, short stature or at risk of short stature will auto-assign once the corresponding growth chart is generated and saved.

g. Birth to <24 months computer-generated WHO growth charts should be selected for infants and children less than 24 months of age. Weight-for-length, length-for-age, and weight-for-age measurements must be assessed. Head circumference-for-age measurements must be assessed on infants and children up to 2 years of age.

h. All premature (≤ 37 weeks gestation at birth) low birth weight (LBW) and very low birth weight (VLBW) infants and children up to 2 years of chronological age who have reached the age of 40 weeks gestation shall be assessed for growth using the birth to <24 months growth charts. Weight-for-length, length-for-age and weight-for-age measurements must be assessed.
Note: The computerized anthropometric growth assessments are based on the adjusted gestational age.

i. Head circumference-for-age measurements must be assessed on premature infants and children up to 2 years of chronological age who have reached the age of 40 weeks gestation.

j. 2-5 year computer-generated growth charts CDC should be selected for children age 2 years and older who are measured in a standing position (stature). This includes children who are ≤ 37 weeks gestation at birth. Adjusting for gestational age is no longer necessary.

k. Stature-for-age and weight-for-age must be assessed as well as the Body Mass Index (BMI)-for-age. SCWIC auto-calculates the BMI data for children 2-5 years of age.

l. Review assignment of all risk codes related to anthropometric measures (refer to risk criteria) under the "Risk Codes" tab of the certification data screen in SCWIC.

m. Confirm that applicable risk codes are recorded under the "Risk Codes" tab of the certification data screen in SCWIC.

n. **Manually generated growth charts**
CDC Birth to 36 month paper chart (DHEC 0729; DHEC 0730) should be selected and manually generated for children 24-36 months of age who are measured in a recumbent position (length). Upon completion, the chart should be scanned into SCWIC. When the computer-generated growth charts cannot be accessed, CPA's should select the correct chart and manually plot the physical measurements according to the guidelines for the computer-generated growth charts.
Paper charts are:
WHO Birth to 24 months boys (DHEC 1498)
WHO Birth to 24 months girls (DHEC 1499)
CDC Birth to 36 month girls (DHEC 0730)
CDC Birth to 36 month boys (DHEC 0729)
CDC 2-5 year old boys (DHEC 0774)
CDC 2-5 year old girls (DHEC 0775)

o. When required to adjust for gestational age, refer to Appendix 9.3, "Calculating Gestation-Adjusted Age.")

p. Enter the actual adjusted age in the table on the growth chart. The BMI-for-age (2-20 years of age) is included on the 2-5 year old age range charts. For consistency, calculate the BMI data using the following information:

1. Convert the height and weight fractions to decimals:

1/8 inch = .125	2/8 (¼) inch or ¼ lb. = .25
3/8 inch = .375	4/8 (½) inch or ½ lb. = .5
5/8 inch = .625	6/8 (¾) inch or ¾ lb. = .75
7/8 inch = .875	

2. Use this equation: weight (lbs.) ÷ [height (inches)]^2 X 703 = BMI. Round to the nearest tenth.

q. Plotting Measurements
On the appropriate growth chart, plot the measurements recorded for the current visit.
1. Find the child's age on the horizontal axis. When plotting weight-for-height, find the length on the horizontal axis. Use a straight edge or right-angle ruler to draw a vertical line up from that point.
2. Find the appropriate measure (weight, length, stature, head circumference or BMI) on the vertical axis. Use a straight edge or right angle ruler to draw a horizontal line across from that point until it intersects the vertical line.
3. Make a small dot where the two lines intersect.
4. Interpret the plotted measurements.

r. Refer to "Accurately Weighing & Measuring: Technique" for infants, children and adolescents via Health Resources and Services Administration's (HRSA) online module at http://wicworks.fns.usda.gov/resources/growth-charts-training-modules .

s. Identify all applicable risk codes related to anthropometric assessment (refer to Risk Criteria).

t. Confirm that applicable risk codes are recorded.

2. Bio-Chemical Evaluation:

A. Lab values taken for the hemoglobin (Hb) or hematocrit (Hct) for WIC Program eligibility cannot be used for diagnosis, prognosis and/or treatment purposes. For recommended referral protocol for abnormal hemoglobin, see Appendix 9.5.

Note: When a participant has a hemoglobin value, which indicates a referral to the primary health care provider for diagnosis and/or follow-up intervention, the referral is scanned into SCWIC.

3. Hemoglobin or hematocrit requirements:

Referral of hematological data may be used to establish nutritional risk. However, it must conform to the anemia screening schedule for infants and children.

A. **Infants:**
1. No bloodwork is required for infants **under 6 months of age** on a routine basis. However, a Hb/Hct blood test to screen for low Hb/Hct for infants less than 6 months of age may be appropriate for preterm infants and low birth weight infants who were not fed iron-fortified formula.
2. Infants are required to have a Hb/Hct blood test taken no later than 12 months of age. (The 12th month of age ends the day before the infant is 13 months old). Bloodwork screening from **9 to 12 months** is recommended. Bloodwork may be taken between 6 to 9 months as indicated by health risk (**only** on a case by case basis).
3. If an infant does not receive bloodwork by the twelfth month of age the certification is out of compliance.
4. The staff performing the Hb/Hct test must enter the Hb/Hct data.
5. Review the laboratory tests. If applicable, confirm that SCWIC identified and auto-assigned risk code 201 under the "Risk Codes" tab of the certification data screen.

B. **Children:**
1. Children **1 to 2 years of age** are required to have Hb/Hct taken at 18 months.
2. Children **2 to 5 years of age** are required to have Hb/Hct taken once every 12 months if bloodwork at the last certification was **normal**.
3. Children **2 to 5 years of age** are required to have Hb/Hct taken every 6 months if bloodwork at the last certification was **below normal**.
4. If an infant or a child comes in for WIC Services between blood testing periods, and no other risk factor can be found Hb/Hct must be taken to determine the status of low Hb/Hct.
5. The staff performing the Hb/Hct test must record the data in the bloodwork grid.
6. Review the laboratory tests. If applicable, confirm SCWIC identified and auto-assigned risk code 201 under the "Risk Codes" tab of the certification data screen.

4. Health:

A. The Health screen is a data entry screen that allows staff to enter data related to the selected participant's medical health. These answers will help determine possible risk factors.

B. Identify all risk codes related to medical history (refer to risk criteria).

C. Confirm that applicable risk codes related to medical history are recorded in SCWIC.

5. Health Outcome Based <u>Nutrition Assessment:</u>
<u>Infants</u>:

A. A nutrition assessment of infants born to WIC participants must be completed by the time the infant is two months of age. Nutrition assessments of all other infants must be completed at the time of certification. The CPA will explain the purpose of the nutrition assessment to the participant and describe the staff relationship as a partnership working to achieve positive health outcomes. The desired health outcome for the infant is to achieve optimal growth and development in a nurturing environment and develops a foundation for health eating practices.

B. The Nutrition screen provides a series of questions regarding the general health and eating habits of the participant. Based on the answers to these questions, the presence of dietary or nutritional risk factors can be determined (and will later be displayed on the Nutrition Risks screen).

C. Identify all applicable risk codes related to the nutrition assessment (refer to Risk Criteria).

D. Confirm that applicable risk codes are recorded in SCWIC.

E. The Nutrition Education screen displays nutrition education topics that pertain to the HH and/or individual based on the category of the active participant. Users can document the nutrition education topics discussed with the participant and add notes related to that discussion.

F. Follow up on previous assessments, intervention plans, participant goals and referrals as appropriate.

6. Sixth Month Evaluation of Infants:

A. Infants must receive a nutritional evaluation at six (6) months of age. Documentation for this sixth month evaluation should include the following within the WIC module:
1. Current weight, length and head circumference (referral data is acceptable);
2. Assessment of electronically plotted growth charts;

3. Medical home, interval history and medications;
4. Assignment of applicable risk codes;
5. Reassessment of immunizations, substance abuse, introduction of foods, and current status of breastfeeding;
6. Nutrition assessment and follow-up on mutual goal;
7. Set a new goal to achieve optimal health.
8. Individual nutrition and breastfeeding counseling;
9. Referral to health services as deemed necessary (e.g., MD, RD, CLC, etc.);
10. Review of food package and revise as needed;
11. Document appropriate Education Type in SCWIC.

B. All infants certified at < (less than) five months must be scheduled for a 6th month evaluation.

Reminder: two nutrition education contacts must be offered during the 6 month to 1 year period.

C. All nutrition documentation is entered into SCWIC.

7. Health Outcome Based <u>Nutrition Assessment</u>:
<u>Children</u>:

A. Child desired outcome: Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.
1. The Nutrition screen provides a series of questions regarding the general health and eating habits of the participant. Based on the answers to these questions, the presence of dietary or nutritional risk factors can be determined (and will later be displayed on the Nutrition Risk screen). All questions in the guided script are designed to determine risk. If a question is skipped because it is not mandatory, risk codes may be missed.
2. Identify all applicable risk codes related to the nutrition assessment (refer to Risk Criteria).
3. Confirm that applicable risk codes are recorded in SCWIC. Provide nutrition education and referrals based on risk.
4. The Nutrition Education screen displays nutrition education topics that pertain to the HH and/or individual based on the category of the active participant. Users can document the nutrition education topics discussed with the participant and add notes related to that discussion.
5. Nutrition education must be documented to complete the certification process.
6. Follow up on previous assessments, intervention plans, participant goals and referrals as appropriate.

8. Sixth Month Evaluation of Children:

A. Children must receive a nutritional evaluation at six (6) months of age point of certification. Documentation for this sixth month evaluation should include the following:
1. Current weight, length and head circumference for children < 2 years of age (referral data is acceptable);
2. Assessment of electronically plotted growth charts;
3. Medical home, interval history and medications;
4. Reassessment of immunizations, lead screening, substance abuse, physical activity and current status of breastfeeding;
5. Biochemical Evaluation as applicable;
6. Nutrition assessment and follow-up on mutual goal

7. Set a new goal to achieve optimal health;
8. Individual nutrition counseling;
9. Referral to health services as deemed necessary (e.g., MD, RD, CLC, etc.);
10. Review of food package and revise as needed;
11. Document appropriate Education Type in SCWIC.

B. The certification data screen in SCWIC must reflect justification (data collected or written documentation) for assigned risk codes.

C. If other applicable risk codes are discovered during a certification period that places the infant/child at higher priority, SCWIC must be updated to reselect those risk codes.

D. Documentation for CPA
Documentation is essential for staff to build on and follow up on prior visits for participants with a high risk code triggered. Adequate documentation facilitates communication between staff and ensures continuity of care of participants.
1. Effective documentation is:
   a. Consistent
   b. Clear
   c. Concise
   d. Complete
2. Documentation should provide a complete picture of the visit, be easy to retrieve and review. Document validation of any risks that are not otherwise validated in the WIC certification. It should summarize the nutrition counseling provided, parent/authorized representative's concerns, parent/authorized representative's understanding and readiness to change, and anticipatory guidance provided.
3. Document the Note in the Individual Care Plan Note section in SCWIC when a participant has a high risk code and/or staff needs to communicate additional information for monitoring.
4. Documentation does not need to contain information that is available in other sections of the certification such as hemoglobin or weight.
5. All documentation should be documented by the provider only at the time of the certification, recertification, education appointment or follow-up appointment.

E. Goal setting:
A goal is about the final impact or outcome the WIC participant wants to accomplish. A well phrased goal is one that is specific, measurable, achievable, realistic, and time bound. The CPA should not set the goal; however, they can guide the participant in the goal setting process using the participant's health, or nutrition risks or the anticipatory guidance needed to help the participant make healthy lifestyle changes.
1. The CPA can be a partner in transforming the participant's idea for improvement into a measurable goal with a timeframe for completion.
2. Follow up is a required component of the WIC assessment. The CPA is required to find out how the participant has addressed a nutrition or health issue from a previous certification and documented in the Follow-up section of the Care Plan screen.
3. The Goal will be documented in the Individual Care Plan Note in SCWIC for all participants with a high risk code triggered.

4. A goal for the participant with a low risk code will be documented in the **note column** beside the education provided that addresses risk or anticipatory guidance provided to the participant. (*Example: You determine through the assessment that participant is receiving 4 ounces of juice and 16 ounces of milk in a baby bottle at age 2, and risk code 425.3 is triggered. Education is provided on weaning and Feeding Your Toddler. GOAL: Participants Mom agrees to wean from bottle over next 3 weeks by serving all beverages in a training cup at the dining table.) At the mid-certification assessment, review goal and check in with participants Mom to determine if goal was met.*

9. Immunizations Screening and Referral: Staff will open CARES Immunization module to determine immunization status.

WIC will screen and/or refer all children for immunization status. **At no time should immunization screening and referral procedures be used as an impediment to receiving WIC Services (i.e. certification, food benefit issuance, etc**.).

A. Follow the procedures provided in the Immunization Screening and Referral of WIC Infants and Children at http://dhecnet/hs/policy/imz/imz8-8-21-13.pdf .See Appendix 9.2.

B. At certification, staff will have available and provide parents/authorized representatives of child participants the Immunization flyer ML-025708.

C. When SCWIC is down and documented immunization records are provided by parents and authorized representatives, staff will screen the infant's/child's immunization status by counting the number of doses of DTaP or DT. For children under two years of age the following DTaP dose count strategy should be followed:

Age of Infant or Child	Required Number of DTaP Doses
2 months – 3 months	1
4 months – 5 months	2
6 months – 7 months	3
15 months – 19 months	4

If the infant/child is under immunized, the CPA will provide immunization information based on the participant's needs. The following referral methods are recommended:

1. provide a verbal referral to the immunization clinic and/or phone number; or
2. contact the immunization clinic and make an appointment for the participant; or
3. generate a written referral to the participant's private provider.

D. The CPA will select the appropriate immunization screening outcome under the Infant/Child tab of the certification data screen in SCWIC.

10. Lead Screening

A. As part of the nutrition assessment, the CPA will:
   1. For the children ages 12-35 months, ask if a blood lead screening test has been performed in the last 12 months.
   2. For children ages 3 years and older, ask if a blood lead screening test has ever been performed.

B. If the child has not received a blood lead screening, the CPA will advise the parent/authorized representative the importance of lead screening and refer them to the child's health care provider. For more information, refer to ML – 000251, "Look Out For Lead" at https://www.scdhec.gov/sites/default/files/Library/ML-000251.pdf .

11. EXCEPTIONS TO THE HEMATOLOGICAL TESTING REQUIREMENT FOR WIC CERTIFICATION

The only circumstances that would preclude hematological testing for anemia are:

A. If an applicant's religious beliefs will not allow him or her to have blood drawn. A statement of the applicant's refusal to have blood drawn must be documented in SCWIC.

B. If the applicant has a medical condition, e.g., hemophilia, fragile bones (osteogenesis imperfecta), or a serious skin disease, in which the procedure (i.e., finger stick or venipuncture) of collecting the blood sample could cause harm to the applicant. Documentation from a health care provider of the medical condition must be scanned into SCWIC. DHEC 1623 (Consent to Obtain/Release Medical Information) must be signed by the applicant before such medical information can be requested. Scan documentation of the medical condition, as well as DHEC 1623, in SCWIC. If information on the medical condition is received verbally from the health care provider, document it in SCWIC. If the noted condition is considered to be treatable, such as serious skin disease, a new statement from the physician would be required for each subsequent certification. If the condition is considered "life-long", such as hemophilia, a new statement from the physician would not be necessary for a subsequent certification(s).

C. In the case of one of the above medical conditions which precludes hematological testing, staff should make every effort to obtain referral data from the applicant's health care provider. In most cases, a person with a serious medical condition will be receiving regular medical care and referral data should be attainable. If attempts to obtain referral data fail, the WIC site may: (1) certify the applicant based on an identified risk criteria other than anemia or (2) refer the participant to a laboratory that has trained personnel to collect blood from such persons. The applicant cannot be required to obtain such data at her own expense. In the case where an applicant's religious beliefs preclude having blood drawn, the clinic may certify the applicant based on the identified risk criteria other than anemia.

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Anthropometric	
103 **I** **HR – (≤ 2nd %tile weight-for-length 0-12m)**	**Underweight or At Risk of Underweight:** **Underweight:** Birth to < 24 months: Less than or equal to 2.3rd percentile weight-for-length as electronically plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender-specific growth charts. † **At Risk of Underweight:** Birth to < 24 months: Greater than 2.3rd percentile and less than or equal to 5th percentile weight-for-length as electronically plotted on the CDC Birth to 24 months gender-specific growth charts. † *† Based on 2006 World Health Organization (WHO) international growth standards. For the Birth to < 24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the hard copy of the Birth to 24 months gender-specific growth charts.* ***(See DHEC 1498 and DHEC 1499)***
114 **I**	**At Risk of Overweight:** Less than 12 months (infant of obese mother): Biological mother with a BMI ≥30 at the time of conception or at any point in the first trimester of pregnancy. † Birth to 5 years (infant or child of obese father): Biological father with a BMI ≥30 at the time of certification. † *† BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self report" for the other parent) or weight and height measurements taken by staff at the time of certification. (Refer to "Abbreviated BMI Table" (Reference 2) to determine male and female parental obesity (BMI >30).* ***(See Reference 2)***
115 **I**	**High Weight-for-Length:** Birth to < 24 months: Greater than or equal to 97.7th percentile weight-for-length as plotted on the CDC Birth to 24 months gender-specific growth charts. † *† Based on the 2006 WHO international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the hard copies of the Birth to 24 months gender-specific growth charts (for ease of use). Electronic charts should use the 97.7th percentile as the cut-off.* ***(See DHEC 1498 and DHEC 1499)***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Anthropometric	
121 **I**	**Short Stature or At Risk of Short Stature:** **Short Stature:** Birth to <24 months: Less than or equal to 2.3rd percentile length-for-age as plotted on the CDC Birth to 24 months gender-specific growth charts. † **At Risk of Short Stature:** Birth to < 24 months: Greater than 2.3rd percentile and ≤5th percentile length-for-age as plotted on the CDC Birth to 24 months gender-specific growth charts. † **Note:** For premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age. (See "Calculating Gestation-Adjusted Age", Appendix 9.3. *† Based on 2006 WIC international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the hard copies of the Birth to 24 months gender-specific growth charts (for ease of use). Electronic charts should use the 2.3rd percentile as the cut-off.* ***(See DHEC 1498 and DHEC 1499)***
134 **I** **HR**	**Failure to Thrive:** Presence of failure to thrive (FTT) diagnosed by a physician as self reported by parent/authorized representative; or as reported or documented by a physician, or someone working under physician's orders. ***Self reported as diagnosed by a physician.***
135 **I**	**Slowed/Faltering Growth Pattern: Infants ≤ 6 months of age** **Age** / **Cut-Off Value** Infants Birth to 2 weeks — Excessive weight loss after birth, defined as ≥ 7% birth weight Infants 2 weeks to 6 Months of Age — Any weight loss. Use two separate weight measurements taken at least eight weeks apart. ***See Appendix 9.1.***
141 **I** **HR**	**Low Birth Weight and Very Low Birth Weight:** Low Birth Weight (LBW): Birth weight defined as less than or equal to 5 pounds 8 ounces (less than or equal to 2500 g), for infants and children less than 24 months old. Very Low Birth Weight (VLBW): Birth weight defined as less than or equal to 3 pounds 5 ounces (less than or equal to 1500 g), for infants and children less than 24 months old.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Anthropometric	
142 **I**	**Preterm or Early Term Delivery:** • Preterm – Delivery of an infant at ≤ 36 6/7 weeks gestation. • Early Term – Delivery of an infant ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.
151 **I**	**Small for Gestational Age:** Presence of small for gestational age diagnosed by a physician as self-reported by parent/authorized representative; or as reported or documented by a physician, or someone working under physician's orders. ***Requires documentation from a Physician or someone working under physicians orders.***
152 **I**	**Low Head Circumference:** Birth to <24 months: Less than or equal to 2.3rd percentile head circumference-for-age as plotted on the CDC Birth to 24 months gender-specific growth charts. † **Note:** For premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age. For information about adjusting for gestational age see: "Calculating Gestation-Adjusted Age", Appendix 9.3. *† Based on 2006 WHO international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the hard copies of the Birth to 24 months gender-specific growth charts (for ease of use). Electronic charts should use the 2.3rd percentile as the cut-off.*
153 **I**	**Large for Gestational Age:** Birth weight greater than or equal to 9 pounds (greater than or equal to 4000 g) **or** Presence of large for gestational age diagnosed by a physician as self reported by parent/authorized representative; or as reported or documented by a physician, or someone working under physician's orders. ***Self reported as diagnosed by a physician.***
Biochemical	
201 **I**	**Low/Hematocrit/Low Hemoglobin:** Hemoglobin or hematocrit concentration below the levels in the following chart.

0 < 6 months		6 < 12 months		1 < 2 years		2-5 years	
Hb	**Hct**	**Hb**	**Hct**	**Hb**	**Hct**	**Hb**	**Hct**
		11.0	33.0	11.0	32.9	11.1	33.0

211 **I** **HR**	**Elevated Blood Lead Levels:** Blood lead level of ≥ 5 µg/deciliter **within the past 12 months**.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
341 **I**	**Nutrient Deficiency or Disease:** Any currently treated or untreated nutrient deficiency disease. Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, and Iron Deficiency. ***Self reported as diagnosed by a physician.***
342 **I** **HR (GERD with weight loss, Crohn's, short bowel syndrome, malabsorption, and others compromising nutrition status)**	**Gastro-Intestinal Disorders:** Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to: • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • pancreatitis • biliary tract diseases ***Self reported as diagnosed by a physician.***
343 **I** **HR**	**Diabetes Mellitus:** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. ***Self reported as diagnosed by a physician.***
344 **I**	**Thyroid Disorders:** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: **Hyperthyroidism:** Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). **Hypothyroidism:** Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. **Congenital Hyperthyroidism:** Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation). **Congenital Hypothyroidism:** Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. **Postpartum Thyroiditis:** Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
345 **I** **HR**	**Hypertension and Prehypertension:** Presence of hypertension or prehypertension. ***Self reported as diagnosed by a physician.***
346 **I** **HR**	**Renal Disease:** Any renal disease including pyelonephristis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. ***Self reported as diagnosed by a physician.***
347 **I** **HR**	**Cancer:** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. ***Self reported as diagnosed by a physician.***
348 **I** **HR (Cerebral Palsy)**	**Central Nervous System Disorders:** Conditions which affect energy requirements, ability to feed self, alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: • epilepsy • cerebral palsy (CP) • neural tube defects (NTD), such as spina bifida • Parkinson's Disease • Multiple Sclerosis (MS) **Must have adequate documentation by the CPA.**
349 **I** **HR (Cleft palate/lip, Down syndrome, Congenital Heart Disease)**	**Genetic and Congenital Disorders:** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to, cleft lip or palate, Down syndrome, thalassemia major, sickle cell anemia (not sickle cell trait), and muscular dystrophy. ***Self reported as diagnosed by a physician.***
Risk Code and Priority Key	
Priority Levels: I, II, III, IV, V, VI & VII **HR – All List II formulas**	**High Risk: HR**

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
351	**Inborn Errors of Metabolism:** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, and fat. **Amino Acid Disorders** • Phenylketonuria • Maple syrup urine disease • Homocystinuria •. Tyrosinemia **Organic Acid Metabolism Disorders** • Isovaleric acidemia • ..3-Methylcrotonyl-CoA-carboxylase deficiency • Glutaric acidemia type I and II • 3-hydroxy-3-methyglutaryl-coenzyme A lyase deficiency • Multiple carboxylase deficiency • Methylmalonic acidemia • Propionic acidemia • Beta-ketothiolase deficiency **Fatty Acid Oxidation Disorders** • Medium-chain acyl-CoA dehydrogenase deficiency • Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency • Trifunctional protein deficiency type 1 • Trifunctional protein deficiency type 2 • Carnitine uptake defect • Very long-chain acyl-CoA dehydrogenase deficiency **Lysosomal Storage Disease** • Fabry disease • Gauchers disease • Pompe Disease **Urea Cycle Disorders** • Citrullinemia • Argininosuccinic aciduria • Carbamoyl phosphate synthetase 1 deficiency **Carbohydrate Disorders** • Galactosemia • Glycogen storage disease • Hereditary Fructose Intolerance **Peroxisomal Disorders** • Zellweger Syndrome Spectrum • Adrenoleukodystrophy (x-ALD) **Mitochondrial Disorders** • Leber hereditary optic neuropathy • Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes • Mitochondrial neurogastrointestinal encephalopathy disease • Myoclonic epilepsy with ragged-red fibers • Neuropathy, ataxia, and retinitis pigmentosa • Pyruvate carboxylase deficiency ***Self reported as diagnosed by a physician.***
352a **I**	**Infectious Diseases – Acute** A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. These diseases and/or conditions include, but are not limited to: • Hepatitis A or Hepatitis E • Pneumonia • Meningitis (Bacterial/Viral) • Parasitic infections • Bronchiolitis (3 episodes in last 6 months) • Listeriosis ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
352b **I** **HR (HIV, AIDS, or severely Immuno compromised)**	**Infectious Diseases – Chronic** Conditions likely lasting a lifetime and require long-term management of symptoms. These diseases and/or conditions include, but are not limited to: • HIV (Human Immunodeficiency Virus infection) • AIDS (Acquired Immunodeficiency Syndrome) • Hepatitis B, Hepatitis C, Hepatitis D ***Self reported as diagnosed by a physician.***
353 **I**	**Food Allergies:** Adverse health effects arising from specific immune response that occurs reproducibly on exposure to a given food. ***Self reported as diagnosed by a physician.***
354 **I** **HR**	**Celiac Disease:** Also known as: • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue Autoimmune disease precipitated by the ingestion of gluten (wheat, rye and barley protein) which results in damage to the small intestine and malabsorption of nutrients from food. ***Self reported as diagnosed by a physician.***
355 **I**	**Lactose Intolerance:** Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal pain and/or bloating, flatulence, cramps. **Symptoms must be well documented by the CPA. Consider customized food package. Use of standard food package must be justified by CPA.**
356 **I**	**Hypoglycemia:** Presence of Hypoglycemia. ***Self reported as diagnosed by a physician.***
357 **I**	**Drug Nutrient Interactions:** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. **See Food Medication Interactions Resource.**

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
359 **I**	**Recent Major Surgery, Physical Trauma, Burns:** Major surgery, physical trauma or burns severe enough to compromise nutritional status. Any occurrence: • Within the past two (≤ 2) months may be self reported • More than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. ***Self reported as diagnosed by a physician.***
360 **I** **HR (Congestive Heart Disease, Cystic Fibrosis)**	**Other Medical Conditions:** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardio respiratory diseases • heart disease • cystic fibrosis • persistent asthma (moderate or severe) requiring daily medication
362 **I** **HR (Severe developmental delays, oral motor feeding problems, parental or enteral nutrition support)**	**Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat:** Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities includes but are not limited to: • minimal brain function • feeding problems due to development disabilities such as pervasive development disorder (PDD) which includes autism • birth injury • head trauma • brain damage • other disabilities
381 **I**	**Oral Health Conditions:** Presence of oral health conditions such as dental caries, tooth decay, periodontitis, gingivitis, tooth loss or ineffective replaced teeth which impart the ability to ingest food in adequate quantity or quality. ***Self reported as diagnosed by a physician or dentist.***
382 **I**	**Fetal Alcohol Spectrum Disorders** Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy (1). FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE) (2). Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Dietary	
383 **I**	**Neonatal Abstinence Syndrome** Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy. NAS is a combination of physiological and neurologic symptoms that can last up to 6 months after birth. This condition must be present within the first 6 months of birth and diagnosed, documented or reported by a physician or self reported by the infant's caregiver. ***Self reported as diagnosed by a physician.***
411 **IV**	**Inappropriate Nutrition Practices for Infants:** **Routine use of feeding practices that may result in impaired nutritional status, disease, or health problems (Infant only):** *Examples (including, but not limited to) are outlined below:* 411.1 Routinely using a substitute(s) for breast milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life. • Low iron formula without iron supplementation; • Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and • Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions." 411.2 Routinely using nursing bottles or cups improperly. • Using a bottle or sippy cup to feed fruit juice. • Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea, > 4 ounces of fruit juice/day. • Allowing the infant to fall asleep or be put to bed with a bottle or sippy cup at naps or bedtime. • Allowing the infant to use the bottle or sippy cup without restriction (e.g., walking around with a bottle or sippy cup) or as a pacifier. • Propping the bottle when feeding. • Allowing an infant to carry around and drink throughout the day from a covered or training cup. • Adding any food (cereal or other solid foods) to the infant's bottle or sippy cup. 411.3 Routinely offering complementary foods∗ or other substances that are inappropriate in type or timing. *∗ Complementary foods are any foods or beverages other than breast milk or infant formula.* *Examples of inappropriate complementary foods:* • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water-prepared food, or used on a pacifier; and • Any food other than breast milk or iron-fortified infant formula before 6 months of age.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Dietary	
411 cont. **IV**	411.4 Routinely using feeding practices that disregard the developmental needs or stage of the infant. • Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods). 411.5 Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. *Examples of potentially harmful foods:* • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese • Honey (added to liquids or solid foods, used in cooking, as part of processed food, on a pacifier, etc.) • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean, and radish) • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). • Donor human milk acquired directly from individuals or the internet. 411.6 Routinely feeding inappropriately diluted formula. • Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons). • Failure to follow specific instructions accompanying a prescription. 411.7 Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients. *Examples of inappropriate frequency of nursing:* • Scheduled feedings instead of demand feedings. • Less than 8 feedings in 24 hours if less than 2 months of age. 411.8 Routinely feeding a diet very low in calories and/or essential nutrients. *Examples:* • Vegan diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients. 411.9 Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula. Limited or no access to a: • Safe water supply (documented by appropriate officials e.g., municipal or health department authorities). • Heat source for sterilization • Refrigerator or freezer storage.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Dietary	
411 cont. **IV**	Human milk Feeding, handling, and storage practices that are considered inappropriate and unsafe: • Thawing/heating in the microwave • Refreezing human milk • Adding freshly expressed unrefrigerated human milk to frozen human milk. • Adding freshly pumped chilled human milk to frozen milk in an amount that is greater than the amount of frozen human milk. • Feeding thawed refrigerated human milk more than 24 hours after it was thawed. • Saving human milk from a used bottle for another use at another feeding. • Failure to clean a breast pump per manufacturer's instructions. • Feeding donor human milk acquired directly from individuals or the internet. Formula • Failure to prepare and/or store formula per manufacturer's or physician instruction. • Storing at room temperature for more than 1 hour. • Saving formula from a used bottle from another feeding. • Failure to clean baby bottle properly. 411.10 Feeding dietary supplements, with potentially harmful consequences. *Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:* • Single or multi-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas 411.11 Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements. • Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Infants who are exclusively breastfed or ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D.
428 **IV (4-12 months)**	**Dietary Risk Associated with Complementary Feeding Practices (Infants Age 4-12 Months):** An infant or child who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans, is at risk of inappropriate complementary feeding. **A complete nutrition assessment, including for risk # 411 (Inappropriate Nutrition Practices for Infants) must be completed prior to assigning this risk.**

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Other Risks	
501	**Possibility of Regression:** A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent Professional Authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Limit the use of regression to one time following a certification period.
502 **N/A**	**Transfer of Certification:** Person with current valid Verification of Certification (VOC) document from another State or WIC site.
Dietary	
603 **I**	**Breastfeeding Complications or Potential Complications:** A breastfed infant with any of the following complications or potential complications for breastfeeding: a. jaundice b. weak or ineffective suck c. difficulty latching onto mother's breast d. inadequate stooling (for age, as determined by a physician or other health care professional) and/or < than 6 wet diapers per day.
701 **I**	**Infant up to 6 months old of WIC Mother or of a woman who would have been eligible during pregnancy:** An infant < six months of age whose mother was a WIC participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.
702 **I**	**Breastfeeding Infant of Woman at Nutritional Risk:** Breastfeeding infant of woman at nutritional risk. **This code may only be used if a risk code other than 601 has been assigned to the infant's mother.**
Other Risks	
801 **IV**	**Homelessness:** An infant or child identified as homeless as defined in section 246.2 of the WIC Regulations/SC WIC Manual's Homeless Section.
802 **VII**	**Migrancy:** Categorically eligible infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

F. RISK CODES FOR INFANTS

CODE/PRIORITY	CRITERIA
Other Risks	
901 **IV**	**Recipient of Abuse:** Child abuse/neglect within past 6 months as documented by a social worker, health care provider or other appropriate documents/personnel. Child abuse/neglect: "Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or authorized representative."
902 **IV**	**Infant/Child of Primary Authorized Representative with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food:** Infant/child whose primary authorized representative is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: • ≤ 17 years of age; • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self reported by participant. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist, or as self reported by participant. • Documentation or self report or misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. • Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities.
903 **V**	**Foster Care** An infant or child: • Entering the foster care system during the previous six months. • Moving from one foster care home to another foster care home during the previous six months. **Note:** 1. Use only when no other risk code can be found. 2. May not be used for consecutive certifications while the applicant has resided in the **same foster care home**. 3. Foster Care verification must be provided during the income screening.
904 **I**	**Environmental Tobacco Smoke Exposure:** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Anthropometric	
103 **III** **HR (≤ 2nd %tile 12-24 mo. or BMI ≤ 5th %tile 2-5 yrs.)**	**Underweight or At Risk of Underweight:** **Underweight:** Birth to < 24 months: Less than or equal to 2.3rd percentile weight-for-length as electronically plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender-specific growth charts. † 2 – 5 years: Less than or equal to 5th percentile Body Mass Index (BMI)-for-age as plotted on the 2000 NCHS/CDC age and gender-specific growth charts. **At Risk of Underweight:** Birth to < 24 months: Greater than 2.3rd percentile and less than or equal to 5th percentile weight-for-length as electronically plotted on the CDC Birth to 24 months gender-specific growth charts. † 2 – 5 years: Greater than the 5th percentile and less than or equal to 10th percentile BMI-for-age as plotted on the 2000 NCHS/CDC age and gender-specific growth charts. *† Based on 2006 World Health Organization (WHO) international growth standards. For the Birth to < 24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the hard copy of the Birth to 24 months gender-specific growth charts.* ***(See DHEC 1498 and DHEC 1499)***
113 **III** **HR**	**Obese (Children 2 – 5 Years of Age):** 2 – 5 Years: Greater than or equal to 95th percentile Body Mass Index (BMI) as plotted on the 2000 NCHS/CDC 2-20 years gender-specific growth charts. † *† The cut-off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk. However, the 2000 NCHS/CDC Birth to 36 Months growth chart may be used as an assessment tool for evaluating growth in children aged 24-36 months who are not able to be measured for the standing height required for the 2000 NCHS/CDC 2-5 years growth charts.* ***(See DHEC 1498 and DHEC 1499)***
114 **III** **HR * (BMI ≥ 85th & < 95 %tile 2-5 yrs.)**	**Overweight or At Risk of Overweight:** **Overweight:** 2 – 5 Years: Greater than or equal to 85th and less than 95th percentile BMI-for-age as plotted on the 2000 NCHS/CDC 2-20 years gender-specific charts.† *† The cut-off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk. However, the 2000 NCHS/CDC Birth to 36 Months growth chart may be used as an assessment tool for evaluating growth in children aged 24-36 months who are not able to be measured for the standing height required for the 2000 NCHS/CDC 2-5 years growth charts.* ***(See DHEC 1498 and DHEC 1499)***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Anthropometric	
114 *cont.* III HR (BMI ≥ 85th & < 95 %tile 2-5 yrs.)	**At Risk of Overweight:** Greater than or equal to 12 months (child of obese mother): Biological mother with a BMI ≥30 at the time of certification. † (If the mother is pregnant or has had a baby within the past 6 months, use her pre-conceptual weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain.) Birth to 5 years (infant or child of obese father): Biological father with a BMI ≥30 at the time of certification. † *† BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification. (Refer to "Abbreviated BMI Table" (Reference 2) to determine male and female parental obesity (BMI >30).* ***(See DHEC 1498 and DHEC 1499)***
115 III HR (Wt. /Lng ≥ 98th %tile 13 mo.-24mo.)	**High Weight-for-Length (Children < 24 Months of Age):** Birth to < 24 months: Greater than or equal to 97.7th percentile weight-for-length as plotted on the CDC Birth to 24 months gender-specific growth charts. † *† Based on the 2006 WHO international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the hard copies of the Birth to 24 months gender-specific growth charts (for ease of use). Electronic charts should use the 97.7th percentile as the cut-off.* ***(See DHEC 1498 and DHEC 1499)***
121 III	**Short Stature or At Risk of Short Stature:** **Short Stature:** Birth to <24 months: Less than or equal to 2.3rd percentile length-for-age as plotted on the CDC Birth to 24 months gender-specific growth charts. † 2 – 5 years: Less than or equal to 5th percentile stature-for-age as plotted on the 2000 NCHS/CDC age and gender-specific growth charts. **At Risk of Short Stature:** Birth to < 24 months: Greater than 2.3rd percentile and ≤5th percentile length-for-age as plotted on the CDC Birth to 24 months gender-specific growth charts. † 2 – 5 years: Greater than 5th percentile and ≤10th percentile stature-for-age as plotted on the 2000 NCHS/CDC age and gender-specific grown charts. **Note:** For premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age. (See "Calculating Gestation-Adjusted Age", Appendix 9.3). *† Based on 2006 WIC international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the hard copies of the Birth to 24 months gender-specific growth charts (for ease of use). Electronic charts should use the 2.3rd percentile as the cut-off.* ***(See DHEC 1498 and DHEC 1499)***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Anthropometric	
134 **III** **HR**	**Failure to Thrive:** Presence of failure to thrive (FTT) diagnosed by a physician as self reported by parent/authorized representative; or as reported or documented by a physician, or someone working under physician's orders. ***Self reported as diagnosed by a physician.***
141 **III**	**Low Birth Weight and Very Low Birth Weight:** Low Birth Weight (LBW): Birth weight defined as less than or equal to 5 pounds 8 ounces (less than or equal to 2500 g), for infants and children less than 24 months old. Very Low Birth Weight (VLBW): Birth weight defined as less than or equal to 3 pounds 5 ounces (less than or equal to 1500 g), for infants and children less than 24 months old.
142 **III**	**Preterm or Early Term Delivery (Children < 24 Months of Age):** • Preterm – Delivery of an infant at ≤ 36 6/7 weeks gestation. • Early Term – Delivery of an infant ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.
151 **III**	**Small for Gestational Age (Children < 24 Months of Age):** Presence of small for gestational age. ***Diagnosed by a physician as self-reported by parent/authorized representative or as reported or documented by a physician, or someone working under physician's orders.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR CHILDREN

<table>
<tr><th>CODE/PRIORITY</th><th>CRITERIA</th></tr>
<tr><td colspan="2">Anthropometric</td></tr>
<tr><td>152
III</td><td>Low Head Circumference (Children < 24 Months of Age):
Birth to <24 months: Less than or equal to 2.3rd percentile head circumference-for-age as plotted on the CDC Birth to 24 months gender-specific growth charts. †
Note: For premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age. For information about adjusting for gestational age see: “Calculating Gestation-Adjusted Age”, Appendix 9.3.

† Based on 2006 WHO international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the hard copies of the Birth to 24 months gender-specific growth charts (for ease of use). Electronic charts should use the 2.3rd percentile as the cut-off.</td></tr>
<tr><td colspan="2">Biochemical</td></tr>
<tr><td>201
III</td><td>Low/Hematocrit/Low Hemoglobin:
Hemoglobin or hematocrit concentration below the levels in the following chart.
<table>
<tr><th colspan="2">0 < 6 months</th><th colspan="2">6 < 12 months</th><th colspan="2">1 < 2 years</th><th colspan="2">2-5 years</th></tr>
<tr><th>Hb</th><th>Hct</th><th>Hb</th><th>Hct</th><th>Hb</th><th>Hct</th><th>Hb</th><th>Hct</th></tr>
<tr><td></td><td></td><td>11.0</td><td>32.9</td><td>11.0</td><td>32.9</td><td>11.1</td><td>33.0</td></tr>
</table></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>211
III
HR</td><td>Elevated Blood Lead Levels:
Blood lead level of ≥ 5 µg/deciliter within the past 12 months.</td></tr>
<tr><td colspan="2">Clinical/Health/Medical</td></tr>
<tr><td>341
III</td><td>Nutrient Deficiency or Disease:
Any currently treated or untreated nutrient deficiency disease. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, and Iron Deficiency.
Self reported as diagnosed by a physician.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>342
III
HR (GERD with weight loss, Crohn’s, malabsorption, short bowel syndrome, others compromise nutrition status)</td><td>Gastro-Intestinal Disorders:
Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to:
• Gastroesophageal reflux disease (GERD)
• Peptic ulcer
• Post-bariatric surgery
• Short bowel syndrome
• Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease
• Liver disease
• pancreatitis
• biliary tract diseases
Self reported as diagnosed by a physician.</td></tr>
</table>

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
343 **III** **HR**	**Diabetes Mellitus:** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. ***Self reported as diagnosed by a physician.***
344 **III**	**Thyroid Disorders:** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: **Hyperthyroidism:** Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). **Hypothyroidism:** Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. **Congenital Hyperthyroidism:** Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation). **Congenital Hypothyroidism:** Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. **Postpartum Thyroiditis:** Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. ***Self reported as diagnosed by a physician.***
345 **III** **HR**	**Hypertension and Prehypertension:** Presence of hypertension or prehypertension. ***Self reported as diagnosed by a physician.***
346 **III** **HR**	**Renal Disease** Any renal disease including pyelonephristis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. ***Self reported as diagnosed by a physician.***
347 **III** **HR**	**Cancer** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
348 **III** **HR (Cerebral Palsy)**	**Central Nervous System Disorders:** Conditions which affect energy requirements, ability to feed self, alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: • epilepsy • cerebral palsy (CP) • neural tube defects (NTD), such as spina bifida • Parkinson's Disease • Multiple Sclerosis (MS) **Must have adequate documentation by the CPA.**
349 **III** **HR (Cleft palate/lip, Down syndrome, Congenital Health Disease)**	**Genetic and Congenital Disorders:** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to, cleft lip or palate, Down syndrome, thalassemia major, sickle cell anemia (not sickle cell trait), and muscular dystrophy. ***Self reported as diagnosed by a physician.***
351 **III** **HR**	**Inborn Errors of Metabolism:** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, and fat. **Amino Acid Disorders** • Phenylketonuria • Maple syrup urine disease • Homocystinuria •. Tyrosinemia **Organic Acid Metabolism Disorders** • Isovaleric acidemia • 3-Methylcrotonyl-CoA-carboxylase deficiency • Glutaric acidemia type I and II • 3-hydroxy-3-methyglutaryl-coenzyme A lyase deficiency • Multiple carboxylase deficiency • Methylmalonic acidemia • Propionic acidemia • Beta-ketothiolase deficiency **Fatty Acid Oxidation Disorders** • Medium-chain acyl-CoA dehydrogenase deficiency • Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency • Trifunctional protein deficiency type 1 • Trifunctional protein deficiency type 2 • Carnitine uptake defect • Very long-chain acyl-CoA dehydrogenase deficiency **Lysosomal Storage Disease** • Fabry disease • Gauchers disease • Pompe Disease **Urea Cycle Disorders** • Citrullinemia • Argininosuccinic aciduria • Carbamoyl phosphate synthetase 1 deficiency **Carbohydrate Disorders** • Galactosemia • Glycogen storage disease • Hereditary Fructose Intolerance

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
351 cont. **III** **HR**	**Inborn Errors of Metabolism:** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, and fat. **Peroxisomal Disorders** • Zellweger Syndrome Spectrum • Adrenoleukodystrophy (x-ALD) **Mitochondrial Disorders** • Leber hereditary optic neuropathy • Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes • Mitochondrial neurogastrointestinal encephalopathy disease • Myoclonic epilepsy with ragged-red fibers • Neuropathy, ataxia, and retinitis pigmentosa • Pyruvate carboxylase deficiency ***Self reported as diagnosed by a physician.***
352a **III**	**Infectious Diseases – Acute** A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. These diseases and/or conditions include, but are not limited to: • Hepatitis A or Hepatitis E • Pneumonia • Meningitis (Bacterial/Viral) • Parasitic infections • Bronchiolitis (3 episodes in last 6 months) • Listeriosis ***Self reported as diagnosed by a physician.***
352b **HR (HIV, AIDS, or severely Immuno compromised)**	**Infectious Diseases – Chronic** Conditions likely lasting a lifetime and require long-term management of symptoms. These diseases and/or conditions include, but are not limited to: • HIV (Human Immunodeficiency Virus infection) • AIDS (Acquired Immunodeficiency Syndrome) • Hepatitis B, Hepatitis C, Hepatitis D ***Self reported as diagnosed by a physician.***
353 **III**	**Food Allergies:** Adverse health effects arising from specific immune response that occurs reproducibly on exposure to a given food. ***Self reported as diagnosed by a physician.***
354 **III** **HR**	**Celiac Disease:** Also known as: • Celiac Sprue • Gluten Enteropathy • Non-tropical Sprue Autoimmune disease precipitated by the ingestion of gluten (wheat, rye and barley protein) which results in damage to the small intestine and malabsorption of nutrients from food. ***Self reported as diagnosed by a physician.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
355 **III**	**Lactose Intolerance:** Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal pain and/or bloating, flatulence, cramps. **Symptoms must be well documented by the CPA. Consider customized food package. Use of standard food package must be justified by CPA.**
356 **III**	**Hypoglycemia:** Presence of Hypoglycemia. ***Self reported as diagnosed by a physician.***
357 **III**	**Drug Nutrient Interactions:** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. **See Food Medication Interactions Resource.**
359 **III**	**Recent Major Surgery, Physical Trauma, Burns:** Major surgery, physical trauma or burns severe enough to compromise nutritional status. Any occurrence: • Within the past two (≤ 2) months may be self reported • More than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. ***Self reported as diagnosed by a physician.***
360 **III** **HR (Congestive Heart Disease, Cystic Fibrosis)**	**Other Medical Conditions:** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardio respiratory diseases • heart disease • cystic fibrosis • persistent asthma (moderate or severe) requiring daily medication

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Clinical/Health/Medical	
362 **III** **HR (Severe developmental delays, oral motor feeding problems, parental or enteral nutrition support)**	**Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat:** Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities includes but are not limited to: • minimal brain function • feeding problems due to development disabilities such as pervasive development disorder (PDD) which includes autism • birth injury • head trauma • brain damage • other disabilities
381 **III**	**Oral Health Conditions:** Presence of oral health conditions such as dental caries, tooth decay, periodontitis, gingivitis, tooth loss or ineffective replaced teeth which impart the ability to ingest food in adequate quantity or quality. ***Self reported as diagnosed by a physician or dentist.***
382 **III**	**Fetal Alcohol Spectrum Disorders** Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy (1). FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE) (2). Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver
401 **V**	**Failure to Meet Dietary Guidelines for Americans (Children 2 years of age and older):** Children two years of age and older who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans*. For this criterion, failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs. ***This risk code may be assigned only to individuals 2 years and older for whom a complete nutrition assessment (to include an assessment of risk #425, Inappropriate Nutrition Practices for Children) has been performed and for whom no other risk(s) are identified.***

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Dietary	
425 **V**	**Inappropriate Nutrition Practices for Children:** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. *Examples (including but not limited to) are outlined below.* 425.1 Routinely feeding inappropriate beverages as the primary milk source. *Examples of inappropriate beverages as primary milk source:* • Nonfat or reduced fat milks (between 12 and 24 months of age only, (unless reduced fat milk is appropriate for a child for whom overweight or obesity is a concern) or sweetened condensed milk; and • Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer, goat's or sheep's milk), or other "homemade concoctions." 425.2 Routinely feeding a child any sugar-containing fluids. *Examples of sugar-containing fluids:* • Soda/soft drinks; • Gelatin water; • Corn syrup solutions; • Sweetened tea; and • >6 ounces fruit juice/day. 425.3 Routinely using nursing bottles, cups or pacifiers improperly. • Using a bottle to feed: i. fruit juice, or ii. Diluted cereal or other solid foods. • Allowing the child to fall asleep or be put to bed with a bottle or sippy cup at naps or bedtime. • Allowing the child to use the bottle or sippy cup without restriction (e.g., walking around with a bottle or sippy cup) or as a pacifier. • Using a bottle or sippy cup for feeding or drinking beyond 14 months of age. • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. • Allowing a child to carry around and drink throughout the day from a covered training cup. 425.4 Routinely using feeding practices that disregard the developmental needs or stages of the child. • Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. • Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon feeding a child who is able and ready to finger feed and/or try self-feeding with appropriate utensils).

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Dietary	
425 cont. **V**	• Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods). 425.5 Feeding foods to a child that could be contaminated with harmful microorganisms. *Examples of potentially harmful foods for a child:* • Unpasteurized fruit or vegetable juice; • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese: • Raw or undercooked meat, fish, poultry, or eggs; • Raw vegetable sprouts (alfalfa, clover, bean and radish); and • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). 425.6 Routinely feeding a diet very low in calories and/or essential nutrients. *Examples:* • Vegan diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients. 425.7 Feeding dietary supplements with potentially harmful consequences. *Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:* • Single or multi-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas. 425.8 Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements. • Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula. 425.9 Routine ingestion of nonfood items (pica). *Examples:* • Ashes; • Carpet fibers; • Cigarettes or cigarette butts; • Clay; • Dust; • Foam rubber; • Paint chips; • Soil; and • Starch (laundry and cornstarch).

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Dietary	
428 **V (12-23 months)**	**Dietary Risk Associated with Complementary Feeding Practices (Children Up to 2 Years of Age):** An infant or child who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans, is at risk of inappropriate complementary feeding. **A complete nutrition assessment, including for risk # 425 (Inappropriate Nutrition Practices for Children), must be completed prior to assigning this risk.**
Other Risks	
501	**Possibility of Regression:** A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent Professional Authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Limit the use of regression to one time following a certification period.
502 **N/A**	**Transfer of Certification:** Person with current valid Verification of Certification (VOC) document from another State or WIC site.
801 **V**	**Homelessness:** An infant or child identified as homeless as defined in section 246.2 of the WIC Regulations/SC WIC Manual's Homeless Section.
802 **VII**	**Migrancy:** Categorically eligible infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.
901 **V**	**Recipient of Abuse** Child abuse/neglect within past 6 months as documented by a social worker, health care provider or other appropriate documents/personnel. Child abuse/neglect: "Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or authorized representative."

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**

HR – All List II formulas

G. RISK CODES FOR CHILDREN

CODE/PRIORITY	CRITERIA
Other Risks	
902 **V**	**Infant/Child of Primary Authorized Representative with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food:** Infant/child whose primary authorized representative is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: • ≤ 17 years of age; • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self reported by participant. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist, or as self reported by participant. • Documentation or self report or misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. • Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities.
903 **V**	**Foster Care** An infant or child: • Entering the foster care system during the previous six months. • Moving from one foster care home to another foster care home during the previous six months. **Note:** 1. Use only when no other risk code can be found. 2. May not be used for consecutive certifications while the applicant has resided in the **same foster care home**. 3. Foster Care verification must be provided during the income screening.
904 **III**	**Environmental Tobacco Smoke Exposure** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.

Risk Code and Priority Key

Priority Levels: I, II, III, IV, V, VI & VII **High Risk: HR**
HR – All List II formulas

Subject: Immunization Screening and Referral of WIC Participants

Policy Statement: At initial certification and all recertification visits, WIC staff will review the child's immunization record and educate and recommend prenatal vaccines for pregnant women.

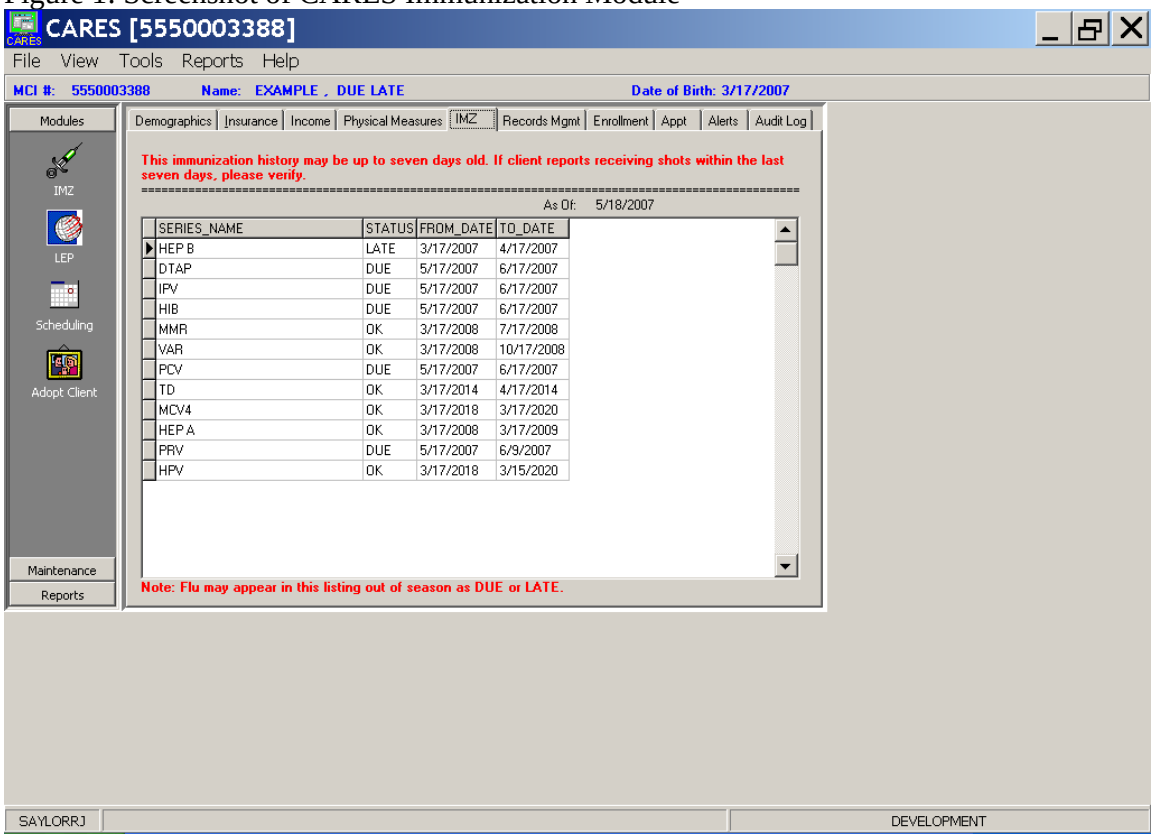
Laws/Regulations:
42, USC 1396a (a) Federal, Section 1928 of the Social Security Act, OBRA 1993 42 USC 1396(s), Vaccines for Children Program;
SC Code, Title 44-1-140 – Department may promulgate and enforce rules and regulations for public health, 44-29-40 – DHEC shall have general supervision of vaccination, screening and immunization.
August 2001 Final WIC Policy Memorandum #2001-7: Immunization Screening and Referral in WIC, US Dept. of Agriculture, Food and Nutrition Service.

Rules:
1. At no time should immunization screening and referral procedures be used as a qualification for enrollment and/or certification of WIC services.
2. At no time should DHEC staff miss the opportunity to inform a parent/guardian that an infant/child is due or late for routinely recommended immunizations or that a pregnant woman is recommended to get vaccines during pregnancy.

Procedures for Child Visits:

1. WIC staff will advise parents/guardians/caretakers that immunization records will be reviewed at certification(s) and subsequent certification visits and immunizations are an important part of the child's health.
2. WIC staff will utilize Immunization tab on the CARES screen to view the immunization status at every visit.
    a. Based on information contained in the immunization information system should a child be 'due' or 'late' for any immunization recommended on the current year's Recommended Childhood Immunization Schedule, the parent/guardian will be informed of the need for immunizations. (See Figure 1)
    b. The Competent Professional Authority (CPA) will advise the parent/guardian/caretaker: "Your infant's/child's immunization records in the DHEC Immunization Information System show that immunizations are needed. You can schedule an appointment to receive these immunizations at DHEC or contact your infant's/child's health care provider."
    c. The CPA will document in the DHEC WIC record in the immunization field that immunizations were screened and indicate whether the child is "Up to date," "Not up to date," or has a medical or religious exemption.
3. If immunization records are not available in CARES, WIC staff will request the parent/guardian/caretaker bring immunization records at the next visit.
    a. The CPA should note on the WIC ID Card a reminder for the parent to bring the immunization record to the next appointment.
    b. If parent/guardian/caretaker presents with a paper copy of an immunization record, WIC staff will assure that copies of the immunization records are filed in the medical record correspondence section and forwarded to the appropriate immunization staff to update the South Carolina Immunization Information System.

Figure 1: Screenshot of CARES Immunization Module



Procedures for Pregnant Women Visits:

1. WIC staff with provide all pregnant women with Tdap and Flu Vaccine Rack Card (English ML-025678, Spanish ML-025692)
2. WIC CPA will ask pregnant women whether they have had the Tdap vaccine during pregnancy or flu vaccine for the current season and document in the WIC MIS.
3. WIC CPA will recommend all pregnant women receive Tdap and flu vaccine during pregnancy at every visit.
   a. Pregnant women can get the flu shot anytime during pregnancy. Offer to schedule an appointment with the DHEC immunization clinic, or recommend the patient get the flu vaccine from her primary care provider, prenatal care provider or local pharmacy.
   b. The optimal time for Tdap vaccination is between the 27th and 36th week of pregnancy
      i. If the woman is ≥27 weeks pregnant, ask if she would like to be vaccinated at the visit. Contact the site immunization nurse or other trained immunization staff who may be able to administer the vaccine or schedule a return visit for the patient with the immunization clinic.
      ii. If the woman is <27 weeks pregnant, if scheduling allows, offer to schedule a return visit for the patient with the DHEC immunization clinic.
      iii. If unable to schedule in the system, recommend the patient seek vaccination at prenatal or primary care provider or make a note in the system to recommend/offer scheduling for immunization clinic appointment at a future visit.

References:

Kroger, A., & Duchin, V. General best practice guidelines for immunization. Retrieved from https://www.cdc.gov/vaccines/hcp/aciprecs/general-recs/index.html

ACIP Recommended Immunization Schedules. Retrieved from https://www.cdc.gov/vaccines/schedules/hcp/index.html

DATE OF INITIAL APPROVAL: August 11, 2003
Revision Dates: 2/15/2008, 5/22/2013, 8/7/2013

Revision: 8/8/2019

CALCULATING GESTATION – ADJUSTED AGE [1]

INSTRUCTIONS:

- Document the infant's gestational age in weeks. (Mother/authorized representative can self-report, or referral information from the medical provider may be used.)
- Subtract the child's gestational age in weeks from 40 weeks (gestational age of term infant) to determine the adjustment for prematurity in weeks.
- Subtract the adjustment for prematurity in weeks from the child's chronological postnatal age in weeks to determine the child's gestation-adjusted age.

    - For WIC nutrition risk determination, adjustment for gestational age should be calculated for all premature infants for the first 2 years of life.

EXAMPLE:

Randy was born prematurely on March 19, 2001. His gestational age at birth was determined to be 30 weeks based on ultrasonographic examination. At the time of the June 11, 2001, clinic visit, his chronological age is 12 weeks. What is his gestation-adjusted age?

- **30 = gestational age in weeks**
- **40 – 30 = 10 weeks adjustment for prematurity**
- **12 – 10 = 2 weeks gestation-adjusted age**

His measurements would be plotted on a growth chart as a 2-week old infant.

Risk Code Criteria for Referral to Licensed Registered Dietitian						
Risk Factor Code	High Risk Nutrition/Medical Conditions	**I**	**C**	**PN**	**BF**	**P**
103	Underweight (≤ 2nd %tile weight/length 0-24 m or BMI ≤ 5th percentile 2-5 years)	Y	Y			
111	Overweight (pre-pregnancy weight with BMI ≥ 30)			Y	Y	Y
113	Obese (BMI ≥ 95th percentile) *		Y			
114	Overweight (BMI ≥ 85th and < 95th %tile 2-5 years) *		Y			
115	High Weight to Length (Wt/Length ≥ 98th %tile 13 to < 24 months)		Y			
131	Low Maternal Weight Gain (after 1st trimester)			Y		
132	Maternal Weight Loss (after the 1st trimester)			Y		
134	Failure to Thrive	Y	Y			
141	Very Low Birth Weight and Low Birth Weight	Y				
211	Elevated Blood Lead Levels ≥15 µg/dl	Y	Y			
302	Gestational Diabetes			Y		
342	Gastroesophageal Reflux Disease (GERD) with weight loss	Y	Y			
342	Gastro-Intestinal Disorders (Crohn's, Malabsorption, Short Bowel Syndrome, others compromising nutritional status)	Y	Y	Y	Y	Y
343	Diabetes Mellitus	Y	Y	Y	Y	Y
345	Hypertension	Y	Y	Y	Y	Y
346	Renal Disease	Y	Y	Y	Y	Y
347	Cancer	Y	Y	Y	Y	Y
348	Cerebral Palsy	Y	Y	Y	Y	Y
349	Genetic and Congenital Disorders with nutrition related conditions (e.g., Cleft Lip/Palate, Down Syndrome, Congenital Heart Disease)	Y	Y	Y	Y	Y
351	Inborn Errors of Metabolism (e.g., PKU, MSUD, Galactosemia)	Y	Y	Y	Y	Y
352b	HIV/AIDS or Severely Immunocompromised	Y	Y	Y	Y	Y
354	Celiac Disease	Y	Y	Y	Y	Y
358	Eating Disorders (unless already in treatment)	Make referral to PCP.				
359	History of Gastric-By-Pass Surgery			Y		
360	Congestive Heart Disease, Cystic Fibrosis	Y	Y	Y	Y	Y
362	Severe Developmental Delay, Oral-Motor Feeding Problems	Y	Y	Y	Y	Y
362	Parenteral or Enteral Support	Y	Y	Y	Y	Y
372	Substance Abuse with related nutrition problems			Y		
	All List II Special Formulas	Y	Y	Y	Y	Y

High Risk Referral Resource: *Office of Professional and Community Nutrition Services Policy Manual*, "Guidelines for Referral to Licensed Registered Dietitian"

Guidelines may not be modified for more than a six (6) month period of time and only with permission from the Director of OPCNS and WIC Nutrition Education Coordinator.

RECOMMENDED REFERRAL PROTOCOL FOR ABNORMAL HEMOGLOBIN

1. If Hb is 6.9 g/dL or below, **repeat the test to verify accuracy but do not delay referral for consult.** Call the WIC participant's primary care provider for an immediate referral on the same day as WIC office visit. If unable to reach participant's physician, refer to an urgent care center or emergency room for a visit the same day. Certify and issue food benefits. Do not provide nutrition counseling at this time. Give appointment for a nutrition encounter in 30 days.

2. If Hb is 7.0 – 8.5 g/dL, repeat the fingerstick to verify accuracy then call the WIC participant's primary health care provider for referral. If the WIC participant does not have a primary care provider, refer the participant to the appropriate DHEC/MCH staff responsible for linking participants with a primary care provider. Certify and issue food benefits. Do not provide nutrition counseling at this time. Give appointment for a nutrition encounter in 30 days.

3. If Hb is 8.6 – 9.9 g/dL, repeat the fingerstick to verify accuracy. Send a referral to the WIC participant's primary health care provider reporting the abnormal laboratory value and any limitations of the screening test (no prior medical history, child has sickle cell anemia, etc.). Mention the WIC response (nutritional counseling, food/vitamin supplements, and follow-up in 6 months). If the WIC participant does not have a primary care provider, refer the participant to the appropriate DHEC/MCH staff responsible for linking participants with a primary care provider.

4. If Hb is 10.0 – 11.0 g/dL, give the participant, parent or legal guardian a copy of the test result and ask that they take the test result to the next physician visit. If the WIC participant does not have a primary care provider, refer the participant to the appropriate DHEC/MCH staff responsible for linking participants with a primary care provider.

CHAPTER 10 NUTRITION EDUCATION

A. NUTRITION EDUCATION

1. Nutrition Education

A. USDA defines "***Nutrition education"*** as individual or group education sessions and the provision of materials that are designed to improve health status and achieve positive changes in dietary and **physical activity** habits that emphasize the relationships between nutrition, **physical activity,** and health, all in keeping with the **personal and cultural preferences** of the individual."

B. Nutrition education encompasses group, individual, and web-based sessions and includes the provision of materials (verbal, written, cooking demonstrations, etc.) Nutrition education supports a positive approach based on health outcomes rather than deficiencies.

C. Nutrition education activities shall emphasize the relationship of proper nutrition to good health and are based on individual nutritional needs, risk factors, and/or anticipatory guidance along with keeping the personal and cultural preferences of each participant.

D. Physical activity is an approved component of nutrition education. Nutrition sessions should frequently promote and/or reinforce physical activity. Such sessions must contain a joint physical activity and nutrition message, such as "Balance your day with food and play." add link to Physical Activity Guidelines for Americans https://health.gov/our-work/physical-activity/current-guidelines

E. General information and explanation of the WIC Program (purpose, supplemental program, use of eWIC card, allowable foods, participant rights, etc.) is considered program education and not acceptable for nutrition education.

F. Nutrition education services are available to all participants.

1. Participants are encouraged to take part in the nutrition education activities, but program benefits are not denied if they elect not to participate.
2. Participant centered approaches, Participant Centered Education (PCE) and/or Facilitative Learning are used during all nutrition education sessions (Nutrition Service Standards, August 2013, page 34, 3. a.).
3. Current nutrition education delivery methods are:
    a. Facilitated group nutrition education class
    b. web-based nutrition education
    c. Individual (one-on-one) in clinic education
    d. Telephone Counseling
4. Participants can receive credit for one (1) nutrition education encounter per day (e.g., certification with the CPA and a high risk care plan session with the Registered Dietitian occurring on the same day cannot count as two encounters).

G. Nutrition Education is based on nationally recognized sources and is evidenced based. No myths, superstitions, folk lore, or legends should be used in educating participants. Approved sources such as Dietary Guidelines for Americans, Bright Futures, More Matters or Healthy People goals are used in nutrition education and physical activity guidance.

2. Nutrition Service Standards for Nutrition Education

A. Local agencies will make nutrition education available or enter into an agreement with another agency to make nutrition education available at no cost to all adult participants, and to parents or caregivers of infant and child participants, and whenever possible, to child participants. During each six-month certification period, at least two nutrition education contacts must be made available. When participants are certified longer than six months, nutrition contacts will be made available at a quarterly rate.

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

C. **A nutrition, physical activity, or health goal must be documented in the Nutrition Education tab of SCWIC. The education provided shall include anticipatory guidance and/or education based on risk codes. Assist participants in developing a goal, write the goal on education materials and then document the goal in the NOTE section after topic.** ***Example: Risk 201 Topic: Get your iron from the foods you eat Goal: Participant agrees to eat 3 sources of food high in iron each day.***

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

3. Providing Participant-Centered/Behavior Change Counseling

A. The education part of the visit should flow naturally from the assessment because it ties in with the participant's questions and concerns. However, sometimes no clear direction emerges, and in this case, the WIC staff person works with the participant to develop an agenda for topics to discuss. Ways to do this are:
   1. Ask the participant if she has any nutrition questions or concerns that she would like to discuss.
   2. Nutrition information provided during the visit should match the participant's needs and interests
   3. Suggest topics based on information the participant has learned during the assessment, including identified nutrition risk factors.
   4. Suggest topics that provide anticipatory guidance.

B. Tips for discussing nutrition information with participants:
   1. Use a conversational format
   2. Find out what the participant already knows about a topic and fill in the gaps
   3. Affirm those things she is doing right.
   4. Be non-judgmental
   5. Personalize education so the participant understands how making changes can improve her own health and well-being.

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

D. The chart below lists each stage of change and the recommended counseling strategy associated with it:

Stage of Change	CPA's Role	Appropriate Goal
1.Pre-contemplation: Participant is not thinking about a change	Raise awareness	Participant agreed to think about change, accepted handout to review before next appointment
2.Contemplation: Know they should change but are not ready	Listen to concerns. Discuss benefits and explore concerns about making change. Suggest small steps to begin change process. example: reduce juice, or soda intake	Participant agreed to think about change, write out the benefits of making the change and to look for ways they may be able to make the desired change before next appointment.
3.Preparation: Planning to change	Encourage and support, discuss ways to deal with difficulties	Participant agreed to _____on or before_____. F/u at next appointment on _____
4 Action Have begun to change	Encourage and affirm change. Help participant identify the benefits of change. Educate on dealing with unanticipated challenges such as Holidays.	Set goals based on next step. Example: Participant has stopped drinking soda, next step correct portion size, etc...
5. Maintenance	Celebrate success and provide encouragement.	Continue to maintain _____.

4. SCHEDULING OF NUTRITION EDUCATION ENCOUNTERS

The scheduling of nutrition education encounters requires procedures that result in efficient and effective clinic flow as well as exceptional customer service, (NSS, August 2013, pg. 5, C.) A team approach which includes site management, administrative staff, and nutrition professional personnel should be included when using the following standards.

A. Each WIC site must have a system in place to assure that all participants are appointed for the required number of nutrition education encounters.

B. The system must have the following capabilities:
   1. Meets processing standards (7 CFR 246.7{f})
   2. Identifies participant's nutrition education encounter needs (i.e., group, one-on-one, high risk, etc.)
   3. Appoints participants for nutrition education encounters
   4. Identifies kept and did not keep appointments (DNKA)
   5. Documents kept and DNKA (SCWIC is used)
   6. Tracks reappointed participants
   7. Coordinates appointments with other services (i.e., voucher pick up, RD visit, BFPC visit, etc.)

C. For participants failing to make nutrition education encounters, the following may occur:
   1. Provide monthly issuance of food benefits
   2. Reappoint as many times as needed
   3. Verbal or written encouragement to participant to attend the nutrition education session or web based nutrition education.
      Exception: Foster parents and/or group home staff may be granted a waiver by the WIC Program Manager on a case-by-case basis contingent upon previous attendance.

Note: These standards for nutrition education compliance are the *minimum* number of encounters a participant need attend. A participant may choose to have more than the minimum number of encounters by selecting to attend additional class/sharing sessions or one-on-one individual session with the RD/LD during their certification period.

5. INFANT NUTRITION EDUCATION ENCOUNTERS

The certification period for an infant is up to one (1) year based on his/her age of certification. Nutrition education encounters are made available to accommodate a full year of certification if the infant is certified at birth and before three (3) months of age. Modifications to the number of encounters are granted when the infant is certified after two (2) months of age.

A. Infants certified at birth, one (1) month or two (2) months of age.
   1. Four (4) nutrition education encounters are required to meet compliance standards.
   2. Two (2) encounters must occur during each six (6) months of the one (1) year period of certification (e.g. two encounters before 6 months of age and two encounters between 6-12 months of age.
   3. The certification counts as encounter number one (1) —second encounter occurs at 3 months of age, third encounter at 6 months of age and fourth encounter at 9 months of age).
   4. All infants are required to have a **six (6) month evaluation** during the third encounter.
   5. Nutrition education encounters may be individual one-on-one guidance, group session or web-based education.
   6. Nutrition education must provide anticipatory guidance of health/nutrition needs of the infant. (i.e., breastfeeding, formula feeding, introduction of solid foods, etc.).
   7. Infants determined to be **high risk** are referred and scheduled for one-on-one counseling with the Registered Dietitian for an individualized **high risk care plan as soon as possible but no more than 30 working days from the certification date.**

B. Infants certified at three (3) months or four (4) months of age

1. Three (3) encounters are required to meet the compliance standard,
2. One (1) encounter before six (6) months of age,
3. Two (2) encounters between six (6) months and twelve (12) months of age.
4. The certification counts as encounter number one (1)—second encounter at 6 months of age, third encounter at 9 months of age.
5. All infants certified at this age are required to have a **six (6) month evaluation** during their second encounter.
6. Nutrition education encounters may be individual one-on-one guidance, group session or web-based education.
7. Nutrition education must provide anticipatory guidance of the health/nutrition needs of the infant. (i.e., breastfeeding, formula feeding, introduction of solid foods, etc.)
8. Infants determined to be **high risk** are referred and scheduled to the RD/LD **for individualized high risk care plan as soon as possible but no more than 30 working days from the certification date.**

C. Infants certified at five (5) and six (6) months of age
1. Two encounters are required to meet the compliance standard
2. The certification counts as encounter number one (1)—second encounter before one (1) year of age.
3. Nutrition education encounters may be individual one-on-one guidance, group session or web-based education.
4. Nutrition education must provide anticipatory guidance of health/nutrition needs of the infant. (i.e., breastfeeding, formula feeding, introduction of solid foods, Physical Activity, etc.)
5. Infants determined to be **high risk** are referred to the RD/LD within 30 working days of the certification for one-on-one counseling and an individualized **high risk care plan.**

D. Infants certified after six (6) months of age (7-11.5 months) will be certified for a period of 6 months.
1. Two (2) nutrition encounters are required to meet the compliance standard.
2. The certification counts as encounter number one (1).
3. When the infant turns 12 months of age, a child package will be generated by SC WIC.
4. When the 6-month certification expires, the child will be re-certified for 1 year.
5. If the infant is 7 or 8 months of age at certification, an appointment is made in three months for Hb/Hct and nutrition encounter. Hb/Hct is required at 9-12 months of age.
6. If the infant is 9 – <11.5 months of age at certification, Hb/Hct should be taken and documented at the time of certification.

SUMMARY OF INFANT NUTRITION EDUCATION ENCOUNTERS

AGE AT CERTIFICATION	1 - 2 MONTHS	3 - 4 MONTHS	5 MONTHS
TOTAL # OF ENCOUNTERS	4	3	2
FIRST 6 MONTHS	2	1	
SECOND SIX MONTHS	2	2	BY ONE YEAR OLD

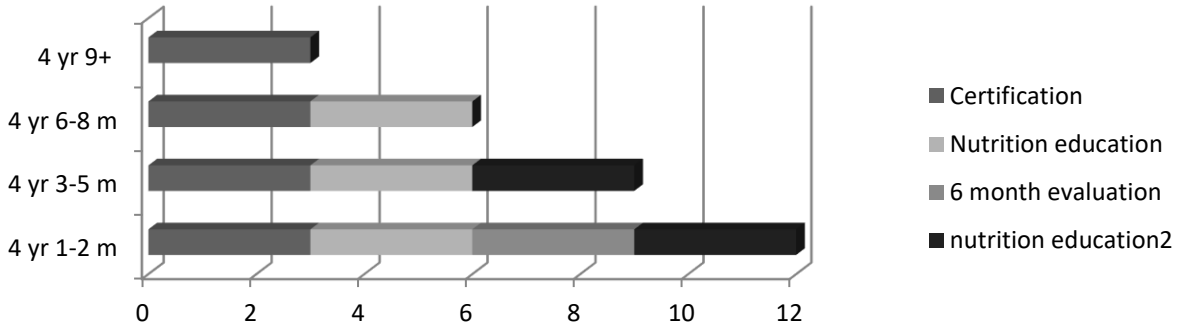
4. CHILD (1-5 yrs.) NUTRITION EDUCATION ENCOUNTERS

The certification period for a child is 1 year (12 months).

A. Children at least twelve (12) months of age and < 5 years of age.
   1. Four (4) nutrition education encounters are required to meet the compliance standard.
   2. The certification counts as nutrition education encounter number one (1).
   3. Two (2) encounters must occur in each six (6) month period of the certification.
   4. A six (6) month evaluation must occur between the 5^{th} – 7^{th} months of certification.
   5. Nutrition education must address the health/nutrition needs of the child. (i.e., table foods, healthy snacks, age appropriate foods, etc.).
   6. Children determined to be **high risk** are referred to the RD/LD **as soon as possible but no later than** 30 working days of the certification for one-on-one counseling and individualized **high risk care plan**.

B. For children certified at 4+ years of age, nutrition education requirements are pro-rated based on the length of time the child will participate on the program. The certification is counted as encounter number one (1).

C. 1. A certification at 4 years 1-2 months of age (10-11 participation period), 4 nutrition education encounters are required with one as a six month evaluation.
   2. A certification at 4 years 3-5 months of age (7-9 month participation period), 3 nutrition education encounters are required.
   3. A certification at 4 years 6-8 months of age (4-6 month participation period), 2 nutrition education encounters are required.
   4. A certification at 4 years ≥ 9 months of age (<4 months participation period), 1 nutrition education encounter is required.



5. BREASTFEEDING WOMAN NUTRITION EDUCATION ENCOUNTERS

The certification period for a breastfeeding woman is up to one (1) year as long as they are breastfeeding or until the infant is one (1) year of age.

A. Fully, partial, or token breastfeeding women
   1. Four (4) nutrition education encounters are required to meet the compliance standard.
   2. Two encounters must occur during each six (6) months of the one (1) year period of certification.
   3. The certification counts as encounter number one (1)
   4. All breastfeeding women certified for more than six (6) months are required to have a **six (6) month evaluation** during the third encounter.
   5. Nutrition education encounters may be individual one-on-one guidance, group session or web-based education.
   6. Nutrition education must address the health/nutrition needs of the breastfeeding woman. (i.e., breastfeeding, fluid intake, fruits and vegetable intake, etc.)
   7. Breastfeeding women determined to be **nutritional high risk** are referred to the RD/LD for one-on-one counseling and an individualized **high risk care plan as soon as possible but no later than** 30 working days of the certification.
   8.

6. POSTPARTUM WOMAN NUTRITION EDUCATION ENCOUNTERS

The certification period for a postpartum woman is up to six (6) months after delivery.

A. Woman certified at one (1) to three (3) months postpartum
   1. Two (2) nutrition education encounters are required to meet the compliance standard
   2. The certification counts as encounter number one (1)
   3. Nutrition education encounters may be one-on-one individual guidance, group session or web-based education.
   4. Nutrition education must address the health/nutrition needs of the postpartum women. (i.e., post pregnancy weight loss, physical activity, fruits and vegetable intake, etc.)
   5. Postpartum women determined to be **high risk** are referred to the RD/LD and scheduled for for one-on-one counseling and an individualized **high risk care plan as soon as possible but no later than 30 working day from certification date.**

7. PRENATAL WOMAN NUTRITION EDUCATION ENCOUNTERS

The certification period for a prenatal woman is up to 9 months plus 6 weeks from the date of delivery.

A. Women certified at one (1) to nine (9) months pregnant.
   1. Two (2) nutrition education encounters are required to meet the compliance standard.
   2. The certification counts as encounter number one (1).
   3. Nutrition education encounters may be individual one-on-one guidance, group session or web-based education.
   4. Nutrition education must address the health/nutrition needs of the prenatal women. (i.e., pregnancy weight gain, physical activity, vitamins and minerals needs during pregnancy, etc.).
   5. Prenatal women determined to be **high risk** are referred to the RD/LD and scheduled as soon as possible but no more than 30 working days of the certification for one-on-one counseling and an individualized **high risk care plan**.
   6. Prenatal women who certify in the first or second trimester and are interested in attending more than one second nutrition education encounter may do so (e.g., Prenatal certified at 10 weeks can attend the nutrition in pregnancy class and how to breastfeed class.

8. NUTRITION EDUCATION ENCOUNTERS

Nutrition education can be individual one-on-one education, group education, web-based education or a combination of both.

A. Individual One-on-One Nutrition Education

1. Individual one-on-one nutrition education (an integral component of the certification process) is provided by nutrition education specialists, LPNs, RNs, or nutritionists. To ensure program compliance all qualified CPA's will receive program guidance and evaluation by direct observation from the regionally assigned nutritionist. See Guidelines for Determining Qualifications for Eligible Certifications (Staffing – WIC State Plan).
2. CPAs will utilize category-specific nutrition questions in the guided script in SCWIC and participant responses to open-ended questions, as well as participant-specific data (e.g., bloodwork, anthropometrics, etc.) to provide participant-centered, individualized nutrition counseling and/or anticipatory guidance for nutrition and physical activity.
3. Participants are incorporated into a "team" relationship with the CPA in order to develop mutual goals and build rapport. Participant Centered Education (PCE) methods are used.
4. Information on how to select foods and how to use the supplemental foods to achieve an adequate diet and maintain optimal health status may be included.
5. At the time of certification, the CPA will inform the participants about the second nutrition education encounter (group nutrition education class, individual encounter or web-based nutrition education). (See Observation Checklist for Clinical Staff DHEC 2036A).
6. During a food package change, formula change, or a participant category change the CPA will perform an individual one-on-one nutrition education encounter. The CPA will assess and discuss any needs or changes needed by the participant and provide nutrition information or referral on an as needed basis.
7. Participants deemed **high risk**
   a. Refer to the Registered/Licensed Dietitian (RD/LD) for Medical Nutrition Therapy.
   b. Registered Dietitian provides individualized high risk nutrition care plan.
   c. Registered Dietitian session can be counted as a second encounter for nutrition education.

B. Facilitated Group Discussion

1. A facilitative style of education is used during all group nutrition education classes/sharing sessions. (The classroom set in a conversational circle style with the facilitator also being seated among the group.)
2. Group nutrition education is provided to low risk participants needing a second nutrition encounter.
3. CPAs, health educators, RD/LDs, RNs, LPNs and other health care providers as approved may provide group nutrition education. See Eligibility Requirements for Providers of Nutrition Education (Staffing-WIC State Plan).
4. For effective facilitation, education and participation, class size should be limited to 25 participants or less (not including children or infants).
5. WIC sharing session ground rules poster (CR-009620 English and CR- 009621 Spanish) must be displayed and reviewed before/during each sharing session/class.
6. Group sharing sessions/classes are offered based on participant category/type in order to maximize the nutrition education potential for the participant. The following classes should be offered:
   a. Prenatal
   b. Breastfeeding
   c. Postpartum
   d. Infant
   e. Child (may be divided into age specific sessions, i.e., 1-2 years and 3-5 years of age)
7. Nutrition and physical activity information shared during the session/class should be category specific.
8. Group Nutrition Education Lesson Plans are used to assure participants are receiving the category specific education needed to achieve the desired health outcome.
9. A participant, parent/authorized representative and/or proxy may attend a session/class and be given credit for a nutrition encounter.
10. General type nutrition education group sessions are allowed on a limited basis for those clinics that have limited resources in staffing and size. (i.e., satellite clinic that is open 1-2 times per month). Larger clinic sites **should limit** the use of general classes as the primary class type for group nutrition education. The nutritional needs of each participant type must be addressed in a general class in order for each participant to receive credit for the nutrition encounter.
11. Food demonstrations are effective ways to educate good nutrition and initiate a healthy change in eating habits. They are highly encouraged during group nutrition education sessions and especially at sessions during Farmer's Market season. Refer to Guidebook, Conducting Successful Food Demonstrations and Taste Testing at http://dhecnet/hs/mch/wic/docs/FoodDemos.pdf
12. Videos may be appropriate to augment a group nutrition education sharing session/class. Only videos on the Approved Materials Listing (AML) may be used. Each video must be followed with a facilitated discussion on its content and pertinent written materials may be offered.

C. Web-based Nutrition Education

If a participant chooses to complete their nutrition education requirements using WIChealth.org, staff must complete a referral to WIChealth.org in the referral tab in SCWIC. Select WIChealth.org as referral and then select accept.

1. Web-based nutrition education is another source of nutrition education for low risk participants needing a second nutrition education encounter.
2. The CPA should encourage the participant to choose a class that will help them meet the nutrition goal they have set for themselves or their family. The CPA will review the WIC Web Class Instructions ML – 025613 (English), ML – 025614 (Spanish), and ML – 025615 (Rack Cards) with the participant on the procedures for accessing and completing the web based nutrition education. Web based education can be completed on any devise with web access, phone, computer, or tablet. The first time a participant goes to www.WIChealth.org, they must sign up for an account. They will use their Household Identification Number to set-up an initial account. Once the account is established, participants will utilize their username and password to access their account.
3. The CPA should inform the participant to choose a username and password that is very easy to remember. (There is no protected health or financial information on this site). If they have a valid email address entered, it will be easier to retrieve a forgotten username or password.
4. WIChealth.org provides our web based nutrition education. All WIC staff should have a staff account for WIChealth.org, and have completed the nine modules of the WIChealth staff academy.
5. Participants cannot take the same module within one year of completion of that module.
6. Participants who have high risk factors and have been unable to keep the Registered Dietitian appointment within 90 days may take a web class and receive food benefits.

D. Telephone Nutrition Education:

1. Participants who are unable to keep a class appointment, complete a web class, or individual nutrition education encounter shall be called by the CPA to determine if nutrition education can be completed over the telephone.
2. CPA will educate on relevant nutrition topic and provide appropriate anticipatory guidance.
3. Schedule next appointment
4. Document SCWIC nutrition education in the nutrition education section under telephone education and document participants goal in the Note section beside the education topic.

E. Certification

1. Breastfeeding Education
   a. During the initial certification, all pregnant participants must be encouraged to breastfeed unless contraindicated for health reasons. Breastfeeding promotion will be documented in the SCWIC nutrition education section for every prenatal certification (unless breastfeeding is contraindicated).
   b. The CPA will utilize the brochure ML025571/025572 – "Moms Helping Moms" to introduce the prenatal to the Breastfeeding Peer Counselor Program.

2. Substance Abuse: Screening, education, and referral

USDA/FNS regulations require that the WIC Program raise awareness of the dangers of substance abuse while pregnant, breastfeeding, and caring for infants and children.

   a. WIC staff must provide information on the dangers of alcohol, tobacco and other harmful drugs to all pregnant, breastfeeding, and postpartum women and parents/authorized representatives of infant or child participants and if appropriate refer for further assessment and treatment. Substance abuse education must be discussed verbally and the handout entitled

"Substance Use Risks to you and your family" (ML-009084 or ML-025600 Spanish) is provided to all pregnant, postpartum, and breastfeeding women and parents or authorized representatives of infants and children during each certification.

b. WIC staff must document substance use education in SCWIC in the nutrition education section.
c. During a six month evaluation, substance abuse education must be provided verbally and with written materials.
d. For additional information on Substance Use Prevention, go to http://wicworks.fns.usda.gov/wicworks/Topics/ResourceManual.pdf .

Note: Each WIC site must have a list of local substance abuse counseling and treatment resources to provide to participants as needed.

3. The CPA will inform participants of the nutrition education standards for their certification period.
4. During a subsequent certification, or six-month evaluation substance abuse education must be provided verbally and with written materials.

F. High Risk Nutrition Care

1. With guidance from the Office of Professional and Community Nutrition Services, high risk nutrition criteria are determined. **See Appendix 8.2 (women) or Appendix 9.3 (infant/children) for quick reference and risk code tables for each participant category for detailed information in the WIC State Plan.**
2. Participants determined to be high risk are referred to the Registered/License Dietitian (RD/LD) for medical nutrition therapy and High Risk nutrition care planning during each certification period when high risk codes are generated.
3. High risk nutrition care can be administered in two ways
   a. Individual one-on-one counseling session with the RD/LD or
   b. Telephone Counseling
4. When a participant is identified as high risk per the risk code criteria (Appendix 8.2 for women and Appendix 9.3 infant/children) an appointment must be scheduled with the RD as soon as possible but no later than 30 working days at the time of referrals and assignment of risk code.

G. Six Month Evaluation – For extended certification periods, local agencies must continue to provide the nutrition services a participant would otherwise receive during a shorter certification period. To ensure that health and nutrition services are not diminished when participants are certified for longer than 6 months, the following must be completed:
1. All children, infants and breastfeeding women certified for a 1 year period are required to receive a nutrition evaluation at the six (6) month point of certification. All documentation is within SCWIC.
2. The 6-month nutrition evaluation will include the following assessment parameters:
   a. Current weight and length/height and head circumference for infants and children < 2 years of age (referral data is acceptable);
   b. Assessment of electronically plotted growth charts for infants & children;
   c. Biochemical evaluation as applicable. See Chapter 8 for women and Chapter 9 for infants/children;
   d. Calculation of BMI for Breastfeeding women and children;
   e. Assignment of applicable risk codes;
   f. Reassessment of immunizations, lead screening, substance abuse, introduction of solids, current status of breastfeeding, family planning status, and medications;
   g. Nutrition assessment and follow-up on mutual nutrition and physical activity goal;
   h. Set a new goal to achieve optimal health;
   i. Individual nutrition counseling and/or breastfeeding encouragement & assistance;

j. Medical home, interval history and medications;
k. Referral to health services as deemed necessary (e.g., Physician, Registered Dietitian, CLC, Dentist, etc.);
l. Review of food package and revise as needed;
m. Document Education provided in the nutrition education screen;
n. Document follow-up in the Follow-up section of the Care Plan screen.

3. A six-month evaluation must occur during the 5th – 7th month of the 1 year certification period. In order to optimize compliance of this evaluation staff should:
   a. Schedule this appointment during the 6th month of the certification
   b. When necessary, reschedule any six-month evaluation DNKA in the 7th month to ensure certification compliance.

H. **Exit Counseling**

1. All Postpartum and breastfeeding women will be counseled and provided education materials reinforcing the health messages she has received during her WIC participation.
2. The USDA booklet FNS-477 "Next Steps to Health for You and Your Family" is available for order from the materials library (ML# 025599). This booklet should be given to all postpartum and breastfeeding women at their certification or recertification WIC appointment.
3. Document Exit Counseling in SCWIC Nutrition Education tab.

I. High Risk Care Plan Telephone Contacts

1. Telephone contacts may be used to provide nutrition assessment, education, counseling, and care planning to high risk participants.
   a. The RD will contact the participant for the high-risk telephone contact.
   b. The RD will review recent information collected in the participant's record prior to the telephone contact.
   c. Provide appropriate informational reinforcements, such as pamphlets or brochures to the participant by mail or e-mail before or after the telephone contact is made.
   d. Telephone contacts should occur in an environment that promotes effective communication between the RD and the participant and ensures that both are actively involved in the interaction. Confidentiality of participant information must be protected.
   e. Telephone contacts should occur at a time when the participant is available and has time to talk. If the participant is not available at the designated time, attempt to reschedule the contact.
   f. If the telephone contact is long distance, the WIC Program will pay for the telephone call.
   g. Each telephone contact must be documented in SCWIC using the same criteria as a face-to-face appointment with the RD. Documentation must also include that nutrition education was provided over the phone.

9. DOCUMENTATION OF NUTRITION EDUCATION in SCWIC

A. Nutrition education must be documented to complete the certification process. Below are the Methods available for selection in the Nutrition Education tab method dropdown:
   1. Individual only applies to the participant in which the Nutrition Education row is being added.
   2. Household adds the selected Nutrition Education topic to all members of the household marked onsite for today, plus all other certified participants within the household.
   3. Face-To-Face system requires this type of Method is selected during all CERT and RECERT appointments. During a certification/recertification appointment, these are the only types listed in the Methods column.
   4. Phone can be used during any appointment type other than during a certification/recertification appointment. This is used for the follow-ups on Nutrition Education.
   5. Class method is used by Group Education appointments. When a participant attends a group education the system inserts a Nutrition Education row with "Household – FGD" as the Method.

B. Individual Nutrition Care Plan are completed by the CPA for all participants who have a high risk code. The participants goal will be documented in the individual care plan. Document in the education tab under NOTES to see care plan for goals.
   The CPA will document the assessment and goals in the Care Plan screen. The Care Plan screen has three (3) sections.
   1. Subjective: This section includes information that the participant shares with the CPA. It is based on the participant's personal opinions and feelings rather than facts. Include whether participant requests the RD appointment as a phone consultation.
      Example: Participant has no concerns today. She states she has a good appetite and is eating fruits and vegetables daily. She does not like to drink a glass of milk but does enjoy cheese, yogurt, and cereal with milk. She plans to breastfeed and wants to attend the How to Breastfeed class.
   2. Assessment/Plan: This section is where the CPA will document factual information that is important to provide for continuity of care and the mutual goal or goals agreed on with participant.
      Example: Assessment: Participant has good understanding of nutritional needs during pregnancy and the importance of eating iron rich foods to improve hb. Participant accepted an RD appointment for weight management during pregnancy.
      Plan: Participant agreed to eat a serving of lean beef 2-3 times per, WIC cereal 4-5 times per week and to eat oranges or grapefruit with these iron rich foods.
   3. Follow-up: This section is where the CPA will document the midcert (6 month) evaluation. Documentation should include a follow-up on mutual goals, any new concerns and a new goal, if needed.

C. High Risk Registered Dietitian Notes
   1. An individual care plan shall be provided for all participants considered high risk (as defined in the Guidelines for Referral to Nutrition Services). The nutritional care process involves (1) assessment of nutritional status; (2) determine nutrition diagnosis; (3) intervention; and (4) nutrition monitoring and evaluation. Document the High Risk Nutrition Care Plan in SCWIC in the High Risk Nutrition Care Plan Tab.
   2. Documentation is to be completed on the same day as service. Registered Dietitians will document the High Risk Care Plan Screen using the Nutrition Care Process.
   3. Registered Dietitians have access to the Academy of Nutrition and Dietetics Nutrition Care Manual and the Nutrition Care Process Manual online to use as a resource in providing Medical Nutrition Therapy to WIC participants.

D. Instructor Absence Plan

1. There will be a written plan to follow when an instructor is not available to facilitate a sharing session/class as scheduled. This plan must be kept on file.
2. Every effort should be made to use another nutrition education instructor to facilitate the sharing session/class.
3. WIC sites may not use the Instructor Absence Plan as a means to circumvent staffing shortages. In order to uphold the standards of a nutrition education based program the WIC Program Manager is responsible for addressing any persistent staffing difficulties and/or scheduling problems.
4. Staff must document the class as "incomplete" in SCWIC when no instructor is available to facilitate a sharing session/class.
5. Offer the participant a rescheduled sharing session/class first. If not desired, offer web-based nutrition education.
6. Credit is given for nutrition education only when the participant has completed the assigned nutrition education requirement.
7. **It is recommended that larger sites not cancel sharing session/classes.**
   Note: If a participant shows for a sharing session/class and no instructor is available to facilitate the class, the participant is eligible to receive three (3) months of food benefits.

E. Web-based Nutrition Education

1. Once the participant has completed the chosen class the web-based system will automatically update the status in SC WIC to "complete." All certified low risk family members will receive credit for nutrition education.
2. Participants have three months to complete the web-based class.
3. The CPA will pull the completed web education report each morning and issue benefits to the participants listed.

F. Incomplete web-based class

When the participant does not successfully complete the web-based class staff may follow one of the procedures below:

1. Staff will issue one month of food benefits and assign a facilitative group education (class).
2. Staff will issue one month of food benefits and instruct the participant to complete the previously chosen web-based class.
3. Staff may offer the opportunity to complete the module at the clinic site. Once the module is completed and SC WIC is updated, food benefits may be issued.

10. LOCAL NUTRITION EDUCATION AND BREASTFEEDING PLAN

DHEC Regions and PCCs offering WIC services shall annually submit to the State WIC Nutrition Education Coordinator a nutrition education plan and to the State Breastfeeding Coordinator a breastfeeding plan.

A. The nutrition education plan shall include objectives, which will address all of the following:

1. Yearly WIC nutrition education needs assessment (e.g. compliance rates, facilitated group discussion, alternative nutrition education methods or hours, etc.).
2. Information, both verbal and written, on the dangers of alcohol, tobacco and other harmful drugs to WIC participants.
3. Trainings, workshops, or updates to maintain and/or increase knowledge and skills of nutritionists, nurses, nutrition education specialists and health educators serving WIC participants.
4. Provision for the special education needs (materials and nutrition education counseling) of migrant farm workers and their families, Native Americans and homeless persons.
5. Procedure(s) to assure that nutrition education information is provided for WIC participants through facilitated group discussion (web-based, telephone or individual nutrition).

B. The breastfeeding plan will include objectives, which address all of the following:

1. Increase regional/PCC breastfeeding rates among WIC participants by 1% from previous year for each site (e.g., if current rate is 21%, increase to 22%).
2. Enhance breastfeeding peer counseling program in each DHEC Region/PCC.
3. Peer Counselors will contact all pregnant mothers for encouragement to breast feed.
4. CPAs will assess and promote breastfeeding during certification and classes. During certifications and six-month evaluations for moms, CPAs will assess participants' knowledge, attitudes, and concerns related to breastfeeding, identify the factors that may affect her success with breastfeeding and provide breastfeeding education and support to address assessed needs and concerns.
5. Women who request a change in status to receive formula/more formula will be sent to a nutritionist for detailed breastfeeding assessment and counseling. CPAs will calculate/determine and document the minimum amount of formula for partially breastfed infants.
6. A breastfeeding outreach plan that addresses community outreach and partnerships.
7. Each DHEC/PCC will conduct an assessment of their breastfeeding program using Loving Support.

C. The DHEC Regions and PCCs will submit the nutrition education and breastfeeding plans to the State WIC Nutrition Education Coordinator and State Breastfeeding Coordinator no later than September 1 of each year. These plans shall then be implemented on October 1 of that same year (beginning of WIC fiscal year). Regional and PCC staff will conduct an evaluation of each plan, indicating whether or not the objectives were met and submit findings to the respective State Coordinator no later than September 30 of the following year. The plans shall be kept on file for a period of three years from the October 1st implementation date. Any plans, older than three years will be shredded.

11. NUTRITION EDUCATION MATERIALS

It is a DHEC policy that a review and coordination process for all informational/education materials, both print and electronic, are utilized following agency guidelines. Informational/educational materials are defined to be all materials, both print and electronic (PDF files, websites, videos, TV spots and programs, broadcasts, etc.), created by DHEC that impart information about the agency itself, any of its program and services, health, or the environment. The policy further ensures that informational/educational materials used by staff communicate information in a manner that is consistent with the agency's desired image and stated goals and will avoid duplication of materials in an effort to conserve resources. Each WIC site will be able to obtain a variety of nutrition education materials and videos according to State Agency Policy.

A. Each Region and PCC is provided the funds needed for obtaining needed nutrition materials and videos.
   1. State Agency Materials and Videos:
      a. For information on materials available, staff should visit: http://dhecnet/co/cr/aml-vs-eml.htm. This is a comprehensive Approved Materials Listing (AML) and includes printed materials stocked at the agency's Educational Materials Library (EML) and other approved materials that can be requested. It can be searched by title, format and language. The web page, entitled *Communication Resources*, will instruct staff on how to order by fax, e-mail or postal service.
      b. Staff may view a specific listing of educational materials in the Materials Library at: http://dhecnet/co/cr/materials/index.asp
      c. As per DHEC policy and to ensure up-to-date and accurate nutritional content, all WIC educational materials located within the EML or AML will be reviewed by the WIC Nutrition Materials Review Committee at least every 3 years.
      d. The overseeing and tracking of WIC nutrition educational materials located in the EML and AML is the responsibility of the State Nutrition Education Coordinator and State WIC Outreach Coordinator.
      e. Only videos that are approved by WIC Central Office may be used.

   2. Any new materials developed and/or placed in the EML or AML must be evaluated and approved by the WIC Nutrition Materials Review Committee, the State WIC Director, the State WIC Outreach Coordinator, the Community Nutrition Services Bureau Director and the Public Health Outreach Manager and be part of the current year's Outreach/Communication Plan.
      a. If new nutrition/breastfeeding materials are needed staff should contact the State WIC Outreach Coordinator and the State Nutrition Education Coordinator for assistance.
      b. The WIC Nutrition Materials Review Committee will evaluate the material for reading level, cultural appropriateness, visual appeal, accuracy of nutrition information, educational value, cost effectiveness, and need for item.
      c. Once the material is approved by the WIC Nutrition Materials Review Committee, the State WIC Outreach Coordinator will seek approval through the central office chain of command until final approval with the Public Health Outreach Manager has been obtained.
      d. When final approval has been given, the material will then be submitted to the Art department for production.
      e. Once the material is produced and available, Regional/PCC Material Review Committee member is responsible for notifying staff of availability and requirement for replacement. Materials should be replaced within three months of update.

3. All materials created by outside entities (other state or federal agencies, private organizations, etc.) must be approved by the WIC Nutrition Materials Review Committee, the State WIC Director, the Community Nutrition Services Bureau Director and the Public Health Outreach Manager.
   a. Material from outside entities must follow the same approval process as a newly developed material before it may be displayed or used in the clinic setting.
   b. Final approval will be given by the Public Health Outreach Manager and must be included in the Outreach/Communication Plan.
   c. Contact the State WIC Outreach Coordinator for assistance submitting any material created by an outside organization through the DHEC Public Health Outreach approval process.

For Your Notes

Chapter 11 BREASTFEEDING

The efforts of breastfeeding promotion and support in the South Carolina WIC Program are intended to increase the incidence and duration of breastfeeding by empowering women through: 1) greater knowledge of the benefits of breastfeeding for mothers and infants; 2) correcting misinformation and overcoming barriers to breastfeeding; 3) teaching women the basic skills necessary for success with their breastfeeding experience; 4) providing support, including peer support, and role modeling for breastfeeding mothers; and 5) promote breastfeeding through the DHEC WIC website and social media. Breastfeeding rates are based on the total number of breastfed infants versus the total infant participation.

1. Breastfeeding Staff.

All staff, including administrative staff, are responsible for encouraging all women to breastfeed unless contraindicated.

A. **Regional/PCC Breastfeeding Coordinators (BFCs)**
The BFCs coordinate WIC breastfeeding activities at the regional/PCC level, including compliance with federal regulations and USDA policies; management of the breastfeeding peer counseling program; supervision of peer counselors; competency training; education of WIC staff on breastfeeding; coordination with local WIC sites to promote and support breastfeeding; quality assurance; and provision of consultation, training, and outreach to local healthcare providers and hospitals.

B. **Competent Professional Authority (CPA)**
CPAs conduct breastfeeding assessments to provide breastfeeding support and anticipatory guidance to the breastfeeding dyad. CPAs promote breastfeeding during prenatal and postpartum certifications and make referrals to breastfeeding experts and peer counselors. CPAs who are Certified Lactation Counselors (CLCs) are responsible for level 2 referrals.

C. **Breastfeeding Peer Counselors (BFPCs**):
BFPCs provide education and/or support to all prenatal and breastfeeding WIC participants. BFPCs are available to WIC participants outside of usual clinic hours and outside of the clinic environment. In the clinic a peer counselor has a unique role, since her main focus is breastfeeding. It is intended that BFPCs form a relationship with WIC moms and provide them with key information to make educated infants feeding decisions. BFPCs share strategies for a good start, answer common questions, encourage mom when concerns arise, and make referrals. The peer counselor checks on moms, picks up referrals, and assists with breastfeeding promotion activities.

D. Certified Lactation Counselors (CLCs):
CLCs provide breastfeeding support services for breastfeeding women who were assigned a level 2 referral for a problem. They must have successfully completed the Certified Lactation Counselor (CLC) Training from the Healthy Children Project, Inc.'s Center for Breastfeeding, have passed the Certified Lactation Counselor Exam, and must maintain their CLC credential. BFPCs who are CLCs, who receive non-Loving Support© funding for CLC duties, also follow up on level 2 referrals. It is recommended that regions/PCCs provide CLC coverage for all local WIC sites.

E. International Board Certified Lactation Consultants (IBCLCs):
IBCLCs are employed to provide breastfeeding support services for women with breastfeeding complications requiring the highest level of breastfeeding expertise (level 3 referrals). They are to maintain their credential with the International Board of Lactation Consultant Examiners (IBLCE).

2. Breastfeeding Categories in SCWIC:

Breastfeeding is defined as the practice of feeding a mother's breast milk to her infant on average at least one time daily. Exclusive breastfeeding should be portrayed as the norm. All women on WIC should be encouraged to exclusively breastfeed for the first six months of the infant's life, and to continue to breastfeed for at least 1-2 years.

A. **Women Breastfeeding Fully (WBF):** Mother who provides only breast milk to her infant and receives no infant formula from WIC.

B. **Woman Breastfeeding Fully of multiples (WBF):** Mother who provides only breast milk to her twins or multiple gestations and receives no infant formula from WIC. This does not apply to tandem breastfeeding.

C. **Woman Breastfeeding Partially - *Mostly* (WBPm):** Mother who is breastfeeding but is supplementing with infant formula. This definition is for women who are giving their babies more breast milk than formula.

Note: *Those mothers who are supplementing their infants with formula provided by WIC must receive an adjusted formula package. The CPA is expected to individually tailor the amount based on the carefully assessed needs of the individual breastfeeding infant. A partially breastfed infant should not "automatically" receive the maximum (can/cans) allowance of formula*. All WBF who request a change in status require a Nutrition Education encounter from the CPA. The CPA will document the formula calculations under the comments section of the specific food package in SCWIC. Note: Powdered formula is preferred for partially breastfed infants. Formula preparation should follow the manufacturers' label instructions. *For more information on determining amount of formula for issuance, see Infant Food Packages I and II (in Food Package section of this manual).*

D. **Woman Breastfeeding Partially - *Mostly* of multiples (WBPm):** Mother who is breastfeeding but is supplementing with infant formula. This definition is for women who are giving their babies more breast milk than formula. The infant only receives formula in amounts that do not exceed the maximum allowance for partially (mostly) breastfed infants. The CPA is expected to individually tailor the amount based on the carefully assessed needs of the individual breastfeeding (see **Note** under "C" above). *For more information on determining amount of formula for issuance, see Infant Food Packages I and II (in Food Package section of this manual).*

E. **Woman Breastfeeding Partially - *Some* (WBPs):** Mother who is breastfeeding at least one time per day and supplementing with infant formula. This definition is for women giving their babies more formula than breast milk. The infant receives more formula than the maximum amount allowed for partially (mostly) breastfed infants. WBPs breastfeeding participants are counted within the participation as partially breastfeeding. The CPA is expected to individually tailor the amount based on the carefully assessed needs of the individual breastfeeding infant (see **Note** under "C" above). *For more information on determining amount of formula for issuance, see Infant Food Packages I and II (in Food Package section of this manual).*

3. CERTIFICATION:

A. Exclusive breastfeeding should be portrayed as the norm for prenatal and postpartum/breastfeeding women. All women on WIC should be encouraged to exclusively breastfeed for the first six months of the infant's life, and to continue to breastfeed for at least one year.

B. It is required that referrals be made for all pregnant and breastfeeding women during certification via SCWIC unless breastfeeding is contraindicated. This will ensure that all pregnant and breastfeeding women are referred to a Peer Counselor and that all breastfeeding women with breastfeeding complications are referred to the appropriate breastfeeding expert – either a CLC or IBCLC (see section 6.B. for further information on these referrals). Certification must include an assessment of pregnant or breastfeeding participants' knowledge, attitudes, and concerns related to breastfeeding, identification of the factors that may affect her success with breastfeeding, and provision of breastfeeding education and support to address assessed needs and concerns. If any breastfeeding complications/issues are found requiring a referral to a CLC/IBCLC, an assessment should be documented under the Care Plan tab in SCWIC. Documentation should provide a complete picture of the contact/visit. This includes a description of the participant's problem, as well as, the response/intervention of the WIC staff. Effective documentation is consistent, clear, concise and complete.

C. CPAs will present breastfeeding as the normal way to feed babies, discuss the benefits of breastfeeding, and provide further anticipatory guidance on breastfeeding as needed. CPAs will inform all prenatal and breastfeeding women that they will be contacted by a breastfeeding peer counselor and provide their BFPC's name and phone number on the Moms Helping Moms brochure ML-025571.

D. All staff will use a hands-off approach when addressing breastfeeding issues. If a hands-on is considered necessary, request permission. It is suggested that hands-over be tried first.

E. All breastfeeding women who request a change in status to receive formula/more formula should be sent to a nutritionist for assessment and counseling. Assessment should include an update of pages 1, 2 (mom and baby) and 3(mom only) under the Breastfeeding Information tab in SCWIC (Guided Script – Breastfeeding section). Staff should assess and listen to the mother to determine the reason she is requesting formula and ensure that the mother receives support from WIC staff with breastfeeding expertise who can adequately address the mother's concerns and help her to continue to breastfeed. An assessment should be done to support the mother's breastfeeding plan, and documented under *Individualized Care Plan* or Individualized Care Plan *Follow Up* in SCWIC. The assessment should probe for the reason for the formula request, exploring what breastfeeding concerns may exist, among other points. If formula is issued, amounts should be tailored to meet but not exceed the infant's nutritional needs.

Care must be exercised to ensure that providing infant formula does not interfere with or undermine the breastfeeding mother's desire to maintain lactation. It is also important to convey to mothers that sometimes it may be possible to resume exclusive breastfeeding even after using supplemental formula and that WIC is available to provide support and counseling to help her achieve her goals.

4. DOCUMENTATION BY CLCs AND IBCLCs FOR REFERRALS FOR BREASTFEEDING COMPLICATIONS

When a CLC or IBCLC receives a breastfeeding referral, they must document an encounter in SCWIC in Breastfeeding Care. The encounter must include a full breastfeeding assessment including latch and feeding assessments, as appropriate. The Breastfeeding Coordinators (BFCs) or designee will be responsible for assigning participants with breastfeeding complications (from the Unassigned Log) to a CLC or IBCLC depending on the level of the breastfeeding complication. The CLC/IBCLC must contact all new participants appearing on their assigned log within 24-48 hours after the assignment.

A. **Prenatal Documentation in Breastfeeding Care**: The CLC/IBCLC should choose the New Encounter option in SCWIC to document a prenatal encounter. Documentation of the assessment must occur in in the summary box in SCWIC and saved. Documentation should occur during the same day the visit is made. For more detailed instructions, see Appendix 11.4 or the SCWIC Instruction Manual.

B. **Breastfeeding Documentation in Breastfeeding Care** *(Note: A Maternal Encounter must be completed in Breastfeeding Care to document a breastfeeding Encounter.):* The CLC/IBCLC should choose the New Encounter option in SCWIC to document a breastfeeding encounter. An encounter reason must be chosen for each contact. If no contact is made, a No Contact Reason must be selected. Assessment, Education and Follow-up tab must be completed for a breastfeeding contact. CLC/IBCLC is required to enter the assessment findings and to document regarding each tab in the summary box.

Note: A full assessment with latch and feeding must be completed when in person, as appropriate.

C. **Closing a CLC/IBCLC Referral:** *Note: A referral can only be closed if a CLC/IBCLC has verified that the complication is resolved, the participant is seeing another lactation consultant or if the participant has been referred to a medical doctor***.** After the CLC/IBCLC has completed a referral, and if no follow-up is required, she must close the referral in SCWIC. The CLC/IBCLC must use the radio button and indicate the reason for closing the referral (from drop-down selections) in SCWIC. The participant will be removed from the CLC/IBCLC list but will remain on the PC list for breastfeeding services.

5. CONTRAINDICATION TO BREASTFEEDING:

A. Breast milk is considered the optimum food for infants under most circumstances; however, breastfeeding is not recommended for all mothers. USDA/FNS has determined that under certain conditions it is inadvisable for mothers to breastfeed their infants. These conditions are as follows:

1. An infant diagnosed with galactosemia, a rare genetic metabolic disorder.
2. An infant whose mother:
   a. Is infected with the human immunodeficiency virus (HIV)
   b. Has untreated, active tuberculosis or brucellosis.
   c. Is infected with human T-cell lymphotropic virus type I or type II
   d. Has an active herpes lesion or open sore on her breast (mother may breastfeed from the unaffected side)
   e. Is receiving prescription medication from the following classes of substances: chemotherapy agents; amphetamines; ergotamines; statins

B. Taking Medications

Most medications can be taken while breastfeeding; however, lithium, some radioactive compounds, and chemotherapy are contraindicated with breastfeeding. Breastfeeding women should consult their physician before taking any type of medication, including over-the-counter medications and dietary supplements, as well as prescription medications.

Examples of Medications Contraindicated while Breastfeeding
(List is not all-inclusive)

Chemotherapy Agents	Amphetamines	Ergotamines	Statins
1. Cyclo-phosphamide Methotrexate 2. Adriamycin 3. Ellence 4. Taxol 5. 5-fluorouracil (5-FU) 6. Cytoxan 7. Paraplatin	1. ADHD medications (Adderall, Dexedrine, Ritalin, dextroamphetamine, Concerta) 2. Levoamphetamine 3. Appetite suppressants (Phentermine, Adipex)	Migraine treatment: 1. Cafergot 2. Migergot 3. Dexedrine 4. Focalin 5. Strattera 6. Ergomar	Cholesterol-lowering meds: 1. Lipitor 2. Lescol 3. Lovastatin 4. Pravastatin (Pravachol) 5. Crestor 6. Zocor 7. Livalo

C. Illegal Drugs

Illegal drugs are contraindicated when breastfeeding.

6. GUIDELINES FOR REFERRALS:

A. Breastfeeding women, breastfed infants up to one year of age, and breastfed children with the following conditions must be referred to the BFPC, CLC, or IBCLC where indicated. Follow-up to referral must be made within 24 to 48 hours of assignment, depending on level of severity (see below). CLCs and IBCLCs must pull the CLC/IBCLC Log daily to ensure timely follow-up. After receipt of a referral, if the problem appears to be beyond their scope of practice or comfort level, the BFPC, CLC, or IBCLC should refer to the next level up or appropriate credentialed individual (e.g., CLC, IBCLC, RD, MD, or other health care provider). Mothers or infants with conditions or problems within the scope of a Registered Dietitian should be referred to the RD according to the Guidelines for Referral to Registered Dietitians (Appendix 8.2).

When notification of a referral or identification of a problem occurs Friday afternoon or the day before a holiday, the Breastfeeding Coordinator or designee must be made aware of the referral in order to make the 24-hour contact or to notify the CLC/IBCLC to complete it. Staff completing the documentation of the referral must inform the coordinator or designee before close of business that day through communication means determined by the Breastfeeding Coordinator (e.g., email, fax, text, phone call). Each region/PCC should have a plan to address breastfeeding problems that arise over weekends or holidays.

1. Level 1 referrals are within the scope of practice of a Breastfeeding Peer Counselor (BFPC) See Staffing section for scope of practice for BFPCs. These referrals must be addressed by a BFPC and completed within 24 hours of assignment or identification of a problem.
2. Level 2 referrals are within the scope of practice of a Certified Lactation Counselor (CLC) See Staffing section for scope of practice for CLCs. These referrals must be addressed by a CLC and completed within 24-48 hours of assignment or notification.
3. Level 3 referrals are within the scope of practice of an International Board Certified Lactation Consultant (IBCLC). See Staffing section for scope of practice for IBCLCs. These referrals must be addressed by an IBCLC and completed within 24-48 hours of assignment or notification.

BREASTFEEDING REFERRAL GUIDELINES	LEVEL 1 (BFPC)	LEVEL 2 (CLC)	LEVEL 3 (IBCLC)
BREASTFEEDING WOMAN (WBF, WBP)			
NONE	**Y**		
Abuse suspected		**Y**	
Age>=40 Years	**Y**		
Alcohol/controlled drug usage (such as heroin, marijuana, cocaine, barbiturates or amphetamines)		**Y**	
Appears depressed		**Y**	
Breastfeeding teenager less than 2 years post menarche	**Y**		
Cracked, bleeding or severely sore nipples that have not healed within two days after intervention		**Y**	
Dysphoric Milk Ejection Reflex (D-MER)			**Y**
Engorgement		**Y**	
Engorgement (severe) that has not improved after intervention			**Y**
Failure of milk to come in by 4 days postpartum			**Y**
Flat or inverted nipples	**Y**		
History of breast surgery (breast implants, breast reduction, biopsy, breast cancer), chest surgery or trauma			**Y**
History of Polycystic Ovary Syndrome (PCOS), hypothyroidism, or hormonal conditions that could affect breastfeeding			**Y**
Hospitalized Infant		**Y**	
Hospitalized mother (i.e., placental abruption)		**Y**	
Infant with complications			**Y**
Initiate postpartum BF (after 3+ weeks)		**Y**	
Latching difficulty	**Y**		
Lump in breast			**Y**
Mastitis			**Y**
Medications (prescribed, routine use) with concerns		**Y**	
Mentally ill or impaired		**Y**	
Nipple discomfort that last more than 24 hours		**Y**	
Not following suggestions by the peer counselor		**Y**	
Other medical problems that are out of the peer counselors scope of practice		**Y**	
Past or present BF concerns	**Y**		
Perceived low milk supply	**Y**		
Physical disability that affects breastfeeding		**Y**	
Plugged Ducts			**Y**
Pumping exclusively, wants to put baby to breast	**Y**		
Raynaud's syndrome		**Y**	
Relactating after weaning 1 month or more		**Y**	
Separation from baby		**Y**	
Supplementing with formula, wants to increase milk production or reduce/eliminate formula supplements	**Y**		
Tandem Nursing (breastfeeding older baby/child as well as new baby)	**Y**		
Yeast infection (e.g. baby diagnosed with thrush)			**Y**
Twins or multiple gestations with concerns		**Y**	

BREASTFEEDING REFERRAL GUIDELINES	LEVEL 1 (BFPC)	LEVEL 2 (CLC)	LEVEL 3 (IBCLC)
BREASTFEEDING INFANT (IBF, IBP)			
Adopted Infant, mom plans to breastfeed or is breastfeeding			**Y**
Appears unhappy at the breast or refuses to breastfeed		**Y**	
Breastfeeding typically lasts more than 45 minutes		**Y**	
Cleft Lip/Cleft Palate			**Y**
Diagnosis of Hepatitis B or C, Tuberculosis, Herpes Simplex Virus or Chicken Pox			**Y**
Diagnosis of renal, liver, intestinal, or heart problems			**Y**
Down syndrome			**Y**
Early term infant (37-39 weeks)		**Y**	
Hospitalized Infant			**Y**
Hungry despite increased breastfeeding		**Y**	
Inadequate stooling and/or less than 6 wet diapers per day		**Y**	
Jaundice		**Y**	
Neurologically impaired (e.g., cerebral palsy, seizure disorders, spina bifida)			**Y**
Other medical problems that are out of the peer counselor's scope of practice		**Y**	
Preterm infant less than 37 weeks gestation or low birth weight less than 5 pounds 8 ounces			**Y**
Slow or failed weight gain – fails to gain weight or gains weight slowly; loses more than 7% of birth weight; birth weight is not regained by 2 weeks postpartum; weight gain is less than 4.5 ounces per week		**Y**	
Sick Infant (vomiting and/or diarrhea) and unable to intake sufficient nourishment			**Y**
Thrush			**Y**
Tongue tied			**Y**
Weak or ineffective suck		**Y**	

Breastfeeding Referral Guidelines by level may be found in Chapter 11, Appendix 11.2.

B. CPAs must refer breastfeeding women and infants to the corresponding breastfeeding staff member as soon as an issue is identified. Referrals should be made in BF Support under the Breastfeeding section of SCWIC. If possible, it is recommended that this information be printed and scanned to the Breastfeeding Coordinator. The person receiving the referral must be notified as soon as possible.

C. BFPCs who identify a breastfeeding complication requiring a higher-level referral must make the referral in SCWIC, under the follow-up tab in encounters. The referral will show on the High Risk Unassigned Log.

7. BREASTFEEDING LOGS AND REPORTS (*Reports marked with an asterisk were in development at time of this publication)

The Breastfeeding Log and/or Breastfeeding Reports allow the BFPCs, CLCs and IBCLCs access to their daily work assignments. Staff can utilize SCWIC by choosing either the Reports and/or Logs to complete assigned daily encounters.

A. **Unassigned Log.** This log produces a list of participants referred to the BFPC for follow-up or low risk follow-up. CPAs and BFCs will utilize the Unassigned Log screen to assign new referrals to BFPCs. Newly assigned participants will then show up on the Peer Counselor Log screen. The CPA, BFC or designee should assign new referrals to BFPCs daily at the time of certification using the Unassigned Participants Log. This Log should be monitored by the BFC for timely assignment to a BFPC.

B. **PC (Peer Counselor) Log.** BFCs and BFPCs should view Peer Counselor Log (PC Log) screen for a listing of prenatal, breastfeeding infant and children participants who have a BFPC assignment. This list must be reviewed daily by the BFPCs and monitored by the BFCs.

C. **HR (High Risk) Unassigned Log.** This log produces a list of participants with a required high risk (i.e., with breastfeeding complications) follow-up. CPAs and BFCs will utilize the HR Unassigned Log screen to assign new referrals to CLC and IBCLC staff based on the level of the referral. Newly assigned participants will then show up on the CLC/IBCLC Log screen. The CPA, BFC or designee should assign new referrals to CLC and IBCLC staff daily at the time of certification using the HR Unassigned Log. Referrals must be followed-up within 24-48 hours of being assigned. This Log should be monitored by the BFC for timely assignment to CLC and IBCLC staff.

D. **CLC/IBCLC Log.** BFCs, CLCs and IBCLC staff should view the CLC/IBCLC Log screen for a listing of prenatal, breastfeeding, infant or children participants who have an assignment to a CLC or IBCLC based on the level of the referral. This list must be reviewed daily by the CLCs and IBCLCs and monitored by the BFCs.

E. **Prenatal Tracking Report. *** This report produces a list of participants requiring prenatal contacts because they are between 27 and 43 weeks gestation. BFPCs may use this report to identify the dates when prenatal contacts are required for each participant assigned to them. BFPCs must generate the report daily and the BFCs must monitor the report weekly. Staff may also filter the PC Log by next follow-up date, then filter by participant category column to WPG to see all assigned prenatal participants with a follow-up date within the selected date range.

F. **PC Participant Call Back Report.** This report produces a list of low risk participants having an encounter follow-up date that falls within the user's specified date range. BFPCs may use this report to identify dates when follow-up is required for each participant assigned to them. The BFPC must generate the report daily and the Breastfeeding Coordinators (BFCs) must monitor the report on a weekly basis. Staff may also filter the PC Log by next follow-up date to see all participants with a follow-up date within the selected date range.

G. **CLC/IBCLC Participant Call Back Report.** This report produces a list of participants with complications who have an encounter follow-up date that falls within the user's specified date range. CLC and IBCLC staff may use this report to identify dates when follow-up is required for each participant assigned to them. The CLC or IBCLC must generate the report daily and the Breastfeeding Coordinators (BFCs) must monitor the report on a weekly basis. Staff may also filter the CLC/IBCLC Log by next follow-up date to see all participants with a follow up date within the selected date range.

H. **Requiring Encounters Report. *** This report generates a list of clients who have a peer counselor assignment but have no peer counselor (future) follow-up scheduled. Staff may also use the PC Log to see all assigned participants. Participants that do not have a Next follow-up date will be blank.

I. **BF Referrals.** This report displays a summary of all participants referred.

J. **Breastfeeding Contact Summary. *** This report displays a list of participants and the number of contacts with staff.

K. **Breastfeeding Contact Summary – No Contact. *** This report displays a list of participants with no breastfeeding contacts within a period.

L. **Breastfeeding Initiation and Duration.** This report displays information for breastfeeding initiation, duration, and exclusivity.

M. **Reasons Breastfeeding Ended.** This report displays the number of participants and the percent of total participants who stopped breastfeeding for each of the standard reasons.

8. BREAST PUMP REPORTS

A. **Breast Pump Inventory Summary.** This report provides a summary of all pumps, serialized and not serialized, that are currently in stock.

B. **Overdue Loaner Breast Pump.** This report provides a list of participants who have a multi-user pump that is past the estimated return date.

C. **Participant List by Breast Pump Model Issued.** This report provides a list of participants who have a breast pump provided to them.

9. STAFF BREASTFEEDING MEETINGS, TRAINING, AND OVERSIGHT

Orientation to breastfeeding promotion and support is provided by Breastfeeding Coordinators for all new staff. Breastfeeding Coordinators are also encouraged to offer additional breastfeeding training to staff as needed, as well as ongoing training specific to the needs of their WIC clinic. Local Breastfeeding Coordinators are also encouraged to participate, along with other staff, in trainings sponsored by other agencies and organizations. Training in breastfeeding promotion and support is provided via e-learning for all interested staff.

A. The State Breastfeeding Coordinator will hold quarterly meetings of all Regional and PCC Breastfeeding Coordinators for updates and networking.

B. Regional and PCC Breastfeeding Coordinators will hold quarterly meetings of all CLCs, as well as quarterly meetings of all Peer Counselors for updates, education, and networking.

C. All administrative, clinical and breastfeeding staff should receive *Using Loving Support© to Grow and Glow in WIC*, **or** the *Learn Together Grow Together* WIC Breastfeeding Training. Staff should receive the training as part of new employee orientation and at least every three (3) years; training should be documented in their personnel records. Administrative staff should be trained on modules one (1) through five (5); all other staff should receive training on modules one (1) through nine (9), module ten (10) is optional.

D. BF Peer Counselors – Please see Chapter 12 for training of Peer Counselors.

E. CPAs

All CPAs must complete the breastfeeding trainings and exams with a passing grade. At a minimum of once per year, the Breastfeeding Coordinator or other designated breastfeeding expert will observe and evaluate the CPA for breastfeeding promotion during a prenatal and a breastfeeding certification.

F. IBCLC/CLCs

1. At least six hours of annual continuing education for CLCs/IBCLCs will be provided via Central Office.
2. All IBCLCs/CLCs are responsible for maintaining their credentials.

G. A notebook or online file must be kept containing the following for each region:

1. PC competency checklists
2. CPA audits/observations
3. CLC/IBCLC observations/audits

10. BREASTFEEDING-FRIENDLY CLINIC ENVIRONMENT:

A. South Carolina WIC has a "breastfeeding-friendly" clinic environment policy. It is designed to portray breastfeeding mothers as the norm. Posters depicting breastfeeding mothers and babies are displayed in clinic areas. Signs or clings stating "Breastfeeding Welcome Here" (as distributed by CO) should be displayed in all areas where feasible. In compliance with federal law, each clinic site must have a designated breastfeeding/pumping room available for staff and/or participants. If clinic space allows, this should not be an office space. These *breastfeeding rooms* should provide a comfortable, private place for moms to express their breast milk and to nurse their infants.

B. Materials or supplies promoting infant formula in clinic areas are not permitted. Special breastfeeding note pads, WIC breastfeeding posters, calendars, pens, pencils and other items should be displayed.

C. Information on the availability of peer counselors should be visible to participants in public areas such as information boards, bulletin boards, or other signage, as well as in brochures given to participants (i.e., *Moms Helping Moms* brochure, ML-025571). This information should include their availability beyond the usual WIC clinic hours and outside of the WIC clinic environment.

11. BREASTFEEDING EDUCATION MATERIALS

A. Culturally appropriate educational materials are available through DHEC's Material Library. Materials for prenatal participants target the advantages of breastfeeding and cultural barriers related to breastfeeding. Other items provide important information for women who are currently breastfeeding.

B. Breastfeeding videos, distributed by Central Office, as well as those purchased by the WIC sites, are presented to participants during waiting times or classes. These videos should enhance facilitative learning rather than replace facilitative learning. They provide practical information regarding cultural barriers, breastfeeding skills, etc. and also serve as the norm in our clinic settings.

C. All materials purchased from other organizations and/or developed with DHEC and by WIC Central Office must receive approval by the WIC Materials Review Committee and agency's Outreach Request approval process.

12. BREASTFEEDING SUPPLIES AND DEVICES

A. Allowable Breastfeeding Aids and Accessories

Breast shells, supplemental nursing systems, and other breastfeeding aids are made available to certified breastfeeding participants as appropriate under the supervision of the DHEC Regional and PCC Breastfeeding Coordinators. Inventory of the breastfeeding aids should be kept on the "Breastfeeding Devices Inventory List" (DHEC 2014); a paper copy or electronic copy is acceptable. The physical inventory should equal the balance on the list. Monthly inventories should be completed by designated CPAs and monitored quarterly by the Regional BFCs.

Breastfeeding aids may include but are not limited to nipple shields, shells, nipple everters, nursing pads, gel pads, nursing bras, milk collection containers, specialized bottle feeders, milk storage bags, micro-steam cleaning bags, slings, and nursing cover-ups.

13. LUBRICANTS FOR BREAST NIPPLES

Lubricants should not be routinely recommended. Before any lubricant is recommended for cracked or sore nipples, the position and sucking pattern of the infant during feeding must be evaluated. Expressed breast milk can be rubbed on the nipple and allowed to air dry. **Note: WIC funds cannot be used for purchasing lubricants for breast nipples.**

14. BREAST PUMPS

Criteria for Pump Issuance is summarized in the chart, "Criteria for Breast Pump Issuance," at the end of this section. These criteria are not all-inclusive**.** A WIC participant must be certified as a breastfeeding woman to receive a pump, unless approved by the Breastfeeding Coordinator because of unusual extenuating circumstances. Staff should contact their Regional/PCC Breastfeeding Coordinator if they have any questions about issuing a breast pump**.**

A. Pumps should be issued judiciously and should not be offered to breastfeeding women solely as an inducement to consider or to continue breastfeeding. In addition, pumps should not be offered as a sole solution to a problem, but should be provided in conjunction with appropriate counseling, education and follow-up provided by qualified breastfeeding staff.

B. For various reasons, some women may choose to exclusively pump and not put the baby to breast. While breastfeeding is the ideal method of feeding, this does not work for all mothers (e.g. prematurity, or history of sexual abuse), and many of the advantages of breastfeeding will still be available to babies fed exclusively breast milk. Therefore, staff should work with such mothers to provide options that work for the mother and with which she is comfortable.

C. Reason(s) for issuance of a pump should be documented in SCWIC.

D. Manual Breast Pumps

To issue a single user manual pump, the "Single User Manual/ Electric Breast Pump Agreement" (DHEC 2090) must be generated via SCWIC, reviewed and signed with all the required information. A copy should be provided to the participant. WIC forms may require an eSignature or signing by the participant and then scanned, as appropriate in SCWIC. Inventory of the manual breast pumps should be kept on the "Breastfeeding Devices Inventory List" (DHEC 2014). The physical inventory should equal the balance on the log.

E. Personal Electric Pumps

The participant must be certified as a fully or partially (mostly) breastfeeding woman who plans to continue to breastfeed without formula from WIC until the infant is one year of age. When issuing a non-returnable single user electric breast pump, the "Single User Manual/Electric Breast Pump Agreement" DHEC 2090 must be generated via SCWIC, reviewed and signed with all the required information. A copy should be provided to the participant. WIC forms may require an eSignature or signing by the participant and then scanned, as appropriate in SCWIC. The Breastfeeding Coordinator will supervise the distribution and inventory of the personal electric pumps. Inventory of the personal electric breast pumps should be kept on the "Breastfeeding Devices Inventory List" (DHEC 2014). The physical inventory should equal the balance on the log.

F. Multi-User Electric Breast Pumps

1. The inventory is managed by the local Breastfeeding Coordinator, using the Administrative Module in the Breastfeeding Pumps section of SCWIC. The "Multi-User Electric Breast Pump Master List", DHEC 2091, may also be used as an optional tool. Breast pumps which are $1000.00 or more must have a SCDHEC asset decal, issued by the Region's Property Custodian. When a decaled pump is reported lost or damaged the Breastfeeding Coordinator is responsible for notifying the Region's Property Custodian. Documentation of the notification (form, email, etc.) must be maintained with the DHEC 2091. The breast pump's asset decal number must be recorded on the Multi-User Electric Breast Pump Loan Agreement (DHEC 1825) by the name, model and number of the pump prior to the participant signing the agreement. Loan agreements must be made available for review by the WIC Management Review Team and the Region's Property Custodian. The recipient of the pump must be a certified breastfeeding participant, except under unusual extenuating circumstances as determined by the Breastfeeding Coordinator. Because the number of the hospital grade electric breast pumps is limited, refer to the Criteria for Breast Pump Issuance.

2. To issue a multi-user (hospital-grade) loaner pump, a "Breast Pump Loan Agreement/Release Contract Pilot Form" (DHEC 1825p), must be generated via SCWIC, reviewed and signed with all the required information. WIC forms may require an eSignature or signing by the participant and then scanned, as appropriate in SCWIC. A copy should be provided to the participant. The staff member issuing the pump is responsible for educating the participant on the use, cleaning, and storage of the pump, and must thoroughly review the contract with the participant. It is recommended that written cleaning guidelines and wipes be provided to participants. The Breastfeeding Coordinator, CLC, or other designated staff member is responsible for contacting the participant and documenting the participant's progress using the pump in SCWIC. Multi-user pumps that are loaned require follow-up by the site. Staff must conduct reminder calls seven (7) days prior to the return date. Staff should generate the Participant List by Breast Pump Model Issued Report in SCWIC to determine when to make reminder calls. Staff should select the appropriate call outcome in the follow-up drop down box. If the participant requests an extension on the loan agreement, staff will edit the pump return date, update the contract with the new date, and update the drop down with a 30-day extension.

   Note: The multi-user electric breast pump should be issued within 72 hours of contact with the participant.

3. Upon return of the multi-user electric breast pump, the Breastfeeding Coordinator or designated staff person must inspect the pump to ensure it is clean, with nothing missing, and in good working order. Once the inspection is complete, the staff member receiving the pump should generate and complete the Multi-User Breast Pump Return Receipt (DHEC 4015p). The person returning the pump must sign the receipt. The signed copy

should scanned into the participant's record in SCWIC. A copy given to the person returning the pump. The CPA must email the breastfeeding coordinator that the pump has been cleaned. **Note:** Before returning the pump to inventory, the Breastfeeding Coordinator must ensure the pump is sanitized according to manufacturer's guidelines.

4. **Delinquent Pumps.** Site staff should pull the overdue loaner breast pump report daily to ensure that a participant with an overdue pump is notified. When a participant fails to return a loaned electric breast pump as required by the "Multi-User Breast Pump Loan Agreement" (DHEC 1825p), staff (CPA loaning the pump, CLC, or the Breastfeeding Coordinator) must attempt to contact the participant (or alternate contact) by telephone within seven (7) days of the breast pump return due date. If the due date is extended, it must be documented in SCWIC. If after two weeks (14 days), the participant has not returned the pump, the Breastfeeding Coordinator, CLC, or designee, will send a written request for the return of the breast pump using the "Delinquent Breast Pump Letter" (DHEC 2768). A copy should be scanned into SCWIC.

   If the participant fails to return the pump within the 30 days of the latest requested return date stated within the letter, a copy of the letter, DHEC 1825, and any pertinent documentation should be forwarded to the State Breastfeeding Coordinator within 6 weeks of the return date. The State Breastfeeding Coordinator will coordinate with the Program Integrity Investigator to attempt to retrieve the pump. The assigned Breastfeeding Coordinator will place an alert in the participant's WIC record documenting that a hospital grade electric breast pump has not been returned and to notify the Breastfeeding Coordinator or WIC Program Manager when the participant presents at the clinic. The alert should be removed when the pump is returned.

   Unresolved claims for breast pumps valuing more than $100.00 will require a month to month issuance of the mother's food benefits until the pump is returned in good condition or restitution is made. Pumps not returned within a year from the latest (original or extended) due date should be considered lost and removed from the pump list and assets list. If the participant has a past history of breast pump delinquencies, the CPA should contact the Breastfeeding Coordinator for guidance on issuance/options.

G. Pedal Pumps

Pedal pumps require no electricity and can be loaned to WIC certified breastfeeding moms for single or double pumping. Pedal pumps are loaned via the "Breast Pump Loan Agreement/Release Contract" (DHEC 1825), which should be completed with all required information. Inventory of the pedal pumps should be kept on the "Breastfeeding Devices Inventory List" (DHEC 2014). The physical inventory should equal the balance on the log. The Criteria for Breast Pump Issuance provides guidance.

H. All contacts for breast pumps and breastfeeding devices must be documented in Breastfeeding Support, Pumps and Kits in SCWIC.

Inventory

Breastfeeding devices and breast pumps must be stored in a secure location with limited access. The Breastfeeding Coordinator or designated staff will maintain an inventory for all breastfeeding devices. The Breastfeeding Coordinator is responsible for ensuring an accurate hospital grade electric breast pump inventory on the Breast Pump Inventory Summary. Each site is responsible for performing a monthly review of the inventory. The Breastfeeding Coordinator or designee will perform a quarterly review of the inventory and will investigate any discrepancies found. During the quarterly review, the Breastfeeding Coordinator or designee must initial and date the "Breastfeeding Devices Inventory List. These forms are retained in the office of the Breastfeeding Coordinator for three (3) years. After three years the forms should be shredded.

I. Cleaning of Breast Pumps

1. When participants return multi-user breast pumps to the clinic, staff must:
   a. Visually inspect the pump and check for damage, missing pump parts and insects upon return. See "Insects in Multi-user Breast Pumps" manufacturer guidelines.
   b. Update Breastfeeding Device Inventory List, Breast Pump Loan Agreement (DHEC 1825), and SCWIC.
   c. Clean every multi-user breast pump and assure that it is working properly before loaning it to another participant.

2. Procedure:
   a. Inspect breast pumps upon return for damage, missing pump parts and insects.
   b. Document the return date in SCWIC and Breast Pump Loan Agreement.
   c. Clean returned multi-user breast pump and pump case as follows:
      i. Wear gloves as needed.
      ii. Gently shake the pump with the vented side down to check for insects or damage to the pump.
      iii. Wipe the pump and pump case with Cavicide®* or similar cleaning agent making sure all crevices are well cleaned. Spray cleaning solution onto a clean cloth; do not spray or pour liquid directly onto the pump.
      iv. Be sure to wipe the cord and bottom of pump.
      v. For additional information on pump cleaning, refer to instructions included with pump. Refer to the following link for the Symphony Breast Pump Maintenance & Technical Guide: https://www.medelabreastfeedingus.com/assets/file/Symphony%20Maintenance%20and%20Technical%20Guide%201907555.pdf .

   ***Note:** Cavicide® is a cleaning product for breast pumps. Staff may use any cleaning products similar to those used for wiping infant scales and counters. Staff may use compressed air (like that used to clean keyboards) to clean internal parts and may use WIC funds for purchasing cleaning and other pump supplies. Spray cleaning solution onto a clean cloth; do not spray or pour liquid directly onto the pump.

3. Pumps should be cleaned on the same day as returned and put back into inventory. Assure the breast pump works properly. Store breast pump in a clean and secure place. Contact Regional Breastfeeding Coordinator if pump requires deep cleaning by the manufacturer.

J. Maintenance of Pumps

1. A visual and functional check of the breast pump should be performed on a periodic basis, including checking for proper suction. See the maintenance/technical guide for detailed instructions on visual and functional checks, and suction check. See above link for the Symphony Breast Pump Maintenance & Technical Guide, or: https://www.medelabreastfeedingus.com/assets/file/Symphony%20Maintenance%20and%20Technical%20Guide%201907555.pdf

15.

Type of Pump	Criteria for Breast Pump Issuance
Multi-User Electric • **Symphony** • **Lactina** **Ameda Elite/Fully & partial breastfeeding. Token breastfeeding participant who is trying to increase to partial.**	**This pump is intended for a WIC certified breastfeeding woman:** • Who will be separated from her infant to return to work or school or whose infant is hospitalized • Who has a special needs infant (premature, heart problem, suspected galactosemia, Down syndrome, cleft lip/palate, failure to thrive, or slow weight gain). • Who is hospitalized for reasons other than childbirth • Who is having difficulty in establishing or maintaining an adequate milk supply due to maternal/infant illness • Who is having temporary breastfeeding problems such as engorgement, latching difficulties, or sore nipples • Who is relactating/inducing lactation **This list is not all-inclusive. Contact your Regional/PCC Breastfeeding Coordinator for additional guidance as needed.**
Single-User Electric • **Personal Double Electric Breast Pump/Fully & partial breastfeeding**	**This pump is intended for a WIC certified fully/partially (mostly) breastfeeding woman who wants to continue breastfeeding until her infant is one year of age:** • Who pledges to continue breastfeeding her infant until 1 year of age. • Who has well established breast milk production • Whose infant is at a minimum of two weeks old • Who does not have breastfeeding complications such as low weight gain, sore nipples, breast pain, etc. • Who is returning to work or school within two weeks and will be separated from her baby a significant portion of the day. • Who has returned a multi-user electric breast pump and wants to continue breastfeeding until her infant is one year of age.
Single-User Manual **Harmony/Token, partial & fully breastfeeding**	**This pump is intended for a WIC certified breastfeeding woman:** • Whose infant is at least 2 weeks old, *preferably 3 – 8 weeks* • Whose infant is receiving a food package on WIC AND one of the following: • Who is working or going to school part-time, or seeking employment. • Who is facing on-going, short-term separation from her baby
Multi-User Manual • **Pedal Pump/Fully & partial breastfeeding**	**This pump is intended for a WIC certified breastfeeding woman:** • Who does not have access to electricity when she needs to pump, AND/OR • Who prefers single or double pumping using her leg and foot muscles

16. Breastfeeding Plan:

A. Each DHEC Region and PCC must submit an annual breastfeeding plan to the State Breastfeeding Coordinator. See Chapter 10, Nutrition Education, **Local Nutrition Education and Breastfeeding Plans**, for detailed information on what should be included in the plan, and dates and process for submission and review. Regional/PCC BFCs will provide quarterly updates to the State BFC and State PC Coordinator on how they are progressing on meeting regional breastfeeding plan goals.

17. BREASTFEEDING MATERIALS AND RESOURCES

A. Culturally appropriate prenatal promotion and breastfeeding educational materials are available through DHEC's Material Library - https://scdhec.gov/about-dhec/educational-materials-library-product-order-site

B. USDA *Infant Nutrition and Feeding*. A Guide for Use in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Found at: https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf

C. USDA *WIC Breastfeeding Policy and Guidance*. At: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-Breastfeeding-Policy-and-Guidance_1.pdf

D. WIC Nutrition Service Standards (FNS, USDA). At https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

E. USDA WIC Breastfeeding Support https://wicbreastfeeding.fns.usda.gov/

F. WIC Works https://wicworks.fns.usda.gov/resources/wic-breastfeeding-support

G. Hale's Medications and Mothers' Milk – available at each site.

H. Quarterly SC WIC Nutrition Newsletter – Breastfeeding section

For Your Notes

Appendix 11.1

BREASTFEEDING REFERRAL GUIDELINES BREASTFEEDING WOMAN (WBF, WBP)
Level 1 BFPC
Age>=40 Years
Breastfeeding teenager less than 2 years post menarche
Flat or inverted nipples
Latching Difficulty
Past or present BF concerns
Perceived low milk supply
Pumping exclusively, wants to put baby to breast
Supplementing with formula, wants to increase milk production or reduce/eliminate formula supplements
Tandem Nursing (breastfeeding older baby/child as well as new baby)
Level 2 CLC
Abuse suspected
Alcohol/controlled drug usage (such as heroin, marijuana, cocaine, barbiturates or amphetamines)
Appears depressed
Cracked, bleeding or severely sore nipples that have not healed within two days after intervention
Engorgement
Hospitalized Infant (e.g. NICU)
Hospitalized mother (i.e., placental abruption)
Initiate postpartum BF (after 3+ weeks)
Medications (prescribed, routine use) with concerns
Mentally ill or impaired
Nipple discomfort that last more than 24 hours
Not following suggestions by the peer counselor
Other medical problems that are out of the peer counselors' scope of practice
Physical disability that affects breastfeeding
Raynaud's syndrome
Relactating after weaning 1 month or more
Twins or multiple gestations with concerns
Level 3 IBCLC
Dysphoric Milk Ejection Reflex (D-MER)
Engorgement (severe) that has not improved after intervention
Failure of milk to come in by 4 days postpartum
History of breast surgery (breast implants, breast reduction, biopsy, breast cancer), chest surgery or trauma
History of Polycystic Ovary Syndrome (PCOS), hypothyroidism, or hormonal conditions that could affect breastfeeding
Hospitalized Infant
Infant with complications
Lump in breast
Mastitis
Plugged ducts

BREASTFEEDING REFERRAL GUIDELINES BREASTFED INFANTS (IBF, IBP)
Level 2 CLC
Appears unhappy at the breast or refuses to breastfeed
Breastfeeding typically lasts more than 45 minutes
Early Term Infant (37-39 weeks)
Hungry despite increased breastfeeding
Inadequate stooling and/or less than 6 wet diapers per day
Jaundice
Other medical problems that are out of the peer counselor's scope of practice
Slow or failed weight gain – fails to gain weight or gains weight slowly; loses more than 7% of birth weight; birth weight is not regained by 2 weeks postpartum; weight gain is less than 4.5 ounces per week
Weak or ineffective suck
Level 3 IBCLC
Cleft Lip/Cleft Palate
Diagnosis of AIDS/HIV, Hepatitis B or C, Tuberculosis, Herpes Simplex Virus or Chicken Pox
Diagnosis of renal, liver, intestinal, or heart problems
Down syndrome
Hospitalized Infant
Neurologically impaired (e.g., cerebral palsy, seizure disorders, spina bifida)
Preterm infant less than 37 weeks gestation or low birth weight less than 5 pounds 8 ounces
Thrush
Sick Infant (vomiting and/or diarrhea) and unable to intake sufficient nourishment
Tongue tied

Chapter 12 BREASTFEEDING PEER COUNSELING PROGRAM

The Breastfeeding Peer Counselor Program is designed for paraprofessional staff to provide mother-to-mother prenatal promotion and breastfeeding support. WIC Peer Counselors serve as peer role models and provide basic breastfeeding education in clinics, homes, hospitals, and during normal business hours and beyond to WIC Program mothers who are pregnant and breastfeeding. Research shows that peer counselors have a significant positive impact on breastfeeding initiation, duration, and exclusivity rates in the WIC population.

A. BREASTFEEDING ADVOCACY

1. Loving Support © Through Peer Counseling: A Journey Together – For WIC Managers (2016; Section 2, p. 5) describes several national initiatives that recommend the establishment of peer counseling programs. The 2011 *Surgeon General's Call to Action to Support Breastfeeding* calls for strengthening programs that include peer counseling as an evidence-based strategy for improving breastfeeding rates. In addition, the Surgeon General's *National Prevention Strategy: America's Plan for better Health and Wellness,* includes recommendations for peer support initiatives to help improve breastfeeding rates. The White House Task Force on Childhood Obesity *Report to the President (2010)* recommends the development of peer counseling programs to support breastfeeding; and the Institute of Medicine's report, *Early Childhood Obesity Prevention Policies*, discusses the importance of peer counseling to improve breastfeeding rates among low-income populations.
2. Research shows higher breastfeeding rates with high intensity peer support initiatives that include contacts beginning early in pregnancy and more frequent contacts as the due date approaches (Chapman, 2010, as cited by *Loving Support © Through Peer Counseling: A Journey Together – For WIC Managers [2016])*. Most women make their infant feeding decisions during pregnancy, often during or before their first trimester of pregnancy (USDA, 2011; and Earle, 2002; as cited by *Loving Support © Through Peer Counseling: A Journey Together – For WIC Managers [2016])*.

B. PEER COUNSELOR STAFF

1. Breastfeeding Peer Counselor (BFPCs)
   BFPCs provide education and/or support to all prenatal and breastfeeding WIC participants, unless contraindicated. BFPCs are available to WIC participants outside of usual clinic hours and outside of the WIC clinic environment. A peer counselor is hired as a paraprofessional, to assist breastfeeding experts but she is not licensed or credentialed. When hired the peer counselor is trained in the basic breastfeeding curricula to offer breastfeeding support to participants and as a peer she can relate to similar situations. It is intended that BFPCs form a relationship with WIC moms and provide them with key information to make educated infant feeding decisions. BFPCs share strategies for a good start, answer common questions, encourage mom when concerns arise, and yield complications that are out of their scope of practice (see Chapter 3) to breastfeeding experts. The peer counselor also can check on moms, picks up referrals from local healthcare providers (if appropriate), and assist with breastfeeding promotion activities.

   a. **Peer Counselor Staffing Considerations – Determining Peer Counselor Caseload**
      Based on guidance from USDA/FNS and the Loving Support Model, it is estimated that the SC WIC Program requires approximately one BFPC per 200 prenatal and breastfeeding women to provide approximately three contacts per hour per month. This allows for approximately three hours per week for travel and administrative time.

b. The number of peer counselors assigned to various sites may vary according to many factors, including available budget, the number of WIC participants served, numbers of women breastfeeding, community demographics, and job duties.
c. If the community is rural and spread out, a peer counselor may cover two or three counties.
d. If transportation issues are apparent, a separate peer counselor may be needed in each small area.
e. In an urban area with a large pool of potential peer counselors, you might need several peer counselors in key service areas or from various ethnic backgrounds.
f. If peer counselors primarily make home visits you will need more potential peer counselor hours than if their primary role is making telephone calls from home.
g. Best practices indicate that it is best to give a newly trained peer counselor a very small caseload to begin with. It can be increased as the peer counselor grows in her knowledge, skills, and confidence and becomes more efficient. One model begins new peer counselors with 20 participants for a 20-hour work week, increasing to 80-100 participants per month as the peer counselor's skills increase.
h. A good estimate for experienced BFPC time use is around 20 minutes per contact, realizing that some might be very quick and require little time, while others might be lengthier if a mother needs more information.
    1. Telephone contacts: Including time for documentation, allow approximately 3-5 calls per hour.
    2. Clinic visits: Including time for documentation, allow around 20-30 minutes per visit.
    3. Home visits: Including time for travel and documentation, allow around 2 hours per home visit.
    4. Hospital visits: If she is making rounds, allow around 1 hour per 1-2 visits. If she assists a mother having great difficulty, visits could be much longer. Travel and documentation would also increase the time if she does not live or work near the hospital.
    5. Classes and support group meetings: Allow around 2 hours (1-hour class plus preparation and class-set up).

2. Assigning Peer Counselors in SCWIC
    a. The peer counselor is assigned by the breastfeeding coordinator to a fundamentally similar participant. When possible, the peer and participant should have the same language, race, ethnicity and socioeconomic characteristics. This type of assignment provides a unique relationship to WIC mothers and enhances the mother-to-mother relationship. This connection complements and reinforces the breastfeeding information and support provided by other WIC staff.

    b. During certification, all Prenatal and Breastfeeding women are referred to Breastfeeding Care for peer counselor services in SCWIC, unless contraindicated. The referral appears in the Unassigned Log, where the BFC or designee assigns to the peer counselor within 24 hours.

C. BFPC SERVICES

1. Prenatal Promotion and Documentation
   Breastfeeding promotion, including the benefits and barriers to breastfeeding, will be provided for all prenatal participants enrolled on the WIC Program unless contraindicated. The purpose of these contacts is to promote breastfeeding and to establish a relationship in which the BFPC provides appropriate breastfeeding support, including anticipatory information on what to expect when Mom returns home, possible challenges, daycare, and plans for returning to work or school. It is recommended that the first contact be in person or via telephone.

2. Prenatal Contacts
   BFPCs must use the Script for Prenatal Contacts as a guide for contacts. Contacts can be made by phone call, text message, letter, email, and clinic contact. This script is located on the SCDHEC Intranet site: http://dhecnet/hs/mch/wic/breastfeeding.htm . Whenever BFPCs leave a phone or initial text message, they must identify themselves as the BFPC, in order for participants to know who they are and why they are receiving a call from DHEC or the health department.
   a. Contacts by Breastfeeding Peer Counselors are recommended according to the following general timeline. The initial prenatal contact should be made face to face, phone call, or letter to introduce and explain the role of the peer counselor:
      i. 27 weeks gestation
      ii. 31 weeks gestation
      iii. 35 weeks gestation
      iv. 39 weeks gestation
      v. 40 weeks gestation
   b. Documentation for contacts and attempted contacts are required in Breastfeeding Care Jellybean by selecting Prenatal Encounter. Documentation should provide a complete picture of the contact/visit. This includes a description of the participant's view on breastfeeding, past experiences, support system, as well as, the response of the WIC staff. Effective documentation is consistent, clear, concise, and complete. If the participant chooses text as the preferred contact, the peer counselor must document a summary of the text conversation or change the encounter type reason to unanswered text.

3. How To Breastfeed Class
   a. The "How to Breastfeed" class is designed to bring awareness of the benefits of breastfeeding, managing breastfeeding, and resources for the prenatal mother and her support system. The Peer Counselor will use the Ready Set Baby curriculum, provided by UNC Gillings School of Global Public Health as a guide in the class. The class demonstrations, activities, and materials provide education to participants to assist in making informed decisions on infant feeding.
   b. The peer counselor must invite and schedule all prenatal participants to the "How To Breastfeed" class by 31 weeks gestation. The invitation must be documented in Breastfeeding Care in SCWIC.
   c. Peer Counselors can schedule the "How To Breastfeed" class in SCWIC by selecting the Scheduling Tasks Jellybean in Group Education.

4. Breastfeeding Support and Documentation
   All WIC staff should explain the importance of contacting the WIC office following delivery. Once the local WIC office is contacted, staff will notify the breastfeeding staff verbally, by phone or email with the delivery information **within 24 hours of the notification.** The breastfeeding staff will then make the necessary breastfeeding contact with the participant.

a. The initial breastfeeding contact (home, clinic, phone call, text message, email, letter or hospital visit) is required within 24-72 hours after delivery or after notification (i.e., certification, phone call, or any other contact or notification). ***Peer counselors must routinely contact mothers, at a minimum, every 2-3 days in the first week after delivery AND within 24 hours if the mother reports problems with breastfeeding.***

b. Delivery documentation is documented under the Maternal Encounter in Breastfeeding Care if the woman has an active certification. The BFPC must enter the correct time frame dates for follow-up depending on notification or delivery date. Certification documentation cannot be substituted for the first contact and all documentation for contact must occur in the Breastfeeding Care section of SCWIC.

Additional contacts must be made within the following time frames:

After Delivery of Infant	
Week 1	**Initial Contact *: 24-72 hours of notification OR if complications, contact within 24 hours***
	Contact 2: 3-6 days or if complications, contact within 24 hours.
Week 2	**Contact 3:** 7-14 days OR if complications, contact within 24 hours
Week 3	**Contact 4:** 15-21 days OR if complications, contact within 24 hours
Week 4/5	**Contact 5:** 22-31 days OR if complications, contact within 24 hours
Monthly	**Contact 6 and beyond**: At least monthly depending on lactation support OR if complications, contact within 24 hours

After Notification: Based on the age of the infant
Initial Contact *: 24-72 hours of notification OR if complications, contact within 24 hours*
Depending on age of infant, continue with weekly or monthly contacts OR if complications, contact within 24 hours

NOTE: If notification is at one month or greater after the birth of the infant, breastfeeding contacts need only be made monthly at a minimum or as problems arise.

c. Documentation for contacts and attempted contacts are required in Breastfeeding Care. Assessment, Education and Follow-up tabs must be completed for a contact. Documentation should provide a complete picture of the contact/visit. This includes a description of the participant's problem as well as the response/intervention of the WIC staff. Effective documentation is consistent, clear, concise and complete.

d. Breastfeeding Peer Counselors must use the script for after-delivery contacts as a guide. This script is located on the SCDHEC Internet site: http://dhecnet/hs/mch/wic/breastfeeding.htm.

e. Intake Process for Breastfeeding Woman not certified on WIC as a Pregnant Woman. The following intake process is to be followed if breastfeeding participant was not previously certified as a pregnant participant on WIC Services.
   i. The Breastfeeding Coordinators (BFCs) or designee will assign the participant to a Breastfeeding Peer Counselor (BFPC). The BFPC must follow the guidelines in the WIC State Plan for Breastfeeding Counseling/Contact.

5. **Circle of Friends Support Group**
   a. Circle of friends is a support group for new moms and mom-to-be who receive WIC services. The support group is designed to help women empower other women by sharing their breastfeeding helpful tips and motherhood experiences.

   b. The peer counselor facilitates the support groups and yields any questions out of their scope of practice to the BFC or designee.

D. BREASTFEEDING SUPPORT NBI (NO BENEFITS ISSUANCE) APPOINTMENTS

Peer Counselor staff can schedule breastfeeding support appointments in SCWIC. The participants will not be issued benefits during that appointment.

E. OPT-OUT GUIDANCE

1. Breastfeeding or Prenatal woman may opt out of peer counselor services at any time after an assessment. During certification if there are contraindications to breastfeeding the CPA must still refer to the PC with the reason "other" and document in notes. The CPA can then proceed to Opt Out by entering the date and selecting the Opt Out reason in the Breastfeeding Referral section.
2. If a BFPC is unable to contact the participant by 4 different encounter types, she may Opt Out the participant after 3 attempts and the 4th attempt using the Breastfeeding Last Attempt Letter via US Mail or email.
3. The Breastfeeding Last Attempt Letter is generated when Last Attempt Letter is selected as the encounter type and the screen is saved.
4. If a participant requests to receive breastfeeding services, after opting out, another referral can be submitted at any time.

F. YIELDING TO BREASTFEEDING EXPERT

1. Breastfeeding experts are there to accept referrals of mother experiencing complex problems outside of the scope of practice of the peer counselor. BFPCs who identify a breastfeeding complication requiring a higher-level referral must make the referral in SCWIC, under the follow-up tab in encounters. The referral will show on the HR Unassigned Log, where the BFC or designee will assign to a CLC or IBCLC depending of the level of the complication.

2. Level 1 referrals are within the scope of practice of a Breastfeeding Peer Counselor (BFPC). See Staffing section for scope of practice for BFPCs. These referrals must be addressed by a BFPC and completed within 24 hours of assignment or identification of a problem.

3. A list of all breastfeeding complication referrals can be found in the Breastfeeding Chapter 11 and in the Breastfeeding Chapter 11, Appendices 11.1.

BREASTFEEDING REFERRAL GUIDELINES	LEVEL 1 (BFPC)
BREASTFEEDING WOMAN (WBF, WBP)	
NONE	**Y**
Age>=40 Years	**Y**
Breastfeeding teenager less than 2 years post menarche	**Y**
Flat or inverted nipples	**Y**
Latching difficulty	**Y**
Past or present BF concerns	**Y**
Perceived low milk supply	**Y**
Pumping exclusively, wants to put baby to breast	**Y**
Supplementing with formula, wants to increase milk production or reduce/eliminate formula supplements	**Y**
Tandem Nursing (breastfeeding older baby/child as well as new baby)	**Y**

4. Defining Encounters and Encounter Types
   The participant must be assigned to a BFPC, CLC or IBCLC in SCWIC to complete a Prenatal Encounter, Maternal Encounter and Encounter for breastfeeding. Security rights have been given based on scope of practice. Refer to SCWIC Manual for more detailed documentation information.

G. Encounter Types in SCWIC				
Encounter Type	Description	Policy Guidance	Participant Category	Procedures and Notes
Clinic	A clinic contact is used to provide skilled interventions during a thorough breastfeeding assessment based on the scope of practice of the staff, towards the accomplishment of breastfeeding promotion and support.	All staff will use a hands-off approach when addressing breastfeeding issues. If a hands-on is considered necessary, request permission. It is recommended that BFPC use the hands-over-hands method. Refer to Scope of Practice.	WPG, WBF, WBP IBF, IBP, C	
Email	An email can be sent to a participant as a contact if it is the preferred communication. The Last Attempt letter can also be generated and sent in an email as a last contact before opting the participant out of breastfeeding services. See opt-out guidance on page 12-5.	Any letters, materials or resources can be emailed if the participant has agreed to receive emails in SCWIC.	WPG, WBF, WBP IBF, IBP, C	

Encounter Type	Description	Policy Guidance	Participant Category	Procedures and Notes
Home	A home visit is used to provide skilled interventions during a thorough breastfeeding assessment based on the scope of practice of the staff, towards the accomplishment of breastfeeding promotion and support.	A Maternal Encounter must be completed in SCWIC. A home visit must have approval from the Breastfeeding Coordinator or supervisor before arrangements are made with the participant. Please see WIC Breastfeeding Support to Grow and Glow for further guidance on home visits.	WPG, WBF, WBP IBF, IBP, C	Procedures for Documenting Home Visits: i. The staff member will contact the participant to schedule a home visit and makes the BFC or supervisor aware of the scheduled visit ii. Identifies self as a WIC Breastfeeding Support Staff upon arrival at the participant's home iii. Explains the purpose of the home visit iv. Informs the BFC or supervisor of any pertinent observations/information regarding the participant v. Yields to the next level of breastfeeding support for questions/concerns she cannot answer from the participant and family vii. Documentation must be completed on the day of the visit, using DHEC-supplied laptops and cell phone hotspots, if available to staff.
Hospital	Hospital contact. A *Breastfeeding Peer Counselor (BFPC)** may provide basic breastfeeding education, support and referrals for WIC participants and WIC eligible mothers during rounds at a hospital with a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) with SCDHEC.	Scope of work for the BFPC in the hospital includes providing encouragement and support, and basic education on: reasons to breastfeed, overcoming barriers to breastfeeding, colostrum quantity and benefits, normal course of breastfeeding, positioning and latch, skin to skin and its benefits, maintaining adequate milk production, normal infant output, preventing common problems, anticipatory guidance to prepare for post-discharge needs, and resources for breastfeeding.	WBF, WBP	

Encounter Type	Description	Policy Guidance	Participant Category	Procedures and Notes
Hospital *cont.*	**Only the designated Breastfeeding Support Staff agreed upon in MOA or MOU should complete hospital encounters.*	If any questions arise that are out of the scope of the peer counselor, she should yield to hospital staff, based on the Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) with SCDHEC or yield directly to the BFC.	WBF, WBP	
Phone or Text	A telephone contact or text contact occurs over the phone with a participant in lieu of a home visit or clinic visit to provide breastfeeding promotion and support.	Cell phone calls and texting must comply with DHEC's Administrative Policy Manual A. 803 Business use of cellular telephones, smart phones and tablets; A. 831 SMS Text communications with clients; and A. 829 use of portable devices to store and transmit confidential electronic information. All BFPCs must adhere to the following Texting/Emailing Policy (Ref. Policy Memo #120:09). https://dhec.sharepoint.com/sites/prc/DHEC-Policy-Manual/SitePages/Home.aspx	WPG, WBF, WBP IBF, IBP, C	Refer to **Peer Counselor Guidance for Cell Phone and Laptop Usage**
Letter	A letter introducing the peer counselor is an option for the first contact. It is recommended that the next contact be face-to-face or via telephone. The Last Attempt letter can also be generated and used as a last contact before opting the participant out of breastfeeding services.		Introduction Letter WPG, WBF, WBP Breastfeeding Services Opt-Out Letter WBF, WBP, IBF, IBP, C	

H. PEER COUNSELOR GUIDANCE FOR CELL PHONE AND LAPTOP USAGE

BFPCs making contacts outside of normal clinic hours or locations should use their DHEC-provided laptops and hotspots to document contacts on the same day that contacts are made.

1. Cell phones/smart phones must:
   a. Be monitored as an informal check at least annually or as needed by the Breastfeeding Coordinator Supervisor to ensure peer counselors are using the phone for work purposes only.
   b. Not to be used while driving.
   c. Peer counselors may use text messages or emails to communicate with participants after:
      i. Receiving permission from participants to send messages and emails. Verify in SCWIC if participants have given permission to receive text messages and emails.
      ii. Establishing a relationship with participants.
   d. Text messages and emails must:
      i. Be limited to short simple check-ins, basic information, or confirmation of phone calls or appointments. If texting is not the preferred choice of contact, issues that require more than a simple check-in must be done in person or by talking to the participant on the phone.
      ii. Not include any personal medical information or identifiable data such as social security numbers, or driver's license numbers.
      iii. Come from the Agency provided equipment.
      iv. Not be forwarded outside of SCDHEC.
   e. Text messages and emails may be used to:
      i. Follow-up on referrals, as long as no sensitive information is exchanged.
      ii. Invite participants to classes.
      iii. Schedule appointments or remind participants of appointments.
      iv. Share tips about breastfeeding, infant development or send encouraging messages.
      v. Share approved materials and links for prenatal promotion and breastfeeding support.
      vi. Ask about baby's arrival.
      vii. Answer simple breastfeeding questions.

2. Laptop: Care and Infection Control
   a. All BFPCs will be issued laptops to utilize in their DHEC location as well as to use offsite for documentation of hospital and home visits. Peer Counselors are also issued iPhones or hotspots to provide internet access while working remotely. Use of these items constitutes the BFPC's acknowledgement and acceptance of DHEC policies and procedures related to use of these items.
   b. There are specific concerns for laptop users to follow for the care and protection of the laptop. These are guidelines to protect the participant as well as the Breastfeeding Peer Counselor (BFPC) from infection when taking the laptop in the home.
   c. The Breastfeeding Peer Counselor (BFPC) may be held financially responsible for repairing or replacing the laptop if it is lost, stolen, or damaged through negligence or misconduct. In case of stolen or damaged laptops, the employee's homeowner's insurance or the employee's auto insurance could be liable.
   d. Refer to Appendix 12.1 for process and procedures for Laptop Care and Infection Control. Staff should refer to the DHEC Administrative Policy Manual regarding Internet usage.

Chapter 12 BREASTFEEDING PEER COUNSELING PROGRAM

I. TRAINING

1. Peer Counselor Initial Training

a. The "Loving Support © Through Peer Counseling: A Journey Together" is required training for all BFPCs. This training curricula includes current science in breastfeeding management and best practices among successful peer counseling programs in WIC.

b. All breastfeeding peer counselors should receive Loving Support © to Grow and Glow in WIC. Staff should receive the training as part of new employee orientation and at least every three (3) years; training should be documented in their personnel records. Peer counselor staff should receive training on modules one (1) through nine (9), module ten (10) is optional.

c. The Breastfeeding Peer Counselor Competency Training Procedures (DHEC 3984) should be completed for all new Peer Counselors.

d. The Breastfeeding Peer Counselor must follow the Three-Step Counseling Strategy: 1) Open ended questions, 2) Affirm feelings, and 3) Educate. See Appendix 12.3 for details of the Three-Step Counseling Strategy.

e. Breastfeeding Coordinator/BFPC Supervisor must train peer counselors who use cell phones to communicate with participants. The training must include the following:

i. Set up voicemail
ii. The script for prenatal and breastfeeding contacts on the DHEC intranet>Public Health>Bureau of Maternal and Child Health>Breastfeeding.
iii. When to return calls, text messages or emails.
iv. Appropriate use of text messages and emails for communication.
v. Conducting cell phone conversations in a location that allows confidentiality and respect for the participant information.
vi. How and where to document phone contacts with participants in SCWIC Breastfeeding Care.
vii. Do not delete text messages or emails.
viii. Keeping cell phones secure. They must not be kept in an unoccupied vehicle. Immediately reporting a lost or stolen cell phone to the Breastfeeding Coordinator or supervisor.
ix. When cell phones may be turned off.
x. Procedures for coverage of caseload during 2 week break in service or other peer counselor absence. The peer counselor must conference with the BFC before resuming care after any absence from work.

2. Ongoing Quarterly and Annual Training

a. Quarterly Trainings Provided for Breastfeeding Peer Counselors by Breastfeeding Coordinators:

i. Breastfeeding Coordinators will train peer counselors in their region/PCC each quarter of the WIC fiscal year. Breastfeeding Coordinators will determine training topics, but are expected to include case studies, Loving Support training, and a review of pertinent policy changes within DHEC which affect breastfeeding.
ii. Participation in quarterly Peer Counseling training conference calls provided by the State Peer Counselor Coordinator.
iii. Annual Training for BFPCs will be provided by Central Office.

J. PEER COUNSELOR REPORTS AND LOGS

Breastfeeding Peer Counselor Activity Report

Peer Counselor Activity reports should be completed by BFPCs weekly using form DHEC 2047. Peer Counselor Activity summary reports (Peer Counselor Activity Report for Supervisors, form DHEC 2048) should be completed by the BFC or Peer Counselor Supervisor weekly. All Peer Counselor Activity reports must be provided to the State Peer Counselor Coordinator and Central Office WIC Nutrition Services Unit Administrative Assistant at least quarterly, by the 10th of the month following the end of the quarter.

K. SCWIC REPORTS ***Reports marked with an asterisk were in development at the time of publication.**

1. **Unassigned Log**. This log produces a list of participants referred to the BFPC for follow-up or low risk follow-up. CPAs and BFCs will utilize the Unassigned Log screen to assign new referrals to BFPCs. Newly assigned participants will then show up on the Peer Counselor Log screen. The CPA, BFC or designee should assign new referrals to BFPCs daily at the time of certification using the Unassigned Participants Log. This Log should be monitored by the BFC for timely assignment to a BFPC.
2. **PC (Peer Counselor) Log**. BFCs and BFPCs should view Peer Counselor Log (PC Log) screen for a listing of prenatal, breastfeeding infant and children participants who have a BFPC assignment. This list must be reviewed daily by the BFPCs and monitored by the BFCs.
3. **Prenatal Tracking Report**.* This report produces a list of participants requiring prenatal contacts because they are between 27 and 43 weeks gestation. BFPCs may use this report to identify the dates when prenatal contacts are required for each participant assigned to them. BFPCs must generate the report daily and the BFCs must monitor the report weekly. Staff may also filter the PC Log by next follow up date, then filter by participant category column to WPG to see all assigned prenatal participants with a follow up date within the selected date range.
4. **PC Participant Call Back Report**.* This report produces a list of low risk participants having an encounter follow-up date that falls within the user's specified date range. BFPCs may use this report to identify dates when follow-up is required for each participant assigned to them. The BFPC must generate the report daily and the Breastfeeding Coordinators (BFCs) must monitor the report on a weekly basis. Staff may also filter the PC Log by next follow up date to see all participants with a follow up date within the selected date range.
5. **Requiring Encounters Report**.* This report generates a list of clients who have a peer counselor assignment but have no peer counselor (future) follow-up scheduled. Staff may also use the PC Log to see all assigned participants. Participants that do not have a Next follow up date will be blank.

L. PEER COUNSELOR MATERIALS AND RESOURCES

1. Culturally appropriate prenatal promotion and breastfeeding educational materials are available through DHEC's Material Library.
   https://scdhec.gov/about-dhec/educational-materials-library-product-order-site
2. Peer Counselor Corner Quarterly Newsletter
   The PC Corner newsletter is an electronic resource containing breastfeeding news and activities that pertain to peer counselors. The newsletter is sent out quarterly.
3. USDA WIC Breastfeeding Support https://wicbreastfeeding.fns.usda.gov/
4. WIC Works https://wicworks.fns.usda.gov/resources/wic-breastfeeding-support
5. Each region/PCC must maintain a list of local breastfeeding resources available to participants.

M. PEER COUNSELOR PROGRAM MONITORING AND TOOLS

1. The BFC/designee must complete the Breastfeeding Peer Counseling Checklist DHEC 0680 and the Group Breastfeeding Observation DHEC 3983 annually on each peer counselor staff and keep on file.
2. All DHEC forms are located on the intranet in RIMS: Forms Library. http://intraprod/rims/
   a. The Breastfeeding Peer Counselor Competency Training Procedures DHEC 3984
   b. Peer Counselor Performance Monitoring DHEC 0591
   c. Peer Counselor Telephone, Email and Texting Follow-up Checklist DHEC 0595
   d. Breastfeeding Peer Counseling Checklist DHEC 0680
   e. Group Breastfeeding Observation DHEC 3983
   f. WIC Management Evaluation Record Review Tool - BF Women DHEC 1835D
3. **MONITORING REPORTS IN SCWIC** ***Reports marked with an asterisk were in development at the time of publication.**
   a. **BF Referrals.*** This report displays a summary of all participants referred.
   b. **Breastfeeding Contact Summary.*** This report displays a list of participants and the number of contacts with staff.
   c. **Breastfeeding Contact Summary – No Contact.*** This report displays a list of participants with no breastfeeding contacts within a period.

N. ENHANCING THE PEER COUNSELOR PROGRAM

1. "Loving Support © Through Peer Counseling: A Journey Together for WIC Managers": Assessment and Planning 9: Peer Counselor Program Self-Evaluation
   a. An evaluation based on the FNS Loving Support© Model for Successful Peer Counseling Programs and best practices among successful WIC State and local agency peer counseling programs.
   b. The Assessment and Planning 9: Peer Counselor Program Self-Evaluation must be completed annually by the Region/PCC and discussed with the State Breastfeeding Peer Counselor Coordinator.
2. "Loving Support © Through Peer Counseling: A Journey Together for WIC Managers": Assessment and Planning 2: Enhancing Existing Peer Counseling Programs
   a. An evaluation using the FNS Loving Support© Model for Successful Peer Counseling Programs and the Program Self-Evaluation tool, examine your current peer counseling program to assess gaps in services, policies that should be revisited, new partners to engage, and improvements that could enhance the effectiveness of your program.
   b. The State Breastfeeding Peer Counselor Coordinator will complete Assessment and Planning 2: Enhancing Existing Peer Counseling Programs annually for the SC WIC Breastfeeding Peer Counselor Program.
3. Collaboration with Outside Organizations
   The Region/PCC should establish local partnerships with the local hospital, providers, and other community groups to enhance the program's effectiveness. All Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) should be kept on file.
4. USDA Loving Support Award
   The award program was established to recognize local WIC agencies that have provided exemplary breastfeeding promotion and support activities. The award is given at three levels of performance that build on one another: Gold, Premiere, and Elite. It is encouraged that all regions apply for any award level based on the criteria as noted in the application instructions. https://www.fns.usda.gov/wic/loving-support-award-excellence-program

For Your Notes

CHAPTER 13 FOOD PACKAGE DESIGN

1. WIC FOOD SELECTIONS AND AUTHORIZATIONS

All food items must meet the specifications defined in the federal WIC regulations (7 CFR Part 246.10).

Purpose: Developing policies to ensure that food benefits issued to participants accommodate the nutritional and health goals of the WIC Program is essential. WIC food packages, together with nutrition education, are the primary means by which WIC affects the dietary quality and habits of participants. WIC food benefits are scientifically based and intended to address the supplemental nutritional needs of each category of WIC's pregnant, breastfeeding and postpartum women, infants and children. The WIC food packages are designed to provide participants with a wide variety of supplemental food, provide staff flexibility in prescribing food packages to meet a participant's nutrition, breastfeeding and cultural needs, and promote and support successful long-term breastfeeding. (Standard 12, WIC Nutrition Service Standards)

A. The following selection criteria and specifications are, at a minimum, what will be used when considering foods for the South Carolina WIC program Approved Food List.
   1. The following specifications have been updated to reflect the USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages published on March 4, 2014.
   2. The product must be commercially available throughout the State for at least one year (by May 1 of the year) prior to consideration for eligibility. (Note: this does not mean that all WIC vendors must stock all eligible items, but that the item is distributed statewide in both rural and urban areas). There must not be any problem with distribution or availability, no documented health problem with the product, or any similar problem.
   3. The product must be easily identifiable by the WIC participant and store cashier.
   4. The product must be easily stored. The length of time the product can be safely stored will be considered.
   5. The appropriateness of the product's nutritional value for the WIC population will be evaluated (based on current scientific literature and WIC Federal Regulations).
   6. Products may not contain small, difficult to chew items.

B. The South Carolina WIC program considers factors such as package size, food prices, and product availability in the state, WIC participant acceptance, and program management costs when making decisions about which types and brands of WIC foods to authorize.

C. Deadline for submission of items to be considered for inclusion in the WIC Food Package is March 1 of each year. NEW food submissions or updates should be sent through the online portal with all required attachments and product information.
   www.scdhec.gov/wicfoodsubmissions
   The required information includes:
   1. Ingredient listing (listed in decreasing order of predominance by weight).
   2. Available forms of the product (e.g., single strength versus frozen concentrated juice).
   3. Types and sizes of all product package containers.
   4. Average/suggested retail prices for the product per container size.
   5. Current store distribution list for the product in South Carolina.
   6. PDF, JPEG/jpg, JPEG2000, GIF, PNG, TIF/TIFF, or Bitmap/BMP files of product image (artwork) and package flats.
   7. Any additional information requested for each specific product type (such as percent whole grain for cereals and breads).
   8. Universal Product Code (UPC) for the product (12 digits)

D. Changes in the list of approved foods will occur once per year. During the month of May of each year, all eligible food items (both currently approved items and all other eligible items) will be reviewed and evaluated (based on the criteria listed above and below). The list of approved items will be updated as needed on the approved product list (APL). The approved vendors will have access to this document. All new items will be implemented at the beginning of the next Federal Fiscal year (Oct. 1). The new Food Guide will be issued to the region by Oct 1 of each year (ML- 025486-English and Spanish).

E. Therapeutic formulas that are designed to treat medical conditions; formulas other than standard soy or milk-based formulas) (Exempt infant formulas and WIC-eligible nutritionals) are exempt from above criteria and will be evaluated individually upon request.

F. Contract infant formulas are determined based on a bidding process and are excluded from the above criteria. Contract infant formula is intended to be used as a food substitute for breast milk ingested via oral or enteral route (tube feeding), is iron-fortified, supplies approximately twenty (20) kilocalories per fluid ounce, and does not require the addition of any ingredient other than water.

2. Guidelines for Submission of Specific Food Items

A. Infant Foods

1. Infant Cereals
   a. No added fruit, formula, or DHA;
   b. Must contain 45 milligrams of iron per one hundred grams of dry cereal; ~~and~~
   c. 8 oz. and 16 oz. containers.
   d. multigrain, oatmeal, rice, whole wheat barley, oat and quinoa
   e. Organic allowed

2. Infant Fruits and Vegetables
   a. Any variety of single ingredient commercial infant food fruit or vegetables without added DHA, sugars, starches, or salt (i.e., sodium);
   b. 4 oz. containers; twin packs that holds 2- 4 oz containers; and/or twin packs that holds 2-2oz containers
   c. Any variety of single ingredient infant fruits, vegetables, and any combination of fruits and vegetables
   d. Organic allowed

3. Infant Meats
   a. Any variety of commercial infant food meat or poultry, as a single major ingredient with added broth or gravy;
   b. No added sugars, salt (i.e., sodium) are allowed;
   c. 2.5 oz. jars only.
   d. No infant food combinations (e.g., meat and vegetables or fruit) or dinners (e.g., spaghetti and meatballs) are allowed.
   e. No added DHA.
   f. Organic allowed

B. Milk

1. Pasteurized fluid whole, fat free, low fat or reduced fat milk which contains 400 International Units of vitamin D and 2,000 International Units of vitamin A per fluid quart.
2. Nonfat dry milk solids may be substituted on reconstituted quart for quart basis and must contain 400 International Units of vitamin D and 2,000 International Units of vitamin A per reconstituted quart.
3. Lactose-free milk (whole, reduced fat, low fat and fat-free) is allowed.
4. Gallons, quarts and ½ gallons only.
5. Any brand.
6. Organic not allowed.

C. Cheese

1. 100% pasteurized, domestic and must conform to FDA Standard of Identity 21 CFR part 133.
2. American, Cheddar, Colby, Monterey Jack, Mozzarella, Swiss, Provolone, Muenster (where available) and blends of any of these cheeses.
3. Whole, low fat, reduced fat, low cholesterol and/or low sodium.
4. Block style, sliced or shredded.
5. No cheese crumbles, cubed cheese, cheese sticks, cracker cuts, specialty cheese, imported cheese, or cheese from the store's deli department.
6. No added peppers, sesame seeds, etc.
7. No cheese "spread" or cheese "food".
8. Any brand.
9. 8oz. and 16 oz. packages only.
10. Organic not allowed

D. Yogurt
   1. Must be pasteurized and conform to FDA Standard of Identity for whole fat (21 CFR 131.200), low fat (21 CFR 131.203), or nonfat (21 CFR 131.206)
   2. Plain, vanilla or fruit flavors
   3. No more than 40g of total sugars per 8 oz. of yogurt
   4. No accompanying mix-in ingredients (e.g. granola, candy pieces, nuts, or similar), or artificial sweeteners
   5. No drinkable yogurts
   6. No organic
   7. 32 ounce container, or one package of 8 – 4 oz. serving, or two 16oz package of 4-4 oz. servings

E. Cereals
   1. Must contain at least twenty-eight (28) milligrams of iron per one hundred (100) grams of dry cereal.
   2. Must contain no more than 21.2 grams of sucrose and other sugar per 100 grams of dry cereal (no more than 6 grams of sucrose and other sugars per ounce of dry cereal)
   3. No artificial or non-nutritive sweeteners
   4. Cooked cereals may be instant, quick, or regular cook and must be plain-flavored only
   5. Half of the cereals authorized must have whole grain as the primary ingredient by weight and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content".
   6. Must declare percent whole grain.
   7. 9oz., 12 oz., 18 oz., 24oz., or 36 oz. containers only.

F. Juice
   1. Must be pasteurized 100% unsweetened fruit or vegetable juice.
   2. No organic juice.
   3. Must contain 30 milligrams of vitamin C per 100 milliliters of single strength or reconstituted frozen concentrate juice. This equals a minimum of 72 milligrams or 80% of vitamin C per 8 fluid ounce serving
   4. Regular and low sodium vegetable juice allowed.
   5. 11.5/12 oz. frozen concentrate, 48 oz. plastic containers, 64 oz. plastic containers or refrigerated cartons, or 4 – 8 fl. oz. containers (homeless and migrant food packages only).

G. Eggs
   1. Large only.
   2. White only.
   3. No specialty eggs, organic eggs or liquid eggs.

H. Mature Legumes (dried beans, peas, or lentils)
   1. Single variety – no mixtures.
   2. No added flavoring.
   3. 1 lb. dried bag only. (No boxes)
   4. 15-16 oz. canned mature plain beans or peas. Any brand.
   5. No organic beans, peas or lentils.
   6. No frozen beans or peas, soups, mixtures, wax or snap peas, no seasoned or chili beans, no refried beans or baked beans. No added meat, fat, oil or artificial sweeteners.

I. Peanut Butter
1. Must conform to FDA Standard of Identity 21 CFR 164.150
2. May not be labeled as "peanut butter spread"
3. Smooth, creamy, crunchy, chunky, extra chunky, regular, or reduced-fat varieties
4. "Natural" or "All Natural" allowed if not labeled as "peanut butter spread"
5. May not contain added items (e.g. jelly, marshmallows, chocolate, or similar)
6. No added omega-3 fats
7. No organic
8. 16-18 oz. jars only.

J. Canned Light Tuna, Pink Salmon, or Mackerel
1. 5 oz., 6 oz., 7.5 oz., 14.75 oz., or 15 oz.
2. Water-packed or oil-packed.
3. Any brand.
4. Grated, flakes chunk or solid pack.
5. Albacore (white tuna) or Red Salmon not allowed.
6. No added sauces or flavorings.
7. No organic

K. Fruits and Vegetables
1. Fruit
   a. Any variety of fresh whole or cut fruit without added sugars, fats, oils, or salt
   b. Any variety of canned or frozen fruits without added sugars, fats, oil, or salt
   c. No fruit baskets, painted pumpkins, or fruit trays;
   d. No dried fruit;
   e. Organic fruits are allowed.

2. Vegetables
   a. Any variety of fresh whole or cut vegetables, without added sugars, fats or oils;
   b. Any variety of canned or frozen vegetables without added sugars, fats, or oils;
   c. No herbs, spices, edible blossoms or flowers, ornamental or gourds;
   d. No creamed, sauced, pickled or breaded vegetables;
   e. No peanuts;
   f. No chili peppers on a string, no garlic on a string, vegetable trays;
   g. No prepackaged salad kits with added dressing, croutons or etc. are allowed;
   h. No dried vegetables;
   i. Organic vegetables are allowed.

L. Whole Wheat and Whole Grain Bread
1. Whole wheat bread must conform to FDA Standard of Identity 21 CFR 136.180, whole wheat flour and/or bromated whole wheat flour must be the only flours listed in the ingredient list
2. Whole grain bread must conform to FDA Standard of Identity 21 CFR 136.110 and whole grain must be the primary ingredient by weight
3. All breads must meet FDA labeling requirements for making a health claim as a "whole grain food with moderate fat content"
4. Loaves, buns and rolls allowed
5. No Bagels or English muffins
6. No organic
7. Must declare percent whole grain
8. 16 oz. packages only.

M. Whole Grain Options
1. Whole grain must be the primary ingredient by weight
2. **Brown rice**: instant, quick, or regular cooking
   a. Size: 14-16 oz
3. **Soft Corn Tortillas**: made from ground masa flour (corn flour) using traditional processing methods, e.g. whole corn, corn (masa), whole ground corn, corn masa flour, masa harina, and white corn flour
4. **Whole Wheat Tortillas:** whole wheat flour must be the only flour listed in the ingredient list
5. **Whole Wheat Pasta:** different pasta shapes and sizes allowed, must conform to FDA Standard of Identity 21 CFR 139.138 and have no added sugars, fats, oils, or salt (i.e., sodium), whole wheat flour and/or whole durum wheat flour must be the only flours listed in the ingredient list
6. No organic products
7. 16 oz. packages only for Soft Corn Tortillas, Whole Wheat Tortillas, and Whole Wheat Pasta.
8. No added sugars, fats, oil, or salt

N. Soy Milk:
1. Soy Milk must be fortified to meet the following nutrient levels per cup:

NUTRIENT	LEVEL
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B12	1.1 mcg

2. Original or vanilla flavors only.

O. Tofu:
1. Must be prepared with calcium salts (e.g. calcium sulfate) but may also contain other coagulants (magnesium chloride).
2. No added fats, sugars, oils or sodium

3. PRESCRIBING FOOD PACKAGES

WIC food packages are based on the Dietary Guidelines for Americans and federal WIC regulations (7 CFR Part 246.10).

Purpose: WIC food package, together with nutrition education, are the primary means by which WIC affects the dietary quality and habits of participants. Making the maximum monthly allowances of supplemental foods available to participants and providing the CPA with the flexibility to prescribe and tailor food packages to meet an individual participant's nutritional, breastfeeding and medical needs, cultural preferences and current living situation helps participants to achieve positive health outcomes.(Standard 13 - WIC Nutrition Service Standards)

A. For each participant, the CPA will:
   1. Assess the participant's need
   2. Prescribe a food package, considering the following:
      a. the participant type
      b. the participant's nutritional needs
      c. feeding method
      d. food preferences
      e. maximum quantities are available to all participants
      f. kind and amounts
      g. storage and preparation facilities
   3. Assure prescribed food package does not exceed maximum quantities (see "Maximum Food Package Guide", Appendix 12.2) for any food item.
      a. The health care provider has the flexibility to prescribe specific food quantities (while not exceeding the maximum issuance) based on an individual's nutritional needs.
      c. The CPA will inform the participant/authorized representative of monthly benefits and shopping options, i.e., buying less food than amounts provided on the shopping list and shopping multiple times within the benefit valid thru date.
      d. Reductions in issuance may only be made for the following reasons:
         i. Medically or nutritionally warranted (example, to eliminate a food due to a food allergy).
         ii. A participant refuses or cannot use the maximum monthly allowances.
         iii. The quantities necessary to supplement another programs' contribution to fill a medical documentation (DHEC 2074) would be less than the maximum monthly allowances.
   4. A maximum of three months of benefits may be issued at one time. The participant will be issued a shopping/benefits list which specifies the type and amount of food to be purchased, as well as, the valid dates of use.
   5. A household will be issued one card for all WIC eligible participants. All active participants' benefits will be aggregated on the household eWIC card.
   6. **Review the Food Guide booklet, the food package after issuing food benefits, and discuss food items on the shopping list with the participant.**
   7. Explain that WIC does not supply all the food and/or formula to meet a child's nutritional needs each month.
   8. Remind the participant/authorized representative that the WIC foods are for the participant only.
   9. When issuing a new formula to a parent/authorized representative discuss purchasing a limited quantity at first to ensure infant/child tolerance to the formula.
   10. Inform the participant/authorized representative that if they buy more fruits and vegetables than the cash value benefits provide; they may pay the extra cost with cash or another form of payment. Staff should ensure that the participant understands that they are to provide the eWIC card for payment first.

11. Inform the participant/authorized representative that the choice of dry and canned beans can be made at the store. If participants' purchase 1 can of beans, .25 of beans is removed from the eWIC card balance for the month. When the participant's balance is less than 1.00, the participant will only be able to buy canned beans during that month.
12. Inform the participant/authorized representative that the balance of food benefits will be printed on the store receipt.
13. Document exceptions to the recommended food package, such as food package changes, medical documentation information or breastfeeding formula calculations in the comment section of the specific food package.

B. Reasons the CPA may customize the food package include (but are not limited to the following examples):
1. Changing infant formula.
2. Accommodating a homeless participant by giving dry milk instead of UHT milk.
3. Accommodating participants with food intolerance such as lactose intolerance by giving 100% lactose-free milk.
4. Accommodating participants for cultural or religious reasons.

4. FOOD DETAILS

A. Soy Beverage
1. A medical documentation (DHEC 2074) for changing to soy milk is **not required.**
2. A participant may request the change to soy milk and the change may be granted after the thorough nutrition assessment and determination made by the CPA or registered dietitian.
3. Such determinations can be made for situations that include, but are not limited to the following:
   a. Milk allergy
   b. Lactose intolerance
   c. Vegan diets
   d. Cultural reasons
   e. Personal preference
4. Offer lactose free milk first if lactose intolerance is an issue. Stress the importance of dairy milk in a participant's diet (e.g. the development of bone mass for children). Provide education as needed for the difference in soy and dairy milk.
5. The need for soy beverage must be documented in the comment section of the specific food package.
6. When soy milk is issued, cheese and yogurt are allowed. However, when a woman or child is provided soy milk because of a cow's milk protein allergy or vegan diet, the CPA should <u>not</u> assign cheese and yogurt in the food package.

B. Milk
1. The standard milk issued for children (C1) 12 – 23 months of age is whole milk
   a. The **CPA or registered dietitian can determine** if reduced fat milk (2%) is warranted after an individual nutritional assessment (medical documentation (DHEC 2074) not required).
      i. Reduced fat milk (2%) may be issued to children (C1) 12 – 23 months of age if the child is: 1) overweight or 2) if obesity is a concern. Other examples of when participants may be issued reduced fat milk include, but are not limited to the following reasons:
         (1) Participant's healthcare provider has instructed participant to drink reduced fat milk.
         (2) If > 97.7th percentile, participant must be coded for risk code 115, High Weight-for-Length.
         (3) The CPA or registered dietitian may consult with the participant's healthcare provider if needed.

b. If determined that the reduced fat milk is a good nutritional option for the participant, then, explain and offer the reduced fat milk to parent/authorized representative.
c. When 2% milk is offered (declined or issued) to children (C1) 12 – 23 months, it must be documented in the comment section of the specific food package.
d. Lactose free versions of milk may be substituted if symptoms of lactose intolerance are clearly documented within the participant's record.

2. The standard milk issued for children (C2-C4) 24 months – 5 years and women is skim or 1%.
   a. The CPA or registered dietitian can determine if reduced fat milk (2%) is warranted after an individual nutritional assessment (medical documentation (DHEC 2074) not required).
      i. 2% milk may be provided only if it is determined there is a medical need (not a preference).
      ii. Medical need examples include, but are not limited to the following reasons:
         (1) Underweight
         (2) Weight loss
         (3) Maternal weight loss
         (4) The CPA or registered dietitian may consult with the participant's healthcare provider if needed.
   b. When 2% milk is offered (declined or issued) to children (C2-C4) 24 months – 5 years of age and women, the reason must be documented the comment section of the specific food package.
   c. Lactose free versions of milk may be substituted if symptoms of lactose intolerance are clearly documented within SCWIC.

3. Dry milk may be substituted at an equal reconstituted rate to fluid milk.
   a. 25.6 ounce box of dry milk = 8 quarts of liquid milk
   b. 9.6 ounce box of dry milk = 3 quarts of liquid milk
   c. 4.4 pound box of dry milk = 22 quarts of liquid milk

C. Yogurt
1. The standard yogurt issuance for 12-23 months is whole fat.
   a. The **CPA or registered dietitian can determine** if reduced fat yogurt (2%) is warranted after an individual nutritional assessment (medical documentation (DHEC 2074) not required) Follow same criteria/procedures for issuance of reduced fat milk.

2. The standard yogurt issuance for children ≥ 24 months – 5 years and women is low fat or nonfat yogurt.
   a. Whole fat yogurt may be substituted for low fat or nonfat yogurt as **determined appropriate by the healthcare provider per medical documentation (prescription required DHEC 2074)**. (246.10 Table 3,12)
   b. The reason must be documented in the comment section of the specific food package. A medical documentation was presented to change the yogurt fat content along with the reason why (246.10 Table 3,12).

5. FOOD PACKAGE ASSIGNMENT

A. Maximum Monthly Allowance:

1. Food packages reflect the USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages published on March 4, 2014.
2. Standard food packages are used as a guide in prescribing a healthy food package for the participant type.
3. SCWIC will display the maximum monthly allowance for each category and feeding method.
4. Changing from one food package to another food package:
   a. If a participant's food package changes from one type to another between certifications (or for the next months) and new food benefits are issued (ex. From a Woman Breastfeeding Fully (WBF) to a Woman Breastfeeding Partially (Mostly) (WBPm) Package or a new therapeutic formula medical documentation (DHEC 2074) is presented), the food package change must be documented. Update Breastfeeding Status under Cert Action for the woman and infant. The CPA shall complete the questions under the Cert Action and Breastfeeding screens. SCWIC will assign the new status.
      - If the breastfeeding mother redeemed any current food benefits, void just the future months.
      - Void the infant's current food benefits
      - Update all appropriate food package to reflect the status changes and issue the infant's current month benefits.
      - Issue all future month benefits for the household.
   b. Document that the food package was changed and any pertinent information related to the food package such as breastfeeding calculation in the comment section of the specific food package.
   c. The CPA or RD who approves the food package change is responsible for documentation.

B. Food Packages and participant types per FNS regulations:

Food Package I	Infants, 0-5 months
Food Package II	Infants, 6-11 months
Food Package III	Women, Infants, Children, with qualifying conditions
Food Package IV	Children, 1-4 years of age
Food Package V	Women, pregnant and mostly (partially) breastfeeding
Food Package VI	Women~~,~~ postpartum, Women Breastfeeding Partially (Some) (WBPs)
Food Package VII	Women, fully breastfeeding, fully breastfeeding multiples (receive 1.5 x the maximum issuance), pregnant with two or more fetuses, Women Breastfeeding Partially (Mostly) multiples, prenatal women Women Breastfeeding Partially (Mostly) (WBPm) singleton infant

C. Monthly Formula Issuance
   1. Creating Infant Food Packages
      a. Infant food packages are generated in SCWIC based on participant month age (e.g., 0 month, 1 month, 2 months, 3 months, 4 months through 11 months).
      b. When creating an infant food package, select food prescription under the Guided Script tab. Click under the Formula Placeholder to select appropriate formula.
      c. If it is a therapeutic formula, Assign Special Formula/Food, Enter the Food Item, Search, Select the item and Assign. Update the expiration date of the food package with the medical documentation form (DHEC 2074) expiration date.
      d. Enter the medical documentation (DHEC 2074) information. Enter the Diagnosis Code without decimals. Document diagnosis under Comment and any other relevant information.
      e. If an infant 6 months old or greater has a medical documentation (DHEC 2074) form stating supplemental foods are not to be issued due to medical condition, issue the 4-5 month issuance amount for the formula the infant receives by placing a "0" in the food item quantity. SCWIC will auto generate the 4-5 month issuance amount.

D. Infants – Food packages I and II – Maximum Monthly Allowance (MMA)

INFANT FOOD PACKAGES	FULLY FORMULA FED (INB)	PARTIALLY (MOSTLY) BREASTFED (IBP)		SOME BREASTFED (IBP)	FULLY BREASTFED (IBF)
0-3 MONTHS **Food Package I**	9 cans Powdered Good Start Gentle (823 fl oz)	**0 MONTH** 1 can Powdered Good Start Gentle (114 fl oz)	**1-3 MONTHS** Powdered Good Start Gentle (435 fl oz) ***(Appendix 13.3)***	9 cans Powdered Good Start Gentle (823 fl oz)	Fully Breastfed Baby
4-5 MONTHS **Food Package I**	10 cans Powdered Good Start Gentle (870 fl oz)	<u>Up to 5</u> cans Powdered Good Start Gentle (522 fl oz)		10 cans Powdered Good Start Gentle (823 fl oz)	Fully Breastfed Baby
6-11 MONTHS **Food Package II**	7 cans Powdered Good Start Gentle (643 fl oz) 24 oz. Infant Cereal (32) 4 oz. jars Total oz: 128 oz Infant Food Fruits & Vegetables	<u>Up to 4</u> cans Powdered Good Start Gentle (384 fl. oz) 24 oz. Infant Cereal (32) 4 oz. jars Total oz: 128 oz Infant Food Fruits & Vegetables		7 cans Powdered Good Start Gentle (643 fl oz) 24 oz. Infant Cereal (32) 4 oz. jars Total oz: 128 oz Infant Food Fruits & Vegetables	24 oz. Infant Cereal (64) 4 oz. jars Total oz: 256 oz Infant Food Fruits & Vegetables (31) 2.5 oz. jars Total oz: 77.50 oz Infant Meats

1. Infants breastfeeding fully are issued "Fully Breastfed Baby" under the Placeholder. This automatically populates. The benefit issuance process must be completed for each month even though formula is not being provided.
2. Fully Formula Fed Infants
   The CPA will explain that WIC does not supply all the formula to meet a baby's nutritional needs each month. Tell parent/authorized representative that he/she will need to buy cans of formula each month, especially as their infant gets older.
3. Partially (Mostly) Breastfed (IBP) and Some Breastfed (IBP) Packages:
   WIC encourages all women, who can, to breastfeed their infants. The food packages for the mostly/some breastfeeding mothers and infants are designed to provide minimal formula supplementation to help mothers maintain milk production and provide incentives for continued breastfeeding by way of a larger variety and quantity of food than the fully formula/postpartum packages.

E. **Amount of Formula to Issue to Breastfed Infants:**

1. 0 month issuance:
   a. After nutritional assessment by the CPA, on a case-by-case basis, and/or when a participant requests, a breastfed infant may be issued one (1) can of formula in the first month of life (0 month old, Women Breastfeeding Partially (Mostly) (WBPm) food package). If an infant is issued one can of formula in the first month, then the infant is considered Partially (Mostly) Breastfed (IBPm).
      i. If one (1) can of formula is issued, assist the participant with her breastfeeding concern/problem, if necessary refer the participant to a breastfeeding expert. Inform participants of WIC breastfeeding services.

         Breastfeeding infants receive a standard package that has a "formula placeholder" of 1 can, which must be replaced with the issued formula. Once the formula is selected, the number of cans will update for the some breastfeeding and fully formula fed infant to the maximum allowed for the age and type of formula. The partially (mostly) breastfeeding infant will <u>always</u> default to 1 can and will <u>require</u> the CPA to review the formula intake and determine the correct quantity.

2. Individual Tailoring of Infant Formula – Breastfed Infant: Partially (IBPm, IBPs)
   a. For mostly (more breast milk than formula) and some breastfed infants (more formula than breast milk) breastfed infants, WIC staff <u>are expected</u> to tailor the amount of infant formula issued based on the calculated formula needs of the breastfeeding infant and provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs or monthly issuance. **The formula calculation will be documented in the comment section of the specific food package.**
   b. For contract formulas, the CPA will ask the following questions and use the chart below to determine how many cans of formula the infant needs.

      - How is breastfeeding going?
      - What, if anything, is your baby receiving other than breast milk?
      - How many ounces of infant formula is your infant receiving in 24 hours?

For Gerber Good Start Gentle, Gerber Good Start Soothe or Gerber Good Start Soy (Yields 92 oz.) (Yields 90 oz.) (Yields 91 oz.)		
Total amount of supplement		Number of cans to issue
0-4 oz per day	→	1 can powder per month
5-7 oz per day	→	2 cans powder per month
8-10 oz per day	→	3 cans powder per month
11-13 oz per day	→	4 cans powder per month
14-16 oz per day	→	5 cans powder per month
17-19 oz per day	→	6 cans powder per month
20-22 oz per day	→	7 cans powder per month
23-25 oz per day	→	8 cans powder per month
26 oz per day	→	Gentle = 8 cans powder per month Soothe/Soy = 9 cans powder per month
27 oz per day	→	9 cans powder per month

c. Document, under the infant breastfeeding, page 2, CPA shall determine how breastfeeding is progressing.

d. For therapeutic formulas the CPA must use the calculation below to determine how many cans of formula the infant needs.

_____ (total ounces of formula consumed per day) x 30 (days) =
_____
_____ ounces ÷ _____ (ounces yield in can of formula) =_____
_____ (number of formula cans to issue).
(≥ ½ can, round up; < ½ can, round down)

Example: Infant consumes 4 ounces daily x 30 = 120 ounces ÷ 90 ounces = 1.33 cans. Issue 1 can. This calculation will be display in the comment section of the specific food package.

NOTE: After calculations, participants may need to be classified as SOME, depending on infant's age and/or formula supplementation.

F. **Human Milk Fortifier**

If a breastfed infant requires Human Milk Fortifier (HMF), follow the procedures for therapeutic formula issuance. If the participant is breastfeeding partially (mostly) the max issuance amount for a partially (mostly) will auto generate.

MMA Liquid	MMA Reconstituted Powder	Category	Age	Similac powder Packets Issued (.9g Yield .84 oz.)	Enfamil Powder Packets Issued (.71g-yield. 83 oz)	Enfamil Liquid Packets Issued (5 ml-Yield .16 oz)
832	870	**INB**	0-3 Months	1035	1048	5200
913	960		4-5 Months	1142	1156	5706
643	696		6-11 Months	828	838	4018
832	870	**IBPS**	0-3 Months	1035	1048	5200
913	960		4-5 Months	1142	1156	5706
643	696		6-11 Months	828	838	4018
114	114	**IBPM**	0-1 Months	135	137	712
384	435		1-3 Months	517	524	2400
474	522		4-5 Months	621	628	2962
338	384		6-11 Months	457	462	2112

a. Issue a Woman Breastfeeding Partially (Mostly) (WBPm) package to the woman and infant.
b. Once the HMF is no longer needed, and if the woman and infant are still fully breastfeeding, update the Breastfeeding Status Change to fully breastfeeding for a woman and infant. The CPA will complete the questions provided under Cert Action and SCWIC will assign the new status. The system automatically ends the original certification and adds a new row to the grid with the new category.

G. Breastfeeding Dyad

The food packages for breastfeeding women and breastfeeding infants must match. For example, Women Breastfeeding Partially (Mostly) (WBPm) woman has a Women Breastfeeding Partially (Mostly) (WBPm) food package and her infant also has an Infant Breastfeeding Partially (Mostly) (IPBm) food package.

H. **Infant's Food Package for 9-11 months -Cash Value Benefit (CVB)**
Infants aged 9-11 months have the option to receive all infant foods (the maximum monthly allowance infant food package) or to receive a FRESH ONLY CVB and a reduced amount of infant foods.

a. The FRESH ONLY - CVB allows parents/authorized representatives to offer a greater variety of textures and consistencies to infants as the infants' feeding skills progress.
b. Parents and authorized representatives of infants aged 9-11 months are offered the infant – FRESH ONLY CVB at nutrition encounters (ex. Certification, class, WBNE appointment) and when food benefits are issued.
    i. If the parent/authorized representative choose the Infant – FRESH ONLY – CVB option, the CPA must educate the parent/authorized representative on food safety when preparing foods for infants and appropriate introduction of solid foods. Document education in the nutrition education under note.
    ii. Infants Breastfeeding Fully:
    $8 FRESH ONLY CVB + 32 (4 ounce) infant foods
    iii. Mostly/Some Breastfeeding and Fully Formula Fed Infant:
    $4 FRESH ONLY CVB + 16 (4 ounce) infant foods

I. Foods for Children and Women with Qualifying Conditions in Food Package III

	Children	**Women**		
Foods	1 through 4 years	Pregnant and partially BF (up to 1 yr. postpartum)	Postpartum (up to 6 months postpartum	Fully BF (up to 1 yr. postpartum)
Juice, single strength	128 fl. oz.	144 fl. oz.	96 fl. oz.	144 fl. oz.
WIC Formula	455 fl. oz. liquid concentrate	455 fl. oz. liquid concentrate	455 fl. oz. liquid concentrate	455 fl. oz. liquid concentrate
Milk	16 qt.	22 qt.	16 qt.	24 qt.
Breakfast cereal	36 oz.	36 oz.	36 oz.	36 oz.
Cheese	N/A	N/A	N/A	1 lb.
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables	$8.00 cash-value	$10.00 cash-value	$10.00 cash-value	$10.00 cash-value
Whole wheat or whole grain bread	2 lb.	1 lb.	N/A	1 lb.
Fish (canned)	N/A	N/A	N/A	30 oz.
Legumes, dry and/or Peanut Butter	1 lb. or 18 oz.	1 lb. or 18 oz.	1 lb. or 18 oz.	1 lb. or 18 oz.

1. Food Package III is reserved for issuance to women, infant and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs.

2. Participants who are eligible to receive this food package must have one or more qualifying conditions, as determined by a health care professional licensed to write medical prescription under State law. Medical documentation (DHEC 2074) must be completed and scanned into the participant's record.

3. The qualifying conditions include but are not limited to: premature birth. Low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestions, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status.

4. All medical documentation (DHEC 2074) are subject to approval by the CPA or WIC registered dietitian.
   a. CPA: List I formulas
   b. WIC registered dietitian: List II formulas, changes to supplemental foods (when receive contract, List I, or List II formulas), and infant foods in lieu of CVB.

J. Children – Food Package IV – Maximum Monthly Allowance

FOODS	CHILD (C1) 1 - <2 YEARS OLD	CHILD (C2, C3, C4) 2 – 5 YEARS OLD
MILK	4 GALLONS (16 quarts) WHOLE MILK	4 GALLONS (16 quarts) FATFREE OR 1% MILK
CEREAL	36 OUNCES	36 OUNCES
JUICE	2 (64 ounces), (CNT)	2 (64 ounces), (CNT)
EGGS	1 DOZEN	1 DOZEN
DRIED BEANS OR PEANUT BUTTER	1 POUND OF DRIED BEANS, PEAS OR LENTILS	1 POUND OF DRIED BEANS, PEAS, LENTILS **OR** 1 PEANUT BUTTER
WHOLE GRAIN OPTION (Bread, Brown Rice, Tortillas, Pasta)	32 OUNCES (2 pounds)	32 OUNCES (2 pounds)
CASH VALUE BENEFIT FOR FRESH AND/OR FROZEN VEGETABLE & FRUITS	$9.00	$9.00

1. An 11 ½ month infant, will no longer be able to receive a child package. The participant must be a child (12 months of age) to receive a child food package.

2. Substitutions for Food Package IV

Reduced-fat milk (2%)	• Child 1-<2 years old, reduced-fat milk may be issued based on CPA assessment
Chocolate Milk	• Children >2 years, 1 gallon (four quarts) of milk may be substituted for 1 gallon of 1% or skim chocolate milk. • No more than 1 gallon is allowed. • No half gallons are allowed.
Cheese	• Three quarts of milk may be substituted for 1 pound of cheese • No more than 1 pound of cheese is allowed.
Tofu	• No more than 1 pound of tofu per 1 quart of milk • No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu
Yogurt	• Quart for quart substitution. No more than 1 quart of yogurt is allowed. Medical documentation (DHEC 2074) required to change standard issued fat content.
Lactose-free milk	• Lactose-free versions of milk may be substituted • Quart for quart up to max issuance
Soy milk	• Soy milk may be substituted for milk • Quart for quart up to max issuance • No medical documentation (DHEC 2074) necessary, based on CPA assessment
Canned beans	• Four (4), 15-16 oz. canned beans may be substituted for 1 pound of dried beans or peas.
Peanut butter	• Peanut butter must not be issued to < 2 years old

K. Pregnant – Food Package V/VII – Maximum Monthly Allowance

FOODS	PREGNANT (WPG)	PREGNANT WITH TWO OR MORE FETUSES (WPG)
MILK	5.5 GALLONS (22 quarts) FATFREE OR 1% MILK	6 GALLONS (24 quarts) FATFREE OR 1% MILK
CHEESE	NONE	16 OUNCES (1 pound) (No more than 2 pounds of cheese)
CEREAL	36 OUNCES	36 OUNCES
JUICE	3, 11.5-12 FROZEN JUICE OR 48 OUNCE JUICE (CNT)	3, 11.5-12 FROZEN JUICE OR 48 OUNCE JUICE (CNT)
EGGS	1 DOZEN	2 DOZEN
DRIED BEANS OR PEANUT BUTTER	1 POUND OF DRIED BEANS, PEAS, LENTILS	1 POUND OF DRIED BEANS, PEAS, LENTILS
PEANUT BUTTER	1, 16-18 OUNCE JAR	1, 16-18 OUNCE JAR
WHOLE GRAIN OPTION (Bread, Brown Rice, Tortillas, Pasta)	16 OUNCES (1 pound)	16 OUNCES (1 pound)
CANNED FISH	NONE	30 OUNCES
CASH VALUE BENEFIT FOR FRESH AND/OR FROZEN VEGETABLE & FRUITS	$11.00	$11.00

2. Substitutions for Pregnant and Pregnant with Two or More Fetuses Women – Food Packages V and VII:

Cheese	• Three quarts of milk may be substituted for 1 pound of cheese • No more than 1 pound of cheese is allowed.
Tofu	• No more than 1 pound of tofu per 1 quart of milk • No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu • Pregnant with two or more fetuses can get up to 6 quarts of milk substituted for a combination of cheese, yogurt, or tofu
Chocolate Milk	• Four quarts of milk may be substituted for 1 gallon of 1% or skim chocolate milk. • No more than 1 gallon is allowed. • No half gallons are allowed.
Yogurt	• Quart for quart substitution. No more than 1 quart of yogurt is allowed. Medical documentation (DHEC 2074) required to change standard issued fat content.
Lactose-free milk	• Lactose-free versions of milk may be substituted • Quart for quart up to max issuance

Soy milk	• Soy milk may be substituted for milk • Quart for quart up to max issuance • No medical documentation (DHEC 2074) necessary, based on CPA assessment
Canned beans	• Four (4), 15-16 oz. canned beans may be substituted for 1 pound of dried beans or peas. • May substitute: 2 pounds dry beans **or** 8 cans (15-16 oz.) beans **or** 1 pound dry beans and 4 cans beans **for** NO peanut butter
Peanut butter	• May substitute 2 jars of peanut butter (16-18 oz. jar) **for** NO beans

L. Women Breastfeeding Partially (Mostly) (WBPm) – Food Package V/VII – Maximum Monthly Allowance

FOODS	**WOMEN BREASTFEEDING PARTIALLY (MOSTLY) (WBPm)**	**WOMEN BREASTFEEDING PARTIALLY (MOSTLY) MULTIPLES (WBPm)** **PRENATAL WOMEN MOSTLY (PARTIALLY) BREASTFEEDING**
MILK	5.5 GALLONS (22 quarts) FATFREE OR 1% MILK	6 GALLONS (24 quarts) FATFREE OR 1% MILK
CHEESE	NONE	16 OUNCES (1 pound) (No more than 2 pounds of cheese)
CEREAL	36 OUNCES	36 OUNCES
JUICE	3, 11.5-12 ounce FROZEN JUICE OR 48 ounce JUICE (CNT)	3, 11.5-12 ounce FROZEN JUICE OR 48 ounce JUICE (CNT)
EGGS	1 DOZEN	2 DOZEN
DRIED BEANS OR PEANUT BUTTER	1 POUND OF DRIED BEANS, PEAS, LENTILS	1 POUND OF DRIED BEANS, PEAS, LENTILS
PEANUT BUTTER	1, 16-18 OUNCE JAR	1-16-18 OUNCE JAR
WHOLE GRAIN OPTION (Bread, Brown Rice, Tortillas, Pasta)	16 OUNCES (1 pound)	16 OUNCES (1 pound)
CANNED FISH	NONE	30 OUNCES
CASH VALUE BENEFIT FOR FRESH AND/OR FROZEN VEGETABLE & FRUITS	$11.00	$11.00

1. When the CPA selects that the participant is breastfeeding multiples, the system auto generates the food package.

2. Substitutions for Women Breastfeeding Partially (Mostly) (WBPm) – Food Packages V and VII:

Cheese	• Three quarts of milk may be substituted for 1 pound of cheese • No more than 1 pound of cheese is allowed for Women Breastfeeding Partially (Mostly) (WBPm) • No more than, 1 pound of additional cheese, is allowed for Women Breastfeeding Partially (Mostly) (WBPm) multiples
Tofu	• No more than 1 pound of tofu per 1 quart of milk • No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt, or tofu
Chocolate Milk	• Four quarts of milk may be substituted for 1 gallon of 1% or skim chocolate milk. • No more than 1 gallon is allowed. • No half gallons are allowed.
Yogurt	• Quart for quart substitution. No more than 1 quart of yogurt is allowed. Medical documentation (DHEC 2074) required to change standard issued fat content.
Lactose-free milk	• Lactose-free versions of milk may be substituted • Quart for quart up to max issuance
Soy milk	• Soy milk may be substituted for milk • Quart for quart up to max issuance • No medical documentation (DHEC 2074) necessary, based on CPA assessment
	• Four, (4) 15-16 oz. canned beans may be substituted for 1 pound of dried beans or peas. • <u>May substitute</u>: 2 pounds dry beans **<u>or</u>** 8 cans (15-16 oz.) beans **<u>or</u>** 1 pound dry beans and 4 cans beans **<u>for</u>** NO peanut butter
Peanut butter	• May substitute 2 jars of peanut butter (16-18 oz. jar) **<u>for</u>** NO beans

3. Breastfeeding Dyad
The food packages for breastfeeding women and breastfeeding infants must match. For example, a Women Breastfeeding Partially (Mostly) (WBPm) has a Women Breastfeeding Partially (Mostly) (WBPm) food package and her infant also has an Infant Breastfeeding Partially (Mostly) (IBPm) food package.
<u>Note:</u> WIC staff must individually tailor the amount of infant formula issued based on the calculated formula needs of the breastfeeding infant and provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs or monthly issuance. The calculation will be documented in the comment section of the specific food package. (See 13-13 for calculation reference)

4. When the CPA selects that the participant is breastfeeding multiples, the system will auto generate the appropriate food package.

M. Women Breastfeeding Partially (Some) and Postpartum Women – Food Package VI – Maximum Monthly Allowance

FOODS	WOMEN PARTIALLY (SOME) BREASTFEEDING (WBPs)	POSTPARTUM (WNB)
MILK	4 GALLONS (16 quarts) FATFREE OR 1% MILK	4 GALLONS (16 quarts) FATFREE OR 1% MILK
CEREAL	36 OUNCES	36 OUNCES
JUICE	2, 11.5-12 ounce FROZEN JUICE OR 48 ounce JUICE (CNT)	2, 11.5-12 ounce FROZEN JUICE OR 48 ounce JUICE (CNT)
EGGS	1 DOZEN	1 DOZEN
DRIED BEANS OR PEANUT BUTTER	1 POUND OF DRIED BEANS, PEAS, LENTILS **OR** 1 PEANUT BUTTER	1 POUND OF DRIED BEANS, PEAS, LENTILS **OR** 1 PEANUT BUTTER
CASH VALUE BENEFIT FOR FRESH AND/OR FROZEN VEGETABLE & FRUITS	$11.00	$11.00

2. Substitutions for Women Breastfeeding Partially (Some) and Postpartum Women – Food Packages V and VII:

Cheese	• Three quarts of milk may be substituted for 1 pound of cheese • No more than 1 pound of cheese is allowed.
Tofu	• No more than 1 pound of tofu per 1 quart of milk • No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt, or tofu
Chocolate Milk	• Four quarts of milk may be substituted for 1 gallon of 1% or skim chocolate milk. • No more than 1 gallon is allowed. • No half gallons are allowed.
Yogurt	• Quart for quart substitution. No more than 1 quart of yogurt is allowed. Medical documentation (DHEC 2074) required to change standard issued fat content.
Lactose-free milk	• Lactose-free versions of milk may be substituted. • Quart for quart up to max issuance
Soy milk	• Soy milk may be substituted for milk • Quart for quart up to max issuance • No medical documentation (DHEC 2074) necessary, based on CPA assessment
Canned beans	• Four, (4) 15-16 oz. canned beans may be substituted for 1 pound of dried beans or peas.

a. Breastfeeding Dyad

The food packages for women breastfeeding and infant breastfeeding must match. For example, a woman who breastfeeds partially (some) will have a partially (some) breastfeeding food package and her infant has a fully formula fed food package if the infant is only breastfeeding once daily.

Note: WIC staff must individually tailor the amount of infant formula issued based on the calculated formula needs of the breastfeeding infant and provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs or monthly issuance. The calculation needs to be documented in the comment section in the specific food package. (See 13-13 for calculation reference)

b. Women Breastfeeding Partially (Some) (WBPs)
   i. The food package will end for the assigned period within the month the infant turns 6 months of age, or, until breastfeeding ends; whichever comes first.
   ii. Women Breastfeeding Partially (Some) (WBPs) may continue to receive Nutrition Education until the infant reaches one (1) year old.
   iii. Women Breastfeeding Partially (Some) (WBPs) with infants over six (6) months of age are issued "WBP No Food" through SCWIC. The benefit issuance process must be completed for each month even though no foods are being provided.

N. Fully Breastfeeding Women – Food Package VII – Maximum Monthly Allowance

FOODS	FULLY BREASTFEEDING (WBF)	FULLY BREASTFEEDING MULTIPLE INFANTS EVEN* (WBF)	FULLY BREASTFEDDING MULTIPLE INFANTS – ODD* (WBF)
MILK	6 GALLONS FATFREE OR 1% MILK	9 GALLONS FATFREE OR 1% MILK	9 GALLONS FATFREE OR 1% MILK
CHEESE	16 OUNCES (1 pound)	32 OUNCES (2 pounds)	16 OUNCES (1 pound)
CEREAL	36 OUNCES	54 OUNCES	54 OUNCES
JUICE	3, 11.5-12 ounce FROZEN JUICE OR 48 ounce JUICE (CNT)	5 11.5-12 OUNCE FROZEN JUICE OR 48 OUNCE JUICE (CNT)	4 11.5-12 FROZEN OUNCE JUICE OR 48 OUNCE JUICE (CNT)
EGGS	2 DOZEN	3 DOZEN	3 DOZEN
DRIED BEANS OR PEANUT BUTTER	1 POUND OF DRIED BEANS, PEAS, LENTILS	2 POUNDs OF DRIED BEANS, PEAS, LENTILS	1 POUND OF DRIED BEANS, PEAS, LENTILS
PEANUT BUTTER	1, 16-18 OUNCE JAR	1, 16-18 OUNCE JAR	2, 16-18 OUNCE JARS
WHOLE GRAIN OPTION (Bread, Brown Rice, Tortillas, Pasta)	16 OUNCES (1 pound)	32 OUNCES (2 pound)	16 OUNCES (1 pound)
CANNED FISH	30 OUNCES	45 OUNCES	45 OUNCES
CASH VALUE BENEFIT FOR FRESH AND/OR FROZEN VEGETABLE & FRUITS	$11.00	$16.50	$16.50

FOODS	FULLY BREASTFEEDING MULTIPLE (SOME) (WBF)
MILK	6 GALLONS FATFREE OR 1% MILK
CHEESE	16 OUNCES (1 pound)
CEREAL	36 OUNCES
JUICE	3, 11.5-12 ounce FROZEN JUICE OR 48 ounce JUICE (CNT)
EGGS	2 DOZEN
DRIED BEANS OR PEANUT BUTTER	1 POUND OF DRIED BEANS, PEAS, LENTILS
PEANUT BUTTER	1, 16-18 OUNCE JAR
WHOLE GRAIN OPTION (Bread, Brown Rice, Tortillas, Pasta)	16 OUNCES (1 pound)
CANNED FISH	30 OUNCES
CASH VALUE BENEFIT FOR FRESH AND/OR FROZEN VEGETABLE & FRUITS	$11.00

1. Maximum Monthly Allowance Package:
   a. Women who are fully breastfeeding multiple infants receive 1.5 times the supplemental foods provided in the Food Package VII. This package will be issued in two months increments.
      i. Since this food package is issued in two (2) month increments, and benefits are generally issued three (3) months at a time, it is imperative that the previous month's benefits be reviewed before issuing future month's benefits to ensure the correct food package (amounts of foods) are issued.
      ii. SCWIC will call this food package as Women Fully Breastfeeding, not Fully Breastfeeding Multiple Infants.

2. Substitutions for Women Fully Breastfeeding – Food Package VII

Cheese	• Three quarts of milk may be substituted for 1 pound of cheese • For fully breastfeeding women, no more than 2 pounds of cheese may be substituted for milk.
Tofu	• No more than 1 pound of tofu per 1 quart of milk • No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt, or tofu

Chocolate Milk	• Four quarts of milk may be substituted for 1 gallon of 1% or skim chocolate milk. • No more than 1 gallon is allowed. • No half gallons are allowed.
Yogurt	• Quart for quart substitution. No more than 1 quart of yogurt is allowed. Medical documentation (DHEC 2074) required to change standard issued fat content.
Lactose-free milk	• Lactose-free versions of milk may be substituted. • Quart for quart up to max issuance
Soy milk	• Soy milk may be substituted for milk • Quart for quart up to max issuance • No medical documentation (DHEC 2074) necessary, based on CPA assessment
Canned beans	• Four (4) 15-16 oz. canned beans may be substituted for 1 pound of dried beans or peas. • May substitute: 2 pounds dry beans **or** 8 cans (15-16 oz.) beans **or** 1 pound dry beans and 4 cans beans **for** NO peanut butter
Peanut butter	• May substitute 2 jars of peanut butter (16-18 oz. jar) for NO beans

3. When the CPA selects that the participant is breastfeeding multiples, the system will auto generate the appropriate food package.

O. Participants with Qualifying Conditions – Food Package III

1. Medical Documentation
   a. When there is an up to date-medical documentation (DHEC 2074) on file for either a formula, change to supplemental foods, or infant food in lieu of the CVB, a new medical documentation (DHEC 2074) is required to change back to contract formula or standardly issued supplemental foods.
   b. When there is an expired medical documentation (DHEC 2074), a nutritional assessment must be completed and the CPA and/or Registered Dietitian may use their clinical knowledge to change back to contract formula or standardly issued supplemental foods.
   c. A new medical documentation form (DHEC 2074) is required each time there is a change in therapeutic formula or supplemental foods.
   d. All participants receiving Food Package III (formula and/or adjusted supplemental foods, infant foods in lieu of CVB) are required to have an individual care plan completed by the CPA. If it is a List II formula, a high risk care plan must be completed by the RD no later than 30 workdays of the medical documentation (DHEC 2074) approval.

2. **Adjustments to supplemental foods:**
   a. A medical documentation (DHEC 2074) is required.
   b. Children and women may receive any or all of the following supplemental foods up to the maximum monthly amounts: Milk or milk substitutes, juice, breakfast cereal, eggs, fruits and vegetables, beans, whole wheat bread or other whole grains, or peanut butter (even when receiving formula if indicated on the medical documentation (DHEC 2074).
   c. Infants may receive infant cereal and/or infant fruits and vegetables up to the maximum monthly amounts.
   d. A medical documentation form (DHEC 2074) is required ~~i~~f an infant receives no supplemental foods. The infant may be issued the formula amount issued to a 4-5 month old. The CPA will enter a zero (0) in the default quantity amount for fruits/vegetables and cereal and the formula amount will automatically change to the 4-5 month issuance amount.
   f. Healthcare providers may delete supplemental foods but may not increase supplemental foods beyond maximum issuance provided by WIC.
   g. Healthcare providers may allow RDs to select appropriate supplemental foods based on the participants' age and developmental abilities if indicated on the WIC medical documentation form (DHEC 2074).

3. Formula/WIC-Eligible Nutritionals:
   a. A medical documentation form (DHEC 2074) is required for therapeutic formulas. See page 12-11 Food Package Assignment C.
   b. See Appendix 13.2 for SC WIC FY'21 Approved Formulas
   c. See Therapeutic **Formula/WIC-Eligible Nutritionals/Supplemental Foods** section for more details.

6. FOOD PACKAGE FOR THE HOMELESS AND MIGRANT PARTICIPANTS

Special accommodations for homeless and migrant participants are considered when prescribing types of supplemental foods in quantities appropriate for the participant. The amounts shall not exceed the maximum allowable quantities.

A. If the individual is living in a shelter or temporary home with access to refrigeration and cooking facilities, food packages should be prescribed as for any other participant.
B. If the individual is without cooking and refrigeration facilities, the following substitutions are allowed:
    1. Four 15-16 ounce cans of mature, plain beans, peas or lentils may be substituted for one pound of dried beans/peas.
    2. Ultra-High Temperature (UHT) milk in 8-ounce boxes (packaged in units of 3) may be given instead of fluid milk or dry milk. Prescribe in units (i.e. 1 unit = three 8 oz. cartons). The appropriateness of dry milk should be considered.
    3. Juice boxes/containers (4 – 8 fl. oz. containers) may be substituted for the 48, 64 or frozen juices.
    4. Four15-16 oz. canned beans or 18 oz. of peanut butter may be substituted for 1 dozen eggs. Combinations of peanut butter and canned beans may be issued.
C. For homeless infants living in accommodations without cooking facilities and/or refrigeration, powdered formula should be issued.
D. For risk codes 801 (Homeless) and 802 (Migrant), the participant's type maximum monthly allowance food package will auto generate as follows:

Child < 2 years old (C1)

21 packages UHT 8 ounce boxes (3 to a pack) **or** 16 - quarts UHT whole milk
Up to 128 fluid oz containers of juice
36 ounces cereal
8 15-16-ounce canned beans
2 lbs. (32 oz.) whole wheat bread
$9.00 cash value benefit for fresh and/or frozen fruits and vegetables

Child > 2 years old (C2, C3, C4)

21 packages UHT 8 ounce boxes (3 to a pack) **or** 16 - quarts UHT skim or 1% milk
Up to 128 fluid oz containers of juice
36 ounces cereal
4 15-16 ounce canned beans
18 ounce peanut butter (1 CNT)
2 lbs. (32 oz.) whole wheat bread
$9.00 cash value benefit for fresh and/or frozen fruits and vegetables

Prenatal (WPG)

29 packages UHT 8 ounce boxes (3 to a pack) **or** 22 – quarts UHT skim or 1% milk
Up to 144 fluid oz containers of juice
36 ounces cereal
4 15-16 ounce canned beans
2 18 ounce peanut butter
1 lb. (16 oz.) whole wheat bread
$11.00 cash value benefit for fresh and/or frozen fruits and vegetables

Women Breastfeeding Partially (Some) (WBPs) & Postpartum Women (WNB)

21 packages UHT 8 ounce boxes (3 to a pack) **or** 16 – quarts UHT skim or 1% milk
Up to 96 fluid oz containers of juice
36 ounces cereal
18 ounce peanut butter (1 CNT)
4 15-16 ounce canned beans
$11.00 cash value benefit for fresh and/or frozen fruits and vegetables

Women Fully Breastfeeding or Women Breastfeeding Partially (Mostly) (WBPm) Multiples or Pregnant with Twins or Pregnant Women or Women Breastfeeding Partially (Mostly) (WBPm) Singleton Infant

32 packages UHT 8 ounce boxes (3 to a pack) **or** 24 – quarts UHT skim or 1% milk
1 pound (16 oz.) cheese
Up to 144 fluid oz containers of juice
36 ounces cereal
8 15-16 ounce canned beans
2 18 ounce peanut butter
30 ounces tuna or pink salmon
1lb. (16 oz.) whole wheat bread
$11.00 cash value benefits for fresh and/or frozen fruits and vegetables

Fully Breastfeeding Twins

Example:

Month 1
48 pkgs. of UHT milk (3 packs of 8 oz.) or 36 qtrs. of skim or 1% milk
2 lbs. choice of grains
54 oz. cereal
2 lbs. (32 oz.) cheese
Up to 216 fluid oz containers of juice
16 15-16 oz. canned beans
2 18 oz. peanut butter
45 oz. canned fish
$16.50 cash value benefit

Month 2
48 pkgs. of UHT milk (3 packs of 8 oz.) or 36 qtrs. of skim or 1% or 2% milk
1 lb. choice of grains
54 oz. cereal
1 lb. (16 oz.) cheese
Up to 216 fluid oz containers of juice
12 15-16 oz. canned beans
3 18 oz. peanut butter
45 oz. canned fish
$16.50 cash value benefit
**

E. Substitutions:
If the individual is without cooking and refrigeration, the following substitutions are allowed.

Milk	• Ultra-High Temperature (UHT) milk in 8-ounce boxes (packaged in units of 3) may be given instead of fluid milk or dry milk. Prescribe in units (i.e. 1 unit = three (3), 8 oz. cartons for a total of 1 unit = 24 oz.). • Dry milk can be issued only if there is a clean and safe water source available to the participant. Dry milk may be substituted at an equal reconstituted rate to fluid milk. One box (25.6 oz.) dry milk powder makes 8 quarts of fluid milk.
Canned beans	• Four (4) 15-16 oz. canned beans may be substituted for 1 pound of dried beans or peas. • May substitute: 2 pounds dry beans **or** 8 cans (15-16 oz.) beans **or** 1 pound dry beans and 4 cans beans **for** NO peanut butter • Combinations of peanut butter and canned beans may be issued.
Peanut butter	• Peanut butter must not be issued to < 2 years old. • May substitute 2 jars of peanut butter (16-18 oz. jar) for NO beans. • Combinations of peanut butter and canned beans may be issued.
Juice	• Juice boxes/can (4-8 fl. oz. containers) may be substituted for the 48 oz., 64 oz. or frozen juices.
Eggs	• Four (4), 15-16 oz. canned beans or 18 oz. of peanut butter may be substituted for 1 dozen eggs. • Combinations of peanut butter and canned beans may be issued.

7. FOOD BENEFITS WITHOUT A PRESCRIBED FOOD PACKAGE

A. In order to account for participants who are on the program but do not receive a prescribed food package, staff will provide a food package containing no foods/formula as a placeholder for the purpose of calculating participation. The following will not contain a prescribed food package:
1. Infant fully breastfed
2. Women breastfeeding partially (some) with an infant over six (6) months of age
3. The fully formula fed infant (INB) under 6 months that is not receiving WIC provided formula.

8. ROLLING MONTH FOOD BENEFIT ISSUANCE

A. A participant is certified for a specific number of months, and a maximum quantity of supplemental foods is authorized for each month of the certification period, regardless of whether the month is a calendar month (May 1-31) or a rolling month (May 15- June 14). In a rolling month system, participants' certification and issuance cycles are determined by their certification dates. For administrative efficacy and participant convenience clinics attempt to synchronize the appointments scheduling and monthly food benefits issuance of participants within the same household.

B. All categories of participants are eligible to receive food benefits until the last day of the month during which the infant/child reaches a specific age. Participants are eligible for a full month's food benefits for their final month of eligibility.

C. A participant on a rolling month cycle is not eligible for food benefit for the portion of the calendar month after their final month's food benefits. For example, if a child participant is on a 17th-16th monthly cycle reaches five years old on November 15th, the participant final month's food benefits are the period October 17-November 16, and the participant will not be eligible for food benefits for the period after November 17.

D. **Proration of Food/Formula Benefits**
The benefits issuance cycles are determined by the household's first benefit issuance date. For example, a participant in a new household who is certified and issue their first set of benefits on March 5th is assigned a 5th-4th monthly cycle, where as a participant certified and issued on March 17th has a 17th-16th cycle.

1. A newly certified participant's 3-month benefit cycle does not automatically sync with the other members of the household. For example, a newborn infant is certified on April 30th, the household is on a 14th-13th cycle the infant will receive prorated initial food benefits of April 30th-May 13th and the CPA will need to issue the remaining months to match the household's benefit valid thru date to sync the 3-month cycle. CPA's do not have to build a prorated package if the prorated checkbox on the Issue benefit screen is checked. SCWIC will make the appropriate prorations.

E. **Food/Formula Benefits Voided and Replaced**

1. The CPA will review benefits issued to the household.

2. Unless there is an immediate need to replace foods, such as formula or other foods for medical reasons, it is preferable to not void current month benefits where some may already have been redeemed. For example, If the participant wants to substitute cheese for milk, this can be made effective the following month. The CPA will void future food benefits and the current month will remain the same.

3. Participant with Formula Change: Current month formula can be voided and replaced with the newly prescribed formula for the current month. All future formula is voided and replace with prescribed formula.

4. All future months must be voided when a participant is transferred to another household, such as a foster care.

For Your Notes

MEDICAL DOCUMENTATION (DHEC 2074) FOR CHILDREN & WOMEN

All children or women medical documentation require approval.
CPA: List I formulas
RD: List II formulas or changes to supplemental foods.

APPROVAL

Does the medical documentation have all the requirements?

- Name of Formula
- Form
- Diagnosis
- Period of use
- Prescribed amount per day
- Prescribed supplemental foods
- Contact Information
- Signature
- Date

YES

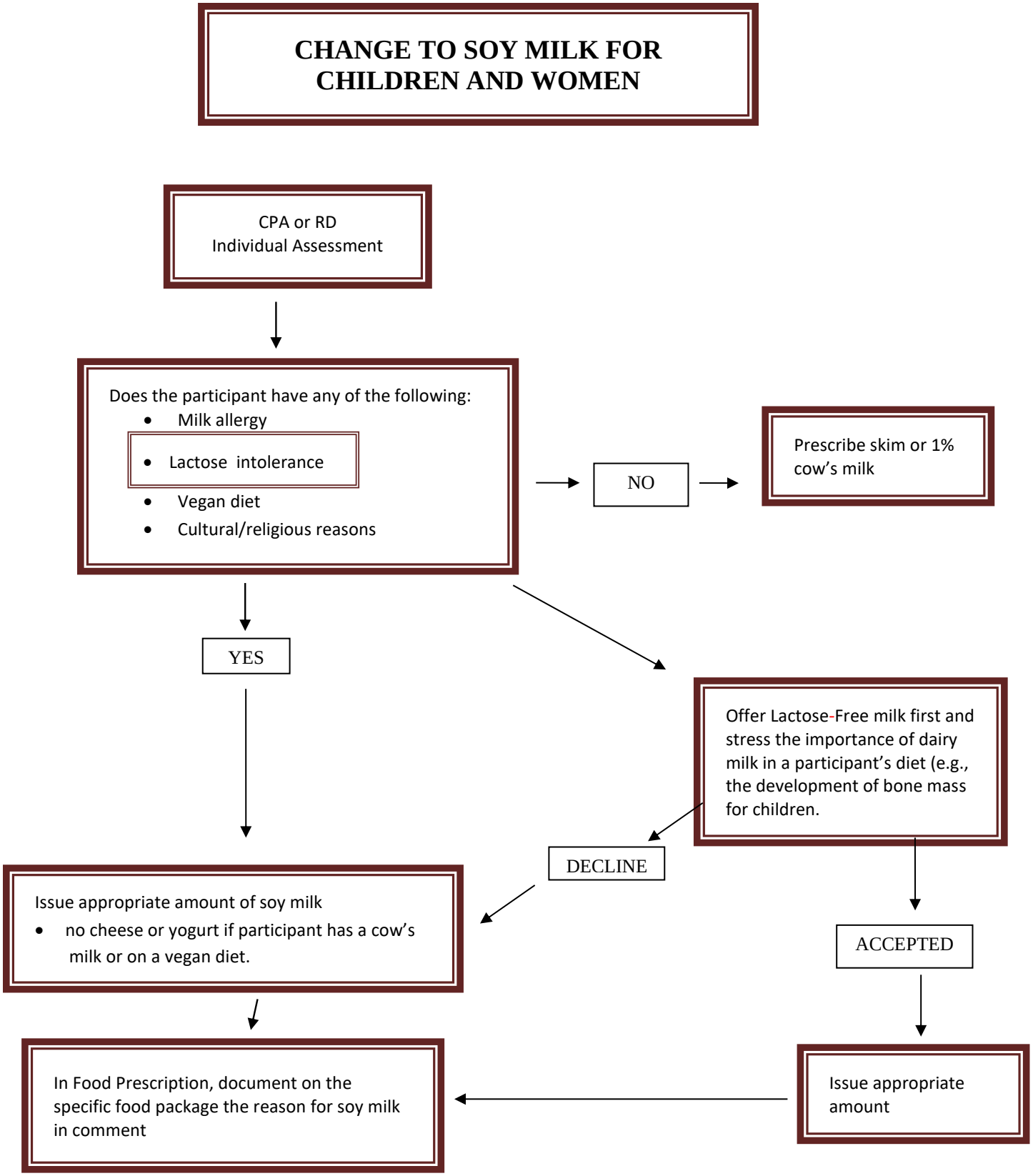
- Assess appropriateness of formula
- Issue formula in appropriate amount
- Scan the medical documentation in the participant's record.
- Complete the approval process by entering the exp. date in the food package and popup box.
- RD to build food package when possible. When not possible, RD must document in SCWIC (page 13-6, iii)

NO

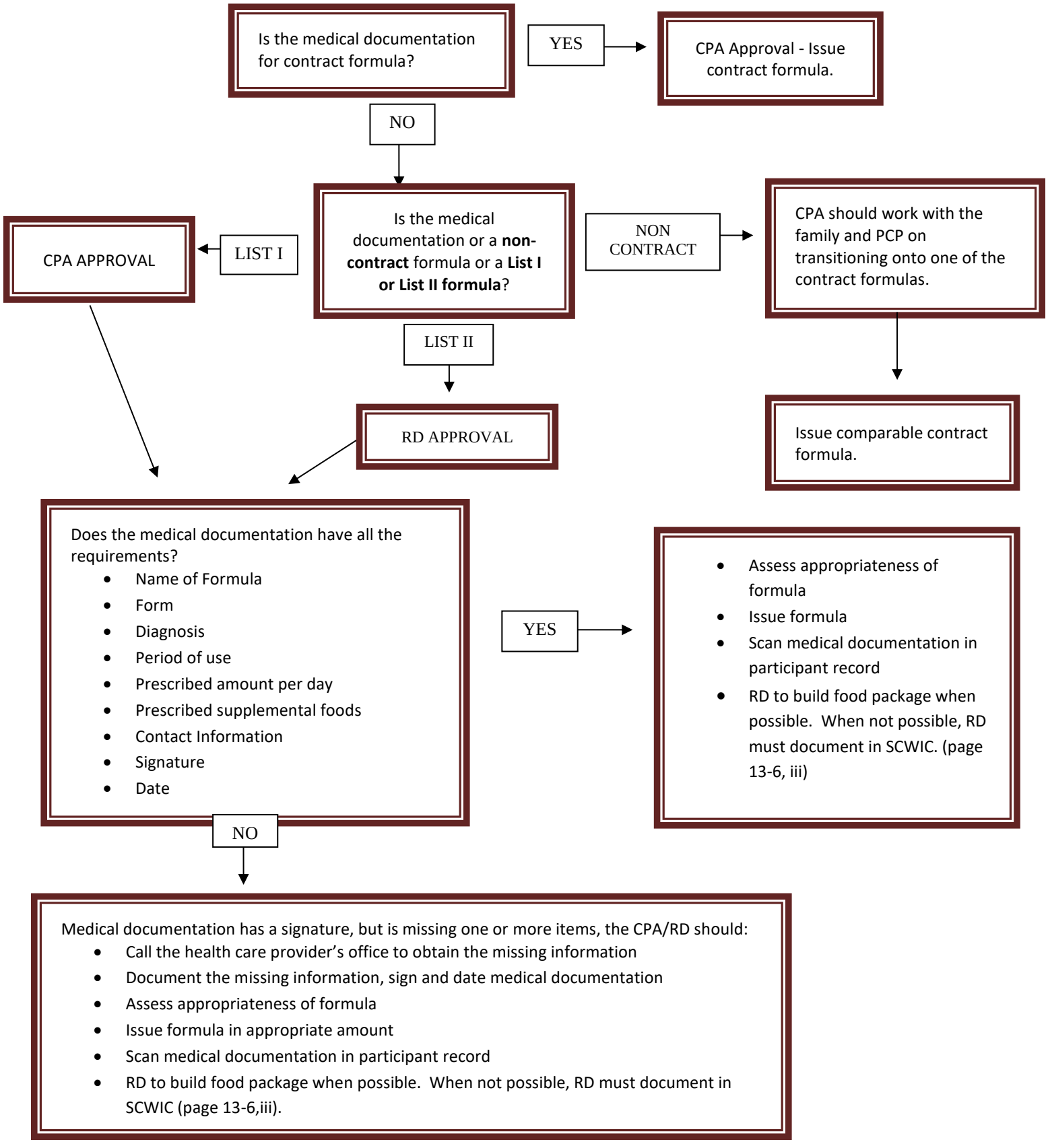
Prescription has a signature, but is missing one or more items, the CPA/RD should:

- Call the health care provider's office to obtain the missing information
- Document the missing information, sign, date, and time prescription.
- Assess appropriateness of formula
- Issue formula in appropriate amount
- Scan prescription in participant's record
- Complete the approval process by entering the exp. date in the food package and popup box.
- RD to build food package when possible. When not possible, RD must document in SCWIC (page 13-6, iii)

CHANGE TO SOY MILK FOR CHILDREN AND WOMEN



INFANT MEDICAL DOCUMENTATION



MAXIMUM FOOD PACKAGE GUIDE

INFANT FOOD PACKAGES	FULLY FORMULA FED (INB)	INFANT PARTIALLY (MOSTLY) BREASTFED (IBPm)		INFANT FULLY BREASTFED (IBF)
FOOD PACKAGE I **0-3 MONTHS OF AGE**	*806 fl. oz. Full Nutrition Benefit* *823 fl. oz. reconstituted liquid concentrate* *832 fl oz.RTF* *870 fl oz. reconstituted powder*	**0-1 MONTH** *104 fl oz. reconstituted powder (1 can)*	**1-3 MONTHS** *364 fl. oz. Full Nutrition Benefit* *388 fl oz. reconstituted liquid concentrate* *384 fl oz.RTF* *435 fl oz. reconstituted powder*	
FOOD PACAKGE 1 **4-5 MONTHS OF AGE**	*884 fl. oz. Full Nutrition Benefit* *896 fl. oz. reconstituted liquid concentrate* *913 fl oz.RTF* *960 fl oz. reconstituted powder*	*442 fl. oz. Full Nutrition Benefit* *460 fl. oz. reconstituted liquid concentrate* *474 fl oz.RTF* *522 fl oz. reconstituted powder*		
FOOD PACKAGE II **6-11 MONTHS OF AGE**	*624 fl. oz.Full Nutrition Benefit* *630 fl. oz. reconstituted liquid concentrate* *643 fl oz.RTF* *696 fl oz. reconstituted powder* 24 oz. Infant Cereal (32) 4 oz. jars Infant Food Fruits & Vegetables OR 9-11 months of age – Participant Option $4 Fresh Only CVV + 16 (4 oz) infant food containers	*312 fl. oz. Full Nutrition Benefit* *315 fl. oz. reconstituted liquid concentrate* *338 fl oz.RTF* *384 fl oz. reconstituted powder* 24 oz. Infant Cereal (32) 4 oz. jars Infant Food Fruits & Vegetables OR 9-11 months of age – Participant Option $4 Fresh Only CVB + 16 (4 oz) infant food containers		24 oz. Infant Cereal (64) 4 oz. jars Infant Food Fruits & Vegetables (31) 2.5 oz. jars Infant Meats OR 9-11 months of age – Participant Option $8 Fresh Only CVB + 32 (4 oz) infant food containers

FOOD PACKAGE III
INFANTS
	• **Medical documentation is required specifying supplemental foods and/or the need for a special for Food Package III.**
	• **In lieu of infant foods (cereal, fruit, etc.), infants greater than 6 months of age in Food Package III may receive special formula at the same maximum monthly allowance as infants ages 4 through 5 months of age of the same feeding option.**
	• **In lieu of a cash value benefit (CVB), women and children with special needs in Food Package III may receive infant fruits and vegetables.**
	  • **Women may receive 40 (4oz) containers instead of the $11 CVB**
	  • **Children may receive 36 (4 oz) containers instead of the $9 CVB**
	  • **Medical documentation is required for infant foods in lieu of CVB**			

PARTICIPANT CATEGORIES	FLUID MILK	CHEESE	EGGS	JUICE	CEREALS	DRY BEANS/ PEAS/ PEANUT BUTTER	WHOLE WHEAT BREAD or WHOLE GRAIN SUBSTITUTE	TUNA	FRUIT & VEGETABLE CASH VALUE BENEFIT
FOOD PACKAGE III **CHILDREN 1-4 YRS. AND WOMEN**	***910 FL. OZ. RECONSTITUTED LIQUID CONCENTRATE** **Medical documentation specifying supplemental foods listed in food package is required.**								
FOOD PACKAGE IV **CHILDREN 1-<2 YRS. (C1)**	**STANDARD PACKAGE QUANTITY** 4 GALLONS (16) quarts milk **SUBSTITUTIONS** 1 lb. (16 oz.) cheese per 3 qts. of fluid milk Lactose Free milk, Reduced Fat milk, Soy milk, (qt. for qt.) (1) quart of whole fat yogurt for 1 qt. of fluid milk, Lactose Free milk, Reduced Fat milk, soy milk (qt. for qt.) 1 pound of tofu per 1 qt of milk		1 doz.	(2) 64 oz. containers (CNT)	36 oz.	1 lb. dried beans/peas **or** (4) 15 – 16 oz. canned beans	32 oz.		$9.00 cash value benefit for fresh, frozen or canned fruits and vegetables
FOOD PACKAGE IV **CHILDREN 2-5 YRS. (C2, C3, C4)**	**STANDARD PACKAGE QUANTITY** 4 GALLONS (16) quarts fat free or 1% milk **SUBSTITUTIONS** 1 lb. cheese (16 oz.) per 3 qts. of fluid milk (2) 25.6 oz box dry milk Lactose Free milk, Reduced Fat milk, Soy milk, (qt. for qt.) (1) quart of low fat or non-fat yogurt for 1 qts. of fluid milk, Lactose Free milk, Reduced fat milk, soy milk (qt. for qt.) 1 pound of tofu per 1 qt of milk		1 doz.	(2) 64 oz. containers (CNT)	36 oz.	16-18 oz. peanut butter (1 lb dried beans/peas may be substituted) **or** (4) 15 – 16 oz. canned beans	32 oz.		$9.00 cash value benefit for fresh, frozen or canned fruits and vegetables
FOOD PACKAGE V **PREGNANT AND WOMEN PARTIALLY (MOSTLY) BREASTFEEDING WOMEN (WPG) (WBPm)**	**STANDARD PACKAGE QUANTITY** 5.5 GALLONS (22) quarts milk **SUBSTITUTIONS** 1 lb (16 oz.) cheese per 3 qts of fluid milk (2) 25.6 oz & (2) 9.6 oz. box dry milk Lactose Free milk, Reduced Fat milk, Soy milk, (qt. for qt.) (1) quart of low fat or non-fat yogurt for 1 qts. of fluid milk, Lactose Free milk, Reduced Fat milk, soy milk (qt. for qt.) 1 pound of tofu per 1 qt of milk		1 doz.	(3) frozen concentrate/ 48 oz. containers (CNT)	36 oz.	16-18 oz. peanut butter and 1 lb dried beans/peas **or** 2, 16-18 oz. peanut butter **or** 2, 1 lb. dried beans/peas **or** (8) 15 – 16 oz. canned beans **or** 16-18 oz. peanut butter and (4) 15.5 – 16 oz. canned beans	16 oz.		$11.00 cash value benefit for fresh, frozen or canned fruits and vegetables
FOOD PACKAGE VI **WOMEN PARTIALLY (SOME) BREASTFEEDING & NON-BREASTFEEDING/ POSTPARTUM WOMEN (WBPs) (WNB)**	**STANDARD PACKAGE QUANTITY** 4 GALLONS (16) quarts milk **SUBSTITUTIONS** 1lb (16 oz.) cheese per 3 qts of fluid milk (2) 25.6oz box dry milk Lactose Free milk, Reduced Fat milk, Soy milk, (qt. for qt.) (1) quart of low fat or non-fat yogurt for 1 qts. of fluid milk, Lactose Free milk, Reduced Fat milk, soy milk (qt. for qt.) 1 pound of tofu per 1 qt of milk		1 doz.	(2) frozen concentrate/ 48 oz. containers (CNT)	36 oz.	16-18 oz. peanut butter (1 lb dried beans/peas may be substituted) **or** (4) 15 – 16 oz. canned beans			$11.00 cash value benefit for fresh, frozen or canned fruits and vegetables

PARTICIPANT CATEGORIES	FLUID MILK	CHEESE	EGGS	JUICE	CEREALS	DRY BEANS/ PEAS/ PEANUT BUTTER	WHOLE WHEAT BREAD or WHOLE GRAIN SUBSTITUTE	TUNA	FRUIT & VEGETABLE CASH VALUE BENEFIT
FOOD PACKAGE VII **WOMEN FULLY BREASTFEEDING (WBF)**	**STANDARD PACKAGE QUANTITY** 6 GALLONS 24 quarts milk **SUBSTITUTI-ONS** 1 lb (16 oz.) cheese per 3 qts of fluid milk (3) 25.6 oz box dry milk Lactose Free milk, Reduced Fat milk, Soy milk, (qt. for qt.) (1) quart of low fat or non-fat yogurt for 1 qts. of fluid milk, Lactose Free milk, Reduced Fat milk, soy milk (qt.for qt.) 1 pound of tofu per 1 qt of milk	16 oz.	2 doz.	(3) frozen concentrate/ 48 oz. containers (CNT)	36 oz.	16-18 oz. peanut butter and 1 lb dried beans/peas **or** 2 (16-18) oz. peanut butter **or** 2 (1 lb.) dried beans/ peas **or** (8) 15 – 16 oz. canned beans **or** (1) 16-18 oz. peanut butter and (4) 15 – 16 oz. canned beans	16 oz.	30 oz. can tuna or pink salmon	$11.00 cash value benefit for fresh, frozen or canned fruits and vegetables
FOOD PACKAGE VII **PREGNANT WITH TWO OR MORE FETUSES (WPG)**	**STANDARD PACKAGE QUANTITY** 6 GALLONS (24) quarts milk **SUBSTITUTIONS** 1 lb. (16 oz.) cheese per 3 qts. of fluid milk (3) 25.6 oz box dry milk Lactose Free or Soy milk (qt. for qt.) (1) qt. of low fat or non-fat yogurt for 1 qts. Of fluid milk Lactose Free milk, Reduced Fat milk soy milk (qt. for qt.) 1 pound of tofu per 1 qt of milk	16 oz.	2 doz.	(3) frozen concentrate/48 oz. containers (CNT)	36 oz.	1 lb. dried beans/peas and (1) 16-18 oz. peanut butter **or** (2) 16-18 oz. peanut butter **or** (2) 1 lb. dried beans/peas **or** (8) 15 – 16 oz. canned beans **or** (1) 16-18 oz. peanut butter and (4) 15 – 16 oz. canned beans	16 oz.	30 oz. can tuna or pink salmon	$11.00 cash value benefit for fresh, frozen or canned fruits and vegetables
FOOD PACKAGE VII **WOMEN PARTIALLY (MOSTLY) BREASTFEEDING MULTIPLES (WBPm)**	**STANDARD PACKAGE QUANTITY** 6 GALLONS (24) quarts milk **SUBSTITUTIONS** 1 lb. (16 oz.) cheese per 3 qts. of fluid milk (3) 25.6 oz box dry milk Lactose Free or Soy milk (qt. for qt.) (1) qt. of low fat or non-fat yogurt for 1 qts. of fluid milk, Lactose Free milk, Reduced Fat milk, soy milk (qt. for qt.) 1 pound of tofu per 1 qt of milk	16 oz.	2 doz.	(3) frozen concentrate/48 oz. containers (CNT)	36 oz.	1 lb. dried beans/peas and (1) 16-18 oz. peanut butter **or** (2) 16-18 oz. peanut butter **or** (2) 1 lb. dried beans/peas **or** (8) 15 – 16 oz. canned beans **or** (1) 16-18 oz. peanut butter and (4) 15 – 16 oz. canned beans	16 oz.	30 oz. can tuna or pink salmon	$11.00 cash value benefit for fresh, frozen or canned fruits and vegetables
FOOD PACKAGE VII **WOMEN FULLY BREASTFEEDING MULTIPLES (*EVEN MONTH) (WBF)**	**STANDARD PACKAGE QUANTITY** 9 GALLONS (36) quarts milk **SUBSTITUTIONS** 1 lb (16oz.) cheese per 3 qts of fluid milk (4) 25.6 oz box dry milk Lactose Free or Soy milk (qt. for qt.) (1) qt. of low fat or non-fat yogurt, for 1 qts. of fluid milk, Lactose Free milk, Reduced Fat milk, soy milk (qt. for qt.) 1 pound of tofu per 1 qt of milk	32 oz.	3 doz.	(4) frozen concentrate/48 oz. containers (CNT)	54 oz.	(1) 16-18 oz. peanut butter and 2 lb dried beans/peas **or** (8) 15 – 16 oz. canned beans **and** (1) 16-18 oz. peanut butter **or** (4) 15 – 16 oz. canned beans and (2) peanut butter **or** or 12 cans beans beans and no peanut butter	32 oz.	60 oz. can tuna or pink salmon	$16.50 cash value benefit for fresh, frozen or canned fruits and vegetables

PARTICIPANT CATEGORIES	FLUID MILK	CHEESE	EGGS	JUICE	CEREALS	DRY BEANS/ PEAS/ PEANUT BUTTER	WHOLE WHEAT BREAD or WHOLE GRAIN SUBSTITUTE	TUNA	FRUIT & VEGETABLE CASH VALUE BENEFIT
FOOD PACKAGE VII **FULLY BREASTFEEDING MULTIPLES (*ODD MONTH) (WBF)**	**STANDARD PACKAGE QUANTITY** 9 GALLONS (36) quarts milk **SUBSTITUTIONS** 1lb (16 oz.) cheese per 3 qts of fluid milk (2) 25.6oz & (1) 4.4 lbs. box dry milk Lactose Free or Soy milk (qt. for qt.) 1 pound of tofu per 1 qt of milk	16 oz.	3 doz.	(5) frozen concentrate/48 oz. containers	54 oz.	(1) lb. dried beans/peas and (2) 16-18 oz. peanut butter **or** (2) lb. dried beans/peas and (1) 16-18 oz. peanut butter or (4) canned beans and (2) 16-18 oz. peanut butter **or** (12) canned beans and NO peanut butter **or** (1) lb. dried beans/peas and (8) canned beans and NO peanut butter	16 oz.	30 oz. can tuna or pink salmon	$16.50 cash value benefit for fresh, frozen or canned fruits and vegetables

Note: WIC does not allow the substitution of whole cow's milk or goat's milk for commercial infant formula in the WIC infant food packages.
Dry milk reconstituted rates: 25.6 oz. box = 8 quarts 9.6 oz. box = 3 quarts 4.4 lbs. box = 22 quarts

A. FORMULAS

Women are encouraged to breastfeed. In the event a woman is not able to breastfeed her infant, formula will be supplied in an amount that reflects USDA, WIC regulations (Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages; Final Rule. Federal Register/ Vol. 79, No. 42/ Tuesday, March 4, 2014/ Rules and Regulation. Table 1, page 12292).

1. Primary Contract Infant Formula

USDA requires every state to have an infant formula cost containment contract. The SC infant formula cost containment contract is issued to a single manufacturer. All contract, milk-based and soy-based, infant formulas will be the first choice of issuance to all infants that do not require a medical exempt formula.

A. Contract Infant formulas
   1. Are intended as a food substitute for breast milk ingested via oral or enteral route (tube feeding)
   2. Are iron-fortified
   3. Supply approximately twenty (20) kilocalories per fluid ounce
   4. Do not require the addition of any ingredient other than water

B. If requesting non-contract formula, the program's comparable contract formula will be issued.

Non-Contract Standard Infant Formula Will Not Be Issue. Examples include, (but not limited to) the following:	**Comparable Contract Formula To be issued:**

Milk Based
• Enfamil Infant
• Similac Advance
  • Enfamil Reguline or Enspire
  • Similac for Supplementation NON-GMO
	Good Start GentlePro

Soy Based or Kosher • Enfamil ProSobee • Similac Soy Isomil	Good Start Soy
Reduced Lactose • Enfamil Gentlease • Similac Sensitive or Pro-Sensitive • Similac For Spit-UP NON-GMO	Good Start Soothe

2. Therapeutic formulas (Exempt infant formula/WIC-Eligible Nutritionals)

A. Exempt infant formulas are intended as a food substitute for breast milk for use by infants who have inborn errors of metabolism, prematurity, low birth weight, or who otherwise have a medical or dietary condition.
B. WIC-Eligible Nutritionals are products that are specifically formulated to provide nutritional support to participants with a diagnosed medical condition where conventional food is precluded, restricted or inadequate.
C. Exempt infant formulas and WIC-eligible nutritionals are designed for enteral digestion via the oral or tube feeding route.
D. Exempt infant formulas and WIC-eligible nutritionals require medication documentation.
E. **If Enfamil AR is the prescribed formula two (2) diagnoses are required on the Medical Documentation Form (DHEC 2074)**

3. Low-Iron Formula

Medical documentation (DHEC 2074) for low-iron formulas **will not** be accepted.

4. Powdered Formulas

The powdered form of infant formula is the default form issued.

A. Liquid infant formula is commercially sterile, powdered infant formula is not.
B. Powdered formula should not be issued to premature infants (born before 37 weeks gestation) low birth weight infants or immunocompromised infants.
    1. Powdered formula will only be issued to premature, low birth weight or immunocompromised infants with a medical documentation (DHEC 2074).
    2. If formula does not come in any form but powder, okay to issue to infant born at 37weeks or less, low birth weight and immunocompromised.

5. Concentrated Formula

A. If available, concentrated formula may be issued at the request of the physician or caregiver.
B. Issue liquid concentrate or ready-to-feed formula for up to six months corrected age.

6. Ready – To – Feed Formula

The certifier can only authorize ready-to-feed formula when it is determined by a nutritional assessment. The CPA must document in comment of the specific food package that:

The following are examples, for when RTF would be appropriate:

A. The water supply is limited or unsanitary.
B. There is poor refrigeration.
C. The parent/authorized representative may have difficulty in correctly mixing concentrated or powdered formula.

B. CHANGING FROM ONE CONTRACT FORMULA TO ANOTHER CONTRACT FORMULA

A medical documentation is not required to change from one contract formula to another contract formula. The below is suggested to aid the CPA in determining if a change in formula type or change in formula form, i.e. powdered, concentrate or ready to feed is needed.

1. The CPA should assess the feeding situation to see if there are problems in feeding technique or formula preparation/storage that may cause these problems; if none are discovered or if problems do not resolve after counseling, a change in formula may be warranted. Formula changes within a certification period must be entered. The CPA will utilize the following procedures in SCWIC:
   a. Void current month specific benefits;
   b. Void future months benefits for the entire household;
   c. Remove, update end date, or disable all food packages until today's day for participants with changes;
   d. Build new food packages with appropriate changes;
   e. Issue one (1) month under current calendar month in Issue Benefits screen to participant with changes. **Only to be performed in the case of formula change or addition;** and
   f. Change to next calendar month on screen and issue the remaining months left in the household.
2. A baby with overt symptoms of formula intolerance may present with any or all of these problems.
   a. Diarrhea (watery, large, frequent bowel movements that may have a bad odor),
   b. Vomiting (throwing up large amounts of the stomach contents through the mouth),
   c. Constipation (painful bowel movements that are difficult to pass and look like small, hard balls),
   d. Abdominal distention,
   e. Rash,
   f. Bloody stools.
3. Some babies may present with milder symptoms similar to those of overt formula intolerance:
   a. Spitting up,
   b. Gas,
   c. Fussiness.
4. Infants with acute disease symptoms must be referred to a physician (immediately if necessary). An infant with overt symptoms of acute disease may present with any or all of these problems (symptoms are not limited to the following examples):
   a. Fever,
   b. Edema (swelling),
   c. Breathing problems,
   d. Sweating,
   e. Enlarged lymph nodes,
   f. Other
5. For those infants with overt symptoms of formula intolerance, a protein hydrolysate formula may be issued. The protein hydrolysate formulas are listed below. As with any List I and List II formula, a medical documentation (DHEC 2074) is required for these formulas prior to issuance. A CPA may approve the protein hydrolysate formulas because they are List I formulas.
   a. Nutramigen
   b. Nutramigen w/ Enflora LGG
   c. Pregestimil DHA/ARA
   d. Similac Alimentum
   e. Gerber Extensive HA

6. A baby with NO overt symptoms of formula intolerance may be given soy-based formula for the following reasons:
   a. Vegetarianism,
   b. Religious concerns,
   c. Galactosemia,
   d. Lactase Deficiency.

C. THERAPEUTIC FORMULA AND APPROVAL

1. Therapeutic **Formula/WIC-Eligible Nutritionals/Supplemental Foods:**
   Participants who received therapeutic formula, WIC-Eligible Nutritionals, or adjustments to supplemental foods receive Food Package III. This food package is reserved for issuance to Women, Infants, and Children who have a documented qualifying condition (medical reason) that requires the use of a therapeutic formula, WIC-eligible medical food, or adjustment or deletion to supplemental foods because the use of conventional foods is precluded, restricted, or inadequate to address their special nutrition needs. For details about Food Package III, refer to Chapter 13.

2. Approved formulas are listed on Appendix 14.2 (South Carolina WIC Approved Formulas).

3. The following are not allowed.
   a. Formula used solely for the purpose of enhancing nutrient intake, managing body weight or addressing picky eaters
   b. Medicines or drugs
   c. Total Parenteral Nutrition (TPN) feedings (nutrition administered through a vein)
   d. Enzymes, herbs, or botanicals
   e. Oral rehydration fluids or electrolyte solutions
   f. Flavoring or thickening agents
   g. Feeding utensils or devices (e.g. feeding tubes, bags, and pumps) designed to administer a WIC-eligible formula
   h. Sports or breakfast drinks

4. Medical documentation (DHEC 2074) is required for therapeutic formulas, WIC-eligible nutritionals, and/or adjustments to supplemental foods. For more details see F. **Procedures for Therapeutic Formula Approval page 14-11**
   a. The participant must have a minimum of one or more qualifying medical condition/reason as determined by a health care professional licensed to write medical prescriptions under State law (Medical Doctor- MD, Doctor of Osteopathy-OD, Advanced Practice Registered Nurse- APRN, or Physician's Assistant- PA).
   b. Symptoms such as spitting up, milk/formula intolerance, picky eater, constipation, cramps, fussiness, or gas are not considered acceptable medical diagnoses and **cannot** be approved by WIC for issuance of a therapeutic formula.
   c. All medical documentation is subject to approval by the CPA or WIC registered dietitian.
      i. CPA: List I formulas
      ii. WIC registered dietitian: List II therapeutic formulas, changes to supplemental foods (when receiving contract, List I, or List II formula), and infant foods in lieu of CVB
   d. Participants who have medical documentation (DHEC 2074) for therapeutic formula or adjustment to supplemental foods, receive Food Package III. All participants receiving Food Package III (participants with documented qualifying condition-medical reason) are required to have a high risk referral and RD appointment no later than 30 workdays of the medical documentation approval.

e. When the medical documentation is approved by a WIC registered dietitian:
   i. The registered dietitian must obtain an actual copy (e.g. faxed copy) of the medical documentation and collect pertinent information to evaluate the medical documentation appropriateness.
   ii. Once approved, enter medical documentation information in the clinic module and scan the medical documentation in the participant's record.
   iii. The WIC registered dietitian should build the food package whenever possible. When not possible, the RD that approves the formula must document issuance instructions in the general notes. The approval would include the initials of the RD, name of the formula, form type, amount being issued, WIC foods allowed, prescription date, MD name or facility providing the medication documentation, and expiration date. (i.e. L2AB Pediasure RTF. Issue 30 bottles per month. Age appropriate WIC foods allowed. Medical documentation dated 6/25/2020 from MUSC Peds GI. Expires12/25/2020.
   iv. RD verbal "OKAYs" are not allowed. Call the WIC Program Manager for guidelines when there is not an RD available.
   v. The nutritionist designated to approve therapeutic formulas must have the clinical knowledge and skills to assume this responsibility. The WIC Program Manager has the responsibility of designating this person. It is required that a registered dietitian assumes this role.

f. Medically fragile Infants (6 months old or greater) who are receiving food package III, and whose medical condition prevents them from consuming complementary infant foods, may receive therapeutic formula at the same maximum monthly allowance as infants ages 4-5 months when no supplemental foods are issued. A medical documentation (DHEC 2074) is required.

g. When any infant formula (contract or-therapeutic formula) is issued to participants greater than 12 months old, the formula is considered a List II formula and a medical documentation is required.

h. Contract Formula mixed to a higher calorie must be documented in the comment section in the specific food package. An individual care plan must be document and RD appointment scheduled no later than 30 days.
   Children and Women who are receiving food package III are issued the amount of therapeutic formula and/or supplemental foods specified on the medical documentation (DHEC 2074) or the maximum issuance for participant type.

5. Additional Required Therapeutic Formula Documentations:
   a. Therapeutic Formulas must be issued according to manufacturer's recommendations, i.e., age, weight, diagnosis, etc.
   b. Any exception must be documented and justified with a medical documentation from a healthcare provider licensed to write medical prescriptions under state law.
      i. Justification for use must include the following:
         (1) Why the therapeutic formula is needed.
         (2) That another formula trial has already failed (include duration of trial and intolerance symptoms, e.g. 2 weeks with emesis and weight loss).
         (3) How the therapeutic formula will be monitored.

D. MEDICAL DOCUMENTATION FOR THERAPEUTIC FORMULA AND/OR SUPPLEMENTAL FOODS

1. All medical documentations are subject to approval by the CPA or WIC registered dietitian.
2. All List I formulas, List II formulas, metabolic formulas, and modifications to supplemental foods must be prescribed by a healthcare provider licensed to write medical prescriptions under state law.
    a. Assure medical documentation (DHEC 2074) has all the required information. Missing information may be obtained by telephone. (Refer to Medical Documentation by telephone/verbal) Document information received from the healthcare provider along with CPA/RD initials, date and time on the medical documentation and scan document in the clinic module under miscellaneous- communication for participants.
3. The following items must be documented on the medical documentation (DHEC 2074):
    a. Name of formula
    b. Diagnosis or medical condition
    c. Period of use
    d. Amount prescribed per day
    e. Form (powder, concentrate, or ready-to-feed)
    f. Contact information for the healthcare provider
    g. Date of medical documentation
    h. Prescribed supplemental foods and amount (amount may not exceed maximum monthly allowance)
    i. Anthropometric data when a weight related medical condition is document by the healthcare provider.
4. The formula medical documentation will be dispensed <u>exactly</u> as the medical documentation is written. No changes are to be made to the medical documentation without first speaking to the healthcare provider and if the healthcare provider allows the change.
5. After a nutritional assessment, the CPA/WIC registered dietitian may contact the healthcare provider about the medical documentation if (1) the medical documentation does not appear appropriate for age or condition and (2) if the participant requests a change to the prescription and the request is appropriate.
    a. After discussion with the healthcare provider, and if an agreed upon medical documentation modification is made between healthcare provider and CPA/WIC registered dietitian, the modification, along with justification for the modification, must be documented on the medication documentation (DHEC 2074) and scanned in the participant's record in the clinical module under miscellaneous - communications.
    b. See below MEDICAL DOCUMENTATION PROVIDED BY TELEPHONE/VERBAL
6. If a participant requests a formula or supplemental food which differs from how the medication documentation reads, the WIC registered dietitian may contact the prescribing healthcare provider and request a medical documentation (DHEC 2074)-modification after a nutritional assessment and if the modification is appropriate.
    a. If a participant does not agree with the therapeutic formula prescribed by the healthcare provider the participant may purchase what is thought to be the best formula as WIC will not force a participant to take unwanted formula or food. The participant will still be eligible for the rest of WIC benefits (nutrition education) if, for example, formula or a particular food item is declined.
7. Faxed and electronic medical documentation are acceptable.

E. MEDICAL DOCUMENTATION PROVIDED BY TELEPHONE/VERBAL

1. Medical documentation may be provided by telephone and documented on the Medical Documentation form (DHEC 2074). The purpose may only be used until written confirmation is received from a health care professional licensed to write medical prescriptions and used only when necessary on an individual participant basis. The local clinic must obtain written confirmation no later than 14 days after accepting the initial medication documentation by telephone. 246.10 (4) (iii) (B)
2. Documentation for verbal orders must be documented on the medication documentation (DHEC 2074). The medication documentation must include the required information as well as the staff member's name taking the verbal/phone order, and the date and time the verbal was taken. If the verbal order is received from someone other than the healthcare provider, the name of the individual giving the verbal order, as well as the name of the healthcare provider (with credentials) must also be included. The following is an example: healthcare provider's name, staff's name communicating the order and staff's name documenting the order, date and time order received i.e., Jones M.D./Smith R.N./B.Johnson, RD, on 12/2/15 @ 14:30.
3. If a medication documentation is missing one or more items (excluding the name of the formula), but has a health care provider's signature and date, the CPA/RD should call the health care provider's office to obtain missing information and then issue formula according to the medication documentation.
    a. If the provider is unavailable, issue one (1) month of food benefits.
    b. Continue to contact health care provider until all required medication documentation information is received.

F. VERIFICATION OF CERTIFICATION

1. Participants transferring from another state should present a Verification of Certification (VOC) and a copy of the medication documentation for therapeutic formula. The medication documentation must be utilized for period indicated by the healthcare provider. If transferring participant does not have a medication documentation for current therapeutic formula, staff must contact the transferring state. At a minimum, staff must obtain and document verbal confirmation of medication documentation information for the current therapeutic formula and request a written copy to be scanned in the participant's record. Faxed copies are acceptable.

2. When staff is unable to obtain medical documentation information for an out-of-state transfer, but the participant has documentation (such as mobile app, shopping list, or VOC) indicating that participant was on a List I or List II formula, provide one (1) month issuance for prescribed formula.

3. Any participant currently on a special therapeutic formula (Food Package III) must be provided with a copy of the current prescription for continuation of services. A CPA must review and sign all requested VOCs. See "Transfer of Certification" for more information.

4. When the prescription is approved by a WIC registered dietitian:
   a. See C. THERAPEUTIC FORMALA AND APPROVAL 4.e
   b. The medication documentation must be scanned into the participant's record.
   c. Therapeutic formula will be issued for the period documented by the healthcare provider.
   d. Therapeutic formula prescriptions are valid for a maximum of 6 months.
   e. Metabolic formula prescriptions are valid for a maximum of 12 months.
   f. The period of use start date will be calculated from the date the prescription is written.
   g. The food benefits cannot be issued past the medication documentation end date. For example, the medication documentation is valid through June 30th, the participant's issuance cycle is May 20th – June 19th, therefore, June 20th – July 19th would not exceed the medication documentation timeframe. The participant must provide a new medication documentation to receive the next month of benefits.

5. **A new prescription is necessary when:**
   a. The current formula is changed to a List I, List II, or metabolic formula
   b. There are changes to the current formula's prescription prior to the medication documentation expiration date
   c. There is a change from one List I, List II or metabolic formula to a different List I, List II or metabolic formula.
   d. When there is medical documentation (DHEC 2074) on file that is current for either a formula, change to supplemental foods, or infant food in lieu of the CVB, new medication documentation is required to change back to contract formula or standardly issued supplemental foods.

      Note: CPAs and RDs are responsible for telling participants when new medication documentation is required at the first medication documentation approval. Participants are to be made aware of the above reasons for when new medication documentation is needed.

6. WIC will issue one formula at a time, except for metabolic diagnoses. A metabolic diagnosis may be issued 2 formulas, if, the maximum monthly issuance for number of ounces is not exceeded.

G. APPROVED FORMULAS

1. Approved formulas are listed on the SC WIC: Approved Formula chart (Appendix 13.2). For an overview of types of therapeutic formulas, see Infant Formula Categories, Appendix 13.1. Other therapeutic formulas will be considered as indicated by medical condition and must be approved by a Central Office WIC Food Package Coordinator.

2. **List I** – These formulas require a medication documentation. The CPA or RD may approve these formulas: Nutramigen, Nutramigen w/ Enflora LGG, Pregestimil DHA/ARA, Similac Alimentum, or Gerber Extensive HA.
3. **List II** – These formulas require medication documentation and approval from the designated registered dietitian (any Nutritionist III, or IV who is a registered dietitian designated by the WIC Program Manager), at the WIC site.
   a. All participants on List II formulas require high risk notes with follow-ups with an RD.
   b. High Risk notes will be verified during the WIC Management Evaluation.
   c. Any infant formula (contract or exempt) issued to a child over one (1) year of age is considered a List II formula.
   d. Any infant formula (contract or exempt) that is concentrated to a higher calorie level or is adjusted in any way from the standard mixing directions, is considered a List II formula. Assigned and Save the formula to be administered. Complete the pop-up screen and document the adjusted mixing instructions in the specific food package in comment.
4. WIC staff will issue one formula at a time except for metabolic diagnoses. A metabolic diagnosis allows the issuance of two (2) formulas if the maximum monthly issuance for number of ounces is not exceeded.
   a. The RD will issue one (1) formula through EBT or Special formula.
   b. The RD will document the second formula in the comment of the specific food package. The statement would look like: Participant has a metabolic diagnosis and is receiving Cyclinex-1(amt. issued) and Pro-phree (amt. issued). Provide calculations. (RD initial), Age appropriate, WIC foods allowed, ICD-10 code written by Dr. John Doe Expiration: 12/25/2020.
   c. Scanned the medication documentation through the Clinical Module, Miscellaneous, Communication in the participant's record.
5. **Pediatric Formulas and Drink Mixes**
   a. These formulas are intended for children one year of age and older and cannot be issued to infants. These formulas are not intended to be a "meal replacement" or to be used for weight management. A medication documentation for one of these formulas can be accepted when at least one of the following conditions exists:
      1. Current assignment of risk code 103 (underweight or at risk of underweight).
      2. A two channel drop on the growth chart after having achieved a previously stable pattern.
      3. For children 1-5 years of age who are undernourished due to illness or a medical condition that warrants the medication documentation of these products.
   b. Additional points:
      1. Must have current anthropometric data for assessment.
      2. RD must assure there is a **medical need** for pediatric formulas and drink mixes in order to approve issuance. (Pediatric formulas and drink mixes include but are not limited to the following products: *PediaSure, Boost Kid Essentials, Nutren Jr., and Bright Beginnings Soy Pediatric Drink.)*
      3. **Some justifiable uses:** These products *may be appropriate* for oral motor feeding disorders; tube feedings; failure-to-thrive from an underlying medical condition; or medical conditions that increase calorie requirements beyond what is expected for the child's age. Some conditions associated with increased caloric need include cystic fibrosis, cancer, and congenital heart disease.

H. PROCEDURES FOR THERAPEUTIC FORMULA APPROVAL

1. Assure medication documentation has all the required information. Missing information may be obtained by telephone. Document information received from the healthcare provider along with CPA/RD initials, date and time on the medication documentation and scan document within participant record.

2. Medical documentation may be provided by telephone or verbal order to a CPA who document on the Medical Documentation (DHEC 2074). The purpose may only be used until written confirmation is received from a health care profession licensed to write medical prescriptions and used only when necessary on an individual participant basis. The local clinic must obtain written confirmation of 14 days after accepting the initial medication documentation by telephone. 246.10 (4) (iii) (B)

3. Documentation for verbal orders must be written on the medication documentation (DHEC 2074). The documentation must include all the required information as well as the staff member's name taking the verbal/phone order, and the date and time the verbal was taken. If the verbal order is received from someone other than the healthcare provider, the name of the individual giving the verbal order, as well as the name of the healthcare provider (with credentials) must also be included. The following is an example: healthcare provider's name, staff's name communicating the order and staff's name documenting the order, date and time order received, i.e., Jones M.D./Smith R.N./B.Johnson, CPA on 12/2/15 @ 14:30

4. When the medication documentation is approved by a WIC registered dietitian:
   a. The registered dietitian must obtain an actual copy (e.g. faxed copy) of the medication documentation and collect appropriate participant information to evaluate the medication documentation appropriateness.
      i. Once approved, enter medical documentation information through the clinical module under Guided Script - Food Prescription. Add the food package and assigned special formula/food. Under Miscellaneous-Communication, scan the medical documentation in the participant's record.
   b. The WIC registered dietitian should build the food package whenever possible. When not possible, the WIC registered dietitian must document in SCWIC exactly what the food package is to include so that the CPA can build the food package.
   c. RD verbal "OKAYs" are not allowed. Call the WIC Program Manager for guidance when there is not an RD available.
   d. Refer to 14-4, for detailed information on Therapeutic Formulas/WIC-Eligible Nutritionals/Supplemental Foods.

5. **Central Office Registered Dietitian, licensed by the State of South Carolina Panel of Dietetics, legally cannot approve** therapeutic **formula** medication documentation **requested by the DHEC region or primary care center (PCC). An RD must be available in each region or PCC to approve** therapeutic **formulas.**

I. PROCEDURES FOR ORDERING THERAPEUTIC FORMULAS*

1. ORDERING

a. Therapeutic Formula requests can be made through the clinic module. On the Issue Benefits screen, when the CPA attempts to issue benefits to a household that includes a participant that has a formula flagged as a special order, a popup will display asking if you wish to issue formula through eWIC or special order.

NOTE: The CPAs answer to this popup will depend on the exact therapeutic formula involved and whether any of the authorized vendors in the area carry that formula in stock. If it is carried by a local vendor, then use the EBT option. If a vendor does not stock the formula, staff will utilize the special order option.

i. If the EBT option is selected, then that formula will be included with all other benefits for the rest of the household and included on the eWIC card. The household can obtain the formula at the local vendor.
ii. If the special-order option is selected, then that formula will not be included with all other benefits for the rest of the household and will not be included on the eWIC card. All other non-formula foods for the participant will be included on the eWIC card as normal.

b. Regional/PCC Nutritionist will order therapeutic formulas through the Admin Module, Therapeutic Formula and have formula delivered or drop shipped to the requesting site. The Cardinal confirmation number will be utilized as the tracking number.
c. If formula has not been received within 3 days, the region/pcc will report to Cardinal.

2. RECEIVING

a. When formula is received, staff will:
Log into Admin module and go to the Therapeutic Formula/Receive Order screen to receive the shipment. Select the clinic from the dropdown box and the row from the grid for the participant that the formula was ordered.
i. **Accept** all items, including formula that is damaged, or shipped incorrectly (i.e. wrong formula type, package size, expired/short expiration date, or quantity). Update the order status to Inventory, complete the cans receive and, if appropriate the cans damaged and/or missing.
Note: If a driver does not deliver formula because it is damaged, staff should contact Cardinal immediately and notate the problem on the invoice.

ii. Verify receipt of formula. Check expiration dates. Report discrepancies to the designee immediately. Log formula into the formula logbook using the Formula/WIC Foods Inventory Log sheets (DHEC 2035).

iii. **Sign and date** stamp or note "received" with the date the formula was received on the original invoice.

iv. Follow the region process procedure for payment on formula invoice. The Primary Care Centers will send original invoice to the WIC Central Office **immediately**. Invoices can be emailed. Do not "hold" invoices. **It is recommended that a., b., and c. above be completed by the individual who orders and/or issues the therapeutic formula in each WIC site.**

v. Do Not write the expiration date on the formula cans.

3. DISPENSING

a. Contact parent/authorized representative to pick up the formula. The CPA or RD will only dispense the formula issuance for that month. In the Inventory Summary screen, select the clinic from the dropdown and select the row for the participant. Issue the appropriate month.
Note: There will be a row in the grid for each individual month that the participant can receive the therapeutic formula. As a can is given to the participant, update the status to "Distributed". If a can is destroyed. (e.g., out of date, damaged, etc.) update the status to "Destroyed" and enter a destroyed reason. If one or more cans of the issue month order is not issued to the participant, change the status to "Inventory". This places the can into the clinic's inventory where it can be used for a different participant. SCWIC will automatically update the status to "Reserved" when another order for the same formula is processed for a different participant.

b. When therapeutic formulas are issued from the formula closet and within that same day there is not already a certification or one-on-one nutrition encounter, the CPA or RD dispensing the formula must do a "nutrition encounter" each time formula is issued from the formula closet.

c. The following are suggestions (not limited to these) for what to ask/review with the parent/authorized representative at the formula issuance "nutrition encounter"
   i. How to prepare the formula
   ii. How much formula the participant should be given or take
   iii. How to administer the formula
   iv. If this is a transition from a non-contract formula to contract formula discuss how to make transition.
   v. Is there any formula at home that might expire soon.
   vi. Any topics that come up when speaking to the parent/authorized representative that need to be addressed

d. Review the formula name and amount issued from the closet against the participants' food benefits.

e. Check the product expiration before issuance to the parent/authorized representative. Make certain the product issued can be used before it expires.

f. Document all required information, including staff and parent/authorized representative signatures, on the Formula/WIC Foods Log Sheet (DHEC 2035).

4. RETURNING

a. Contact the designated WIC staff via email when there are problems with delivery or a return is needed.

b. Contact the designee WIC staff for the following reasons:
   i. Formula delivered was incorrect.
   ii. Formula was delivered damaged.
   iii. Formula was delivered expired or short dated (will expire before can be used).
   iv. Formula was missing from the order.
   v. Formula is no longer needed.
   vi. Other problems with a delivery.

c. Provide the following information via email to the designee WIC staff.
   i. Clinic name
   ii. Delivery date
   iii. Invoice number
   iv. Formula name
   v. Amount of formula to return or the discrepancy
   vi. Reason for the return or problem with the delivery

d. Please Note: Formula cannot be returned if it is 60 days after delivery. Missing items may not be credited if it is reported over 48 hours after delivery.

e. The designee WIC staff will generate a Material Return Authorization Form (MRA form) and return labels for formula received that was damaged, expired, or that was sent in error.

f. The driver may have a copy of the MRA form generated by Cardinal or Cardinal may send a copy by mail. Anyone of these are acceptable.

g. Products to be returned must be placed in a proper shipping container (tote) and signed for by the driver when picked up. Present return to driver when a delivery is made. Please use return labels.

h. Signed MRA forms shall be included in totes with the returned product. Only one MRA form shall be included in each tote. If the MRA form is not signed, no credit will be issued and the products will be returned. If the MRA form is not inside, the tote will be returned with a request to complete the MRA form.

i. Products must be returned within 30 days of the date of the request of a return.

j. The MRA form should be signed and dated by the site's staff person. The driver should keep the yellow copy and give the white copy to the site.

k. The Regions will follow their procedure to process their invoices. The PCC will send the MRA form to WIC Central Office immediately.

5. WIC sites may maintain a small supply (1-2 cases) of commonly used therapeutic formulas.

6. Check with your local pharmacy for formula availability before requesting a drop shipment. Every effort should be made to provide the formula through local vendors. WIC sites have the option to order therapeutic formulas. Not all therapeutic formulas are available through pharmacies.

J. CONTRACT AND THERAPEUTIC FORMULA INVENTORY PROCEDURES

1. Inventory Procedures

The WIC site will maintain an inventory for all formulas received to include returns, contract formula, metabolic formulas, List I and List II therapeutic formula orders, and formulas transferred to/from other WIC sites for issuance. WIC sites are to use the Formula/WIC Foods Inventory Log (DHEC 2035) when documenting contract and therapeutic formulas. The WIC Program Manager needs to designate staff within each site to provide the following functions:

a. The person to order and/or issue formula is the RD or CPA.
b. An assigned WIC staff, other than the RD or CPA who orders and/or issues formula, should tally (reconcile) or review the Formula/WIC Foods Inventory Log (DHEC 2035) sheets (kept in a notebook in the closet) on a monthly basis. This person can assure the accuracy of the physical inventory, rotate stock and dispose of expired formula. If one WIC staff performs the reconciliation, another staff person (not necessarily a WIC staff) must witness the disposal of the formula and sign/date the form as the witness.
c. The WIC Program Manager, lead nutritionist, or designee is to perform a quarterly review of the process. This person should investigate any discrepancies found, correct errors, sign, and date the form.
d. The formula inventory log(s) must be retained at each clinic site for the Management Evaluation Review. Log(s) must be kept for 3 years and a minimum of most recent 6 months must remain in the formula closet at all times.
e. All formulas must be stored in a locked storage area.

2. Formula Returned to WIC Sites

Staff must not discourage the parent/authorized representative from bringing in WIC formula regardless of our ability to exchange formula. Procedures for receiving returned WIC formula are as follows:

FNS does not recommend reissuing or donating unused/return WIC formula. This approach ensures safety meets the Federal regulatory requirements at 7 CFR 246.4 (a)(14)(xviii) that participants only obtain WIC formulas from facilities that are registered with FDA. The returned unused WIC formula may have been inappropriately stored (e.g., exposed to extremely high temperatures), past its use-by-date, or subjected to tampering (e.g. labels or use-by-dates changed). These types of conditions can cause products to lose nutrients, which could impact the product's safety as well as potentially threaten the health of nutritionally at risk participants.

3. The CPA/RD will:

a. Provide a thorough assessment and document the participant nutritional needs for the amount of formula issued and rational the food package, as appropriate.

b. Educate the participant on how to redeem and utilize WIC food benefits to prevent having unused formula. Encourage participant to bring back unused WIC formula.

4. When a participant returned unused WIC Formula:

a. Log in the unused returned formula on DHEC # 2035 (inventory log sheet).

b. Get the participants to sign stating the amount of formula that has been return to the clinic.

c. The remaining amount of formula will be shown under Benefits Inquiry. Void the current month of formula benefits in SCWIC. Then void the entire household future month(s) of benefits.

d. Build the new food package for the infant with the max allowed (formula calculator may be used to determine the correct amount to issue).

e. Issue the new formula to the infant for the current month with the correct issuance amount and provide formula education. Then issue the remaining month(s) benefits to the entire household. NOTE: Make sure the maximum amount of formula is issued for future months.

f. The CPA/RD will dispose of the formula within 24 hours and sign the DHEC# 2035 (inventory log sheet).

5. Disposal of Formula:

a. Damaged or Returned formula should NOT be donated.

b. Disposal of Expired Formula.
Formula ordered but was not issued to participant that will expires within one month. The proper procedure for disposal is to open the can, pour out the contents, and dispose of the container. Report the type, quantity, and date of disposal of formula on the inventory log (DHEC #2035).

INFANT FORMULA CATEGORIES
SC Women, Infants, and Children

Breast milk should be fed to infants, premature or term, whenever possible.
Please note than infant formula frequently changes. Always look for the most current formula information for every formula.
This sheet is for informational purposes. It should only guide decision making and not be the decision making tool.

HUMAN MILK FORTIFIER (HMF)

Description: Human milk is the preferred nutrition for infants. Breast milk is ideal for term infants however premature infants have increased protein, calorie, vitamin, and mineral needs that breast milk alone is not able to meet. Human Milk Fortifiers (HMF) enrich expressed breast milk to provide additional protein, calories, vitamins, and minerals that preterm and low birth weight require for growth. Liquid HMFs are sterile and higher in protein than the powder versions.

Conditions: These products are used for preterm and low birth weight infants.

Examples:

Mead Johnson- Enfamil Human Milk Fortifier Acidified Liquid (with Iron), Enfamil Human Milk Fortifier Powder (with iron)

Abbott-Similac Human Milk Fortifier Concentrated Liquid, Similac Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid (higher protein), Similac Human Milk Fortifier Powder

PRETERM FORMULA

Description: Designed to meet the increased protein, calorie, calcium, phosphorus, and magnesium needs of preterm infants to aid short term "catch-up" growth. They provide 20, 24, or 30 kcal/ounce, contain MCT oil to aid fat absorption, and are in the ready-to-feed (RTF) form. These are nutritionally complete formulas.

Condition: These formulas are for premature or low birth weight infants.

Although opinions vary, infants may be changed from a preterm formula to a transitional when reaching 1800-2000 grams or around 34 weeks' gestational age. Additional considerations include growth progress and ability to bottle feed.

Examples:

Mead Johnson- Enfamil Premature 20 Cal, Enfamil Premature 24 Cal, Enfamil Premature 30 Cal

Abbott- Similac Special Care 20 with Iron, Similac Special Care 24 High Protein, Similac Special Care 24 with Iron, Similac Special Care 30 with Iron

TRANSITIONAL FORMULA (ENRICHED FORMULA)

Description: Designed to provide extra calories, protein, calcium, phosphorus similar to a preterm formula and are an intermediary between preterm and term formulas. They generally provide 22 kcal/ounces. Check each formula's specific recommendations for when to change formulas.

Condition: These are often used after a premature formula when an infant is a certain age, weight, or is discharged from the hospital (generally around 34 weeks' gestational age or around 2000 grams weight). Infants could remain on these formulas for the first 6-12 months of life and require close monitoring as to not have excessive protein, calorie, vitamin, and mineral intake. Monitor the need for supplemental multivitamins because they may not be needed due to the increased amount of vitamins and minerals these formulas provide.

Examples:

Mead Johnson- Enfamil Enfacare 22 OR Enfamil NeuroPro Enfacare

Abbott- Similac Expert Care Neosure

TERM FORMULA

Description: Term formulas are modeled after breast milk. They provide 20 kcal/ounce, contain intact cow's milk protein, lactose, and are iron fortified. They may or may not contain a prebiotic, often contain DHA and ARA, and are nutritionally complete formulas.

Conditions: These formulas are appropriate for infants without medical or feeding issues.

Examples:

Nestle- Gerber Good Start Gentle

Mead Johnson- Enfamil Infant

Abbott- Similac Advance (19 kcal/oz), Similac Advance 20 (20 kcal/ounce), Similac Advance Non-GMO (19kcal/oz), Similac Advance Organic (20 kcal/oz), Similac for Supplementation NON-GMO (19 kcal/ounce)

Note: there are term infant formulas that provide 24 kcal/ounce when increased calorie intake is needed. These are Enfamil 24 and Similac with Iron 24 Cal (only available in RTF)

SOY FORMULAS

Description: Soy formulas have a soy protein base rather than cow's milk protein base. They are lactose free and nutritionally complete formulas.

Conditions: These formulas may be used for galactosemia, lactase deficiency, allergy to cow's milk protein when not also allergic to soy protein, or for infants whose parents are vegetarian or wish their infant's diet to be vegetarian. Soy formulas are for use in term infants.

Examples:

Nestle- Gerber Good Start Soy

Mead Johnson- Enfamil ProSobee

Abbott- Similac Soy Isomil, Similac Soy Isomil 20

LOW LACTOSE FORMULAS

Description: These formulas have a reduced amount of lactose compared to standard infant cow's milk protein based infant formulas. These are milk based and nutritionally complete formulas.

Conditions: May be used for infants who seem to have feeding discomfort thought to be due to lactose intolerance.

Examples:

Nestle- Gerber Good Start Soothe

Mead Johnson- Enfamil Gentlease

Abbott- Similac Sensitive, Similac Sensitive 20

ADDED RICE STARCH FORMULAS/ANTIREFULX FORMULAS

Description: These formulas have rice starch added to attempt reduced episodes of regurgitation and emesis. These are cow's milk based and nutritionally complete formulas. These formulas are thicker than standard term formulas, but bottle nipples do not have be enlarged. Additional GERD treatment may be required if infant also has weight loss or significant discomfort. However, these formulas work when the rice starch is exposed to an acidic environment and may not be as effective when an antacid is added.

Conditions: Infants with GERD and additional nutrition related diagnosis (WIC reasons).

Examples:

Mead Johnson- Enfamil A. R.

Abbott- Similac for Spit-Up

PARTIALLY HYDROLYZED PROTEIN FORMULAS

Description: These formulas have proteins that are partially broken down to help "solve problems" (gassiness, fussiness, general discomfort) related to feedings. They are nutritionally complete formulas.

Conditions: CONTRAINDICATED in cow's milk protein allergy. May be used for cow's milk protein sensitivity. Otherwise, suitable for most infants without medical or feeding issues.

Examples:

Nestle- Gerber Good Start Gentle, Gerber Good Start Soothe

Mead Johnson- Enfamil Reguline, Enfamil Gentlease

Abbott- Similac Total Comfort

EXTENSIVELY HYDROLYZED PROTEIN (SEMI-ELEMENTA) FORMULAS

Description: These formulas have proteins that have been more extensively broken down to produce a mixture of free amino acids and di-, tri-, and short-chain peptide that are generally incapable of eliciting an immunologic response in most infants. These formulas do have a poor taste (may not be a problem when introduced at a very young age), higher osmolalities, and high cost. They are nutritionally complete formula.

Conditions: These formulas are used for malabsorption conditions- CF, short gut syndrome, biliary atresia, cholestasis, protracted diarrhea; used for infants allergic to cow's milk protein and soy protein

Examples:

Nestle- Gerber Extensive HA (43% MCT oil)

Mead Johnson- Nutramigen, Nutramigen with Enflora LGG, Pregestimil (55% MCT oil)

Abbott- Similac Alimentum (33% MCT oil)

FREE AMINO ACID BASED (ELEMENTAL) FORMULAS

Description: These formulas have only free amino acids and no intact proteins or peptide chains. They are specifically designed for infants who have multiple allergies and/or extreme protein hypersensitivity (when symptoms persist even when extensively hydrolyzed protein formulas have been trialed). These formulas are hypoallergenic. They are lactose free and may contain MCT oil for fat malabsorption. They are nutritionally complete formula.

Conditions: Cow's milk protein allergy, multiple food allergies, malabsorption, GI disorders, eosinophilic GI disorders, short gut syndrome.

Examples:
Nestle- Alfamino

Mead Johnson- PurAmino
Abbott- Elecare
Nutricia- Neocate

OTHER FOMRULAS
Mead Johnson- Enfamil Newborn- whey to casein ratio of 80:20 rather than 60:40
Abbott- Similac Expert Care for Diarrhea- added fiber

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South Carolina WIC: FFY'21 Approved Formulas

CONTRACT FORMULAS					
Product Name	**Unit Size/Form**	**Case Size**	**Yield**	**Mfct**	**Category**
Gerber Good Start GentlePro	**8.1/Conc**	**12**	**16.2 oz**	**Gerber**	**I**
Gerber Good Start Gentle	**12.7 oz/ Pwd**	**6**	**92**	**Gerber**	**I**
Gerber Good Start GentlePro	**33.8 oz/ RTF**	**4-4pks**	**33.8 oz**	**Gerber**	**I**
Gerber Good Start Soothe	**12.4 oz/ Pwd**	**6**	**90**	**Gerber**	**I**
Gerber Good Start Soy	**8.1 oz/Conc**	**12**	**24.2 oz**	**Gerber**	**I**
Gerber Good Start Soy	**12.9 oz/ Pwd**	**6**	**91**	**Gerber**	**I**
Gerber Good Start Soy	**33.8 oz/ RTF**	**4-4pks**	**33.8 oz**	**Gerber**	**I**

List I Formulas: Prescription for formula and foods required						
Product Name	**Common Indications**	**Unit Size & Form**	**Case Size**	**Yield**	**Mfct.**	**Category**
Gerber Extensive HA	EXTENSIVELY-HYDROLYZED WHEY PROTEIN - For the dietary management of infants with cow's milk protein allergy.	**14.1 oz Pwd**	**6**	**96 oz**	**Gerber**	**I**
Nutramigen w/ Enflora LGG	PROTEIN-HYDROLYSTATE - Cow's milk and/or soy protein, intolerance or sensitivity, intact protein sensitivity/allergy	**12.6 oz Pwd**	**6**	**87 oz**	**Mead Johnson**	**I**
Nutramigen	PROTEIN-HYDROLYSTATE - Cow's milk and/or soy protein, intolerance or sensitivity, intact protein sensitivity/allergy	**13 oz Conc**	**12**	**26 oz**	**Mead Johnson**	**I**
Nutramigen	PROTEIN-HYDROLYSTATE - Cow's milk and/or soy protein, intolerance or sensitivity, intact protein sensitivity/allergy	**32 oz RTF**	**6**	**32 oz**	**Mead Johnson**	**I**
Nutramigen	PROTEIN-HYDROLYSTATE - Cow's milk and/or soy protein, intolerance or sensitivity, intact protein sensitivity/allergy	**6 oz RTF**	**24**	**6 oz**	**Mead Johnson**	**I**
Pregestimil DHA/ARA	PROTEIN-HYDROLYSTATE - Allergy or sensitivity to milk and/or soy protein or intact protein, gastrointestinal disorders such as intractable diarrhea, short bowel syndrome, etc.	**1 lb PWD**	**6**	**112**	**Mead Johnson**	**I**
Pregestimil	PROTEIN-HYDROLYSTATE - Allergy or sensitivity to milk and/or soy protein or intact protein, gastrointestinal disorders such as intractable diarrhea, short bowel syndrome, etc.	**2 oz RTF**	**6 (8 pks)**	**2 oz**	**Mead Johnson**	**I**
Similac Alimentum	PROTEIN HYDROLYSTATE - Cow's milk and/or soy allergy, intolerance or sensitivity, malabsorption, intact protein sensitivity/allergy	**32 oz RTF**	**6**	**32 oz**	**Abbott**	**I**
Similac Alimentum	PROTEIN HYDROLYSTATE - Cow's milk and/or soy allergy, intolerance or sensitivity, malabsorption, intact protein sensitivity/allergy	**12.1 oz Pwd**	**6**	**87 oz**	**Abbott**	**I**

**** Powdered Alimentum differs from RTF in that it contains corn derivations.***

List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit Size & Form**	**Case Size**	**Yield**	**Mfct**	**Category**
Alfamino Infant	ELEMENTAL - Multiple food allergies, malabsorptive conditions, cow's milk protein allergy, eosinophilic GI disorders.	**14.1 oz PWD**	**6**	**94 oz**	**Nestle**	**I**
Alfamino Junior	ELEMENTAL - Multiple food allergies, malabsorptive conditions, cow's milk protein allergy, eosinophilic GI disorders.	**14.1 oz PWD**	**6**	**62 oz**	**Nestle**	**P**
Benecalorie	MODULAR - Inadequate nutrient intake or increased nutritional needs (not a complete formula)	**1.5 oz RTF**	**24**	**1.5 oz**	**Nestle**	**P, A**
Beneprotein	MODULAR - Inadequate nutrient intake or increased nutritional needs (not a complete formula)	**7 gm Pwd**	**75**	**N/A**	**Nestle**	**P, A**
Boost (retail) vanilla, chocolate, strawberry	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, general supplementation	**8 oz RTF**	**24 (4 pks of 6)**	**8 oz**	**Nestle**	**A**
Boost (Institutional) vanilla, chocolate, strawberry	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, decreased appetite	**8 oz RTF**	**27**	**8 oz**	**Nestle**	**A**
Boost Breeze, orange, peach, wildberry	INCREASED CALORIE SUPPLEMENT - Inadequate nutrient intake or increased nutritional needs	**8 oz RTF**	**27**	**8 oz**	**Nestle**	**P**
Boost Kid Essentials (Retail Only, ~~with straw)~~ Vanilla, chocolate	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, inadequate growth, FTT, prematurity, oral motor feeding problems, tube feeding	**8.25 oz RTF**	**16 (4 pks of 4)**	**8.25 oz**	**Nestle**	**P**
Boost Kid Essentials (Institutional, no straw) vanilla, chocolate, strawberry	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, inadequate growth, FTT, oral motor feeding problems, tube feeding	**8 oz RTF**	**27**	**8 oz**	**Nestle**	**P**
Boost Kid Essentials 1.5 vanilla, chocolate, strawberry	INCREASED CALORIE SUPPLEMENT – 1.5 kcal/ml. Medical condition that increases calorie needs, inadequate growth, FTT, oral motor feeding problems, tube feeding, volume intolerance, shortened tube feeding schedule	**8 oz RTF**	**27**	**8 oz**	**Nestle**	**P**

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List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit Size & Form**	**Case size**	**Yield**	**Mfct**	**Category**
Boost Kid Essentials 1.5 w/fiber, vanilla	INCREASED CALORIE SUPPLEMENT – 1.5 kcal/ml. Medical condition that increases calorie needs, inadequate growth, FTT, prematurity, oral motor feeding problems, tube feeding, and need for fiber	**8 oz RTF**	**27**	**8 oz**	**Nestle**	**P**
Boost High Protein (Retail), vanilla	INCREASED CALORIE SUPPLEMENT – 1.0 kcal/ml. For supplemental protein requirements, general oral supplement, increased protein needs	**8 oz RTF**	**24**	**8 oz**	**Nestle**	**A**
Boost High Protein (Institutional) vanilla, chocolate, strawberry	INCREASED CALORIE SUPPLEMENT – 1.0 kcal/ml. Medical condition that increases calorie needs, increased protein needs, oral motor feeding problems, tube feeding	**8 oz RTF**	**27**	**8 oz**	**Nestle**	**A**
Boost Plus (Retail), vanilla, chocolate, strawberry	INCREASED CALORIE SUPPLEMENT – 1.5 kcal/ml. Medical condition that increases calorie needs and/or fluid restriction, oral motor feeding problems, tube feeding	**8 oz RTF**	**24**	**8 oz**	**Nestle**	**A**
Boost Plus (Institutional) vanilla, chocolate, strawberry	INCREASED CALORIE SUPPLEMENT – 1.5 kcal/ml. Medical condition that increases calorie needs, oral motor feeding problems, tube feeding	**8 oz RTF**	**27**	**8 oz**	**Nestle**	**A**
Boost Nutritional Pudding, vanilla, chocolate	INCREASED CALORIE SUPPLEMENT – 1.6 kcal/ml. Chewing or swallowing problems, need for increased calories	**5 oz RTF**	**48 (12 pks of 4)**	**5 oz**	**Nestle**	**A**
Bright Beginnings Soy Pediatric Drink, vanilla	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, inadequate growth, FTT, prematurity, oral motor feeding problems, tube feeding	**8 oz RTF**	**24 (4 pks of 6)**	**8 oz**	**Perrigo Nutritionals**	**P**
Carnation Breakfast Essentials, chocolate, strawberry, vanilla	INCREASED CALORIE SUPPLEMENT – 1.0 kcal/ml. Medical condition that increases calorie needs, inadequate oral intake	**8 oz RTF**	**24**	**8 oz**	**Nestle**	**A**
Compleat Pediatric, unflavored	INCREASED CALORIE SUPPLEMENT – 1.0 kcal/ml. Medical condition requiring enteral nutrition, blenderized	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**P**

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List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit size & Form**	**Case size**	**Yield**	**Mfct**	**Category**
Compleat Pediatric Reduced Calorie, unflavored	INCREASED CALORIE SUPPLEMENT – 0.6 kcal/ml. Reduced Calorie Enteral Nutrition formula for Pediatric Patients with Decreased Caloric Needs	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**P**
Compleat Pediatric Organic Blends - Chicken Garden, Plant Based	INCREASE CALORIE SUPPLEMENT –1.0 kcal/ml. Medical condition requiring enteral nutrition in an organic real food blend.	**300 ml RTF**	**8**	**300 ml**	**Nestle**	**P**
Compleat Pediatric Peptide 1.5, Unflavored	INCREASED CALORIE SUPPLEMENT- 1.5 kcal/ml. Pediatric peptide-based enteral formula for use as a tube feeding or oral nutrition supplementation. This formula includes variety of real food ingredients.	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**P**
Duocal (Super Soluble Duocal)	MODULAR - Inadequate nutrient intake or increased nutritional needs, malabsorption, protein restriction, catabolic states (not a complete formula)	**14 oz Pwd**	**6**	**N/A**	**NUIRICIA**	**P**
EleCare DHA/ARA	ELEMENTAL - Severe malabsorption, GI impairment, eosinophilic esophagitis, multiple food allergies	**14.1 oz Pwd**	**6**	**95 oz.**	**Abbott**	**I**
Elecare Jr. Vanilla, Chocolate, Banana, Unflavored	ELEMENTAL - Severe malabsorption, GI impairment, eosinophilic esophagitis, multiple food allergies	**14.1 oz Pwd**	**6**	**60 oz.**	**Abbott**	**P**
Enfamil AR	Nutritionally complete milk based infant formula with added rice starch to reduce frequent regurgitation	**12.9 oz Pwd**	**6**	**91 oz.**	**Mead Johnson**	**I**
Enfamil NeuroPro EnfaCare (Enfamil EnfaCare) (22 cal/fl oz)	PREMATURE/LBW - Premature or low birth weight infants	**12.8 oz Pwd**	**6**	**82 oz.**	**Mead Johnson**	**I**
Enfamil NeuroPro EnfaCare (Enfamil EnfaCare) (22 cal/fl oz)	PREMATURE/LBW - Premature or low birth weight infants	**2 oz RTF**	**48**	**2 oz.**	**Mead Johnson**	**I**
Enfamil Human Milk Fortifier Powder	To add to expressed breast milk for premature or low birth weight infants	**.71g PWD**	**200 (2pks of 100)**	**.83 oz.**	**Mead Johnson**	**I**

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List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit Size & Form**	**Case size**	**Yield**	**Mfct**	**Category**
Enfamil Human Milk Fortifier Acidified Liquid	To fortify human breast milk for premature/low birth weight infants	**5 ml Liquid**	**200 (2 pks of 100)**	**.84 oz**	**Mead Johnson**	**I**
Enfamil 24 w/Iron	For infants who have exception calorie needs, volume restriction and/oral motor feeding problems	**2 oz RTF**	**48**	**2 oz**	**Mead Johnson**	**I**
Enfamil Premature 20 w/Iron	PREMATURE/LBW - Premature or low birth weight infants	**2 oz RTF**	**48**	**2 oz**	**Mead Johnson**	**I**
Enfamil Premature 24 w/Iron Enfamil Premature 30 w/Iron	PREMATURE/LBW - Premature or low birth weight infants	**2 oz RTF**	**48**	**2 oz**	**Mead Johnson**	**I**
Enfaport (30 cal)	SPECIAL MEDICAL CONDITIONS - Chylothorax or conditions requiring high MCT oil	**6 oz RTF**	**24**	**6 oz**	**Mead Johnson**	**I**
Ensure Vanilla, dark chocolate, milk chocolate, butter pecan, strawberry, coffee	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**A**
Ensure Clear Thera Nutr	INCREASED CALORIE SUPPLEMENT – 31 kcal/oz. Fat malabsorptive or restricted diets	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**A**
Ensure Plus Vanilla, dark chocolate, milk chocolate, butter pecan, strawberry, coffee	Medical condition that increases calorie INCREASED CALORIE SUPPLEMENT - needs, oral motor feeding problems, tube feeding	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**A**
Ensure Pudding Vanilla, chocolate, butterscotch	INCREASED CALORIE SUPPLEMENT – 31 kcal/oz. Chewing or swallowing problems, need for increased calories	**4 oz RTF**	**48**	**4 oz**	**Abbott**	**A**
Glucerna Shake Vanilla, chocolate, strawberry, butter pecan	SPECIAL MEDICAL CONDITIONS - Diabetes or abnormal glucose intolerance	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**A**
Jevity 1 Cal (w/fiber)	SPECIAL MEDICAL CONDITIONS - For tube feeding with the need for fiber and wound healing	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**A**
Jevity 1.2 (w/fiber)	SPECIAL MEDICAL CONDITIONS - For tube feeding with the need for fiber and wound healing	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**A**
Ketocal 2.5:1 Liquid Vanilla	SPECIAL MEDICAL CONDITIONS – Intractable epilepsy, can be used for some metabolic reasons	**8 oz RTF**	**27**	**8 oz**	**NUTRICIA**	**P, A**
Ketocal 3:1	SPECIAL MEDICAL CONDITIONS - Intractable epilepsy, can be used for some metabolic reasons	**11 oz Pwd**	**6**	**70/105 oz**	**NURTRICIA**	**P, A**

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List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit size & Form**	**Case size**	**Yield**	**Mfct**	**Category**
Ketocal 4:1	SPECIAL MEDICAL CONDITIONS - Intractable epilepsy, can be used for some metabolic reasons	**11 oz Pwd**	**6**	**70/105 oz**	**NUTRICIA**	**P, A**
Ketocal 4:1 Liquid Vanilla, unflavored	SPECIAL MEDICAL CONDITIONS - Intractable epilepsy, can be used for some metabolic reasons	**8 oz RTF**	**27**	**8 oz**	**NUTRICIA**	**P, A**
Ketovie 4:1 Chocolate, vanilla	SPECIAL MEDICAL CONDITIONS – Intractable epilepsy, can be used for some metabolic reasons	**8.50 oz RTF**	**30**	**8.50 oz**	**Ketovie**	**P, A**
Lipistart	SPECIAL MEDICAL CONDITIONS - Fat malabsorption or conditions requiring a high MCT formula	**400 gm Pwd**	**6**	**90 oz**	**Vitaflo**	**P, A**
Liquigen	MODULAR - Fat malabsorption, conditions needing MCT oil, chylothroax, ketogenic diet, not a complete formula	**250 ml RTF**	**4**	**250 ml**	**NUTRICIA**	**P, A**
MCT Oil	MODULAR - Fat malabsorption, increase nutritional needs (not a complete formula)	**32 oz RTF**	**6**	**1 tsp (15ml)**	**Nestle**	**I, P, A**
MCT Procal	MODULAR - MCT procal is for use in the dietary management of disorders of long-chain fatty acid oxidation, fat mal-absorption and other disorders requiring a high MCT, low long-chain triglyceride (LCT) supplemental from 1 year of age.	**16 g pkts Pwd**	**30 packets/box**	**NA**	**Vitaflo**	**P, A**
Monogen	SPECIAL MEDICAL CONDITIONS - Chylothorax or conditions requiring high MCT oil	**400 gm Pwd**	**6**	**85 oz**	**NUTRICIA**	**P, A**
Neocate Infant DHA/ARA	ELEMENTAL - Severe malabsorption, GI impairment, multiple food allergies	**14.1 oz Pwd**	**4**	**97 oz**	**NUTRICIA**	**I**
Neocate Jr. w/Prebiotics, Unflavored, vanilla, or strawberry or chocolate	ELEMENTAL - Severe malabsorption, GI impairment, multiple food allergies	**400 gm Pwd**	**4**	**63/61 oz**	**NUTRICIA**	**P**
Neocate Jr. W/Prebiotics Tropical	ELEMENTAL - Severe malabsorption, GI impairment, multiple food allergies	**400 gm Pwd**		**60 oz**	**NUTRICIA**	**P**
Neocate Jr. Unflavored	ELEMENTAL - Severe malabsorption, GI impairment, multiple food allergies	**14.1 oz Pwd**	**4**	**64 oz**	**NUTRICIA**	**P**

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List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit Size & Form**	**Unit Case**	**Yield**	**Mfct**	**Category**
Neocate Splash Orange-pineapple, Grape, Tropical Fruit, Unflavored	ELEMENTAL - Severe malabsorption, GI impairment, multiple food allergies, nutritional profile based on Neocate Jr., Unflavored	**8 oz RTF**	**27**	**8 oz**	**NUTRICIA**	**P, A**
Neocate Syneo Infant Vanilla	ELEMENTAL – Severe malabsorption GI impairment, multiple food allergies with prebiotics and probiotics	**14.1 oz Pwd**	**4**	**95**	**NUTRICIA**	**I**
Novasource Renal Vanilla	SPECIAL MEDICAL CONDITION - Acute or chronic renal failure	**8 oz RTF**	**27**	**8 oz**	**Nestle**	**A**
Nutramigen w/Enflora LGG Toddler	PROTEIN-HYDROLYSTATE - Iron-fortified, lactose-free, hypoallergenic infant formula for older infants and toddlers who are allergic to soy formulas, contains extensively hydrolyzed proteins	**12.6 oz (357 g) Pwd**	**6**	**86 oz**	**Mead Johnson**	**P**
Nutren 1.0 Unflavored	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding	**250 ml (8.45 oz) RTF**	**24**	**250 ml (8.45 oz)**	**Nestle**	**A**
Nutren 1.0 w/fiber Unflavored	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding and need for fiber	**RTF 250 ml (8.45 oz) RTF**	**24**	**250 ml (8.45 oz)**	**Nestle**	**A**
Nutren 1.5 Unflavored	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, volume intolerance	**250 ml (8.45 oz) RTF**	**24**	**250 ml (8.45 oz)**	**Nestle**	**A**
Nutren 2.0 Unflavored	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, volume intolerance	**250 ml (8.45 oz) RTF**	**24**	**250 ml (8.45 oz)**	**Nestle**	**A**
Nutren Junior Vanilla	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth	**250 ml (8.45 oz) RTF**	**24**	**250 ml (8.45 oz)**	**Nestle**	**P**

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List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit Size & Form**	**Unit Case**	**Yield**	**Mfct**	**Category**
Nutren Junior Fiber Vanilla	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth and need for fiber	**250 ml (8.45 oz) RTF**	**24**	**250 ml (8.45 oz)**	**Nestle**	**P**
Osmolite 1 Cal, Unflavored	INCREASED CALORIE SUPPLEMENT - Increased protein needs with intolerance to hyper-osmolar feedings	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**A**
Osmolite 1.5 Cal, Unflavored	INCREASED CALORIE SUPPLEMENT - Increased protein needs with intolerance to hyper-osmolar feedings	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**A**
Pediasure Vanilla, chocolate, strawberry, banana cream, berry cream, s'mores	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth	**8 oz RTF**	**4 pks of 6**	**8 oz**	**Abbott**	**P**
Pediasure Vanilla, strawberry, chocolate, banana cream, berry cream Institutional (TF)	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**
Pediasure w/fiber Vanilla, strawberry	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth and need for fiber	**8 oz RTF**	**4 pks of 6**	**8 oz**	**Abbott**	**P**
Pediasure Enteral Vanilla	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**
Pediasure Enteral w/fiber Vanilla	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**
Pediasure 1.5 Vanilla	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**

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List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit Size & Form**	**Unit Case**	**Yield**	**Mfct**	**Category**
Pediasure 1.5 w/fiber Vanilla	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth and need for fiber	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**
Pediasure Harvest	INCREASED CALORIE SUPPLEMEMT- Medical condition requiring enteral nutrition, complete nutrition in a real food blend	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**
Pediasure Peptide 1.0 Vanilla, strawberry, unflavored	INCREASED CALORIE SUPPLEMENT – Malabsorption, maldigestion, GI impairment, semi-elemental	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**
Pediasure Peptide 1.5 Vanilla	INCREASED CALORIE SUPPLEMENT – Malabsorption, maldigestion, GI impairment, semi-elemental	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**
Pediasure Sidekicks Vanilla, chocolate, strawberry	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs, oral motor feeding problems, tube feeding, prematurity, FTT, inadequate growth	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P**
Peptamen Vanilla or Unflavored	ELEMENTAL – GI impairment	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**A**
Peptamen 1.5 Unflavored or vanilla	ELEMENTAL – GI impairment	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**A**
Peptamen with Prebio 1 Vanilla	ELEMENTAL – GI impairment	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**A**
Peptamen Junior Vanilla, unflavored, strawberry	ELEMENTAL - GI impairment	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**P**
Peptamen Junior HP Vanilla	ELEMENTAL-GI impairment. Provides peptides from enzymatically hydrolyzed whey protein. Not appropriate for individuals with cow's milk protein allergy.	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**P**
Peptamen Junior Fiber Vanilla	ELEMENTAL - GI impairment and need for added fiber	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**P**
Peptamen Junior, w/ Prebio 1 Vanilla, chocolate	ELEMENTAL - GI impairment	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**P**

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Product Name	**Common Indications**	**Unit Size & Form**	**Unit Case**	**Yield**	**Mfct**	**Category**
Peptamen Junior 1.5 Unflavored	ELEMENTAL - GI impairment, increase calorie needs	**250 ml RTF**	**24**	**250 ml**	**Nestle**	**P**
Polycal	SPECIAL MEDICAL CONDITION-carbohydrate supplement, dietary management for malnutrition, malabsorption, renal failure, liver cirrhosis, disaccharide intolerance, disorders of amino acid metabolism, and/or whole protein intolerance	**400 gm PWD**	**12**	**77 oz**	**Nutricia**	**P**
Portagen	SPECIAL MEDICAL CONDITION - Chylothorax or conditions requiring high MCT oil	**14.46 oz Pwd**	**6**	**64 oz**	**Mead Johnson**	**P, A**
Pregestimil 24 cal/fl oz	PROTEIN HYDROLYSTATE - Allergy or sensitivity to milk and/or soy protein or intact protein, gastrointestinal disorders such as intractable diarrhea, short bowel syndrome, etc. plus increase calorie needs	**2 oz RTF**	**48**	**2 oz**	**Mead Johnson**	**I**
PurAmino DHA &ARA	ELEMENTAL - Severe malabsorption, cow's milk protein allergy and/or multiple food protein allergies	**14.1 oz Pwd**	**4**	**98 oz**	**Mead Johnson**	**I**
PurAmino Jr. Unflavored, Vanilla	ELEMENTAL-Severe cow's milk protein allergy and/or multiple food protein allergies, protein maldigestion, malabsorption, short bowel syndrome and eosinophilic esophagitis	**400 gm Pwd**	**4**	**66 oz**	**Mead Johnson**	**P**
Renastart	SPECIAL MEDICAL CONDITION – renal disease	**400 gm Pwd**	**N/A**	**70 oz**	**Vitaflo**	**I, P**
Resource 2.0 Vanilla	INCREASED CALORIE SUPPLEMENT - Inadequate nutrient intake or increased nutritional needs	**8oz RTF**	**27**	**8 oz**	**Nestle**	**A**
Scandishakes Vanilla, chocolate	INCREASED CALORIE SUPPLEMENT - Medical condition that increases calorie needs	**3 oz Pwd**	**24**	**8 oz**	**Aptalis**	**P, A**
Similac Expert Care Neosure (22 cal/fl oz)	PREMATURE/LBW - For premature/low birthweight infants	**2 oz RTF**	**48**	**2 oz**	**Abbott**	**I**

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List II Formulas: RX and Approval Required (all formulas are either an exempt infant formula or a medical food)						
Product Name	**Common Indications**	**Unit Size & Form**	**Unit Case**	**Yield**	**Mfct**	**Category**
Similac Expert Care Neosure (22 cal/fl oz)	PREMATURE/LBW - For premature/low birthweight infants	**32 oz RTF**	**6**	**32 oz**	**Abbott**	**I**
Similac Expert Care Neosure (22 cal/fl oz)	PREMATURE/LBW - For premature/low birthweight infants	**13.1 oz Pwd**	**6**	**87 oz**	**Abbott**	**I**
Similac Human Milk Fortifier (powder)	PREMATURE/LBW - To fortify human breast milk	**0.9 g Pwd**	**150 3x50**	**25 ml**	**Abbott**	**I**
Similac PM 60/40 (20 cal/fl oz)	SPECIAL MEDICAL CONDITION - Hypocalcemia	**14.1 oz Pwd**	**6**	**102 oz**	**Abbott**	**I**
Similac Special Care 24 with iron	PREMATURE/LBW - For premature/low birthweight infants until they reach a weight of 8 pounds	**2 oz RTF**	**48**	**2 oz**	**Abbott**	**I**
Similac Special Care 30 with iron	PREMATURE/LBW - For premature/low birthweight infants until they reach a weight of 8 pounds	**2 oz RTF**	**48**	**2 oz**	**Abbott**	**I**
Suplena w/ Carb Steady Vanilla	SPECIAL MEDICAL CONDITION - Chronic or acute renal failure	**8 oz RTF**	**24**	**8 oz**	**Abbott**	**P, A**
Tolerex ≥ 3 years old	ELEMENTAL - Impaired digestion and absorption	**2.82 Pwd**	**6/carton 10 cartons per case**	**Approx. 10.144 oz or 300ml**	**Nestle**	**P**
Vivonex Pediatric Unflavored	ELEMENTAL - GI impairment	**1.7 oz Pwd**	**36 (6 pks of 6)**	**8.45 oz**	**Nestle**	**P**

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Metabolic Formulas: RX and Approval Required						
Product Name	**Form**	**Unit size**	**Unit case**	**Manufacturer**	**Yield**	**Category**
BCAD 1	**Pwd**	**1 lb**	**6**	**Mead Johnson**	**114 oz**	**I**
BCAD 2	**1 lb Pwd**	**1 lb**	**6**	**Mead Johnson**	**93 oz**	**P, A**
Calcilo XD	**Pwd**	**13.2 oz**	**6**	**Abbott**	**96 oz**	**I**
Complex Essential MSD Vanilla	**Pwd**	**400 gm**	**4**	**NUTRICIA**	**86 oz**	**P**
Complex Junior MSD W/DHA – ARA	**Pwd**	**400 gm**	**4**	**Mead Johnson**	**98 oz**	**P, A**
Cyclinex 1	**Pwd**	**14.1 oz**	**6**	**Abbott**	**102 oz**	**I, P**
Cyclinex 2	**Pwd**	**14.1 oz**	**6**	**Abbott**	**88 oz**	**P, A**
Essential Amino Acid (EAA) (Age 3 years and up)	**Pwd**	**12.5 g**	**50**	**Vitaflo**	**100 ml**	**P, A**
GA-1 Anamix Early Years	**Pwd**	**400 g**	**6**	**NUTRICIA**	**90 oz**	**I,P**
Glutarade GA-1 Amino Acid Blend	**Pwd**	**454 g**	**4**	**NUTRICIA**	**73 oz**	**P, A**
Glutarade GA-1 Junior Drink	**Pwd**	**14.1 oz**	**4**	**NUTICIA**	**82 oz**	**P**
Glutarex 1	**Pwd**	**14.1 oz**	**6**	**Abbott**	**96 oz**	**I, P**

I = Infant **P = Pediatric** **A = Adult**

*** Formula Dilution – 20 kcal/ounce. Call Central Office Nutrition Consultant for other dilutions.**

Metabolic Formulas: RX and Approval Required

Product Name	Form	Unit size	Unit case	Mfct	Yield	Category
Glutarex 2	Pwd	14.1 oz	6	Abbott	82 oz	P, A
Glytactin RTD 15	RTF	250 ml	30	Cambrooke	250 ml	P,A
HCU Anamix Early Years	Pwd	400 gm	6	NUTRICIA	90 oz	I
HCY 1	Pwd	1 lb	6	Mead Johnson	114 oz	I
HCY 2	Pwd	1 lb	6	Mead Johnson	93 oz	P, A
Hominex 1	Pwd	14.1 oz	6	Abbott	96 oz	I, P
Hominex 2	Pwd	14.1 oz	6	Abbott	82 oz	P, A
IVA Anamix Early Years	Pwd	400 g	6	Nutricia	90 oz	I
I-Valex 1	Pwd	14.1 oz	6	Abbott	96 oz	I, P
I-Valex 2	Pwd	14.1 oz	6	Abbott	82 oz	P, A
Ketonex 1	Pwd	14.1 oz	6	Abbott	96 oz	I, P
Ketonex 2	Pwd	14.1 oz	6	Abbott	82 oz	P, A
Lophlex Powder Berry, orange	Pwd	0.5 oz	30	NUTRICIA	2.2 oz	A
MMA PAAnamix Early Years	Pwd	400 gm	6	NUTRICIA	90 oz	I
Periflex Advance Unflavored, orange	Pwd	1 lb	6	NUTRICIA	87 oz	A
Periflex Jr. Plus Plain, berry	Pwd	14.1 oz	6	NUTRICIA	51 oz	P
PFD Toddler	Pwd	1 lb	6	Mead Johnson	121 oz	I
PFD 2	Pwd	1 lb	6	Mead Johnson	91 oz	P, A

I = Infant **P = Pediatric** **A = Adult**

*** Formula Dilution – 20 kcal/ounce. Call Central Office Nutrition Consultant for other dilutions.**

Metabolic Formulas: RX and Approval Required						
Product Name	**Form**	**Unit size**	**Unit case**	**Mfct**	**Yield**	**Category**
PhenylAde Essential Chocolate, vanilla, orange cream, strawberry	**Pwd**	**1 lb**	**4**	**NURTICIA**	**72 oz**	**P, A**
PhenylAde GMP Mix-In	**Pwd**	**12.5 g pouches**	**20**	**Nutricia**	**6 oz**	**P,A**
PhenylAde 60 Unflavored, vanilla	**Pwd**	**454 gm**	**4**	**NUTRICIA**	**66 oz**	**P, A**
PhenylAde MTE AminoAcid Blend	**Pwd**	**454 gm**	**4**	**NUTRICIA**	**91 oz**	**P, A**
Phenyl-Free 1	**Pwd**	**1 lb**	**6**	**Mead Johnson**	**114 oz**	**I**
Phenyl-Free 2	**Pwd**	**1 lb**	**6**	**Mead Johnson**	**93 oz**	**P, A**
Phenyl-Free 2 HP	**Pwd**	**1 lb**	**6**	**Mead Johnson**	**89 oz**	**P, A**
Phenex 1	**Pwd**	**14.1 oz**	**6**	**Abbott**	**96 oz**	**I**
Phenex 2 Vanilla or unflavored	**Pwd**	**14.1 oz**	**6**	**Abbott**	**82 oz**	**P, A**
PKU Lophlex LQ Tropical, berry	**Liquid**	**4.2 oz**	**30**	**NUTRICIA**	**4.2 oz**	**A**
PKU Periflex Early Years	**Pwd**	**14.1 oz**	**6**	**NUTRICIA**	**90 oz**	**I**
Pro-Phree	**Pwd**	**14.1 oz**	**6**	**Abbott**	**102 oz**	**I, P**
Propimex 1	**Pwd**	**14.1 oz**	**6**	**Abbott**	**96 oz**	**I**
Propimex 2	**Pwd**	**14.1 oz**	**6**	**Abbott**	**82 oz**	**P, A**
RCF	**Conc**	**13 oz**	**12**	**Abbott**	**26 oz**	**I**
Tyrex-1	**Pwd**	**14.1 oz**	**6**	**Abbott**	**96 oz**	**I**
Tyrex-2	**Pwd**	**14.1 oz**	**6**	**Abbott**	**82 oz**	**P, A**
TYROS 1	**Pwd**	**1 lb**	**6**	**Mead Johnson**	**114 oz**	**I**
TYROS 2	**Pwd**	**1 lb**	**6**	**Mead Johnson**	**93 oz**	**P, A**
WND 1	**Pwd**	**1 lb**	**6**	**Mead Johnson**	**114 oz**	**I**
WND 2	**Pwd**	**1 lb**	**6**	**Mead Johnson**	**93 oz**	**P, A**

I = Infant **P = Pediatric** **A = Adult**

*** Formula Dilution – 20 kcal/ounce. Call Central Office Nutrition Consultant for other dilutions.**

Abbott Nutrition
www.abbottnutrition.com **(800-227-5767)**

Nutricia Metabolics
www.medicalfood.com **(800-605-0410)**

Aptalis
www.aptalispharma.com **(800-950-8085)**

Gerber
www.gerber.com **(800-284-9488)**

KetoVie
www.ketovie.com (866-456-9776)

Mead Johnson
www.mjn.com **(812-429-6399)**
http://www.meadjohnson.com/pediatrics/us-en/product-information/products

Nestle
www.nestlehealthscience.us **(800-422-2752, adults)**
www.nestle-nutrition.com/products/default./aspx

Nutricia North America
www.nutricia-na.com **(800-365-7354, option #2)**

Vitaflo
www.vitaflousa.com **(888-VITAFLO)**

Note:

- **Prior Central Office approval is required when issuing formulas not listed.**

Infant Formula Requiring Monthly Issuance

KEY												
Formula Name							*Category (infant, pediatric, adult)*					
Yield (number of prepared ounces per container							*Number of containers/cases*			*Manufacturer*		
Formula indication												
Month Age	***0***	***1***	***2***	***3***	***4***	***5***	***6***	***7***	***8***	***9***	***10***	***11***
FFF/TBF	*Issue this number of containers based on month age and infant feeding/food package type.*											
PBF												

CONTRACT FORMULA

8.1 oz Conc. Gerber Good Start GentlePro						Infant					
16.2 prepared ounces/can						6 cans/case			Gerber		
Milk standard infant formula											
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	50	50	50	50	55	55	39	39	39	39	38	38
PBF	6	23	23	23	28	28	20	20	19	19	19	19

8.1 oz Conc. Gerber Good Start Soy						Infant					
16.2 prepared ounces/can						6 cans/case			Gerber		
Soy based standard infant formula											
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	50	50	50	50	55	55	39	39	39	39	38	38
PBF	6	23	23	23	28	28	20	20	19	19	19	19

12.7 PWD Good Start Gentle						Infant					
92 prepared ounces/can						6 cans/case			Gerber		
Standard infant formula											
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	9	9	9	9	10	10	7	7	7	7	7	7
PBF	0,1	4	4	4	5	5	4	4	4	4	4	4

12.4 oz PWD Good Start SoothePro						Infant						
90 prepared ounces/can						6 cans/case			Gerber			
Standard infant formula with lower lactose content												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	9	9	9	9	10	10	7	7	7	7	7	7
PBF	0,1	5	4	4	5	5	4	4	4	4	4	4

12.9 oz PWD Good Start Soy						Infant						
91 prepared ounces/can						6 cans/case			Gerber			
Soy based standard infant formula												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	9	9	9	9	10	10	7	7	7	7	7	7
PBF	0,1	5	4	4	5	5	4	4	4	4	4	4

LIST I Formula

1 lb PWD Pregestimil					Infant							
112 prepared ounces/can					6 cans/case		Mead Johnson					
Hypoallergenic, malabsorption, sensitive to intact proteins, 55% fat as MCT oil												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	8	7	7	7	8	8	6	6	6	6	6	6
PBF	0, 1	4	3	3	4	4	3	3	3	3	3	3

LIST II Formula

12.9 oz PWD Enfamil AR					Infant							
91 prepared ounces/can					6 cans/case		Mead Johnson					
Nutritionally complete milk based infant formula with added rice starch to reduce frequent regurgitation												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	9	9	9	9	10	10	7	7	7	7	7	7
PBF	0,1	5	4	4	5	5	4	4	4	4	4	4

14.1 oz PWD Neocate Infant DHA/ARA					Infant							
97 prepared ounces/can					4 cans/case				Nutricia North America			
Hypoallergenic, cow and soy milk allergy, multiple food protein intolerance and food allergy-associated conditions												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	9	9	9	9	10	10	7	7	7	7	7	7
PBF	0, 1	4	4	4	5	5	4	4	4	4	4	4

14.1 oz PWD PurAmino					Infant							
98 prepared ounces/can					4 cans/case				Mead Johnson			
Hypoallergenic, amino acid based, severe cow's milk protein allergy, multiple food protein allergies, protein maldigestion, malabsorption												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	9	8	8	8	10	9	7	7	7	7	7	7
PBF	0, 1	4	4	4	5	5	4	4	3	3	3	3

14.1 oz PWD Similac PM 60/40					Infant							
102 prepared ounces/can					6 cans/case				Abbott			
Serum calcium disorders, infants who would benefit from lowered mineral intake, impaired renal function, this is a low iron formula												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	8	8	8	8	9	9	7	6	6	6	6	6
PBF	0, 1	4	4	4	5	5	4	3	3	3	3	3

Metabolic Formula

1 lb PWD BCAD 1						Infant					
114 prepared ounces/can						6 cans/case		Mead Johnson			
Iron-fortified infant formula and medical food powder, MSUD, contains no isoleucine, leucine, or valine.											
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	8	7	7	7	8	8	6	6	6	6	6	6
PBF	0, 1	4	3	3	4	4	3	3	3	3	3	3

1 lb PWD HCY 1						Infant					
114 prepared ounces/can						6 cans/case		Mead Johnson			
Iron-fortified infant formula and medical food powder for infants and toddlers, homocystinuria, contains no methionine.											
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	8	7	7	7	8	8	6	6	6	6	6	6
PBF	0, 1	4	3	3	4	4	3	3	3	3	3	3

1 lb PWD PFD Toddler						Infant					
121 prepared ounces/can						6 cans/case		Mead Johnson			
Protein and amino acid free formula for infants and toddlers with various amino acid metabolic disorders.											
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	7	7	7	7	8	7	6	5	5	5	5	5
PBF	0, 1	4	3	3	4	4	3	3	3	3	3	3

1 lb PWD Phenyl-Free 1						Infant					
114 prepared ounces/can						6 cans/case		Mead Johnson			
Iron-fortified infant formula and medical food powder for infants and toddlers, PKU, contains no phenylalanine.											
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	8	7	7	7	8	8	6	6	6	6	6	6
PBF	0, 1	4	3	3	4	4	3	3	3	3	3	3

1 lb PWD TYROS 1					Infant							
114 prepared ounces/can					6 cans/case				Mead Johnson			
Iron-fortified infant formula and medical food powder for infants and toddlers, tyrosinemia, no phenylalanine or tyrosine.												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	8	7	7	7	8	8	6	6	6	6	6	6
PBF	0, 1	4	3	3	4	4	3	3	3	3	3	3

1 lb PWD WND 1					Infant							
114 prepared ounces/can					6 cans/case				Mead Johnson			
Iron-fortified infant formula and medical food powder for infant and toddlers, inborn errors of the urea cycle (waste nitrogen disorders), no nonessential amino acids.												
Month Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
FFF/TBF	8	7	7	7	8	8	6	6	6	6	6	6
PBF	0, 1	4	3	3	4	4	3	3	3	3	3	3

CHAPTER 15 PROGRAM INTEGRITY

A. GENERAL PROGRAM FRAUD AND ABUSE

Abuse is defined as any violation of Federal regulations, State program guidelines, or policies and procedures by any participant, employee, or WIC vendor. The local WIC office will inform all participants and employees of their responsibilities in adhering to WIC program guidelines, and what actions constitute program abuse along with the consequences. Education regarding program abuse will be done on a continual basis.

1. EMPLOYEE PROGRAM FRAUD AND/OR ABUSE

A. Employee fraud and abuse is the intentional misconduct of a state, or clinic employee which violates program regulations, policies, or procedures, including, but not limited to, misappropriating or altering food benefits, entering false or misleading information in case records, or creating case records for fictitious participants.

B. The State Office routinely monitors reports for the detection of potential employee fraud or abuse. Complaints of local WIC site employee abuse are to be reported to the WIC Program Manager. The Program Manager is responsible for gathering the necessary documentation and ensuring the complaint is marked confidential prior to forwarding to the State Office Program Integrity Investigator.

1. Examples of employee abuse or fraud are listed below but not all inclusive:
   a. Income Abuse
   b. Eligibility documentation
   c. Certifying known participants
   d. Selling/giving away WIC foods, eWIC card
   e. Misuse of WIC food benefits (misappropriation)
   f. Breach of participant confidentiality

C. Employee Investigations are conducted by the State Office Program Integrity Investigator. The appropriate DHEC staff will be kept informed of the investigation and a final report will be submitted to the appropriate supervisory staff.
1. The WIC Program Manager will complete the WIC Complaint/Follow-Up Form (DHEC 1898) and collect any supporting documentation from staff, as applicable.
2. The Program Integrity Investigator will coordinate a scheduled visit to the WIC site of the employee.
3. The Program Integrity Investigator will interview the employee and gather any additional documentation if necessary.
4. The Program Integrity Investigator will write up a summary of the information collected and from interview(s) conducted to submit to the WIC Program Manager.
5. The State and Region/PCC staff (Human Resources, Office of General Counsel, Health Director, etc.) will be notified of the findings to determine the necessary sanctions, if the employee has been found to have intentionally violated the WIC program.

2. CONFLICT OF INTEREST

A. At no time can a conflict of interest exist between a WIC employee and a vendor, farmer or local WIC clinic. All WIC site staff members (fully or partially funded by WIC) will sign a conflict of interest statement. All current and newly hired WIC employees must sign the statement once every two years. If at any time the employee's situation changes where there may be a conflict of interest the employee is responsible for notifying their supervisor and completing a new Conflict of Interest Statement. The employee's supervisor shall also sign and date the Conflict of Interest Statement. Forms should be kept on file by the employee's supervisor and/or the Site Supervisor. The Region/PCC will make available to WIC Central Office the completed statements for each employee during the Management Evaluation. (Appendix 15.1)

B. To prevent abuse of the Program and maintain the integrity of each certification, the following procedures must be followed when a DHEC or PCC employee applies for WIC or when separation of duties is necessary.

C. **DHEC and PCC employees applying for WIC**
If eligible, DHEC and PCC employees should be provided WIC benefits in the same manner as other applicants.

D. However, WIC employees are prohibited from performing any WIC duties related to their role as a participant, program applicant, or proxy. Proof of Identity, Residency, and Income must be recorded as with any other applicant. The following are some examples of duties WIC employees cannot perform when applying for WIC services.
1. Prescribing food packages;
2. Issuing food benefits;
3. Recording any information in SCWIC;
4. Signing as the WIC staff person conducting any portion of WIC certification process (i.e., income screening, food package prescriptions, nutrition assessment);
5. Performing any duties related to a WIC certification (i.e., measuring, weighing, and risk code documentation).

E. **Staff performing certifications on known participants**
WIC employees should not perform any duties associated with the certification of an applicant that the employee may have regular contact with outside the clinic, (i.e., family members, friends, neighbors, etc.). If there is only one administrative staff and one CPA (certifier) located in the clinic site, Admin/CPA must inform the WIC Program Manager by email. The Program Manager/WIC Coordinator will immediately notify the State WIC Director or designee for approval prior to the certification being completed. Staff must ensure that all program regulations are followed.

F. **Complete Certification Conducted by One Employee**

1. WIC employees should not perform all aspects of a certification (i.e. administrative and clinical documentation, and food benefit issuance). It is recommended that staff is rotated so that the same staff person is not the only person that performs certifications at the same location.

2. In clinic sites where there are multiple WIC staff (administrative and CPA) one WIC staff person is prohibited from performing all aspects of a certification.

3. When an employee must complete all aspects of a certification (i.e. hospital certifications), the WIC Dual Duties Log (DHEC 2066) must be completed at the time of certification and notification by email must be sent to the WIC Program Manager.

4. The DHEC 2066 should be forwarded to the supervising staff or designee at the local site along with all documentation. The supervising staff or designee must conduct a post review of all non-breastfeeding infant certification records and at least 20% of a random sample of the remaining certifications records within two (2) weeks of the certification. For each certification, the reviewer must document all outcomes in SCWIC. The reviewer should compare the documentation from the WIC Certification Checklist (DHEC 2036) to ensure that all information is captured in SCWIC. Follow-up must be done on any discrepancies found and also documented in SCWIC.

5. If proper procedures were not followed, the reviewer must investigate and provide additional training and follow-up with the staff as needed. Written documentation of the investigation and outcome must be filed with the Dual Duties Log at the site. If program abuse is detected, all information must be forwarded to the Program Integrity Investigator. Completed DHEC 2066 forms must be kept on file at the local site for a period of three years and then shredded.

3. CONFIDENTIALITY OF PARTICIPANT WIC INFORMATION

A. Confidentiality requirements as described above apply both to information provided by an applicant or participant, information obtained from other sources regarding the applicant/participant, and to information which is based on direct observation of an applicant's or participant's condition or behavior. This includes (but is not limited to) the time and date a participant was at the WIC clinic and any aspect of the appearance or apparent condition of persons attending the WIC clinic. Once information is included in the WIC record, regardless of its original source, WIC confidentiality protections are attached.

B. Except as required by law (cases of abuse/neglect) or otherwise permitted by this section, applicant or participant information may not be released without the individual's consent. In documenting an individual's consent to release information, a signed authorization to obtain and/or release WIC information and other necessary data is printed from SCWIC. Participants may request documentation from SCWIC. The participant is responsible for releasing the information to a third party, as needed. A DHEC 1623 is not required for referrals to a health care provider (DHEC 1850), if the participant has completed the DHEC 1862B. Applicants and participants shall be provided access to all information they provided to the WIC Program, however access to information obtained from third parties and staff assessments need not be provided unless required by law. Confidential information may also be disclosed pursuant to a valid subpoena, search warrant, or court order.

C. Except as required by law or otherwise permitted by this section, the use and disclosure of confidential applicant and participant information is limited to those persons directly connected with the WIC Program whom have a need to know the information for WIC Program purposes. Therefore, information may be shared with other WIC sites without a signed authorization. In order to promote continuity of services for participants who have moved out-of-state staff may fax the VOC to the receiving site.

D. The applicant or participant must be notified of any use and disclosure of information regarding their participation in the WIC Program for non-WIC purposes, except as required by law. This notification must also indicate that such information will be used by WIC agencies and public organizations only in the administration of their programs that serve persons eligible for the WIC Program.

E. Information regarding actual or suspected alcohol or drug abuse must be kept confidential, unless a participant signs an authorization to obtain and/or release personally identifiable information and specifies to whom this information may be released.

F. The confidentiality provision does not prohibit the release of information if the information is released in a way that protects the identity of the individuals. Therefore, requests for data in aggregate or summary form may be granted as long as the released information excludes any items which would identify program participants or applicants.

G. Each parent, whether custodial or non-custodial parent of the child, has equal access and the same right to obtain all educational records and WIC records of their minor children and the right to participate in their children's school activities unless prohibited by order of the court. (South Carolina Code Section 63-15-260). If a non-custodial parent requests information regarding a WIC participant, WIC is required to release that information in the absence of a court order. Please follow the procedures below when releasing WIC information to a non-custodial parent that is not listed in the record:
   a. Check file for court order prohibiting parent access to child's information.
   b. Request and copy identification of parent.
   c. Request and copy proof of parentage (i.e. court document, birth certificate, DSS document, Medicaid card for that child with parent listed).
   d. Request parent sign a DHEC 1623 Consent to Obtain and/or Release Information.

H. The release of information to a non-custodial/non-applying parent does not include information pertaining solely to the applying parent (i.e. income documentation, residency documentation, etc.).

I. State law requires that cases of suspected child abuse/neglect be reported to Department of Social Services or local law enforcement. Any DHEC employee who reports an incident of abuse or neglect of a child should do so in strict compliance with state law and with DHEC procedures. The DHEC 1879 (Protective Services Report), fax transmittal, and any additional continuation sheets related to the incident are maintained in accordance with agency policies. Documenting and Reporting Suspected Abuse/Neglect of Children policy may be found at https://dhec.sharepoint.com/sites/prc/DHEC-Policy-Manual/Policies/Documenting%20and%20Reporting%20Suspected%20Abuse%20Neglect%20of%20Children.pdf. Staff may also have incidence where there is suspected abuse/neglect of an adult participant receiving WIC benefits. Documenting and Reporting Suspected Abuse/Neglect/Exploitation of Vulnerable Adults policy may be found at https://dhec.sharepoint.com/sites/prc/DHEC-Policy-Manual/Policies/Documenting%20and%20Reporting%20Suspected%20Abuse%20Neglect%20of%20Vulnerable%20Adults.pdf. The reporter is not required to inform the WIC applicant that a sexual activity/abuse/neglect case is being reported. Any staff who, while in performance of their duties, observes abuse or has information directly related to suspicion of abuse or neglect could be subpoenaed to testify if the case goes to court.

4. NOTIFICATION OF THE PARTICIPANT RIGHTS AND RESPONSIBLITIES

A. The Participant Rights and Responsibilities Statement (DHEC 1862B) is the official signature page for recording the applicant/parent/authorized representative signature signifying agreement to the "Rights and Responsibilities Statement" and confirmation to the accuracy of the proofs (identification, residency and income) presented for certification. It is to be completed before data entry is done in SCWIC.

B. The applicant/parent/authorized representative signature indicates that they have read and understand their responsibilities while receiving program benefits. All requirements are mandated by the Federal regulation 7 CFR 246.7 (j) Notification of participant rights and responsibilities.

5. PARTICIPANT FRAUD OR ABUSE

Participant violation means any intentional action of a participant, parent or caretaker of an infant or child participant, or proxy that violates Federal and State statutes, regulations, policies, or procedures governing the Program. Participant violations include intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts to obtain benefits; exchanging cash-value benefits, food benefits or supplemental foods in excess of those listed on the participant's food package; threatening to harm or physically harming clinic, farmer or vendor staff; and dual participation as stated in the WIC Federal regulations 246.2.

A. Per WIC Federal regulations 246.12(u) (2), "Mandatory disqualification. (i) General. Except as provided in paragraphs (u)(2)(ii) and (u)(2)(iii) of this section, whenever the State Agency assesses a claim of $100.00 or more, assesses a claim for dual participation, or assess a second or subsequent claim of any amount, the State Agency must disqualify the participant for one year.".

B. Participants who defraud or abuse the program can be referred to federal, state or local authorities for prosecution under applicable statutes. DHEC Regions or PCCs desiring to pursue prosecution must contact the State WIC Director prior to contacting other authorities.

C. Prevention and detection of fraud or abuse:
   1. The most positive method of preventing abuse is educating participants and parent/authorized representatives why they and /or their small children need the Program and how proper nutrition is related to good health.
   2. During orientation to the Program, Federal and State regulations and requirements must be explained to the participant (Participant Rights and Responsibilities Agreement on DHEC 1862B).
   3. During issuance, WIC staff should ask participants about the acquisition, preparation and consumption of the supplemental foods in an effort to correct misunderstandings and/or discover abuse.
   4. Study of participants' health indicators over time may identify program misuse. Deterioration or no improvement in health and nutritional status will alert WIC staff to check for possible abuse.
   5. Preventive Fraud items are available to all WIC sites:
      a. Poster (Don't Do It!) Selling WIC formula
      b. Rack Cards (examples of WIC fraud/abuse, Don't Do It!)
      c. DSS Custody Change flyer
      d. DHEC (WIC website (examples of WIC fraud/abuse, Don't Do It!)

D. All reported cases of participant/employee fraud or abuse is maintained in a database by the Program Integrity Investigator at WIC Central Office. The database includes at a minimum these characteristics of fraud or abuse: participant identification, date of notification, outcome, and restitution (if any).

6. DUAL PARTICIPATION

Dual participation is defined as simultaneous participation in more than one WIC clinic or participation in the Program and in the CSFP during the same period of time.

A. A list of possible dual participants is generated monthly by the Program Integrity Investigator.

B. The Program Integrity Investigator reviews the report within 30 days of the end of the month. The computerized record of the participant is reviewed to determine the current status. Intentional dual participation is fully investigated and restitution sought by WIC Central Office.

C. Participants found to have intentionally dual participated on the Program will be disqualified for one (1) year, 246.12 (u) (2).

D. If the participant establishes a payment schedule or pays full restitution within 30 days of receipt of the claim the participant may continue to receive Program benefits.

E. If during the disqualification time period the participant begins a payment schedule or pays full restitution they can reapply for Program benefits.

F. The Program Integrity Investigator will complete the investigation within 120 days of detecting the possible dual participation.

7. INTERSTATE DUAL PARTICIPATION

Federal regulations require a plan to prevent and detect dual participation "in areas where geographical or other factors make it likely that participants travel regularly between contiguous local-service areas located across State agency borders." (7 CFR 246.7 [l] [2]). To meet this requirement, South Carolina has written agreements in effect with bordering states to exchange participant information semi-annually. If a potential dual participant is found, the local clinic site is notified and WIC Central Office will conduct an investigation.

South Carolina and Georgia have a written Memorandum of Understanding to share participant data on a quarterly basis. Per the agreement, Georgia will match participant data with SC's bordering WIC sites. Georgia has also agreed to match data between SC and NC's bordering WIC sites.

If it has been determined that the participant is the same person:

A. The participant originated WIC services in SC and has moved to Georgia or NC and there is an over-lap in services, Georgia or NC will seek restitution.

B. The participant originated WIC services in Georgia or NC and moved to SC and there is an over-lap in services, SC will seek restitution.

8. WIC COMPLAINT/FOLLOW-UP PROCEDURES

A. Documentation Procedures for WIC Complaints

1. When complaints are received, the WIC Coordinator or Program Manager will create/enter the following complaint information in SCWIC**:**
   Under Miscellaneous
   a. Complaints Add: (this creates a case number); enter required fields
   b. Complaints Investigations**:** choose the participant in the drop-down box under Case Number, complete Investigation Notes, Violation Type Alleged, Investigation Status
   c. Communications**:** scan any documents (letters) and upload to Program Integrity Letters (Document Type)

2. If a complainant does not wish to give his/her name, "anonymous" should be listed instead of name. The same procedures will be followed for anonymous complaints as those filed by individuals who identify themselves.

3. The WIC Coordinator or Program Manager will forward the completed (DHEC 1898) and any documents (suspension, warning letter, police report) by email to the Program Integrity Investigator.

4. If a complaint is received by WIC Central Office: on the day the complaint is received, the Program Integrity Investigator will complete the Complaint/Follow-Up Form (DHEC 1898) and the WIC Program Manager (or designee) will be notified by e-mail that a complaint has been received.

5. When a complaint is received by the local WIC clinic (either directly or from WIC Central Office), an attempt should be made to resolve the issue within two working days and the outcome shared with the Program Integrity Investigator via email.

B. Participant Complaints of Vendors/Farmers:

Participants are to be notified that they have the right to report any problems encountered with redeeming food benefits at the grocery stores/farmers market and should be encouraged to do so.

1. Participants can complete the Complaint/Follow-Up Form (DHEC 1898) to report a problem with a vendor/farmer if they are present at the WIC site. Site staff will forward the completed form to the Program Integrity Investigator for farmer complaints and Vendor Management Unit for vendor complaints.

2. Participants can verbally register a vendor/farmer complaint by calling 1-800-922-4406, Vendor Hotline. The Vendor Management Unit will forward any farmer complaints to the Program Integrity Investigator.

9. WIC CENTRAL OFFICE INCOME ABUSE COMPLAINTS

A. WIC Central Office will investigate all complaints regarding income abuse received from the WIC site or received directly from a complainant (i.e. WIC participant, citizen). The WIC Program Manager will complete the Complaint/Follow-Up Form (DHEC 1898) and submit to the Program Integrity Investigator.

B. WIC Central Office will notify the participant in writing within 15 working days of receipt of the above information. The participant will be notified of the responsibility of the WIC Program in following up on all complaints received by the Program. Central Office will investigate according to the nature of the complaint.

C. Procedure:
   1. The participant will be required to identify all persons living together as one economic unit and their income.
   2. Proof of income will be required for all persons in the household who contribute to the participant's economic unit.
   3. This information must be returned to WIC Central Office within 15 calendar days of receipt. Failure to contact WIC Central Office will result in the immediate termination of WIC Services.

D. Outcome Notification:
   1. WIC Central Office will review the evidence received from the WIC participant/parent/authorized representative and other pertinent documentation and will notify participant by letter within 30 working days of the findings. If adverse actions are to be taken, the participant will be notified of his/her right to a fair hearing.

   2. If the investigation reveals the participant is in violation of Program rules and regulations, WIC Central Office will notify the WIC Program Manager. WIC ineligibility procedures should be followed.

10. SELLING WIC FOODS

A. Participants or parents/authorized representatives who are suspected of selling or giving away WIC formula or foods will be investigated by the Program Integrity Investigator.

B. Social media websites will be reviewed on a monthly basis. Other complaints of selling WIC foods will be handled on a case-by-case basis.
A letter will be sent to the participant or parent/authorized representative regarding WIC food items. The Program Integrity Investigator will investigate possible WIC food sales within six (6) months of the date of the posting or reposting of potential WIC food items. The participant or parent/authorized representative must contact the Program Integrity Investigator before additional food benefits are obtained. The participant or parent/authorized representative will also be instructed to remove any listings in reference to WIC foods and to return all unopened WIC food items to the local WIC site or pay restitution. When proof of abuse has been established, the participant will be required to pay restitution for the "value of the benefits", the dollar amount of the food benefits which were obtained and redeemed or the cost of the specific formula provided. If the preponderance of evidence suggests that the items were redeemed via WIC food benefits (formula/baby foods/cereal); it will be the responsibility of the participant to provide evidence to support a different form of transaction.

C. The Program Integrity Investigator will place an Alert in SCWIC within the household to inform staff of the investigation. Staff must always review SCWIC Alerts prior to issuance of food benefits.

D. When the participant or parent/authorized representative presents at the local WIC site, staff will review the Alerts. If the Alert does not indicate that the investigation is resolved, staff will contact the Central Office, Program Integrity Investigator. If contact is not possible, the staff may issue **one month's food benefits (Staff should get authorization from their supervisor or WIC Coordinator first)** and instruct the participant or parent/authorized representative to contact Central Office prior to additional food benefits being issued. Staff will then email the Program Integrity Investigator of the action taken.

E. When a participant returns (not exchanging) unopened WIC foods, staff should review SCWIC Alerts to determine if the items are related to an investigation. If the Alert indicates that there is an ongoing investigation, staff will accept the food items, issue WIC benefits and email the Program Integrity Investigator information regarding the returned food items.

F. Staff will refer to Chapter 14 Formulas for inventory and disposal procedures.

B. SANCTIONS AGAINST PARTICIPANTS AND RESTITUTION BY PARTICIPANTS

1. GENERAL COMPLAINTS/SANCTIONS

A. Per WIC Federal regulations 246.12(u) (2), "Mandatory disqualification. (i) General. Except as provided in paragraphs (u)(2)(ii) or (u)(2)(iii) of this section, whenever the State Agency assesses a claim of $100.00 or more, assesses a claim for dual participation, or assess a second or subsequent claim of any amount, the State Agency must disqualify the participant for one year.". Participants disqualified for Program abuse shall be notified of their right to a fair hearing.

B. Abuse can only be committed by an adult participant or parent/authorized representative of an infant or child participant.

2. ABUSIVE LANGUAGE/BEHAVIOR

A. Participants or parents/authorized representatives using *abusive language* towards clinic staff or other WIC participants will receive a written warning for the first offense. Region/PCC staff (Program Manager or Coordinator) will mail the participant or parent/authorized representative a warning letter and a copy is sent to the Program Integrity Investigator. The second offense will result in a **six-month suspension** from the WIC site. After the six-month suspension, both the WIC Program Manager or designee and the Site Supervisor or designee will be required to be present at the following clinic appointment to ensure a smooth transition back into clinic services. These supervisory staff serve as security/witness for the staff and ensure customer service for the participant. The third offense will result in a **one-year suspension** from the WIC site. Offenses after the third will result in an automatic one-year suspension. The Program Manager or designee will mail the suspension letter to the participant or parent/authorized representative and copy sent to the Program Integrity Investigator. If the reported incident occurred at a WIC site, the participant must change WIC sites after the one-year suspension period if at any time the participant is certifying/recertifying. In order to not penalize the infant/child participant, WIC may name a relative/proxy for the parents/authorized representatives displaying threatening or violent behavior so that WIC services will continue for their infant/child at the WIC site of issuance.

All vendor and farmer complaints will result in region staff contacting the participant or authorized representative to discuss the issue and/or mailing a warning letter.

B. In cases where one warning is to be given before the participant is suspended, Region/PCC staff will discuss the problem with the participant.

C. Parents/authorized representatives displaying the following behaviors toward clinic staff or other WIC participants: *threatening or violent behavior, including physical abuse and theft of property or personal items while in the clinic site,* will be immediately suspended from the WIC site for a six-month time period. After the six-month suspension, both the WIC Program Manager or designee and the Site Supervisor or designee will be required to be present at the following clinic appointment to ensure a smooth transition back into clinic services. These supervisory staff serve as security/witness for the staff and ensure customer service for the participant. If law enforcement was notified under these behavioral circumstances the participant/authorized representative will immediately be suspended from the WIC site for one year unless the police report indicates differently. Documentation (police report) from law enforcement must be scanned into SC WIC under Program Integrity Letters. If the reported incident occurred at a WIC site, the participant must change WIC sites after the one-year suspension period if at any time the participant is certifying/recertifying. The Program Manager or designee will mail the suspension letter to the participant or parent/authorized representative and a copy sent to the Program Integrity Investigator. In order to not penalize the infant/child participant, WIC may name a relative/proxy

for the parents/authorized representatives displaying threatening or violent behavior so that WIC services will continue for their infant/child at the WIC site of issuance.

Note: WIC confidentiality rules **do not** prohibit staff from contacting law enforcement if participants become verbally or physically abusive or are suspected of stealing Program property or personal items while in the clinic.

3. CASES OF RESTITUTION

A. When a participant has been determined to have intentionally misrepresented information to receive benefits, in addition to being removed from the program, he/she will be sent a letter requesting repayment to the State Agency the value of benefits improperly received. The letter will provide, at a minimum, the following information:

1. The reason for the claim will be given.
2. The participant will be informed of their right to a fair hearing.
3. The participant will be informed that legal action may be taken against him/her.

B. Sanctions will be imposed as appropriate. Monetary restitution will be actively sought in all cases of admitted or proven fraud.

C. Restitution may not include offsetting the claim against future program benefits, even if agreed to by the participant or the parent or authorized representative of an infant or child participant.

D. In cases where WIC benefits are improperly received, the participant will be sent a *repayment claim letter*. The Program Integrity Investigator will enter in SCWIC Alerts that the participant owes restitution. Staff must read SCWIC Alerts for any updates and/or further instructions.

E. In cases where improperly received benefits totaling $100.00 or more, assessed a claim for dual participation, or assessed a second or subsequent claim of any amount, the participant will be disqualified for one year.

F. In cases where the participant fails to respond to the Program for a claim of $100.00 or more, a claim for dual participation, or a second claim of any amount, the participant will be disqualified for one year.

G. In each instance that restitution is sought, it will be annotated in SCWIC Alerts within the household.

H. A participant may not be terminated from the program if one of the following occurs within 30 days of receiving the letter requesting repayment: 1) full restitution is received or 2) a payment schedule is established. If these criteria are met during a disqualification period, the participant may be reinstated to the WIC Program.

I. Participants who were disqualified for one year may reapply for services**. The participant will no longer be required to pay back the restitution/claim amount.**

J. Staff is to contact the Program Integrity Investigator if a participant transfers back to South Carolina and still owes South Carolina restitution.

K. The State Agency will maintain on file documentation of the disposition of all cases of improperly received benefits for a minimum of three years.

L. If the Program Integrity Investigator cannot be reached, staff must do the following:
   1. Contact the WIC Coordinator for approval to issue one month of WIC benefits.
   2. Instruct the participant to call the Program Integrity Investigator and inform the participant that no additional WIC benefits will be issued until contact has been made.
   3. Document in SCWIC Alerts the action taken.
   4. Contact the Program Integrity Investigator by email the action taken.

4. BREAST PUMPS

A. Restitution will be sought when the parent/ authorized representative does not return the loaned electric breast pump within thirty (30) days of the date specified on the loan agreement.

B. The Program Integrity Investigator will send a repayment claim letter to the parent/authorized representative stating the cost of the pump, as well as, a warning that the SC WIC Program may take further action against them if the terms of the repayment are not met or the pump is not returned.

C. The parent/authorized representative has thirty (30) days from receipt of the claim letter to make full restitution, establish with payment schedule or return the pump to the clinic in good working order.

D. Unresolved claims for breast pumps valuing more than $100.00 will require a month to month issuance (mother's benefits only) of food benefits until the pump is returned in good condition or restitution is made.

5. CUSTODY CHANGES

An infant or child who has been placed in the care of someone-else other than the biological parent.

A. Each foster child will be a "family group" of one and will be issued a card for the child, with the child's initials written on the back of the card.

B. When it has been confirmed that a parent or foster parent no longer has custody of a child, the initial card's benefits are to be voided. The clinic may provide a replacement EBT card to the person who now has official custody of the child with benefits for the full monthly allotment.

C. An alert is to be entered in SCWIC anytime custody changes stating the following: Name of previous parent/authorized representative, name of new parent/authorized representative, relationship to the child, and date custody changed with the exception of a closed adoption.

6. IMPOSING SANCTIONS

A. When a participant is disqualified from the program, the staff will provide the participant with the following:
   1. Reason for the disqualification.
   2. Right to a fair hearing.
   3. Method by which a fair hearing may be requested.

B. When the participant fails to contact WIC Central Office to repay or establish a payment plan within 30 days of the restitution letter, the disqualification process will begin.
   1. A 15 Day Notice of Ineligibility and a fair hearing flyer will be mailed to the participant to notify of the discharge date if the participant is still active in SCWIC.
   2. A disqualification letter, and fair hearing flyer will be mailed to the participant one day after the discharge date.
   3. The disqualification start date will begin 15 days from the disqualification letter to allow for fair hearing requests.
   4. The disqualification information will be documented in SCWIC Alerts by the Program Integrity Investigator.

7. Participant Abuse		
Description of Offense	**Number of Incidences**	**Sanction**
Abuse - Verbal Verbal abuse towards clinic staff, other WIC participants or clinical personnel.	1st	Written warning (by Region/PCC staff). The appropriate staff will also attempt to contact the participant or authorized representative to discuss the problem.
After the six-month suspension, both the WIC Program Manager or designee and the Site Supervisor or designee will be required to be present at the following clinic appointment to ensure a smooth transition back into clinic services. These supervisory staff serve as security/witness for the staff and ensure customer service for the participant. The participant/parent/authorized representative is responsible for the action(s) of the proxy. All vendor and farmer complaints will result in region staff contacting the participant or authorized representatives to discuss the issue and/or mailing a warning letter.	2nd 3 or more	Six-month suspension (by Program Manager or designee) *(required to name a relative/proxy in order to continue WIC services for their infant/child)* One-year suspension (by Program Manager or designee) (*required to name a relative/proxy in order to continue WIC services for their infant/child)* If the reported incident occurred at a WIC site, the participant must change WIC sites after the one-year suspension period if at any time the participant is certifying/reapplying.
Abuse - Threatening or violent behavior towards clinic staff, other WIC participants or clinical personnel. After the six-month suspension, both the WIC Program Manager or designee and the Site Supervisor or designee will be required to be present at the following clinic appointment to ensure a smooth transition back into clinic services. These supervisory staff serve as security/witness for the staff and ensure customer service for the participant. All vendor and farmer complaints will result in region staff contacting the participant or authorized representative to discuss the issue and/or mailing a warning letter.	Each offense Law enforcement notified (must have police report)	Six-month suspension (by Program Manager or designee) *(required to name a relative/proxy in order to continue WIC services for their infant/child)* One-year suspension (by Program Manager or designee) *(required to name a relative/proxy in order to continue WIC services for their infant/child)* If the reported incident occurred at a WIC site, the participant must change WIC sites after the one-year suspension period if at any time the participant is certifying/reapplying.

7. Participant Fraud		
Description of Offense	**Number of Incidences**	**Sanction**
Abuse or theft of Program property		Refer to the sanctions listed in abuse – threatening or violent behavior.
Ineligibility Fraud Intentional misrepresentation of circumstances to obtain benefits ♦ **Income abuse** ♦ **Identity, residency, family size, date of birth, health status** WIC Central Office will investigate all complaints regarding income abuse received from the WIC site or received directly from a complainant (i.e. WIC participant, citizen).		Failure of participant to contact WIC Central Office within 15 working days of the receipt of the letter will result in the termination of WIC Services immediately. Required to repay the State Agency the value of the food benefits improperly received. Failure of the participant to repay or establish a payment plan will result in one year disqualification for claims over $100.00 or more. Second or subsequent claim of any amount will result in a one-year disqualification.
Participant Fraud and Abuse also include but is not limited to the following: ♦ Attempting or successfully returning supplemental foods to a vendor for cash. ♦ Receiving cash or credit from vendors toward purchase of unauthorized food or other items of value in lieu of prescribed foods.	1st 2nd	Written/verbal warning (by Region/PCC staff) (counsel client on proper WIC benefit use) Notify Program Integrity Investigator of action taken. One-year disqualification. The Program Integrity Investigator will notify the participant. Second or subsequent claim of any amount will result in a one-year disqualification.
Selling or giving away WIC Foods (Social/Digital Media)/Selling or giving away Food Benefits/eWIC card - If participant's name, child's or proxy's name or contact information appears in any written or social/digital media or is associated with consignment shops, flea markets, etc. in an attempt to sell or give away items received form the WIC Program. WIC Central Office will investigate all complaints regarding the selling of WIC foods.	1st 2nd	A letter will be sent to request either: to return foods, remit payment or remit receipt showing purchased with personal funds. Failure of participant to contact WIC Central Office to repay or establish a payment plan will result in a one-year disqualification for claims of $100.00 or more. Second or subsequent claim of any amount will result in a one-year disqualification.

7. Participant Fraud (cont.)		
Description of Offense	**Number of Incidences**	**Sanction**
Dual Participation (Intrastate/Interstate) Intentional simultaneous participation in more than one WIC site, in more than one clinic of a single DHEC Region or PCC, or in a single clinic either in state or interstate dual participation. WIC Central Office will investigate dual participation.		One-year disqualification. The Program Integrity Investigator will notify the participant. Required to repay the State Agency the value of the food benefits improperly received.
Other		
Description of Offense	**Number of Incidences**	**Sanction**
WIC issued Breast pump Failure to return a loaned hospital grade electric breast pump to the local WIC site. Failure to return a hospital grade electric breast pump (when participant referred to Central Office).		Local WIC site will issue a warning letter requesting the return of the electric breast pump. Follow the guidelines set forth in the State Plan referencing Hospital Grade Electric Pumps. Central Office will issue a demand for reimbursement letter. Unresolved claims for breast pumps valuing more than $100.00 will require a month to month issuance of food benefits (mother's benefits only) until the pump is returned in good condition or restitution is made.

C. FAIR HEARING

1. NOTIFICATIONS:

Any individual may appeal a state agency action which results in a claim against the individual for repayment of the cash value of improperly issued Program benefits or results in the individual's denial of participation or disqualification from the WIC Program by requesting a fair hearing. Fair Hearing information and materials are issued in a language and alternative format to persons with disabilities and persons with limited English proficiency (LEP) can understand.

A. Every WIC applicant or participant will be informed of his or her right to a fair hearing:
   1. In writing at the time of applying for benefits;
   2. In writing at the time of denial or disqualification from the Program;
   3. In writing at the time of a claim against an individual for improperly issued benefits;
   4. In writing if disqualified for Program abuse.

B. A Fair Hearing notification poster is to be displayed in each clinic location in the following areas:
   1. Waiting Room/Reception Area
   2. Counseling Room
   3. Food benefit issuance area(s)

2. PROCEDURES FOR FAIR HEARING REQUEST:

A. All hearing requests, written or verbal, are accepted if they are received within sixty (60) days of the date the participant was notified of the adverse action in question, or the date such notification was mailed.

B. Staff members should not attempt to interfere with any individual's freedom to request a hearing.
   1. Staff should immediately contact the local WIC Program Manager or WIC Coordinator for applicants or participants who verbally request a fair hearing. The local WIC Program Manager or WIC Coordinator is responsible for documenting the fair hearing request and forwarding to the Agency's Office of General Counsel and WIC Central Office.
   2. Fair hearing requests are processed in the following manner:
      a. Once the applicant/participant requests a fair hearing, the WIC Program Manager will schedule and conduct a preliminary conference with the applicant/participant within seven days of the request.
      b. The conference may be used to explain WIC policies and procedures to assist in resolving the complaint.
      c. If resolved, the matter is documented by a follow-up letter and the aggrieved party's written withdrawal of the hearing request. The Fair Hearing Withdrawal letter should be signed by the WIC Program Manager or WIC Coordinator and the aggrieved party. A copy will be included with the follow-up letter.
      d. If the matter cannot be resolved and the participant wishes to continue with the request for a hearing the staff should inform the Office of General Counsel and WIC Central Office.
      e. The Agency's Office of General Counsel will appoint an impartial hearing officer, who will be a licensed attorney, practicing in South Carolina, and approved by the Office of the Attorney General.
      f. The hearing officer will provide the aggrieved party a minimum of ten (10) days advance written notice of the time, date and location of the hearing, as well as, an explanation of the hearing procedures.
      g. The hearing must be accessible to the aggrieved party.

3. HEARING SHOULD BE CONDUCTED AS FOLLOWS:

A. The hearing is informal and held within twenty-one (21) days of the receipt of the hearing request.
B. An impartial hearing officer should preside at the hearing and ensure that: any oaths and/or affirmations required by the state are administered; all relevant issues are considered; all evidence required to decide the issues being raise is requested/received; order is maintained; independent medical assessment/evaluations are ordered where relevant/necessary from a source which is mutually acceptable to the aggrieved party/state agency when necessary; and render a decision which will resolve the dispute.
C. The aggrieved party shall have an opportunity to examine (prior to and during the hearing) the documents and records presented to support the decision under appeal' be assisted or represented by an attorney or other persons; bring witnesses; advance arguments without undue interference; question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses; and submit evidence to establish all pertinent facts and circumstances in the case.
D. The aggrieved party may obtain a continuance by notifying the hearing officer by telephone or in writing at least 48 hours before the original hearing date.

4. HEARING DECISION:

A. The decision is based on the appropriate federal law, regulations and policies as related to the facts of the case established in the hearing record and summarizes the facts, as well as identifies applicable evidence, law, policies and procedures. The verbatim transcript or recording of testimony and exhibits, or an official report containing the substance of what transpired at the hearing, together with all papers and requests filed in the proceedings, constitute the exclusive record for a final decision by hearing official.
B. The aggrieved party should be notified of the decision of the hearing officer no later than forty-five (45) days following the date on which the aggrieved party's hearing request was received by the Agency.
C. The decision by the hearing official shall summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and the pertinent regulations or policy. The decision shall become a part of the record.
D. If the aggrieved party is not satisfied with the resolution of the case she/he may appeal the decision to the Director of the Department of Health and Environmental Control, provided that the request for appeal is made within 15 days of the mailing date of the hearing decision notice.
    1. If the decision is in favor of the aggrieved party and benefits were denied or discontinued, benefits will begin within two business days after issuance of the decision if the participant is still categorically eligible.
    2. If the decision is in favor of the agency, as soon as administratively feasible any continued benefits will be terminated as decided by the hearing official.
E. The Board will mail the written final agency decision to the aggrieved party within 30 days after the Final Review Conference. The written decision will explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court.
F. Upon request by any member of the public a copy of all hearing records and decisions in a form that does not identify individuals will be available for inspection and copying.
G. All Fair Hearing record documentation and case disposition will be retained by DHEC for a minimum of three (3) years and then shredded.

5. REQUEST FOR FAIR HEARINGS CAN BE DENIED/DISMISSED ONLY IF THEY MEET ONE OR MORE OF THE FOLLOWING CONDITIONS:

A. The request is not received within sixty (60) days of the adverse action being contested.

B. The request is withdrawn in writing by the aggrieved party or a representative of the aggrieved party (parent/attorney).

C. The aggrieved party or representative for the aggrieved party fails, without good cause, to appear at the scheduled hearing.

D. The aggrieved party was denied participation by previous hearing, and evidence cannot be presented to show a change in circumstances.

E. The Agency's adverse decision was reversed by the Agency, resulting in the restoration of Program benefits to the aggrieved party.

F. If the hearing was requested within fifteen (15) days of the date of notice of adverse action being mailed/given to the participant, then the participant has the right to retain program benefits pending the hearing decision or the expiration of the certification period, whichever occurs first.

G. Applicants who were denied at their initial certification, participants whose certifications have expired and participants who have become categorically ineligible while awaiting a hearing decision on an appeal of an adverse action are not eligible to continue to receive WIC services. For example, a child who reaches his/her fifth birthday or a woman participant who is six-months postpartum and is no longer breastfeeding.

H. Although the participant may prevail on appeal, the individual would not be eligible for benefits based on a different categorical status, without reapplying for benefits, or for retroactive benefits.

I. For additional information refer to the following: 1) Appendix 15.3 of the State Plan and 2) WIC issued manual entitled: Guidelines for Handling Civil Rights Complaints & Fair Hearing.

D. REQUIRED AND NON-REQUIRED POSTERS

The below table indicates the required and non-required posters that should be visible in a WIC Site at all times. **Posters should not be altered in anyway.**

Name of Poster	CR #	Displayed	Required/ Non-Required
"And Justice For All" Poster	Produced by USDA, Available at Central Office	waiting rooms/reception area; food benefit issuance areas; counseling rooms	Required
WIC Fair Hearing Poster	CR-010783 (English/Spanish)	waiting rooms/reception area; food benefit issuance areas; counseling rooms	Required
WIC Verification of Certification Poster (VOC)	CR-011883 (English) CR-011964 (Spanish)	waiting rooms/reception area; food benefit issuance areas; counseling rooms	Required
WIC Sharing Session Ground Rules Poster	CR-009620 (English) CR-009621 (Spanish)	Classrooms	Required
WIC Preventive Fraud Poster	CR-012043 (English/Spanish)	waiting rooms/reception area; food benefit issuance areas; counseling rooms	Non-Required
Disability Assistance Poster	CR-012528	waiting rooms/reception area; food benefit issuance areas; counseling rooms	Required
Language Identification Guide	Order from the Office of Health Services	waiting rooms/reception area; food benefit issuance areas; counseling rooms	Required

For Your Notes

South Carolina WIC Program
Conflict of Interest Staff Certification Statement

I have read and understand the following conflict of interest policy regarding WIC authorized vendors. By signing below, I agree to the following:

1. To the best of my knowledge, I certify that neither I nor any individual related to me by blood or marriage nor living in the same household has any financial interest in any WIC authorized vendor.
2. I will not show any favoritism, by oral or written communication, posters, handouts, or media presentations, towards any WIC authorized vendors.
3. I will refrain from knowingly making a decision intended to benefit or to disadvantage a specific authorized WIC vendor.
4. I will not engage in any promotions for a WIC authorized vendor.
5. I will not endorse or discourage the use of any WIC authorized vendor.
6. I will not receive any gratuities including, but not limited to, cash, food, gift cards, or coupons that are not available to the public from a WIC authorized vendor.
7. I will notify my supervisor, as soon as it is known to me, of any conflict of interest that may occur after this form has been signed.

☐ I do not have any conflict of interest.

☐ I do have or may have a conflict of interest as stated below:

_____

_____

_____

_____

_____	_____
WIC Staff Name (print full name)	Title
_____	_____
WIC Staff Signature	Date
_____	_____
Supervisor's Signature	Date

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
DIVISION OF WIC SERVICES

WIC PROGRAM CONFLICT OF INTEREST STATEMENT
DHEC 1776

(Instructions for Completing)

PURPOSE:
The Statement will be used to verify that no conflict of interest exists between a WIC vendor/farmer and the WIC Program.

EXPLANATION AND DEFINITION:
All current and new WIC employees must sign the statement once every two years. If at any time the employee's situation changes where there may be a conflict of interest the employee is responsible for notifying their supervisor and completing a new Conflict of Interest Statement.

Read statements:	The WIC employee will read all statements prior to signing.
□ I do not have any conflict of interest:	The WIC employee will √ the box if they are not in dispute with any of the statements listed above.
□ I do have or may have a conflict of interest as stated below:	The WIC employee will√ the box if there is a possibility that they have a conflict of interest. The WIC employee will provide details as to the possible conflict of interest in the area provided.
WIC Staff Name (print full name):	The WIC employee will print his/her full name.
Title:	The WIC employee will document their official employee title.
WIC Staff Signature:	The WIC employee will sign the statement.
Date:	The WIC employee will date the statement upon signing.
Supervisor's Signature:	The WIC employee's supervisor will sign the statement.
Date:	The WIC employee's supervisor will date the statement upon signing.
Office Mechanics:	This original statement must be filed in the employee's official personnel record and a copy of the statement kept on file by the employee's supervisor and/or site supervisor. The file will be made available during the WIC Management Evaluation.

YOU HAVE THE RIGHT TO A FAIR HEARING.

If you have been denied WIC, disqualified from receiving WIC services, or if you are being asked to repay benefits that were improperly issued, you have a right to a hearing.

These are the steps you need to take:

STEP ONE: ASK FOR A FAIR HEARING

- Contact the local WIC office or write to ask for a hearing within sixty (60) days of the date your WIC benefits were discontinued.
- If you request a hearing within fifteen (15) days of the notice to stop services, your WIC benefits will continue until your certification expires or a decision is made, whichever occurs first.
- If you have been asked to pay for benefits received, collection efforts will stop if the request is made within fifteen (15) days.
- A hearing will be scheduled within three (3) weeks of when your request was received.
- You will be notified in writing at least ten (10) days before the hearing of the date, time and place.
- You can represent yourself, a parent can represent a child/infant, or you can be represented by an attorney or other person.
- Before the hearing, you may look at the documents and records to be presented.

STEP TWO: HEARING PROCEDURES

- You and/or your representative must come to the hearing.
- During the hearing you or your representative may:
  - Bring witnesses to testify for you.
  - Look at the records presented by the local WIC site.
  - Tell your story and submit supporting information or evidence.
  - Question or deny information or evidence presented and question other testimony presented.

STEP THREE: WHILE WAITING FOR THE HEARING DECISION

- WIC benefits will not continue if:
  - Your certification has expired or expires.
  - You are no longer categorically eligible.
  - You were denied WIC because your eligibility status was reassessed.

STEP FOUR: HEARING DECISION

- You will be told in writing of the decision on your case within forty-five (45) days from the date your request for a hearing was received.
- If the decision is in your favor, your WIC benefits will begin immediately or will continue.
- If the decision is not in your favor, WIC benefits will stop or the collection efforts will resume.
- If the decision is in favor of the local WIC site, you can appeal to the director of the Department of Health and Environmental Control within fifteen (15) days of the mailing date of the decision.
- The decision of the local hearing is binding on both parties unless overturned by the state.

If you have any questions about your rights to a fair hearing, please contact your local WIC office.

dhec

www.scdhec.gov/wic

ML-009151 4/17

TIENE DERECHO A UNA AUDIENCIA JUSTA.

Si se le rechazó para el Programa de Mujeres, Bebés y Niños (Women, Infants, and Children, WIC), se le descalificó para recibir los servicios de WIC o si se le pide que reembolse los beneficios que se emitieron inadecuadamente, tiene derecho a una audiencia.

Estos son los pasos que debe seguir:

PASO UNO: SOLICITE UNA AUDIENCIA JUSTA

- Comuníquese con la oficina local de WIC o escríbales para solicitar una audiencia en un plazo de sesenta (60) días a partir de la fecha en que se suspendieron sus beneficios de WIC.
- Si solicita una audiencia en un plazo de quince (15) días a partir de recibir el aviso para suspender los servicios, sus beneficios WIC continuarán hasta que su certificación se venza o se tome una decisión, lo que ocurra primero.
- Si se le ha solicitado que pague los beneficios recibidos, los esfuerzos de cobro se suspenderán si la solicitud se hace en un plazo de quince (15) días.
- Se programará una audiencia en un plazo de tres (3) semanas a partir de la recepción de su solicitud.
- Se le avisará por escrito sobre la fecha, hora y lugar de la audiencia con al menos diez (10) días de anticipación.
- Puede representarse usted mismo, uno de los padres puede representar a un niño/bebé o le puede representar un abogado u otra persona.
- Antes de la audiencia, puede ver los documentos y registros que se presentarán.

PASO DOS: PROCEDIMIENTOS DE LA AUDIENCIA

- Usted y/o su representante deben presentarse en la audiencia.
- Durante la audiencia, usted o su representante pueden:
  - Traer testigos para que testifiquen para usted.
  - Ver los registros presentados por WIC local.
  - Contar su historia y presentar información o evidencia de apoyo.
  - Cuestionar o rechazar información o evidencia presentada y cuestionar otros testimonios presentados.

PASO TRES: MIENTRAS ESPERA LA DECISIÓN DE LA AUDIENCIA

- Los beneficios WIC no continuarán si:
  - Su certificación venció o se vencerá.
  - Ya no es elegible categóricamente.
  - Se le rechazó para WIC debido a que se volvió a evaluar su estado de elegibilidad.

PASO CUATRO: DECISIÓN DE LA AUDIENCIA

- Se le informará por escrito sobre la decisión de su caso en un plazo de cuarenta y cinco (45) días a partir de la fecha en que se recibió su solicitud de una audiencia.
- Si la decisión no es a su favor, sus beneficios de WIC empezarán inmediatamente o continuarán.
- Si la decisión no es a su favor, los beneficios de WIC se suspenderán o reiniciarán los esfuerzos de cobro.
- Si la decisión es a favor del sitio WIC local, puede apelar ante el director del Departamento de Salud y Control Ambiental en un plazo de quince (15) días a partir de la fecha de envío por correo de la decisión.
- La decisión de la audiencia local es vinculante para ambas partes a menos que la revoque el estado.

Si tiene alguna pregunta sobre sus derechos a una audiencia justa, comuníquese con su oficina local de WIC.

WIC PROGRAM PARTICIPANT FAIR HEARING PROCEDURE

I. GENERAL PROVISIONS

(a) This Section shall be carried out in accordance with 7 C.F.R. 246.9 .The fair hearing procedures set out in this Section establish a dispute resolution process prior to filing a request for judicial appeal in accordance with South Carolina State law.

(b) These fair hearing procedures are in addition to an agency conference to resolve a dispute. When possible, an agency conference should be held to resolve a problem. The participant must be informed that the agency conference is optional and he or she has the right to a fair hearing instead.

(c) For the purposes of this Section, State Agency shall mean the South Carolina Department of Health and Environmental Control WIC Program.

II. AVAILABILITY OF FAIR HEARINGS

Any individual may appeal a state agency action which results in a claim against the individual for repayment of the cash value of improperly issued Program benefits or results in the individual's denial of participation or disqualification from the WIC Program by requesting a fair hearing. Authority: 7 C.F.R. 246.9(a).

III. NOTIFICATION OF THE RIGHT TO A FAIR HEARING

(a) Every WIC applicant or participant will be informed of his or her right to a fair hearing:
- (1) in writing at the time of applying for benefits;
- (2) in writing at the time of denial or disqualification from the Program;
- (3) in writing at the time of a claim against an individual for improperly issued benefits;
- (4) in writing if disqualified for Program abuse.

(b) The content of the notice of fair hearing shall include:
- (1) a statement of the right to a fair hearing;
- (2) the method by which a fair hearing may be requested, including the time limit; and
- (3) who may represent the individual.

(c) In order to notify current and potential participants of the fair hearing process, a simplified summary of the steps involved in obtaining a fair hearing shall be posted in a visible place at every WIC site where certifications are performed, food instruments are issued or applications are accepted. This notification shall contain:
- (1) notice of right to a fair hearing;
- (2) a simplified explanation of the definition and purpose of a fair hearing;
- (3) the method by which a fair hearing may be requested, including the time limit; and
- (4) who may represent the individual at the fair hearing and in requesting a fair hearing.

Authority 7 C.F.R. 246.9; 42 U.S.C. 1786;

IV. REQUEST FOR A FAIR HEARING

(a) A request for a fair hearing is any clear expression that conveys a desire to present a case contesting an action that results in an individual's denial of participation, or disqualification from the program or a claim against an individual for repayment of the cash value of improperly issued Program benefits. This request may be made to any of the following:

(1) the agency official;
(2) the agency director of the state WIC agency;
(3) the WIC director of the state WIC agency;
(4) any person serving in one of the above three roles in the absence of the agency official, agency director or WIC director.

(b) If the request is not made directly to the agency official, the individual receiving the request shall immediately notify the Office of General Counsel of the request by telephone.

(c) All requests shall be documented in writing.

(1) If the original request is made in writing, the individual receiving the request shall retain a photocopy and send the original to the agency official immediately following the telephone call.
(2) If a verbal request is received, the individual receiving the request shall document the request in writing, including:
(A) the applicant's or participant's name;
(B) the name of the individual making the request:
(i) their mailing address;
(ii) telephone number; and
(iii) relation to the applicant or participant;
(C) the date of the request; and
(D) the cause for the request along with the name, title, and signature of the person writing the documentation.
The original copy of this documentation shall be sent to the Office of General Counsel immediately following the telephone call with a copy retained by the sender.

(d) The request for a fair hearing may be made by the individual affected by the action or the individual's parent, caretaker, or any other person acting on his or her behalf.

(e) If an individual or an individual's parent, caretaker, or any other person acting on his or her behalf expresses verbally the desire for a fair hearing to a state or local agency staff member not authorized to accept a request, that staff member shall provide assistance in contacting the individuals who can accept a fair hearing request.

(f) The request for a fair hearing must be made within 60 days from the date the applicant or participant is given notice of the action. If the notification is mailed, this time period shall begin on the date the notification was mailed.
Authority: 7 C.F.R 246.9(e); 42 U.S.C. 1786;

V. DENIAL OR DISMISSAL OF A REQUEST

The hearing officer shall deny or dismiss a hearing if:

(1) the request is not received within 60 days of the date of notification of the action;
(2) the request is withdrawn in writing by the appellant or his or her representative;
(3) the appellant or representative for the appellant fails, without good cause, to appear at the scheduled hearing, behalf fails to appear at the scheduled hearing, unless the failure to appear was due to circumstances beyond the control of the appellant or his or her representative,
(4) the Agency's adverse decision has been reversed by the state agency, resulting in the restoration of program benefits to the appellant; or
(5) the appellant was denied by previous hearing, and evidence cannot be presented to show a change in circumstances.

Authority: 7 C.F.R. 246.9; 42 U.S.C. 1786;

VI. CONTINUATION OF BENEFITS

(a) WIC program benefits shall be continued during the appeal of the following actions when the request for a hearing is received within 15 days of notification of the action:

(1) disqualification from the program for abuse during a certification period;
(2) determination of ineligibility during a certification period due to categorical ineligibility.

(b) WIC program benefits shall not be continued when a fair hearing is requested:

(1) in any of the situations in Paragraph (a) of this Rule if the request is made more than 15 days after the date of notification; or
(2) by applicants who are denied benefits at the initial or subsequent determination of WIC eligibility if the previous certification period has expired.

(c) When benefits are continued due to a request for a fair hearing as specified above, the individual shall continue to receive benefits until an adverse hearing decision is reached or the certification period expires, whichever occurs first.

Authority 7 C.F.R. 246.9; 42 U.S.C. 1786;

VII. NOTICE OF HEARING

(a) The Hearing Officer shall notify the aggrieved party and the state WIC agency in writing that a request for a hearing has been received and shall appoint a time, date, and place for the hearing within 10 days of receipt of the request.

(b) Notice shall be given to all parties at least 10 days in advance of the hearing.

(c) The notice to the aggrieved party shall include a stamped envelope with the return address of the Office of General Counsel with a request that it be returned indicating whether the time and place for the hearing is satisfactory. If a response is not received at least 24 hours prior to the time proposed for the hearing, it shall be assumed that the time and place are satisfactory.

(d) The notice shall contain:

(1) a simplified explanation of the procedure for the hearing;
(2) a statement of the date, hour, place and nature of the hearing;

(3) a reference to the particular sections of the statutes and rules involved; and
(4) a short and plain statement of the factual allegations.

(e) If the aggrieved party indicates that for good cause, he or she desires another time and date, the agency official shall set a new time and date for the hearing. The hearing shall be accessible to the aggrieved party.

(f) The hearing shall be held within three weeks from the date of the receipt of the request.

Authority 7 C.F.R. 246.9; 42 U.S.C. 1786;

VIII. HEARING OFFICER

The Department of Health and Environmental Control shall designate an impartial individual who has no personal stake or involvement in the matter and did not participate in taking the action under appeal. This person may be a licensed attorney under contract to the Department. The hearing officer shall:

(1) administer oaths or affirmations;
(2) preside over the informal proceeding;
(3) ensure that all relevant issues are considered;
(4) request, receive and make part of the hearing record all evidence determined necessary to reach a decision;
(5) conduct the meeting in accordance with due process and ensure an orderly hearing. When necessary to protect the identity of participants and/or the confidentiality of personal information in testimony, the hearing officer may employ pseudonyms during open hearings. However, the hearing record must include the true names and identities of all participants and witnesses;
(6) order, if relevant and necessary, an independent medical assessment or professional evaluation for the appellant from a source mutually satisfactory to all parties to the hearing; and
(7) issue a written decision within 45 days of the request for the hearing resolving the dispute.

Authority 7 C.F.R. 246.9; 42 U.S.C. 1786;

IX. HEARING PROCEDURE AND RIGHTS OF THE AGGRIEVED PARTY

(a) Any party to the hearing may be assisted or represented by an attorney or other person.

(b) Any party to the hearing may examine, prior to and during the hearing, the documents and records presented to support the action under appeal.

(c) The hearing shall be open to the public unless confidential information is presented, and the aggrieved party and the state agency may present witnesses.

(d) Any party to the hearing may present any oral or documentary evidence and arguments.

(e) Any party to the hearing may question or refute any testimony or other evidence.

(f) Any party to the hearing may submit evidence to establish pertinent facts and circumstances in the case.

(g) The appellant or his or her representative may obtain a continuance by notifying the hearing officer by telephone or in writing at least 48 hours before the original hearing date. If the appellant or representative fails to attend the scheduled hearing without requesting a continuance from the hearing officer by telephone or in writing at least 48 hours before the original hearing date, the appellant waives any right to a hearing and the original action of the agency shall become final, unless the failure to attend the hearing without requesting a continuance was due to circumstance beyond the control of the appellant or his or her representative.

Authority 7 C.F.R. 246.9; 42 U.S.C. 1786;

X. DECISION

(a) The fair hearing decision shall be made by the hearing official and shall be based only on the oral and documentary evidence presented at the hearing and applicable state statutes and rules, and federal laws and regulations and shall be made a part of the hearing record by the hearing officer.

(b) The hearing official shall notify in writing the aggrieved party, any designated representative of the aggrieved party and the state WIC agency of the decision within 45 days from the date of the request for the hearing.

(c) If the decision is in favor of the aggrieved party and benefits were denied or discontinued, benefits shall begin within two business days after issuance of the decision.

(d) If the decision is in favor of the agency, as soon as administratively feasible any continued benefits shall be terminated as decided by the hearing official.

(e) The hearing officer shall prepare a recording of testimony and exhibits, or an official report containing the substance of what transpired at the hearing which, together with all papers and requests filed in the proceeding and the written fair hearing decision, shall constitute the exclusive hearing record.

(f) Within 15 days from notice of the decision, the aggrieved party may appeal the decision to the Commissioner of the Department of Health and Environmental Control. If no timely request for appeal is received by the Commissioner, the decision shall be binding on the aggrieved party and the State WIC agency.

(g) All hearing records shall be retained by the Department of Health and Environmental Control WIC Program for three years.

(h) Upon request by any member of the public a copy of all hearing records and decisions in a form that does not identify individuals (appellant or state agency staff) shall be available for inspection and copying.

Authority 7 C.F.R. 246.9; 42 U.S.C. 1786;

Healthy People. Healthy Communities.

SC WIC Program
Notification of Withdrawal of Fair Hearing Request

I, _____, do hereby voluntarily withdraw my Fair Hearing Request in its entirety. I fully understand that by withdrawing the request, I may not be able to file another request regarding the issues raised in reference to this matter (Posting for the sale of formula on Facebook – December 23, 2016).

I am withdrawing the Fair Hearing Request of my own free will and without duress or undue influence by anyone from the South Carolina Department of Health and Environmental Control - WIC Division. I further stipulate that my withdrawal did not result from any threat, coercion, intimidation, promise or inducement.

_____
Signature

_____
Date

SC DHEC Representatives

_____ _____
Signature Title

_____
Date

_____ _____
Signature Title

_____
Date

_____ _____
Signature Title

_____
Date

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

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

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

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

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CHAPTER 16 CIVIL RIGHTS

A. PUBLIC NOTIFICATION

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

DEFINITION: Discrimination – The act of distinguishing one person or group of persons from others, either intentionally, by neglect, or by the effect of actions or lack of actions based on their protected basis (i.e., race, color, national origin, age, sex and disability).

1. The following must be displayed in the clinic in the following locations so that applicants and participants can easily see and read the instructions for filing a Civil Rights complaint and requesting a Fair Hearing:

"Justice for All" Poster	Fair Hearing Poster
1. waiting rooms/reception area	1. waiting rooms/reception area
2. food benefit issuance areas	2. food benefit issuance areas
3. counseling rooms	3. counseling rooms

2. All press releases, radio or television announcements, or other public notification of WIC Program benefits shall include the appropriate non-discrimination statement.

3. When notifying the public of WIC Program benefits or changes in benefits, notification should be sent to minority groups and publicized in minority-owned and/or minority-oriented media.

4. In those local WIC clinics with a significant Spanish-speaking or other minority language WIC population, Civil Rights posters and other vital documents and information in the appropriate language must be displayed in locations as stated above.

5. The DHEC Region or PCC evaluates, at least yearly, whether the service times and sites offered for the WIC Program have the effect of discrimination although with no intent to discriminate. The WIC staff will evaluate the following:

   a. Are printed WIC Program information and nutrition education material available in the appropriate language?
   b. Are outreach efforts and material specifically targeted to **grassroots organizations** (i.e., an organization at the local level that interacts directly with potentially eligible applicants or participants, such as advocacy organizations, community action program, civic organizations, neighborhood council, or other similar group)?
   c. If a priority system is in use, is outreach targeted to minority groups?
   d. Are there separate waiting facilities?
   e. Are there segregated appointment schedules?
   f. Are participants served on a first come, first serve basis in a professional manner?
   g. Are the sites for WIC certification and/or food benefit issuance conveniently located for minority participants, including being located near public transportation, if available?
   h. Are hours of operation for certification and/or food benefit issuance convenient for minority participants? Do hours of operation tend to discriminate against identified population groups?

i. Are persons with disabilities provided appropriate notice of the availability of free auxiliary aids and services and reasonable modifications in a language and an alternative format that the WIC customer can understand?
j. Are persons with limited English proficiency (LEP) provide appropriate notice of the availability of free language assistance services in a language that WIC customers can understand?

6. The State agency's sub-recipient agreements must contain the appropriate assurance of nondiscrimination language required by USDA FNS Instruction 113-1, which is reflected in the current Federal – State Agreement, FNS FORM 339. The Civil Rights Coordinator should be contacted for further direction.

B. RACIAL AND ETHNIC DATA COLLECTION

This data is collected to be used by United State Department of Agriculture (USDA) Food and Nutrition Service (FNS) to determine how effectively WIC is reaching potentially eligible persons and beneficiaries to ensure WIC is providing the program's benefits and services fairly and equitably and identifies areas where additional outreach is needed. The United States Office of Management and Budget (OMB) requires data collection on ethnicity as well as racial categories. Federal Civil Rights laws such as Title VI cover all people residing in the U.S.

1. The following designations are used for the collection of racial/ethnic categories:
Participants will be reported in only one ethnic category which include:
Ethnicity
   a. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
   b. **Not Hispanic or Latino**

   Participants will be reported in one or more racial categories which include:
   Race
   a. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
   b. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (i.e. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
   c. **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."
   d. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam Samoa, or other Pacific Islands.
   e. **White**: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

2. When collecting data:
   a. Staff must collect information regarding race and ethnicity for each applicant and document it in SCWIC at the initial certification appointment.
   b. All new WIC participants are to voluntarily declare their race and ethnicity during the first face-to-face encounters only.
   c. DO NOT request this information by telephone or by voice identification.
   d. Ethnicity shall be collected first. **Only one ethnic category can be selected.**
   e. One or more racial categories may be selected.
   f. At the time of certification, self-identification by the participant must be requested.
   g. After racial and ethnicity groups have been explained, participants will be asked to self-identify their ethnicity then race.
   h. Participants must also be informed of the following:

      i. The collection of this information is strictly for statistical reporting requirements to determine how effectively WIC is reaching potentially eligible persons and beneficiaries.
      ii. Notify the public that collection of race and ethnicity data is voluntary.
      iii. Data collected has no effect on the determination of eligibility to participate in the program.
      iv. The information is kept confidential.
      v. Visual identification of his or her race and ethnicity will be made and recorded if they decline to self-identify.
      vi. Staff must offer the option to select multiple races.
      vii. If an applicant chooses not to self-identify her/his racial and /or ethnic group, visual identification by staff must be used to determine the applicant's racial and ethnic categories.
      viii. Selection of one race is acceptable when staff performs visual identification.

3. Data Retention
   The information on Racial and Ethnic data is available in SCWIC and must be maintained for a minimum of three years.

C. CIVIL RIGHTS COMPLAINTS

Any person alleging discrimination based on any of the federally protected classes for/in the WIC Program (race, color, national origin, age, sex or disability), or alleging reprisal/retaliation for engaging in a protected activity, has a right to file a complaint within 180 days of the alleged discriminatory action. Only the Secretary of Agriculture or his/her designee can waive this time frame for good cause.

1. The DHEC Region/PCC staff or the State Central Office must accept and fully document all Civil Rights complaints (written or verbal). The information will be documented on the USDA Program Discrimination Compliant Form found online. Anonymous complaints shall be handled as any other complaint.

2. An applicant or participant who wishes to file a Civil Rights complaint shall be informed that complaints can be filed directly with USDA by completing the USDA Program Discrimination Complaint Form online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or call (866) 632-9992 to request the form. They may also write a letter containing all the information requested in the form. The completed complaint form or letter can be mailed to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or faxed to (202) 690-7442 or emailed to program.intake@usda.gov. Federal Relay Service at (800) 877-8339; or Spanish Relay Service (Servicio Federal de Retransmisión) at (800) 845-6136. Spanish (En Espanol) form - http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf.

3. Any civil rights complaints filed at the local level must be submitted to the State Central Office, WIC Civil Rights Coordinator, within one business day.

4. If the complainant declines to submit allegations in written form, the person receiving the complaint will write up the elements of the complaint. The recorded complaint, at a minimum, must have the following information:

    a. Name, mailing address, e-mail address (if available), and telephone number of the complainant, or other means of contacting the complainant.
    b. The best way and time of day to reach the complainant.
    c. Contact information for representative (lawyer or other advocate) of the complainant.
    d. The specific location and name(s) of the organization(s) or official clinic where the alleged incident occurred and the name of the person(s) involved in the alleged discrimination.
    e. The names, titles and addresses of persons who may have knowledge of the discriminatory action.
    f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.
    g. Description of the nature of the incident or action that led the complainant to feel discrimination was a factor, or an example of the method of administration which is alleged to have a discriminatory effect on the public or potential and actual participants.
    h. The basis on which complainant feels discrimination exists (race, color, national origin, age, sex, disability)

5. The State Central Office, WIC Civil Rights Coordinator will forward all allegations of discrimination to FNS/OCR within 5 calendar days of receipt of the complaint for investigation.

6. The WIC Program Manager must maintain all Civil Rights complaints on file for at least four (4) years after the date the agency is notified that the complaint is closed.

7. The Civil Rights Complaint book must be maintained separately from all other complaint books and the information kept confidential.

8. The WIC Program Manager must be familiar with the Memorandum of Understanding between FNS Civil Rights Division (FNS CRD) and SC DHEC for discrimination complaints processing. To include but not limited to the following:

    a. The authority of the FNS CRD to enforce non-discrimination laws and regulations within the administration of the program within the State;
    b. Referral of complaints to FNS CRD in a timely manner for investigation;
    c. Requirement to cooperate with the Federal Mediation and Conciliation Service efforts to mediate allegations of age discrimination; and
    d. Maintain a collaborative relationship between FNS CRD and SC DHEC.

D. USE OF THE NON-DISCRIMINATION STATEMENT

All information materials and sources used by the state and local agencies to inform the public about the WIC Program must contain the most recent non-discrimination statement when it contains information vital to program participation.

1. The full nondiscrimination statement must be included on all materials used for certification and eligibility, program outreach, program promotion and participant rights that are distributed, posted or aired for public viewing.

2. Regardless of the intent, design, or source (participating vendors/farmers, formula companies, state or the WIC Program, etc.), if the material conveys messages concerning program benefits, eligibility, and/or use to meet public notification requirements, the statement must be included.

3. The non-discrimination statement must not be altered in terms of content or format.

4. All WIC websites used to inform the public about the WIC Program must include the full non-discrimination statement.

5. When producing printed materials, staff should use photographic or other graphics to display participants that represent the participant population (i.e. race, color, national origin, age, sex, disability).

6. WIC should have a legitimate business reason for using the short statement on documents. Not having enough room on a pamphlet or brochure is not a valid reason especially if the material informs the public, applicants or participants about the program, how to apply for benefits or if an adverse action will be taken. For flyers and other program materials, use of the appropriate Nondiscrimination Statement depends on the information being conveyed. When in doubt, contact the FNS Regional Civil Rights Officer for review and approval.

   Short Statement: This institution is an equal opportunity provider.

7. The following are specific items that relate to nutrition materials that would require the non-discrimination statement:

   a. Posters which will be posted publicly and which discuss program eligibility regardless of the source of finance.
   b. Outreach and referral materials, which are sent to physicians, hospitals, social services, and health care centers or to other professionals.

8. The following are nutrition education materials (posters, pamphlets, etc.) that do not require the non-discrimination statement:

   a. Nutrition education and breastfeeding promotional materials, which are, developed primarily for nutrition education, such as a poster on food preparation or a flip chart on the five food groups (but do not discuss and do not include program information or describe program benefits and eligibility).

b. Food lists for both participants and vendors/farmers (but do not describe WIC participation requirements or benefits).

PLEASE NOTE: **When circumstances are ambiguous, use the full statement.**

The statement contained in USDA FNS Instruction 113-1 is the current appropriate statement:

1. Current Non-Discrimination Statement (English)

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

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

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

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

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

2. Current Non-Discrimination Statement (Spanish)

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf. y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

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

(2) fax: (202) 690-7442; o

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

Esta institución es un proveedor que ofrece igualdad de oportunidades.

E. PROGRAM ACCESSIBILITY

1. SERVICES TO PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

WIC staff must take reasonable steps to ensure meaningful access to WIC for individuals with limited English proficiency in accordance with USDA FNS Instruction 113-1, USDA LEP Policy Guidance [79 Fed. Reg. No. 229, p. 70771, (Nov. 28, 2014)] and related DHEC policies and procedures found in the Agency's Cultural Competence, Culturally and Linguistically Appropriate Services (CLAS) and Limited English Proficiency (LEP) Policy A.400 (10/2/2019).

A. DEFINITIONS

1. **Limited English Proficiency (LEP) Persons** – Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English. For more information see www.LEP.gov.

2. **Qualified interpreter** - A highly trained individual who mediates spoken communication between people speaking different languages without adding, omitting, or distorting meaning or editorializing.

3. **Qualified translator** - A highly trained individual who is able to render text from a source language into a target language while preserving meaning and adhering to generally accepted translator ethics and principles, including confidentiality.

B. NOTIFICATIONS

SC DHEC will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP person will understand. At a minimum, notices and signs will be posted and provided in:

1. waiting rooms/reception areas
2. food benefit issuance areas
3. counseling rooms
4. WIC websites

C. LANGUAGE ACCESS PLAN

The clinic must have a plan in place to ensure meaningful access to WIC for persons with limited English proficiency (LEP). The plan must incorporate the following requirements:

1. Identify one or more staff to ensure DHEC's requirements to provide qualified, competent language assistance services to persons with LEP are adhered to by clinic staff.

2. Require use of agency-approved bilingual employees and contract interpreters to provide interpreter or translator services. The criteria for qualified and trained employees is set forth within the DHEC Administrative Policy.

3. Establish limitations on the use of family, friends and children as interpreters.
   a. Staff cannot plan to use or require participants to use friends or family members as interpreters or translators.
   b. The family member or friend will often not have sufficient knowledge of healthcare terminology in both languages to be able to interpret effectively, which may result in harmful patientcare.
   c. Staff are prohibited from using minor children (under age 18) as interpreters.
   d. Staff must utilize an appropriate agency interpreter to provide the information (Language Assistance Line or approved staff interpreter).

4. Require staff to proactively offer the services of Qualified Healthcare Interpreters to DHEC clients. It is DHEC's policy not to allow the interpreter to be dismissed by the client when the client speaks one of the following sixteen (16) languages: Spanish; Chinese, Vietnamese; Korean; French; Tagalog; Russian; German; Gujarati; Arabic; Portuguese; Japanese; Ukrainian; Hindi; Mon-Khmer or Cambodian. Family members and/or friends are strongly encouraged to stay in a "support role" while our interpreters can be in the "interpreter" role.

5. In the event a client does not speak one of the sixteen (16) languages listed above and the client chooses to use an adult family member or friend to interpret, obtain the client's written permission on the DHEC 1048. For each visit, if a LEP person chooses to use their companion to facilitate communication, notify the LEP person of the availability of free interpreter services before staff utilize an informal interpreter. If it is apparent that ineffective communication or a conflict of interest is occurring when relying on the LEP person's companion, staff are required to secure a qualified interpreter to oversee or replace the companion's efforts to facilitate communication.

6. WIC Nutrition Education Classes – Interactive nutrition education can be achieved in an individual or group session. When non-English speaking participants are in attendance in a nutrition class, or when providing nutrition education during a face-to-face encounter, or over the phone as well as during a certification, an interpreter is provided through a telephone service for language interpretation or an agency Qualified Bilingual/Multilingual Worker.

7. When translation of vital documents and information is needed, each program area will submit documents for translation into frequently encountered languages to the Bureau of Community Health Services. This includes translation of vital information posted on WIC websites and on any online systems used for WIC.

8. Provide meaningful access to WIC websites, online automation services and telephone voice mail menus, eWIC, text messaging services and web chat services.

9. Staff must include information about primary language spoken and language assistance provided in the Case records.

10. Establish a procedure for routine self-evaluation for updating plans.

2. SERVICES TO PERSONS WITH DISABILITIES

Reasonable modifications and auxiliary aids and services must be provided when necessary to persons with physical and/or mental disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), as amended by the Americans with Disabilities Act of 2008, and related DHEC policies and procedures to ensure equal opportunity to apply and participate in the WIC Program.

A. DEFINITIONS

1. **Person with a disability -** any person who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment, or is regarded as having such an impairment.

2. **Companion** - Any family member, friend, or associate of a person seeking or receiving an entity, goods or services who is an appropriate person with whom the entity should communicate.

3. **Qualified Interpreter** - A qualified interpreter is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators. Qualified interpreters can be provided on-site or through video remote interpreting (VRI) services.

B. NOTIFICATIONS

SC DHEC will inform individuals with disabilities about the availability of free communication assistance or other reasonable modifications and how to request them. At a minimum, notices and signs will be posted and provided in:

1. waiting rooms/reception area
2. food benefit issuance areas
3. counseling rooms
4. WIC websites

C. DISABILITY ACCESS PLAN

The clinic must have a plan in place to provide services to applicants and participants with disabilities and for effective communication purposes, companions with disabilities. The plan must include all requirements of the ADAAA to include policies and procedures for provision of reasonable modifications in policies, practices and procedures and auxiliary aids and services when necessary to ensure equal participation and equally effective communication in WIC. The plan must incorporate the following requirements:

1. Identify one or more staff to ensure the requirements for Section 504/ADA are adhered to by clinic staff.
2. Ensure the clinic is fully accessible or other arrangements are made to serve persons with disabilities.
3. Provide appropriate information in alternative formats when necessary.
4. Provide appropriate auxiliary aids and services, including qualified interpreters, to communicate effectively with persons who have hearing, visual and speech disabilities.

5. Require staff to give primary consideration to the choice of aid or service requested by the person who has a communication disability. The state or local government must honor the person's choice, unless it can demonstrate that another equally effective means of communication is available, or that the use of the means chosen would result in a fundamental alteration or in an undue burden. Auxiliary aids and services may include Relay SC, sign language interpreters, materials in large print, closed captioning on website videos, and more.
6. Include appropriate restrictions and limitations on the use of companions and minor children as interpreters:
7. Use qualified sign language interpreters and do not require an individual with a disability to bring another individual with them to interpret.
   a. Limit the use of adult or minor child (companions) as interpreters to emergency situations involving an imminent threat to the safety of welfare of an individual or the public when a qualified interpreter is not available.
   b. Only use an adult companion as an interpreter when an individual request's this, the accompanying person agrees to interpret, and reliance on the accompanying adult is appropriate under the circumstances.
   c. Ensure access to WIC clinics for persons accompanied by a service animal.
   d. Ensure access to WIC clinics for persons who rely on wheelchairs, mobility aids and Other Power-Driven Mobility Devices
   d. Ensure website accessibility.
   e. Establish a procedure for determining fundamental alteration claims in accordance with the ADAAA.
   f. Produce and deliver all WIC video in ways that ensures that all members of the audience can access their content and at a minimum provide closed captioning.
   g. Require staff to include information about requests for auxiliary aids or services and reasonable modifications and what was provided to the person with a disability within the case records.
   h. Establish a procedure for routine self-evaluation for updating plans.

F. CIVIL RIGHTS TRAINING

To ensure that staff are knowledgeable in the area of Civil Rights in accordance with federal regulations, annual Civil Rights Training is required for all staff that are funded by WIC (FTE: partial or full and hourly).

1. All newly hired staff must complete Civil Rights and Customer Service trainings within thirty (30) days of hire and then on an annual basis.
2. Specific subject matter required for training include but not limited to:
    a. Collection and use of data
    b. Effective public notification systems
    c. Complaint procedures
    d. Compliance review techniques
    e. Resolution of noncompliance
    f. Requirements for reasonable modifications for persons with disabilities
    g. Requirements for language assistance
    h. Conflict resolution and customer service

3. Customer service training must be offered in addition to the Civil Rights training annually.
4. Civil Rights and Customer Service trainings are available via the agency's eLearning center.
5. All required DHEC training must be completed within the prescribed timeframe.

G. CIVIL RIGHTS COMPLIANCE REVIEWS

Civil Rights Compliance Reviews are conducted to ensure that nondiscrimination practices in all aspects of the delivery of program benefits to participants and potential participants exist; that nondiscrimination methods in collecting racial/ethnic data are used, and that local public notification procedures of WIC and it benefits are nondiscriminatory in nature.

1. The state agency shall perform at least once every two years as part of a regularly scheduled Management Evaluation a Civil Rights review of the local agency's compliance with federal and state nondiscrimination requirements.
2. During the Management Evaluation, once any probable or identified non-compliance with the policies is determined and reported to the local agency, corrective action steps must be taken immediately by the local agency to obtain voluntary compliance.
3. The State Agency shall monitor the following in its civil rights reviews of Local Agencies:

    a. The Local Agency has corrected all past substantiated civil rights problems or noncompliance issues.
    b. Case records include information about race/ethnicity.
    c. Case records include information about primary language spoken and language assistance provided.
    d. Case records include information about requests for auxiliary aids or services and reasonable modifications and what was provided to the person with a disability.
    e. A list of all staff that have received training during the previous FFY.
    f. All Local Agency clinic sites display an original copy of the USDA nondiscrimination poster, "And Justice For All".
    g. All local agency sites display multilingual notices offering free interpreter services for persons with LEP and free auxiliary aids or services and reasonable modifications for persons with disabilities.
    h. The nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public.
    i. Local Agencies maintain their Civil Rights Complaint Book, as outlined in the Civil Rights Complaint section.

For Your Notes

Interpretation Guidelines for SC School of the Deaf and Blind

INTERNAL PO CREATION:

The first step in the process is you must contact Julia Scott with DHEC Procurement Services at scottja@dhec.sc.gov to get a purchase order in place. The following information will be needed to process a purchase order:

- Estimated Dollar amount
- Primary Program Contact Person / email address / telephone number
- Division/Location
- Authorized person/persons to use purchase order

SCHEDULING SERVICES:

The preferred way to request an Interpreter is to start by emailing your request to: requests@scsdb.org

The request will need to have the following information:

- Name and contact information for person making the request
- Date, time and estimated length of appointment
- What type of appointment will this be for (staff meetings, WIC meetings, etc.)
- Location of appointment
- Name of client and their MCI number
- On site contact information if it's different from the person making the request.
- No funds are encumbered until the FR is assigned for the individual appointments.
- The authorized person/persons are responsible for providing Bobbie Hatchett (requests@scsdb.org) or 1-888-567-0980 with SCSDB with a Funds Reservation number and Purchase Order number for each appointment. **She will not confirm the appointment until you provide her with that information.**

If you do not have access to email, then you will call 1-888-567-0980 if no answer please leave a call back number so they can call you back.

KEY POINTS:

1. SCSDB will upload monthly invoices with the FR numbers into SCEIS on the 10th of every month. It will be the responsibility of each Region/Program's primary contact to check the IDT list for the timely processing of their monthly invoices in SCEIS.

2. SCSDB will provide Julia Scott with DHEC Procurement Services with the cumulative year to date totals each month.

3. If during the term of the contract you need additional Funds added to your purchase order the primary point of contact must request in writing to Julia Scott with DHEC Procurement Services.

4. **It will be the Primary point of contact's responsibility to inform Julia Scott if the total YTD expenditures are nearing your blanket PO limit and request a Change Order to increase the PO. If your blanket PO exceeds the designated amount prior to the issuance of the Change Order, then you will be responsible for the unauthorized procurement.**

A. SYSTEM OVERVIEW

1. SOUTH CAROLINA ENTERPRISE INFORMATION SYSTEM (SCEIS)

The South Carolina Department of Health and Environmental Control, Bureau of Finance Management, utilizes the South Carolina Enterprise Information System (SCEIS) to assure (1) prompt and accurate payment of allowable costs, (2) accurate identification of expenditures and obligated funds, (3) timely reporting and (4) that all WIC costs are in accordance with 2 CFR part 200. Information regarding SCEIS can be found at http://www.sceis.sc.gov/.

A. The SCEIS chart of accounts is composed of the following "segments" for the State:
   1. **Cost Center:** used to identify the origin of a transaction.
   2. **Functional Area:** used to identify the functional area having financial responsibility and accountability for the transaction.
   3. **Activity:** used to identify the nature of a project or activity. Used with Functional Area segment "embedded Activity Code."
   4. **Fund/Grant:** used to identify the specific fund in the transaction.
   5. **Expenditure/Revenue Account:** used to identify the type or classification of a transaction.

B. All obligations and expenditures, both food and administrative, must be allocated to a specific fund which corresponds to a specific account code within the WIC Location, Organization, and Fund. The administrative and food costs are reported to account codes in SCEIS. WIC's accounting codes are found in the Agency's Chart of Accounts. The State Agency's fiscal year runs from July 1 – June 30.

C. All costs incurred by the WIC Program are processed and paid by the South Carolina Department of Health and Environmental Control, Bureau of Financial Management. Invoices must accompany all purchasing documents prior to payment. Final payment is made by the State Treasurer once all approvals have been received.

2. PROCUREMENT PROCEDURES

A. DHEC and its employees will ensure compliance with applicable state and federal laws and regulations and required agency procedures for all procurement activities.

B. Pursuant to the South Carolina Code of Laws amended Title 11 (Public Finance, Chapter 35), known as the South Carolina Consolidated Procurement Code, as passed by the South Carolina State Legislature, signed into law in 1981, by Governor Richard W. Riley, and as amended in 1997, the Director for the Department of Health and Environmental Control is authorized to delegate all duties and responsibilities as defined under the South Carolina Consolidated Procurement Code.

C. The South Carolina Consolidated Procurement Code and the ensuing regulations stipulate that all governmental bodies will develop an internal Procurement Procedures Manual. DHEC's adopted internal "Procurement Procedures Manual" will provide guidelines for DHEC personnel involved in the procurement process and to facilitate the Agency's certification.

3. FIXED ASSETS/EQUIPMENT

The Bureau of Business Management (Central Office) is responsible for establishing and maintaining Fixed Assets standards for all equipment owned by DHEC that cost $2,500 or more.

A. Annual Inventory Verification

Each year, all program areas Property Custodian are required to conduct their own annual verification as specified in the Agency's Bureau of Business Management, Fixed Asset Accounting Procedure Manual (September 2019).

4. COMPUTER EQUIPMENT

All PCs will be managed by DHEC's Office of Information Technology (OIT), using the BMC Client Management Software. PC's include desktops, laptops, tablets, iPads, or any devices that may be capable of storing intellectual property or personal information.

Computer equipment may not be purchased without prior written approval from Central Office and going through the IT approval process. Requests for all computer equipment must be submitted to the WIC Central Office (includes hardware and software) and should include cost and model detail. Computer equipment not purchased solely for use in the WIC program must be paid for using the "fair share" method as described in the "Shared Cost" of the following section.

5. CAPITAL EXPENDITURES

These expenditures include the costs of facilities, equipment (including medical equipment), automated data processing (ADP) projects, other capital assets, and any repairs that materially increase the value of useful life of such assets. Non-IT capital expenditures equal to or exceeding $25,000 per unit, are sent to the WIC Central Office so that USDA approval can be secured before the purchase is initiated. All IT/ADP expenditures equal to or exceeding $100,000 per unit, WIC Central Office will submit to USDA for approval before the purchase is initiated. For IT/ADP expenditures with a total project cost between $5,000 and $99,999, WIC Central Office will notify USDA in writing within 60 days of the expenditures or contract execution.

B. PROGRAM COSTS

A State Agency's Federal WIC grant will consist of two components: 1) Cost of supplemental food benefits and 2) Costs of nutrition services and administration (NSA).

1. **Reasonable and Necessary Costs**: Costs charged to the WIC Program must be reasonable and necessary for the operation of the Program.
   a. A cost is **reasonable** if, under the circumstances, a prudent person would incur the cost when considering:
      i. the benefit to the Program;
      ii. whether it is ordinary and necessary;
      iii. sound business practices;
      iv. market prices for comparable goods or services.

   b. **Necessary** costs are costs incurred to carry out essential program functions and cannot be avoided without adversely impacting program operations.

2. **NSA Direct Costs & Indirect Costs:** Allowable WIC Program NSA costs are divided into two categories, direct and indirect.
   a. **Direct costs** Those direct costs that are allowable under 2 CFR part 200, subpart E and USDA implementing regulations 2 CFR part 400 and part 415. Examples of direct costs in WIC are the wages and salaries of staff working in the WIC Program and supplies specifically used to meet Program requirements.
      Direct costs are further divided into the following program activities:
      i. General Administration
      ii. Client Services
      iii. Nutrition Education
      iv. Breastfeeding Promotion

   b. **Indirect costs.** In accordance with the provisions of 2 CFR part 200, subpart E and USDA implementing regulations 2 CFR part 400 and part 415, a claim for indirect costs shall be supported by an approved allocation plan for the determination of allowable indirect costs. This agreed upon rate is reviewed and approved annually by both the SC Department of Administration and the federal cognizant agency, the US Department of Health and Human Services, Division of Cost Allocation Services. This rate applies to grants, contracts, and Federal funds for SC DHEC.

3. **NSA Activity Categories:** NSA funds are used to support activities in four categories: General Administration, Client Services, Nutrition Education, and Breastfeeding Promotion**.**
   a. **General Administration -** General administration costs are considered to be overhead or management costs. General management costs include those costs associated with program monitoring, fraud prevention and vendor management.
   b. **Client Services -** Client services include all costs associated with issuing benefits, participant services, and eligibility determination. This is typically the largest of the four activity categories.
   c. **Nutrition Education** - includes all costs directly related to general nutrition education. During each fiscal year, an amount equal to at least one-sixth (1/6) of the WIC funds expended by DHEC Regions and PCCs must be spent on nutrition education.

d. **Breastfeeding Promotion and Support** – Captures all costs expended for the promotion and support of breastfeeding. DHEC Regions and PCCs must expend the amount designated through the allocation system for the promotion of breastfeeding.

4. NSA Allowable Costs by Activity Categories

This following are examples of NSA allowable costs, this list is not all-inclusive.

General Administration **Funding Codes: J040-00283095001** **PCAS: 095/000**
• General oversight, supervision, and time spent on personnel time. • The cost of general supplies and equipment. • General staff meetings. • Monitoring and reviewing program operations. • Program Reporting • Outreach • Vendor Management
Client Services **Funding Codes: J040-00283095670** **PCAS: 095/670**
• Salary and benefit expenses of: o All activities involved in the certification process to include conducting dietary and nutrition assessments. o Making referrals to other health services o Issuing food benefits o Explaining program policies and procedures • Participant Scheduling • Medical Supplies: Lancets, microcuvettes, autolets, band-aids, gauze, cotton balls and exam gloves • Medical Equipment: Hemoglobin machines, centrifuges, infant weight scales, adult weight scales and measuring boards • Interpreter and translator services related to providing client services. However, if these services are procured but not needed (client no-show), the expenditure is identified as general administration: 095/000. • Travel expenses for WIC staff providing WIC benefits.
Nutrition Education **Funding Codes: J040-00283095650** **PCAS: 095/650**
• Salary and benefit expenses of employees who plan and/or perform nutrition education including any related travel costs, including Farmers' Market Nutrition Education. • Individual or group educational sessions with participants, including the time necessary to conduct the session, time spent for planning and preparation of session, and needed materials (i.e. food for food demonstrations). • Registered Dietitian Care Plans

- Training of persons providing nutrition education, including any travel expenses and teaching aids.
- Evaluations of nutrition education, including the collection of participant views.
- Costs for development, printing and distribution of nutrition education material and purchase of equipment for nutrition education (kiosk and modules).
- Monitoring of nutrition education, including travel time and time involved for evaluation of the monitoring activities.
- Developing nutrition education portions of the State Plan.
- Interpreter and translator services for nutrition education purposes. However, if these services are procured but not needed (client no-show), the expenditure is identified as general administration.
- Physical Activity Promotion costs:
    - Nutrition Education sessions that promote or reinforce physical activity and contain such a message
    - Informational materials and resources
    - Contract with certified health or fitness professionals to enhance materials, provide brief demonstrations or provide staff training on benefits of physical activity, promoting physical activity, and facilitating behavioral changes in participants
    - Incentive items such as bean bags, water bottles and balls that promote physical activity to participants – See "Program Incentive Items" Section below.

Breastfeeding Promotion and Support
Funding Codes: J040-00283095660
PCAS: 095/660

- Breastfeeding aids which directly support the initiation and continuation of breastfeeding such as breastmilk storage bags, tubing and kits necessary for electric pumps, nipple shields, nursing supplementers, nursing bras, nursing pads. Breast pumps purchased on the Food grant.
- Salary and benefit expenses of:
    - WIC staff delivering educational and direct client services related to breastfeeding.
    - Peer counselors and individuals hired to undertake home visits and other actions intended to assist women to continue with an initial decision to breastfeed.
    - Staff and non-WIC professionals to deliver/attend training on breastfeeding promotion and support.
- Cost to develop/procure educational materials, instructional curricula, etc., related to breastfeeding promotion and support.
- Training costs and travel expenses incurred by WIC staff to conduct breastfeeding promotion activities.
- Maintaining a clinic environment that supports breastfeeding education/training activities and participants that are nursing mothers.

5. Travel Documentation

Documentation of travel expenses for the WIC Program must include the date and destination of each trip, employee's name, and reason for each trip; these records must be signed, reviewed by authorized personnel, and be in accordance with the Agency's travel policy.

Listed below are example descriptions of travel that should be noted on the documentation by activity:

A. General Administration

1. General meetings and trainings not specific to nutrition or breastfeeding
2. Supervision
3. Outreach

B. Client Services

1. Program intake
2. Certification
3. Working clinic

C. Nutrition Education

1. Nutrition education classes
2. Nutrition training

D. Breastfeeding Promotion and Support

1. Breastfeeding counseling
2. Breastfeeding training

6. PERSONNEL COST ACCOUNTABILITY SYSTEM (PCAS)

PCAS, Personnel Cost Accounting System, is the Agency's time and activity reporting system. Federal regulations require DHEC to document **ALL** payroll costs for staff paid using federal dollars. Some staff paid on revenue contracts also PCAS their time. Agency Administrative staff do not have to PCAS their time. DHEC utilizes PCAS to accomplish this. Every federal dollar spent for salaries and fringe benefits must be supported by time and activity reports. PCAS establishes a database for producing reports required by Federal, State, special and local funding sources and is used to produce management reports for the Department. All employees, other than designated Administrative Central Office employees, are required to complete PCAS by using the PCAS Time and Data entry program (PCAS-Web), Daily Activity Report (DAR) or Weekly Activity Summary (WAS).

For operating purposes the staffing standard ratio will be 1/800 per Region. Multiple factors have been considered with the update of the staffing standard to include: the productivity of the staff, staff turnover, staff training needs, etc. Based on these variables, Operations will be utilizing a staffing standard range of ***1/750-850 per Region***. The range of 750–850 allows for flexibility within the Region. No two sites are the same; from the smaller sites, to those that have newer "less seasoned" staff, to those working at full capacity, the flexibility provides growth where possible. Operations will adjust and utilize the ratio to determine where it is most advantageous to increase staff and ultimately caseload. Clinic sites throughout the state typically have a one-to-one (Administrative to CPA) ratio and therefore eliminating the necessity of two ratios. The Management Evaluation Financial Management section will reflect the updated staffing standard.

Both Salary and Hourly employees utilize the PCAS-Web electronic system to enter their time and activity data. PCAS-Web time entry is by a calendar month. Time will be entered into PCAS-Web from the 2nd of the month through the 1st of the following month. Example: March 2 – April 1. When a month is complete, a PCAS summary report will be sent electronically to the employee's supervisor for review and approval within three (3) working days after the end of a month. The supervisor must review and approve the electronic summary report within five (5) working days after the end of a month. The approved electronic summary report will be submitted to the local

PCAS coordinator. The Coordinator can review the summary report for proper completion and approve, forwarding the electronic approved summary report to Financial Management/PCAS Help Desk Coordinator.

Supervisors will instruct their employees which PCAS codes to use for their area and particular type of work.

A. PCAS Codes

The PCAS process begins with each employee tracking their time every day for hours spent working in various programs. The employee will use a location code, a program code, and an activity code, along with the related time spent working in that area. These codes and times must reflect the work performed.

1. The **location code** indicates the Bureau/Region, county, or site within a county in which the individual works.
2. The **program code** reflects the program area on which the individual is working. This can vary from one job description to the next. One position may work exclusively for one program area and another position may work in a variety of program areas each day.
3. **WIC Program Code (095)**

   Time spent performing any WIC specific function. Activities include income screening, WIC certification, providing nutrition education, food benefit issuance, making referrals, vendor monitoring, program training, record keeping, reporting, data systems management and program monitoring.

   Note: Performing functions such as measurement of height/length, weight, and hematocrit/hemoglobin that benefit more than one program should have time divided among the programs. Only the nutrition education portion of 6-month-old infant visits should be coded to WIC.
4. The **activity code** specifies the type of tasks the employee is performing for associated program.
5. WIC activity codes:
   a. General Administration (000)
   b. Nutrition Education (650)
   c. Breastfeeding (660)
   d. Client Services (670)
   e. Disasters (999)* Use only when instructed.

B. Reconciliation Process: PCAS documentation will be monitored and reconciled on a monthly basis and reported to the Central Office on a quarterly basis. Each month, the Bureau of Financial Management (BFM) Cost Accounting will generate and send reports to the Regions and Central Office. In a combined effort, each Region's management and WIC Program Manager will review documentation reports and determine appropriate actions: personnel funding adjustments. Each quarter, Regions and subsequently the State WIC Director will sign an assurance statement will be signed by the Region's Public Health Director and Administrator that appropriate actions have been taken to reconcile PCAS. This signed assurance statement along with the quarter's completed PCAS reconciliation report(s) identification actions taken will be sent to the State WIC Director and Bureau's Administrative Director. These reports will be reviewed for completion during the Region's audits.

7. Program Incentive Items

Program incentive items – Refers to a class of goods, of a nominal value, that are given to applicants, participants, or potential participants (excluding staff) for purposes of outreach, nutrition education, or breastfeeding promotion.

A. Program incentive items should:
   1. contain a WIC-specific message that targets the potentially eligible population of WIC participants only;
   2. normally be seen in public;
   3. have value as outreach devices that equal or outweigh other uses;
   4. include WIC contact information;
   5. constitute (or show promise of) an innovative or proven way of encouraging WIC participation; and
   6. receive WIC C/O approval via the Agency's process.

Regions and PCCs should give careful consideration to the public perception of program funds spent on items even when the connection to outreach, nutrition education, or breastfeeding promotion is clear.

8. Breastfeeding Peer Counselor (BFPC) Program

A. The Breastfeeding Peer Counselor Program is supported by a separate grant, which has unique requirements. This budget includes costs associated directly with the implementation, expansion and maintenance of a breastfeeding peer counselor program.

B. **Region/PCC Allocation for Breastfeeding Peer Counseling Grant**
The Region/PCC's Breastfeeding Peer Counseling Grant allocation is determined by the 1/200 ratio: one peer counselor for every 200 of the Region/PCC's average number of breastfeeding women and pregnant women. This is calculated by the average breastfeeding women and the average pregnant women added together, then that total is divided by 200. Once the 1/200 Peer Counselor ratio number is determined, then that number is multiplied by an average Peer Counselor's salary, fringe benefits, and indirect charge to determine the total cost. After the total cost is calculated, each total is then divided into the grand total, to determine each Region's/PCC weighted average percentage. Each Region's/PCC weighted average percentage is then multiplied by the total awarded grant amount, which determines the allocation for the Breastfeeding Peer Counseling Grant.

C. Examples of approved costs covered by breastfeeding peer counselor program funds include:
   1. personnel costs for peer counselors and designated breastfeeding peer counselor managers;
   2. participation in breastfeeding peer counselor program related training activities;
   3. travel specific to breastfeeding peer counselor program activities;
   4. operational costs necessary to support breastfeeding peer counselors such as cell phones, pagers, answering machines, and office equipment; and
   5. other expenses directly related to developing or expanding activities to sustain a breastfeeding peer counselor program.

NOTE: While WIC Breastfeeding Promotion and Support Activity budget funds can be used to support Breastfeeding Peer Counselor Program activities, BFPC Program funds cannot be used to support expenses related to core WIC functions including attendance at training or meetings unrelated to BFPC program; purchase of breastfeeding aids (i.e., manual and electric breast pumps, nipple shields, supplemental feeding devices); development or purchase of participant nutrition and breastfeeding education materials; and any other expenses unrelated to activities of the BFPC program.

PCAS Code: 282/000

9. SHARED COST:

Administrative expenditures shared by more than one program are prorated on an equitable basis to all programs. Each DHEC Region and PCC allocation system is based on personnel hours coded to WIC or the square footage occupied by WIC or other methodologies as appropriate, e.g. telephone lines. WIC's percentage to the total is used to allocate a shared cost to WIC. Purchases such as leases and utilities expenses shall use the square footage if applicable. All other purchases shall use the PCAS methodology. Any equipment and supplies used by multiple programs must be allocated based on "fair share". The DHEC Region and PCC will use an approved allocation methodology for purposes of funding "fair share" purchases.

NOTE: Shared costs charged to the WIC Program still must be considered "necessary" and "reasonable" costs as defined in B. 1.

10. INDIRECT COST RATE

This agreed upon rate is reviewed and approved annually by both the SC Department of Administration and the federal cognizant agency, the US Department of Health and Human Services, Division of Cost Allocation Services. This rate applies to grants, contracts, and Federal funds for SC DHEC.

11. Unallowable Cost – Repayment

A. Should unallowable items be cited in the DHEC Region or PCC audit, the DHEC Region or PCC will be required to repay the unallowable expenditure. As evidence of this correction, the Regions will send copies of processed Request for Transfers (RFTs) which show the charges removed from the WIC fund and transferred to another fund. The PCCs will reduce a future billing by the amount of unallowable expenditures charged to the WIC funds discovered during the audit.

B. Examples of unallowable costs are listed:

1. Fitness center dues or memberships
2. Exercise equipment
3. Facility rental or modification for physical activity purposes
4. Exercise classes and instructors
5. Incentive items not necessary or reasonable per "Cost Principles"
6. Pregnancy testing supplies
7. Syringes and needles
8. Urinalysis testing supplies
9. Glucose testing/monitoring

10. Vacutainer tubes
11. Blood pressure supplies
12. Immunization supplies and administration
13. Otoscopes
14. Speculums
15. Topical Creams
16. Ointments
17. Infant Pillows
18. Nursing blouses
19. Program Incentive Items as listed:
    a. celebratory items
    b. items designed primarily as staff morale boosters
    c. items of nominal value, which have no outreach breastfeeding or nutrition education message
    d. items not of normal value such as diaper bags, infant slings, or ponchos (regardless of any education message)

12. Food Funds

A. Breast pump Orders
WIC C/O will make a large order for breast pumps up to four times a year. These orders will be placed by WIC C/O and funded with WIC Food Funds. The supplies needed for the breast pumps will be purchased at the Region/PCC level using NSA funds.

B. Special Formula
1. Regions/PCCs will order special formula from the state agency's vendor. In addition, payments for these orders will be made at the Region level. PCCs will submit invoices to WIC C/O for payment processing. WIC Food Funds will be used to pay these invoices. The Region will be established a budget of WIC Food Funds based on projected costs of special formula orders. If additional funds are needed, the Region should contact WIC C/O for a budget transfer request.

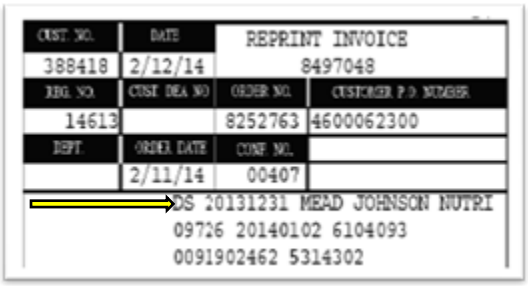
2. Procedures for ordering special formulas in listed in Chapter 14 Formulas, Section G. Each WIC site within a Region has a designated Cardinal account number. Each Region should establish a purchase order (PO) number for paying Cardinal special formula orders. WIC Food Funds should be committed for the Region's PO#. Only WIC orders/PO# should use a site's WIC Cardinal account, no other program should use the WIC account for placing orders. The PCC's will continue to place orders using WIC C/O's PO number that is provided by WIC's Financial Coordinator. Note: RD's or the Region/PCC's designee to place orders should confirm the correct PO number is used before submitting the order.

3. Each Region shall name a designated person in the Region's Business office that will be the Region's point of contact for the payment of Cardinal invoices. The designated person in the Business Office will need to initial, and date each Cardinal Invoice, as well as completing the goods receipt in SCEIS, and then submit to the Agency's point of contact, in Finance Accounts Payable.

4. Backorders and Missing Invoices
   Staff should submit all Cardinal Invoices for payment processing once orders are delivered to the site. Cardinal Invoices for "backorder" items will be delayed getting to the site, and may not have the PO number listed. If a site has not received a particular Cardinal invoice for a delivery after 2 or 3 weeks, please contact a Regional/PCC RD with access to Cardinal Express Order, so they will be able to print a copy of the outstanding invoice.

5. Credits Memos
   Credits Memos need to be signed and dated. Credits will come in 2-4 weeks after the formula is returned; typically with another Cardinal Shipment in the Shipment Packet. Credit Memos sent to the sites will need to be signed and dated, and forwarded to the designated person in the Region's Business Office. The designated person in the Business Office will need to initial, and date each Credit Memo, as well as completing the goods receipt in SCEIS, and then submit to the Agency's point of contact Amanda Heron in Finance AP.

6. Shipments from Manufacturer
   Shipments sent directly from the manufacturer (not from Cardinal) will not have a Cardinal Invoice; typically FedEx or UPS. A Cardinal Invoice will be sent 2-4 weeks after the shipment is received; typically with another Cardinal Shipment in the Shipment Packet. Once the invoice is received, the shipment's delivery date can be found in the top, right corner of the invoice on the same line as the name of the formula manufacturer. This is the date that should be used when verifying delivery in the Inventory Log. Please see example below:



CUST NO.	DATE	REPRINT INVOICE
388418	2/12/14	8497048
REG NO.	CUST DEA NO	ORDER NO.	CUSTOMER P O NUMBER
14613		8252763	4600062300
DEPT	ORDER DATE	CONF NO.	
	2/11/14	00407	

DS 20131231 MEAD JOHNSON NUTRI
09726 20140102 6104093
0091902462 5314302

C. FUNDS MANAGEMENT

1. Allocation Procedures – Nutrition Services and Administration (NSA) Funds

The WIC Allocation methodology has the following parameters:

A. Creates a consistent distribution of funds to the DHEC Regions.
B. Displays a minimal amount of reserve maintained at the State level.
C. Displays an equitable distribution, including the established percentage of 20% for State level operations.
D. Uses the most current data available.
E. Adheres to the Federal rules of the WIC Program.
F. Displays accountability for financial operation at the DHEC Regional level.
G. **Base Allocation**
   WIC Central Office's operation budget will be 20% of the state's federal allocation. In addition to the WIC Central Office's operation budget, all projected costs will be captured for Client Services operations such as the Central Appointing Center this is managed by the Agency's State. The balance of the administrative funds would be included in the allocation system for budgeting DHEC Region and PCC administrative funds. The Regions and PCCs determine and

establish their line item budgets once the allocations are determined. These budgets are reviewed during scheduled Financial Management audits to ensure the WIC Program Manager is involved with budget management activities. The amount of the previous year grant is generally used as a base allocation.

H. **The allocation system elements are calculated as follows:**

1. **Current Caseload**
   Defined as the average number of participants served monthly based on a 12-month period. The DHEC Region's and PCC's current caseload percentage (DHEC Region and PCC caseload/state caseload) is multiplied times 90% of the total WIC administrative funds available to the DHEC Regions and PCCs to derive at the amount of funds allocated for this element.

2. **Need**
   a. Defined as the number of women, infants and children in need as identified by the State. The DHEC Region's and PCC's need percentage (DHEC Region and PCC need/state need) would be multiplied times 10% of the administrative funds available to the DHEC Regions and PCCs.
   b. The current caseload and need funding is added together to determine the DHEC Region's and PCC's total WIC funds allocated.

3. **Carry Forward Funds**
   Carry forward funds shall be re-allocated annually if funds are available and not requested for Special Projects by Central Office.

4. **Re-allocation Funds**
   Periodically throughout the fiscal year, USDA re-allocates funds to the states. When this occurs, a re-allocation of funds is given to Regions and PCCs based on the original method of allocation. If funds are needed for "special projects" a portion of funds may be held to cover these costs by State Office.

5. **Budget Amendments**
   Overspending of allocations by DHEC Regions or PCCs must be repaid or covered by state funds or other non-WIC source of funding. Budget revisions are submitted to the Bureau of Financial Management when changes are required. Budgets are amended to reflect both increases and decreases as necessary in funding levels.

6. **Primary Care Centers**
   The effective dates of the contracts are based on the federal's fiscal year. The contract amount is based on average caseload and need as a percentage to the total. Allocations are computed annually and contracts revised as needed. The centers must invoice on a monthly basis actual expenditures incurred by the WIC Program to include, but not limited to salaries and fringe benefits, travel, supplies, equipment, office space, utilities, postage, and educational and outreach materials. These monthly invoices are reviewed for accuracy and assurance that expenditures claimed are allowable WIC costs. Primary Care centers fall under the same program regulations as WIC sites and are treated the same with regard to re-allocation of additional available funds. As such, Primary Care Centers are also reviewed every two years and are required to provide a copy of external audit annually.

2. Food Cost Obligations – WIC Food Funds

At the beginning of each year, the state estimates projected monthly caseload for the entire fiscal year. The uses the "Food Forecasting Model," which uses the participation data of the previous three years to calculate a weighted average for determining the future participation projections. The model also uses previous years food cost, rebates, and current inflation rate to determine the monthly forecasted food cost obligations.

3. Steps in the WIC Reconciliation Process (Food Grant):

A. Each business day a WIC Daily State Issuer Report is run in the EPPIC system and used for the daily SC WIC funding request. The report lists the dollar value and vendor details of EBT transactions that were presented to the EBT services contractor's bank for payment.

B. The entry is recorded on the Daily WIC Funding Requests Table in the WIC Access Database. Then the amount of the draw is recorded on the Daily WIC Draw Table in the WIC Access Database. A wire in the amount of the request from Conduent is initiated by one member of the Cost Team using the Wells Fargo Commercial Electronic Office (CEO). The wire must be approved by a different member of the cost team to ensure dual control.

C. Next, a Direct Expenditure Voucher (DEV) is completed for the amount of the draw. The amount and the draw request number is recorded in the appropriate fields on the DEV.

D. The funds are then drawn from the federal payment system used by the USDA for the WIC program. The WIC grants are all placed on the Automated Standard Application for Payments (ASAP). After submitting the draw request, ASAP sends an ACH payment to Wells Fargo that will show up in CEO the next morning. A Payment Transaction Confirmation sheet is printed from ASAP that shows the amount of the daily draw, the account number it was drawn from, and the account balance.

E. The DEV, SC WIC Funding Request, and ASAP Payment Transaction Confirmation are given to the Cost Accounting Director for review and signature and then sent to the Accounts Payable section for entry into SCEIS.

F. The Accounts Payable section returns the processed DEV to the Cost Accounting person designated to process the WIC draws.

G. Rebates are billed monthly to the current formula rebate contractor. Payments are received via ACH transfer to Wells Fargo. When these payments are credited to the account, no draw is necessary from the Letter of Credit (LOC) until such time as the rebate has been exhausted. These are recorded in a separate "fund" number so they can be easily reconciled to the amounts received each month.

H. Monthly a member of the cost team, other than those who do the daily wire transactions, reconciles the wires sent to the EBT services contractor's bank to the wire sent from Wells Fargo by using monthly reports from the EBT system and the Wells Fargo CEO portal.

I. At year-end closeout, all draws are again reconciled to the wire requests, the bank statement and the DHEC book of record as well as to the Conduent's monthly Posting Summaries and Financial and Program Status reports.

J. As with the administrative funds, food expenditures are tracked by a separate "fund" number and linked back to that year's award. Funds are budgeted based on the award amount and the statewide accounting system (SCEIS) will not allow for budgets to be set up for more than the award notice. Rebates are budgeted as expenditures occur only up to the amount of the actual rebates billed.

4. Checks and Balances for the WIC LOC:

As stated in the Steps in the WIC Reconciliation Process for the food grant, only the amount of the daily wire is drawn from the LOC to cover expenses unless there is a holiday. DHEC will fund the daily EBT request from Conduent the same day that the request is presented to DHEC. In the event that State Offices are closed but banks are open, DHEC will prefund Conduent for one day based on the average presents for that day of the month. In the event that DHEC funds more than what is required on the day the DHEC is closed, DHEC will reduce the next day's request by the amount over funded. A partial listing of days that DHEC would be closed but bank open are: Confederate Memorial Day (May 10th), the day after Thanksgiving, Christmas Eve and the Day after Christmas. These days can be adjusted based on weekends.

5. WIC Administrative Grant Draw Process:

A. Each day a Cash Draw Report is sent out by the Bureau of Financial Management General Ledger Department via e-mail. This is an Approach document that is linked to SC DHEC's SCEIS accounting system. This report lists each grant or contract that the agency maintains. The federal grants are listed by agency (DOE, NOAA, EPA, WIC, etc.). The DHEC Fund and Grant number, the old accounting system fund number and name for each current and recently closed grants are shown below each agency's name. Finally, the total revenue drawn during the current state fiscal year and cash balance as of the previous business day are listed for each individual grant.

B. To determine if a WIC Administrative fund draw is needed, the database tables that are created by the General Ledger section are linked to an Access database that is used to process all of the agency's federal draws. The database determines the current cash balance on the WIC Administrative grant and, taking into account any draws that have not posted in SCEIS, the amount that needs to be drawn is presented on a report. The WIC Administrative expenditures mainly relate to DHEC's payroll dates of the 1st and 16th of each month. However, there are other expenditures that occur on the grant at other times. An administration draw is made approximately every two weeks to twice monthly.

C. A reconciliation is done on the grant award when the 798 is prepared. At that time, a report of expenditures and revenue is run from SCEIS. The grant award amounts are verified from the grant information database kept in Approach that is updated as each award notification is received from USDA. This information is also again verified when the final 798 closeout report is completed.

D. As with food funds, Administrative expenditures are tracked by a separate "fund" number and linked back to that year's award. Funds are budgeted based on the award amount and the statewide accounting system (SCEIS) will not allow for budgets to be set up for more than the award notice.

6. WIC Reporting and Accounting Record Verification:

A. Each month a financial report is prepared and submitted to USDA via the FPRS accounting system. In preparing this report, it is necessary to verify the award amounts as notifications are received from the Regional HQ of USDA.

B. An Access Database is used to record wires and draws. This information is reconciled to the DHEC accounting system book of records or SCEIS. The same information is also reconciled to the Bank Statements on a monthly basis. At year-end, all entries must reconcile to the Posting Summaries and Financial and Program Status report provided by the EBT Contractor. These amounts are recorded on the closeout 798 report and entered in the USDA FPRS system online.

C. Detailed worksheets are prepared monthly documenting food costs, rebates and administrative costs for the WIC Program. The 798 Report captures all of this data in the following format:

1. (Line 1) Estimated Gross Obligations are projected based on historical data from the previous year. This data is compared to current available data and adjusted accordingly. This is a collaborative effort between the Bureau of Financial Management and the WIC Program. As each month is closed, the gross obligations are changed to reflect actual outlays.
2. (Line 2) The estimated Rebates are projected using historical data from the previous year. If current rebates have dropped significantly, the numbers are adjusted accordingly.
3. (Line 3) Net Federal Obligations is the difference between Line 1 minus Line 2. This is the amount of federal dollars the program projects it will need to draw from the Letter of Credit for the federal fiscal year. This number fluctuates as the months are closed during the year.
4. (Line 18) Total participation estimates are based on the previous year's historical data and by reviewing the most current trend. If caseload drops or increases throughout the year, the numbers are adjusted accordingly.
5. The Director of Administration reviews the 798 report monthly and notifies the Bureau of Financial Management of any necessary adjustments to the report based on changing trends and data available at the time.
6. (Line 4) Gross Outlays are captured in an Access database which includes the amount from the WIC Monthly Financial and Program Status report provided by Conduent and any other adjustments by Conduent. This amount changes monthly until the month is closed.
7. (Line 6) Same as line 4.
8. (Line 12) This is net of Gross Outlays for the current month less rebates received in each month.
9. (Line 14) For closed months, this is the same as line 12. For open months, the net changes as the Gross Outlays increase each month.
10. (Line 15-18) Federal Participation is estimated at the beginning of the fiscal year for all 12 months based on the previous year's historical data. It is updated monthly based on actual monthly caseload data captured from SCWIC. If the caseload drops or increases, the numbers are revised.

D. State and local monthly NSA expenditures are captured by transactions that are entered into South Carolina Enterprise Information System (SCEIS). The transactions are recorded using funding streams that designate the expenditure as NSA by using the appropriate grant number assigned for NSA expenditures. To record the expenditures on the FNS-798, a query is run from SCEIS using the Business Objects reporting system. The query pulls all expenditures posted to the assigned grant for NSA. The FNS-798 does not require a breakout of the expenditures by category, i.e., personnel, travel, supplies, etc., instead the amount is posted as whole total. Time and attendance costs are captured using the Personnel Cost Accounting System (PCAS). Employees that work on tasks related to the WIC program record their time using the PCAS code of 095. The PCAS system calculates the salary costs based on the employee's salary information.

E. Administrative draws for the ADMIN LOC are done approximately every two weeks to twice a month based on the cash balance of the grant and are rounded to the nearest whole dollar amount meeting the 3-day CMIA rule. Most administrative fund draws are payroll costs with the exception of travel, supplies, etc.

For Your Notes

CHAPTER 18 MONITORING AND AUDITS

A. STATE AGENCY MONITORING OF DHEC REGIONS AND PRIMARY CARE CENTERS

1. Monitoring of DHEC Regions and Primary Care Centers is the responsibility of the State Office. CFR 246.19 (b) State Agency responsibilities. (1) The State agency shall establish an ongoing management evaluation system which includes at least the monitoring of local agency operations, the review of local agency financial and participation reports, the development of corrective action plans, and on-site visits. The results of such actions shall be documented. (2) Monitoring of local agencies must encompass evaluation of management, certification, nutrition education, breastfeeding promotion and support, participant services, civil rights compliance, accountability, financial management systems, and food delivery systems.

   A. Program management and clinical operation site reviews are conducted every two years. The State Office staff visits a minimum of 20% of the sites within the Region/PCC. The State will review sites bi-annually within the Region/PCC.

      1. Tentative dates are established by the State Office and submitted to the DHEC Regions and PCCs prior to the beginning of the review year.
      2. The DHEC Region or PCC submits to the State Office their schedule of clinical activities indicating WIC certifications and facilitative learning for their review month.
      3. A letter is sent to the Public Health Director/Executive Director one month prior to each scheduled visit confirming the dates.
         a. If a date is in conflict with scheduled local activities, the WIC Program Manager may request to change the review date to an earlier week, but not a later week.

   B. Financial Management and Program Management reviews are conducted every two years at the Regional/PCC sites. Components of the financial administration, program management, outreach, certification, nutrition education, breastfeeding, administrative procedures, civil rights and fair hearings, are assessed by observations in the clinic, review of files and participant records.

   C. Data reviewed as part of the scheduled visit includes:

      1. The previous year's review and all related correspondence.
      2. Monthly caseload figures.
      3. Complaints related to the operations within the WIC site.

   D. The review team is composed of a minimum of four (4) members who have expertise in program management, financial management, certification, nutrition education and administrative requirements.

      1. Currently the team includes the following:
         a. At least one Nutrition Consultant
         b. Administrative Consultant
         c. Quality Assurance Consultant
         d. Financial Consultant

   E. Informally during the review, findings are discussed with staff. Exit conferences will be conducted by the State Office via conference call.

   F. Formal findings of the review are documented on the Management Evaluation Tool, which includes an Executive Summary.

G. A follow-up review is conducted when deficiencies warrant.

2. Findings of the review are submitted to the Region Health Director/Executive Director, Lead Operations Director, and WIC Program Manager via the Management Evaluation Tool and cover letter.

   A. Recommendations for program enhancement or corrective action(s) required are noted, as well as, positive aspects found during the review.

   B. The complete written report is sent to the DHEC Region or PCC within sixty (60) days of completion of the review.

3. A plan for program enhancement and/or corrective action(s) is submitted to the State within forty-five (45) working days of receipt of the written report. The plan should also include target dates for corrective actions, i.e., training, audits, etc.

   A. The corrective action plan is assessed by the State Office for adequacy of response, appropriateness of the plan and any need for additional information. Copies of memos, agendas for in-service, RFT's, personnel actions, or other documentation must accompany the corrective action to ensure compliance with audit findings.

      1. Staff accountability – In order for corrective actions to be maintained, supervisory staff are expected to ensure site/staff accountability by:
         a. providing comprehensive trainings;
         b. establishing with staff the required standard of service, as well as, task efficiency and timeliness needed to provide services;
         c. conducting a review of the staff person's knowledge and skills, as it relates to the corrective action;
         d. monitoring the staff person's performance to ensure corrective action duties have been addressed; and
         e. confirming resources necessary to perform the duties are readily available.

   B. The State Office accepts the corrective action plan or requests additional information/details for completing the corrective action plan.

   C. The WIC Program Manager is responsible for providing documentation to the State Office and for confirming the progress of the corrective action(s) plan.

   D. The Management Evaluation cannot be closed until the documentation has been reviewed by the State Office and an official close out letter has been forwarded to the Public Health Director/Executive Director.

4. When a follow-up review is required, it is performed approximately six (6) months after the written report to allow sufficient time for the implementation of corrective action(s).

   A. The DHEC Region or PCC receives a written report of follow-up findings. Recommendations and corrective action(s) are noted, as well as, positive aspects found during the follow-up.

   B. The staff must address the State Office's recommendations and corrective actions made in the follow-up report. A plan must be submitted to the State Office within forty-five (45) working days of receipt of the written report. The plan should include target dates for corrective actions, i.e., trainings, audits, etc.

C. The follow-up response is accepted or a request for additional information/details are sent by letter to the Public Health Director/Executive Director.

D. The Management Evaluation cannot be closed until the follow-up response has been reviewed by the State Office and an official close out letter has been forwarded to the Public Health Director/Executive Director.

B. REGION AND PRIMARY CARE CENTER FINANCIAL MONITORING

1. Funds Monitoring

A. WIC Central Office accomplishes monitoring of funds through review of expenditures in SCEIS. Bureau of Financial Management provides WIC Central Office with monthly expenditure reports for each Region or on an as needed basis. The reports are generated from SCEIS. Primary Care Centers submit monthly invoices to WIC Central Office detailing expenditures for the month.

B. The WIC Program is required to expend one sixth (1/6) of its Administrative expenditures for nutrition education activities and breastfeeding promotion and support activities. Also, WIC Central Office will identify a specific amount of funds to be expended for breastfeeding promotion. This amount will be based on the USDA allocation statewide which includes inflation per pregnant and breastfeeding woman served in the DHEC Region and PCC. The expenditure levels are monitored through the use of the Personnel Cost Accounting System (PCAS), which identifies salaries and fringe benefits, and expenditure reports, which identify operating costs.

These expenditures are evaluated during the WIC Management Evaluation. A detailed report of nutrition education and breastfeeding promotion expenditures by Region and PCC is distributed at each local WIC Program Managers' meeting and e-mailed to Regions' Administrators and Regions' Program Directors.

2. Financial Management Reviews

A. The fiscal monitor(s) evaluates the overall financial management in each DHEC Region as well as all of the PCCs. Each DHEC Region and PCC is reviewed every 2 years. Regions are provided with a list of expenditures that include invoices and travel documents that were processed during the period being reviewed. The list is provided to the WIC Program Manager and local financial staff approximately two (2) weeks prior to the scheduled review date. This allows ample time to pull the documentation supporting each expenditure and have it available for the fiscal monitor(s) to review. Primary Care Center invoices, purchase orders, and payroll ledgers are reviewed at the time of Management Evaluations. A copy of the Primary Care Center's latest external audit is also reviewed for audit findings related to the WIC program and forwarded to the Bureau of Internal Audits as required. Primary Care Centers use time sheets to track time and these are also reviewed during the Management Evaluation.

B. The fiscal monitor(s) also obtains copies of allocation plans used, WIC Memorandum of Agreements (MOAs), and contracts active in the Region, prior year's self-monitoring financial review, position descriptions, and the last official Fixed Asset Verification Report. The DHEC Region is required to have inventory reviewed at least once every 2 years.

C. The tool is divided into seven sections:

1. Budget Monitoring
2. Expenditure Review
3. Inventory Control
4. Staffing/Organization
5. Infrastructure/Breastfeeding Peer Counseling Grant
6. Region/PCC Self-Monitoring Financial Review
7. Region Contracts/MOAs/Other

D. After the Region/PCC has been evaluated, the fiscal monitor(s) must then provide input into the overall Executive Summary distributed to the Region/PCC. The Executive Summary lists the review's findings and needed corrective action. If corrective actions are needed, the Region/PCC is required to submit a response with copies of corrected actions taken, memos sent out, etc.

C. DHEC REGION OR PRIMARY CARE CENTER REVIEW OF WIC PROGRAM

1. The WIC Program Manager is responsible for ensuring that an evaluation of all WIC components is conducted bi-annually. These components include: Program Management, Civil Rights and Fair Hearing, Outreach and Customer Service, Financial Management, Administrative Procedures, Breastfeeding, Certification, and Nutrition Services.

2. A minimum of 20% of the local WIC clinics within the DHEC Region or PCC will be monitored per year.

3. Staff will utilize the Region/PCC Management Evaluation tools provided to the WIC Program Manager by WIC Central Office.

4. The WIC Program Manager will utilize a random record sample for obtaining the number of participant records to review for local WIC clinic internal audits.

5. When deficiencies are detected, a written report is generated with the required corrective actions detailed for clinic site review and implementation.
   a. A written report is provide to the clinic site supervisor within forty-five (45) working days of the review. The clinic site must implement the required recommendations and/or corrective actions to ensure the area of deficiency has been address. The WIC Program Manager or designee is responsible for monitoring implemented corrective action plans to ensure compliance with Program policies and procedures.

6. The review, write-up, corrective action(s), and follow up(s) are to be kept on file by the WIC Program Manager for review during the State Management Evaluation.

D. STATE AUDIT

1. State Audit

A. The State Audit is conducted in accordance with 2 CFR part 200 by the State Auditor's Office and includes all state government agencies. Federally funded programs are reviewed during the Single Audit. Risk assessments are conducted to determine which programs are to be reviewed.

B. Federal regulations require that all Contractors (subrecipients) that expend $750,000, as applicable, or more in federal awards from all sources during their fiscal year shall have a single or program specific audit conducted for that fiscal year. Federal regulations also require that Single Audit reports be submitted within the earlier of 30 days after receipt of the independent auditor's report, or nine months after the end of the audit period. The Office of Internal Audits submits a letter to federal subrecipients annually requesting a copy of their audit report. If the audit report has not been completed, the subrecipient must provide an estimated completion date. The Office of Internal Audits will send at least three (3) follow-up request letters to the subrecipient if an audit report or response is not received from the subrecipient, the Office of Internal Audits will contact the subrecipients via telephone and/or by e-mail. If the subrecipient does not submit the audit report or respond, the Office of Internal Audit will contact the appropriate program area and inform them of the subrecipient's non-compliance. The program area will then contact the subrecipient to request the report. If an audit report is not received, the program area may withhold, suspend or terminate federal funds received from DHEC for the subrecipient or take other actions, if the reporting requirement is not met.

C. The WIC Program is usually reviewed during the Single Audit each year because of the total amount of funds awarded to the State.

D. The State Audit committee provides an entrance interview to discuss areas of review and required documentation from the Program. Once the audit has been concluded, an exit conference is scheduled where an overview of findings is presented. A complete report of all findings and corrective actions, if applicable, can be found on www.osa.sc.gov. Any findings for DHEC will be referenced under J04.

2. Subrecipient Audits

A. Contract facilities which provide WIC services are audited annually by CPA firms. The findings of these audits are reviewed by DHEC's Office of Internal Audits and monitored to ensure that corrective actions directly or indirectly related to the Program are implemented. The Bureau of Financial Management captures data concerning subrecipient payments along with other pertinent data, which is examined, categorized, and tracked by Internal Audits.

B. The Office of Internal Audits monitors all subrecipients of DHEC and notes any findings, questioned costs, and reportable conditions that relate to Federal awards. The Office of Internal Audits, the appropriate program area, and the Bureau of Financial Management will coordinate any required management decision as a result of a subrecipient's audit finding.

E. REPORTS

Participation Reports					
Report Name	Owner	Completed	Recommended/ Mandatory	Maintenance	Objective of the Report
Caseload Management Report	Clinic Module	N/A	Recommended	N/A	The objective of this report is to review the actual/estimated participation to review the enrollment.
Caseload Utilization Report	Clinic Module	N/A	Recommended	N/A	The objective of this report is to review the caseload difference of WIC enrolled compared to the percentage of non-participation of WIC participation.
Federal Participation Report	Clinic Module	N/A	Recommended	N/A	The objective of this report is to review the federal participation for SC WIC.
Ongoing Priority Status by category	Clinic Module	N/A	Recommended	N/A	The objective of this report is to review WIC enrollment based on ongoing priority status by category.
Priority Enrollment by Category	Clinic Module	N/A	Recommended	N/A	The objective of this report is to review WIC enrollment based of the category.
Racial/Ethnic Enrollment By Major Category	Clinic Module	N/A	Recommended	N/A	The objective of this report is to review WIC enrollment based of radical/ethic by major category.
Radical/Ethic Participation by Category	Clinic Module	N/A	Recommended	N/A	The objective of this report is to review WIC participation based of category.
Unduplicated Participation	Clinic Module	N/A	Recommended	N/A	The objective of this report is to review the WIC participation based by month with no duplications. **Unduplicated participation report varies based off the rolling months.**

Outreach Reports					
Report Name	Owner	Completed	Recommended/ Mandatory	Maintenance	Objective of the Report
Annual Outreach Report	WIC Coordinator, Program Manager	Annually	Mandatory	One Drive or email for PCC/ retention schedule is 3 years	• Track outreach efforts being made to bring new participants to the program. • Create WIC SoW reports for WIC State Director • Compare/contrast outreach efforts with participation numbers • Maintain accountability for outreach performed in respective region/area
Quarterly Outreach Report	WIC Coordinator, Program Manager	Quarterly	Mandatory	One Drive or email for PCC/ retention schedule is 3 years	• Track outreach efforts being made to bring new participants to the program. • Create WIC SoW reports for WIC State Director • Compare/contrast outreach efforts with participation numbers • Maintain accountability for outreach performed in respective region/area

Administrative Reports					
Report Name	Owner	Completed	Recommended/ Mandatory	Maintenance	Objective of the Report
Motor Voter	Region Specific, Prog Manager/ WIC Coordinator/ Designee	Monthly	Mandatory	2 years	This report is utilized during internal audits to compare the number of Declination forms on file with the number of entries that were entered into SCWIC to determine a site's compliance rate.
15 Day Notice of Ineligibility	Admin	Daily	Mandatory	2 years	This report is utilized to notify participants in writing who are subject to termination from the WIC program.
Participants Scheduled Outside 10/20 Day Limit	Admin	Monthly	Mandatory	2 years	This report is utilized to identify participants who were scheduled outside of processing standards parameters to determine a site's compliance.
Not Physically Present	Admin & Nutrition	Monthly	Mandatory	2 years	This report is utilized to ensure that appropriate documentation has been entered to justify the failure to be physically present at the time of a covered transaction.
Non-Participation	Admin	Monthly	Mandatory	2 years	This report is utilized to alert participants with a valid certification that they are eligible for benefits.
Expiring Short Certs	Admin	Daily	Mandatory	2 years	This report is utilized to ensure participants with a 30-day certification are provided a return appointment to produce the missing proofs.
Monthly Termination Details	Lead Admin/ WIC Coordinator	As needed	Recommended	2 years	This report is for information purposes to aid in the identification of termination reasons to try to contact participants that may still be eligible for benefits.
WIC Dual Enrollment	WIC Coordinator	Monthly	Mandatory	2 years	This report is utilized to resolve participants who may have a duplicate entry in SCWIC.
Participants Eligible for Benefits	Admin	Daily	Mandatory	2 years	This report is utilized to try to contact participants in an attempt for them to continue to be active participants.

Nutrition Education Reports					
Report Name	Owner	Completed	Recommended/ Mandatory	Maintenance	Objective of the Report
WIChealth.org	Clinic	Daily	Mandatory		Issue benefits to participants completing nutrition education using WIChealth.org

Breastfeeding Reports					
Report Name	Owner	Completed	Recommended/ Mandatory	Maintenance	Objective of the Report
HR (High Risk) Unassigned Log	BFCs; Auto-generated in SCWIC	Daily	Mandatory	SCWIC auto-generated report	Used by CPAs and BFCs to assign new referrals to CLCs and IBCLCs
CLC/IBCLC Log	BFCs, CLCs, IBCLCs	Daily	Mandatory	SCWIC auto-generated report	Lists prenatal, BF, infants, children with assignment to a CLC/IBCLC
BF Initiation and Duration	CO BFC and regional/PCC managers, BFCs	As needed	Recommended	SCWIC Report	For auditing/monitoring /program evaluation: Provides information on BF initiation, duration, and frequency
Reasons Breastfeeding Ended	CO BFC and regional/PCC managers, BFCs	As needed	Recommended	SCWIC Report	For auditing/monitoring /program evaluation: Displays number of participants and percent who stopped BF for each of the standard reasons
Breast Pump Inventory Summary	CO and Region/PCC BFCs	As needed	Mandatory	SCWIC Report	Provides a summary of all pumps, serialized and not serialized, that are currently in stock
Overdue Loaner Breast Pump	CO and Region/PCC BFCs	Daily	Mandatory	SCWIC Report	Provides list of participants who have a multi-user pump that is past the estimated return date

PEER COUNSELOR (PC) REPORTS					
Report Name	Owner	Completed	Recommended/ Mandatory	Maintenance	Objective of the Report
PC Activity Report (DHEC 2047)	Region Specific- BFPC; BFC	Daily	Mandatory	2 years	Peer Counselors will use this report to record the number and type of contacts made to prenatal and breastfeeding women. All Peer Counselor Activity reports must be provided to the State Peer Counselor Coordinator and Central Office WIC Nutrition Services Unit Administrative Assistant at least quarterly, by the 10th of the month following the end of the quarter.
PC Activity Report for Supervisors (DHEC 2048)	Region Specific- BFC; CO BFPC Coordinator	Weekly	Mandatory	2 years	Breastfeeding Coordinators will use this report to summarize all peer counselor staff records for type of contacts made to prenatal and breastfeeding women. All Peer Counselor Activity reports must be provided to the State Peer Counselor Coordinator and Central Office WIC Nutrition Services Unit Administrative Assistant at least quarterly, by the 10th of the month following the end of the quarter.
Unassigned Log	Region Specific- CPA/BFC or Designee	Daily	Mandatory	N/A	This log produces a list of participants referred to the BFPC for follow-up or low risk follow-up. CPAs and BFCs will utilize the Unassigned Log screen to assign new referrals to BFPCs. Newly assigned participants will then show up on the Peer Counselor Log screen. This Log should be monitored by the BFC for timely assignment to a BFPC.
PC Log	Region Specific- BFPC; BFC	Daily	Mandatory	N/A	BFCs and BFPCs should view Peer Counselor Log (PC Log) screen for a listing of prenatal, breastfeeding infant and children participants who have a BFPC assignment. This list must be reviewed daily by the BFPCs and monitored by the BFCs.

Program Integrity Reports					
Report Name	Owner	Completed	Recommended/ Mandatory	Maintenance	Objective of the Report
Dual Participation Report	Michelle Yates	Monthly	Mandatory	3 years	To detect and identify possible dual participants in SCWIC. Thorough investigations are conducted, and restitution sought against participants dually participating.

For Your Notes

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Glossary of Terms.

Administrative and Program Services Costs. Direct and indirect costs, exclusive of food costs, which the state WIC office and Regional/PCCs determine to be reasonable and necessary to support program operations.

Anthropometric Measurement. Scientific and comparative measurements of the human body such as height, length, and weight, which are used in determining normal or abnormal patterns of growth.

Applicant. Pregnant women, breastfeeding women, postpartum women, infants, and children under the age of 5, who are applying to receive WIC benefits, and the breastfed infants of applicant breastfeeding women. Applicants include individuals who are currently participating in the program but are reapplying because their certification period is about to expire.

Authorized Representative. The caretaker of the participant who represents the participant for WIC program services, including the certification process and/or pick-up and redemption of food benefits.

BMI. BMI or Body Mass Index is a measure of body fat based on weight and height. Body Mass Index (BMI) = weight (in pounds) x 703 ÷ height (in inches) ^{2}.

Breastfeeding Peer Counselor (BFPC). A paraprofessional who is enthusiastic about breastfeeding and counsels pregnant and breastfeeding mothers'.

Breastfeeding Women. Women up to one year postpartum who are breastfeeding their infants. Breastfeeding is defined as "the practice of feeding a mother's breastmilk to her infant(s) on the average of at least once per day."

CDC. Centers for Disease Control and Prevention.

Cash-Value Voucher. (CVV). A voucher for a fixed-dollar amount which is used by a participant to obtain authorized fruits and vegetables.

Categorical Eligibility. Persons who meet the definitions of pregnant women, breastfeeding women, postpartum women, or infants, or children less than 5 years of age.

Categorical Ineligibility. Persons who do not meet the definitions of pregnant women, breastfeeding women, postpartum women, infants, or children less than 5 years of age.

Certification. The process of assessing and documenting each applicant's eligibility for the program.

Children. Persons who have had their first birthday but have not yet had their fifth birthday.

Competent Professional Authority (CPA). An individual authorized to determine nutrition risk, prescribe supplemental foods, and teach facilitative and individual nutrition education.

Contract Infant Formula. USDA requires every state to have an infant formula cost containment contract. All contract formulas will be the first choice of issuance to all infants that do not require a medical exempt formula.

Dietary Assessment. Process of evaluating the dietary intake of an individual through information that includes nutrition questionnaires, food preferences, participant's cultural background, use of nutrition supplements and medications, and food preparation and storage.

Drug and Other Harmful Substances. Drug means alcohol, a controlled substance or other harmful substances, such as tobacco, prescription drugs, and over-the-counter medications that can be harmful to the health of the WIC population, especially the pregnant woman and her fetus.

Dual Participation. Simultaneous participating in the program in one, or more than one, WIC clinic during the same period of time.

Economic Unit. A group of related or nonrelated individuals who are living together as one family, except in a residential home, homeless facility, or an institution.

Federal Fiscal Year. Begins each year on October l of any calendar year and ends September 30 of the following calendar year.

Food Benefits. The food package(s) for all WIC participants within a household will be loaded on one card. Every month, the family's WIC food benefits will automatically be added to the eWIC card.

Food Delivery. The method used to provide supplemental foods to participants.

Hematocrit. A hematological measurement that determines the percentage of red blood cells in whole blood.

Hemoglobin. A hematological measurement that determines the amount of iron containing pigments of the red blood cells that carries or releases oxygen.

Homeless. A woman, infant, or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter; or a shelter for victims of domestic violence) designated to provide temporary living accommodations; or an institution that provides a temporary residence for individuals to be institutionalized; or a temporary accommodation exceed 365 days) in the residence of another individual; or a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

eWIC. South Carolina WIC participants will purchase WIC foods using an electronic benefits transfer card called eWIC.

eWIC card. A eWIC card is like a debit card. Participants can use their eWIC card to buy WIC approved foods at WIC stores.

Income Eligibility. Income that meets the eligibility requirement to receive WIC program benefits.

Infants. Persons less than one year of age.

Medicaid. Medicaid provides health coverage for selected categories of people with low incomes.

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

Nutrition Service Standards (NSS). Describes the quality nutrition services for the State and Regional/PCCs regardless of the setting in which agencies provide services. The Nutrition Services Standards were developed through a joint effort between FNS and the National WIC Association.

Nutrition Assessment. The process of evaluating the nutrition status of an individual using medical, socioeconomic and dietary histories, anthropometric measurements, laboratory tests, and physical assessment.

Nutrition Care Plan. Is provided for all high risk participants and involves the assessment of nutritional status, identification of nutritional needs, planning objectives to meet the participant's needs (in conjunction with the participant), implementation of plan, and evaluation of care plan.

Nutrition Education. The provision of information and educational materials designed to improve health, achieve positive changes in eating and physical activity habits, and emphasizes the relationship between nutrition, physical activities, and health.

Nutrition Education Plan. Plan submitted yearly by September 1st by Regions and PCCs, which includes specific objectives as described in the State Plan.

Nutritionist. Refers to a person who is a licensed by the State of South Carolina to be a dietitian/nutritionist.

Nutrition Risk. Detrimental or abnormal nutrition conditions detectable by biochemical or anthropometric measurements, other documented nutrition-related medical conditions, dietary deficiencies that impair or endanger health, or conditions that predispose persons to inadequate nutritional patterns or nutrition-related medical conditions.

Participant. A pregnant woman, breastfeeding woman, postpartum woman, infant, or child less than 5 years of age who has been certified and received food instruments during the month.

Participation. The number of people who have been certified and have received food benefits during a given month.

Postpartum Women. Women up to six months after termination of pregnancy.

Pregnant Women. Women determined to have one or more embryos or fetuses in utero.

Processing Standards. Begin when the applicant makes a face-to-face or written request for WIC benefits. Pregnant women, infants and migrants are to be notified within ten (10) calendar days and all other applicants within twenty (20) calendar days.

Proration of Food. If the certification is after the other family members, their food package can be prorated to synchronize with the household's/family's monthly cycle.

Proxy. A person designated by the participant who will pick up and/or redeem food benefits, attend class, and/or bring in infant/child for six-month evaluation.

Record. Client related data retained in SCWIC, such as demographic, health data, certification, and food instrument issuance information.

Registered Dietitian (RD). Has thorough knowledge of WIC, MCH program knowledge, public health knowledge and experience.

Rolling Month. Refers to the period of time that "rolls" from the current date. For example an applicant comes in for certification on May 15th, their first month of benefits will be from May 15th-June 14th.

Six-Month Evaluation. A mid-certification evaluation for infants, children, and breastfeeding women around 6 months from the date of certification includes measurements, medications, Nutrition Questionnaire, risk codes, immunizations, substance abuse, nutrition assessment, counseling, referrals as needed, and review of food package as needed.

SNAP. Acronym for the Supplemental Nutrition Assistance Program, which is the federal name for the Food Stamp Program.

TANF. Temporary Assistance for Needy Families that is designed to help needy families with incomes below 185% of the federal poverty level become self-sufficient.

USDA. United States Department of Agriculture.

VENA. Value Enhanced Nutrition Assessment is a standardized process of collecting nutrition assessment.

Vendor. An approved retail food outlet authorized through formal written agreement with the state to accept and redeem WIC food instruments and CVVs.

South Carolina

FOOD GUIDE

Women, Infants & Children

Carolina del Sur

GUÍA DE ALIMENTOS

Mujeres, bebés y niños

Oct. 1, 2020 – Sep. 30, 2021

WELCOME TO THE **SOUTH CAROLINA SHOPPING GUIDE**

The South Carolina WIC program presents this food guide to assist you in making your food selections. Inside this guide, you will find instructions on how to use your eWIC card and WIC mobile app, a sample eWIC receipt, and a listing of WIC approved foods.

WELCOME TO THE **SOUTH CAROLINA SHOPPING GUIDE**

The South Carolina WIC program presents this food guide to assist you in making your food selections. Inside this guide, you will find instructions on how to use your eWIC card and WIC mobile app, a sample eWIC receipt, and a listing of WIC approved foods.

Every store may not carry all WIC-approved foods.

Es posible que no todas las tiendas tengan todos los alimentos aprobados por WIC.

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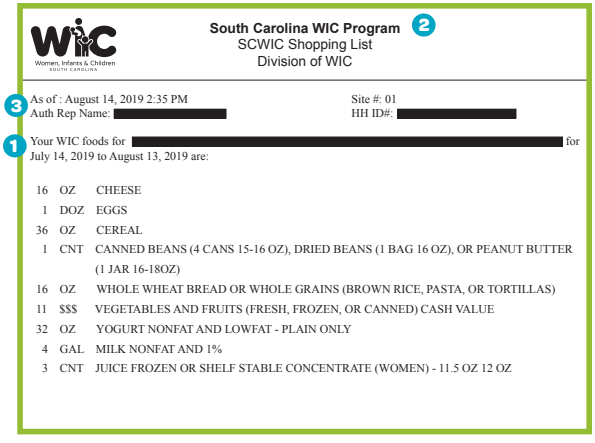
GUÍA DE LA TARJETA eWIC



WIC Women, Infants & Children SOUTH CAROLINA

South Carolina WIC Program (2)
SCWIC Shopping List
Division of WIC

(3) As of : August 14, 2019 2:35 PM
Auth Rep Name: [redacted]
Site #: 01
HH ID#: [redacted]

(1) Your WIC foods for [redacted] for
July 14, 2019 to August 13, 2019 are:

16	OZ	CHEESE
1	DOZ	EGGS
36	OZ	CEREAL
1	CNT	CANNED BEANS (4 CANS 15-16 OZ), DRIED BEANS (1 BAG 16 OZ), OR PEANUT BUTTER (1 JAR 16-18OZ)
16	OZ	WHOLE WHEAT BREAD OR WHOLE GRAINS (BROWN RICE, PASTA, OR TORTILLAS)
11	$$$	VEGETABLES AND FRUITS (FRESH, FROZEN, OR CANNED) CASH VALUE
32	OZ	YOGURT NONFAT AND LOWFAT - PLAIN ONLY
4	GAL	MILK NONFAT AND 1%
3	CNT	JUICE FROZEN OR SHELF STABLE CONCENTRATE (WOMEN) - 11.5 OZ 12 OZ

1. **There will be a beginning date and end date to buy food each month. Make sure you buy the WIC foods on the shopping list within the timeframe.**
2. **The shopping list is provided while you are at the clinic.**
3. **The clinic site number, authorized representative name and household identification number will be displayed on the top of the shopping list.**
4. **WIC food benefits will be loaded on the eWIC card before leaving the clinic.**
5. **You can choose how little or how much you want to buy each time you go to the grocery store.**

The 16-digit eWIC card number is provided at the clinic. Bring the eWIC card for each appointment. Three months of food benefits will be loaded to the eWIC card. Before leaving the WIC office, make sure your shopping list has the correct items.

The amount issued on your eWIC card is good for the timeframe provided on the shopping list. You will not be able to use any leftover items past the timeframe.

Do not accept a rain check for food that is not in stock.

Shop wisely!

You can use grocery coupons to reduce the cost of WIC food items.

1. **Cada mes habrá una fecha inicial y una fecha final para comprar alimentos. Asegúrese de comprar los alimentos de WIC incluidos en la lista de compras dentro del plazo indicado.**
2. **La lista de compras se proporciona mientras usted está en la clínica.**
3. **En la parte superior de la lista de compras, aparecerán el número de la clínica, el nombre del representante autorizado y el número de identificación del hogar/la familia.**
4. **Los beneficios de alimentos de WIC serán cargados en la tarjeta eWIC antes de que abandone la clínica.**
5. **Cada vez que vaya al supermercado, usted podrá elegir cuánto quiere comprar.**

El número de la tarjeta eWIC de 16 dígitos se provee en la clínica. Traiga la tarjeta eWIC a cada cita. Se cargarán tres meses de beneficios en alimentos en la tarjeta eWIC. Antes de retirarse de la oficina de WIC, asegúrese de que su lista de compras incluya los artículos correctos.

La cantidad de dinero emitida en su tarjeta eWIC sirve durante el período de tiempo que se indica en la lista de compras. Usted no podrá usar ningún artículo sobrante después de ese plazo.

No acepte un vale canjeable para alimentos que no están en el inventario.

¡Compre con inteligencia!

Puede usar cupones de descuento de la tienda para reducir el costo de los alimentos de WIC.

HOW TO USE eWIC CARD
CÓMO USAR LA TARJETA EWIC

EBT Card. The names listed as your proxy on the program ID card are the people you will share your PIN number with for them to pick up your food benefits. The eWIC card must be taken to the grocery store each time.

Personal Identification Number (PIN). When you use your eWIC card, you will need to choose a 4-digit secret code. When choosing a PIN, make sure to pick 4 numbers that are easy to remember but hard for someone else to figure out.

Activate the eWIC card & set PIN. Call Customer Service at 1-855-279-0679 to activate the card. You will need the 16-digit card number displayed on the front of the eWIC card, your zip code, and date of birth of the primary cardholder.

eWIC Card Lost, Stolen or Damaged. Call Customer Service at 1-855-279-0679 to deactivate the card. Notify your local health department. The old card will be deactivated and a new card will be loaded with the participant's food benefits and mailed.

Select only the foods listed on the shopping list. The eWIC card cannot be used to purchase other foods that are not on the shopping list.

Buy the correct size and amount of foods listed on the shopping list. You do not have to get every item listed on the shopping list during a single shopping trip. You may return to the store later to purchase other items within the same timeframe.

Cash Value Benefit (CVB). Choose your fruits and/or vegetables. Weigh your fresh fruits and vegetables, if priced by the pound, calculate the cost. If fruits or vegetables are prepacked, tally the cost up to the amount of the CVB. If you buy more than what your CVBs are, you can pay the extra cost with another form of payment such as cash. If you buy less than the amount uploaded to your eWIC card, no change will be provided. The total cannot be used for items that aren't WIC approved foods.

If you have a problem with your food, you must talk with someone at the WIC clinic. The store cannot make any changes on your eWIC card.

If you have problems or questions about using the eWIC card at a grocery store, call 1-855-279-0679

Tarjeta EBT. Los nombres incluidos como sus apoderados en la tarjeta de identificación del programa son las personas que compartirán su número de PIN para poder recoger sus beneficios en alimentos. Siempre se debe llevar la tarjeta eWIC al supermercado.

Número de identificación personal (PIN). Cuando use su tarjeta eWIC, deberá escoger un código secreto de 4 dígitos. Al escoger un PIN, asegúrese de elegir 4 números que pueda recordar fácilmente pero que sean difíciles de adivinar para otra persona.

Active la tarjeta eWIC y configure el PIN. Llame a Atención al Cliente en el 1-855-279-0679 para activar la tarjeta. Precisará informar el número de tarjeta de 16 dígitos que se encuentra en el frente de la tarjeta eWIC, su código postal y la fecha de nacimiento del titular de la tarjeta.

eWIC Card Lost, Stolen or Damaged. Call Customer Service at 1-855-279-0679 to deactivate the card. Notify your local health department. The old card will be deactivated and a new card will be loaded with the participant's food benefits and mailed.

Seleccione exclusivamente los alimentos incluidos en la lista de compras. La tarjeta eWIC no puede ser usada para comprar otros alimentos que no se encuentren incluidos en la lista de compras.

Compre el tamaño y la cantidad correctos de los alimentos incluidos en la lista de compras. Usted no tiene la obligación de comprar todos los artículos incluidos en la lista de compras en una sola ida al supermercado. Puede regresar más tarde a la tienda para comprar otros artículos, siempre dentro del período de tiempo estipulado.

Beneficios en valor en efectivo (CVB). Seleccione sus frutas y/o verduras. Pese sus frutas y verduras frescas, si tienen precio por peso, y calcule el costo. Si las frutas o verduras están preenvasadas, calcule el costo hasta hacerlo coincidir con el monto de los CVB. Si el valor de su compra supera al valor de sus CVB, puede pagar el costo extra mediante otra forma de pago, como por ejemplo usando dinero en efectivo. Si compra por un valor inferior al cargado en su tarjeta eWIC, no recibirá cambio en monedas o billetes. El total no se puede usar para artículos que no son alimentos aprobados por WIC.

If you have a problem with your food, you must talk with someone at the WIC clinic. The store cannot make any changes on your eWIC card.

If you have problems or questions about using the eWIC card at a grocery store, call 1-855-279-0679

HOW TO USE eWIC CARD
CÓMO USAR LA TARJETA EWIC

WIC Receipt

ABC Market
1 Main Street
Anywhere, USA 12345

Pet Dairy 1% Milk	2.99
Large Grade A Eggs	1.19
Dry Black Beans	2.99
Bag Apples	2.00
Purina Dog Chow	9.00
Tax Paid	.72
Balance due	18.89
eWIC	9.17

Total number of items sold=5

WIC EBT Benefit Balance Receipt
Date: 5/21/2020 Time: 03:03 pm
PAN: XXXXXXXXXXXX5678

QTY	UOM	Description
16.00	Ounce	Cheese
1.00	Dozen	Large Eggs
36.00	Ounce	Breakfast cereals
1.00	Container	Legumes
9.00	$$$	Cash Value Benefit (CVB
3.00	Gallon	LowFat/NonFat Milk

****

WIC EBT Benefits Redeem Receipt

1	Gal	LowFat/Nonfat Milk
		Pet Dairy 1% milk
2.00	$$$	Cash Value Benefit (CVB)
		Bag Apple
1	Doz	Large Eggs
		Large Grade A Eggs
1	CNT	Legumes
		Dry Black Beans

WIC EBT Ending Balance Receipt
Date: 5/21/2020 Time: 04:15 pm
PAN: XXXXXXXXXXXX5678

QTY	UOM	Description
16.00	Ounce	Cheese
0.00	Dozen	Large Eggs
36.00	Ounce	Breakfast cereals
0.00	Container	Legumes
7.00	$$$	Cash Value Benefit (CVB)
2.00	Gallon	LowFat/NonFat Milk

Benefit expire on 6/20/2020

When you use your eWIC card, your grocery store receipts become a helpful tool.

When you use your eWIC card, your grocery store receipts become a helpful tool.

1

Benefits Balance Receipt- Benefits you can use for this purchase.
Benefits Balance Receipt- Benefits you can use for this purchase.

2

Benefits Redeemed Receipt-WIC items purchased from your eWIC card.
Benefits Redeemed Receipt-WIC items purchased from your eWIC card.

3

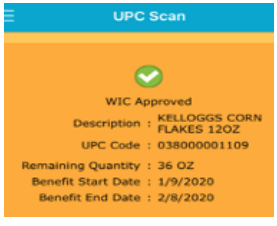
Ending Balance Receipt- The remaining benefits available next time you shop before the expiration date.
Ending Balance Receipt- The remaining benefits available next time you shop before the expiration date.

Download on the App Store | GET IT ON Google Play

Message Alerts

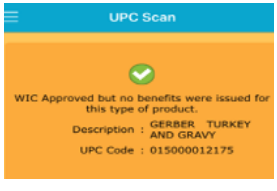
Download the SC WIC mobile app on your device. Use the UPC scanner on the homepage to scan bar codes of items at the store. There are three messages that may be displayed when a barcode is scanned:

1 Product approved



The product is a SC WIC approved item. The item is on the participants eWIC card to purchase.

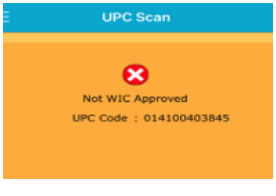
2 Product approved but no benefits



The product is a SC WIC approved item. However, the participant does not have this item on their eWIC card to purchase.

*Infant meats provided to an infant that is fully breastfeed

3 Product not approved

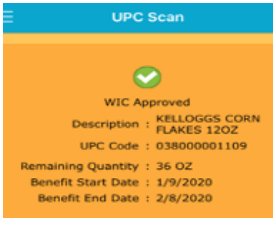


The product is not a SC WIC approved item. Participants can receive fresh fruits or vegetables through cash value benefits (CVB). These items do not need to be scanned.

Message Alerts

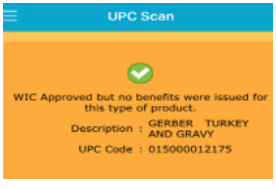
Download the SC WIC mobile app on your device. Use the UPC scanner on the homepage to scan bar codes of items at the store. There are three messages that may be displayed when a barcode is scanned:

1 Product approved



The product is a SC WIC approved item. The item is on the participants eWIC card to purchase.

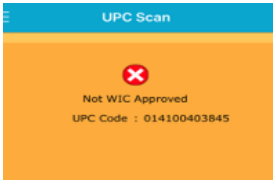
2 Product approved but no benefits



The product is a SC WIC approved item. However, the participant does not have this item on their eWIC card to purchase.

*Infant meats provided to an infant that is fully breastfeed

3 Product not approved



The product is not a SC WIC approved item. Participants can receive fresh fruits or vegetables through cash value benefits (CVB). These items do not need to be scanned.

INFANT FOODS
COMIDA PARA BEBÉS

Every store may not carry all WIC-approved foods.
Es posible que no todas las tiendas tengan todos los alimentos aprobados por WIC.

Formula:
Only formulas listed on the eWIC card are allowed.

Fórmula:
Sólo se permiten las fórmulas mencionadas en el cheque de alimentos o en la tarjeta eWIC.

Infant Fruits and Vegetables

4 oz containers, twin packs that hold two 4 oz containers, twin packs that holds two 2 oz containers, variety pack of fruits and veggie, and starter kit fruits and vegetables

Brands Allowed: Beech-Nut Nothing Artificial, Beech-Nut Naturals, Beech-Nut Organics, Gerber, Gerber Organic, Tippy Toes, Earth's Best , Happy Baby Organics, Nature's Heart, Organic to Nature's Heart

Allowed: any variety of single ingredient infant fruits, vegetables, any combination of fruits and vegetables (ex. apples and bananas, peas and carrots, sweet potato, apple, and pumpkin), organic, starter kit fruits, starter kit veggies, and variety pack of fruits and veggie

Not Allowed: added sugar, salt, starch, or sodium; added DHA; pouches; dinners

Frutas y verduras para bebés

4 oz containers, twin packs that hold two 4 oz containers, twin packs that holds two 2 oz containers, variety pack of fruits and veggie, and starter kit fruits and vegetables

Marcas permitidas: Beech-Nut Classics, Beech-Nut Naturals, Gerber Second Foods, Tippy Toes, Earth's Best, Happy Baby Organics, Nature's Heart

Permitido: cualquier tipo de frutas y verduras para bebés con un sólo ingrediente, frutas mezcladas, o verduras mezcladas (por ej. manzana y banana, arvejas y zanahorias, mezcla de verduras), orgánicos.

No es permitido: con adición de azúcar, sal, almidón o sodio, adición de DHA, purés en bolsa, cenas.

You can buy infant fruits and vegetables with any combination of package. Here are some examples of how to buy:
You can buy infant fruits and vegetables with any combination of package. Here are some examples of how to buy:

64oz = 16 x 4oz OR 8 x 8oz

128oz = 32 x 4oz OR 16 x 8oz

Every store may not carry all WIC-approved foods.
Es posible que no todas las tiendas tengan todos los alimentos aprobados por WIC.

PROTEIN
PROTEÍNA

Infant Meat

FULLY BREASFTED INFANTS ONLY

2.5 oz. glass jars only.
Brands Allowed: Beech-Nut, Gerber, Tippy Toes, Earth's Best

Allowed: any variety of infant meats or poultry with added broth or gravy, organic

Not Allowed: combinations (i.e. meat and vegetable, or spaghetti, etc.); added sugars or salt; plastic containers or packs

Carne para bebés

FULLY BREASFTED INFANTS ONLY

Frascos de vidrio de 2.5 onzas solamente. Sólo para bebés que estén siendo amamantados.

Marcas permitidas: Beech-Nut, Gerber, Tippy Toes, Earth's Best.

Permitido: cualquier variedad de carnes o aves de corral para bebés con adición de caldo o salsa, orgánicos.

No permitido: combinaciones (por ejemplo, carnes y verduras o espagueti, etc.), con adición de azúcar o sal, envases o empaques plásticos.

Infant Cereal

8 ounces or 16 ounces

Brands Allowed: Beech-Nut, Gerber, Earth's Best

Allowed: multigrain, oatmeal, rice, whole wheat, barley, "oat and quinoa", organic

Not Allowed: added ingredients such as fruit, formula, yogurt, or DHA

Cereal para bebés

de 8 onzas o 16 onzas

Marcas permitidas: Beech-Nut, Gerber, Comforts For Baby, Earth's Best.

Permitido: multigrano, avena, arroz, trigo integral, cebada, "avena y quinua" orgánicos.

No permitido: con ingredientes añadidos tales como frutas, fórmula, yogur o DHA.

Dried Beans, Peas, Lentils

Allowed: 1 lb. (16 oz) bag, any brand, unflavored, single variety. Examples of beans include, but are not limited to: black beans, black-eyed peas, garbanzo beans (chickpeas), great northern beans, kidney beans, lentils, pinto beans, and split peas.

Not Allowed: boxes or frozen; snap beans, yellow beans, wax beans, sweet peas; organic

Frijoles, arvejas, lentejas secos

Permitido: paquetes de 1 libra (16 oz) de cualquier marca, de un sólo tipo y sin adición de sabor. Ejemplos de frijoles incluyen entre otros: frijoles negros, guisantes de ojo negro, garbanzo, frijoles norteños grandes, frijoles regulares, lentejas, frijoles pintos y guisantes partidos.

No permitido: en caja o congelados, habas, frijoles amarillos, frijolillos, arvejas dulces, orgánicos.

Canned Beans, Peas, Lentils

Allowed: 15–16 oz. any brand, unflavored, regular or low sodium, single variety

Not Allowed: green peas, green beans, wax or snap beans, soups, chili beans, seasoned beans, refried beans, baked beans; organic; added meat, fat, oil, or flavors

Frijoles, arvejas, lentejas enlatados

Permitido: 15–16 oz. de cualquier marca, no saborizados, normales o con bajo contenido de sodio, de una sola variedad,

No permitido: arvejas, frijoles verdes, frijolillos o ejotes, sopas, frijoles con chili, frijoles condimentados, frijoles refritos, frijoles al horno; orgánicos, con adición de carne, grasa, aceite o saborizantes.

For each bag of beans on your eWIC card, you can buy either a 16 oz bag of dry beans or 4 (four) 15 to 16 oz cans of beans. Each can of beans counts as 0.25 bag.

For each bag of beans on your eWIC card, you can buy either a 16 oz bag of dry beans or 4 (four) 15 to 16 oz cans of beans. Each can of beans counts as 0.25 bag.

1.00 CNT/CNT = 4 cans/lata **0.50 CNT/CNT = 2cans/lata**
0.75 CNT/CNT = 3 cans/lata **0.25 CNT CNT/CNT = 1 can/lata**

Every store may not carry all WIC-approved foods.
Es posible que no todas las tiendas tengan todos los alimentos aprobados por WIC.

PROTEIN
PROTEÍNA

Peanut Butter

Allowed: 16–18 oz. jars, any brand, plain, regular, low sodium, reduced fat, creamy, crunchy, chunky, extra chunky, natural

Not Allowed: added items such as jelly, honey, peanut butter spread, or organic peanut butter

Allowed
Permitido

Mantequilla de maní

Permitido: cualquier marca, simple, regular, baja en sodio, baja en grasa, cremosa, crujiente, en frascos de 16-18 oz. cremosa, crujiente, dura, extra dura o natural, en frascos de 16 - 18 oz..

No permitido: con adición de productos tales como jalea, miel, mantequilla de maní para untar, o mantequilla de maní orgánica.

Not Allowed
No permitido

Look carefully when picking out peanut butter. Look for the words "peanut butter spread" on the label to know if an item is not allowed. **Peanut butter spreads are not allowed**.

Observe atentamente cuando escoja la mantequilla de maní. Busque las palabras "mantequilla de maní para untar" en la etiqueta para saber si es un artículo no permitido. **Las mantequillas de maní para untar no son permitidas.**

Eggs

Allowed: 1 dozen package only, any brand large, white only

Not Allowed: specialty eggs, organic eggs, liquid eggs, brown eggs, 6-packs, or any other sizes

Huevos

Permitido: solo un paquete de una docena de cualquier marca de huevos grandes y blancos.

No permitido: huevos especiales, huevos orgánicos, huevos en forma líquida, huevos marrones, cajas de 6, o de cualquier otro tamaño.

Light Tuna, Pink Salmon, and Mackerel

FOR FULLY BREASTFEEDING WOMEN OR PREGNANT WITH MORE THAN ONE BABY

Allowed: light tuna, mackerel, any brand of canned pink salmon; light, chunk grated, flakes or solid pack; water or oil packed.

Not Allowed: resealable packages or pouches, albacore (white tuna), organic tuna, red salmon, added sauces or flavorings

Light Tuna, Pink Salmon, and Mackerel

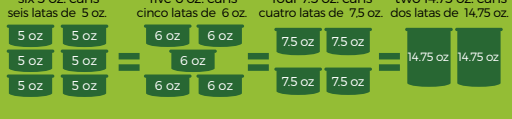
SOLAMENTE PARA MUJERES QUE ESTÁN AMAMANTANDO O EMBARAZADAS CON MÁS DE UN BEBÉ

Permitido: como aparece en la lista del cheque de comidas; cualquier marca de salmón rosado enlatado, ligero, en trozos rallados, desmenuzado o en envase compacto; en agua o aceite.

No permitido: paquetes o bolsas resellables, atún blanco, atún orgánico, salmón rojo, con adición de salsas o saborizantes.

Ways to Combine Fish:

Choose a combination that does not go over 30 ounces.



Cómo combinar el pescado:

Elija una combinación que no exceda las 30 onzas.

Available in half-gallon

Available in half-gallon

Milk

Any Brand

Allowed: cow's milk, dry powdered milk, lactose-free milk, and ultra high temperature milk (UHT)

FOR WOMEN AND CHILDREN OVER THE AGE OF TWO. 1% OR FAT FREE ONLY.

Not Allowed: almond milk, filled milk, goat's milk, organic milk, sweetened condensed milk, buttermilk, evaporated milk, or acidophilus milk

Leche

Cualquier marca

Permitido: leche de vaca, l eche en polvo deshidratada, leche sin lactosa y leche sometida a ultra pasteurización

PARA MUJERES Y NIÑOS DE MÁS DE DOS AÑOS. SÓLO 1% O SIN GRASA

No permitido: leche de almendras, leche enriquecida, leche de cabra, leche orgánica, leche condensada endulzada, suero de leche, leche evaporada o leche acidófila.

Soy Milk

half gallons only

Allowed: 8th Continent Original, Silk Soymilk Original, Silk Soymilk Original Twin Pack and Great Value Original

Not Allowed: other flavors

Leche de soya

Solamente en envases de medio galón.

Permitido: 8th Continent Original, Silk Soymilk Original, Silk Soymilk Original Twin Pack and Great Value Original

Not Allowed: otros sabores.

DAIRY
PRODUCTOS LÁCTEOS

Tofu

Allowed: 14oz-16 oz packaged, Calcium-set, Organic

Brand Allowed: Azumaya, Nasoya,Vitasoy, O Organic, and House Foods

Allowed: 14oz-16 oz packaged, Calcium-set, Organic

Brand Allowed: Azumaya, Nasoya,Vitasoy, O Organic, and House Foods

Cheese

Any Brand

Allowed Flavors: American, Cheddar, Colby, Monterey Jack, Mozzarella, Muenster, Provolone, Swiss, Blends of any of these cheeses

Allowed Size: 16 oz. (1 lb.) or 8 oz.

Allowed Style: block, shredded or sliced

Not Allowed: cheese food, cheese product, cheese spread, cheese from the store's deli department, cheese crumbles, specialty cheeses, cubed cheese, cheese sticks, cracker cuts, string cheese, organic

Not Allowed
No permitido

Queso

Any Brand

Allowed Flavors: American, Cheddar, Colby, Monterey Jack, Mozzarella, Muenster, Provolone, Swiss, Blends of any of these cheeses

Allowed Size: 16 oz. (1 lb.) or 8 oz.

Allowed Style: block, shredded or sliced

Not Allowed: cheese food, cheese product, cheese spread, cheese from the store's deli department, cheese crumbles, specialty cheeses, cubed cheese, cheese sticks, cracker cuts, string cheese, organic

Every store may not carry all WIC-approved foods.
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BREAKFAST CEREALS
CEREALES PARA EL DESAYUNO

Yogurt

Allowed:
- one 32 oz. (2lb) container, OR
- one 32 oz. (2 lb) package with eight 4 oz servings, OR
- two 16 oz. (1 lb) packages with four 4 oz servings

Flavors Allowed: plain, vanilla, French vanilla, fruit

Styles Allowed: nonfat, low fat, whole fat, lite/light, Greek and Swiss only

WHOLE FAT YOGURT ISSUE FOR 12-23 MONTHS UNLESS DETERMINE BY NUTRITIONAL ASSESSMENT TO BE DIFFERENT. LOWFAT OR NONFAT YOGURT ISSUE FOR WOMEN AND 24 MONTHS-5 YEARS OF AGE

Brands Allowed: Activia, Activia Light, Activia Fusion, Dannon, Dannon All Naturals, Light & Fit, Mountain High, Oikos, Oikos Triple Zero, Yoplait, ,Yoplait Kid, Two Good

Store Brands Allowed: Coburn Farms, Essential Everyday, Food Club, Great Value, Harris Teeter, Kroger, Lowes Foods, Food Lion, Nostimo, Taste of Inspiration, Our Family, SE Grocers

Not Allowed: mix-ins such as granola, candy, sprinkles, nuts, etc.; organic

Yogur

Permitido:
- un envase de 32 oz. (2 libras), O
- un paquete de 32 oz. (2 libras) con ocho porciones de 4 oz., O
- dos paquetes de 16 oz. (1 libra) con cuatro porciones de 4 oz.

WHOLE FAT YOGURT ISSUE FOR 12-23 MONTHS UNLESS DETERMINE BY NUTRITIONAL ASSESSMENT TO BE DIFFERENT. LOWFAT OR NONFAT YOGURT ISSUE FOR WOMEN AND 24 MONTHS-5 YEARS OF AGE

Sabores permitidos: básico, vainilla, vainilla francesa, frutas.

Styles Allowed: nonfat, low fat, whole fat, lite/light, Greek and Swiss only

Marcas permitidas: Activia, Activia Ligh, Activia Fusion, Dannon, Dannon All Naturals, Light & Fit, Mountain High, Oikos, Oikos Triple Zero, Yoplait, Yoplait Kid, Two Good

Marcas de tiendas permitidas: Coburn Farms, Essential Everyday, Food Club, Great Value, Harris Teeter, Kroger, Lowes Foods, Food Lion, Nostimo, Taste of Inspiration, Our Family, SE Grocers

No permitido: con adiciones de mezclas tales como granola, dulce, confites, nueces, etc.; orgánico.

Hot Cereals

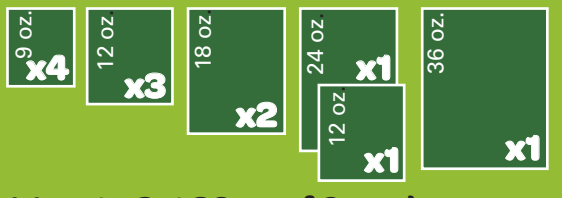
Allowed: any store brand original instant grits (12 oz.) and original instant oatmeal (11.8 oz.), along with the specific brands seen below

Cereales calientes

Permitidos: granos molidos instantáneos de cualquier tienda (12 oz.) y avena instantánea de sabor original (11.8 onzas), junto con las marcas específicas que se ven a continuación.

Gluten Free

*Cereals with * contain 51% or more whole grain*
*Los cereales marcados con un * contienen 51% o más de grano entero.*



Ways to Get 36 oz. of Cereal

Ounces Allowed: Ounces Allowed: 9, 12, 18, 24, and 36 not to exceed the total amount of ounces on the eWIC card.

Cómo obtener 36 onzas de cereal

Onzas permitidas: Ounces Allowed: 9, 12, 18, 24, and 36 not to exceed the total amount of ounces on the eWIC card.

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BREAKFAST CEREALS
CEREALES PARA EL DESAYUNO

Dry Cereals
Cereales secos

Multi Grain Cheerios Gluten Free ⁂

Original Cheerios Gluten Free ⁂

Berry Berry Kix ⁂

Original Kix ⁂

Honey Kix ⁂

Corn Chex Gluten Free

Rice Chex Gluten Free

Cinnamon Chex Gluten Free

Blueberry Chex Gluten Free

Any Brand Corn Flakes

Any Brand Crisp Rice

Any Brand Frosted or Unfrosted Shredded Wheat ⁂

**Cereals with ⁂ contain 51% or more whole grain*
**Los cereales marcados con un ⁂ contienen 51% o más de grano entero.*

Any Brand Crispy 6 Sided Cereal

Malt-O-Meal Crispy Rice Gluten Free

Malt-O-Meal Frosted Mini Spooners ⁂

Malt-O-Meal Blueberry Mini Spooners ⁂

Malt-O-Meal Strawberry Cream Mini Spooners ⁂

Post Grape-Nuts Flakes ⁂

Honey Bunches of Oats with Almonds

Honey Bunches of Oats with Vanilla Bunches ⁂

Honey Bunches of Oats Honey Roasted

Honey Bunches of Oats Whole Grain Honey Crunch ⁂

Honey Bunches of Oats Whole Grain Almond Crunch ⁂

**Cereals with ⁂ contain 51% or more whole grain*
**Los cereales marcados con un ⁂ contienen 51% o más de grano entero.*

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Es posible que no todas las tiendas tengan todos los alimentos aprobados por WIC.

WHOLE GRAINS
GRANOS INTEGRALES

Kellogg's Crispix

Rice Krispies

Original Frosted Mini-Wheats ✳

Original Special K

Kellogg's All-Bran Complete Wheat Flakes ✳

Kellogg's Corn Flakes

Quaker Life Original ✳

Quaker Life Vanilla ✳

Quaker Life Strawberry ✳

Cereals with ✳ contain 51% or more whole grain
**Los cereales marcados con un ✳ contienen 51% o más de grano entero.*

Ways to Get 36 oz. of Cereal

Ounces Allowed: Ounces Allowed: 9, 12, 18, 24, and 36 not to exceed the total amount of ounces on the eWIC card.

Cómo obtener 36 onzas de cereal

Onzas permitidas: Ounces Allowed: 9, 12, 18, 24, and 36 not to exceed the total amount of ounces on the eWIC card.

Whole Wheat/Grain Bread

Allowed: 1 pound or 16 oz. package only

Brands Allowed: Pepperidge Farm 100% Whole Wheat, Pepperidge Farm Light Style 100% Whole Wheat, Pepperidge Farm Very Thin 100% Whole Wheat, Roman Meal 100% Whole Wheat Sungrain, Sara Lee Classic 100% Whole Wheat, Nature's Own 100% Whole Grain SugarFree, Nature's Own 100% Whole Wheat with Honey, Bimbo 100% Whole Wheat, 100% Whole Wheat Wonder Bread, Healthy Life

Allowed Store Brands: 100% whole wheat breads from Essential Everyday, Food Lion, IGA, Kroger, Harris Teeter, Our Family, Grissom's Mill, Home Pride, Lowes, Shoppers Value

Not Allowed: buns, rolls, bagels, English muffins

Pan de trigo/grano integral

Permitido: paquete de 1 libra o 16 onzas solamente.

Marcas permitidas: Pepperidge Farm 100% Whole Wheat, Pepperidge Farm Light Style 100% Whole Wheat, Pepperidge Farm Very Thin 100% Whole Wheat, Roman Meal 100% Whole Wheat Sungrain, Sara Lee Classic 100% Whole Wheat, Nature's Own 100% Whole Grain SugarFree, Nature's Own 100% Whole Wheat with Honey, Bimbo 100% Whole Wheat, 100% Whole Wheat Wonder Bread, Healthy Life

Marcas permitidas de la tienda: pan de trigo 100% integral de Essential Everyday, Food Lion, IGA, Kroger, Harris Teeter, Our Family, Grissom's Mill, Home Pride, Lowes, Shoppers Value

No permitido: panecillos, rollos, rosquillas, muffins ingleses.

Every store may not carry all WIC-approved foods.
Es posible que no todas las tiendas tengan todos los alimentos aprobados por WIC.

WHOLE GRAINS
GRANOS INTEGRALES

Soft Corn or Whole Wheat Tortillas

Allowed: 1 pound or 16 oz. package only

Brands Allowed: Mission 100% Whole Wheat (small fajita and soft taco), Mission Yellow Corn (extra thin), LaBanderita Whole Wheat (fajita and soft taco), La Banderita Corn Tortillas, LaBanderita Corn (Grande), Celia's Whole Wheat, Celia's Corn (white and yellow), Mi Casa Whole Wheat, Ortega Whole Wheat, La Burrita Corn, Don Pancho Whole Wheat Tortillas, Don Pancho White Corn Tortillas, Chi-Chi's Whole Wheat Fajita Style, Chi-Chi's White Corn Taco Style

Store Brands Allowed: whole wheat tortillas from Essential Everyday, Food Lion, Food Club, Great Value, Hy-Top, IGA, Kroger, Lowes, Our Family, Tio Santi

Not Allowed: white or flour tortillas, organic

Tortillas de maíz suave o de trigo integral

Permitido: paquete de 1 libra o 16 onzas solamente.

Marcas permitidas: Mission 100% Whole Wheat (fajitas pequeñas u tacos suaves), Mission Yellow Corn (extra delgado), LaBanderita Whole Wheat (fajitas y tavos suaves), La Banderita Corn Tortillas, LaBanderita Corn (Grande), Celia's Whole Wheat, Celia's Corn (blancas y amarillas), Mi Casa Whole Wheat, Ortega Whole Wheat, La Burrita Corn, Don Pancho Whole Wheat Tortillas, Don Pancho White Corn Tortillas, Chi-Chi's Whole Wheat Fajita Style, Chi-Chi's White Corn Taco Style

Marcas permitidas de tiendas: tortillas de trigo integral de Essential Everyday, Food Lion, Food Club, Great Value, Hy-Top, IGA, Kroger, Lowes, Our Family, Tio Santi

No permitido: tortillas blancas o de harina, tortillas orgánicas.

Whole Wheat Pasta

Allowed: 16 oz. package only

Brands Allowed: Barilla Whole Grain, Hodgson Mill Whole Wheat, Ronzoni Healthy Harvest

Store Brands Allowed: Kroger, Lowes, HT Trader, ShurFine or Piggly Wiggly, Great Value, Essential Everyday, Our Family

Not Allowed: organic, flavored

Pasta de trigo integral

Permitido: solamente paquete de 16 oz.

Marcas permitidas: Barilla Whole Grain, Hodgson Mill Whole Wheat, Ronzoni Healthy Harvest.

Marcas permitidas de tiendas: Kroger, Lowes, HT Trader, ShurFine o Piggly Wiggly, Great Value, Essential Everyday, Our Family.

No permitido: orgánica o saborizada.

Brown Rice

Allowed: any brand, 14-16 oz package. regular-cooking long grain, instant, boil-in-bag

Not Allowed: white rice, organic

Arroz integral

Allowed: any brand, 14-16 oz package. regular-cooking long grain, instant, boil-in-bag

No permitido: arroz blanco, orgánico.

All juices must be 100 percent juice (no added sugars), contain at least 80 percent Vitamin C (72 milligrams), and can be calcium fortified.

All juices must be 100 percent juice (no added sugars), contain at least 80 percent Vitamin C (72 milligrams), and can be calcium fortified.

11.5–12 oz. Frozen Juices

Allowed: any brand apple juice, grape juice, orange juice, pineapple juice, grapefruit juice or pink grapefruit juice is allowed with the specific brands seen below:

Jugo congelado de 11.5–12 onzas

Allowed: any brand apple juice, grape juice, orange juice, pineapple juice, grapefruit juice or pink grapefruit juice is allowed with the specific brands seen below:

Allowed store brands for frozen apple juice

Marcas permitidas de tiendas para jugo de manzana congelado.

Essential Everyday, Great Value, Harris Teeter, IGA, Kroger, SE Grocers, HyTop, Food Lion, Food Club, Our Family, Tipton Grove, Southern Home.

Seneca Frozen Juice

Apple

Jugos congelados Seneca

Jugo de manzana.

Dole Frozen Juice

Pineapple, Pineapple Orange Banana, Pineapple Orange, Orange Strawberry Banana, Orange Peach Mango

Jugos congelados Dole

Piña, piña-naranja-banano, piña-naranja, naranja-fresa-banano, naranja-durazno-mango.

100% JUICE
100% JUGO

Old Orchard Frozen Juice

All 100% juices with green lids.

Jugos congelados Old Orchard

Todos los jugos 100% con tapa verde.

Langers Frozen Juice

Pineapple, Grape, Apple, Orange, White Grape, Winter Blend, Spring Blend, Summer Blend, Autumn Blend

Jugos congelados Langers

Piña, uva, manzana, naranja, uvas blancas, mezcla invierno, mezcla primavera, mezcla verano, mezcla otoño.

Juices in Plastic Containers

Allowed: 48 oz. (for women only), 64 oz. (for children only)

Allowed Store Brands for Apple, Grape, Tomato, Vegetable, or White Grape Juice: Essential Everyday, Food Club, Great Value, Harris Teeter, Hytop, IGA, Kroger, Piggly Wiggly, Publix, SE Grocers, Tipton Grove, ValuTime, Diane's Garden, Laura Lynn, Our Family, Lowes, Food Lion

Allowed Any Brand: plastic or refrigerated carton, unsweetened 100% orange, grapefruit or pink grapefruit along with specific brands seen below.

Not Allowed: fruit "drinks," "infant" or "baby" juice, added fiber, juice "cocktails," glass bottles, organic juice, added sugars, sports drinks (e.g. Gatorade, Powerade)

Jugos en envases de plástico

Permitido: de 48 onzas (para mujeres solamente), de 64 onzas (para niños solamente).

Marcas de tiendas permitidas para jugos de manzana, uva, tomate, verduras o uvas blancas: Essential Everyday, Food Club, Great Value, Harris Teeter, Hytop, IGA, Kroger, Piggly Wiggly, Publix, SE Grocers, Tipton Grove, ValuTime, Diane's Garden, Laura Lynn, Our Family, Lowes, Food Lion

Permitido para cualquier marca: envases de plástico o en caja refrigerada, sin endulzante, 100% jugo de naranja, de toronja o de toronja rosada junto con las marcas específicas listadas a continuación.

No permitido: "bebidas" de frutas, jugos para "bebés" o "infantes", con adición de fibra, "cocteles" de jugo, botellas de vidrio, jugos orgánicos, con adición azúcar, bebidas para deportistas (por ej. Gatorade, Powerade).

Apple & Eve

Apple, Naturally Cranberry, Cranberry Raspberry, Cherries and Berries, Cranberry Pomegranate, Cranberry Apple, Cranberry Grape, Cranberry Juice, Sesame Street (Apple, Berry, Punch & White Grape)

Apple & Eve

Manzana, arándano natural, arándano frambuesa, cerezas y bayas, arándano granada, arándano manzana, arándano uva, jugo de arándano, Sesame Street (Apple, Berry, Punch & White Grape))

Campbell's

Tomato, Low Sodium Tomato

Tomate, tomate bajo en sodio.

Juicy Juice

All 100% Juices

Todos los jugos 100%.

Langers

Apple, Red Grape, White Grape, Grape, Pineapple, Ruby Red Grapefruit, Vegetable, Tomato, Apple Orange Pineapple, Pineapple Orange, Low Sodium Vegetable, Apple Cranberry, Apple Grape, Apple Berry Cherry, Apple Kiwi Strawberry, Orange, Apple Peach Mango

Manzana, uva roja, uva blanca, uva, piña, toronja Ruby Red, verdura, tomate, manzana naranja piña, piña naranja, verdura baja en sodio, manzana arándano, manzana uva, manzana cereza, manzana kiwi fresa, naranja, manzana melocotón mango.

Libby's

Pineapple

Libby's

Piña.

Every store may not carry all WIC-approved foods.
Es posible que no todas las tiendas tengan todos los alimentos aprobados por WIC.

Mott's

Apple, White Grape, Apple Cherry, Apple Mango

Manzana, manzana uva blanca, manzana cereza, manzana mango

Northland

All 100% cranberry blends

Todas las mezclas de 100% arándano.

Seneca

Apple

Manzana.

Ocean Spray

Apple, Concord Grape, Cranberry, Cranberry Blackberry, Cranberry Cherry, Cranberry Concord Grape, Cranberry Mango, Cranberry Pineapple, Cranberry Pomegranate, Cranberry Raspberry

Apple, Concord Grape, Cranberry, Cranberry Blackberry, Cranberry Cherry, Cranberry Concord Grape, Cranberry Mango, Cranberry Pineapple, Cranberry Pomegranate, Cranberry Raspberry

Every store may not carry all WIC-approved foods.
Es posible que no todas las tiendas tengan todos los alimentos aprobados por WIC.

Old Orchard

All 100% juice flavors with green lids

Old Orchard

Todos los sabores de jugo 100% con tapas verdes,

Ruby Kist

Apple, White Grape, Orange, Grapefruit

Apple, White Grape, Orange, Grapefruit

Tree Top

Apple, Apple Grape

Manzana, uva blanca, naranja, toronja

V8

Original Vegetable, Low Sodium Vegetable, Spicy Hot

Verdura original, verdura baja en sodio, Spicy Hot

FRUITS AND VEGETABLES
FRUTAS Y VERDURAS

Welch's

Grape, Red Grape, White Grape, Tropical Trio, Super Berry

Uva, uva roja, uva blanca., trío tropical, super berry

White House

Apple

Manzana.

Any Brand

Grapefruit, Pink Grapefruit, Orange

Cualquier marca

Toronja, toronja rosada, naranja.

Approved:

Fruits with no added sugar, fats, oils or salt:

- fresh fruit
- frozen fruit
- fruit, juice-packed or water-packed in cans, glass or plastic containers
- pre-cut, diced or sliced fruit
- single serving packets
- organic fruits

Vegetables with no added sugar, fats, oils:

- fresh vegetables
- frozen mature legumes (beans, peas or lentils)
- frozen vegetables
- low-sodium vegetables
- pre-cut diced, sliced or shredded vegetables
- canned tomato sauce or canned tomato paste
- single serving packets
- vegetables in cans, glass, or plastic containers
- organic vegetables

Not Approved:

- breaded vegetables
- ketchup or other condiments
- dried fruits
- dried vegetables
- dry or canned mature legumes (beans, peas or lentils)
  - **May obtain when listed on food checks – not allowed with cash-value vouchers/benefits**
- fruit and/or vegetable juices
  - **May obtain when listed on food checks – not allowed with cash-value vouchers/benefits**
- fruit baskets
- fruit leathers and fruit roll-ups
- fruit or vegetable items on party trays
- fruit or vegetable items on salad bars
- fruits or vegetables mixed with sauces or foods other than other fruits and vegetables, fruits or vegetables with added corn syrup, high-fructose corn syrup, maltose, dextrose, sucrose, honey, and/or maple syrup
- fruit packed in cans, glass or plastic containers with artificial sweeteners
- herbs used for flavoring
- infant fruits and vegetables
- ornamental and decorative fruits and vegetables
- pickled vegetables, olives
- soups
- salsa

Aprobados:

Frutas sin adición de azúcar, grasas, aceites o sal:

- fruta fresca
- fruta congelada
- fruta, jugo o agua envasados en recipientes de lata, vidrio o plástico
- fruta precortada, en dados o en rebanadas
- recipientes para una sola ración
- frutas orgánicas.

Verduras sin adición de azúcar, grasas ni aceites:

- verduras frescas
- legumbres maduras congeladas (frijoles, guisantes o lentejas)
- verduras congeladas
- verduras con bajo contenido de sodio
- verduras precortadas, en dados, en rebanadas o en tiras
- salsa de tomate en lata o pasta de tomate en lata
- paquetes para una sola ración
- verduras en recipientes de lata, vidrio o plástico
- verduras orgánicas.

No aprobados:

- verduras empanizadas
- salsa de tomate u otros condimentos
- frutas deshidratadas
- verduras deshidratadas
- legumbres maduras deshidratadas o en lata (frijoles, guisantes o lentejas)
  - **Es posible obtenerlas cuando están incluidas en los cheques de alimentos; no están permitidas con los cupones con valor en efectivo**
- jugos de frutas y/o verduras
  - **Es posible obtenerlos cuando están incluidos en los cheques de alimentos; no están permitidos con los cupones con valor en efectivo**
- canastas de frutas
- fruta deshidratada y rollos de fruta
- frutas o verduras en bandejas para fiestas
- frutas o verduras en barras de ensaladas
- frutas o verduras mezcladas con salsas o alimentos que no sean frutas o verduras, frutas o verduras con jarabe de maíz agregado, jarabe de maíz con alto contenido de fructosa, maltosa, dextrosa, sacarosa, miel y/o miel de arce
- fruta enlatada, en vidrio o plástico con endulzantes artificiales
- especias usadas para condimentar
- frutas y verduras para bebés
- frutas o verduras ornamentales y decorativas
- verduras al escabeche, aceitunas
- sopas.
- salsa,

FRUITS AND VEGETABLES
FRUTAS Y VERDURAS

Helpful Hints

If you choose fresh vegetables or fruits priced by the pound, complete the following steps:

1. **Choose your fruits and/or vegetables.**
2. **Place the items on the grocery scale.**
3. **Weigh your fresh fruits and vegetables, and calculate the cost.**

   Example: Apples are $1.50 per pound. Your apples weigh two pounds on the scale. You will spend $3.00 on apples because 2 x $1.50= $3.00.

4. **Round the weight up to the nearest pound or half pound.**
5. **Estimate the cost of the item based on the weight.**
6. **If fruit or vegetables are prepackaged, tally the cost up to the amount of the check.**
7. **Group all of your check purchases together at the cash register.**
8. **If you buy more than what your cash-value voucher/ benefits is printed for, you can pay the extra with cash or another form of payment.**
9. **If you buy less than the amount on the cash-value voucher/benefits, no change will be given.**

Consejos útiles

Si selecciona frutas o verduras frescas que se venden por libra, siga los siguientes pasos:

1. **Seleccione las frutas y/o verduras.**
2. **Colóquelas en la balanza de la tienda.**
3. **Pese las frutas y verduras frescas y calcule el precio.**
4. **Redondee el peso a la libra o la media libra más cercana.**

   Ejemplo: Las manzanas cuestan $1.50 por libra. Sus manzanas pesan dos libras. Usted gastará $3.00 por las manzanas porque 2 x $1.50 = $3.00

5. **Calcule el precio del producto basado en el peso.**
6. **Si las frutas o verduras están preempacadas, calcule el precio según el valor impreso en el cupón.**
7. **En el punto de pago agrupe todas las cosas que vaya a comprar con el cheque.**
8. **Si los productos cuestan más que el monto impreso en el cupón/benefit, puede pagar el monto extra en efectivo o con otro método de pago.**
9. **Si compra menos que el monto impreso en el cupón/ benefit con valor en efectivo, no le darán cambio.**

To make a
WIC appointment, please call
1-855-4-SCDHEC. (1-855-472-3432)

If you have questions or experience problems using the eWIC card at the grocery stores, please call
1-800-922-4406.

If you are having any issues with your eWIC card, call Customer Service at
1-855-279-0679

Para programar una
cita con WIC, por favor llame al
1-855-4-SCDHEC. (1-855-472-3432)

Si tiene preguntas o se presentan problemas al usar the eWIC card at the grocery stores, please call
1-800-922-4406.

If you are having any issues with your eWIC card, call Customer Service at
1-855-279-0679

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

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

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf. y en cualquier oficina del USDA, o escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

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

(2) fax: (202) 690-7442; o

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

Esta institución es un proveedor que ofrece igualdad de oportunidades.

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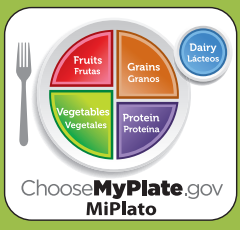

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ML-025486 7/20

Adult Body Mass Index (BMI) 30Table

Height	Inches	Weight/Height Equal to BMI 30
4’10”	58	143
4’11”	59	148
5’0”	60	153
5’1”	61	158
5’2”	62	164
5’3”	63	169
5’4”	64	174
5’5”	65	180
5’6”	66	186
5’7”	67	191
5’8”	68	197
5’9”	69	203
5’10”	70	209
5’11”	71	215
6’0”	72	221
6’1”	73	227
6’2”	74	233
6’3”	75	240

- This table may be used to determine parental (male or female) obesity (BMI $\geq$ 30).

If a biological parent’s weight is greater than or equal to the weight listed (for the specific height) their infant/child is at risk of becoming overweight.

Source: Evidence Report of Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998. National Institutes of Health/National Heart, Lung, and Blood Institute.

Dietary Reference Intakes (DRIs): Recommended Dietary Allowances and Adequate Intakes, Vitamins Food and Nutrition Board, Institute of Medicine, National Academies

Life Stage Group	Vitamin A (µg/d)[a]	Vitamin C (mg/d)	Vitamin D (µg/d)[b,c]	Vitamin E (mg/d)[d]	Vitamin K (µg/d)	Thiamin (mg/d)	Riboflavin (mg/d)	Niacin (mg/d)[e]	Vitamin B_6 (mg/d)	Folate (µg/d)[f]	Vitamin B_{12} (µg/d)	Pantothenic Acid (mg/d)	Biotin (µg/d)	Choline (mg/d)[g]
Infants														
0 to 6 mo	400*	40*	10	4*	2.0*	0.2*	0.3*	2*	0.1*	65*	0.4*	1.7*	5*	125*
6 to 12 mo	500*	50*	10	5*	2.5*	0.3*	0.4*	4*	0.3*	80*	0.5*	1.8*	6*	150*
Children 1–3 y	**300**	**15**	**15**	**6**	30*	**0.5**	**0.5**	**6**	**0.5**	**150**	**0.9**	2*	8*	200*
4–8 y	**400**	**25**	**15**	**7**	55*	**0.6**	**0.6**	**8**	**0.6**	**200**	**1.2**	3*	12*	250*
Males 9–13 y	**600**	**45**	**15**	**11**	60*	**0.9**	**0.9**	**12**	**1.0**	**300**	**1.8**	4*	20*	375*
14–18 y	**900**	**75**	**15**	**15**	75*	**1.2**	**1.3**	**16**	**1.3**	**400**	**2.4**	5*	25*	550*
19–30 y	**900**	**90**	**15**	**15**	120*	**1.2**	**1.3**	**16**	**1.3**	**400**	**2.4**	5*	30*	550*
31–50 y	**900**	**90**	**15**	**15**	120*	**1.2**	**1.3**	**16**	**1.3**	**400**	**2.4**	5*	30*	550*
51–70 y	**900**	**90**	**15**	**15**	120*	**1.2**	**1.3**	**16**	**1.7**	**400**	**2.4**[h]	5*	30*	550*
> 70 y	**900**	**90**	**20**	**15**	120*	**1.2**	**1.3**	**16**	**1.7**	**400**	**2.4**[h]	5*	30*	550*
Females 9–13 y	**600**	**45**	**15**	**11**	60*	**0.9**	**0.9**	**12**	**1.0**	**300**	**1.8**	4*	20*	375*
14–18 y	**700**	**65**	**15**	**15**	75*	**1.0**	**1.0**	**14**	**1.2**	**400**[i]	**2.4**	5*	25*	400*
19–30 y	**700**	**75**	**15**	**15**	90*	**1.1**	**1.1**	**14**	**1.3**	**400**[i]	**2.4**	5*	30*	425*
31–50 y	**700**	**75**	**15**	**15**	90*	**1.1**	**1.1**	**14**	**1.3**	**400**[i]	**2.4**	5*	30*	425*
51–70 y	**700**	**75**	**15**	**15**	90*	**1.1**	**1.1**	**14**	**1.5**	**400**	**2.4**[h]	5*	30*	425*
> 70 y	**700**	**75**	**20**	**15**	90*	**1.1**	**1.1**	**14**	**1.5**	**400**	**2.4**[h]	5*	30*	425*
Pregnancy 14–18 y	**750**	**80**	**15**	**15**	75*	**1.4**	**1.4**	**18**	**1.9**	**600**[i]	**2.6**	6*	30*	450*
19–30 y	**770**	**85**	**15**	**15**	90*	**1.4**	**1.4**	**18**	**1.9**	**600**[i]	**2.6**	6*	30*	450*
31–50 y	**770**	**85**	**15**	**15**	90*	**1.4**	**1.4**	**18**	**1.9**	**600**[i]	**2.6**	6*	30*	450*
Lactation 14–18 y	**1,200**	**115**	**15**	**19**	75*	**1.4**	**1.6**	**17**	**2.0**	**500**	**2.8**	7*	35*	550*
19–30 y	**1,300**	**120**	**15**	**19**	90*	**1.4**	**1.6**	**17**	**2.0**	**500**	**2.8**	7*	35*	550*
31–50 y	**1,300**	**120**	**15**	**19**	90*	**1.4**	**1.6**	**17**	**2.0**	**500**	**2.8**	7*	35*	550*

NOTE: This table (taken from the DRI reports, see www.nap.edu) presents Recommended Dietary Allowances (RDAs) in **bold type** and Adequate Intakes (AIs) in ordinary type followed by an asterisk (*). An RDA is the average daily dietary intake level; sufficient to meet the nutrient requirements of nearly all (97-98 percent) healthy individuals in a group. It is calculated from an Estimated Average Requirement (EAR). If sufficient scientific evidence is not available to establish an EAR, and thus calculate an RDA, an AI is usually developed. For healthy breastfed infants, an AI is the mean intake. The AI for other life stage and gender groups is believed to cover the needs of all healthy individuals in the groups, but lack of data or uncertainty in the data prevent being able to specify with confidence the percentage of individuals covered by this intake.

[a] As retinol activity equivalents (RAEs). 1 RAE = 1 µg retinol, 12 µg β-carotene, 24 µg α-carotene, or 24 µg β-cryptoxanthin. The RAE for dietary provitamin A carotenoids is two-fold greater than retinol equivalents (RE), whereas the RAE for preformed vitamin A is the same as RE.

[b] As cholecalciferol. 1 µg cholecalciferol = 40 IU vitamin D. [c] Under the assumption of minimal sunlight. [d] As α-tocopherol. α-Tocopherol includes *RRR*-α-tocopherol, the only form of α-tocopherol that occurs naturally in foods, and the *2R*-stereoisomeric forms of α-tocopherol (*RRR*-, *RSR*-, *RRS*-, and *RSS*-α-tocopherol) that occur in fortified foods and supplements. It does not include the *2S*-stereoisomeric forms of α-tocopherol (*SRR*-, *SSR*-, *SRS*-, and *SSS*-α-tocopherol), also found in fortified foods and supplements.

[e] As niacin equivalents (NE). 1 mg of niacin = 60 mg of tryptophan; 0–6 months = preformed niacin (not NE). [f] As dietary folate equivalents (DFE). 1 DFE = 1 µg food folate = 0.6 µg of folic acid from fortified food or as a supplement consumed with food = 0.5 µg of a supplement taken on an empty stomach.
Although AIs have been set for choline, there are few data to assess whether a dietary supply of choline is needed at all stages of the life cycle, and it may be that the choline requirement can be met by endogenous synthesis at some of these stages.

[g] Because 10 to 30 percent of older people may malabsorb food-bound B_{12}, it is advisable for those older than 50 years to meet their RDA mainly by consuming foods fortified with B_{12} or a supplement containing B_{12}.

[h] In view of evidence linking folate intake with neural tube defects in the fetus, it is recommended that all women capable of becoming pregnant consume 400 µg from supplements or fortified foods in addition to intake of food folate from a varied diet.

[i] It is assumed that women will continue consuming 400 µg from supplements or fortified food until their pregnancy is confirmed and they enter prenatal care, which ordinarily occurs after the end of the periconceptional period—the critical time for formation of the neural tube.

SOURCES: *Dietary Reference Intakes for Calcium, Phosphorous, Magnesium, Vitamin D, and Fluoride* (1997); *Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B_6, Folate, Vitamin B_{12}, Pantothenic Acid, Biotin, and Choline* (1998); *Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids* (2000); *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc* (2001); *Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and* Sulfate (2005); and *Dietary Reference Intakes for Calcium and Vitamin D* (2011).

These reports may be accessed via www.nap.edu**.**

Dietary Reference Intakes (DRIs): Recommended Dietary Allowances and Adequate Intakes, Elements Food and Nutrition Board, Institute of Medicine, National Academies

Life Stage Group	Calcium (mg/d)	Chromium (µg/d)	Copper (µg/d)	Fluoride (mg/d)	Iodine (µg/d)	Iron (mg/d)	Magnesium (mg/d)	Manganese (mg/d)	Molybdenum (µg/d)	Phosphorus (mg/d)	Selenium (µg/d)	Zinc (mg/d)	Potassium (g/d)	Sodium (g/d)	Chloride (g/d)
Infants 0 to 6 mo	200*	0.2*	200*	0.01*	110*	0.27*	30*	0.003*	2*	100*	15*	2*	0.4*	0.12*	0.18*
6 to 12 mo	260*	5.5*	220*	0.5*	130*	**11**	75*	0.6*	3*	275*	20*	**3**	0.7*	0.37*	0.57*
Children 1–3 y	**700**	11*	**340**	0.7*	**90**	**7**	**80**	1.2*	**17**	**460**	**20**	**3**	3.0*	1.0*	1.5*
4–8 y	**1,000**	15*	**440**	1*	**90**	**10**	**130**	1.5*	**22**	**500**	**30**	**5**	3.8*	1.2*	1.9*
Males 9–13 y	**1,300**	25*	**700**	2*	**120**	**8**	**240**	1.9*	**34**	**1,250**	**40**	**8**	4.5*	1.5*	2.3*
14–18 y	**1,300**	35*	**890**	3*	**150**	**11**	**410**	2.2*	**43**	**1,250**	**55**	**11**	4.7*	1.5*	2.3*
19–30 y	**1,000**	35*	**900**	4*	**150**	**8**	**400**	2.3*	**45**	**700**	**55**	**11**	4.7*	1.5*	2.3*
31–50 y	**1,000**	35*	**900**	4*	**150**	**8**	**420**	2.3*	**45**	**700**	**55**	**11**	4.7*	1.5*	2.3*
51–70 y	**1,000**	30*	**900**	4*	**150**	**8**	**420**	2.3*	**45**	**700**	**55**	**11**	4.7*	1.3*	2.0*
> 70 y	**1,200**	30*	**900**	4*	**150**	**8**	**420**	2.3*	**45**	**700**	**55**	**11**	4.7*	1.2*	1.8*
Females 9–13 y	**1,300**	21*	**700**	2*	**120**	**8**	**240**	1.6*	**34**	**1,250**	**40**	**8**	4.5*	1.5*	2.3*
14–18 y	**1,300**	24*	**890**	3*	**150**	**15**	**360**	1.6*	**43**	**1,250**	**55**	**9**	4.7*	1.5*	2.3*
19–30 y	**1,000**	25*	**900**	3*	**150**	**18**	**310**	1.8*	**45**	**700**	**55**	**8**	4.7*	1.5*	2.3*
31–50 y	**1,000**	25*	**900**	3*	**150**	**18**	**320**	1.8*	**45**	**700**	**55**	**8**	4.7*	1.5*	2.3*
51–70 y	**1,200**	20*	**900**	3*	**150**	**8**	**320**	1.8*	**45**	**700**	**55**	**8**	4.7*	1.3*	2.0*
> 70 y	**1,200**	20*	**900**	3*	**150**	**8**	**320**	1.8*	**45**	**700**	**55**	**8**	4.7*	1.2*	1.8*
Pregnancy 14–18 y	**1,300**	29*	**1,000**	3*	**220**	**27**	**400**	2.0*	**50**	**1,250**	**60**	**12**	4.7*	1.5*	2.3*
19–30 y	**1,000**	30*	**1,000**	3*	**220**	**27**	**350**	2.0*	**50**	**700**	**60**	**11**	4.7*	1.5*	2.3*
31–50 y	**1,000**	30*	**1,000**	3*	**220**	**27**	**360**	2.0*	**50**	**700**	**60**	**11**	4.7*	1.5*	2.3*
Lactation 14–18 y	**1,300**	44*	**1,300**	3*	**290**	**10**	**360**	2.6*	**50**	**1,250**	**70**	**13**	5.1*	1.5*	2.3*
19–30 y	**1,000**	45*	**1,300**	3*	**290**	**9**	**310**	2.6*	**50**	**700**	**70**	**12**	5.1*	1.5*	2.3*
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SOURCES: *Dietary Reference Intakes for Calcium, Phosphorous, Magnesium, Vitamin D, and Fluoride* (1997); *Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B_6, Folate, Vitamin B_{12}, Pantothenic Acid, Biotin, and Choline* (1998); *Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids* (2000); and *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc* (2001); *Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and* Sulfate (2005); and *Dietary Reference Intakes for Calcium and Vitamin D* (2011). These reports may be accessed via www.nap.edu

WIC Learning Online

Harmful Supplements

Instructions: *Use this job aid as a resource of vitamins, minerals, and herbal supplements that are potentially harmful when taken in large doses by infants, children, and pregnant or breastfeeding women. This information should not be given directly to a participant or be used as a handout.*

Vitamins and Minerals

- **Vitamin A** - teratogenic effects have been reported with maternal intake as low as 20,000 IU to 25,000 IU per day. Pregnant women should not exceed intakes of 10,000 IU of preformed vitamin A daily. Because beta-carotene does not cause the same teratogenic effects as preformed vitamin A, most prenatal vitamins contain beta-carotene in order to avoid potential intoxication.

- **Vitamin D** - the tolerable upper intake level for infants is 1,000 IU/day (5 times the DRI) and is 2,000 IU/day for children and adults. Vitamin D supplements for children are available, by prescription, in liquid form.

- **Vitamin C** - while high doses of vitamin C are not particularly dangerous, it can cause gastrointestinal disturbance and diarrhea.

- **Niacin** - high doses can be toxic to the liver. Under a physician's care, Niacin is sometimes prescribed as treatment for high cholesterol.

- **Iron** - while it is very rare for adults to consciously take too much iron, it is a serious concern for children. Children may take iron tablets, thinking that they are candy, with fatal results. According to U.S. Poison Control Centers, iron overdose is the number one cause of pediatric poisoning deaths in the United States. Fatalities have been reported with doses from 3 to 10 grams.

- **Fluoride** - mild fluorosis, a discoloration or mottling of the teeth, can occur with daily intakes of 0.1 mg/kg. Parents should be encouraged to use non-fluoridated toothpaste for their children until they are able to spit out the toothpaste after brushing. Physicians may prescribe fluoride supplements to children over 6 months of age if they do not have a fluoridated water supply.

- **Selenium** - there is a very narrow margin of safety between desired levels and toxic levels of selenium. In the last 5 years, selenium has become a popular antioxidant dietary supplement; because of this, the risk for toxicity is high. Signs of toxicity include skin and nail changes, tooth decay, and neurological problems.

Herbal Supplements

- **Comfrey** - used topically as a poultice to aid in wound healing, and taken internally as a tea to soothe the stomach. Ingestion of this herb can result in liver damage.

- **Dong Quai** - used for menstrual cramps, it relaxes the uterus and should not be taken during pregnancy.

- **Echinacea** - used as an immune system stimulant, it should not be taken during pregnancy, when the immune system is suppressed. People take this when they have a cold or the flu - If taken more than 8 consecutive weeks, may be toxic to the liver.

- **Fenugreek** - used to increase milk supply in breastfeeding women, it may stimulate the uterus and should not be taken during pregnancy.

- **Feverfew** - used to regulate menstrual flow, it should not be taken while pregnant or breastfeeding. Also prevents migraine headaches. MAY CAUSE MISCARRIAGE.

- **Kava** - taken for relaxation and as a sleep aid, it has been associated with liver damage.

- **Licorice** - used as a treatment for coughs and colds. Excessive amounts can cause headache, lethargy, high blood pressure, cardiac problems, excessive potassium secretion, and sodium and water retention. Infants and children should not consume licorice. Anise oil, frequently used in lieu of licorice for its similar flavor, is safe.

- **Ma Huang (Ephedra)** - a central nervous system stimulant, it is taken for weight loss, to improve athletic performance, or to increase energy. Large doses have resulted in cardiac problems-- as minor as heart palpitations to more serious complications such as heart attack.

- **Sassafras** - promoted as a stimulant, antispasmodic, a treatment for skin diseases, etc., it is a known carcinogen in rats and mice. The FDA has prohibited its use as a flavoring or food additive, but it is still marketed as a dietary supplement.

- **Senna** - taken internally in the form of a tea, capsules/tablets, or a syrup, it is used as a laxative. Because it is a potent cathartic agent, chronic use can result in excessive potassium loss and dehydration.

Remember that pregnant or breastfeeding women should consult their physicians before taking supplements. Also, parents should consult a physician before giving any supplements to their children. The FDA posts all warnings and safety information for dietary supplements on its web site.

NUTRITION RISK CRITERIA SUMMARY AND PRIORITY

CODE	RISK FACTOR	I	C	PN	BF	PP
101	UNDERWEIGHT			I	I	V
103	UNDERWEIGHT OR AT RISK OF UNDERWEIGHT (INFANTS, CHILDREN)	I	III			
111	OVERWEIGHT			I	I	VI
113	OBESE (CHILDREN 2-5 YEARS OLD)		III			
114	OVERWEIGHT OR AT RISK OF BECOMING OVERWEIGHT (INFANTS, CHILDREN)	I	III			
115	HIGH WEIGHT-FOR-LENGTH (INFANT AND CHILDREN < 24 MONTHS OF AGE)	I	III			
121	SHORT STATURE	I	III			
131	LOW MATERNAL WEIGHT GAIN			I		
133	HIGH MATERNAL WEIGHT GAIN			I	I	VI
134**	FAILURE TO THRIVE	I	III			
135	SLOWED/FALTERING GROWTH PATTERN	I				
141	LOW BIRTH WEIGHT	I	III			
142	PRETERM OR EARLY DELIVERY	I	III			
151**	SMALL FOR GESTATIONAL AGE	I	III			
152	LOW HEAD CIRCUMFERENCE	I	III			
153*	LARGE FOR GESTATIONAL AGE	I				
201	LOW HEMATOCRIT/LOW HEMOGLOGIN	I	III	I	I	IV
211	ELEVATED BLOOD LEAD LEVELS	I	III	I	I	III
301*	HYPEREMESIS GRAVIDARUM			I		
302*	GESTATIONAL DIABETES			I		
303	HISTORY OF GESTATIONAL DIABETES			I	I	IV
304	HISTORY OF PREECLAMPSIA			I	I	IV
311	HISTORY OF PRETERM OR EARLY DELIVERY			I	I	IV
312	HISTORY OF LOW BIRTH WEIGHT			I	I	IV
321	HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS			I	I	IV
331	PREGNANCY AT A YOUNG AGE			I	I	V
332	SHORT INTERPREGNANCY			I	I	V

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NUTRITION RISK CRITERIA SUMMARY AND PRIORITY

CODE	RISK FACTOR	I	C	PN	BF	PP
333	HIGH PARITY AND YOUNG AGE			1	1	V
334	LACK OF/OR INADEQUATE PRENATAL CARE			I		
335	MULTI FETAL GESTATION			I	I	V
336*	FETAL GROWTH RESTRICTION			I		
337*	HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT			I	I	IV
338	PREGNANT WOMEN CURRENTLY BREASTFEEDING			I		
339	HISTORY OF BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT			I	I	IV
341*	NUTRIENT DEFICIENCY DISEASES	I	III	I	I	V
342*	GASTRO-INTESTINAL DISORDERS	I	III	I	I	III
343*	DIABETES MELLITUS	I	III	I	I	III
344*	THYROID DISORDERS	I	III	I	I	V
345*	HYPERTENSION AND PREHYPERTENSION	I	III	I	I	III
346*	RENAL DISEASE	I	III	I	I	V
347*	CANCER	I	III	I	I	V
348	CENTRAL NERVOUS SYSTEM DISORDERS	I	III	I	I	III
349*	GENETIC AND CONGENITAL DISORDERS	I	III	I	I	III
351*	INBORN ERRORS OF METABOLISM	I	III	I	I	III
352*	INFECTIOUS DISEASES A and B	I	III	I	I	V
353*	FOOD ALLERGIES	I	III	I	I	V
354*	CELIAC DISEASE	I	III	I	I	III

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NUTRITION RISK CRITERIA SUMMARY AND PRIORITY

CODE	RISK FACTOR	I	C	PN	BF	PP
355	LACTOSE INTOLERANCE	I	III	I	I	V
356*	HYPOGLYCEMIA	I	III	I	I	V
357	DRUG NUTRIENT INTERACTIONS	I	III	I	I	V
358	EATING DISORDERS			I	I	III
359*	RECENT MAJOR SURGERY, PHYSICAL TRAUMA, BURNS	I	III	I	I	V
360*	OTHER MEDICAL CONDITIONS	I	III	I	I	III
361*	DEPRESSION		III	I	I	V
362	DEVELOPMENTAL DISABILITIES, SENSORY OR MOTOR DISABILITIES INTERFERING W/THE ABILITY TO EAT	I	III	I	I	III
363	PRE-DIABETES				I	IV
371	MATERNAL SMOKING			I	I	V
372	ALCOHOL AND ILLEGAL DRUG USE			I	I	V
381	DENTAL PROBLEMS	I	III	I	I	V
382**	FETAL ALCOHOL SYNDROME	I	III			
383	NEONATAL ABSTINENCE SYNDROME	I				
401	FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS	(2 years and older)	V	IV	IV	VI
411	INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS	IV				
425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN		V			
427	INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN			IV	IV	VI
428	DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES	(4-12 months) IV	(12-23 months) V			
501	POSSIBILITY OF REGRESSION	VII	VII		VII	VII
502	TRANSFER OF CERTIFICATION	N/A	N/A	N/A	N/A	N/A
503	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN			IV		
601	BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK (WOMEN)			I	I	
602	BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS (WOMEN)			I	I	

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NUTRITION RISK CRITERIA SUMMARY AND PRIORITY

CODE	RISK FACTOR	I	C	PN	BF	PP
603	BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS (INFANT)	I				
701	INFANT UP TO 6 MONTHS OLD OF WIC MOTHER OR OF A WOMAN WHO WOULD HAVE BEEN ELIGIBLE DURING PREGNANCY	I				
702	BREASTFEEDING INFANT OF WOMAN AT NUTRITIONAL RISK	I				
801	HOMELESSNESS	IV	V	IV	IV	VI
802	MIGRANCY	VII	VII	VII	VII	VII
901	RECIPIENT OF ABUSE	IV	V	IV	IV	VI
902	WOMAN OR PRIMARY AUTHORIZED REPRESENTATIVE WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD	IV	V	IV	IV	VI
903	FOSTER CARE	IV	V	IV	IV	VI
904	ENVIRONMENTAL TOBACCO SMOKE EXPOSURE	I	III	I	I	IV

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KEY

* Self report as diagnosed by physician.

** Needs documentation from physician or someone working under physicians orders. (Verbal verification acceptable.)

SOUTH CAROLINA WIC

DISASTER PREPAREDNESS
And
CONTINUITY OF OPERATIONS PLAN
(COOP)

Table of Contents

Introduction

The South Carolina WIC Disaster Committee, comprised of state and local WIC staff, selected and/or developed various tools to facilitate the local WIC sites to provide WIC services during a potential disaster or emergency. A critical need for planning is to assure WIC essential services and function, along with clinical operations are available to participants and/or potentially eligible individuals during the threat of an impending or actual emergency or disaster.

Definitions:

Local Agency: SCDHEC Regional Offices and Primary Care Centers Executive Offices
WIC Programs: All-inclusive of Regional and Primary Care clinic sites
WIC Sites: Clinic sites

Purpose:

The purposes of the attached tools are:

a) To help address possible emergency situations
b) To standardize WIC Local Agencies' emergency response
c) To restore WIC services to current participants and/or potentially eligible individuals as soon as possible

Scope:

An emergency or disaster is defined as any unplanned event that may cause death or significant injury to the public, employees, WIC participants or that will shut down public operations, or cause physical and/or environmental damage. These guidelines reflect the Standard Operating Procedures (SOP) to be followed by the state WIC office and the staff of the local WIC agency in the event that a disaster or other emergency disrupts service delivery at the state or a local agency.

Each State WIC Program is required to develop a WIC Continuity of Operations Plan (COOP). WIC local agency staff will be guided by these procedures in the development of their required WIC of their Continuity of Operations Plan (COOP). WIC contractual partners (Primary Health Care Centers) will develop disaster preparedness plans that are consistent with state guidelines and any guidelines that are developed by their agency that are not conflicting to the overall State Program guidance.

Policies

Specific decisions concerning state WIC Program actions during a disaster depend upon the specific directions from DHEC Community Health Services Team at the state's Emergency Operations Center and the duration and magnitude of the disaster. The focus of actions by the state WIC office is to support local agency service delivery. The guidelines primarily reflect state WIC office responsibilities in the event of disruption of services in one or more local agencies. These responsibilities inherently impact the delivery of services in the local agency sites. In the event of a disaster or emergency at the state WIC office, state WIC office personnel will follow the Standard Operations Procedures (SOP) developed by the agency. In the event of a disaster or emergency involving both the state WIC office and local agencies, the initial focus of the state WIC office will be to estimate the impact and determine measures needed to support restoration of services, etc., in the affected local agencies. The state WIC office and local agencies will develop provisional operational policies following a disaster.

Resource for Food Assistance

USDA Foods and the Disaster Supplemental Nutrition Assistance Program (D-SNAP) are the primary methods that FNS uses to respond to the nutrition needs of disaster survivors. Unlike USDA Foods and D-SNAP, WIC's role in responding to disasters is minimal, as the Program is neither designed nor funded to meet the basic nutritional needs of disaster survivors who would not otherwise be eligible to receive WIC benefits.

The D-SNAP is a team member of the state's Emergency Operating Center and is designated as the primary food assistance resources to meet the immediate needs of disaster victims. The Department of Social Services is responsible for assuring resources and establishing means of food distribution. D-SNAP is an adjunctively eligible Program.

The roles of WIC in providing immediate food assistance to disaster victims that are eligible WIC applicants and participants are:

1. continued benefit delivery to participants
2. outreach to potentially eligible individuals
3. special attention to counseling participants on food preparation and safety concerns under disaster conditions

Although the WIC Program is not designed to be a disaster assistance program, WIC policies are designed to allow State agencies flexibility in program design and administration to support continuation of benefits to participants during times of natural or other disasters.

The State WIC Office may provide telephone and/or a website for other state WIC programs to request transfer information for WIC participants who have relocated.

Certification Periods

Federal guidelines allow for the establishment of shorter certification periods. During a disaster, the state WIC office may instruct local agencies to certify applicants that are temporarily residing within its Region/PCC for shortened certification periods.

Federal guidelines also allow for the extension of certification periods not to exceed 30 days for breastfeeding women, infants and children. In such cases, one month of food benefits may be loaded onto the participant's eWIC card until an appointment can be scheduled.

Expedited Processing

Disaster-related applicants who seek WIC benefits may be considered *special nutritional risk applicants* and, as such, receive expedited certification processing. These applicants must be notified of their eligibility or ineligibility within 10 days of the date of the first request for Program benefits (whether by phone or visit to the local WIC clinic).

Displaced individuals are considered homeless and treated as a separate economic unit even if the evacuees move in with another household: separate family living under the same roof. The income documentation requirement does not apply to a homeless woman or child for whom the agency determines the requirement would present an *unreasonable* barrier to participation. In this case, the applicant must sign a statement specifying why he/she cannot provide documentation of income. Most displaced categorically eligible individuals are likely to be determined income eligible for WIC benefits due to loss of a job or adjunctively income eligible for D-SNAP.

Every effort should be made to provide a full assessment at the time the individual seeks WIC services, to ensure the participant is linked to the health and social service network in the State. This helps to ensure that WIC continues to serve as an adjunct to health care, even in a disaster situation.

Documentation of Income, Residency and Identification

The income documentation requirement does not apply to an individual who does not have the necessary documentation. Local agencies must require the applicant to sign a statement specifying why she or he cannot provide documentation of income. However, the statement is not required where there is no income. DHEC 3600 WIC Program No Proof Form should be used for documentation of inability to provide proof of income.

There is no residence duration requirement to receiving WIC benefits. WIC applicants who relocate in response to a disaster are not required to live in a new location for a minimum time to be eligible to receive WIC benefits. Applicants may be certified when proof of residency or identity is unavailable. DHEC form 3600 WIC Program No Proof Form should be used for documentation of inability to provide residency or identification.

Food Benefit Issuance

Food benefits that were redeemed with the eWIC card but in which were destroyed as a result of the disaster may be replaced, this will be determined on a case-by-case basis. Prior month food benefits cannot be replaced. If there are some food items on the card for the current issuance month, then these food items are voided. After voiding all current food items, the food benefits for the current month should be re-issued. If there are no food items left on the card for the current month, then the food package can be re-issued. SCWIC NOTES should be used for documentation of food items destroyed during a disaster.

Lost/Stolen/Damaged eWIC cards

Staff are authorized to reissue a replacement eWIC card for those reported as lost, stolen, or damaged and who by requiring to be physically present would pose an unreasonable barrier to services. Staff will ensure that they are talking with the participant/parent/authorized representative and confirm the address in SCWIC. The lost card will be deactivated and the new card will be loaded with the participant's food benefits and mailed. The eWIC card are to be replaced as soon as possible but not later than (7) business days following notice by the participant/parent/authorized representative. Staff are to follow F. Mailing Food Benefits policy provided in the State Plan if mailing is deemed appropriate by the WIC Program Manager.

Mass Benefit Issuance

In cases of WIC site closures, due to damage from a natural disaster, WIC Program Managers and/or WIC Coordinators can issue benefits in a broad spectrum. Participants may have suffered damage to homes and their communities; however, WIC is able to remotely issue eligible benefits. The must obtain approval from the State WIC Director prior to mass issuance of benefits for WIC clinic(s). In SCWIC under the Admin module, Schedule, Mass Issuance the WIC Program Manager and/or WIC Coordinator will determine the site of issuance, eligible dates, and number of months to issue. SCWIC will only issue to participants that have an active EBT account.

Nutrition Risk Assessment Procedures

At a minimum, WIC regulations require anthropometric measurements and hematocrit. Disaster-related evacuees can be determined to be a nutritional risk since they are considered homeless. Therefore, the hematocrit can be deferred for 90 days for persons with a documented nutritional risk. The anthropometrics measurements can also be deferred for 90 days if necessary to expedite the certification process.

Additionally, pregnant women that are income eligible may be considered presumptively eligible to participate in the program,
and may be certified immediately without an evaluation of nutritional risk for up to 60 days.

Every effort should be made to provide a full nutritional assessment of evacuees as well as providing links to health and social services.

Breastfeeding

WIC encourages breastfeeding as the standard method of infant feeding. During a disaster, there are some things WIC can do to help support the breastfeeding mother:

- Promote that breastfeeding is the safest food in an emergency.
- Raise awareness among new mothers of the benefits of continued breastfeeding.
- Convey to staff the importance of continued breastfeeding during emergencies and contribute to a plan that supports breastfeeding mothers and infants during disasters.

Formula

In a disaster, access to safe drinking water and cooking facilities may be limited. In the absence of portable water and sanitary conditions, ready-to-feed formula is recommended for those infants not being breastfed. There may be situations that liquid formula concentrate or powdered is to be issued. In this instance, plan to refer participants in need of water to FEMA and/or mass care organizations such as the American Red Cross or the Salvation Army. Encourage participants to have an emergency supply kit that includes items such as one gallon of water per person per day for a minimum of three days, for drinking, sanitation and food preparation. If the local WIC clinic chooses to provide ready-to-feed formula to a group of participants due to a disaster, a request for approval must be submitted by the Regional/PCC WIC Program Manager (via email) to the State WIC Director.

Special Formula

WIC Central Office can order special formula upon request. Formula and WIC-eligible nutritionals for infants and children is the top priority. Direct distribution from Cardinal will be monitored and evaluated for distribution concerns to be addressed when needed.

Medically Fragile Participants

Follow state plan guidance for prescriptions. Keep in mind, delivery of special formula may be delayed due to limited access to the area.

Clinic Operations

WIC clinics may have an influx of participants due to appointments being rescheduled from site closures and participants qualifying as “homeless” due to the disaster. Listed below are practices the sites may implement to manage the demand of WIC appointments due to this influx.

- After-hour clinics
- Saturday clinics
- Blitz clinics
- Utilizing the “No Proof” form (DHEC 3600) for participants that are unable to provide proof of income
- Mailing EBT card for one (1) month: will require additional staff support
- Replacing food benefits lost due to the floods utilizing SCWIC system
- Regions’ Services on Wheels (SoW)
    - Structural Damage to existing WIC clinics
    - Used at Shelters
    - Only for WIC Services

WIC Central Office will coordinate with the Regions to ensure site have an adequate supply of EBT cards for existing participants and the influx of potentially new participants.

Dissemination of Information

- Site closures and instructions for participants to be listed on the DHEC's website.
- Centralized Appointment Center will be provided information for rescheduling appointments for closed sites.
- The site will contact their local Regional/PCC Management, to include the WIC Program Manager. The state WIC office will support the Regional/PCC Operations and address WIC needs, as appropriate.
- The state WIC office would contact WIC vendors as necessary. The state WIC office and local WIC clinics will establish and update a list of retail grocery stores that remain operational following a disaster. The retailers operating hours will be shared with participants.

Program Integrity

There is a predication of increased program integrity activity due to the loss of food benefits during the disaster and recovery phase. WIC's Program Integrity investigator is required to collect and monitor all forms of participant fraud used statewide. If participant fraud is identified, participant restitution is pursued. Additional staff support may be required to manage the responsibility of this increase in Program Integrity activities.

Verification of Certification (VOC) Information

South Carolina WIC Participants:

- As a general rule, and to expedite the certification process, VOC should be provided by the local WIC office to WIC participants when a disaster-related evacuation is anticipated.

Disaster-related Evacuees to South Carolina:

- If a certification is performed to issue food benefits to the participant, a VOC should also be issued to help assure continuation of benefits when they return to their home state.
- A participant with a VOC card cannot be denied participation in another State because she/he does not meet that State's particular eligibility criteria.

Roles of Operations

A Disaster Preparedness Plan and folder will be annually updated and distributed to all state office WIC staff. The state WIC Director and state WIC Program managers shall maintain contact information to reach WIC state staff at all times. The following is the list of designated duties:

1. **State WIC Director** will have the responsibility of communicating with the DHEC Community Health Team and the Regions/PCCs WIC Program Manager. The State WIC Director will be responsible for coordination of WIC state staff, in addition to updating SERO of the state's conditions as it relates to WIC Services including site closures and damage of WIC sites.

2. **Assistant WIC Director** will assist the state WIC Director in assessing local agency needs.

3. **Technology Manager** will have the responsibilities of coordinating with the Bureau of Information Systems and assure participant food benefit issuance (i.e. operation of SCWIC, mobile equipment to provide certification/issuance services, etc.)

4. **Vendor Manager** will have the responsibilities of assisting the Regional/PCC WIC Program Manager in creating a list of retail grocery stores that remain in operation, operating hours and the available stock of WIC approved foods. The state and Regional/PCC WIC staff will coordinate efforts to share this information with the participants. The WIC Vendor Manager will assist WIC vendors in the transactions and redemption of WIC food benefits (EBT cards). Upon request, information will be communicated to the DHEC Health Services Operations Team for media support.

5. **State Nutrition Services Manager** will have responsibilities related to certification and food package issuance. The State Nutrition Services Manager will work closely with the WIC Program Managers to determine the quantity and type of special formula needed. The State Nutrition Services Manager and/or designee will provide consultation to the Local WIC staff regarding infants with special formula needs and children with special health care needs. The State Nutrition Services Manager and staff will also provide recommendations regarding the following: a) number of "paper" certification forms that should be kept on-hand in the event mobile computer equipment is not available, and b) options to convert participants to a "homeless" food package.

6. **Outreach Coordinator** will have the responsibility of public notification of any variance in normal program operations, including alternate procedures or alternate locations. If needed, the Outreach Coordinator will work with the Vendor Manager regarding publicizing vendors available for WIC participants in impacted areas. Public notification to be accomplished by an announcement posted on the state agency's website, social media and/or press releases to local media.

7. **Region/PCC WIC Program Manager (PM)** will be the communication point for their Region/PCC to the WIC State Director. The PM will be responsible for working with the Region's operations for completing and submitting the assessment form for the duration of the disaster, updating the WIC State Director of site closures, and ensuring there is a clear of communication for reporting resource needs to ensure WIC services are available. During the COVID-19 pandemic as a condition of the waiver of the separation of duties requirement [7 CFR 246.4(a)(27)(iii)], granted under the authority granted in section 2204(a)(1) of the Families First Coronavirus Response Act (P.L. 116-127), WIC Program Managers may waive the post review of certification records conducted by an employee that completed all aspects of a certification. The waiver extension for COVID-19 will end September 30, 2020 and all certifications performed by one staff person will be documented and reviewed per Program policy guidance provided on page 15-2.

(See Appendix A, Who to Call)

Assessment

The extent of damage caused by the disaster will need to be assessed. To determine if delivery of WIC services is feasible, the following questions should be answered (see Appendix B for "check-off" form):

1. Is the local agency requesting help?
2. How many WIC staff and/or essential other staff are available to work?
3. Has the local agency established issuance sites?
4. How long services could services be disrupted?
5. Are electricity, water, and communication services disrupted?
6. How many participants are affected and can participants access food benefits issuance sites?
7. How many grocery stores are closed due to the disaster and is retail purchase still feasible?
8. How many newly-eligible participants are there now as a result of the disaster?
9. Will the Region be utilizing the WIC SoW to continue services?

WIC SERVICES COOP FOR HUMAN PANDEMIC

In the event of a pandemic, the priority of the WIC Program will be to assure that delivery of food benefits to the eligible women, infants and children continues with as little disruption as possible. While providing WIC services, efforts to minimize the risk of infection among staff and participants must be implemented. In addition, WIC staff must be knowledgeable about transmission and intervention.

A. Determining a Human Pandemic

A human pandemic is defined as a disease or virus, such as influenza, that appears and which the human population has no immunity and spreads around the world. The United States Department of Health and Human Services and the Department of Homeland Security are the lead Federal agencies in declaring and responding to a human pandemic. In turn, recommendations are made to States as to the most effective strategies to reduce the spread and severity of the pandemic. In South Carolina, the Department of Health and Environmental Control (DHEC) provides guidance and recommendations as to whether WIC services should continue or be discontinued to slow the spread of a disease. Regions or individual clinic sites cannot make this decision independent of the state office.

B. The United States Department of Agriculture/Food and Nutrition Services (USDA/FNS) WIC Program regulations and Families First Coronavirus Response Act provide flexibility with physical presence, certification documentation requirements, certification eligibility time frames, and remote issuance of food benefits.

C. WIC state office will follow SCDHEC guidelines for prophylaxis, including routine hand washing, sanitizing, etc. The State WIC Director will access availability of staff statewide and request resources to assure that state office required activities are performed.

D. Activities that may be implemented without an approved waiver from the Southeast Regional WIC Office are as follows:

1. State agencies may extend the certification period for breastfeeding women, infants and children by not more than 30 days to accommodate difficulty in scheduling appointments.

2. Persons with a serious illness that may be exacerbated by coming into the WIC clinic may be exempt from the physical presence requirement (this would also apply if applicants/family members were under a voluntary quarantine). Documentation of the illness would be necessary.

3. State agencies may approve mailing or remote issuance of food benefits to persons who are not scheduled for nutrition education or a second or subsequent certification.

4. State agencies cannot allow issuance of more than a three-month supply of food benefits to participants in order to decrease the number of participants coming into the WIC clinics in a pandemic situation.

5. If it is determined that masks and respirators are necessary for the safety and well-being of WIC Program employees and participants while conducting WIC Program services, the cost of such items would be allowed by WIC.

E. WIC has also worked in collaboration with other DHEC programs to ensure health care needs of WIC participants are met. DHEC has developed a Re-entry Plan for operations within the State and Local agencies to ensure the health of staff and participants. Operational information and policies should be accessed through Regional Leadership and Operations.

Recommendations to Prevent Influenza Transmission

1. Enforce respiratory hygiene and cough etiquette.

2. Encourage the practice of covering nose and mouth with tissues when coughing or sneezing for staff and participants.

3. Have face masks available in the event there is a need.

4. Encourage staff and WIC participants to frequently practice hand hygiene (soap and water or hand sanitizers may be used).

5. Staff with fever and or respiratory symptoms should be instructed not to come to work at least 24 hours after there is no longer a fever.

6. Consider offering alternative work place (such as work at home) for staff at risk for complications of influenza.

7. For staff that must come in close contact (i.e. weight, measure infants and children) with WIC participants, it is recommended that the use of a fit-tested disposable N95 respirator is used with participants that are suspected influenza or other respiratory illnesses.

Recommendations to minimize the potential spread of COVID-19

1. Use of handwashing and alcohol-based hand sanitizer.

2. Assess open work environments to increase distance between employees, other coworkers, and WIC participants.

3. All employees are strongly encouraged to wear cloth face coverings at work.

Appendix A

WHO TO CALL

Disaster Preparedness
WIC State Office Staff

Name	Title	Contact #s	Function
Berry B. Kelly Back-up: Heather Price	**State WIC Director** Asst. WIC Director	803-898-0744 803-898-0894	Oversight of all WIC Services
Beverly Brockington Back-up: Karen Furr	**Asst. WIC Director** Program Policy Mgr.	803-898-0688 803-898-0454	Assistant and back-up to the State WIC Director
Back-up: Sylvia Davis	Nutrition Service Mgr.	803-898-0705	
Bettina Bennett Back-up: Janet Branham	**Technology Services Manager** Program Coordinator I	803-898-0394 803-898-0374	SCWIC system, eWIC Contracting Bank, eWIC card stock
Lorraine Glover Back-up:Jacques Watson	**Vendor Manager** Investigator	803-898-0278 803-898-0453	WIC Stores Open, Location of Nearest WIC Store, WIC Foods Available
Adrianna Bradley	**Outreach Coordinator**	803-898-0470	Public notification of alternate procedures or alternate locations

WIC Region/PCC Contact Staff

Region/PCC	WIC Program Mgr	Contact #s	Back-up
Upstate	Jessica McDowell	Office: 864-596-2227 ext. 243 Cell: 864-520-3802	Kristine Palmer, Lead RD 864-238-6653
Midlands	Betty Washington	Office: 803-785-6622 Cell: 803-960-8182	
Lowcountry	Kristin Pillion	Office: 843-953-0071 Cell: 843-749-0012	Rosalind Connell, WIC Coor. 843-953-0083 & 843-259-9301
PeeDee	Sadhana Tolani	Office: 843-915-8872 Cell: 843-333-9756	Renee Hudson, WIC Coor. 803-934-2862 & 803-847-4279
LRMC	Charlotte Wiltshire	Office: 843-716-6477 Cell: 843-591-5747	Jennifer Hunt 843-231-1268 & 843-663-8000 ext. 5406
Beaufort-Jasper	Debra Williams	Office: 843-987-7401 Cell: 843-812-3809	

Appendix B

ASSESSMENT QUESTIONS

The extent of damage caused by the disaster will need to be assessed. To determine if delivery of WIC services is feasible, the following questions should be answered:

1.	Is the local agency requesting help?	
2.	How many WIC staff and /or essential other staff are available to work?	
3.	Are electricity, water, and communication services disrupted?	
4.	How long services could be disrupted?	
5.	Has the local agency established issuance sites?	
6.	How many participants are affected and can participants access food benefits issuance sites?	
7.	How many grocery stores are closed due to the disaster and is retail purchase still feasible?	
8.	What is the estimated number of new eligible participants as a result of the disaster?	
9.	Will the Region be utilizing the WIC SoW to continue services?	

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