

COLORADO WIC PROGRAM MINI MANUAL FY2016

Local Agency Publication 5/2016



COLORADO
Department of Public
Health & Environment

Nutrition Services/WIC Program
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Table of Contents for 2016 Mini Manual

Financial Eligibility

- Financial Eligibility Criteria – DHHS Income Poverty Guidelines
- Screening Tool
- Verifying WIC Participant’s Medicaid Eligibility
- Income Eligibility Determination Scenarios

Foods

- Maximum Monthly Amount of Formula Authorized by Colorado WIC
- Examples of Food Package Proration Amounts
- Ordering Instruction for Products Not on Retail Shelves
- Ward Road Pharmacy Ordering Guide
- Physician Authorization Form
- Contract Infant Formula Ranges
- Exempt Infant Formula Ranges
- Guidelines for Providing Supplemental Formula to Partially Breastfed Infants

Nutrition Risk Factors

- Nutrition Risk Factors
- Medical Conditions
- High and Low Risk: Identification and Follow-up
- Referral and Documentation Procedures for Participants Assigned Breastfeeding Risk Factors (602/603)

Assessment Tools

- Required Medical/Nutritional Data
- Growth Percentiles and Risking for Potential Growth Failure
- Supporting Guidance Tools to Assign NRF 135 in Compass
- Minimum Expected Weight Gain Tables
- Conversions - Ounces to Pounds & Height Measurements (feet to inches)
- Inadequate Growth Flow Chart
- Immunizations: DTaPs and Resources
- Hemoglobin Levels Indicating NRF #201 (Low Hemoglobin)
- Standards for Severely Low Hemoglobin – NRF #201b – High Risk Condition
- Prenatal Weight Gain Grid

Breastfeeding

- Using Compass to Support BF Document
- Breastfeeding Roles in the Colorado WIC Clinic

(continued)

Nutrition Education & Care Plans

- Documentation Expectations
- WIC Visit Assessment & Counseling Evaluation Tool
- Smart Goals
- Staged Based Counseling
- Phrases that Help and Hinder
- Acronyms and Abbreviations for WIC

Participant Misuse and Consequences

- Participant Misuse and Consequences

Breast Pump Loan Program

- Breast Pumps & Breastfeeding Aids

How Do I...

- Quick Reference Guide

Local Policies/Procedures/Referrals

Retailer Coordination

- Pre-Authorization Report: Selection Criteria Review
- WIC Program Orientation: Procedures for Completing the Visit and Report - Grocery Stores, Commissaries and Pharmacies
- WIC Program Orientation Report: Grocery Stores, Commissaries and Pharmacies
- Retailer Monitoring Procedures
- Retailer Monitoring Report

Administration/IT

- Colorado WIC Material List
- Colorado WIC Program Materials Order Form
- Ordering FI Stock
- Ordering Instructions for MICR Printer Toner Cartridges
- Missing FI Stock, FI Stock Security and Scanned Documents
- Issue Resolution & the State WIC Help Desk
- Connected & Disconnected Operations
- Synchronization of the Clinic Server's Database
- Switching to NDT Mode
- Correcting MICR Line Errors

Financial Eligibility

Contents:

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Section VIII: Clinic Procedures

Subject: WIC Income Eligibility

In order to financially qualify for the WIC Program, a participant's combined household gross income cannot exceed the WIC Income Eligibility Guidelines (IEG). The WIC IEGs are 185% of the Federal Poverty Guidelines published in the Federal Register on March 18, 2016. The WIC IEGs listed below are in effect for Colorado beginning July 1, 2016.

WIC INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2016 - June 30, 2017

HOUSEHOLD SIZE*	GROSS INCOME		
	YEARLY	MONTHLY	WEEKLY
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each additional family member, add:	+\$7,696	+\$642	+\$148

***NOTE: Add one to household size for a pregnant woman**

Use the following steps to manually calculate gross income. Compass calculations follow these same steps.

1. If a household has only one income source or if all income sources have the same frequency, compare the income, or the sum of the separate incomes, to the published IEGs for the appropriate frequency and household size.
2. When multiple pay periods occur within the past 30 days, a pay stub from each pay period must be presented for the full 30 days.
3. If a household reports income sources at more than one frequency, perform the following calculations:
 - Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.
 - Do not round the values resulting from each conversion.
 - Add together all the unrounded, converted values.
 - Compare the total to the annual income for the appropriate household size to determine income eligibility.

Screening Tool

You may find this tool helpful when determining if a participant is eligible for WIC based on income and household size. For more information or further clarification, please refer to the Eligibility Section (VII) of the Procedure Manual, pages 14-33.

1. “How many people live in your household?”

- For purposes of determining income eligibility for WIC, the terms “family,” “economic unit,” and “household size” are interchangeable. A family is a group of related or non-related individuals who usually (although not necessarily) live together and share economic resources and consumption of goods and/or services (e.g. food).
- **More than one family in a house:** It is possible for two separate families to live under the same roof. In determining household number it is important to determine the economic independence of the family applying for WIC. The income they report must be sufficient to cover their living expenses (i.e., food, clothing, daycare). Financial resources and support must be retained separately.
- **Pregnant Woman:** When determining family size for a pregnant woman, the family size should be increased by one. If the woman is carrying twins the family should be increased by two, triplets by three, etc.
- **Foster Child:** A foster child who is living with a family, but remains the legal responsibility of the state or other agency is considered a family of one and income is the amount of money paid to the foster parent to care for the child.
- **Adopted Child:** When a family has adopted a child or has accepted legal responsibility for a child, the child is counted as a member of the family with whom he/she lives. The size and total income of that family are used to determine the child’s income eligibility for WIC. Question Medicaid participation of the adopted child.
- **Joint Custody:** A child that resides in more than one home as a result of a joint custody situation shall be considered as part of the household of the parent/guardian who is applying for WIC on behalf of the child. (A child may only receive benefits as part of one household or family.)
- **Child Support:** If a family pays child support for a child that does not live with them, the child may NOT be considered as part of the household (unless the child lives in an institution or school). The family also may not deduct the cost of the child support when reporting their gross income to WIC.
- **Child in School/Institution:** A child who resides in an school/institution, and the child’s support is being paid for by the parent or guardian, the child may be counted in the family size of that parent/guardian.
- **Minor:** If a minor receives any support for which she does not pay, such as shelter or meals, she should not be considered a separate household. If the minor pays all expenses for her own support, it is possible that the minor may then be considered a separate household.
- **Military Personnel:** Military personnel living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the economic household unit when they are sharing financial resources with the household. When a military individual is counted as a member of the economic unit, their income must also be included in the economic unit.

Examples:

- A pregnant woman and her one child live with the woman’s boyfriend and his two children. They share food, utility, and rental expenses. The woman has a job and receives child support for her child. The boyfriend has a job. Economic Unit = 6 (pregnant woman counts as 2). Income for both adults plus the child support must be included in the income determination.
- A woman (not categorically eligible for WIC), her two children (one applying for WIC), and the grandmother live in a house together. The woman is employed and grandmother receives social security. They share food and other expenses. Economic Unit = 4. The woman’s income plus the grandmother’s social security need to be included in the income determination.
- A pregnant woman lives with her parents and her younger sister. The pregnant woman is unemployed. Both parents are employed, as is the younger sister. The parents provide for all expenses except that the younger sister contributes money for groceries. Economic Unit = 5. The income of both parents and the sister need to be included in the income determination.
- A pregnant woman and her daughter live in the woman’s parent’s house. The pregnant woman is employed and provides the food, clothing, and other living expenses for herself and her daughter. The parents do not provide any money, and do not share income or food with their daughter or her child. Economic Unit = 3 (pregnant woman counts as 2). Only the pregnant woman’s income needs to be considered in the income determination. Even though the parents provide “housing” this is not considered income, but is considered “in-kind” benefit*.

2. ***“How many people in your household work? What is the gross monthly income for each of them?”***

- Income is defined as the total gross income of **all** household members. Gross income is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, etc. It also includes any money received or withdrawn from any source, including savings. See income inclusions and exclusions in the Procedure Manual (Eligibility Section, VII, pages 21-25). Income is generally determined on current income (meaning income received in the previous month), but may also be determined as an annual rate of income when appropriate.
- **Lump sum payments** represent “new money” intended to be used as income and should be considered as “other cash income” for WIC income eligibility determinations. Lump sum payments considered as income should be counted as annual income or be divided by 12 to estimate a monthly income. These include, but are not limited to:
 - Gifts
 - Inheritances
 - Lottery winnings
 - Workman’s compensation for lost income
 - Severance Pay
 - School Loans (prorate over the semester or quarter that it was granted)
- Income determination for a family with **temporary low income** should be based on the family’s annual rate of income. Temporary low income means income which is below a family’s normal level due to infrequency or irregularity of employment. This applies to families with individuals who are *employed*, but not currently receiving income. Families who might be in this category may include, but are not limited to:
 - Construction workers
 - Seasonal agricultural workers such as farmers
 - Self-employed persons
 - Teachers
 - Persons on extended leave due to childbirth or illness
 - When the adult members of a family become unemployed their income while unemployed should be used for income determination.
- If an individual’s income increases and this increase is expected to be sustained, current income should be used for income determination.
- ***Inkind Benefit:** Any benefit which is of value, but which is not provided in the form of cash money, is considered in-kind benefit and is not counted as income.

3. ***“You mentioned that you don’t have any income?”***

- First always ask, “How do you obtain basic living necessities such as food, shelter, medical care, and clothing?” If the applicant/participant is sharing resources or food with another person, proof of income from the person(s) providing resources and food will be needed.
- If a participant is determined to truly have **zero income** they will need to describe to the WIC staff member they are acquiring basic living necessities. Then the participant will sign the signature pad attesting that the information given is accurate. This signature is collected in the Income panel. In the Income Determination table of the Income panel, the Source must be “Verbal Report” and the Proof must be “Affidavit.” Once “Affidavit” is chosen for the Proof column, a signature must be collect from the participant and an Affidavit Reason must be picked from the drop down.
- Cases where an applicant has **NO documentation** should be rare. WIC staff should work with applicants/participants to identify possible forms of documentation including letters from employers. However, in situations in which employers cannot/won’t write a letter or documentation was destroyed in a natural disaster, for example, the participant may verbally report their income and must sign the signature pad attesting the information they have given is accurate. In the Income Determination table of the Income panel, the Source must be “Verbal Report” and the Proof must be “Affidavit.” Once “Affidavit” is chosen for the Proof column, a signature must be collect from the participant and an Affidavit Reason must be picked from the drop down.

4. "So you or your husband works in the military, do you have last month's LES (Leave & Earnings Statement) with you?"

- Some forms of income that **must be included** along with the Base Pay for military personnel would be:
 - **BAS:** Basic Allowance for Subsistence
 - **Clothing allowance**
 - **CONUS COLA:** Cost-of-Living Allowance for the continental United States
 - **Foreign Duty Pay**
- Some specific **exclusions** that apply to military personnel include:
 - **FSH:** Family Separation Hardship or Family Separation Allowance
 - **HDP:** Hardship Duty Pay
 - **IMP/HFP:** Hazardous duty or combat pay, including Immanent Danger Pay/Hostile Fire Pay
 - **BAH:** Any Basic Allowance for Housing received by military services personnel for residing off-base or as payments for privatized on-base housing.
 - **OCONUS COLA:** Any Cost-Of-Living Allowance provided to a member of a uniformed service who is on duty outside the contiguous states of the United States. This allowance is also referred to as the Overseas Continental United States COLA.
 - The value of **inkind housing and other inkind benefits.**

Sample LES and Calculation

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																
ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED							
			E5	970402	09	110502	ARMY	4820	1-30 APR 06							
ENTITLEMENTS		DEDUCTIONS			ALLOTMENTS			SUMMARY								
Type	Amount	Type	Amount	Type	Amount					#Amt Fwd						
A	BASE PAY	2402.10	FEDERAL TAXES	97.97	COMB FED CAMPAIGN	1.00					4336.81					
B	BAS	272.26	FICA-SOC SECURITY	148.93	DISCRETIONARY ALT	1042.00					1474.82					
C	BAH	1042.00	FICA-MEDICARE	34.83	TRICARE DENTAL	26.27					1069.27					
D	CLOTHING	511.20	SGLI	27.00							1792.82					
E	SITW REFUND (CZ)	34.33	STATE TAXES	63.78							1792.82					
F	FTW REFUND (CZ)	75.02	AFRH	.50							1792.82					
G			FAMILY SGLI	6.00							1792.82					
H			MID-MONTH-PAY	1095.81							1792.82					
I											1792.82					
J											1792.82					
K											1792.82					
L											1792.82					
M											1792.82					
N											1792.82					
O											1792.82					
TOTAL		4336.91		1474.82							1069.27					
LEAVE		BF Bal 26.0	Erm 17.5	Used 17	Cr Bal 177.0	ETS Bal 177.0	Lv Lost .0	Lv Paid .0	Use/Lose .0	FED TAXES 1921.68	Wage Period 1921.68	Wage YTD 3683.22	M/S M	Ex 01	Add Tax .00	Tax YTD 179.92
FICA TAXES		Wage Period 2402.10	Soc Wage YTD 9608.40	Soc Tax YTD 595.72	Med Wage YTD 9608.40	Med Tax YTD 139.32	STATE TAXES 1921.68	St Rd	Wage Period 1921.68	Wage YTD 3683.22	M/S M	Ex 00	Tax YTD 111.24			
PAY DATA		BAQ Type W/DEP	BAQ Depn SPOUSE	VHA Zip 80913	Rent Amt 1.00	Share 1	Stat R	JFTR	Depns 0	2D JFTR	BAS Type	Charity YTD 3.00	TPC	PACIDN	TF1G2LT0	
THRIFT SAVINGS PLAN (TSP)		Base Pay Rate 0	Base Pay Current .00	Spec Pay Rate 0	Spec Pay Current .00	Inc Pay Rate 0	Inc Pay Current .00	Bonus Pay Rate 0	Bonus Pay Current .00							
		TSP YTD Deductions .00			Deferred .00			Exempt .00								

Military LES

Let's add up what counts towards income:

Base Pay	\$2,402.10
BAS	\$272.62
Clothing	\$42.60
(511.20/12m)	
TOTAL	= \$2,717.32

5. *“How long have you been living with your family/friends or in a shelter?”*

- A **homeless** individual is defined as a woman, infant, or child who lacks a fixed and regular nighttime residence, or whose primary nighttime residence is:
 - A publicly supervised 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;
 - An institution that provides a temporary residence for individuals intended to be institutionalized;
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or
 - A temporary accommodation in the residence of another individual not exceeding 365 days.
- If the person is living in a shelter or institution, the “family unit” does not include other residents of the shelter. Only the participant or unit of related persons shall be counted.
- If the participant is living in a temporary situation in a shelter or friend’s home, he/she can be considered an economic unit of one. A pregnant woman with her 2-year old child would be an economic unit of three. If after 365 days the participant continues to live in the same residence, then the entire household is considered an economic unit and the total household income should be used for WIC screening.

*For more information on the homeless population, please see Special Populations in the Program Manual.

Verifying WIC Participant's Medicaid Eligibility

The Colorado WIC Program requires verification of Medicaid for adjunct eligibility purposes. WIC is considered a non-billing Medicaid provider and has the following number designated for Medicaid eligibility verification:

83037331

If your local public health department or nursing service has their own provider number, you may also use that number.

To verify Colorado Medicaid eligibility you need the following information:

- Your Medicaid provider number
- Participant's Medicaid State ID or social security number
- Participant's birth date
- State ID number appears on the Medicaid card. The state ID number consists of an alphabetical number followed by 6 digits. Please have the required information ready to enter.
- **Colorado Medical Assistance Program Provider Assistance Telephone Number:
1-800-237-0044**

What to expect when you call the *Medicaid Voice Response System* to verify a participant's Medicaid eligibility:

1. Welcome to the Colorado Medical Assistance Program Provider Services.
2. To verify client eligibility press "1" (You will not need to access the other options)
3. To enter your Medicaid or CHP+ provider number press 1.
4. Please enter your 8-digit Medicaid of CHP+ provider number. Enter **83037331**
5. You have entered 83037331 – if this is correct press 1.
6. To verify Colorado Medical Assistance eligibility you will need the clients State ID or social security number and the client's birth date.
 - a. To verify by State ID, press 1
 - b. To verify by social security number, press 2
7. Please enter the alpha character of the state ID

*Entering the alpha character of the state ID requires the entry of the star key plus two numbers for that character. The first number indicates which key on the phone the letter is associated with. The second number indicates the position of that letter on the key. For example to enter the letter "N" you would press *62 followed by the pound sign. The letters P, R and S are assigned in that order to key 7. To enter the letter Q, press *11 followed by the pound sign. The letters W, X, and Y are assigned in that order to key 9. To enter the letter Z press, *12 followed by the pound sign.*
8. Please enter the remaining six digits of the state ID
9. Enter the two digit month, two digit day and four-digit year of the client's birth date
10. Please enter the date of service using two digit month, two digit day and four digit year; or to verify for today's date, press *"
11. For ____date, client has / does not have regular Medicaid benefits
12. To repeat the eligibility message, press 1.
13. If the birthday and the Medicaid number do not match, you will be prompted to: "If all the information is correct press 1. If the information is not correct, it will ask you to re-enter the following:
 - "To re-enter the state ID number press 2 followed by the pound sign."
 - "To re-enter the date of birth press 3 followed by the pound sign."
 - "To re-enter the date of service, press 4 followed by the pound sign."

You can contact Colorado Medical Assistance Program Provider Services Monday through Friday, between 8 a.m. and 5 p.m. All providers call 1-800-237-0757 toll-free in Colorado.

1 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
Applicant/client only brought proof of ID. <ul style="list-style-type: none"> Did not bring POI or POA Client DOES NOT receive Medicaid, SNAP, or TANF 	Leave Blank	Leave Blank	Leave Blank	Do not complete	<p>If client did not bring proofs of income and address, client CANNOT be provisionally certified.</p> <ul style="list-style-type: none"> Two of the three required proofs must be provided in order to Provisionally Certify a client. <p>Complete as much of the appointment as possible including the <i>Assessment, Education and Care</i>, and <i>Foods</i> screens in Compass.</p> <p><u>Reschedule</u> the visit and provide information on acceptable proofs to bring.</p>
Applicant/client has income but did not bring POI to WIC appointment. <ul style="list-style-type: none"> Brought POA and POID Client DOES NOT receive Medicaid, SNAP, or TANF 	Leave Blank	Leave Blank	Leave Blank	Do not complete	<p>The Income Determination Table should be <u>left blank</u>.</p> <ul style="list-style-type: none"> Provisionally certify the applicant/client. Give 1 month of food benefits. Schedule the client to return with POI within 30 days. <p>If client does not bring POI within the 30 days no additional food benefits can be given until a full recertification has occurred.</p>
<p>Rare: Applicant/client has income but is unable to provide proof.</p> <p>Specific Examples:</p> <ul style="list-style-type: none"> Undocumented farm worker paid in cash and employer refuses to provide documentation. Client whose documentation has been destroyed in a natural disaster, such as a flood, fire, etc... <p>Not intended for a client who forgot to bring proof of income.</p>	Verbal Report	Affidavit	Enter verbal amount of gross income (before taxes and deductions) as reported. *Do not include dollar amount of SNAP benefit.	Do not complete	<p>Once the Income Determination Table is complete:</p> <ul style="list-style-type: none"> Collect applicant/endorser's signature on the Income panel. Select affidavit reason from the drop down list. Add additional information in Income Determination "Note" field, as applicable. <p>The client is certified for the full time period.</p>

2 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
Child with Medicaid. <ul style="list-style-type: none"> Brought POA and POID 	Verbal Report	Medicaid/SNAP/TANF	Enter verbal amount of gross income (before taxes and deductions) as reported. *Do not include dollar amount of SNAP benefit.	Verify active enrollment via Medicaid portal or Medicaid toll free number. If active: <ol style="list-style-type: none"> Select type of proof provided (award letter or telephone/computer). Mark MA box for child with Medicaid. Enter Medicaid # in the MA-ID field for child. 	If actively enrolled in Medicaid: <ul style="list-style-type: none"> Do not ask for additional proof(s) of income. The client is certified for the full time period.
Infant with Medicaid. <ul style="list-style-type: none"> Medicaid card presented 	Verbal Report	Medicaid/SNAP/TANF	Enter verbal amount of gross income (before taxes and deductions) as reported. *Do not include dollar amount of SNAP benefit.	Verify active enrollment via Medicaid portal or Medicaid toll free number. If active: If active: <ol style="list-style-type: none"> Select type of proof provided (award letter or telephone/computer) for infant. Mark MA box for infant with Medicaid. Enter Medicaid # in the MA-ID field for infant. 	If infant is actively enrolled on Medicaid: <ul style="list-style-type: none"> All WIC eligible family members are WIC adjunctively income eligible. No other proof of income required.

3 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
<p>Two Children: One with Medicaid, other child without Medicaid.</p> <ul style="list-style-type: none"> • Endorser presents one child's Medicaid card (Medicaid card can be used for POID for children/infants). • Brought POID for child <u>without</u> Medicaid. • No other POI brought to appointment. • No other family members receive SNAP or TANF. • Brought POA. 	Leave Blank	Leave Blank	Leave Blank	<p>Verify active enrollment via Medicaid portal or Medicaid toll free number. If active:</p> <ol style="list-style-type: none"> 1. Select type of proof provided (award letter or telephone/computer) for child with Medicaid. 2. Mark MA box for child with Medicaid. 3. Enter Medicaid # in the MA-ID field for child. 	<p>The Income Determination Table should be <u>left blank</u>.</p> <ul style="list-style-type: none"> • Certify the child with active Medicaid. • Provisionally certify the other child who does not have Medicaid in the household. • Provide one month of checks and schedule the endorser to return within 30 days to provide POI for remaining child that did not have Medicaid. <p>A child older than one year old with Medicaid DOES NOT qualify other family members.</p>
<p>Pregnant woman with <u>regular</u> Medicaid.</p>	Verbal Report	Medicaid/SNAP/TANF	<p>Enter verbal amount of gross income (before taxes and deductions) as reported.</p> <p>*Do not include dollar amount of SNAP benefit.</p>	<p>Verify active enrollment via Medicaid portal or Medicaid toll free number. If active:</p> <ol style="list-style-type: none"> 1. Select type of proof provided (award letter or telephone/computer). 2. Mark MA box for client with Medicaid. 3. Enter Medicaid # in the MA-ID field for client. 	<p>If pregnant woman is actively enrolled on Medicaid:</p> <ul style="list-style-type: none"> • All WIC eligible family members are adjunctive income eligible • No other proof of income needed. <p>Note: A baby, born to a mother who has Medicaid (or Emergency Medicaid) is automatically eligible to receive Medicaid benefits for a full year. This coverage is known as Needy Newborn Medicaid Coverage.</p>

4 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
<p>Pregnant woman with EMERGENCY Medicaid.</p> <ul style="list-style-type: none"> Emergency Medicaid DOES NOT adjunctively income qualify a pregnant woman or other family members. Provide information on acceptable proof of income. 	<p>-Employment or other source of income.</p> <p>-No verbal report unless is part of rare income scenario (see page 1).</p>	<p>Select appropriate proof provided from drop down list.</p>	<p>Assess amount based on proof(s) of income provided.</p>	<p>Leave Blank</p> <p>DO NOT enter Emergency Medicaid # into Adjunctive Eligibility screen.</p>	<p>Verify active enrollment and document in Compass that the mother has Emergency Medicaid by:</p> <ul style="list-style-type: none"> Entering the Emergency Medicaid # into the Notes column of the Income Determination Table. Indicate that it's the Emergency Medicaid number. (e.g., XXXXXX-E-Medicaid) <p>Once the infant is born staff may use this information to income qualify the infant under the Needy Newborn Medicaid Coverage (and thus the entire household), if the infant's WIC certification occurs prior to the infant being assigned a Medicaid number. See Newborn scenario below.</p>
<p>Newborn, born to a mother who had Emergency Medicaid or regular Medicaid during pregnancy, is not yet assigned a Medicaid number.</p>	<p>Verbal Report</p>	<p>Medicaid/SNAP/TANF</p>	<p>Enter verbal amount of gross income (before taxes and deductions) as reported.</p> <p>*Do not include dollar amount of SNAP benefit.</p>	<p>Emergency Medicaid or regular Medicaid should be verified and documented in Compass during a women's pregnancy.</p> <p>For the Infant:</p> <ol style="list-style-type: none"> Select "other" as proof Mark MA box for client Enter "pending" in the MA-ID field for client. <p>For the Mother with Medicaid (not Emergency Medicaid):</p> <ol style="list-style-type: none"> Select type of proof provided 	<p>Infant is automatically eligible to receive Medicaid benefits for a full year. This coverage is known as Needy Newborn Medicaid Coverage. Since infant is eligible for Medicaid all WIC eligible family members will also be WIC income eligible.</p> <ul style="list-style-type: none"> No other proof of income required. It is not necessary to ask the mother to provide the infant's Medicaid number at a later appointment since income eligibility has already been determined.

5 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

				(award letter or telephone/ computer). 2. Mark MA box for client 3. Enter Medicaid Number in the MA-ID field for client.	
--	--	--	--	--	--

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
Active Participation in TANF.	TANF - see adjunctive	Medicaid/SNAP/TANF Verify active enrollment via: -Award letter -Colorado Peak -Colorado Benefit Management System (CBMS) printout. View proofs electronically or the client may provide a hard copy.	Enter verbal amount of gross income self-reported (before taxes and deductions) including TANF amount indicated on eligibility notice. *Do not include dollar amount of SNAP benefit.	If actively enrolled: 1. Select type of proof provided. 2. Mark TANF box for all WIC eligible family members in the household.	If actively enrolled in SNAP/TANF: <ul style="list-style-type: none"> All WIC eligible family members also are adjunctively income eligible. No other proof of income required. The WIC certification/recertification start date must fall within the valid dates listed on the SNAP or TANF Eligibility Notice. Example, the WIC certification/recertification start date is Sept 29, 2015 and SNAP/TANF notice is valid Oct 1, 2014 - Sept 30, 2015.

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
Active Participation in SNAP.	Verbal report	Medicaid/SNAP/TANF Verify active enrollment via: -Award letter -Colorado Peak -Colorado Benefit Management System (CBMS) printout. View proofs electronically or the client may provide a hard copy.	Enter verbal amount of gross income (before taxes and deductions) as reported. *Do not include dollar amount of SNAP benefit.	If actively enrolled: 1. Select type of proof provided. 2. Mark SNAP box for all WIC eligible family members in the household.	If actively enrolled in SNAP/TANF: <ul style="list-style-type: none"> All WIC eligible family members also are adjunctively income eligible. No other proof of income required. The WIC certification/recertification start date must fall within the valid dates listed on the SNAP or TANF Eligibility Notice. Example, the WIC certification/recertification start date is Sept 29, 2015 and SNAP/TANF notice is valid Oct 1, 2014 - Sept 30, 2015.

Types of Medicaid:

- Presumptive eligibility (PE) provides short-term access to health care while Medicaid eligibility is being determined. Therefore PE does NOT adjunctively income qualify an individual for WIC.
- Emergency Medicaid is short-term access to health care for immigrants without legal permanent residency. Emergency Medicaid only covers life and limb threatening situations, such as childbirth, and does not cover medical appointments or routine care, including prenatal care. Emergency Medicaid does NOT adjunctively income qualify an individual for WIC.
- Child Health Plan Plus (CHP+) income eligibility guidelines (IEG) exceed WIC's IEG. CHP+ participation does NOT adjunctively income qualify an individual for WIC.
- Needy Newborn Medicaid Coverage- a baby, born to a mother who either had emergency Medicaid or full Medicaid benefits during pregnancy, is automatically eligible to receive Medicaid benefits until age 1.

Additional Information:

- Participant signs Rights and Responsibilities which says, "I will notify WIC if my income changes." Do not ask for income information at a mid-cert or follow-up visit. However, if a change of income is volunteered by the client or if a report is received by an outside source, WIC staff must re-determine that client's WIC income eligibility.
- Compass blocks cert/recert of clients who are over-income unless Medicaid, SNAP or TANF data is entered in the Adjunctive Eligibility link. Pregnant woman or an infant receiving Medicaid, or a family member actively receiving SNAP/TANF adjunctively income qualifies all WIC eligible family members.

Foods

Contents:

- Maximum Monthly Amount of Formula Authorized by Colorado WIC
- Examples of Food Package Proration Amounts
- Ordering Instruction for Products Not on Retail Shelves
- Ward Road Pharmacy Ordering Guide
- Physician Authorization Form
- Infant Formula Ranges Cheat Sheet
- Guidelines for Providing Supplemental Formula to Partially Breastfed Infants

Maximum monthly amount of formula authorized by Colorado WIC

Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Boost High Protein	RTF	32 oz	32 oz					4 cases (108 cartons)
Boost Kid Essentials 1.5 cal (with or without fiber)	RTF	8-oz 27-pk	216 oz				4 cases (108 cartons)	
Bright Beginnings Soy Pediatric Drink	RTF	8 oz	8 oz				108	
Compleat Pediatric	RTF	8.45 oz	8.45 oz				107	
E028 Splash	RTF	8 oz 27-pk	216 oz				4 cases (108 boxes)	
EleCare Infant	Powder	14.1 oz	95 oz	9	10	7	9	
EleCare Junior	Powder	14.1 oz	62 oz				14	
Enfagrow Toddler Transitions Soy	Powder	20 oz	135 oz				6	
Enfamil AR	Powder	12.9 oz	91 oz	9	10	7	10	
Enfamil AR	RTF	8-oz 6-pk	48 oz	17	19	13	18	
Enfamil EnfaCare	Powder	12.8 oz	82 oz	10	11	8	11	
Enfamil EnfaCare	RTF	8-oz 6-pk	48 oz	17	19	13	18	
Enfamil Gentlease	Powder	12.4 oz	90 oz	9	10	7	10	
Enfamil Gentlease	RTF	32 oz	32 oz	26	28	20	28	
Enfamil Gentlease	RTF	8-oz 6-pk	48 oz	17	19	13	18	
Enfamil Infant	Powder	12.5 oz	90 oz	9	10	7	10	
Enfamil Infant	Conc.	13 oz	26 oz	31	34	24	35	
Enfamil Infant	RTF	32 oz	32 oz	26	28	20	28	
Enfamil Infant	RTF	8-oz 6-pk	48 oz	17	19	13	18	
Enfamil ProSobee	Powder	12.9 oz	93 oz	9	10	7	9	
Enfamil ProSobee	Conc.	13 oz	26 oz	31	34	24	35	
Enfamil ProSobee	RTF	8-oz 6-pk	48 oz	17	19	13	18	

Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
Number of containers								
Enfamil Reguline	Powder	12.4 oz	90 oz	9	10	7	10	
Enfamil Reguline	RTF	8-oz 6-pk	48 oz	17	19	13	18	
Enfaport	RTF	6 oz	6 oz	138	152	107	151	
Ensure / Ensure Plus	RTF	8-oz 6-pk	48 oz					18 6-pk (108 cartons)
Neocate Infant	Powder	14.1 oz	97 oz	8	9	7	9	
Neocate Junior / with Prebiotics	Powder	14 oz	59-64 oz				14	
Neocate Splash	RTF	8-oz 27-pk	216 oz				4 cases (108 boxes)	
Nutramigen	Conc.	13 oz	26 oz	31	34	24	35	
Nutramigen	RTF	32 oz	32 oz	26	28	20	28	
Nutramigen with Enflora LGG	Powder	12.6 oz	87 oz	10	11	8	10	
Nutren 1.0	RTF	8.45 oz	8.45 oz					107
Nutren 1.0 with fiber	RTF	8.45 oz	8.45 oz					107
Nutren 1.5	RTF	8.45 oz	8.45 oz					107
Nutren 2.0	RTF	8.45 oz	8.45 oz					107
Nutren Jr. / with Prebio fiber	RTF	8.45 oz	8.45 oz				107	
Osmolite 1 cal	RTF	8 oz	8 oz					113
PediaSure / with fiber / enteral	RTF	8-oz 6-pk	48 oz				18 6-pk (108 cartons)	
PediaSure 1.5 cal / with fiber	RTF	8-oz 6-pk	48 oz				18 6-pk (108 cartons)	
Peptamen / with Prebio fiber	RTF	8.45 oz	8.45 oz					107
Peptamen Jr. / with Prebio fiber	RTF	8.45 oz	8.45 oz				107	
Portagen	Powder	14.4 oz	64 oz				14	14
Pregestimil	Powder	16 oz	112 oz	7	8	6	8	
PurAmino	Powder	14.1 oz	98 oz	8	9	7	9	
Similac Alimentum	Powder	12.1 oz	98 oz	8	9	7	9	
Similac Alimentum	RTF	32 oz	32 oz	26	28	20	28	
Similac NeoSure	Powder	13.1 oz	87 oz	10	11	8	10	
Similac NeoSure	RTF	32 oz	32 oz	26	28	20		

Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Similac PM 60/40	Powder	14.1 oz	102 oz	8	9	6	8	
Tolerex	Powder	2.82 oz pkts	300 ml = 10.144 oz					14 cartons of 6 pkts/carton
Vivonex Pediatric	Powder	1.7-oz pkts	250 ml (8.45 oz)				17 cartons of 6 (1.7-oz) pkts	
Vivonex T.E.N.	Powder	2.84 oz pkts	300 ml = 10.144 oz					8 cartons of 10 pkts/carton

05/23/2016

Examples of Food Package Proration Amounts

Food package: Toddler – Lactaid + alt canned beans & peanut butter

Food item	Full package	2/3 quantity	1/3 quantity
Lactaid Milk – half gallons (even months only)	6	4	3
Lactaid Milk – half gallons (odd months only)	7	4	2
Cheese – pounds	1	1	0
Eggs – dozen	1	1	0
Eggs – half dozen	0	0	1
Juice – containers 64-oz	2	1	1
Breakfast cereal – ounces	36	24	12
Whole grains – ounces	32	32	16
Peanut butter – 18 oz jar (even months only)	1	1	1
Canned beans – cans (odd months only)	4	4	4
Fruit & Vegetable CVV (Cash Value Voucher)	\$8	\$8	\$8

*Food package: Childs – PediaSure + alt beans & peanut butter

Food item	Full package	2/3 quantity	1/3 quantity
PediaSure – 6-packs	18	12	6
Milk – gallons	3	2	1
Milk - quarts	1	0	1
Cheese – pounds	1	1	0
Eggs – dozen	1	1	0
Eggs – half dozen	0	0	1
Juice – containers 64-oz	2	1	1
Breakfast cereal – ounces	36	24	12
Whole grains – ounces	32	32	16
Peanut butter – 18 oz jar (even months only)	1	1	1
Canned beans – cans (odd months only)	4	4	4
Fruit & Vegetable CVV (Cash Value Voucher)	\$8	\$8	\$8

*Note: medical prescription is required for the PediaSure

Food package: Enfamil Infant 6-11 Mo – Full Formula

Food item	Full package	2/3 quantity	1/3 quantity
Enfamil Infant – 12.5 oz cans powder	7	5	2
Infant Cereal – 8 oz boxes	2	2	1
Baby food fruits & vegetables – 4-oz jars	28	19	10
Fresh bananas – each	4	3	1

Food package: Enfamil Infant 9-11 Mo – Partially breastfed

Food item	Full package	2/3 quantity	1/3 quantity
Enfamil Infant – 12.5 oz cans powder	4	3	1
Infant Cereal – 8 oz boxes	2	2	1
Fruit & Vegetable CVV (Cash Value Voucher)	\$4	\$4	\$4
Baby food fruits & vegetables – 4-oz jars	12	4	0
Fresh bananas – each	4	2	0

Food Package: Infant 9-11 months – Exclusively BF

Food item	Full package	2/3 quantity	1/3 quantity
Infant Cereal – 8 oz boxes	3	2	1
Fruit & Vegetable CVV (Cash Value Voucher)	\$8	\$8	\$8
Baby food fruits & vegetables – 4-oz jars	28	9	0
Fresh bananas – each	4	2	0
Baby Food meats – 4-oz jars	31	21	10

Food package: Preg/Part BF – Peanut butter + dry beans

Food item	Full package	2/3 quantity	1/3 quantity
Milk – gallons	4	3	1
Milk – half gallons	1	0	1
Milk - quarts	1	0	1
Cheese – pounds	1	1	0
Eggs – dozen	1	1	0
Eggs – half dozen	0	0	1
Juice – cans 12-oz frozen concentrate	3	2	1
Breakfast cereal – ounces	36	24	12
Whole grains – ounces	16	16	16
Dry beans – pounds	1	0	1
Peanut butter – 18 oz jar	1	1	0
Fruit & Vegetable CVV (Cash Value Voucher)	\$11	\$11	\$11

Food package: Excl BF – Peanut butter + canned beans

Food item	Full package	2/3 quantity	1/3 quantity
Milk – gallons	5	3	1
Milk – half gallons	0	1	1
Milk - quarts	1	1	0
Cheese – pounds	2	1	1
Eggs – dozen	2	1	1

Canned fish – ounces	30	20	10
Juice – cans 12-oz frozen concentrate	3	2	1
Breakfast cereal – ounces	36	24	12
Whole grains – ounces	16	16	16
Canned beans – cans	4	4	4
Peanut butter – 18 oz jar	1	1	0
Fruit & Vegetable CVV (Cash Value Voucher)	\$11	\$11	\$11

Food package: PP/Novel BF – Soy + tofu

Food item	Full package	2/3 quantity	1/3 quantity
Soy Beverage - quarts	14	10	4
Tofu – pounds	2	1	1
Eggs – dozen	1	1	0
Eggs – half dozen	0	0	1
Juice – cans 12-oz frozen concentrate	2	1	1
Breakfast cereal – ounces	36	24	12
Peanut butter – 18 oz jar	1	1	1
Fruit & Vegetable CVV (Cash Value Voucher)	\$11	\$11	\$11

J:

Ordering Instructions for Products Not on Retail Shelves
(March 2013 revision)

POLICY:

Local Agency WIC staff may special order exempt infant formulas and WIC-eligible medical foods when a special formula is not locally available within the required time or in the quantities needed, or is excessively priced. No more than one month's issuance of special formula may be ordered at a time. Ward Road Pharmacy is the Colorado WIC Program's retail source for special formulas not available locally.

Procedures to issue Food Instruments (FIs) and order/receive special formulas for participants with special nutritional needs require modification from those established for routine food benefit issuance.

One necessary modification is that WIC FIs for special formulas may be printed immediately prior to creating and emailing the special formula order to State Office. Once printed, these FIs must be maintained in a secure place accessible only to WIC staff until the participant/endorser/proxy picks up the formula at the WIC clinic and the FIs are forwarded to Ward Road Pharmacy as payment.

A second necessary modification is that, in those instances when the special formula is not picked up at the WIC clinic by the endorser/participant/proxy, WIC staff signs their own name to the FIs and mails them to Ward Road Pharmacy.

PROCEDURE:

Perform the following steps when a prescription is approved for a new participant or for a reoccurring order:

- 1. Prior to placing the special formula order, local agency WIC staff is responsible to ensure (within reason) that the formula is the correct issuance for that month and will be picked up by the endorser/participant.**
- 2. Print the food instruments (FIs) at the proper time so that the FIs specify the correct amount of formula.**
 - a. In order to print a full month's issuance in Compass, printing must occur between the last few days of the previous month and before the 10th day of the issuance month. Proration occurs when FIs are printed after the 10th day of the issuance month. In Compass, it is not necessary to bring the participants/endorser in during the first 10 days of the month. Their appointment schedule need not be disrupted as long as FIs are printed within the time frame specified above. When feasible, print the next month's FIs at the same time the endorser is picking up the current month's formula.
 - b. When the endorser/participant is present during the check printing, capture her signature on the signature pad to acknowledge issuance of the FIs. When the

endorser/participant is not present, WIC staff clicks the “No signature available” checkbox.

- c. Maintain the next month’s FIs in a secure place accessible only to WIC staff.

3. Create one email order per participant.

- a. Email contents:

From: person sending the email order

To: CDPHE.WICFormula@state.co.us

Subject: participant’s first name.clinic name.email date

(example: Joe.Englewood.06.24.12)

NOTE: For agencies that prohibit emailing of participant first name, the subject line can list “WIC order” followed by the clinic name and email date.

Provide all the information in the order as listed below:

- Participant first name:
- Family WIC ID number:
- Formula:
- Order amount:
- Amount in clinic:
- Valid check date:
- Appointment date:
- WIC Clinic name:
- Attention:
- Email address of person placing the order:

- b. Additional clarifications:

- “Name”- the participant’s first name only. Those local agencies that prohibit the emailing of participant first name can leave this field blank.
- “Family WIC ID Number” as printed on the FI.
- “Formula” - the complete formula name. Specify added ingredients, fiber or flavors, such as “Neocate Jr. – tropical fruit” or “Peptamen Jr. with fiber.” The *Ward Road Pharmacy Ordering Guide* posted on the CO WIC web page indicates the available options and whether the formula is available by the can or by the case.
- “Order amount” refers to the amount of formula requested from Ward Road Pharmacy.
- “Amount in clinic” refers to the amount of formula (number of cans or cases) already in the clinic. Often this is WIC-purchased formula that was not picked up by the endorser/participant or was “leftover” when Ward Road Pharmacy would not break cases.
- “Appointment Date” must fall within the FI’s valid date range.
- “Attention”- name of clinic person to receive the formula shipment.

4. **Email the special formula order** to State Office's central mailbox:
CDPHE.WICFormula@state.co.us
5. **Staff ordering the formula will receive two emails:** 1) Copied on the order State Office places to Ward Road Pharmacy; 2) email from Ward Road Pharmacy with the date the formula should arrive at the clinic.
6. **Formula pick-up: Endorser picks up the formula on a day within the FI's valid date range.**

- a) **WIC staff writes in the total invoice amount** (sum of the formula cost and shipping fees) into the *Actual Amount of Sale* box on the WIC FI. Divide the shipping costs between the FIs. On the back of the FIs, WIC staff writes the **date the formula is picked up** in the space above "For Deposit Only."

Example #1: Number of cans specified on invoice exceeds the number of cans stated on the FI and issued to the participant (as may happen when Ward Road does not split cases):

WIC staff always writes in the total invoice amount (sum of the formula cost and shipping fees) into the *Actual Amount of Sale* box on the WIC FI. The formula that's paid for but not issued to the endorser can be part of the next month's issuance.

Example #2: Monthly issuance includes two or more FIs:

Invoice indicates \$288.00 for 9 cans of formula and \$10.00 for shipping. To determine the cost per can, divide 9 into \$288.00. Each can costs \$32.00.

FI #1 is for 4 cans (4 multiplied by \$32.00) = \$128

Half of the shipping cost = \$5.00

Write \$133 into the *Actual Amount of Sale* box on WIC FI #1.

FI #2 is for 5 cans (5 multiplied by \$32.00) = \$160

Half of the shipping cost = \$5.00.

Write \$165 into the *Actual Amount of Sale* box on WIC FI #2.

- b) **Endorser/participant signs the FIs and leaves the clinic with the formula.**

- c) **WIC staff person mails the signed FIs along with copy of the invoice to:**

Ward Road Pharmacy
5656 Ward Way, Unit A
Arvada, CO 80002

7. **Maintain the original invoice** in a central file within the clinic.

8. Staff may print the next month's FIs at the same time the endorser picks up the special formula. Securely store these FIs at the clinic until the endorser/participant arrives to pick up that month's issuance.

9. Staff orders formula for the next month.

Example:

On 7/25: Mom signs the July formula FIs. WIC staff confirms with mom that August formula will be needed and prints the August FIs. Mom's signature is captured in Compass during August FI issuance. Mom takes the July formula home.

Soon after the 7/25 visit: the WIC staff person writes the invoice amount and the 7/25 redemption date on the July FIs and mails them to Ward Road Pharmacy. WIC staff person securely stores the August FIs in the clinic.

About a week before the next appointment: WIC staff person places the August order with State Office, who then forwards the order to Ward Road Pharmacy.

On 8/25: Mom returns to sign the August FIs and takes the August formula home. If no changes in the formula order, repeat this process for September.

10. When endorser/participant does not pick up the special formula:

- a. **Make every effort to contact the endorser/participant** to learn whether the formula will be picked up. If formula will not be picked up, learn why and document details in the participant's care plan.
- b. **Once established that the formula will not be issued to the participant for whom it was originally intended, the local agency WIC staff person signs his/her own name on the FIs and sends the FIs to Ward Road Pharmacy.** Best practice: whenever possible, the WIC RD/RN signs the FIs.
- c. **The WIC RD/RN decides what to do with the unissued formula.** The allowable options are:

Option #1: Issue this special formula to another WIC participant

- All assurances must be made to ensure that the formula is consistently maintained at a safe temperature. Mailing of formula is prohibited.
- Print the FIs (for the receiving participant) and have the endorser/participant/proxy sign the Compass signature pad.
- WIC Staff Person manually writes "VOID" on each of the FIs. Do **not** mail these FIs to Ward Road since WIC has already paid for the formula. Maintain voided FIs in a clinic file for 3.5 years.

Option #2: Donate to a local hospital or medical clinic (when appropriate)

Option #3: Dispose of the formula. Open each can and discard it in such a way that it cannot be ingested.

ADDITIONAL DETAILS:

1. WIC Nutritionists from the Denver, Tri County and El Paso WIC clinics may directly order the following formulas from Ward Road Pharmacy.

- Elecare Infant
- Elecare Junior (unflavored or vanilla)
- Neocate Infant with DHA and ARA
- Neocate Jr.(unflavored, tropical fruit, or chocolate)
- Neocate Jr. with Prebiotics (unflavored or vanilla)

Exceptions to the *Ordering Instructions for Products not on Retail Shelves* are:

a) The Denver, Tri-County or El Paso WIC Nutritionist emails Ward Road directly at TMakelky@wardroadrx.com to place the order.

b) Email orders to Ward Road may only be placed by the Denver, Tri County or El Paso WIC Nutritionist. Orders placed by other WIC staff will not be accepted.

All other formulas will be ordered according to the general procedure outlined in the *Ordering Instructions for Products Not on Retail Shelves*.

2. Jefferson County WIC staff may continue to send the endorser/participant directly to Ward Road Pharmacy, as presently established.

3. The box on the FI is designated for Ward Road's stamp only.

4. During the bank's edit process, the bank will reject all FIs that appear to be altered. For example, the bank rejects those FIs where the number of cans have been altered and those where white-out was used.

5. Local agency staff can direct questions regarding the special formula order to Ward Road Pharmacy. Email Theresa TMakelky@wardroadrx.com. Their phone number is (303)420-7979.

Ward Road Pharmacy Ordering Guide

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information		
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Units/Case	Order unit	Other instructions
				Number of cans							
Boost High Protein	RTF	32 oz						4 cases (108)	27	Case	Vanilla flavor only
Boost Kid Essentials 1.5 cal	RTF	8 oz					4 cases (108)		27	Case	Specify flavor: vanilla, chocolate, strawberry
Boost Kid Essentials 1.5 cal with fiber	RTF	8 oz					4 cases (108)		27	Case	Vanilla flavor only
Bright Beginnings Soy Pediatric Drink	RTF	8 oz					108		24	Can	
Compleat Pediatric	RTF	8.45 oz					107		24	Case	
E028 Splash	RTF	8 oz 27-pk	216 oz				4 cases (108)		27	Case	Specify flavor: tropical fruit, orange-pineapple, grape
Elecare Infant	Pwd	14.1 oz	95 oz	9	10	7	9		6	Can	Unflavored only
Elecare Junior	Pwd	14.1 oz	62 oz				14		6	Can	Specify flavor: unflavored, vanilla
Enfagrow Toddler Transitions Soy	Pwd	20 oz	135 oz				6		4	Can	
Enfamil EnfaCare	Pwd	12.8 oz	82 oz	10	11	8	11		6	Case	Often available in local stores
Enfamil EnfaCare	RTF	8 oz 6-pk	48 oz	17	19	13	18		4	6-pk	Often available in local stores
Enfaport	RTF	6 oz		138	152	107	151		24	Case	
Ensure	RTF	8 oz 6-pk						18 6-pk (108)	24 cans	Case	Often available at local stores. Specify flavor: vanilla, dark chocolate, milk chocolate, strawberries & cream, butter pecan, coffee latte
Ensure Plus	RTF	8 oz 6-pk						18 6-pk (108)	24 cans	Case	Often available at local stores. Specify flavor: vanilla, chocolate, strawberry, butter pecan, coffee latte
Neocate Infant	Pwd	14.1 oz	97 oz	8	9	7	9		4	Can	
Neocate Junior	Pwd	14 oz	59-64 oz				14		4	Can	Specify flavor: unflavored, tropical fruit, chocolate

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information		
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Units/Case	Order unit	Other instructions
				Number of cans							
Neocate Junior with Prebiotics	Pwd	14 oz	59-64 oz				14		4	Can	Specify flavor: unflavored, vanilla, strawberry
Neocate Splash	RTF	8 oz 27-pk					4 cases (108)		27	Case	Unflavored
Nutramigen	Conc.	13 oz		31	34	24	35		12	Case	Often available in local stores
Nutramigen	RTF	32 oz		26	28	20	28		6	Case	Often available in local stores
Nutramigen with Enflora LGG	Pwd	12.6 oz	87 oz	10	11	8	10		6	Case	Often available in local stores
Nutren 1.0	RTF	8.45 oz						107	24	Case	Vanilla flavor only
Nutren 1.0 with fiber	RTF	8.45 oz						107	24	Case	Vanilla flavor only
Nutren 1.5	RTF	8.45 oz						107	24	Case	Vanilla flavor only
Nutren 2.0	RTF	8.45 oz						107	24	Case	Vanilla flavor only
Nutren Jr.	RTF	8.45 oz					107		24	Case	Vanilla flavor only
Nutren Jr. with Prebio fiber	RTF	8.45 oz					107		24	Case	Vanilla flavor only
Osmolite 1 cal	RTF	8 oz						113	24	Case	
PediaSure	RTF	8 oz 6-pk					18 6-pk (108)		4	6-pk	Often available at local stores. Specify flavor: vanilla, chocolate, strawberry, banana
PediaSure with fiber	RTF	8 oz 6-pk					18 6-pk (108)		4	6-pk	Often available at local stores. Vanilla flavor only
PediaSure Enteral	RTF	8 oz					18 6-pk (108)		4	6-pk	Vanilla flavor only
PediaSure Enteral with fiber and ScFOS	RTF	8 oz					18 6-pk (108)		4	6-pk	Vanilla flavor only
PediaSure 1.5 cal	RTF	8 oz					108		24	Can	Vanilla flavor only

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information		
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Units/Case	Order unit	Other instructions
				Number of cans							
PediaSure 1.5 cal with fiber	RTF	8 oz					108		24	Can	Vanilla flavor only
Peptamen	RTF	8.45 oz						107	24	Case	Specify flavor: unflavored, vanilla
Peptamen with Prebio fiber	RTF	8.45 oz						107	24	Case	Vanilla flavor only
Peptamen Jr.	RTF	8.45 oz					107		24	Case	Specify flavor: unflavored, vanilla, strawberry
Peptamen Jr. with Prebio fiber	RTF	8.45 oz					107		24	Case	Vanilla flavor only
Portagen	Pwd	14.4 oz	64 oz				14	14	6	Case	
Pregestimil	Pwd	16 oz	112 oz	7	8	6	8		6	Case	Often available in local stores
PurAmino	Pwd	14.1 oz	98 oz	8	9	7	9		4	Can	
Similac Alimentum	Pwd	12.1 oz	87 oz	10	11	8	10		6	Case	Often available in local stores
Similac Alimentum	RTF	32 oz		26	28	20	28		12	Case	Often available in local stores
Similac NeoSure	Pwd	13.1 oz	87 oz	10	11	8	10		6	Case	Often available in local stores
Similac NeoSure	RTF	32 oz		26	28	20			12	Case	Often available in local stores
Similac PM 60/40	Pwd	14.1 oz	102 oz	8	9	6	8		6	Can	
Tolerex	Pwd	2.82 oz pkts	300 ml (10.144 oz)					14 cartons of 6 pkts/ctn	6/carton 10 ctn/case	Carton	
Vivonex Pediatric	Pwd	1.7-oz pkts	250 ml (8.45 oz)				17 cartons of 6 (1.7-oz) pkts		6 pkt/carton	Carton	
Vivonex T.E.N.	Pwd	2.84 oz pkts	300 ml (10.144 oz)					8 cartons of 10 pkts/carton	10 pkg/ctn 60 ctn/case	Carton	

Note: If product is available in both flavored and unflavored and no flavor is specified, product will be ordered as unflavored.

05.23.16



Medical documentation is federally required to ensure that the patient under your care has a medical condition that requires the use of specialty formula and that conventional foods are precluded, restricted, or inadequate to meet their special nutritional needs.

Instructions: Complete sections A and D for all patients.
 ♦ **Complete Section B to approve specialty formula.**
 ♦ **Complete Section C to approve supplemental foods -or- leave blank to allow WIC RD/RN to determine appropriate supplemental foods.**

WIC clinic:
WIC fax #:
Attention:

Fax form to WIC clinic or have WIC participant return form to clinic.

A. Patient information

Patient's Name: (Last, First, MI):	DOB:
Parent/Caregiver's Name:	
Medical Reason/Diagnosis:	
Time needed: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	

B. Specialty formula

Formula requested (see approved list on back):
Prescribed amount: <input type="checkbox"/> maximum allowable -OR- <input type="checkbox"/> _____ oz/day
Special instructions/comments:
<input type="checkbox"/> Issue additional formula for 6-11 month infant not developmentally ready for solid foods.
<input type="checkbox"/> Issue infant food fruits and vegetables for 1-4 year old child (only authorized if child is also receiving specialty formula).

C. WIC Supplemental Foods

WIC RD/RN will determine appropriate supplemental foods unless health care provider indicates otherwise.

Issue full provision of age-appropriate supplemental foods.
 No WIC supplemental foods; provide formula only.
 Issue a modified food package omitting the supplemental foods checked below:

WIC Participant Category	WIC Supplemental Foods (check contraindicated foods)	Special Instructions
Infant 6- 11 months	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables <input type="checkbox"/> Fresh bananas	
Child 1 - 4 years -and- Woman	<input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Juice <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Legumes <input type="checkbox"/> Peanut butter <input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Whole grains <input type="checkbox"/> Fish (exclusively breastfeeding women only)	

D. Health care provider information

Signature of health care provider:		
Provider's name: (please print)	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> NP	
Medical office/clinic:		
Phone #:	Fax#:	Date:

WIC USE ONLY	Approved by:	Date:
		Rx exp. date:

COLORADO WIC PROGRAM

APPROVED FORMULAS

Standard Contract Infant Formulas

These formulas will be given unless a physician diagnoses a medical condition that warrants a specialty formula.

- ◆ No prescription is needed for infants.*
- ◆ A prescription is needed for adults and children over one-year of age and is valid for up to six (6) months.

Enfamil Infant
Enfamil ProSobee
Enfamil Gentlease
Enfamil AR

*A prescription is required to issue additional formula to 6-11 month old infants who are not developmentally ready for solid foods.

Specialty Formulas

Medical documentation is required for issuance of these formulas. Reasons such as "colic," "spitting up," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

Boost High Protein	Nutren 1.0 with Fiber
Boost Kid Essentials 1.5 cal	Nutren 1.5
Boost Kid Essentials 1.5 cal with fiber	Nutren 2.0
Bright Beginnings Soy Pediatric Drink	Osmolite 1 Cal
Compleat Pediatric	PediaSure (any flavor)
EleCare Infant	PediaSure with Fiber (any flavor)
EleCare Junior	PediaSure Enteral
(only for children over 1 year)	PediaSure Enteral with Fiber and scFOS
Enfagrow Toddler Transitions Soy	PediaSure 1.5 cal
(only for children over 1 year)	PediaSure 1.5 cal with Fiber
Enfamil EnfaCare	Peptamen
Enfaport	Peptamen Junior
Ensure	Peptamen Junior with Fiber
Ensure Plus	Portagen
Neocate Infant with DHA & ARA	Pregestimil
Neocate Junior	PurAmino
Neocate Junior with Prebiotics	Similac Expert Care Alimentum
Neocate Splash	Similac Expert Care NeoSure
Nutramigen	Similac PM 60/40
Nutramigen with Enflora LGG	Tolerex
Nutren Junior	Vivonex Pediatric
Nutren Junior with Prebio Fiber	Vivonex T.E.N.
Nutren 1.0	

Formulas for Inherited Metabolic Diseases

Calcilo-XD	Pheny-Free HP
Cyclinex-1 & 2	Pro-Phree
Glutarex-1 & 2	ProViMin
Hominex-1 & 2	Propimex-1 & 2
I Valex-1 & 2	RCF
Ketonex-1 & 2	Tyrex-1 & 2
MSUD Analog, Maxamaid & Maxamum	TYROS-1 & 2
Periflex Infant	XLeu Analog, Maxamaid & Maxamum
Periflex Junior	XLys, XTrp Analog, Maxamaid & Maxamum
Periflex Junior Plus	XMet Analog, Maxamaid & Maxamum
Phenex-1 & 2	XMTVI Analog, Maxamaid & Maxamum
PhenylAde Essential Drink Mix	XPhe Maxamaid & Maxamum
Phenyl-Free 1 & 2	XPhe, XTyr Analog & Maxamaid

For questions about Colorado WIC approved formulas contact the State WIC Office at (303) 692-2400.

Electronic copy of this form available at: <http://www.coloradowic.com>

Contract Infant Formula Ranges

Partially BF (In Range)	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Enfamil AR	12.9	91	0	1 – 4	1 – 5	1 – 4
	Enfamil Gentlease	12.4	90	0	1 – 4	1 – 5	1 – 4
	Enfamil Infant	12.5	90	0	1 – 4	1 – 5	1 – 4
	Enfamil ProSobee	12.9	93	0	1 – 4	1 – 5	1 – 4
	Enfamil Reguline	12.4	90	0	1 – 4	1 – 5	1 – 4
	Concentrate						
	Enfamil Infant	13	26	0	1 – 14	1 – 17	1 – 12
	Enfamil ProSobee	13	26	0	1 – 14	1 – 17	1 – 12
	Ready-to-Feed						
	Enfamil Gentlease	32	32	0	1 – 12	1 – 14	1 – 10
	Enfamil Infant	32	32	0	1 – 12	1 – 14	1 – 10
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7
Enfamil Gentlease	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7	
Enfamil Infant	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7	
Enfamil ProSobee	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7	
Enfamil Reguline	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7	

Partially BF (out of Range)	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Enfamil AR	12.9	91	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil Gentlease	12.4	90	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil Infant	12.5	90	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil ProSobee	12.9	93	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil Reguline	12.4	90	1 – 9	5 – 9	6 – 10	5 – 7
	Concentrate						
	Enfamil Infant	13	26	1 – 31	15 – 31	18 – 34	13 – 24
	Enfamil ProSobee	13	26	1 – 31	15 – 31	18 – 34	13 – 24
	Ready-to-Feed						
	Enfamil Gentlease	32	32	1 – 26	13 – 26	15 – 28	11 – 20
	Enfamil Infant	32	32	1 – 26	13 – 26	15 – 28	11 – 20
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13
Enfamil Gentlease	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13	
Enfamil Infant	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13	
Enfamil ProSobee	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13	
Enfamil Reguline	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13	

Fully Formula-Fed	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Enfamil AR	12.9	91	9	9	10	7
	Enfamil Gentlease	12.4	90	9	9	10	7
	Enfamil Infant	12.5	90	9	9	10	7
	Enfamil ProSobee	12.9	93	9	9	10	7
	Enfamil Reguline	12.4	90	9	9	10	7
	Concentrate						
	Enfamil Infant	13	26	31	31	34	24
	Enfamil ProSobee	13	26	31	31	34	24
	Ready-to-Feed						
	Enfamil Gentlease	32	32	26	26	28	20
	Enfamil Infant	32	32	26	26	28	20
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	17	17	19	13
Enfamil Gentlease	8 (6-pk)	48	17	17	19	13	
Enfamil Infant	8 (6-pk)	48	17	17	19	13	
Enfamil ProSobee	8 (6-pk)	48	17	17	19	13	
Enfamil Reguline	8 (6-pk)	48	17	17	19	13	

Exempt Infant Formula Ranges

Partially BF (In Range)	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Elecare Infant	14.1	95	0	1 – 4	1 – 5	1 – 4
	Enfamil EnfaCare	12.8	82	0	1 – 5	1 – 6	1 – 4
	Neocate Infant	14.1	97	0	1 – 4	1 – 5	1 – 3
	Nutramigen w/ Enflora LGG	12.6	87	0	1 – 5	1 – 6	1 – 4
	Pregestimil	16.0	112	0	1 – 3	1 – 4	1 – 3
	PurAmino	14.1	98	0	1 – 4	1 – 5	1 – 3
	Similac Alimentum	12.1	87	0	1 – 5	1 – 6	1 – 4
	Similac NeoSure	13.1	87	0	1 – 5	1 – 6	1 – 4
Similac PM 60/40	14.1	102	0	1 – 4	1 – 5	1 – 3	
Concentrate							
Nutramigen	13	26	0	1 – 14	1 – 17	1 – 12	
Ready-to-Feed							
Enfamil EnfaCare	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7	
Enfaport	6 (6-pk)	36	0	1 – 10	1 – 13	1 – 9	
Nutramigen	32	32	0	1 – 12	1 – 14	1 – 10	
Similac Alimentum	32	32	0	1 – 12	1 – 14	1 – 10	
Similac NeoSure	32	32	0	1 – 12	1 – 14	1 – 10	

Partially BF (out of Range)	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Elecare Infant	14.1	95	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil EnfaCare	12.8	82	1 – 10	6 – 10	7 – 11	5 – 8
	Neocate Infant	14.1	97	1 – 8	5 – 8	6 – 9	4 – 7
	Nutramigen w/ Enflora LGG	12.6	87	1 – 10	6 – 10	7 – 11	5 – 8
	Pregestimil	16.0	112	1 – 7	4 – 7	5 – 8	4 – 6
	PurAmino	14.1	98	1 – 8	5 – 8	6 – 9	4 – 7
	Similac Alimentum	12.1	87	1 – 10	6 – 10	7 – 11	5 – 8
	Similac NeoSure	13.1	87	1 – 10	6 – 10	7 – 11	5 – 8
Similac PM 60/40	14.1	102	1 – 8	5 – 8	6 – 9	4 – 6	
Concentrate							
Nutramigen	13	26	1 – 31	15 – 31	18 – 34	13 – 24	
Ready-to-Feed							
Enfamil EnfaCare	8 (6-pk)	48	1 – 17	9 – 17	10 – 17	8 – 17	
Enfaport	6 (6-pk)	36	1 – 23	13 – 23	14 – 23	10 – 23	
Nutramigen	32	32	1 – 26	13 – 26	15 – 28	11 – 20	
Similac Alimentum	32	32	1 – 26	13 – 26	15 – 28	11 – 20	
Similac NeoSure	32	32	1 – 26	13 – 26	15 – 28	11 – 20	

Fully Formula Fed	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Elecare Infant	14.1	95	9	9	10	7
	Enfamil EnfaCare	12.8	82	10	10	11	8
	Neocate Infant	14.1	97	8	8	9	7
	Nutramigen w/ Enflora LGG	12.6	87	10	10	11	8
	Pregestimil	16.0	112	7	7	8	6
	PurAmino	14.1	98	8	8	9	7
	Similac Alimentum	12.1	87	10	10	11	8
	Similac NeoSure	13.1	87	10	10	11	8
Similac PM 60/40	14.1	102	8	8	9	6	
Concentrate							
Nutramigen	13	26	31	31	34	24	
Ready-to-Feed							
Enfamil EnfaCare	8 (6-pk)	48	17	17	19	13	
Enfaport	6 (6-pk)	36	23	23	25	17	
Nutramigen	32	32	26	26	28	20	
Similac Alimentum	32	32	26	26	28	20	
Similac NeoSure	32	32	26	26	28	20	

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

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

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

* maximum "in range" formula for 1-3 month olds

+ maximum "in range" formula for 4-5 month olds

maximum "in range" formula for 6-11 month olds

Nutrition Risk Factors

Contents:

- Nutrition Risk Factors
- Medical Conditions
- High and Low Risk: Identification and Follow-up

Nutrition Risk Factors PREGNANT WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight – Prepregnancy Body Mass Index (BMI) <18.5	1	L	S
111	Overweight – Prepregnancy Body Mass Index (BMI) ≥25.0	1	L	S
131	Low Maternal Weight Gain – Assign when weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.	1	H	U
132	Maternal Weight Loss During Pregnancy - Is defined as follows: ▶ During 1 st trimester: any weight loss below pregravid weight. ▶ 2 nd or 3 rd trimester (14-40 weeks gestation): weight loss of ≥ 2 pounds (≥ 1 kg)	1	H	S
133	High Maternal Weight Gain - At any point in a singleton pregnancy, weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category. Note: Singleton pregnancy only	1	H	U
201	Low Hematocrit/Low Hemoglobin – Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin – Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels – Blood lead level of ≥ 10 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions (See <i>Clinical/Health/Medical Conditions List</i> for definitions and codes)	1	H	U
401	Failure to Meet Dietary Guidelines for Americans Pregnant woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on failure to meet Dietary Guidelines for Americans. Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to a pregnant woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.	4	L	U

Nutrition Risk Factors PREGNANT WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN: Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
427A	Consuming dietary supplements with potentially harmful consequences – Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	4	L	U
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery – Examples are: ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients.	4	L	U
427C	Compulsively ingesting non-food items (pica) – Examples of non-food items are: ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch).	4	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are: ▶ Consumption of < 27 mg of iron as a supplement daily. ▶ Consumption < 150 µg of supplemental iodine per day.	4	L	U

Nutrition Risk Factors PREGNANT WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427E	<p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms - Examples of potentially harmful foods are:</p> <ul style="list-style-type: none"> ▶ Raw fish or shellfish, including oysters, clams, mussels, and scallops; ▶ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; ▶ Raw or undercooked meat or poultry; ▶ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; ▶ Refrigerated pâté or meat spreads; ▶ Unpasteurized milk or foods containing unpasteurized milk; ▶ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; ▶ Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; ▶ Raw sprouts (alfalfa, clover, and radish); or ▶ Unpasteurized fruit or vegetable juices. 	4	L	U
501	<p>Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Assign this risk factor with discretion and primarily for only one certification period, except in very rare cases where the CWA determines a participant is still very fragile or high risk.</p>	4	L	U
502	<p>Transfer of Certification – Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
801	<p>Homelessness – Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days; or ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings. 	4	L	U

Nutrition Risk Factors PREGNANT WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p>Migrancy – Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	4	L	U
901	<p>Recipient of Abuse – Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Pregnant woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; or ▶ Currently using or having a history of abusing alcohol or other drugs. 	4	L	U
903	<p>Foster Care – Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) – Exposure to smoke from tobacco products inside the home.</p>	1	L	U

Nutrition Risk Factors BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - ▶ Woman <6 months postpartum: Prepregnancy Body Mass Index (BMI) ≥ 25.0 ▶ Woman ≥ 6 months postpartum: Current Body Mass Index (BMI) ≥ 25.0	1	L	S
133	High Maternal Weight Gain – For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM’s recommended range based on Body Mass Index (BMI). Note: Singleton pregnancy only	1	L	S
201	Low Hematocrit/Low Hemoglobin – Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin – Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels – Blood lead level of ≥ 10 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - (See <i>Clinical/Health/Medical Conditions List</i> for definitions and codes)	1	H	U
401	Failure to Meet Dietary Guidelines for Americans - Breastfeeding woman who meets the eligibility requirements of income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual’s estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to breastfeeding women when a complete nutrition assessment has been performed <u>and</u> no other nutrition risk(s) are identified.	4	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U

Nutrition Risk Factors BREASTFEEDING WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427A	<p>Consuming dietary supplements with potentially harmful consequences – Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	4	L	U
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are:</p> <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. 	4	L	U
427C	<p>Compulsively ingesting non-food items (pica) – Examples of non-food items are:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) 	4	L	U
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy – Examples are:</p> <ul style="list-style-type: none"> ▶ Consumption of < 150 µg of supplemental iodine per day ▶ Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily. 	4	L	U
501	<p>Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Assign this risk factor with discretion and primarily for only one certification period, except in very rare cases where the CWA determines a participant is still very fragile or high risk.</p>	4	L	U

Nutrition Risk Factors BREASTFEEDING WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
502	Transfer of Certification – Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.	N/A	L	S
601A 601B 601D	Breastfeeding Mother of Infant at Nutritional Risk – A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk. Priority 1 mother Priority 2 mother Priority 4 mother Note: Mother must be the same priority as at-risk infant	1 2 4	L L L	S S S
602 602A 602B 602C 602D 602E 602F 602G 602H	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 or older ▶ failure of milk to come in by 4 days postpartum ▶ tandem nursing (breastfeeding two siblings who are not twins). Note: High Risk must be seen by a Lactation Management Specialist (LMS/ CLC/IBCLC) or WIC High Risk Counselor within 24 hours.	1 1 1 1 1 1 1 1	H H H H H L H H	U U U U U S U U
801	Homelessness – Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U

Nutrition Risk Factors BREASTFEEDING WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p>Migrancy – Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	4	L	U
901	<p>Recipient of Abuse – Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; ▶ Currently using or having a history of abusing alcohol or other drugs. 	4	L	U
903	<p>Foster Care – Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) – Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	1	L	U

Nutrition Risk Factors NON-BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight – Current Body Mass Index (BMI) <18.5	6	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) ≥ 25.0	6	L	S
133	High Maternal Weight Gain – For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM’s recommended range based on Body Mass Index (BMI). Note: Singleton pregnancy only	6	L	S
201	Low Hematocrit/Low Hemoglobin – Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	6	L	S
201B	Severely Low Hematocrit/Low Hemoglobin – Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	6	H	U
211	Elevated Blood Lead Levels – Blood lead level of ≥ 10 micrograms/deciliter within the past twelve months.	6	H	S
300 Series	Medical Conditions – (See <i>Clinical/Health/Medical Conditions List</i> for definitions and codes)	6	H	U
401	Failure to Meet Dietary Guidelines for Americans - Non-breastfeeding woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual’s estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to a non-breastfeeding woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.	6	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	6	L	U
427A	Consuming dietary supplements with potentially harmful consequences – Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences are: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	6	L	U

Nutrition Risk Factors NON-BREASTFEEDING WOMAN

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are:</p> <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. 	6	L	U
427C	<p>Compulsively ingesting non-food items (pica) – Examples of non-food items are:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) 	6	L	U
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy – For example:</p> <ul style="list-style-type: none"> ▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman. 	6	L	U
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Assign this risk factor with discretion and primarily for only one certification period, except in very rare cases where the CWA determines a participant is still very fragile or high risk.</p>	6	L	U
502	<p>Transfer of Certification – Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S

Nutrition Risk Factors NON-BREASTFEEDING WOMAN

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
801	<p>Homelessness – Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings. 	6	L	U
802	<p>Migrancy – Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	6	L	U
901	<p>Recipient of Abuse – Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	6	L	U
902	<p>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Non-breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; or ▶ Currently using or having a history of abusing alcohol or other drugs. 	6	L	U
903	<p>Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	6	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) – Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	6	L	U

Nutrition Risk Factors INFANT

System Assigned (S): Assigned by Compass based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): Assigned by the user by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	At Risk of Underweight - > 2nd percentile and ≤ 5 th percentile weight-for-length	1	L	S
103B	Underweight- ≤ 2nd percentile weight-for-length Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the Birth to 24 months gender specific growth charts.	1	H	S
114	At Risk of Overweight- ▶ Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy. (Compass assigns using biological mother's most recent pregnancy record.)	1	L	S
	▶ Biological father with a BMI ≥ 30 at the time of certification. [BMI must be based on self-reported weight and height by the father in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification.			U
115	High Weight-for-Length – ≥ 98 th percentile weight-for-length Note: CDC labels the 97.7 th percentile as the 98 th percentile on the Birth to 24 months gender specific growth charts.	1	L	S
121A	At Risk for Short Stature – > 2nd percentile and ≤ 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. Note: Assignment for premature infant is based on adjusted gestational age.	1	L	S
121B	Short Stature – ≤ 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. Note: Assignment for premature infant is based on adjusted gestational age.	1	L	S
134	Failure to Thrive – Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.	1	H	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
135	<p>Inadequate Growth - <i>Infants from birth to 1 month of age:</i></p> <ul style="list-style-type: none"> Excessive weight loss after birth (Current weight is $\leq 92\%$ of birth weight) <p style="text-align: center;">or</p> <ul style="list-style-type: none"> Not back to birth weight by 2 weeks of age <p>Note: Both above criteria require further assessment and counseling by the WIC High Risk Counselor within 24 hours of risk identification.</p>	1	H	S
	<p><i>Infants from 1 month to 12 months of age:</i> Any weight gain that is less than the expected weight gain as calculated from the <i>Minimum Expected Weight Gain Tables</i> using current weight and the most recent previous weight.</p> <p>Note: WIC High Risk Counselor visit is required within 30 days of risk identification.</p>	1	H	U
141A	<p>Low Birth Weight - Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams)</p>	1	H	S
141B	<p>Very Low Birth Weight - Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams)</p>	1	H	S
142	<p>Prematurity - Infant born ≤ 37 weeks/0 days gestation</p>	1	L	S
151	<p>Small for Gestational Age (SGA) - Diagnosed as small for gestational age.</p>	1	H	U
153	<p>Large for Gestational Age (LGA) - Birth weight of ≥ 9 pounds (≥ 4000 g) or presence of LGA as diagnosed by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.</p>	1	L	S
201	<p>Low Hematocrit/Low Hemoglobin – Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.</p>	1	L	S
201B	<p>Severely Low Hematocrit/Hemoglobin – Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.</p>	1	H	U
211	<p>Elevated Blood Lead Levels – Blood lead level of ≥ 10 micrograms/deciliter within the past 12 months.</p>	1	H	S
300 Series	<p>Medical Conditions – (See <i>Clinical/Health/Medical Conditions List</i> for definitions and codes)</p>	1	H	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411	<p>INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS: Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:</p>	4	L	U
411A	<p>Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life.</p> <p>Examples of substitutes:</p> <ul style="list-style-type: none"> ▶ Low iron formula without iron supplementation; ▶ Cow’s milk, goat’s milk, or sheep’s milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and ▶ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or “other homemade concoctions.” 	4	L	U
411B	<p>Routinely using nursing bottles or cups improperly.</p> <ul style="list-style-type: none"> ▶ Using a bottle to feed fruit juice. ▶ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ▶ Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the infant to use the bottle without restriction (e.g. walking around with a bottle) or as a pacifier. ▶ Propping the bottle when feeding. ▶ Allowing an infant to carry around and drink throughout the day from a covered or training cup. ▶ Adding any food (cereal or other solid foods) to the infant’s bottle. 	4	L	U
411C	<p>Routinely offering complementary foods* or other substances that are inappropriate in type or timing.</p> <p>Examples of inappropriate complementary foods:</p> <ul style="list-style-type: none"> ▶ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier. ▶ Introducing any food other than human milk or iron-fortified infant formula before 4 months of age. <p>* Complementary foods are any foods or beverages other than human milk or infant formula.</p>	4	L	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411D	<p>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p> <ul style="list-style-type: none"> ▶ Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant’s hunger cues). ▶ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. ▶ Not supporting an infant’s need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods). 	4	L	U
411E	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</p> <p>Examples of potentially harmful foods:</p> <ul style="list-style-type: none"> ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); ▶ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). 	4	L	U
411F	<p>Routinely feeding inappropriately diluted formula.</p> <ul style="list-style-type: none"> ▶ Failure to follow manufacturer’s mixing instructions (to include stretching formula for household economic reasons). ▶ Failure to follow specific instructions accompanying a prescription. 	4	L	U
411G	<p>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> ▶ Scheduled feedings instead of demand feedings; ▶ Less than 8 feedings in 24 hours if less than 2 months of age; and ▶ Less than 6 feedings in 24 hours if between 2 and 6 months of age. 	4	L	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411H	<p>Routinely feeding a diet very low in calories and/or essential nutrients.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet ▶ Macrobiotic diet ▶ Other diets very low in calories and/or essential nutrients 	4	L	U
411I	<p>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula.</p> <p>▶ Limited or no access to a:</p> <ul style="list-style-type: none"> • Safe water supply (documented by appropriate authorities); • Heat source for sterilization; and/or • Refrigerator or freezer for storage. <p>▶ Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include:</p> <p>Human Milk</p> <ul style="list-style-type: none"> • Thawing in a microwave • Refreezing • Adding freshly expressed unrefrigerated human milk to frozen human milk • Adding refrigerated human milk to frozen human milk in an amount that is greater than the amount of frozen human milk • Feeding thawed human milk more than 24 hours after it was thawed • Saving human milk from a used bottle for another feeding • Failure to clean breast pump per manufacturer's instruction <p>Formula</p> <ul style="list-style-type: none"> • Storing at room temperature for more than 1 hour • Failure to store prepared formula per manufacturer's instructions • Using formula in a bottle one hour after the start of a feeding • Saving formula from a used bottle for another feeding • Failure to clean baby bottle properly 	4	L	U
411J	<p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multi-vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	4	L	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411K	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</p> <p>► Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</p> <p>► Infants who are exclusively breastfed, or who are ingesting less than one liter (or 1 quart) per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D.</p>	4	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices –</p> <p>Infant 4-12 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>Note: A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, must be performed prior to assigning this risk.</p> 	4	L	U
501	<p>Possibility of Regression –</p> <p>A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Use this risk factor with discretion and primarily for only one certification period, except in very rare cases where the CWA determines a participant is still very fragile or high risk.</p>	4	L	U
502	<p>Transfer of Certification –</p> <p>Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
603 603A 603B 603C 603D	<p>Breastfeeding Complications or Potential Complications –</p> <p>Breastfed infant with any of the following complications or potential complications for breastfeeding:</p> <ul style="list-style-type: none"> ► jaundice ► weak or ineffective suck ► difficulty latching onto mother's breast ► inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day. <p>Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.</p>	1	H	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
701	<p>Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy –</p> <p>Infant < 6 months of age whose mother was a WIC Program participant during pregnancy or whose mother’s medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related conditions.</p>	2	L	S
702A 702B 702D	<p>Breastfeeding Infant of Woman at Nutritional Risk -</p> <p>Priority 1 infant Priority 2 infant Priority 4 infant</p> <p>Note: Infant must be the same priority as at-risk mother</p>	1 2 4	L L L	S S S
703	<p>Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse during Most Recent Pregnancy- Infant born of a woman:</p> <ul style="list-style-type: none"> ▶ With presence of mental retardation diagnosed, documented, or reported by a physician or psychologist or someone working under a physicians orders, or as self-reported by applicant/participant/caregiver; or ▶ Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy. 	1	L	U
801	<p>Homelessness – Infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation of not more than 365 days in the residence of another individual; or ▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 	4	L	U
802	<p>Migrancy – Infant who is a member of a family that contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	4	L	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
901	<p>Recipient of Abuse – Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p>Infant of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Infant whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include care givers who are:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; or ▶ Currently using or having a history of abusing alcohol or other drugs. 	4	L	U
903	<p>Foster Care - Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) – Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	1	L	U

Nutrition Risk Factors

CHILD

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	<p>At Risk of Underweight – <i>Child ≥ 12 months to <24 months:</i> $> 2^{\text{nd}}$ percentile and $\leq 5^{\text{th}}$ percentile weight-for-length</p> <p><i>Child 2-5 years of age:</i> $> 5^{\text{th}}$ percentile and $\leq 10^{\text{th}}$ percentile Body Mass Index (BMI)-for-age</p>	3	L	S
103B	<p>Underweight – <i>Child ≥ 12 months to <24 months:</i> $\leq 2^{\text{nd}}$ percentile weight-for-length</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</p> <p><i>Child 2-5 years of age:</i> $\leq 5^{\text{th}}$ percentile Body Mass Index (BMI)-for-age</p>	3	H	S
113	<p>Obese – <i>Child 2-5 years of age:</i> $\geq 95^{\text{th}}$ percentile Body Mass Index (BMI)-for-age</p> <p>Note: standing height only</p>	3	H	S
114	<p>Overweight - <i>Child 2-5 years of age:</i> $\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile Body Mass Index (BMI)-for-age</p>	3	L	S
	<p>At Risk of Overweight - <i>Child ≥ 12 months to 5 years of age:</i> Biological mother** and/or biological father with a BMI ≥ 30 at the time of certification.*</p> <p>*BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not “self-report” for the other parent) or weight and height measurements taken by staff at the time of certification.</p> <p>**If the mother is pregnant or has had a baby within the past 6 months but was not on WIC during that pregnancy, use her preconceptual weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain. For children <24 months of age whose biological mother was on WIC during the most recent pregnancy, Compass assigns using the biological mother’s most recent pregnancy record.</p>	3	L	S/U
115	<p>High Weight-for-Length - <i>Child ≥ 12 months to < 24 months of age:</i> $\geq 98^{\text{th}}$ percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</p>	3	L	S

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
121A	<p>At Risk for Short Stature – <i>Child \geq 12 months to < 24 months of age:</i> > 2nd percentile and \leq 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> > 5th percentile and \leq 10th percentile height-for-age.</p>	3	L	S
121B	<p>Short Stature – <i>Child \geq 12 months to < 24 months of age:</i> \leq 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the birth to 24 months gender-specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> \leq 5th percentile height-for-age</p>	3	L	S
134	<p>Failure to Thrive – Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by endorser/caregiver.</p>	3	H	U
135	<p>Inadequate Growth – Any weight gain that is less than the expected weight gain from the <i>Minimum Expected Weight Gain (MEWG)</i> Table using current weight and the most recent previous weight.</p> <p>High Risk Identification: Refer to the WIC High Risk Counselor within 30 days when at least one of the following conditions is also present:</p> <ul style="list-style-type: none"> ▶ Growth drops two channels in 6 months or less for weight-for-age, length/height-for-age, or weight-for-length/height, or BMI-for-age; or ▶ Weight loss or no weight gain between two weights taken at least 3 months and no more than 6 months apart; or ▶ Both weight-for-age and length-for-age are less than the 5th percentile. 	3	L	U
		3	H	U

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
	<p>Exception: <i>Child was previously assigned NRF 113 (BMI for age was \geq the 95th percentile). At current WIC visit, child's growth does not meet minimum expected weight gain. Refer to the WIC High Risk Counselor only when one or both of the following conditions are present:</i></p> <ul style="list-style-type: none"> • <i>Current weight is < 75th percentile BMI-for-age; - or -</i> • <i>Weight loss or inadequate weight gain was due to illness, food insecurity, or improper dietary/feeding practices.</i> 			
141A	<p>Low Birth Weight – <i>Child < 24 months of age:</i> Birth weight defined as \leq 5 pounds 8 ounces (\leq 2500 grams)</p>	3	L	S
141B	<p>Very Low Birth Weight – <i>Child < 24 months of age:</i> Birth weight defined as \leq 3 pounds 5 ounces (\leq 1500 grams)</p>	3	L	S
142	<p>Prematurity – <i>Child < 24 months of age:</i> Born \leq 37 weeks/0 days gestation</p>	3	L	U
151	<p>Small for Gestational Age (SGA) – <i>Child < 24 months of age:</i> Diagnosed as small for gestational age.</p>	3	L	U
201	<p>Low Hematocrit/Low Hemoglobin – Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.</p>	3	L	S
201B	<p>Severely Low Hematocrit/Hemoglobin – Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.</p>	3	H	U
211	<p>Elevated Blood Lead Levels – Blood lead level of \geq 10 micrograms/deciliter within the past twelve months.</p>	3	H	S
300 Series	<p>Medical Conditions – (See <i>Clinical/Health/Medical Conditions List</i> for definitions and codes)</p>	3	H	U
401	<p>Failure to Meet Dietary Guidelines for Americans - Child \geq 24 months of age who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i>. Based on a child's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).</p> <p>Note: Assign 401 to child 2-5 years of age when a complete nutrition assessment has been performed and no other nutrition risks are identified.</p>	5	L	U

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN - Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	5	L	U
425A	Routinely feeding inappropriate beverages as the primary milk source – Examples of inappropriate beverages as primary milk source: ▶ Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and ▶ Imitation or substitute milks (such as inadequate or unfortified rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions.”	5	L	U
425B	Routinely feeding a child any sugar-containing fluids - Examples of sugar-containing fluids: ▶ Soda/soft drinks ▶ Gelatin water ▶ Corn syrup solutions; and ▶ Sweetened tea	5	L	U
425C	Routinely using nursing bottles, cups, or pacifiers inappropriately - ▶ Using a bottle to feed: • Fruit juice, or • Diluted cereal or other solid foods. ▶ Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. ▶ Using a bottle for feeding or drinking beyond 14 months of age. ▶ Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. ▶ Allowing a child to carry around and drink throughout the day from a covered or training cup.	5	L	U

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425D	<p>Routinely using feeding practices that disregard the developmental needs or stages of the child -</p> <ul style="list-style-type: none"> ▶ Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s request for appropriate foods). ▶ Feeding foods of inappropriate consistency, size, or shape that puts child at risk of choking. ▶ Not supporting a child’s need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods). 	5	L	U
425E	<p>Feeding foods to a child that could be contaminated with harmful microorganisms –</p> <p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); ▶ Undercooked or raw tofu; and ▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot). 	5	L	U
425F	<p>Routinely feeding a diet very low in calories and/or essential nutrients -</p> <p>Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet; ▶ Macrobiotic diet; and ▶ Other diets very low in calories and/or essential nutrients. 	5	L	U
425G	<p>Feeding dietary supplements with potentially harmful consequences -</p> <p>Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multi-vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	5	L	U

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425H	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements -</p> <ul style="list-style-type: none"> ▶ Providing child < 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Providing child 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula. 	5	L	U
425I	<p>Routine ingestion of nonfood items (pica) –Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Carpet fibers; ▶ Cigarettes or cigarette butts; ▶ Clay; ▶ Dust; ▶ Foam rubber; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch). 	5	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Child ≥ 12 to < 24 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 1) Consume complementary foods and beverages, 2) Eat independently, 3) Be weaned from breast milk or infant formula, or 4) Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, and is at risk of inappropriate complementary feeding <p>Note: A complete nutrition assessment, including #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>	5	L	U

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Assign this risk factor with discretion and primarily for only one certification period, except in very rare cases where the CWA determines a participant is still very fragile or high risk.</p>	5	L	U
502	<p>Transfer of Certification – Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
801	<p>Homelessness – Child who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation of not more than 365 days in the residence of another individual; or ▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 	5	L	U
802	<p>Migrancy – Child who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	5	L	U
901	<p>Recipient of Abuse – Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	5	L	U

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
902	<p>Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include caregivers who are:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; ▶ Currently using or having a history of abusing alcohol or other drugs. 	5	L	U
903	<p>Foster Care – Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	5	L	U
904	<p>Environmental Tobacco Smoke Exposure (ETS) – Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	3	L	U

**Colorado WIC Program
Clinical/Health/Medical Conditions**

All Conditions are User-assigned, unless specifically noted. All conditions are marked whether *High* or *Low Risk*.

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
301	Hyperemesis Gravidarum*	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. <i>-High Risk</i>	X				
302	Gestational Diabetes*	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. <i>High Risk</i>	X				
303	History of Gestational Diabetes*	History of diagnosed gestational diabetes mellitus (GDM). <i>Low Risk</i>	X	X	X		
304	History of Preeclampsia*	History of diagnosed preeclampsia <i>-Low Risk</i>	X	X	X		
311	History of Preterm Delivery	Birth of an infant at ≤ 37 weeks gestation: - Low Risk Pregnant: Any history of preterm delivery Breastfeeding/Non- Breastfeeding: Most recent pregnancy	X				
312	History of Low Birth Weight	Birth of an infant weighing ≤ 5 pounds 8 ounces (≤ 2500 gm) – <i>Low Risk</i> Pregnant: Any history of low birth weight Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X				
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	Any history of spontaneous abortion, fetal or neonatal loss. - <i>Low Risk</i> 321A Pregnant: Any history of fetal or neonatal death or 2 or more spontaneous abortions. 321B Breastfeeding: Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. 321C Non-Breastfeeding: Spontaneous abortion, fetal or neonatal loss in most recent pregnancy. Note: Spontaneous abortion occurs before 20 weeks; fetal death occurs at or after 20 weeks gestation; neonatal death is within 0-28 days of life.	X				
331	Pregnancy at a Young Age** **System assigned	331A: < 16 years - <i>High Risk</i> 331B: 16 to < 18 years - <i>Low Risk</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X				

**Colorado WIC Program
Clinical/Health/Medical Conditions**

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
332	Closely Spaced Pregnancies	Conception before 16 months postpartum for the following: - <i>Low Risk</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
333	High Parity and Young Age	Woman under age 20 years at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome for the following: - <i>Low Risk</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
334	Lack of or Inadequate Prenatal Care	Prenatal care beginning after the 1 st trimester (after 13 th week). <i>Low Risk</i>	X				
335	Multi-fetal Gestation	More than one fetus in: Pregnant: the current pregnancy – <i>Low Risk</i> Breastfeeding: the most recent pregnancy – <i>High Risk</i> Non-Breastfeeding: the most recent pregnancy – <i>Low Risk</i>	X	X	X		
336	Fetal Growth Restriction (FGR)*	Fetal weight <10 th percentile for gestational age. <i>High Risk</i> Note: Fetal Growth Restriction (FGR) may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. Note: FGR replaces the term Intrauterine Growth Retardation (IUGR)	X				
337	History of Birth of a Large for Gestational Age Infant*	Pregnant: Any history of giving birth to an infant weighing \geq 9 pounds (4000 grams). <i>Low Risk</i> Breastfeeding/Non-Breastfeeding: Most recent pregnancy, or history of giving birth to an infant weighing \geq 9 pounds (4000 grams). <i>Low Risk</i>	X	X	X		
338	Pregnant Woman Currently Breastfeeding	Breastfeeding woman now pregnant. <i>Low Risk</i>	X				
339	History of Birth with a Nutrition Related Congenital or Birth Defect*	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g. inadequate zinc, folic acid, excess vitamin A. <i>Low Risk</i> Pregnant: Any history of birth with nutrition-related congenital or birth defect. Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		

**Colorado WIC Program
Clinical/Health/Medical Conditions**

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
341	Nutrient Deficiency Diseases*	<p>Nutritional deficiency or disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: - <i>High Risk</i></p> <ul style="list-style-type: none"> • Protein energy malnutrition • Scurvy • Rickets • Vitamin K deficiency • Pellagra • Cheilosis • Beriberi • Hypocalcemia • Osteomalacia • Menkes disease • Xerophthalmia 	X	X	X	X	X
342	Gastro-intestinal Disorders*	<p>Disease(s) and/or conditions(s) that interfere with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: <i>High Risk</i></p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease,(including ulcerative colitis or Crohn’s disease) • Liver disease • Pancreatitis • Biliary tract disease 	X	X	X	X	X
343	Diabetes Mellitus*	<p>Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. <i>High Risk</i></p>	X	X	X	X	X
344	Thyroid Disorders*	<p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to: - <i>High Risk</i></p> <ul style="list-style-type: none"> • Hyperthyroidism • Hypothyroidism • Congenital Hyperthyroidism • Congenital Hypothyroidism • Postpartum Thyroiditis 	X	X	X	X	X

**Colorado WIC Program
Clinical/Health/Medical Conditions**

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
345	Hypertension and Prehypertension*	Presence of Hypertension or Prehypertension. <i>High Risk</i>	X	X	X	X	X
346	Renal Disease*	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. <i>High Risk</i>	X	X	X	X	X
347	Cancer *	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or treatment of the condition, must be severe enough to affect nutritional status. <i>High Risk</i>	X	X	X	X	X
348	Central Nervous System Disorders*	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include but are not limited to: - <i>High Risk</i> <ul style="list-style-type: none"> • Epilepsy • Cerebral palsy (CP) • Neural tube defects (NTD), such as spina bifida • Parkinson’s disease • Multiple sclerosis (MS) 	X	X	X	X	X
349	Genetic and Congenital Disorders*	A hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to: - <i>High Risk</i> <ul style="list-style-type: none"> • Cleft lip or palate • Down’s syndrome • Muscular dystrophy • Thalassemia major • Sickle cell anemia (not sickle cell trait) 	X	X	X	X	X
351	Inborn Errors of Metabolism*	Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: - <i>High Risk</i> <ul style="list-style-type: none"> • Amino acid disorders • Organic acid metabolism disorders • Fatty acid oxidation disorders • Lysosomal storage diseases • Urea cycle disorders • Carbohydrate disorders • Peroxisomal disorders • Mitochondrial disorders 	X	X	X	X	X

**Colorado WIC Program
Clinical/Health/Medical Conditions**

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
352	Infectious Diseases*	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. The infectious disease must be present within the past 6 months. Includes, but is not limited to: - <i>High Risk</i></p> <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Parasitic infections • Hepatitis • Bronchiolitis (3 episodes in last 6 months) • HIV (Human Immunodeficiency Virus infections) • AIDS (Acquired Immunodeficiency Syndrome) 	X	X	X	X	X
353	Food Allergies*	<p>Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. <i>High Risk</i></p> <p>Note: Food allergy reactions occur when the body's immune system responds to a harmless food as if it were a threat. The foods that most often cause allergic reactions include cow's milk (and foods made from cow's milk), eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy.</p> <p>Clarification: Unlike food allergies, food intolerances do not involve the immune system. Food intolerances are adverse reactions to food caused either by the properties of the food itself (such as a toxin) or the characteristics of the individual (such as a metabolic disorder). Food intolerances are often misdiagnosed as food allergies because the symptoms are often similar.</p>	X	X	X	X	X
354	Celiac Disease*	<p>An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as Celiac Sprue, Gluten-sensitive Enteropathy, and Non-tropical Sprue. <i>High Risk</i></p>	X	X	X	X	X

**Colorado WIC Program
Clinical/Health/Medical Conditions**

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
355	Lactose Intolerance*	The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. <i>Low Risk</i> Note: Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
356	Hypoglycemia*	Presence of hypoglycemia. <i>High Risk</i> Note: Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age. It is uncommon and of shorter duration in newborns who are of the appropriate size for gestational age.	X	X	X	X	X
358	Eating Disorders*	Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: - <i>High Risk</i> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss Note: Evidence of the condition may be documented by the WIC High Risk Counselor	X	X	X		
359	Recent Major Surgery, Trauma, Burns	Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: - <i>High Risk</i> <ul style="list-style-type: none"> • Within the past two months may be self reported. • More than two months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 	X	X	X	X	X

**Colorado WIC Program
Clinical/Health/Medical Conditions**

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
360	Other Medical Conditions *	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: - <i>High Risk</i> <ul style="list-style-type: none"> • Juvenile Rheumatoid Arthritis (JRA) • Persistent Asthma (moderate or severe) requiring daily medication • Cardio Respiratory Diseases • Cystic Fibrosis • Lupus Erythematosus • Heart Disease 	X	X	X	X	X
361	Depression*	Presence of clinical depression, including postpartum depression. <i>High Risk</i>	X	X	X		
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: - <i>High Risk</i> <ul style="list-style-type: none"> • Minimal brain function • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism • Birth injury • Head trauma • Brain damage • Other disabilities 	X	X	X	X	X
363	Pre-Diabetes*	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. <i>High Risk</i>		X	X		
371	Maternal Smoking	Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars. <i>Low Risk</i>	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
372	Alcohol and Illegal Drug Use **system assigned based on Pregnant Woman Nutrition Interview 3f	372A Pregnant: <ul style="list-style-type: none"> ▪ Any current alcohol use** - <i>High Risk</i> Breastfeeding (High Risk) and Non-Breastfeeding Postpartum (Low Risk): <ul style="list-style-type: none"> ▪ Routine current use of ≥ 2 drinks per day; or ▪ Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days; or ▪ Heavy Drinking, i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days Note: One drink is 1 can (12 oz) of beer; 5 oz wine; 1 ½ fluid oz liquor	X				
		372B Pregnant: <ul style="list-style-type: none"> ▪ Any current illegal drug use. <i>High Risk</i> Breastfeeding (High Risk) and Non-Breastfeeding Postpartum (High Risk): <ul style="list-style-type: none"> ▪ Any current illegal drug use 	X				
381	Oral Health Conditions*	Oral health conditions include, but are not limited to: <ul style="list-style-type: none"> • Dental caries, often referred to as “cavities” or “tooth decay” • Periodontal diseases (stages include gingivitis and periodontitis) • Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality <i>Low Risk</i> Note: Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
382	Fetal Alcohol Syndrome*	Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. <i>High Risk</i>				X	X

* Presence of the condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver. A self-reported diagnosis (My doctor says that I have/my son or daughter has...) should prompt the CWA to validate the presence of the condition by asking more pointed questions related to that diagnosis

Missed Nutrition Education Appointments and Non-Denial of WIC Benefits

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

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

When a participant misses a scheduled appointment, offer the nutrition education contact the next time s/he comes in to pick up checks. If it is not possible to counsel the participant at that visit, issue checks for one month and schedule the nutrition education contact the next month.

High and Low Risk: Identification and Follow Up

Identification

At the certification and recertification visits, the assigned nutrition risk factors (NRFs) determine whether a participant is high or low risk.

For participants identified as high risk, a high risk visit must be scheduled with the WIC High Risk Counselor as per high risk referral protocol. The purpose of the high risk visit is to assess the participant's nutrition risk factor (NRF) status, provide nutrition education/counseling, make referrals, and reinforce her health care provider's nutrition therapy recommendations.

Time Requirements for a visit with the WIC High Risk Counselor:

★ Within 30 Days:

In most cases, the WIC High Risk Counselor must counsel the high risk participant within 30 days from the date of certification/recertification.

Exceptions to the 30-day rule are:

a. Within 24 Hours of NRF Assignment -

The WIC High Risk Counselor must counsel the high risk participant within 24 hours from the time of risk assignment of one or more of the following risk factors. When contact between the endorser/participant and the WIC High Risk Counselor is not possible within 24 hours, **the Educator issues 1 month of FIs, schedules a return visit in 1 month and** the WIC High Risk Counselor contacts the participant by telephone within 7 days.

NRF 201b - Severely Low Hemoglobin/Hematocrit

Child, pregnant woman, breastfeeding woman and non-breastfeeding woman

When a participant's blood value falls within a range specified in the *Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition* table and permission:

- Has been granted for WIC to contact the health care provider: Print two *Abnormal Blood Work Notices*. Give one copy of the *Notice* to the endorser/participant. On the second *Notice*, write in the WIC High Risk Counselor's name and contact information and fax or email that *Notice* to the health care provider within 24 hours. Schedule an appointment with the WIC High Risk Counselor within the next 30 days.
- Has not been granted for WIC to contact the health care provider: Print one *Abnormal Blood Work Notice*. Give the *Notice* to the endorser/participant and urge that it be shared with the participant's health care provider. Also, WIC staff must notify the WIC High Risk Counselor of this abnormal blood value within 24 hours.

NRF 135 - Inadequate Growth

Infant birth to 1 month of age:

Current weight -

- Excessive weight loss after birth (Current weight is \leq 92% of birth weight); or
- Is not back to birth weight by 2 weeks of age

NRF 372A - Use of alcohol

Breastfeeding woman - Routine current use of 2 or more drinks per day or binge drinking

Pregnant woman - Any current use of alcohol

NRF 372B - Any current illegal drug use

Breastfeeding, pregnant and non-breastfeeding woman

NRF 602 - Breastfeeding Complications or Potential Complications

Breastfeeding woman with any of the following:

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

NRF 603 - Breastfeeding Complication or Potential Complications:

Breastfed infant with any of the following:

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

*The 24 hour high risk counseling rule applies to all complications or potential complications that comprise NRF 602 except for "age 40 years and older." This is low risk and has no requirement for a referral to the WIC High Risk Counselor.

Initial (24 hour high risk) counseling for NRFs 602 and 603 can be completed by a WIC High Risk Counselor, Educator CLC/IBCLC, or Educator Lactation Management Specialist (LMS). (See *Note regarding use of Breastfeeding Peer Counselor LMS/CLC/IBCLC's)

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

- WIC High Risk Counselor or Educator CLC/IBCLC:
 - ✓ Document "High Risk Follow up Appointment" on the Nutrition Education panel and complete the participant's care plan.
 - ✓ Provide a phone follow up within two weeks (as best practice).
 - ✓ Refer a participant to a health care provider when warranted.
- WIC Educator LMS:
 - ✓ Document as individual counseling in the participant's care plan.
 - ✓ Schedule a high risk follow up appointment with WIC High Risk Counselor or Educator CLC/IBCLC within two weeks of risk assignment. Can be conducted via phone or face-to-face, as determined by the clinical judgment of the WIC High Risk Counselor or Educator CLC/IBCLC.
 - ✓ Refer participant to a health care provider when warranted.

***Note: Use of Breastfeeding Peer Counselor LMS/CLC/IBCLC's**

Per local agency discretion, if a High Risk Counselor or Educator LMS/CLC/IBCLC is not available, local agencies may allow Breastfeeding Peer Counselor with advanced training (LM, CLC, or IBCLC's) to address assigned NRFs 602 and/or 603. Initial counseling must be provided in the clinic (not by phone). (See protocol below)

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

- Breastfeeding Peer Counselor CLC/IBCLC:
 - ✓ Document counseling in BF PC Documentation panel.
 - ✓ Request WIC Educator mark "High Risk Follow up Appointment" on the Nutrition Education panel and document in the participant's care plan: "BF Complication counseling provided. See BF PC Documentation panel."

- ✓ Provide a phone follow up within two weeks (as best practice).
- ✓ Refer participant to a health care provider when warranted.
- Breastfeeding Peer Counselor LMS:
 - ✓ Document counseling in BF PC Documentation panel.
 - ✓ Request WIC Educator document in the participant's care plan: "BF Complication counseling provided. See BF PC Documentation panel."
 - ✓ Request WIC Educator schedule a high risk follow up appointment with WIC High Risk Counselor or Educator CLC/IBCLC within two weeks of risk assignment. Can be conducted via phone or face-to-face, as determined by the clinical judgment of the WIC High Risk Counselor or Educator CLC/IBCLC.
 - ✓ Refer participant to a health care provider when warranted.

b. Within 90 Days from date of NRF assignment:

NRF 113 - Obese
Child 2-5 years of age

Subsequent Appointments for High Risk Participants:

A minimum of one education contact with the WIC High Risk Counselor is required per certification period. The WIC High Risk Counselor decides whether the subsequent visits will be with the High Risk Counselor or with the WIC Educator. When a visit with the WIC High Risk Counselor has been scheduled, the Educator does not have the authority to cancel the visit, even when high risk NRFs appear to be resolved.

Documentation:

All high risk visits must have a separate nutrition education record entered into the *Nutrition Education* section of Compass (including Nutrition Education Covered Topics and Pamphlets provided) and a separate *Participant Care Plan*. The WIC Educator and WIC High Risk Counselor create separate *Nutrition Education* and *Participant Care Plans* when the participant is seen by both staff members on the same day.

High Risk Resolved:

Clicking the *High Risk Resolved* check box on the *Risk* panel changes the participant's risk status from high to low risk. The *High Risk Resolved* check box may only be selected when a user incorrectly assigns a high risk nutrition risk factor (NRF) to a participant who, in actuality, is low risk. If two or more high risk NRFs have been assigned and one high risk NRF is assigned in error, do not select this check box as the participant's risk status must remain as high. Only the WIC High Risk Counselor has the authority to check the *High Risk Resolved* check box.

Requirements for Low Risk Follow up:

Participants are classified as low risk when they qualify for WIC with conditions or risks other than those defined as "High Risk." WIC educators provide nutrition education for these participants. A low risk classification does not mean that the identified risk factors are less important.

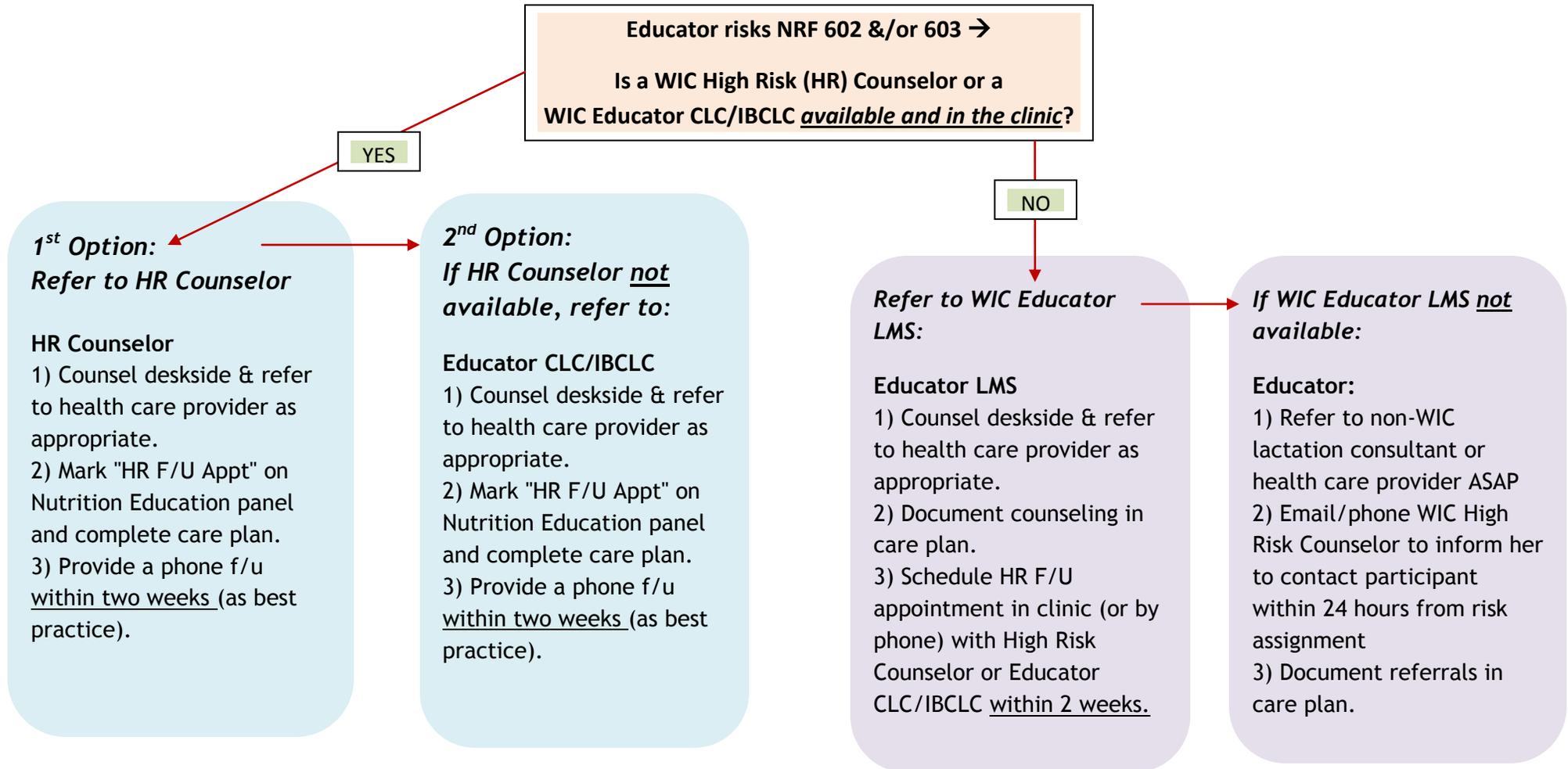
For example, even though WIC defines smoking as low risk, clearly explain that smoking is a significant risk for poor pregnancy outcome. Nutrition education visits for low risk participants must occur within a maximum of three months following the certification/recertification visit.

In the Compass system, the *Nutrition Interview* must be completed at every certification and recertification visit for all categories and at the mid-certification visit for infants and children as part of a complete nutrition assessment. Although completion of the Nutrition Interview is not required at every follow-up visit, it still must be accessed to update the breastfeeding status and to issue the appropriate food package.

Responses to the **bolded** questions in the *Nutrition Interview* were submitted to the Center for Disease Control (CDC) for data surveillance purposes through 2011. Even though CDC no longer publishes this data, it is required that answers to these bolded questions continue to be entered so that this data is available for future data collection efforts.

Referral and Documentation Procedures for Participants Assigned Breastfeeding Risk Factors (602/603)

This flow chart is a tool to help clarify how WIC can best facilitate mothers and infants with high risk breastfeeding issues get timely access to breastfeeding support. Refer to Colorado WIC Program Manual for additional details.



***Note: Local Agencies with on-site BFPC programs -**

On the rare occasion when a BFPC (LMS, CLC or IBCLC) is in the clinic, the Educator can refer to the BFPC (LMS, CLC or IBCLC) when a High Risk Counselor or Educator LMS/CLC/IBCLC is not available. Refer to the Colorado WIC Program Manual for details on referral and documentation

Assessment Tools

Contents:

- Required Medical/Nutritional Data
- Growth Percentiles and Risking for Potential Growth Failure
- Supporting Guidance Tools to Assign NRF 135 in Compass
- Minimum Expected Weight Gain Tables
- Conversions -Ounces to Pounds, feet to inches
- Inadequate Growth Flow Chart
- Immunizations: DTaPs and Resources
- Hemoglobin Levels Indicating NRF #201 (Low Hemoglobin)
- Standards for Severely Low Hemoglobin – NRF #201b – High Risk Condition
- Prenatal Weight Gain Grid

Examples of Required Data for Infant and Children Visits based on Time of Certification
Infant Certified at Birth

Birth	3 months	5-7 months	9 months	1 year	18 months	24 months
Birth weight Birth length Length Weight Nutrition Interview Immunization Records**	Length*** Weight*** Update BFing Description as necessary	Length Weight Nutrition Interview Immunization Records** Update BFing Description as necessary	Length*** Weight*** Hemoglobin (only when no age appropriate iron source) Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead ScreeningIm munization Records** Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization Records**

* Hemoglobin value required one time per year after 18 months when the most recent value was normal. Otherwise Hemoglobin is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

**Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as "unknown." Endorsers/participants cannot be required to bring participant's immunization record to WIC visits.

***Recommended

Infant Certified 8 Months of Age

8 months	11 months	14 months	20 months	26 months
Length Weight Nutrition Interview Hemoglobin Immunization Records** Update BFing Description as necessary	Length*** Weight*** Hemoglobin (only when no age appropriate iron source) Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization records** or verbal Immunization assessment

*Hemoglobin value required one time per year after 20 months if the previous value was normal. Otherwise Hemoglobin test is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

**Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as "unknown." Endorsers/participants cannot be required to bring participant's immunization record to WIC visits.

Examples of Required Data for Infant and Children Visits based on Time of Certification
Child Certified at 1 Year of Age

12 months	18 months	24 months
Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records** Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization Records**

*Hemoglobin value required one time per year after 18 months if the previous value was normal. Otherwise Hemoglobin test is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

** Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants under 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as "unknown." Endorsers/participants cannot be required to bring participant's immunization record to WIC visits.

Child Certified at 16 Months of Age

16 months	22 months	28 months
Length	Length	Length
Weight	Weight	Weight
Nutrition	Nutrition	Nutrition
Interview	Interview	Interview
Hemoglobin/ Lead	Hemoglobin/ Lead	Hemoglobin/ Lead Screening *
Screening	Screening	Immunization Records or Verbal Immunization
Immunization Records**	Immunization Records**	Assessment

*Hemoglobin value required one time per year after 18 months if the previous value was normal. Otherwise Hemoglobin test is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

** Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants under 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as "unknown." Endorsers/participants cannot be required to bring participant's immunization record to WIC visits.

Medical/Nutritional Data

Medical/nutritional data may be taken more often if specified by state or local nutrition management protocols for the treatment of various conditions.

For the purposes of determining eligibility, medical data may be obtained from outside the WIC Program if performed by a trained and reputable source such as a participant's health care provider, public health nurse, or other public health program. Local WIC clinics are encouraged to obtain information from other sources if it prevents duplication of measurements, especially duplication of hemoglobin measurements.

Anthropometric Measurements: Height and weight measurements from alternate sources may be used to determine WIC eligibility if they are no more than 60 days old (from the date of actual WIC certification). Weight measurements for women should also reflect the physiological state for which she is being certified. For example, a postpartum woman's weight should be from the time that she is postpartum and not from when she was pregnant. While 60-day-old weight and height measurements may be acceptable for certifying a participant in some cases the local WIC clinic may want to consider whether a current weight would be of more value in assessing a participant's health status. A 60-day-old weight measurement on a pregnant woman may not give a good indication of her current weight gain.

Hemoglobin measurements: There is no time limit on how old a Hemoglobin value can be when certifying a WIC participant as long as the measurement meets the following criteria:

Four to six pounds should be gained the first trimester. In triplet pregnancies the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy. Because the 2009 IOM recommendations for the above recommendations are provisional, NRF for inadequate growth (131) and high maternal weight (133) should not be assigned to a woman with multifetal gestation. A steady rate of weight gain that is higher than for singleton pregnancies should be recommended.

Record and track a pregnant woman's weight gain in Compass. See the Prenatal Module for more information on recommended weight gain during pregnancy and for instructions on using the Prenatal Weight Gain Grid.

Growth Percentiles and Risking for NRF 135 - Inadequate Growth

Compass automatically calculates changes in growth and plots growth percentiles based on entered height and weight measurement values. Based on the percentiles calculated, Compass assigns a number of growth-related risk factors.

Height and weight measurements must be entered in Compass for infants and children at every certification, mid-certification and recertification. The following must occur to ensure accurate calculations and plotting of growth:

- **Child younger than 2 years of age:** must be measured using the infant length board and weighed on the infant scale (sitting or lying down). Compass plots these measurements using the *WHO Growth Charts Birth to 24 months*.
- **Child 2 years of age or older:** standing height is measured using a stadiometer (wall-mounted device) and weight is measured using an adult scale. Compass plots using the *CDC 2 to 5 years of age Growth Charts*. Note: if a child > 24 months is measured recumbently, staff must choose "Recumbent > 24 months" in Compass.
- **Postpartum teens-breastfeeding or not:** Compass uses the adult BMI cutoffs to evaluate for underweight or overweight.

Compass assigns *NRF 135 Inadequate Growth* when the infant is less than one month of age.

The WIC User assigns *NRF 135 Inadequate Growth* when the infant or child is over one month of age. There is no reason to calculate for inadequate growth when the infant or child is following their growth channel. Growth is considered adequate when the growth plots follow their growth channel.

However, a measurement that plots outside of the child's growth channel indicates the need for further study. The minimum amount of expected weight gain is determined using the Minimum Expected Weight Gain (MEWG) tables. When an infant or child's (one month of age and older) actual weight gain is less than the ounces calculated using the MEWG tables for that same time period, assign *NRF 135 Inadequate Growth*. All numbers in the MEWG tables are given in ounces.

Follow these steps to assess for inadequate growth using the MEWG tables:

Infants from 1 month to 12 months of age (MEWG tables #1-4):

On the Weight for Age chart accessed from the Anthropometric Panel:

1. Look at the previous measure record.
2. Note the age in months and days.
3. Look at today's measurement record.
4. Note the age in months and days.
5. Use the chart below to convert the age to months and weeks.

To calculate weeks from days:

- From 0 to 5 days = 0 weeks
 - From 6 to 11 days = 1 week
 - From 12 to 18 days = 2 weeks
 - From 19 to 25 days = 3 weeks
 - Over 25 days, add a month and 0 week
6. Using the MEWG Charts (Attachment 135-A, Tables #1-4), determine the minimum expected weight gain.
 7. Look at the Wt Chg (Weight Change) between the last two visits and convert to ounces.
 8. If the weight change is less than the minimum expected weight gain, check the "135 - Inadequate Growth" box on the anthropometric panel.

9. If the period of time between the last two weights recorded cannot be assessed using the MEWG tables, then inadequate growth cannot be assessed.
10. Infants assigned NRF 135 who are less than 1 month of age must receive high risk consultation within 24 hours. Infants older than 1 month of age assigned NRF 135 must receive high risk consultation within 30 days of risk identification.

Children over 12 months of age (MEWG table #5):

On the Weight for Age chart accessed from the Anthropometric panel:

1. Look at the age in years and months next to the previous measurement date.
2. Look at the age in years and months next to today's measurement date.
3. Determine the difference in time between today's age and the age of the previous measurements.
4. Use the MEWG Chart for children > 12 months (MEWG Table #5) to determine the minimum expected weight gain.

Example:

Today's age: 3 years 2 months
 Previous age: 2 years 8 months
 Difference: 6 months
 MEWG: 16.2 ounces (6 months x 2.7 ounces)

Table #5 Minimum Expected Weight Gain (MEWG)*

Change in months	Weight Change
3	8.1 ounces
4	10.8 ounces
5	13.5 ounces
6	16.2 ounces
7	18.9 ounces

*Children's MEWG per month = 2.7 ounces

1. If the weight change is less than the minimum expected weight gain, check the "135 - Inadequate Growth" box on the anthropometric panel.
2. Assignment of NRF 135 to children can be either low or high risk.

NRF 135 High Risk Criteria for Children

Assign High Risk and refer to the WIC High Risk Counselor within 30 days when at least one of the following conditions is also present:

- Growth drops two channels in 6 months or less for weight-for-age, length/height-for-age, or weight-for-length/height, or BMI-for-age; or
- Weight loss or no weight gain between two weights taken at least 3 months and no more than 6 months apart; or
- Both weight-for-age and length-for-age are less than the 5th percentile.

Exception:

Child was previously assigned NRF 113 (BMI for age was \geq the 95th percentile). At current WIC visit, child's growth does not meet minimum expected weight gain. Refer to WIC High Risk Counselor only when one or both of the following conditions are present:

- Current weight is below the 75th percentile BMI-for-age; -or-
- Weight loss or inadequate weight gain was due to illness, food insecurity, or improper dietary/feeding practices.

Processing Standards

Local agencies will process all applications for Program benefits made either by phone, in writing, or in person within the following time frames and in the following manner. Each local agency must routinely schedule appointments for applicants/participants who are employed or who reside in rural areas by addressing their special needs through the adoption of procedures and practices to minimize the time participants and applicants must spend away from work and the distances applicants and participants must travel. This shall include at least one of the following procedures: appointment scheduling, adjustment of clinic hours and/or location, or mailing of food benefits (refer to the Clinic Procedures section: Mailing Food Benefits).

Supporting Guidance for Assigning NRF 135 Inadequate Growth for Children > 12 Months of Age

Per FNS policy, the minimum expected weight gain (MEWG) for children > 12 months is in exact ounces. The majority of WIC scales do not measure weights to this degree, nor can these values be entered into Compass. This Supporting Guidance document provides a Modified MEWG Table #5 (column 3) for staff to use to calculate weight change and assign NRF 135.

Table #5 Modified MEWG Table for Children > 12 months

Column 1	Column 2	Column 3
Change in months	Policy: <i>FNS MEWG Weight Change</i>	For staff: Guidance for Compass Entry and NRF Assignment <i>MEWG Weight Change</i>
3	8.1 ounces or (0.51 lbs)	8 ounces or (1/2 pound)
4	10.8 ounces or (0.675 lbs)	10 ounces or (3/4 pound)
5	13.5 ounces or (0.84 lbs)	13 ounces or (3/4 pound)
6	16.2 ounces or (1.01 lbs)	16 ounces or (1 pound)
7	18.9 ounces or (1.18 lbs)	18 ounces or (1 ¼ pound)

Minimum Expected Weight Gain (MEWG):

To calculate MEWG for children >12 months of age, use the Modified MEWG Table #5 (column 3). The first column is the amount of time between weights and the *third* column is the “minimal expected weight gain” for the time period. The period of time between weights may not be more than 7 months or less than 3 months. On the average, a child’s MEWG is 2.7 ounces/month.

Assign NRF 135 Inadequate Growth when the child’s actual weight gain is less than the ounces (or pounds) calculated using the Modified MEWG Table #5 (column 3).

- For data entry in Compass, the Weight Change in ounces has been converted to fractions (pounds and ¼, ½, ¾).

If a child > 24 months of age is weighed on an infant scale (i.e.: child with special needs), use the below chart to convert ounces into decimals or fractions for Compass data entry.

Converting Ounces into Decimals and Fractions

(Use for children weighed on a scale recording in pounds and ounces)

Ounces	Decimal Conversion	Fraction
1	.0625	0
2	.125	1/4
3	.1875	1/4
4	.25	1/4
5	.3125	1/4
6	.375	1/2
7	.4375	1/2
8	.5	1/2
9	.5625	1/2
10	.625	3/4
11	.6875	3/4
12	.75	3/4
13	.8125	3/4
14	.875	1 pound
15	.9375	1 pound

Compass options to record Children's weight measurements are:

- **12 – 24 months of age:**
 - Fractions (pounds and ounces), Decimals, & Metric (kilograms)
- **2 – 5 years of age:**
 - Fractions (pounds and $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$), Decimals, & Metric (kilograms)

Example: A 2 year 8 month old child is weighed on an infant scale (i.e.: child with special needs) that weighs in pounds and ounces. The weight is 30 pounds and 11 ounces.

- To enter this measurement into Compass as a decimal, choose the decimal option and enter in 30.6875 (see example below); - or -
- To enter it in as a fraction, choose the fraction option and enter 3/4.
- *Please note, 30.11 entered in as a decimal is not correct!*

Decimal Example:

The screenshot shows the Compass software interface for a child's anthropometric data. The child's category is "Child (Female)", date of birth is "06/13/2012 (2 y 8 m)", and WIC status is "Active". The record date is "02/19/2015". The measurement date is "02/19/2015" at age "2 y 8 m". The weight is entered as "30.6875 lbs" with the "Decimal" option selected. The "Inaccurate Reason" is "Special needs".

Fraction Example:

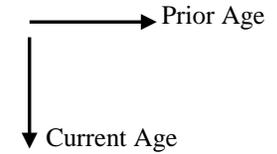
The screenshot shows the Compass software interface for a child's anthropometric data. The child's category is "Child (Female)", date of birth is "06/13/2012 (2 y 8 m)", and WIC status is "Active". The record date is "02/19/2015". The measurement date is "02/19/2015" at age "2 y 8 m". The weight is entered as "30 3/4 lbs" with the "Fraction" option selected. The "Inaccurate Reason" is "Special needs".

Minimum Expected Weight Gain (MEWG)

Tables 1-4 are for infants ≥ 1 month of age through < 12 months of age

Table #1

	0	0.1	0.2	0.3	1.0	1.1	1.2	1.3	2.0	2.1	2.2	2.3	3.0	3.1	3.2	3.3	4.0	4.1	4.2	4.3	5.0	5.1	5.2	5.3	6.0	
1.0	19																									
1.1	25	19																								
1.2	31	26	21																							
1.3	37	32	27	23																						
2.0	46	40	36	31	27																					
2.1	50	45	40	36	31	23																				
2.2	55	49	45	40	36	27	21																			
2.3	59	54	49	45	40	32	26	19																		
3.0	65	59	55	50	46	37	31	25	19																	
3.1	69	63	59	54	50	41	35	29	23	17																
3.2	73	67	63	58	54	45	39	33	27	21	17															
3.3	77	71	67	62	58	49	43	37	31	25	21	16														
4.0	82	76	72	67	63	54	48	42	36	30	26	21	17													
4.1	85	80	75	71	66	58	52	45	39	34	29	25	20	15												
4.2	89	83	79	74	70	61	55	49	43	37	33	28	24	19	15											
4.3	92	87	82	78	73	65	59	52	46	41	36	32	27	22	18	14										
5.0	97	91	87	82	78	69	63	57	51	45	41	36	32	27	23	19	15									
5.1	100	94	90	85	81	72	66	60	54	48	44	39	35	30	26	22	18	13								
5.2	103	97	93	88	84	75	69	63	57	51	47	42	38	33	29	25	21	16	13							
5.3	106	100	96	91	87	78	72	66	60	54	50	45	41	36	32	28	24	19	16	12						
6.0	110	104	100	95	91	82	76	70	64	58	54	49	45													
6.1	112	106	102	97	93	85	78	72	66	60	56	51	47	42												
6.2	114	109	104	100	95	87	81	74	68	63	58	54	49	44	40											
6.3	116	111	106	102	97	89	83	77	70	65	60	56	51	46	42	38										
7.0	119	114	109	105	100	92	86	79	73	68	63	59	54	49	45	41	37									



Note: If infant is under six months of age, measurements must be at least 1 month apart. If infant is over six months of age, measurements must be at least 3 months, but not more than 7 months apart.

Age at first weight is along the top of the table. Age at current weight is along the left side of the table. (Month. Week) First number is the months. The number of weeks follows the decimal.

Minimum Expected Weight Gain (MEWG)

Table #2

	0.1	0.2	0.3	1.0	1.1	1.2	1.3	2.0	2.1	2.2	2.3	3.0	3.1	3.2	3.3	4.0	4.1	4.2	4.3	5.0	5.1	5.2	5.3	6.0	
7.0	114	109	105	100	92	86	79	73	68	63	59	54	49	45	41	37									
7.1	116	111	107	102	94	88	82	75	70	65	61	56	51	47	43	39	35								
7.2		114	109	105	96	90	84	78	72	68	63	59	54	50	46	42	37	34							
7.3			111	107	99	92	86	80	74	70	65	61	56	52	48	44	39	36	32						
8.0				110	101	95	89	83	77	73	68	64	59	55	51	47	42	39	35	32					
8.1					104	97	91	85	79	75	70	66	61	57	53	49	44	41	37	34	30				
8.2						100	93	87	82	77	73	68	63	59	55	51	47	43	40	36	32	29			
8.3							96	89	84	79	75	70	65	61	57	53	49	45	42	38	34	31	28		
9.0								92	87	82	78	73	68	64	60	56	52	48	45	41	37	34	31	28	

Table #3

	2.0	2.1	2.2	2.3	3.0	3.1	3.2	3.3	4.0	4.1	4.2	4.3	5.0	5.1	5.2	5.3	6.0	6.1	6.2	6.3	7.0	7.1	7.2	7.3	8.0	
9.0	92	87	82	78	73	68	64	60	56	52	48	45	41	37	34	31	28									
9.1		89	84	80	75	70	66	62	58	54	50	47	43	39	36	33	30	28								
9.2			87	82	78	73	69	65	61	56	53	49	46	42	39	36	33	30	28							
9.3				84	80	75	71	67	63	58	55	51	48	44	41	38	35	32	30	28						
10.0					83	78	74	70	66	61	58	54	51	47	44	41	38	35	33	30	28					
10.1						80	76	72	68	63	60	56	53	49	46	43	40	37	35	33	30	28				
10.2							78	74	70	66	62	59	55	51	48	45	42	39	37	35	33	30	28			
10.3								76	72	68	64	61	57	53	50	47	44	42	39	37	35	32	30	28		
11.0									75	71	67	64	60	56	53	50	47	44	42	40	38	35	33	30	28	

Age at first weight is along the top of the table. Age at current weight is along the left side of the table.
 (Month.Week) First number is the months. The number of weeks follows the decimal.

Minimum Expected Weight Gain (MEWG)

Table #4

	4.0	4.1	4.2	4.3	5.0	5.1	5.2	5.3	6.0	6.1	6.2	6.3	7.0	7.1	7.2	7.3	8.0	8.1	8.2	8.3	9.0	9.1	9.2	9.3	10.
11.0	75	71	67	64	60	56	53	50	47	44	42	40	38	35	33	30	28								
11.1		73	69	66	62	58	55	52	49	47	44	42	40	37	35	33	30	28							
11.2			72	68	65	61	58	55	52	49	47	44	42	39	37	35	33	30	28						
11.3				70	67	63	60	57	54	51	49	47	44	42	39	37	35	33	30	28					
12.0					71	67	64	61	58	54	52	49	47	44	42	40	38	35	33	30	28				

Age at first weight is along the top of the table. Age at current weight is along the left side of the table.
 (Month.Week) First number is the months.

Table #5

Use the MEWG Chart below for children >12 months of age. The first column is the amount of time between weights and the second column is the “minimal expected weight gain” for the time period. The period of time between weights may not be more than 7 months or less than 3 months.

Table #5 Minimum Expected Weight Gain (MEWG)*

Change in months	Weight Change
3	8.1 ounces
4	10.8 ounces
5	13.5 ounces
6	16.2 ounces
7	18.9 ounces

*Children’s MEWG per month = 2.7 ounces

Converting Ounces to Pounds and Ounces

Ounces to Pounds and Ounces

oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	<u>oz.</u>	<u>lb.</u>
16	1	71	4-7	126	7-14	181	11-5	236	14-12
17	1-1	72	4-8	127	7-15	182	11-6	237	14-13
18	1-2	73	4-9	128	8	183	11-7	238	14-14
19	1-3	74	4-10	129	8-1	184	11-8	239	14-15
20	1-4	75	4-11	130	8-2	185	11-9	240	15
21	1-5	76	4-12	131	8-3	186	11-10	241	15-1
22	1-6	77	4-13	132	8-4	187	11-11	242	15-2
23	1-7	78	3-14	133	8-5	188	11-12	243	15-3
24	1-8	79	4-15	134	8-6	189	11-13	244	15-4
25	1-9	80	5	135	8-7	190	11-14	245	15-5
26	1-10	81	5-1	136	8-8	191	11-15	246	15-6
27	1-11	82	5-2	137	8-9	192	12	247	15-7
28	1-12	83	5-3	138	8-10	193	12-1	248	15-8
29	1-13	84	5-4	139	8-11	194	12-2	249	15-9
30	1-14	85	5-5	140	8-12	195	12-3	250	15-10
31	1-15	86	5-6	141	8-13	196	12-4	251	15-11
32	2	87	5-7	142	8-14	197	12-5	252	15-12
33	2-1	88	5-8	143	8-15	198	12-6	253	15-13
34	2-2	89	5-9	144	9	199	12-7	254	15-14
35	2-3	90	5-10	145	9-1	200	12-8	255	15-15
36	2-4	91	5-11	146	9-2	201	12-9	256	16
37	2-5	92	5-12	147	9-3	202	12-10	257	16-1
38	2-6	93	5-13	148	9-4	203	12-11	258	16-2
39	2-7	94	5-14	149	9-5	204	12-12	259	16-3
40	2-8	95	5-15	150	9-6	205	12-13	260	16-4
41	2-9	96	6	151	9-7	206	12-14	261	16-5
42	2-10	97	6-1	152	9-8	207	12-15	262	16-6
43	2-11	98	6-2	153	9-9	208	13	263	16-7
44	2-12	99	6-3	154	9-10	209	13-1	264	16-8
45	2-13	100	6-4	155	9-11	210	13-2	265	16-9
46	2-14	101	6-5	156	9-12	211	13-3	266	16-10
47	2-15	102	6-6	157	9-13	212	13-4	267	16-11
48	3	103	6-7	158	9-14	213	13-5	268	16-12
49	3-1	104	6-8	159	9-15	214	13-6	269	16-13
50	3-2	105	6-9	160	10	215	13-7	270	16-14
51	3-3	106	6-10	161	10-1	216	13-8	271	16-15
52	3-4	107	6-11	162	10-2	217	13-9	272	17
53	3-5	108	6-12	163	10-3	218	13-10	273	17-1
54	3-6	109	6-13	164	10-4	219	13-11	274	17-2
55	3-7	110	6-14	165	10-5	220	13-12	275	17-3
56	3-8	111	6-15	166	10-6	221	13-13	276	17-4
57	3-9	112	7	167	10-7	222	13-14	277	17-5
58	3-10	113	7-1	168	10-8	223	13-15	278	17-6
59	3-11	114	7-2	169	10-9	224	14	279	17-7
60	3-12	115	7-3	170	10-10	225	14-1	280	17-8
61	3-13	116	7-4	171	10-11	226	14-2	281	17-9
62	3-14	117	7-5	172	10-12	227	14-3	282	17-10
63	3-15	118	7-6	173	10-13	228	14-4	283	17-11
64	4	119	7-7	174	10-14	229	14-5	284	17-12
65	4-1	120	7-8	175	10-15	230	14-6	285	17-13
66	4-2	121	7-9	176	11	231	14-7	286	17-14
67	4-3	122	7-10	177	11-1	232	14-8	287	17-15
68	4-4	123	7-11	178	11-2	233	14-9	288	18
69	4-5	124	7-12	179	11-3	234	14-10	289	18-1
70	4-6	125	7-13	180	11-4	235	14-11	290	18-2

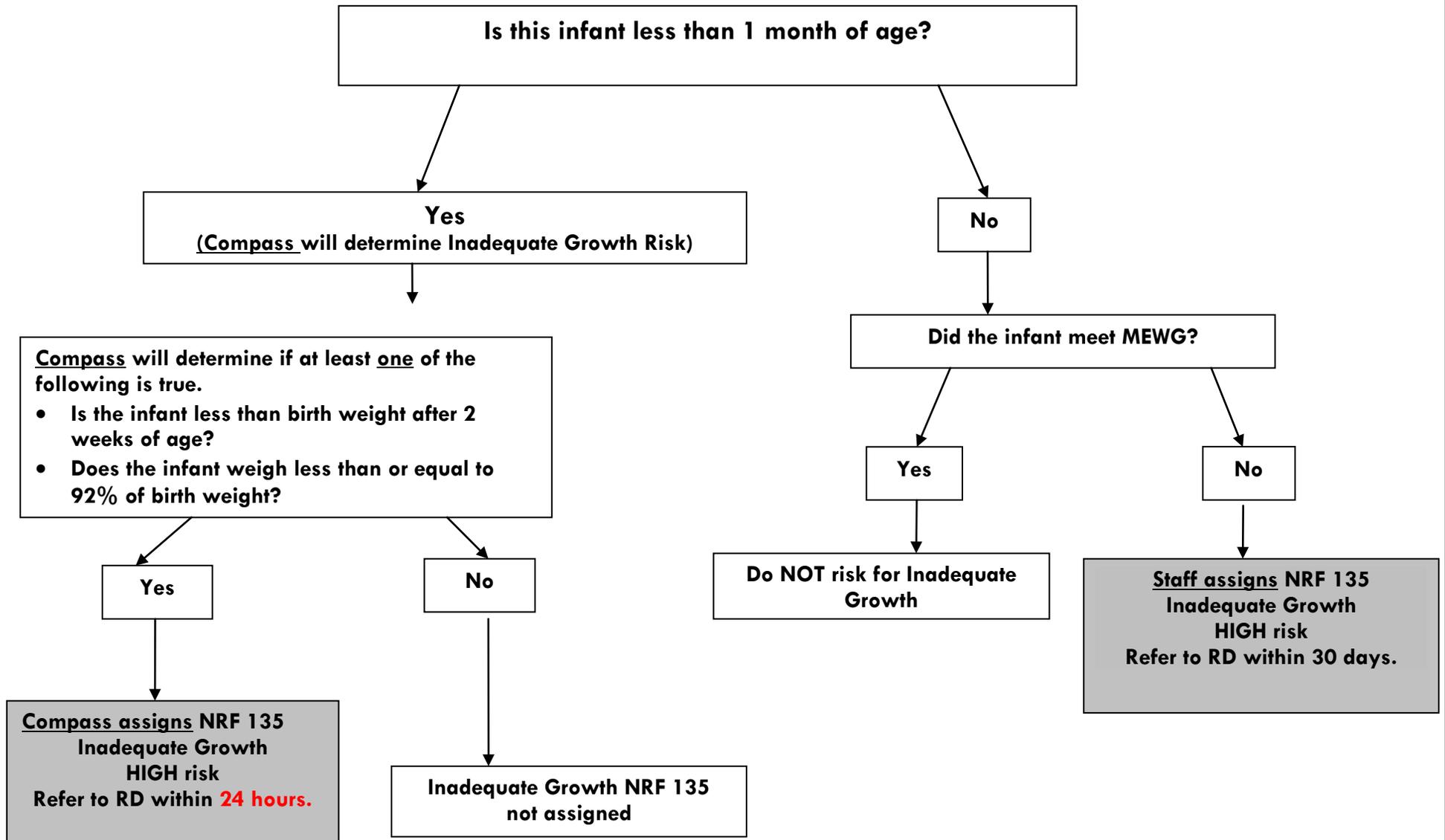
Converting Height Measurements

(feet and inches to inches)

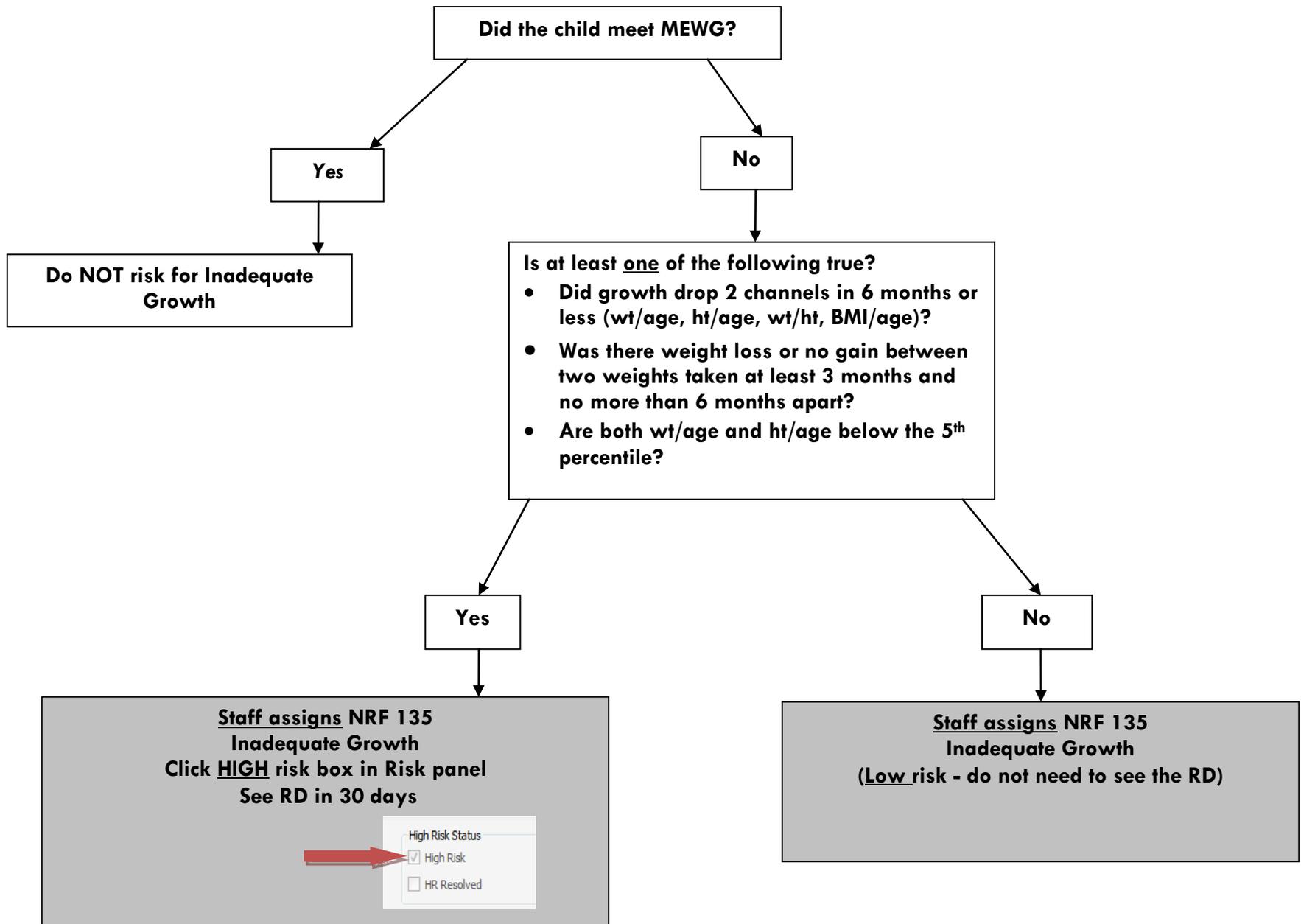
Feet	Inches	Total inches
1	0	12
1	1	13
1	2	14
1	3	15
1	4	16
1	5	17
1	6	18
1	7	19
1	8	20
1	9	21
1	10	22
1	11	23
2	0	24
2	1	25
2	2	26
2	3	27
2	4	28
2	5	29
2	6	30
2	7	31
2	8	32
2	9	33
2	10	34
2	11	35
3	0	36
3	1	37
3	2	38
3	3	39
3	4	40
3	5	41
3	6	42
3	7	43
3	8	44
3	9	45
3	10	46
3	11	47

Feet	Inches	Total inches
4	0	48
4	1	49
4	2	50
4	3	51
4	4	52
4	5	53
4	6	54
4	7	55
4	8	56
4	9	57
4	10	58
4	11	59
5	0	60
5	1	61
5	2	62
5	3	63
5	4	64
5	5	65
5	6	66
5	7	67
5	8	68
5	9	69
5	10	70
5	11	71
6	0	72
6	1	73
6	2	74
6	3	75

INFANT - Inadequate Growth Flow Chart



CHILD - Inadequate Growth Flow Chart



Immunizations: DTaPs & Resources

Because WIC has access to the largest number of low-income children in the United States, WIC holds a great potential for helping to improve immunization rates. Policy Memorandum #2001-7 directed immunization screening and referral become standard at each WIC certification visit. Colorado WIC Staff are required to screen immunization records at each certification or recertification visit, document the screening in the Compass computer system, and provide a vaccination schedule and referrals as needed.

WIC staff are only required to count DTaP vaccinations for infants and children and enter the number of DTaP vaccinations received in the Compass computer system. Studies have shown that screening for one vaccination, such as DTaP, is a reliable indicator for the status of other required vaccinations.

What does up to date mean? Below is a table to assist staff in determining if an infant or child is up to date on their DTaP vaccinations:

DTaP Vaccines	
Age in Months	Minimum Number of Doses
Birth to 1 month	0
3 months	1
5 months	2
7 months	3
19 months	4

If the infant or child has not received the minimum number of doses, WIC staff must refer the family to local agencies for immunizations. Local WIC staff should be knowledgeable about local referrals and work with local immunization programs to coordinate referrals.

Staff may receive questions from parents concerning immunizations. CDC and other sites contain parent handouts clinics may use to answer other questions by parents. The resources below may be referenced:

<http://www.immunize.org/handouts/discussing-vaccines-parents.asp>

<http://www.cdc.gov/vaccines/spec-grps/infants/downloads/parent-ver-sch-0-6yrs.pdf>

Hemoglobin Levels Indicating NRF #201 (Low Hemoglobin)
Adjusted for Altitude and Smoking
1998 CDC Guidelines

		CATEGORY									
		1st Trimester	2nd Trimester	3rd Trimester	Nonpreg 12-14.9 yrs	Nonpreg 15-17.9 yrs	Nonpreg => 18 yrs	Infant 0- <6 mo	Infant 6-<12 mo	Child 1-<2 yrs	Child 2-5 yrs
		Hgb	Hgb	Hgb	Hgb	Hgb	Hgb	Hgb	Hgb	Hgb	Hgb
ALTITUDE	SMOKING										
No altitude adjustment	Nonsmokers	11.0	10.5	11.0	11.8	12.0	12.0	.	11.0	11.0	11.1
	Up to <1 pack/day	11.3	10.8	11.3	12.1	12.3	12.3	.	.	.	.
	1-<2 packs/day	11.5	11.0	11.5	12.3	12.5	12.5	.	.	.	.
	≥2 packs/day	11.7	11.2	11.7	12.5	12.7	12.7	.	.	.	.
3000-3999 ft	Nonsmokers	11.2	10.7	11.2	12.0	12.2	12.2	.	11.2	11.2	11.3
	Up to <1 pack/day	11.5	11.0	11.5	12.3	12.5	12.5	.	.	.	.
	1-<2 packs/day	11.7	11.2	11.7	12.5	12.7	12.7	.	.	.	.
	≥2 packs/day	11.9	11.4	11.9	12.7	12.9	12.9	.	.	.	.
4000-4999 ft	Nonsmokers	11.3	10.8	11.3	12.1	12.3	12.3	.	11.3	11.3	11.4
	Up to <1 pack/day	11.6	11.1	11.6	12.4	12.6	12.6	.	.	.	.
	1-<2 packs/day	11.8	11.3	11.8	12.6	12.8	12.8	.	.	.	.
	≥2 packs/day	12.0	11.5	12.0	12.8	13.0	13.0	.	.	.	.
5000-5999 ft	Nonsmokers	11.5	11.0	11.5	12.3	12.5	12.5	.	11.5	11.5	11.6
	Up to <1 pack/day	11.8	11.3	11.8	12.6	12.8	12.8	.	.	.	.
	1-<2 packs/day	12.0	11.5	12.0	12.8	13.0	13.0	.	.	.	.

		1st Trimester	2nd Trimester	3rd Trimester	Nonpreg 12-14.9 yrs	Nonpreg 15-17.9 yrs	Nonpreg => 18 yrs	Infant 0-6 mo	Infant 6-12 mo	Child 1-2 yrs	Child 2-5 yrs
		Hgb <	Hgb <	Hgb <	Hgb <	Hgb <	Hgb <	Hgb <	Hgb <	Hgb <	Hgb <
6000-6999 ft	≥2 packs/day	12.2	11.7	12.2	13.0	13.2	13.2	.	.	.	.
	Nonsmokers	11.7	11.2	11.7	12.5	12.7	12.7	.	11.7	11.7	11.8
	Up to <1 pack/day	12.0	11.5	12.0	12.8	13.0	13.0	.	.	.	.
	1-<2 packs/day	12.2	11.7	12.2	13.0	13.2	13.2	.	.	.	.
7000-7999 ft	≥2 packs/day	12.4	11.9	12.4	13.2	13.4	13.4	.	.	.	.
	Nonsmokers	12.0	11.5	12.0	12.8	13.0	13.0	.	12.0	12.0	12.1
	Up to <1 pack/day	12.3	11.8	12.3	13.1	13.3	13.3	.	.	.	.
	1-<2 packs/day	12.5	12.0	12.5	13.3	13.5	13.5	.	.	.	.
8000-8999 ft	≥2 packs/day	12.7	12.2	12.7	13.5	13.7	13.7	.	.	.	.
	Nonsmokers	12.3	11.8	12.3	13.1	13.3	13.3	.	12.3	12.3	12.4
	Up to <1 pack/day	12.6	12.1	12.6	13.4	13.6	13.6	.	.	.	.
	1-<2 packs/day	12.8	12.3	12.8	13.6	13.8	13.8	.	.	.	.
9000-9999 ft	≥2 packs/day	13.0	12.5	13.0	13.8	14.0	14.0	.	.	.	.
	Nonsmokers	12.6	12.1	12.6	13.4	13.6	13.6	.	12.6	12.6	12.7
	Up to <1 pack/day	12.9	12.4	12.9	13.7	13.9	13.9	.	.	.	.
	1-<2 packs/day	13.1	12.6	13.1	13.9	14.1	14.1	.	.	.	.
10000 ft or more	≥2 packs/day	13.3	12.8	13.3	14.1	14.3	14.3	.	.	.	.
	Nonsmokers	13.0	12.5	13.0	13.8	14.0	14.0	.	13.0	13.0	13.1
	Up to <1 pack/day	13.3	12.8	13.3	14.1	14.3	14.3	.	.	.	.
	1-<2 packs/day	13.5	13.0	13.5	14.3	14.5	14.5	.	.	.	.
	≥2 packs/day	13.7	13.2	13.7	14.5	14.7	14.7	.	.	.	.

STANDARDS FOR SEVERELY LOW HEMATOCRIT –NRF #201b – HIGH RISK CONDITION
(Hematocrit low enough to necessitate a medical referral)

	<u>3000-4999</u>	<u>5000-6999</u>	<u>7000-7999</u>	<u>8000-8999</u>	<u>9000-9999</u>	<u>>10,000</u>
Pregnancy (any trimester)						
Non-Smoker	<31%	<32%	<33%	<34%	<35%	<36%
Smoker						
½ - 1 pk/day	<32%	<33%	<34%	<35%	<36%	<37%
1 - 2 pk/day	<32%	<33%	<35%	<36%	<37%	<38%
≥2 pk/day	<34%	<34%	<35%	<36%	<37%	<38%
Non-Pregnant						
Non-Smoker	<32%	<33%	<34%	<35%	<36%	<37%
Smoker						
½ - 1 pk/day	<33%	<34%	<35%	<36%	<37%	<38%
1 - 2 pk/day	<33%	<34%	<36%	<37%	<38%	<39%
≥2 pk/day	<34%	<34%	<35%	<36%	<37%	<39%
6 – 23 months	<29%	<30%	<31%	<32%	<33%	<34%
2 – 5 years	<29%	<30%	<31%	<32%	<33%	<34%

STANDARDS FOR SEVERELY LOW HEMOGLOBIN –NRF #201b – HIGH RISK CONDITION
(Hemoglobin low enough to necessitate a medical referral)

	<u>3000-4999</u>	<u>5000-6999</u>	<u>7000-7999</u>	<u>8000-8999</u>	<u>9000-9999</u>	<u>>10,000</u>
Pregnancy (any trimester)						
Non-Smoker	<10.0	<10.3	<10.8	<11.1	<11.4	<11.8
Smoker						
½ - 1 pk/day	<10.3	<10.6	<11.1	<11.4	<11.7	<12.1
1 - 2 pk/day	<10.5	<10.8	<11.3	<11.6	<11.9	<12.3
≥2 pk/day	<10.7	<11.0	<11.5	<11.8	<12.1	<12.5
Non-Pregnant						
Non-Smoker	<10.3	<10.6	<11.1	<11.4	<11.7	<12.1
Smoker						
½ - 1 pk/day	<10.8	<11.1	<11.6	<11.9	<12.2	<12.6
1 - 2 pk/day	<11.0	<11.3	<11.8	<12.1	<12.4	<12.8
≥2 pk/day	<11.2	<11.5	<12.0	<12.3	<12.6	<13.0
6 – 23 months	<9.5	<9.8	<10.3	<10.6	<11.0	<11.3
2 – 5 years	<9.6	<9.9	<10.4	<10.7	<11.0	<11.4

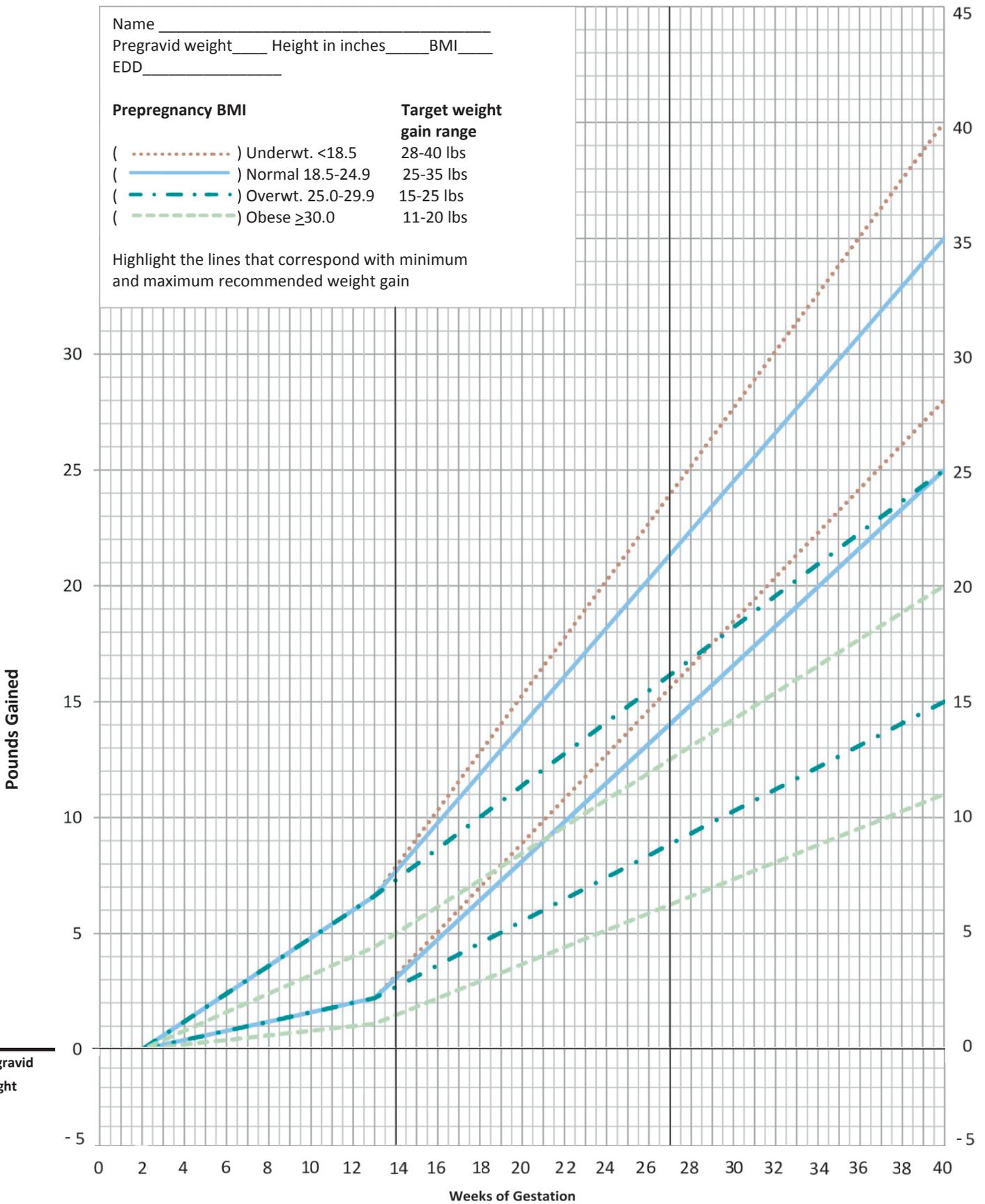
PRENATAL WEIGHT GAIN CHART



Name _____
 Pregravid weight _____ Height in inches _____ BMI _____
 EDD _____

Prepregnancy BMI	Target weight gain range
(.....) Underwt. <18.5	28-40 lbs
(_____) Normal 18.5-24.9	25-35 lbs
(- . - . -) Overwt. 25.0-29.9	15-25 lbs
(- - - -) Obese ≥30.0	11-20 lbs

Highlight the lines that correspond with minimum and maximum recommended weight gain



Current weight and date _____
 Weight last visit _____
 Change since last visit _____

Breastfeeding

Contents:

- Using Compass to Support BF Document
- Breastfeeding Roles in the Colorado WIC Clinic

Using Compass to Support Breastfeeding

Compass offers many opportunities to collect breastfeeding information. Breastfeeding information is collected in the Nutrition Interview through the Breastfeeding Description drop down and a series of breastfeeding questions.

Breastfeeding Descriptions

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

Breastfeeding Description and Relationship to Food Package

The breastfeeding description describes the infant's feeding since birth to present. Therefore, it is important to select the **breastfeeding description** solely on what the infant is being and has been fed up until the point of the WIC visit. The food package does not necessarily reflect the breastfeeding description. For example, if infant does not receive formula from WIC and yet, does occasionally get formula (mother received formula from another source), the infant's breastfeeding description would be *Partially Breastfeeding*.

Checking for Understanding: Compass Breastfeeding Descriptions

To see if you understand the descriptions, work through the following: Assign the correct breastfeeding description, by letter, to what the caregiver states.

- A. Exclusively Breastfeeding
- B. Primarily Exclusive/No Formula Package
- C. Primarily Exclusive/Complementary Foods
- D. Partially Breastfeeding
- E. Breastfeeding Child
- F. No Longer Breastfeeding
- G. Never Breastfed

____ 1. *I am only breastfeeding now. My baby had formula in the hospital because my milk didn't come in before I was discharged.*

____ 2. *I breastfed him until he started biting me. I quit when he was 8 months old.*

____ 3. *My baby was in the intensive care for five days and I pumped my milk for her. The doctor said my milk is like medicine for her so I only give her my milk.*

____ 4. *My mother adds a little cereal to my milk in my 2 month old boy's night time bottle when I go on trips, about two days a month. But I never do that, I just breastfeed when I am with him.*

____ 5. *She has only gotten my milk except for one time my husband was watching her and I wasn't there to feed so he gave her some formula.*

____ 6. *He goes to day care where they give him cereal and other soft food and my milk in either a bottle or cup. We don't give him formula. He's a good eater at 6 months.*

____ 7. *I started supplementing breastfeeding with formula at one week because she was always hungry.*

____ 8. *I tried to breastfeed my first child and decided I wouldn't even try with my second child. My milk never came in anyway. He gets only formula.*

____ 9. *Now that he is two years old people are asking me, "When are you going to wean that boy!" I just tell them, "When we are ready."*

____ 10. *When she was sick, she got dehydrated so we gave her water and breast milk. I am so relieved she is better now. I can't believe my little three month old had the flu. The WIC staff said it was a good thing I am only giving her my milk.*

How did you do? Answers: 1. B, 2. F, 3. A, 4. C, 5. B, 6. C, 7. D, 8. G, 9. E, 10. B

Breastfeeding Roles in the Colorado WIC Clinic

Roles BF=breastfeeding	Clerical reception staff	Educator completed BF Module	Educator LMS	RD/RN LMS	BFPC	BFPC LMS	RD/RN LMS, IBCLC	Educator /BFPC LMS, IBCLC	IBCLC Hospital LC
Provides info on benefits of BF and WIC services	X	X	X	X	X	X	X	X	X
Aids in or conducts breastfeeding promotion projects in the clinic	X	X	X	X	X	X	X	X	X
Creates and sustains a clinic environment supportive of BF	X	X	X	X	X	X	X	X	
Offers praise for BF, refers moms to other WIC staff for BF info and support	X				X				
Offers praise for BF and refers moms to WIC LMS	X	X			X				
Offers praise for BF and refers moms to IBCLC or hospital LC			X	X		X		X	
Refers moms to other community breastfeeding resources	X	X	X	X	X	X	X	X	X
Refers moms to appropriate staff for breast pump	X	X			X	X			
Assesses need for and type of pump. Instructs on use & milk collection and storage			X	X		X	X	X	X
Educates on the benefits of BF	X	X	X	X	X	X	X	X	X
Provides general BF information through individual counseling and support calls.	X	X	X	X	X	X	X	X	X
Assesses, and provides counseling on, common breastfeeding problems: e.g., sore nipples, latch problems, weaning		X	X	X	X	X	X	X	X
Assesses, and provides counseling on, more complex problems, including those of WIC BF risk factor			X	X		X	X	X	X
Instructs on use of BF aides (e.g., shells)			X	X		X	X	X	X
Conducts BF education classes		X	X	X		X	X	X	X
Conducts BF support groups		X	X	X	X	X	X	X	X
Mentors Educator and BFPC LMSs				X			X		
Provides high risk BF follow up with mom/baby within one month if prior visit with Educator LMS, BFPC LMS				X			X		
Serves as agency's or clinic's BF coordinator			X	X			X	X	
Serves as agency's BFPC program coordinator				X			X	X	

Nutrition Education & Care Plans

Contents:

- Documentation Expectations
- WIC Visit Assessment & Counseling Evaluation Tool
- Smart Goals
- Staged Based Counseling
- Phrases that Help and Hinder
- Acronyms and Abbreviations for WIC

Documentation Expectations

Purpose of Documentation

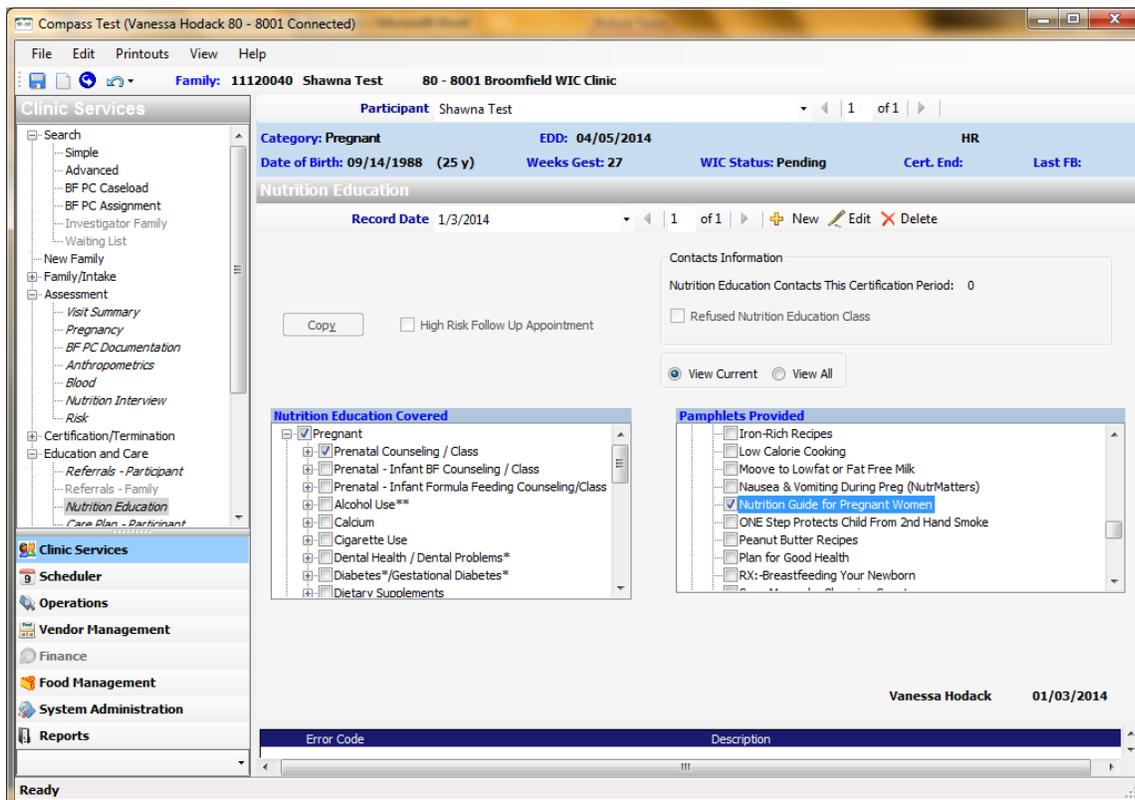
The main purpose of documentation is a means of recording what information was provided to the participant during a WIC visit. Documentation is also the primary means by which a WIC staff person communicates to another staff person about the nutrition education provided to individual participants. Quality documentation ensures continuity of care and enables staff to “pick-up” where the last visit ended by following up on participant goals, reinforcing nutrition education messages and reviewing plans from the last visit.

Elements of Quality Nutrition Services Documentation

- **Consistent:** follows documentation protocols
- **Clear:** understood easily and precisely by any reader
- **Organized:** follows a logical order and minimizes duplication
- **Complete:** creates a picture of the participant, the services provided over time and outlines a plan for future services
- **Concise:** contains minimal unnecessary information

Nutrition Education Panel

Completing the Nutrition Education Panel at every visit for all participant categories documents a required nutrition education contact. The Nutrition Education Covered drop down list must be completed at each visit. The Pamphlets Provided drop down list is not required but nutrition education pamphlets supporting the counseling provided may be given during each nutrition education counseling session. The Nutrition Education Panel is where the high risk counselor indicates the completion of a high risk follow up appointment.

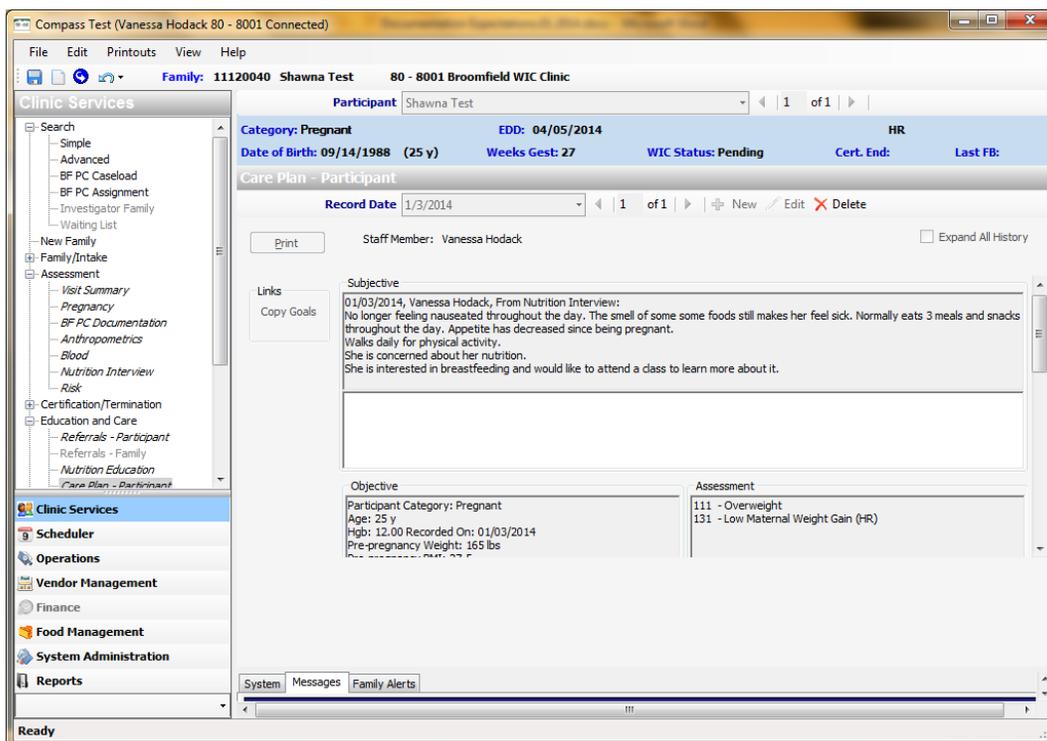


Participant Care Plan

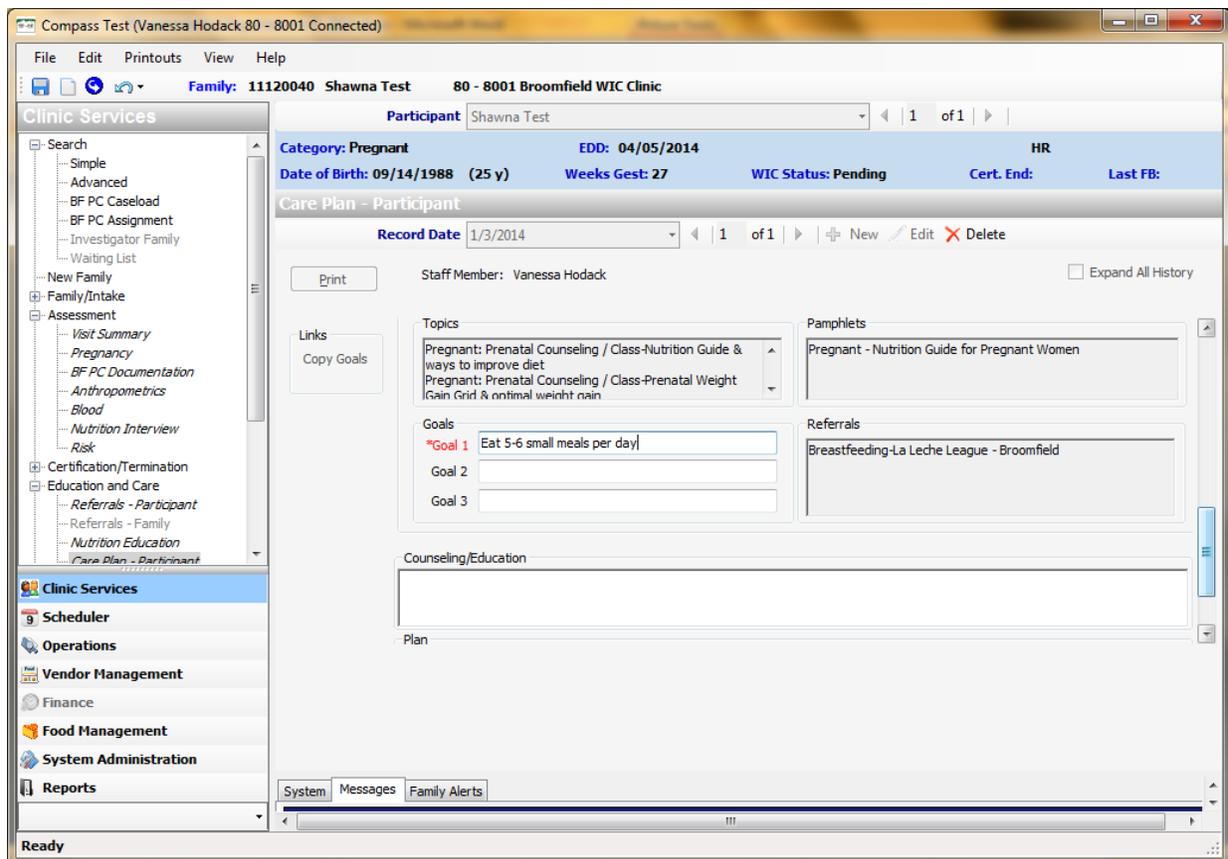
Participant care plans document the information provided at each WIC visit as well as a plan for follow-up visits. Each participant's record must contain documentation of the education received. It is required to create a separate participant care plan for each nutrition education contact. Nutrition education information includes subjective, objective, assessment, counseling, pamphlets, referrals, goals and plan. Care plans are not required when a participant completes their nutrition education through WIChealth.org. The open text boxes in the Compass care plan allow additional information to be added that was not collected in previous panels.

Nutrition Education information includes each of the following:

- **Subjective:** Information entered into the *Nutrition Interview* text boxes will pull into the subjective area of the care plan. This includes verbalized client comments, follow up on previous goals (how the goal was met, still working on the goal, needs more ideas on how to accomplish the goal, etc.) and follow up on referrals. Additional subjective information that was not collected during the Nutrition Interview can be added to the open text boxes by the WIC staff person.
- **Objective:** Information such as age, category, weight, height, growth percentile and hemoglobin data entered in previous Compass panels will pull into the objective area of the care plan. Additional objective information such as special dietary needs, special formulas and tailored food packages can be added to the open text boxes by the WIC staff person.
- **Assessment:** *Nutrition Risk Factors* added in previous Compass panels will pull into the Assessment area of the care plan. In the white text box under Assessment, WIC staff members need to add their assessment. Justification for assignment of subjective risk factors such as nutrition practice risk factors and Minimum Expected Weight Gain (MEWG) calculation. This is also the place for staff members to document their assessment statement such as "diet high in sugar sweetened beverages" or "participant as has gained x amount of weight in x day/weeks." Additional pamphlets or referrals can also be added here. For agencies who are using the Nutrition Care Process, PES (Problem, Etiology & Signs/Symptoms) statements they may be added here also.



- **Topics:** Counseling topics that have been documented in the *Nutrition Education* panel are pulled into this area.
- **Pamphlets:** Pamphlets provided that have been documented in the *Nutrition Education* panel are pulled into this area.
- **Goal:** What the participant states they will work on or do. One goal is required and should be participant centered, specific and time sensitive.
- **Referrals:** Referrals provided to participants are pulled those documented on the *Referral – Participant* panel.
- **Counseling/Education:** Additional counseling and nutrition education information can be entered into the text box to clarify or enhance the topics and counseling points entered into *Nutrition Education* panel.
- **Plan:** The plan is a place to record information to be covered at the next visit or additional measures to take. A plan is entered for future visits such as a referral to high risk counselor, the items that need to be completed for the next visit or additional referrals. High risk counselors should enter when to schedule the next visit high risk visit with the high risk counselor or WIC educator.



WIC Visit Assessment & Counseling Evaluation Tool

Name of Staff Observed: _____ Observer: _____ Date: _____

<p>Work Space</p> <ul style="list-style-type: none"> <input type="checkbox"/> Permits confidentiality (to the extent possible) <input type="checkbox"/> Attractive/organized/safe/clean <input type="checkbox"/> Comfortable <input type="checkbox"/> Chair and desk placement enhances participant rapport <input type="checkbox"/> Warm and friendly <input type="checkbox"/> Promotes health/free of formula advertisements 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>
<p>Visit Preparation and Participant Greeting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reviews chart prior to seeing participant. <input type="checkbox"/> Avoids making the participant wait. <input type="checkbox"/> Greets participant warmly. <input type="checkbox"/> Introduces self. <input type="checkbox"/> Makes initial positive comment(s). <input type="checkbox"/> Refers to participant/children by name. <input type="checkbox"/> Overviews today's tasks and anticipated length of time for appointment. 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>
<p>WIC Program Explanation (initial WIC visit only)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Purpose of the WIC program (nutritional support through supplemental food, education, referrals, & BF promotion) <input type="checkbox"/> How the nutrition assessment process allows individualization of services <input type="checkbox"/> Food benefits, use of WIC checks and program regulations <input type="checkbox"/> That food benefits are supplemental and prescribed for the individual's nutritional needs <input type="checkbox"/> Length of the certification period, rights and responsibilities, and process for recertification <input type="checkbox"/> WIC is a partnership between the participant and the staff 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>
<p>Conducts a Thorough Nutrition Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asks participant about progress in meeting previous behavior change goal (if appropriate). <input type="checkbox"/> Assessment includes anthropometric data, blood data, nutrition interview <ul style="list-style-type: none"> o Growth & iron o Medical o Nutrition practices o Lifestyle o Social environment o Breastfeeding <input type="checkbox"/> Uses open-ended questions. <input type="checkbox"/> Listens attentively. <input type="checkbox"/> Asks questions to gather pertinent information. <input type="checkbox"/> Acknowledges participant's thoughts and concerns. <input type="checkbox"/> Identifies all NRFs made apparent during visit. <input type="checkbox"/> Completes entire assessment before providing education/counseling. 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>

<p>Nutrition Education</p> <p><i>Negotiates Agenda for Education</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Encourages participant to share concerns/ask questions. <input type="checkbox"/> Uses AI to increase engagement so meaningful education topics are identified. <input type="checkbox"/> Provides appropriate feedback about NRF's identified during assessment. <input type="checkbox"/> Acknowledges participant's feelings/concerns. <p><i>Provides Nutrition Education</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Adequately explains growth, weight gain pattern and hemoglobin. <input type="checkbox"/> Tailors education to participant's needs/concerns. <input type="checkbox"/> Personalizes education to help participant understand that health change is possible (or achievable) and of great benefit to them. <input type="checkbox"/> Limits education to 2-3 main topics. <input type="checkbox"/> Discusses handouts, as appropriate. Not more than 1-2 per visit. 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>
<p>Referrals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identifies high risk conditions and makes appropriate referrals to High Risk WIC Counselor. <input type="checkbox"/> Explains purpose of referral using positive language. <input type="checkbox"/> Provides community referrals as needed. 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>
<p>Behavior Change</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assesses participant's interest in making behavior changes. <input type="checkbox"/> By visit's end, has helped the participant talk about the change she wants to make. 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>
<p>Goal Setting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asks questions in one or more of the following key areas to help the participant be successful in integrating the goal(s) into her life: social support, remembering, conversations, first steps, barriers. <input type="checkbox"/> Documents goals in the participant care plan. 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>
<p>Interviewer Behaviors Throughout Session</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes regular eye contact. <input type="checkbox"/> Facial expression – friendly <input type="checkbox"/> Posture – relaxed, open, facing participant <input type="checkbox"/> Listens to participant <input type="checkbox"/> Encourages participant to provide feedback and ask questions. <input type="checkbox"/> Acknowledges and adjusts for difficult situations. <input type="checkbox"/> Is sensitive to cultural factors. <input type="checkbox"/> Uses techniques to keep interview on task (e.g., redirecting). <input type="checkbox"/> Apologizes for any interruptions that occur during the visit. 	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p> <p>Comments:</p>

Goal Setting & Follow-Up

Need help setting goals with your client?

How many times have you asked, "What goal would you like to set today?" only to receive blank stares?

You may find it helpful to use subtle questions to assist your clients in setting goals. Here are some ideas:

1. "You have mentioned that you are concerned about _____, what is it that you want to change about that?"
2. "We talked a lot about _____, how would you like for things to be different?"
3. "Most times it is easier to take things one step at a time. What do you think is the first step?"
4. "If things worked out exactly as you like, what would be different?"
5. "I know that it seems like an uphill battle to _____, but now that we've discussed some options that have worked for other participants, do you think any would work for you? If so, which one?"
6. Here is a great question if you would like to provide some information to the parent or caregiver:
"Would you like to talk about some ideas that have worked for other moms and see if any work for you?"

Help Participants be Successful – Create SMART Goals!

S

* **Specific** goals give a clear picture of what the outcome should be. You start by asking what change they want to see and why it is important. Their answer helps you identify the core of the goal. A general goal would be, "eat more fruits and vegetables." A more specific goal would be, "eat 3-5 fruit/veggies daily, one with each meal/snack." Specifying the number of servings and times per day makes it clear and simple.

M

* **Measurable** goals assess progress or even any improvements. If it answers how much or how many, it tells you when you will know the goal is accomplished. It can be measured by the number of times it is being done daily.

A

* **Attainable** goals should be set high enough to give the participant a feeling of accomplishment when reached but not so high that they will feel defeated if not. They need to feel encouraged, not discouraged, because of goal-setting.

R

* **Realistic** goals are those that the participant is not only willing, but able to achieve. This includes designing a plan that may remove any obstacles that would keep them from reaching the goal. For example, purchasing enough fruits/veggies to have one with each meal or discussing inexpensive options, may give the participant a way to see how the goal can be met.

T

* **Timely** goals have a timeframe in which to accomplish the goal, otherwise they have no sense of urgency, which may lead to a lack of commitment to get started.

What happens at the follow-up visit?

The Compass computer system displays all goals in the family header making it easy to use the goals as conversation starters.

1. It looks as though you were going to try using a cup with Amy. Tell me how Amy liked using the cup.
2. What happened when you tried decreasing David's bottles?

Participants may not have reached their goals, or there may be other concerns the participant needs to address at today's visit. In this case, the follow-up visit may more to do with another topic than the goal that was set at the previous visit. Use your critical thinking skills, work with your participant to address their needs and concerns. And, make a new goal!

Adapted from Texas WIC

Stage Based Counseling

Stage 1: Not thinking about changing (Pre-contemplation)

Characteristics of a participant in this stage:

- Not thinking about making a change.
- May not know that there is a problem (or that their behavior puts them at risk).
- May know about the problem but choose not to do anything about it.
- May seem uninterested or defensive about the problem.

The educator's role: Raise awareness and provide education, if needed.

- Find out how much the participant knows about the risks associated with her behavior.
- Listen to the participant and try to understand her perspective.
- Even if you do not agree, show that you understand the participant's view.
- Let the participant know that you are not trying to pressure her into changing. The decision to change is up to the participant. You only want to make sure that she is well informed about the risks (of not changing) and benefits (of changing).
- Let the participant know that you are willing to help her when/if she wants to change.

Goals: Focus on goals that help to raise awareness.

- Encourage the participant to think about the change that you discussed.
- Ask participant to read over a handout

Stage 2: Realize they should change, but are not ready yet (Contemplation)

Characteristics of a participant in this stage:

- Agrees that they should make a change but they aren't ready to do it yet.
- Many/most people are in this stage
- May be afraid of failure
- May have other priorities to deal with

The educator's role: Help the participant to weigh the pros and cons of change.

- Listen to the participant's fears about changing and provide suggestions for ways to overcome these.
- Help the participant become aware of the benefits of changing. Short-term benefits can be more motivating than long-term benefits (for example, saying that "it will help you feel better" may be more motivating than saying "it will make you healthier").
- Suggest small steps that the participant can take to start making a change.

Goals: Goals should help participant think through pros and cons of change.

- Have participant write out the benefits of changing.
- Encourage them to visualize what it would look like if they changed.
- Look into ways to overcome barriers they anticipate.

Stage 3: Getting ready to change (Preparation)

The participant:

- Is interested in changing.
- May have already made attempts to change.
- Is in the process of developing a plan.

The educator's role: Assist and encourage participant who wants to change.

- Talk about the barriers and help her come up with ideas for overcoming them.
- Discuss how she can learn from past efforts
- Encourage participant that she can succeed.
- Help participant to develop a realistic plan. Often people try to do too much when they start out and then they burn out. Suggest ways that she can make small changes and build on success.

Goals: Goals should help participant get ready for change.

- Have participant write down a plan.
- Encourage participant to take a specific step toward making a change.
- Have participant come up with ideas for rewards for making a change.
- Have participant think about ways to get support when things get hard.

Stage 4: Have begun to change (Action)

The participant:

- Is actively making a change.
- May be encountering some unanticipated problems.
- May be feeling frustrated or they may be proud of themselves.

The educator's role: Encourage and affirm participant for making change(s).

- Affirm participant for taking steps to change.
- Provide suggestions for ways to deal with barriers.
- Encourage participant to keep going even if she is discouraged.
- Help participant identify the benefits of the change she is making.

Goal setting: Goals should be to continue making the change.

- If original change is small, then encourage them to take the next step.

Stage 5: Maintaining the change (Maintenance)

The participant:

- May or may not have problems maintaining the change.
- Sometimes people lose motivation or let down their guard and go back to the old ways.

The educator: Provide encouragement.

- Help participant see that the change is good.
- If the participant is falling back into old ways, remind them that relapse is normal.
- Relapse is not failure. Encourage participant to learn from relapse and not to give up.

Goals: The goal is to maintain the changed behavior.

- Find social support for the change.
- Think of ideas to keep motivated.

Recognizing Different Stages of Change

Below are examples of things people in different stages of change might say and examples of a stage appropriate goal.

Stage 1: Not thinking about change (pre-contemplation)

1a. "She needs her bottle to help her get to sleep. I let all my other kids go to sleep with a bottle and they did not have any problems."

1b. "I have been smoking since I was 13. I like to smoke because it calms me down. I can't imagine how I could get through the day if I did not smoke."

1c. "He does not seem overweight to me. I think he is just right."

Counseling/Goal setting (1c): Tell mom, "We don't have to focus on weight. Instead, can we talk about eating habits? Do you have any concerns about his eating habits? Even if you don't have any concerns, I have a nice handout on healthy eating that I like to give out to parents with children. It does a great job of explaining the types of foods kids need and also answers some common questions that parents have about their child's eating. Would you like to have one of these? Would you be willing to look it over and maybe we can talk about it next time you come in? Reviewing the handout is the goal."

Stage 2: Thinking about change, but not ready yet (contemplation)

2a. "I know that she shouldn't go to bed with a bottle, but now she is in the habit. I don't really want to deal with trying to take it away from her right now."

2b. "Now that I am pregnant, I wish I could stop smoking because I know it is better for the baby. I just don't think I could do it right now because I am so stressed."

2c. "I wish he was a little more active. All he wants to do all day is to sit and watch TV"

Counseling/Goal setting (2c): The educator could discuss the fact that watching TV does not require much thought so it can be very habit producing for kids as well as adults. The educator can suggest that the mom may need to help her son discover other things to do in order to help break the TV habit. For example, if he likes to do artwork mom could get crayons and paper and the reward the child by hanging up his picture. Mom could also take her son on a walk each day or go to the park or library. Setting a goal: Ask mom if she is willing to think of ways to encourage other activities besides TV?

Stage 3: Planning to change (preparation)

3a. "I know that she needs to be off the bottle, especially at night. I think that I will try just giving her water in the bottle at night and see how she does."

3b. "I decided to call the QUITLINE and they gave me some ideas for things I can do to help me stop. I set a quit date for next week and I am going to give it a try. I know it won't be easy but I have a plan for how to deal with some of the most difficult things. Even if I slip up once in a while, I want to keep trying."

3c. "I am going to put limits on how much TV he watches. If he doesn't get to watch TV all day, then he will have to find other things to do. Maybe we can take a walk if the weather is nice."

Counseling/Goal setting (3c): Affirm mom that this sounds like a good plan. Find out what limits she is planning to set. Ask what problems she anticipates when she sets these limits and help her figure out ways to deal with these. For example, her son might be less rebellious if she tells him ahead of time that she will start imposing limits on a particular day. She should also be prepared that she is likely to face the most resistance at the beginning so she prepare for how to handle this. Her goal would be to implement the change she is planning to make.

Stage 4: Have begun to change (action)

4a. "For the first couple nights it did not go so well because she kept throwing the bottle out of her crib and crying. But I was firm and told her that if she wants milk, she can have it before going to bed, but once she is in bed then she can only have water. Now everything is okay."

4b. "I stopped smoking a month ago. At first it was really hard, but it gets a little easier each day. I have to admit that there are some times when I feel like I really need a cigarette, but usually I can just wait it out. If I think about my baby that helps me get through it."

4c. "I think it is better that he does not watch so much TV because his behavior seems better. But there are lots of times when he is bored and does not know what to do with himself. That drives me crazy. I try to find ways to help him keep busy but it is not easy. In a way, letting him watch TV is easier, but I know that is not the best for him."

Counseling/Goal setting (4c): Begin by praising the mom for the efforts that she is making and acknowledge her comment about how her son's behavior has improved. Affirm the fact that all kids get bored and this can be hard for parents to deal with. Still it is probably good for kids to deal with this so that they learn that they do not always have to be entertained. Ask the mom more about the difficult times. Depending on the information shared, you may be able to help her identify a pattern and/or help her problem solve by providing ideas. If you don't have any great ideas to share, you should simply encourage her that she is doing the right thing even though it is not the easiest. The goal would be to continue implementing this change.

Stage 5: Maintaining change/Relapse (maintenance)

5a. "She knows that she does not get milk after she goes to bed, but sometimes when she isn't feeling well, she still wants milk. I feel sorry for her, but I don't want to get the milk in the bottle at night habit started again, so I will hold her and let her drink her milk in my lap."

5b. "I quit when I was pregnant and now that I have the baby I have to admit that there are times when I really want to smoke. I guess that when I quit, I was thinking it was the right thing to do while I was pregnant, but now that I am not pregnant anymore; there is just so much stress with having a baby. I have to admit that I have smoked a couple times since the baby was born."

5c. "Now that I am pregnant again, I don't have the energy to keep busy with him so I am letting him watch more TV."

Counseling/Goal setting (5c): Affirm that it often takes a lot of energy to be a parent and that during the first months of pregnancy it is common to feel drained. Ask the mom if she is comfortable with how things are going. Ask if she has noticed any changes in her son's behavior? You can also ask whether she feels like she wants to try to make a change right now or maybe this is only a temporary situation until she her energy returns. If she does want to change, than you can help her figure out what she can do realistically. If she is not interested in changing or does not feel like she has the energy to change, respect her decision. You may want to affirm her by telling her that you know that when she is ready she can make this change since she has been successful before.



Phrases that *HELP* and *HINDER*



As the caregiver, you play the biggest role in your child's eating behavior. What you say has an impact on developing healthy eating habits. Negative phrases can easily be changed into positive, helpful ones!

Phrases that *HINDER*

INSTEAD OF ...

Eat that for me.

If you do not eat one more bite, I will be mad.

Phrases like these teach your child to eat for your approval and love. This can lead your child to have unhealthy behaviors, attitudes, and beliefs about food and about themselves.

INSTEAD OF ...

You're such a big girl; you finished all your peas.

Jenny, look at your sister. She ate all of her bananas.

You have to take one more bite before you leave the table.

Phrases like these teach your child to ignore fullness. It is better for kids to stop eating when full or satisfied than when all of the food has been eaten.

INSTEAD OF ...

See, that didn't taste so bad, did it?

This implies to your child that he or she was wrong to refuse the food. This can lead to unhealthy attitudes about food or self.

INSTEAD OF ...

No dessert until you eat your vegetables.

Stop crying and I will give you a cookie.

Offering some foods, like dessert, in reward for finishing others, like vegetables, makes some foods seem better than others. Getting a food treat when upset teaches your child to eat to feel better. This can lead to overeating.

Phrases that *HELP*

TRY ...

This is kiwi fruit; it's sweet like a strawberry.

These radishes are very crunchy!

Phrases like these help to point out the sensory qualities of food. They encourage your child to try new foods.

TRY ...

Is your stomach telling you that you're full?

Is your stomach still making its hungry growling noise?

Has your tummy had enough?

Phrases like these help your child to recognize when he or she is full. This can prevent overeating.

TRY ...

Do you like that?

Which one is your favorite?

Everybody likes different foods, don't they?

Phrases like these make your child feel like he or she is making the choices. It also shifts the focus toward the taste of food rather than who was right.

TRY ...

We can try these vegetables again another time. Next time would you like to try them raw instead of cooked?

I am sorry you are sad. Come here and let me give you a big hug.

Reward your child with attention and kind words. Comfort him or her with hugs and talks. Show love by spending time and having fun together.



**Acronyms and abbreviations for WIC
(Special Supplemental Nutrition Program for Women,
Infants, and Children)**

Medical and Health Related Abbreviations:

AEB	As Evidenced By
BF	Breastfeeding
bid	Twice a day
BMI	Body mass index
BP	Blood Pressure
Ca	Calcium
CHN	Community Health Nurse
CHO	Carbohydrate
C/O	Complains of
D/C	Discontinued, stopped
DM	Diabetes Mellitus
DOB	Date of birth
Dt	Due To
dx	Diagnosis
EBM	Expressed Breast Milk
EDC/EDD	Expected Date of Confinement/Expected Due Date
ETOH	Ethanol (Alcohol)
FAE	Fetal Alcohol Effects
FAS	Fetal Alcohol Syndrome
Fe	Iron
FF	Formula feeding/ Formula fed
FFOC, FFOB	Foster Father of Child/Baby
FGP	Food Guide Pyramid
FMOC/FMOB	Foster Mother of Child/Baby
FOC, FOB	Father of child, father of Baby
FTT	Failure to Thrive
F/U	Follow-up
F/V	Fruits and vegetables
GDM	Gestational Diabetes mellitus
GERD	Gastroesophageal Reflux Disease
GI	Gastrointestinal
GMOC/GMOB	Grandmother of Child/Baby
HBW	High Birth Weight
Hct	Hematocrit
Hgb	Hemoglobin
HM	Human Milk
HMO	Health maintenance organization
hr	hour
H/S	Bedtime
HTN	Hypertension
hx	History
IBW	Ideal body weight
IZ	Immunizations
L	Left
LB	Left Breast
LBW	Low Birth Weight
LGA	Large for Gestational Age
MEWG	Minimum Expected Weight Gain
MOC/MOB	Mother of child, mother of Baby
NPO	Not By Mouth
N/V	Nausea and vomiting
OTC	Over-the-Counter
oz	ounce
PA	Physical Activity
PCP	Primary care provider

PHN	Public health nurse
PMD	Private medical doctor, physician (MD or DO)
PN	Prenatal
p.o.	By Mouth
PP	Postpartum
ppd	Packs per day
prn	As needed
PRO	Protein
qd	Every day
qid	Every other day
R	Right
RB	Right Breast
RD	Registered dietitian (nutritionist)
RN	Registered nurse
r/t	Related To
RTC	Return to clinic
Rx	Prescription
SGA	Small for gestational age
SIDS	Sudden infant death syndrome
SSB	Sugar Sweetened Beverage
STL	Stool (bowel movement)
SX	Symptoms
Tbsp	tablespoon
tid	Three times a day
tsp	teaspoon
TV	Television
WNL	Within normal limits
w/o	Without
WT	Weight
<	Less than
>	Greater than
≥	Greater than or equal to
≤	Less than or equal to

Compass/WIC Related Abbreviations:

Cert	Certification
CED	Certification End Date
FI	Food Instrument (WIC Checks)
FID	Family Identification Number
ID	Identification
NI	Nutrition Interview
NRF	Nutrition Risk Factor
PAF	Physician Authorization Form
PID	Person Identification Number
POA	Proof of Address
POI	Proof of Income
POID	Proof of ID
ppt	Participant
Recert, RCT	Recertification
VOC	Verification of Certification

Participant Misuse & Consequences

Contents:

- Participant Misuse and Consequences

Participant Misuses and Consequences

MISUSE - CATEGORY I	CONSEQUENCES
<p>A. Selling or trying to sell WIC benefits, WIC foods, or WIC checks to, or exchange with, other individuals or entities. This includes:</p> <ul style="list-style-type: none"> • Trying to return food for cash refunds or store credit. • Selling or trying to sell verbally, in print, or online through websites such as craigslist, Facebook, Twitter, eBay, etc. <p>B. Obtaining or attempting to obtain cash or credit in lieu of or in addition to authorized foods.</p> <p>C. Redemption of WIC checks reported lost or stolen unless replacement checks have not been redeemed.</p>	<p><u>FIRST OCCURRENCE:</u> counsel to warn, reeducate, and document in the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p><u>SECOND OCCURRENCE WITHIN 2 YEARS FROM DATE OF FIRST WARNING:</u> Counsel to reeducate, and document the second occurrence in the <i>Participant Violations</i> panel. Disqualify the participant/endorser from the WIC Program for three months. Give 15 days of benefits* and terminate the participant/endorser with a reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p><u>THIRD OCCURRENCE WITHIN 2 YEARS FROM DATE OF FIRST WARNING:</u> Counsel endorser to reeducate, and document the third occurrence in the <i>Participant Violations</i> panel. " Give 15 days of benefits* and terminate the participant/endorser from the Program for one year with the reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. Contact the State Office to issue a claim letter for the value of any misused benefits. Send copies of all documentation to the State WIC Office.</p>

MISUSE - CATEGORY II	CONSEQUENCES
<p>D. Cashing WIC checks at a retailer not authorized by Colorado WIC.</p> <p>E. Cashing post- or stale dated checks;</p> <p>F. Did not sign WIC check at the time of transaction.</p> <p>G. Modification of a WIC check, including the valid dates, the authorized food items, the endorser's or proxy signatures, and the "actual amount of sale" amount.</p> <p>H. Obtaining or attempting to obtain unauthorized or excess foods in lieu of authorized foods listed on the WIC check</p>	<p><u>FIRST OCCURRENCE</u>: Counsel to warn, reeducate, and document discussion in the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p>Review check-cashing procedures with client/endorser.</p> <p><u>SECOND OCCURRENCE WITHIN 12 MONTHS OF FIRST WARNING</u>: Counsel to reeducate, and document second occurrence in the <i>Participant Violations</i> panel. " Disqualify the participant/ endorser from the WIC Program for one month. Give 15 days of benefits* and terminate the participant/endorser with a reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. NOTE: After the disqualification period, at clinic's discretion, participant/endorser may be required to return to clinic monthly to receive checks.</p> <p><u>THIRD OCCURRENCE WITHIN 12 MONTHS OF FIRST WRITTEN WARNING</u>: Counsel, reeducate, and document third occurrence using the <i>Participant Violations</i> panel. The participant/endorser is disqualified from the WIC Program for three months. Give 15 days of benefits*. Terminate the participant/endorser with a reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. NOTE: After the disqualification period, at clinic's discretion, participant/endorser may be required to return to clinic monthly to receive checks.</p>

MISUSE - CATEGORY III	CONSEQUENCES
<p>I. Losing or having FIs stolen</p>	<p>FIRST OCCURRENCE: Counsel to warn, reeducate, and document in the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p>Replace the checks, if for infant formula or WIC eligible nutritionals.</p> <p>-Or- by discretion of the LA WIC director when circumstances are beyond the control of the endorser/ participant (e.g. flood, fire, theft documented by police report. Checks may only be replaced one time per participant within 12 months).</p> <p>SECOND OCCURRENCE WITHIN 12 MONTHS: Replacement checks may not be issued to endorser/participant.</p> <p>Exception: replacement may occur at the discretion of the WIC Director when circumstances are beyond the control of the endorser/participant (i.e., flood, fire, theft documented by police report). In those cases the <i>Participant Violations</i> panel must be completed (noting the 2nd occurrence). Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form</p>

MISUSE - CATEGORY IV	CONSEQUENCES
<p>J. Intentionally misrepresenting circumstances (e.g., financial status, residency) to obtain benefits.</p>	<p><u>FIRST OCCURRENCE:</u> If the endorser/participant is eligible, counsel and document in the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. If the endorser/participant is ineligible, do not give any more checks (including 15-day notice). Terminate with a reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide a printed copy of the form. Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of the documentation to the State Office.</p> <p><u>SECOND OCCURRENCE:</u> If the endorser/ participant is eligible, counsel and document on the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. The participant may continue to receive WIC benefits. If the endorser/ participant is ineligible, terminate (or keep in terminated status). Do not issue any more checks (including 15-day notice). Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. In the event the participant becomes eligible during the disqualification period, they may not re-apply for WIC Program benefits for one year from the date of their disqualification notice.</p>

MISUSE - CATEGORY V	CONSEQUENCES
<p>K. Dual participation—Enrolled in two or more WIC programs and received benefits from both during the same month for the same participant.</p>	<p><u>FIRST OCCURRENCE:</u> Counsel to warn, educate, and document discussion in the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Recover any checks the participant still has for the program from which they are being terminated.</p> <p><u>SECOND OCCURRENCE:</u> Counsel to reeducate and document second occurrence in the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Issue 15 days of benefits* and disqualify the participant/endorser from both local agency programs for one year with a reason of "dual participation". Document actions in the <i>Participant Violations</i> and <i>Certification panels</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of all documentation to the State WIC Office.</p>

MISUSE - CATEGORY V	CONSEQUENCES
<p>L. Dual participation Enrolled in WIC and CSFP <u>and</u> received benefits from both during the same month for the same participant.</p>	<p><u>FIRST OCCURRENCE:</u> Determine which program is more appropriate for the participant. NOTE: participants receiving formula with an MD prescription should continue to be served in WIC. Counsel participant on the illegality of dual participation and the consequences resulting from a second occurrence. Complete the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Notify CSFP in writing that participant should be removed from CSFP. If participant is being terminated from WIC, recover any WIC checks the participant still has. Terminate with reason of "Dual participation with CFSP." Document actions on the <i>Participant Violations</i> and <i>Certification panels</i>. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p><u>SECOND OCCURRENCE:</u> Terminate participant from WIC. Issue 15 days of benefits* only if the participant is being disqualified from both programs. Complete the <i>Participant Violations</i> panel for the second occurrence. Disqualifying the participant/endorser from the WIC Program for one year. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Document actions on the <i>Participant Violations</i> and <i>Certification panel</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Notify CSFP in writing. Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of all documentation to the State WIC Office.</p>

MISUSE - Category VI	CONSEQUENCES
<p>M. Verbal abuse (using abusive language, making threats, false accusations, unrealistic demands, etc., to store, clinic staff, or other participants).</p>	<p>FIRST OCCURRENCE: Ask the endorser to leave the clinic or store and return when calmed down or when a new appointment can be made. Call police if threat of violence. Issue checks. Counsel to warn, reeducate, and document in the <i>Participant Violations panel</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form..</p> <p>SECOND OCCURRENCE WITHIN 12 MONTHS OF WRITTEN WARNING: Counsel to reeducate and document the second occurrence on the <i>Participant Violations panel</i>. Disqualify endorser/participant from the Program for two months. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Give 15 days of benefits* and terminate the participant/endorser with reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification panel</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form.</p> <p>The WIC director must assess the situation and decide if the conduct of the clinic or vendor staff may have provoked the incident. The endorser has the right to complain about improper or discourteous treatment and should not be penalized for making a legitimate complaint; however, this does not relieve the participant from treating clinic and retail staff with respect. If the violation is the result of incidents occurring at the store, the WIC director must ascertain that sufficient documentation of misuse has been provided before imposing sanctions.</p>

MISUSE - Category VII	CONSEQUENCES
<p>N. Physical abuse (physically harm, or attempt to physically harm, store, clinic personnel, or other participants). Theft and/or purposeful destruction of property (agency or personal) by an adult. (<i>This does not include theft or not returning a loaned electric breast pump**</i>).</p>	<p><u>FIRST OCCURRENCE:</u> Report incidents of physical abuse, theft, and destruction of property (agency or personal) to the police. If the person causing the abuse or destruction is the participant or endorser, the participant is disqualified from the Program for one year. Give 15 days of benefits* and terminate with a reason of "program abuse." Document in the <i>Participant Violations</i> and <i>Certification panels</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the forms.</p> <p>If the person causing the abuse or destruction is not the participant or endorser, the individual is reported to the police and asked to not return to the clinic.</p> <p><u>SECOND OCCURRENCE:</u> The incident is reported to the police. WIC staff complete the <i>Participant Violations</i> panel documenting the second occurrence. Give 15 days of benefits* and disqualify the endorser for one year. Obtain the endorser's electronic signature and provide endorser with a printed copy of the disqualification form. Terminate the participant with reason of "program abuse." Document actions in the <i>Certification</i> panel. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form.</p>

* NOTE: In these situations, WIC is required to provide 15 days of benefits before terminating a participant. If the participant already has checks for 15 days beyond the date of notification, no additional checks should be issued. If checks for additional months have already been issued to the participant, checks in excess of one additional month of benefits should be taken back from the participant. The disqualification or termination period starts when the participant's 15-day notice checks have expired.

**Procedures for lost/stolen loaned electric breast pumps are described in Section IX under Breast Pumps and Breastfeeding Aids.

Breast Pump Loan Program

Contents:

- Breast Pumps & Breastfeeding Aids

- Local agency WIC Breastfeeding Coordinators and local agency BF PC Coordinators through quarterly conference calls with State BF PC Coordinator and during biennial State meetings
- Local community lactation specialists

Breast Pumps and Breastfeeding Aids

Background

Breast pumps and breastfeeding aids that directly support the initiation and continuation of breastfeeding are an allowable WIC Program cost. The William F. Goodling Child Nutrition Reauthorization Act of 1998 authorized WIC State agencies to use WIC food funds to purchase or rent breast pumps. As a result, the Colorado WIC Program established central purchasing procedures allowing local agencies to order breast pumps, collection kits, and breastfeeding aids on a quarterly basis through the State Office. Other allowable breastfeeding aids may be purchased with funds available in the local agency budget. Breast pumps and breastfeeding aids purchased with WIC funds should be provided at no cost to the participant.

Provision of Breast Pumps and Breastfeeding Aids

Pumps/aids should be provided to WIC postpartum participants based on individual need and requested support, not as an inducement to consider or to continue breastfeeding. To ensure cost effectiveness and maternal self sufficiency, local agencies must provide instruction on hand expression to all lactating mothers (written materials and instructional videos are available). Most women find hand expression helpful to relieve normal engorgement or to handle situations when they are without their infant and need to express milk.

Generally, pumps/aids are provided to mothers who are having difficulty establishing or maintaining an adequate milk supply due to maternal/infant illness; mother/infant separation (such as hospitalization or a return to work or school); or maternal temporary breastfeeding problems, such as severe engorgement.

Experts suggest providing pumps to all breastfeeding women regardless of need may have the unintended effect of discouraging breastfeeding. This practice may give breastfeeding women the impression that special equipment is needed to express milk and, thus, reinforce inadequacy and contribute to a lack of confidence.

Local agencies must weigh the benefits of providing pumps/aids against other important program functions and participant benefits, such as breastfeeding counseling/ education and materials, and other general nutrition activities and materials. Breastfeeding promotion and support activities are only one portion of nutrition education and funds need to be allocated accordingly.

Colorado WIC employees who are breastfeeding and are not WIC participants may purchase breastfeeding equipment at the WIC reduced contract price. For more information contact your Nutrition Consultant.

Allowable and Non-Allowable Pumps/Aids

When a local agency chooses to purchase breast pumps or aids with WIC funding these must be listed under "Allowable Pumps/Aids."

Allowable Pumps/Aids	Non-Allowable Pumps/Aids
• Electric breast pumps	• Battery operated or mini-electric pumps
• Pedal breast pumps	• Nipple shields
• Collection kits for electric or pedal breast pumps	• Nursing pads
• Manual breast pumps	• Nursing bras
• Breast shells	• Topical creams, ointments, vitamin E, other medicinal
• Nursing supplementers (e.g., SNS)	• Foot stools
	• Infant pillows
	• Nursing blouses
	• Carrying bags

Liability

To ensure participants receive the appropriate care, staff providing breastfeeding pumps or aids must be adequately trained to provide participants with the appropriate information and follow up. Procedures must be in place to make certain participants receive instruction on proper pump assembly, usage, cleaning, and storage, and their responsibilities for handling and returning loaned breastfeeding equipment.

The risk of liability requires that the WIC High Risk Counselor and/or staff trained in lactation management coordinate the issuance of pumps to participants. The role of breastfeeding peer counselors (BF PC) not designated WIC Lactation Management Specialist (LMS) does not include issuance of supplies. BF PCs should refer participants who may benefit from supplies, or may need assistance using supplies to appropriate staff. (See table *Breastfeeding Roles in the Colorado WIC Clinic* in this section)

When breast pumps/aids are provided to participants, the State's *Breast Pump/Aid Release Form* must be reviewed with the participant and a signature captured in the Compass computer system per policy outlined in *Procedures for Issuing Pumps/Aids*.

For all loaned pumps, verify proof of identity by scanning the participant's photo identification into the Compass system. Driver's licenses or other photo IDs (e.g., Military ID, Passport/US Government ID...) are preferred as it may be helpful if needing to recover a missing pump. If scanning the photo ID is not an option, agencies can keep a central file with copies of the photo IDs and *Breast Pump/Aid Release Forms*. A minimum of two additional contact individuals must be documented.

*In rare cases when a participant does not have a photo ID (i.e.: minors or undocumented participants), please choose another ID from the list of acceptable forms of identification (not including the Colorado WIC Envelope or Staff Recognition), view proof of current residency, and document 2-3 contact individuals. In the *Comment Section*, document that the participant does not have a photo ID. Scanning or copying non-photo ID's is not required.

Indications for Use and Guidelines for Issuance of Breast Pumps

- *Guidelines for Hospital Grade (Heavy Duty) Electric Pumps*
Most women, in normal circumstances, can breastfeed to one year and beyond without pumping their breast milk. However, some women need to use a breast pump to maintain lactation or to relieve a medical problem. Because there may be a limited number of hospital grade electric pumps, priority is given to mothers who have a medical need or a breastfeeding challenge to maintain milk supply, such as:
 - ✓ Infants with an ineffective suck or unable to nurse because of prematurity; respiratory or cardiac problems affecting endurance; disorders of the oral or gastrointestinal structures
 - ✓ Latch on problems/breast rejection
 - ✓ Mastitis/breast infections
 - ✓ Mother on medication contraindicated for breastfeeding
 - ✓ Separation from infant (i.e., mother or infant hospitalized)
 - ✓ Mother of multiples
 - ✓ Mother returning to work or school
 - ✓ Acute engorgement not resolved with standard treatment (i.e., increased feedings, warm soaks, manual expression)
 - ✓ Severely sore or cracked nipples
 - ✓ Infants with breast milk jaundice
 - ✓ Abrupt weaning

Note: This list is not inclusive of all potential breastfeeding challenges and, therefore, the conditions for which a pump is loaned are left up to the discretion of the WIC High Risk Counselor or staff trained in lactation management.

Guidelines for Single-user (Personal) Electric Pumps

- Single-user electric pumps are available for breastfeeding mothers who need help maintaining milk supply and who have expressed genuine interest in breastfeeding exclusively for a goal of one year (use WIC *Breast Pump Questionnaire* to aid in decision making.) The two primary goals of this type of pump issuance are:
 - ✓ To help WIC mothers maintain adequate breast milk production so that no formula is needed for the infant.
 - ✓ To reduce the time and cost of WIC staff to follow up on loaned pumps for lower risk situations.
- A mother receiving the single-user pump must already have a well-established milk supply. The following circumstances may warrant issuance of this type of pump:
 - ✓ Mothers who are separated from their infant for at least 6 consecutive hours on a regular basis for reasons such as returning to work or school or sharing custody of an infant. The separation would require having to pump an average of at least twice a day.
 - ✓ Mothers of multiple infants.

- ✓ Mothers of infants with physical or neurological impairment such as weak suck, uncoordinated suck/swallow pattern, inability to suck, or inability to latch on to the breast.
- Mothers are candidates for a single-user pump if they will receive the exclusively breastfeeding food package and no formula from WIC at the time of pump issuance. *The single-user pump will typically not be issued to a mother who is already receiving formula for her infant. The exceptions may be a mother of multiples, where one infant receives formula and the other doesn't, or an infant with a medical condition that requires a supplement and the mother intends for her milk to be the primary source of nutrition for her young infant.* If a mother reports offering formula, either from WIC or another source, offer to loan her an electric or pedal pump instead of the single-user pump.
- Contact your Nutrition Consultant if you have additional questions about whether or not to issue a single-user pump.
 - ✓ Additional Information for Issuing the Single-User Pumps:
 - A single-user pump cannot be issued to a mother who currently borrows a WIC electric loaned pump. A single-user pump can be issued upon return of the loaned WIC electric pump if the mother meets the single-user pump issuance criteria listed above.
 - If appropriate, staff should encourage mothers who receive the pump to offer their employer or a school administrator a Breastfeeding Support Letter (available on www.coloradowic.com, under *Local Agencies → Tools and Guidance → Breastfeeding Resources → Work Lactation Support Letter*). The letter is to acknowledge the worksite/school's ability to support the mother's need to regularly express, collect, and store her milk.
 - If a mother has been issued a single-user pump and later requests formula supplementation, staff must refer the participant to the WIC High Risk Counselor or staff trained in lactation management for counseling. The WIC staff will discuss with the mother her reasons for wanting to supplement with formula to determine if supplementation is the best solution to her need or if other support can be provided.
 - If the infant is to receive formula, staff must follow the guidelines for breastfed infants listed in the *Colorado WIC Program Manual, Clinic Procedures* section. The mother should be encouraged to continue using the pump for as long as it is supportive.
 - A mother who receives a single-user pump should not receive another pump for a future infant unless there are special circumstances warranting an exception to this guideline. The expectation is that the pump could be used with all subsequent next infants.
 - The mother should be encouraged to keep her pump. Remind mothers that the pumps are for one user only and should not be resold, or even intended to be sold, lent, or shared with others. The pump has an internal diaphragm that cannot be removed, replaced, or fully sterilized. Each single-user pump should be labeled with a "not for resale" and "single-user only" statement (e.g., written with a permanent marker on the bottom). Provide written information about the risks to sharing breast pumps. Mothers can receive an additional collection kit with future WIC infants.

Guidelines for Pedal Pumps

- The pedal pump is an ideal low-cost alternative for women who are frequently or occasionally separated from their infants. The pump may be loaned for the following reasons:
 - ✓ Mothers, for whom an electric breast pump is indicated, but have no access to an electric pump or electricity.
 - ✓ Women who work or go to school
 - ✓ Women who are frequently or occasionally separated from their infants.

Guidelines for Manual Pumps

- The Colorado WIC Program provides two types of manual pumps: one-handed and two-handed. Women who desire a pump for convenience or to help alleviate a minor problem may benefit from a manual pump, for reasons such as:
 - ✓ Normal engorgement
 - ✓ Occasional separation from baby for social events, meetings, etc
 - ✓ Working less than 20 hours a week/ or in school with a flexible schedule.

Operating a Breast Pump Program

- Ordering
Local agencies order pumps through a centralized ordering process at the State WIC Office. Pump orders are processed quarterly (January, April, July, and October). Local agency WIC representatives fax or email their *Medela Breast Pump Order Form/Confirmation of Goods Received* (see pages following this section) to the

State WIC Office on or before the due date outline in the quarterly reminder email sent to local agency pump representatives. Approval by the local agency WIC director is necessary to process the order. This form is included on the *CO WIC Program Materials Order Form*. Breast pumps and kits will be shipped directly to the local agency.

- Tracking and Inventory
Local agencies maintain a serialized inventory of the following loaned breast pumps in the Compass computer system;
 - ✓ Hospital Grade (Symphony) Electric Pumps
 - ✓ Electric Pumps (Lactina Select, Lactina Plus)
 - ✓ Pedal Pumps

Upon receipt of breast pumps and other items, inspect them for damaged, ensure correct type and quantity. Once the type and quantity are verified, sign the *Order Form* and fax it to the State WIC Office. This verification is necessary before the State WIC Fiscal Officer pays the supplier.

Local agency WIC staff affixes an asset tag to the types of pumps listed above and on the cases for tracking purposes. The asset tag includes a unique identifying number and the State WIC telephone number. Request asset tags from the State WIC Fiscal Officer. Affix a label on each electric and pedal pump and electric pump case stating who to contact if the pump is found. The WIC agency's name, address, and telephone number should be included on the label. Mailing labels work well sealed with packing tape.

In Compass, add each new pump to the clinic's pump inventory in the *Serialized Inventory* section under *Operations*. When entering a pump into the clinic's pump inventory, enter the serial number provided by the manufacturer for Lactina and Symphony pumps. Because Pedal pumps do not have a serial number, enter the asset tag number.

Participants with an electric pump who transfer to another local WIC agency

The goal is for mothers to have access to an electric pump when it is her main means of building/maintaining a milk supply. The preferred situation when a mother transfers agencies is for the mother to return the pump to the original clinic and for staff to work with the new clinic staff to be ready to provide the same type of pump when the mother arrives. This provides ease for tracking and inventory in Compass. However, if the mother transfers to a new clinic and doesn't return the pump, the new clinic should provide a replacement pump and return the originating agency's pump to the clinic where it was issued. This requires some effort to arrange for the pump to be transported or mailed to the original clinic.

Electric pumps are costly. Careful attention must be given to maintaining, securing, and the inventorying all equipment. All electric pumps not on loan must be kept in a locked cabinet or locked room at the clinic.

- Issuance Criteria
Electric pumps should only be loaned to participants who have demonstrated they are reliable and who you would be able to locate if necessary (e.g., they keep appointments; they are not frequently changing their residence or contact information).
- Procedures for Issuing Pumps/Aids
 - ✓ WIC staff should use the *Breast Pump Questionnaire* (order from *WIC Materials Order Form*) when working with participants to determine the best pump for their situation. (The *Breast Pump Questionnaire/Key* is a tool to help staff determine if a pump is needed and, if so, to help identify the most appropriate type, i.e., manual, pedal, loaned, or single-user electric). Staff must document the type of pump issued and reason for issuance in the *BF Equipment* panel in Compass.
 - ✓ WIC staff trained in lactation management must demonstrate how to assemble, use, disassemble, and clean the breast pump/aid (this includes manual, pedal, electric pumps and any aid offered), and explain and provide written instructions on safe handling and storage of expressed breast milk to the pump recipient. Pedal pumps have instructional booklets that must remain with the pump. The collection kits for the electric pumps have an information sheet that must accompany the pump. For the electric pump, a video/DVD demonstrating its use is available (in English and Spanish) and can be reviewed in the clinic and/or loaned with the pump.
 - ✓ All loaned breast pumps must have a *Pump Cleaning Insert* permanently attached to the pump case. The State WIC office provides the inserts and inserts may be covered with packing tape to ensure permanence.

- ✓ Each participant must read the State's *Breast Pump/Aid Release Form* (see copy following breast pump policies) and sign the signature pad assuming responsibility before leaving the clinic with any type of pump/aid. If unable to capture a signature on the pad, scan the State's *Breast Pump/Aid Release Form* into Compass or keep a copy in a central file. A copy of the *Breast Pump/Aid Release Form* should be provided to the participant with the return date and who to contact with questions.
- Special instructions for issuance of loaned pumps (hospital grade electric and pedal) (serialized inventory)
 - ✓ All loaned pumps are considered serialized inventory.
 - ✓ Complete the *Breastfeeding Equipment* panel for each participant who is loaned a breast pump.
 - ✓ To assist agencies in tracking electric and pedal breast pumps, it is imperative that staff **scan participant's photo ID into Compass record**, log each pump's loan status, including the return date, the date returned, and at least two alternative contacts, including name, phone number, and address in Compass on the *Breastfeeding Equipment* panel.
 - ✓ The period of time a breast pump is loaned should be individualized and monitored closely. The participant should be contacted within 24-72 hours of pump issuance and regularly thereafter to determine if there are any questions on how to use the pump and to determine if there is continued need for the pump. Depending on the situation for which a pump was needed (e.g., severely cracked nipples, infant with poor weight gain) the WIC High Risk Counselor or staff trained in lactation management may need to contact some women with breastfeeding problems within 24 hours to provide support and to ensure milk transfer is occurring. Follow up should occur as frequently as necessary thereafter until the problem is resolved as well as documented in the Compass *Participant Care Plan*.
 - ✓ **If the pump is kept longer than the expected return date, the WIC High Risk Counselor or staff trained in lactation management should review the need and if applicable, update the return date in Compass on the *Breastfeeding Equipment* panel and document follow up in the *Participant Care Plan*. Because of the limited number of pumps, pumps used solely for medical problems should be returned as soon as the need is resolved.**
 - ✓ Participants should be contacted on a monthly basis either by phone or in clinic, at a minimum, to assess pump needs. Staff will document the monthly contacts in the *Participant Care Plan*. The contact date on the *Breastfeeding Equipment* panel should be updated each month for the following month. The *Breastfeeding Equipment Due* report in Compass can be used to track loaned pumps. Pumps are visible on the report if the due date/next contact date is the current month or past due.
 - ✓ When a pump/aid is returned, record the date and the reason for return (e.g., problem resolved) on the *Breastfeeding Equipment* panel.
- Special instructions for issuance of the single-user electric pump (non-serialized inventory)
 - ✓ Using the Colorado WIC *Breast Pump/Aid Release Form*, staff should check "WIC-In Style" and cross out the second set of responsibilities listed under "For loaned electric and pedal pumps:" as these only pertain to the loaned pumps.
 - ✓ **Staff should encourage the mother to complete and mail the manufacturer's warranty card.** This is extremely important should a pump have a problem during the warranty period. Mothers reporting a broken or defective pump are responsible for contacting the pump manufacturer themselves for repair or replacement.
 - ✓ Follow up: WIC staff should follow up with the mother within 72 hours of pump issuance and at subsequent follow-up visits to answer any concerns about the pump and breastfeeding in general. Document this brief follow-up in the Compass *Participant Care Plan*.
- Care for Electric and Pedal Breast Pumps

Loaned electric and pedal breast pumps are to be cleaned when returned to the clinic after the loan to a participant. Make sure pumps are unplugged while cleaning.

 - ✓ Clean pumps as described:
 - Wear gloves.
 - Apply cleaning solution (standard Bleach Solution: Mix bleach by using 1 part bleach and 9 parts water to make a 1:10 dilution, this solution is not stable and must be mixed fresh each day and discard after use) with a soft cloth. Leave solution on the pump for 30-60 seconds then rinse thoroughly with clean water.
 - ✓ **Securely store pumps off the ground and away from other electronic equipment, such as TVs and DVD players. Motors in electronic equipment can attract insects and could result in infestation.**

Repair - If an electric breast pump needs repair:

- For Pumps under Warranty:
 - ✓ Contact the State WIC Office to verify warranty and obtain approval for warranty repair
 - ✓ Contact Medela at 1-800-435-8316 to request a warranty repair return authorization number.

- ✓ Forward return authorization number, along with pump serial number to the State WIC Office for recording of service on the pump.
- ✓ Ship the pump*, as instructed by Medela, to the Medela factory for repair.
- For Pumps No Longer Under Warranty:
 - ✓ Contact the State WIC fiscal unit to request approval for repair.
 - ✓ Upon approval from the State WIC Office, contact Medela at 1-800-435-8316 to request a repair return authorization number and request Medela to provide an estimated repair cost. **Medela will provide the estimate after they've received the pump and assessed the problem.**
 - ✓ Forward repair return authorization number and estimated repair cost to the State WIC fiscal unit for recording of service on the pump.
 - ✓ Notify State WIC fiscal unit upon receipt of the repaired pump.

*NOTE: Ship pumps without their cases unless a pump is contaminated. Medela has specific shipping instructions for pumps contaminated with insects or bacteria. **Ship infested pumps in the case regardless of Medela's instructions.** Follow this procedure to avoid additional cost. If a case is not returned by Medela, the local agency may order a replacement.

Procedures for Recovering a WIC-owned Electric Breast Pump

- WIC benefits cannot be denied to a participant for failing to return a pump. If an electric breast pump is not returned or cannot be located, staff should do the following:
 - ✓ Attempt to reach the participant and relatives/friends (referrals) listed on the *Breastfeeding Equipment* panel in Compass. Document all attempted contacts in Compass under *Comments/Alerts* of the participant's file.
 - ✓ Contact the State WIC Office with the pump serial number to obtain the depreciated value of the pump.
 - ✓ If the missing pump is determined to have no monetary value (the pump has depreciated over 6-years), it is up to the Agency/Clinic(s) to determine if pursuit of the pump should be continued. *(If a pump has \$0.00 depreciated value, is it cost effective for an Agency/Clinic to continue pursuit of the missing pump).*
 - ✓ If phone call contact attempts are unsuccessful, send a certified letter to the participant and contacts listed in Compass. Notify them if the pump is not returned promptly local authorities may be contacted.
 - ✓ Depending on the pump's depreciated value, agency/clinics will determine whether to request assistance from local law enforcement. Many missing pumps are returned when local law enforcement makes contact with the participant; however not all local law enforcement will act on requests for assistance.
 - ✓ If the pumps depreciated valued is still at/near purchase price, and cannot be recovered, contact the State WIC Office for further instructions.
 - ✓ If the pump is not returned, the participant may not be eligible for a loaned pump in the future. See *Section IX: Nutrition Education/Breastfeeding Promotion & Support: Issuance Criteria.*

Offering Breastfeeding Aids

Breast shells and supplemental nursing systems are aids that may be provided to WIC participants as needed. Local agencies desiring to offer these must use local WIC agency funds to purchase them.

- Issuance of Shells
 - Indications for use:
 - ✓ Sore nipples: worn over the nipples between nursings to minimize contact with clothing to help healing process.
 - ✓ Flat or inverted nipples: worn to press around the base of the nipple to cause the nipple to protrude. For prenatal use, shells are worn in the last month of pregnancy. It is imperative that the mother gets permission from her obstetric care provider to wear shells as they can trigger contractions of the uterus. For postpartum use, shells are typically worn for about 30 minutes before each feeding.
- Issuance of Supplemental Nursing Systems (SNS)
 - Indications for use:
 - ✓ Underweight breastfed infants
 - ✓ Low milk supply
 - ✓ Re-lactating mothers
 - ✓ Mothers attempting to lactate for an adopted infant

SNS is a method to supplement a baby's intake while at the breast. While the baby breastfeeds they simultaneously receive expressed breast milk or formula via a small tube at the breast. The delivery of milk to the infant increases the chances that the infant will stay at the breast and continue to suckle. Mothers receiving an SNS through WIC must be working closely with a hospital or community lactation consultant to ensure each infant is receiving adequate nutrition for growth.

State and Local Agency Nutrition Education Planning

Local Agency Staff Nutrition Education Training and Evaluation

Staff Nutrition Education Training Requirements

All local agency WIC personnel must receive ongoing nutrition-related education and training. It is the local agency's responsibility to determine the educational needs of each staff person. Training sessions can be provided by the state agency or organized/identified by local agency staff. All paraprofessionals and professionals involved in any aspect of the WIC Program must attend a minimum of two staff training sessions per year. It is the local agency's responsibility to track each staff member's educational **experiences and enter completed training activities in the *Staff Training* panel under Operations in Compass.**

Examples of acceptable training programs:

- Nutrition lectures or classes presented by state and/or local staff. Community nutrition resources may be utilized: i.e.; hospital dietitians, extension agents, and/or interns, to assist with planning programs and/or speaking.
- A staff representative may attend a nutrition/training program or conference and present an in-service to the remainder of the staff upon his/her return.
- After reviewing current nutrition letters, journal articles, or audiovisual materials, the local agency staff may discuss the information and the implications.
- A staff person successfully completes a self-learning module.
- State and Regional WIC Meetings
- Other pertinent in-service education programs, i.e., team building, supervision, customer service, counseling, communication, computer skills, diversity training.
- Webinars and other on-line trainings

Evaluation of Counseling Skills

Local WIC agencies must comply with their local agency's personnel rules regarding staff performance evaluations. A key part of this process is to identify areas for growth and to advance counseling skills. Each Local Agency WIC Director is required to ensure appropriate staff training is provided.

A nutrition counseling evaluation tool is posted on the CO WIC web site for local agencies' use: *WIC Visit Assessment & Counseling Evaluation Tool*. Local WIC Agencies may also develop and use their own evaluation forms.

Evaluation of WIC Service Delivery

Local agency supervisors may use two staff evaluation tools developed by State Office and posted on the Colorado WIC web site:

- WIC Participant Record Review form
- Clinic Observation Form

How Do I...

Contents

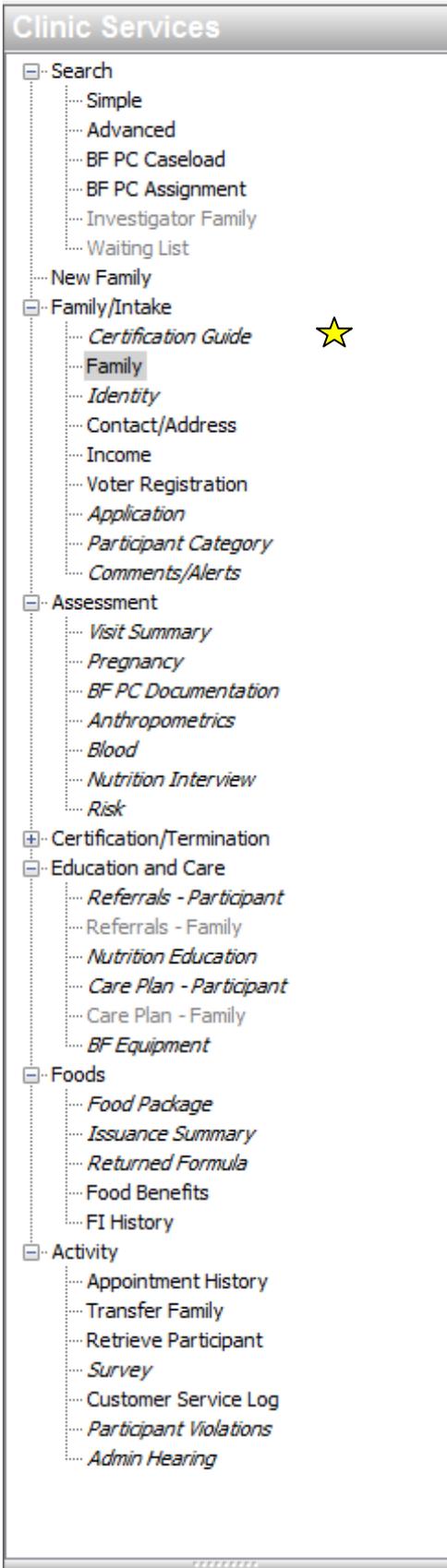
- Quick Reference Guide

QUICK REFERENCE GUIDE

Table of Contents

Certification Appointment.....	2
Recertification Appointment	3-4
Add Baby Appointment	5-6
Mid-Certification Appointment or Follow Up + Anthropometrics	7
Follow Up Appointment.....	8
Out-of-State Transfer/VOC Appointment (Participant has <u>NOT</u> been on WIC in Colorado)	9
Out-of-State Transfer/VOC Appointment (Participant <u>has been</u> on WIC in Colorado)	10
In-State Transfer Appointment.....	11
Scheduling an Appointment	12
Update Appointment Status.....	13
Dual Participant Search.....	14
Add a WIC applicant into Compass.....	15-18
Reinstate a Participant.....	19
Issue/Return a Breast Pump	20
Change a Participant’s Category	21-22
Exchange Checks for a Different Food Package	23
Reissue Lost/Stolen/Damaged Checks.....	24
Tailor a Food Package -Example	25-27
Exchanging Formula.....	27-29
Steps to Provide Out-of-Range Formula for Infants Greater Than 1 Month of Age.....	30-31
Allowing Baby Foods for Special Diet Children and Women.....	32-33
Recording Proof of Income	34-38

Certification Appointment



Family/Intake

★ = The Certification Guide gives a list of all the items that need to be completed before a person can be certified. A certification appointment must be scheduled in the Compass Scheduler.

1. Access the **New Family** panel to complete the intake information. This may have already been completed when the participant/endorser called for the appointment. To add another family member to an already existing family or open the family that was already added to Compass, go to the **Family** panel.
2. Access the **Identity** panel to document the participant’s proof of identity and primary health care provider, etc.
3. Access the **Contact/Address** panel to document the phone number, address and proof of residency. *TIP: Enter the person’s primary phone number into the field labeled “Home.”
4. Access the **Income** panel to document the family’s household size, proof of income and income amount
5. Access the **Voter Registration** panel to document the participant’s voter registration information.

Assessment

6. Access the **Pregnancy** panel to document a woman’s prenatal/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc .
7. Access the **Anthropometrics** panel to record information on weight and height/length.
8. Access the **Blood** panel to document participant’s hemoglobin level.
9. Access the **Nutrition Interview** panel to record information obtained during the counseling portion of the certification appointment.
10. Access the **Risk** panel to determine the participant’s NRFs.

Certification/Termination

11. Access the **Certification** panel to complete the certification and have the participant sign the signature pad acknowledging their rights and responsibilities as well as the certification end date.

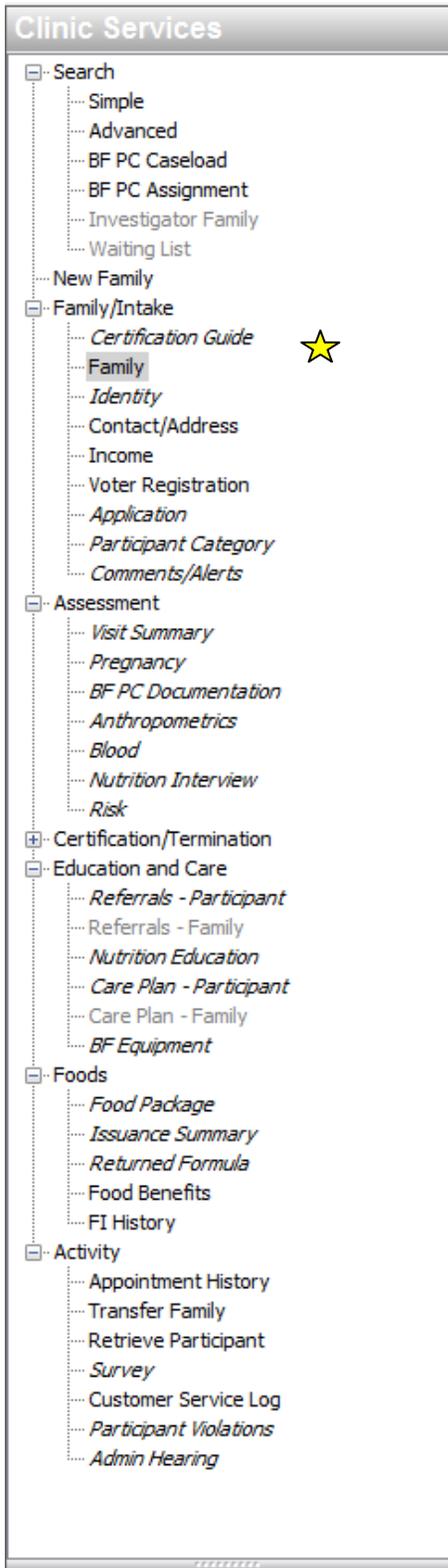
Education and Care

12. Access the **Nutrition Education** panel to record the education and pamphlets provided.
13. Access the **Care Plan – Participant** to record the education note or care plan.

Foods

14. Access the **Food Package** panel to choose the participant individual food package.
15. Access the **Food Benefits** panel to print the participant’s food package.

Recertification Appointment



Family/Intake

★ = The Certification Guide gives a list of all the items that need to be completed before a person can be recertified. A recertification appointment must be scheduled in the Compass Scheduler.

Note 1: For women who are changing categories (e.g., Pregnant to Breastfeeding), please also refer to the Quick Reference Guide – Change a Participant’s Category.

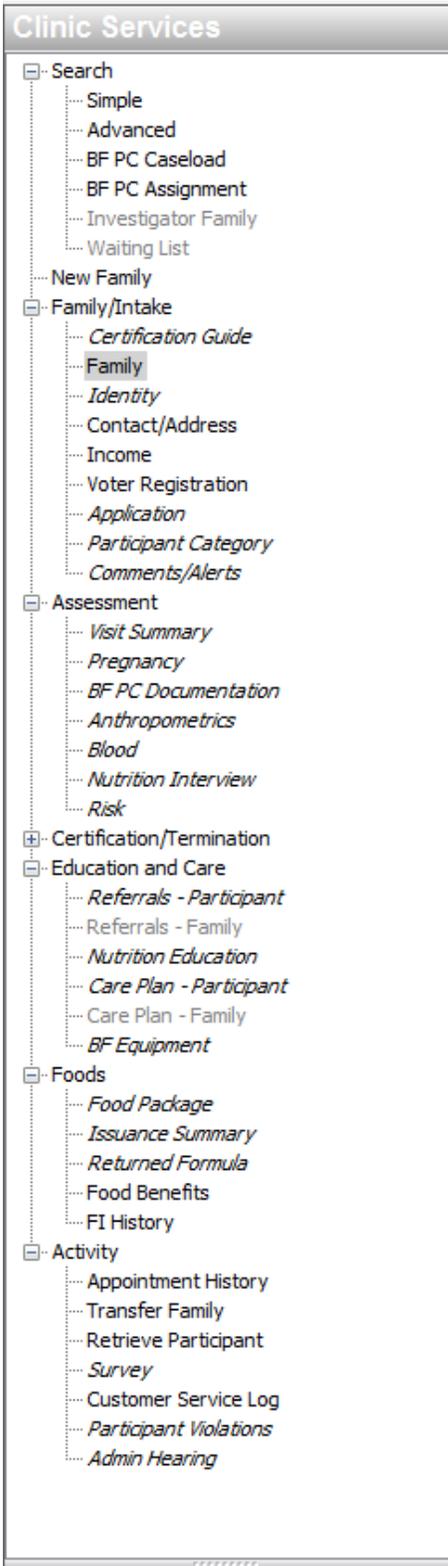
Note 2: If you are recertifying a participant with a WIC Status of Active-VOC, you must terminate their certification with an effective date of today prior to recertifying them.

1. Access the **Identity** panel to document the participant’s proof of identity and primary health care provider, etc.
2. Access the **Contact/Address** panel to document/verify the phone number, address and proof of residency. *TIP 1: Enter the person’s primary phone number into the field labeled “Home.” * TIP 2: If a participant’s address is the same, you do not need to add a new Contact/Address record.
3. Access the **Income** panel to document the family’s household size, proof of income, and income amount.
4. Access the **Voter Registration** panel to document the participant’s voter registration information.
5. If the participant has a WIC Status of Terminated, access the **Application** panel to create a new application which will change the participant’s status to Pending.

Assessment

6. Access the **Pregnancy** panel to document a woman’s prenatal/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.
7. Access the **Anthropometrics** panel to record information on weight and height/length.
8. Access the **Blood** panel to document participant’s hemoglobin level.
9. Access the **Nutrition Interview** panel to record information obtained during the counseling portion of the recertification appointment
10. Access the **Risk** panel to determine the participant’s NRFs

Recertification Appointment (cont.)



Certification/Termination

11. Access the **Certification** panel to complete the certification and have the participant sign the signature pad acknowledging their rights and responsibilities as well as the certification end date.

Education and Care

12. Access the **Nutrition Education** panel to record the education and pamphlets provided.

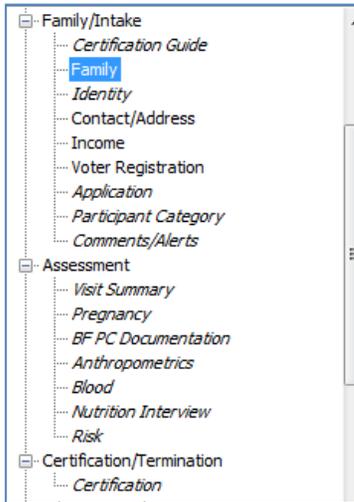
13. Access the **Care Plan – Participant** to record the education note or care plan

Foods

14. Access the **Food Package** panel to choose the participant’s individual food package

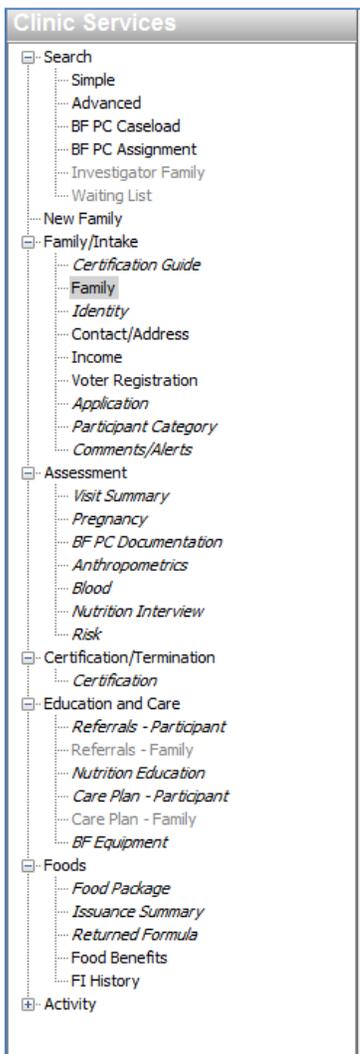
15. Access the **Food Benefits** panel to print the participant’s food package.

Add Baby Appointment



Step 1: Change Mom's category

1. Go to the **Certification** panel.
2. Click "New" in Termination box.
3. From Termination Reason drop down, choose Terminate Pregnant – recert as non-BF/BF.
4. In the effective date field, choose **today's** date and save.
5. Go to the **Application** panel and click "New" and save.
6. Go to the **Participant Category** panel and click "New", choose mom's new category - Breastfeeding or Non-Breastfeeding and save.



Step 2: Add Baby's name to the Family panel

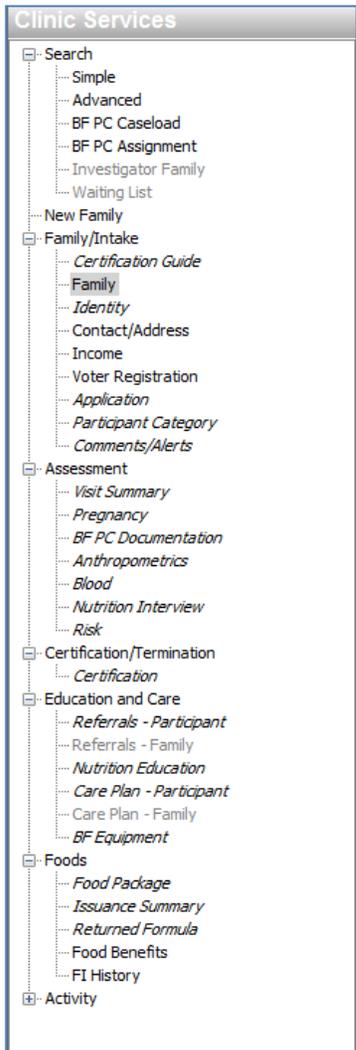
1. Access the **Family** panel.
2. Click on the New Member Proxy link to add the baby to the family.
3. Complete the pop-ups to add the baby to the family.

Step 3: Recertify Mom and Certify Baby

1. Complete the following panels:
 - **Identity** panel
 - **Contact/Address** panel
 - **Income** panel
 - **Voter Registration** panel

NOTE: You may also refer to the Quick Reference Guide – Certification (beginning with step #2) or Quick Reference Guide – Recertification (beginning with step #1)

Add Baby Appointment (cont.)



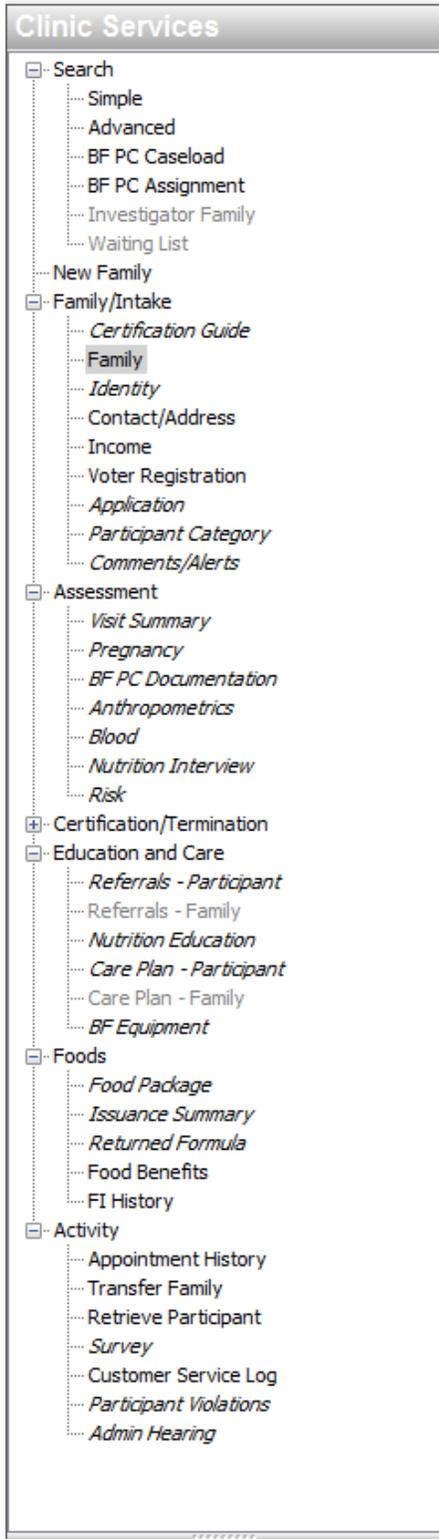
Step 3 Continued: Recertify Mom and Certify Baby

2. Click "Edit" to update the **Pregnancy** panel for mom and complete the right side.
 - Add the newborn baby into the box called Add infants born to this pregnancy.
 - Make sure the delivery date and baby's birth date are the same.
3. Complete the **Anthropometrics** panel for mom and baby.
4. Complete the **Blood** panel for mom.
5. Complete the following panels:
 - **Nutrition Interview**
 - **Risk**
 - **Certification**
6. Complete the **Nutrition Education** panel for mom and baby.
7. Complete **Referrals – Participant** panel.
8. Complete **Care Plan – Participant** panel for mom and baby.

Step 4: Choose Food package

1. Choose a food package for the **baby first** on the **Food Package** panel.
2. Choose a food package for mom on the **Food Package** panel.
3. Print checks from the **Food Benefits** panel.

Mid-Certification Appointment or Follow Up + Anthropometrics Appointment



Family/Intake

1. Access the **Contact/Address** panel to verify contact information. *TIP: Enter the person's primary phone number into the field labeled "Home."

Assessment

2. Access the **Pregnancy** panel to document a woman's pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.

3. Access the **Anthropometrics** panel to record information on weight and height/length.

4. For mid-certification appointments, access the **Nutrition Interview** to record information obtained during the counseling portion of the appointment. For Follow up + Anthropometrics appointments, update the **Nutrition Interview** with any changes to the breastfeeding information for infants and children.

5. Access the **Risk** panel to determine the participant's NRFs.

Education and Care

6. Access the **Nutrition Education** panel to record the education and pamphlets provided. NOTE: For a High Risk Follow up appointment, the WIC RD/RN must also check the box called "High Risk Follow Up Appointment."

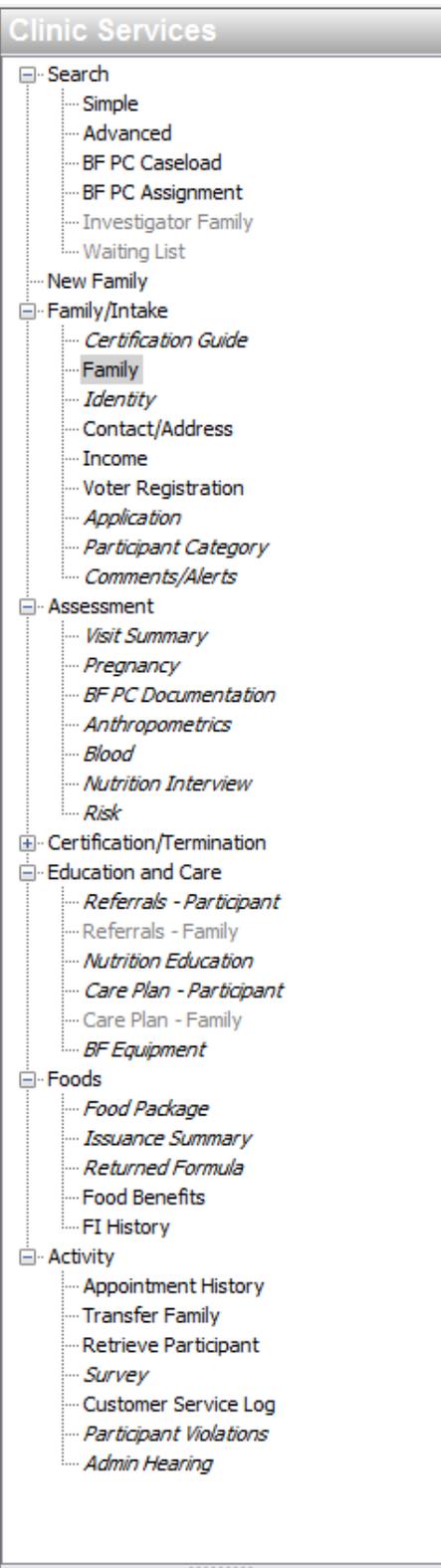
7. Access the **Care Plan – Participant** to record the education note or care plan.

Foods

8. Access the **Food Package** panel to choose the participant individual food package.

9. Access the **Food Benefits** panel to print the participant's food package.

Follow Up Appointment



Family/Intake

1. Access the **Contact/Address** panel to verify contact information. *TIP: Enter the person's primary phone number into the field labeled "Home."

Assessment

2. Access the **Pregnancy** panel to document a woman's prenatal and postpartum information if needed (e.g., EDD change).
3. Access the **Nutrition Interview** to update any breastfeeding information changes for infants and children.
4. Access the **Risk** panel to add any new NRFs identified during visit.

Education and Care

5. Access the **Nutrition Education** panel to record the education and pamphlets provided. NOTE: For a High Risk Follow up appointment, the WIC RD/RN must also check the box called "High Risk Follow Up Appointment."
6. Access the **Care Plan – Participant** to record the education note or care plan.

Foods

7. Access the **Food Package** panel to choose the participant individual food package.
8. Access the **Food Benefits** panel to print the participant's food package.

Out-of-State Transfer/VOC Appointment (Participant has NOT been on WIC in Colorado)

Clinic Services

- [-] Search
 - ... Simple
 - ... Advanced
 - ... BF PC Caseload
 - ... BF PC Assignment
 - ... Investigator Family
 - ... Waiting List
- [-] New Family
- [-] Family/Intake
 - ... *Certification Guide*
 - ... **Family**
 - ... Identity
 - ... Contact/Address
 - ... Income
 - ... Voter Registration
 - ... Application
 - ... Participant Category
 - ... Comments/Alerts
- [-] Assessment
 - ... Visit Summary
 - ... Pregnancy
 - ... BF PC Documentation
 - ... Anthropometrics
 - ... Blood
 - ... Nutrition Interview
 - ... Risk
- [-] Certification/Termination
- [-] Education and Care
 - ... Referrals - Participant
 - ... Referrals - Family
 - ... Nutrition Education
 - ... Care Plan - Participant
 - ... Care Plan - Family
 - ... BF Equipment
- [-] Foods
 - ... Food Package
 - ... Issuance Summary
 - ... Returned Formula
 - ... Food Benefits
 - ... FI History
- [-] Activity
 - ... Appointment History
 - ... Transfer Family
 - ... Retrieve Participant
 - ... Survey
 - ... Customer Service Log
 - ... Participant Violations
 - ... Admin Hearing

Search

1. Access the **Advanced** panel to search for a family to check whether they have been on WIC in Colorado.
2. Access the **New Family** panel to complete the intake information. *TIP: This may have already been completed when the participant/endorser called to schedule the appointment in the Compass Scheduler.

Family/Intake

3. Access the **Identity** panel to document the participant's proof of identity and primary health care provider, etc.
4. Access the **Contact/Address** panel to document the phone number and address (this may have already been completed when the participant/endorser schedule their appointment) and proof of address. *TIP: Enter the person's primary phone number into the field labeled "Home."
5. Access the **Voter Registration** panel to document the participant's voter registration information.

Assessment

6. Access the **Pregnancy** panel to document a woman's pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.
7. Access the **Risk** panel to determine the participant's NRFs from the VOC.
8. (For Infants) Access the **Nutrition Interview** panel to record breastfeeding information

Certification/Termination

9. Access the **Certification** panel to complete the appointment and have the participant sign the signature pad acknowledging their Colorado WIC rights and responsibilities.

Education and Care

10. Access the **Nutrition Education** panel to record the education and pamphlets provided.
11. Access the **Care Plan – Participant** to record the education note or care plan

Foods

12. Access the **Food Package** panel to choose the participant individual food package
13. Access the **Food Benefits** panel to print the participant's food package.

Out-of-State Transfer/VOC Appointment (Participant has been on WIC in Colorado)

Search

1. Access the **Advanced** panel to search for a family. If they are listed in Compass and not in your clinic, you will need to transfer the family to your clinic. Please reference the *Quick Reference Guide – In-State Transfer* for instruction. Once the transfer is complete, if the participant has a WIC Status of Active, proceed to step # 2 once they have been transferred to your clinic. If the participant has a WIC Status of Terminated once transferred to your clinic, proceed to step # 3.

Family/Intake

2. If the participant's current WIC Status is Active, access the **Certification** panel, and terminate their certification. Proceed back to step #3.
3. If the participant's current WIC Status is Terminated, access the **Application** panel to fill in the Out-Of-State VOC Information. This will change their WIC Status to Pending.
4. Access the **Identity** panel to document the participant's proof of identity and primary health care provider, etc.
5. Access the **Contact/Address** panel to document the phone number, address and proof of residency. *TIP: Enter the person's primary phone number into the field labeled "Home."
6. Access the **Voter Registration** panel to document the participant's voter registration information.

Assessment

7. Access the **Pregnancy** panel to document a woman's pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.
8. Access the **Risk** panel to determine the participant's NRFs from the VOC
9. (For Infants) Access the **Nutrition Interview** panel to record breastfeeding information.

Certification/Termination

10. Access the **Certification** panel to complete the appointment and have the participant sign the signature pad acknowledging their Colorado WIC rights and responsibilities.

Education and Care

11. Access the **Nutrition Education** panel to record the education and pamphlets provided.
12. Access the **Care Plan – Participant** to record the education note or care plan

Foods

13. Access the **Food Package** panel to choose the participant individual food package
14. Access the **Food Benefits** panel to print the participant's food package

Clinic Services

- [-] Search
 - ... Simple
 - ... Advanced
 - ... BF PC Caseload
 - ... BF PC Assignment
 - ... Investigator Family
 - ... Waiting List
- ... New Family
- [-] Family/Intake
 - ... Certification Guide
 - ... Family
 - ... Identity
 - ... Contact/Address
 - ... Income
 - ... Voter Registration
 - ... Application
 - ... Participant Category
 - ... Comments/Alerts
- [-] Assessment
 - ... Visit Summary
 - ... Pregnancy
 - ... BF PC Documentation
 - ... Anthropometrics
 - ... Blood
 - ... Nutrition Interview
 - ... Risk
- [-] Certification/Termination
- [-] Education and Care
 - ... Referrals - Participant
 - ... Referrals - Family
 - ... Nutrition Education
 - ... Care Plan - Participant
 - ... Care Plan - Family
 - ... BF Equipment
- [-] Foods
 - ... Food Package
 - ... Issuance Summary
 - ... Returned Formula
 - ... Food Benefits
 - ... FI History
- [-] Activity
 - ... Appointment History
 - ... Transfer Family
 - ... Retrieve Participant
 - ... Survey
 - ... Customer Service Log
 - ... Participant Violations
 - ... Admin Hearing

In-State Transfer

Clinic Services

- [-] Search
 - ... Simple
 - ... Advanced
 - ... BF PC Caseload
 - ... BF PC Assignment
 - ... Investigator Family
 - ... Waiting List
- [-] New Family
- [-] Family/Intake
 - ... *Certification Guide*
 - ... **Family**
 - ... *Identity*
 - ... Contact/Address
 - ... Income
 - ... Voter Registration
 - ... *Application*
 - ... *Participant Category*
 - ... *Comments/Alerts*
- [-] Assessment
 - ... *Visit Summary*
 - ... *Pregnancy*
 - ... *BF PC Documentation*
 - ... *Anthropometrics*
 - ... *Blood*
 - ... *Nutrition Interview*
 - ... *Risk*
- [-] Certification/Termination
- [-] Education and Care
 - ... *Referrals - Participant*
 - ... Referrals - Family
 - ... *Nutrition Education*
 - ... *Care Plan - Participant*
 - ... Care Plan - Family
 - ... *BF Equipment*
- [-] Foods
 - ... *Food Package*
 - ... *Issuance Summary*
 - ... *Returned Formula*
 - ... Food Benefits
 - ... FI History
- [-] Activity
 - ... Appointment History
 - ... Transfer Family
 - ... Retrieve Participant
 - ... *Survey*
 - ... Customer Service Log
 - ... *Participant Violations*
 - ... *Admin Hearing*

Search

1. Access the **Advanced** panel to search for a family. Click on the Family ID or Participant ID to display the family's information on the Family panel.

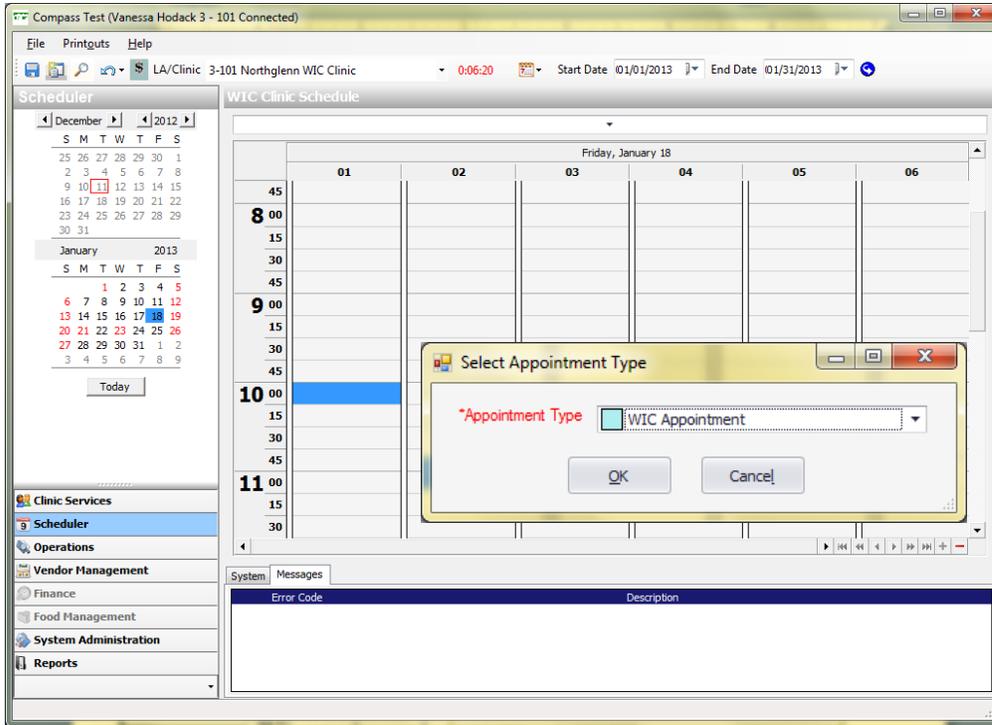
- If you do not have rights to access a family, a dialogue box appears and asks, "You do not have permission to this family, would you like to perform a transfer?" Click YES.

Activity

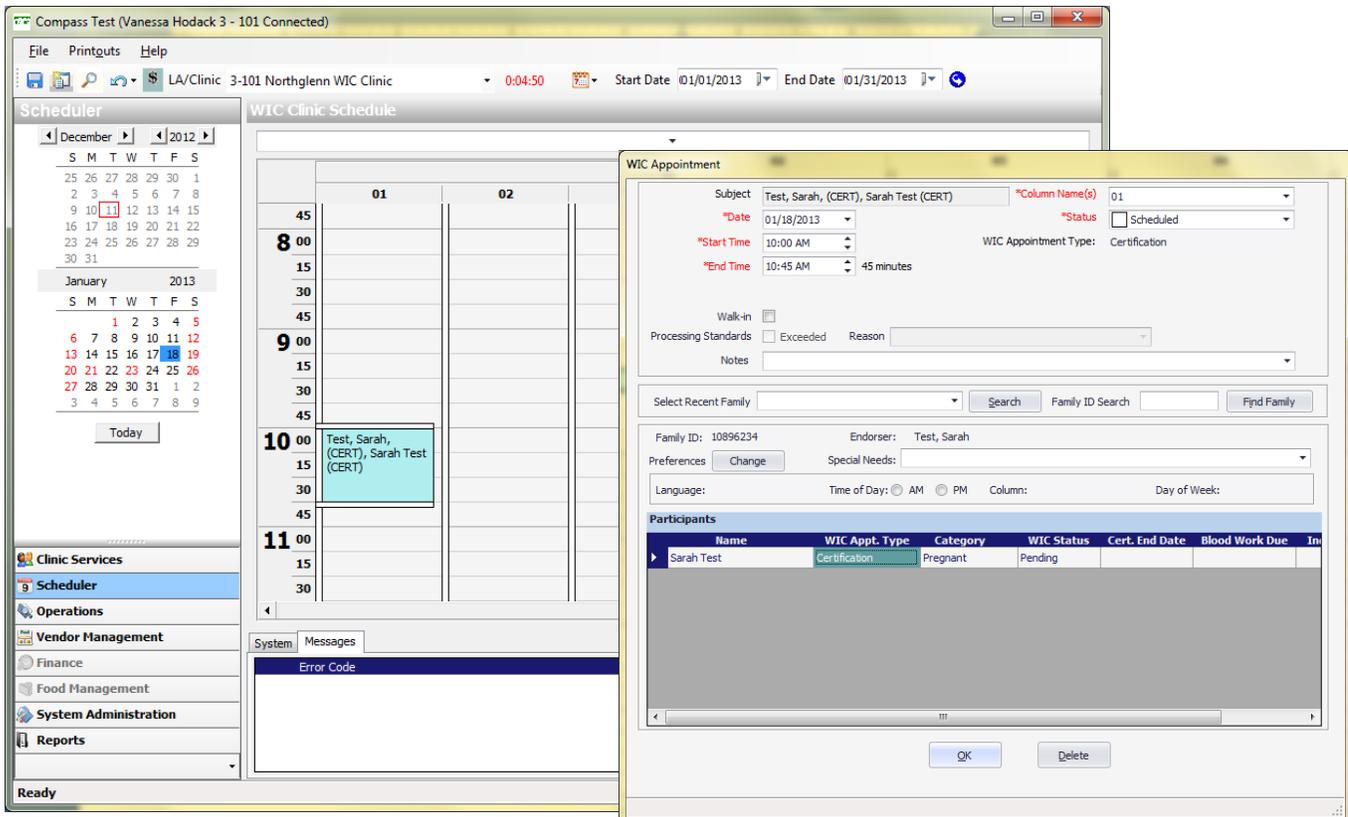
2. On the **Transfer Family** panel, the user can transfer the family to the new clinic.

*Finally proceed to **Scheduler** to schedule the family/participant for the appropriate appointment.

Scheduling an Appointment

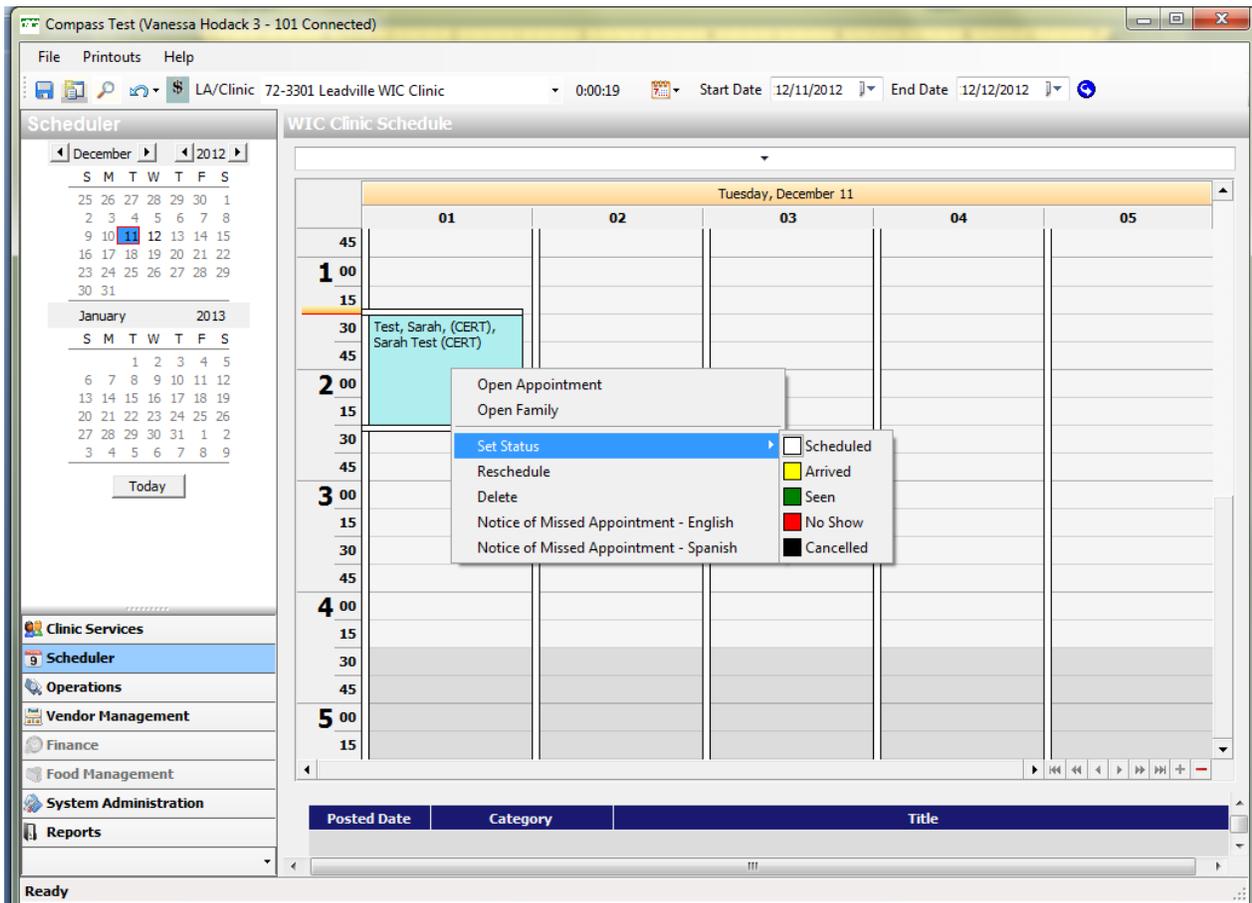


1. Access **Scheduler**
2. Access calendar on the left-hand side of the Compass screen to choose the date.
3. Once the date is chosen, find an open time slot.
4. Right click the open appointment time and choose New Appointment.
5. From **Select the Appointment Type** choose the Appointment Type.
6. From the **WIC Appointment** screen, select the family and **WIC Appointment Type**.
7. Select "OK"
8. Appointment is now in the WIC Clinic Schedule.



Update Appointment Status

1. Access the **Scheduler**
2. Click on the **Date Range Quick Select** icon (), to choose a range of dates. The appointment you want to update must be within this date range.
3. Use the calendar on the left-hand side of the screen to find the date.
4. Right click on the appointment and choose **Set Status**.
5. Update the appointment by choosing Scheduled, Arrived, Seen, No Show or Cancelled



Note: The appointment status will automatically update to “Seen” when the Nutrition Education panel is completed or checks are printed.

Dual Participant Search

Dual Participant Search

First Name: Sarah Wild Card First Name equals Sarah
 Middle Name: Wild Card And
 Last Name: Test Wild Card Last Name equals Test
 *Sex: Female Include
 *Date of Birth: 02/23/1990 Include

Search Results (State Wide Dual Participation)

Family ID	Person ID	Name	Category
10896234	10968063	Test, Sarah	Pregnant

Statewide Sketch

LA/Clinic : 3-101 Northglenn WIC Clinic
 Family ID : 10896234
 Endorser : Sarah Test
 Person ID : 10968063
 Zip Code : 80121
 Home Phone Number : (555) 555-5555

Participant Information

Participant : Test, Sarah
 Person ID : 10968063
 Category : Pregnant
 Date of Birth : 02/15/1990
 Sex : Female
 Application Type : Regular
 WIC Status : Active
 WIC Status Date : 12/11/2012
 Certification End Date : 06/30/2013
 FB Issuance Code : 3 Months
 FB First Date to Use : 02/01/2013
 FB Last Date to Use : 02/28/2013

Member/Proxy

Person ID: 10968067 Old Participant ID:

*First Name: Sarah
 Middle Name:
 *Last Name: Test
 Suffix:

Member Type

Endorser
 Additional Endorser
 Proxy

Special Needs:

When the **Dual Participant Search** lists a possible dual, the user must click on the Family ID or Person ID to view the **Statewide Sketch**. The **Statewide Sketch** shows important participant information that will help the user determine if the participant is enrolled on WIC in another agency/clinic.

If the staff person determines that the person in the **Statewide Sketch** is the same participant, the staff person must delete this participant from being a dual by completing the following:

1. Click "Close" on the **Statewide Sketch**
2. Click "Back" on the **Dual Participation Search**
3. Click "Delete" on the **Member/Proxy** pop up screen

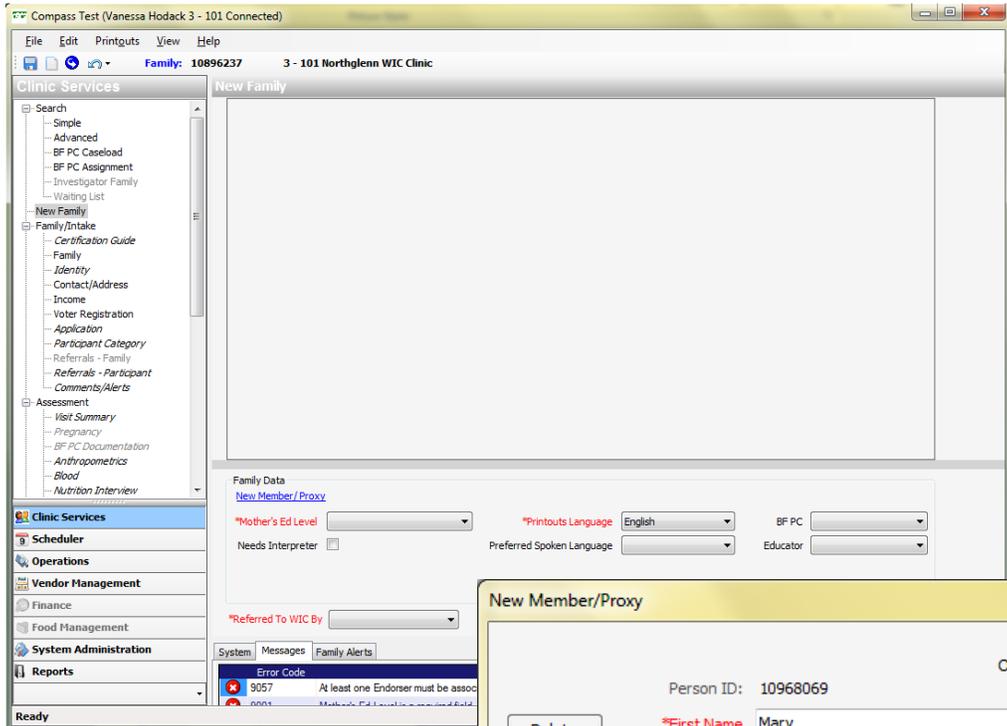
Once this is complete, the participant must be transferred into the appropriate clinic by accessing the **Transfer Family** panel. Please reference the *Quick Reference Guide – In-State Transfer* for instruction.

Add a WIC Applicant into Compass



1. Access the **Advanced** panel to search for the participant to ensure that they are not already on WIC in Colorado. If the participant is not in the Compass system, access the **New Family** panel.

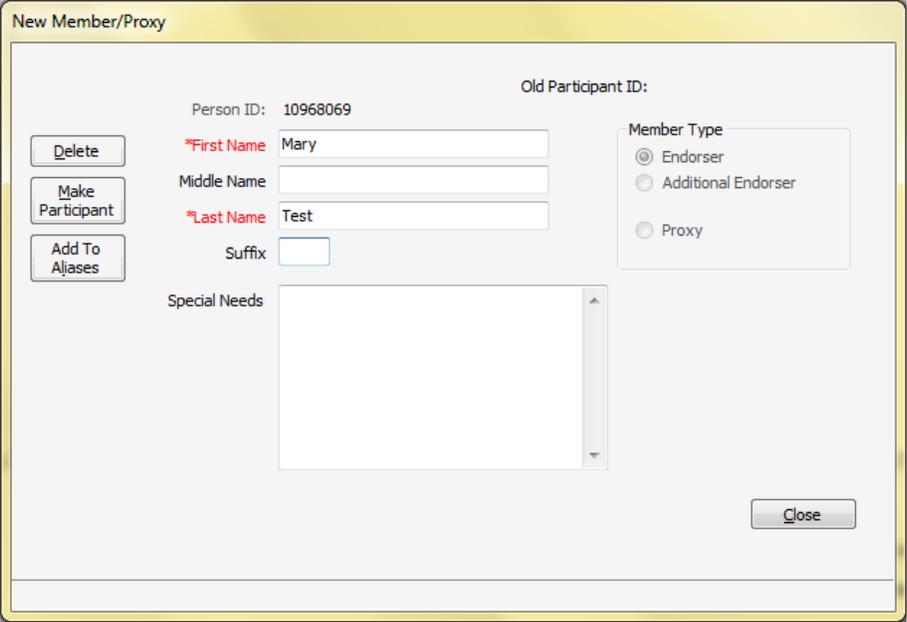
*TIP: Remember if the participant came from a Colorado clinic that is still using the ASPENS system, they will not show up in the Compass Advanced search. Make sure to ask good questions to determine whether the participant has been on WIC in Colorado. Please refer to the Packet D Transfer Policy.



2. Within the **New Family** panel, click on the New Member/Proxy link to pull up the **New Member/Proxy** pop up

3. In the **Member/Proxy** pop up, complete the required fields indicated in red.

If the person is an Endorser, but is NOT a participant, click "Close." However, if the person is a participant, click "Make Participant."



Add a WIC applicant into Compass (cont.)

Dual Participant Search

First Name: Mary Wild Card First Name equals Mary
 Middle Name: Wild Card And
 Last Name: Test Wild Card Last Name equals Test
 *Sex: Female Include
 *Date of Birth: 09/05/1990 Include

Search Results (State Wide Dual Participation)

Family ID	Person ID	Name	Category
(Empty table)			

9032 The search criteria entered returned 0 results.

4. Complete the **Dual Participant Search** required fields (Sex and Date of Birth), then click "Search."

If the search returns no possible duals, click "Next." However, if another name appears, follow the *Quick Reference Guide - Dual Participant Search*.

Participant Category

Name: Mary Test

*Participant Category: Pregnant
 Breastfeeding
 Not Breastfeeding
 Pregnant

Miscarriage

5. Complete the **Participant Category** pop up by choosing the appropriate category and clicking "Next."

If the participant is a postpartum women and the result of her pregnancy was a miscarriage, click the box labeled "Miscarriage."

Add a WIC applicant into Compass (cont.)

Application

Name: Mary Test
Application Date: 12/11/2012

Out-of-State VOC

Out-of-State VOC

Certification Start Date: []/[]/[]

Certification End Date: []/[]/[]

Last Benefits Start Date: []/[]/[]

Last Benefits End Date: []/[]/[]

6. Complete the **Application** pop up by clicking “Next” if the participant is not an Out-of-State VOC.

Enrollment

Name: Mary Test

*Sex: Female

*Date of Birth: 09/05/1990

Expected DOB: []/[]/[]

*Hispanic/Latino: Yes

Mother: []

*Race

White

Black

Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Foster Care

Entered Foster Care Date: []/[]/[]

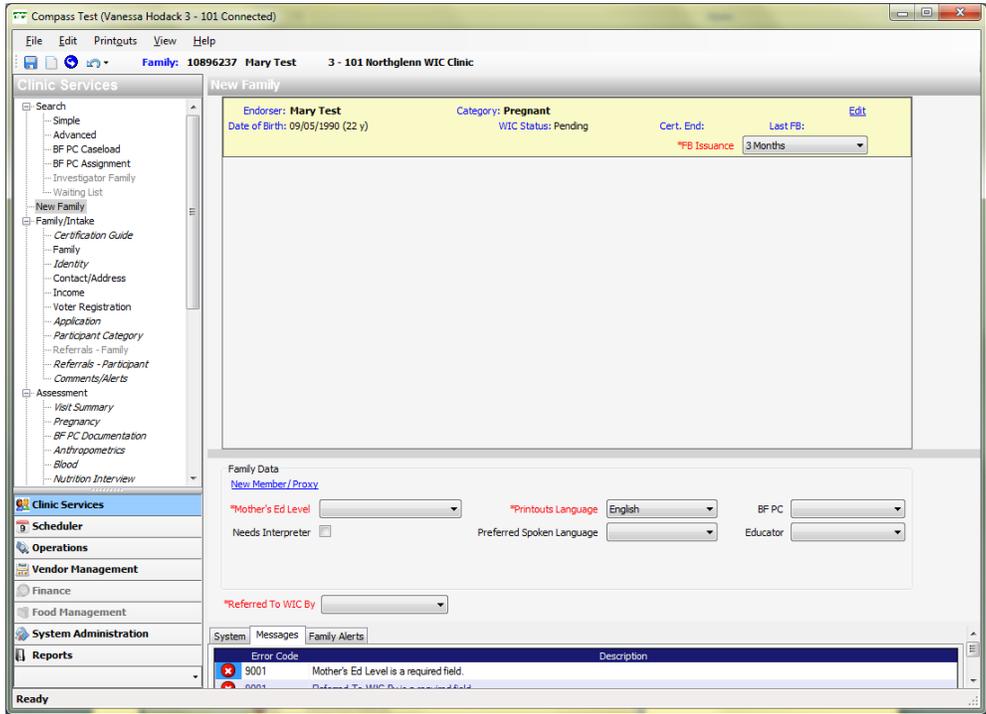
Changed Foster Families Date: []/[]/[]

7. Complete the required fields in the **Enrollment** pop up.

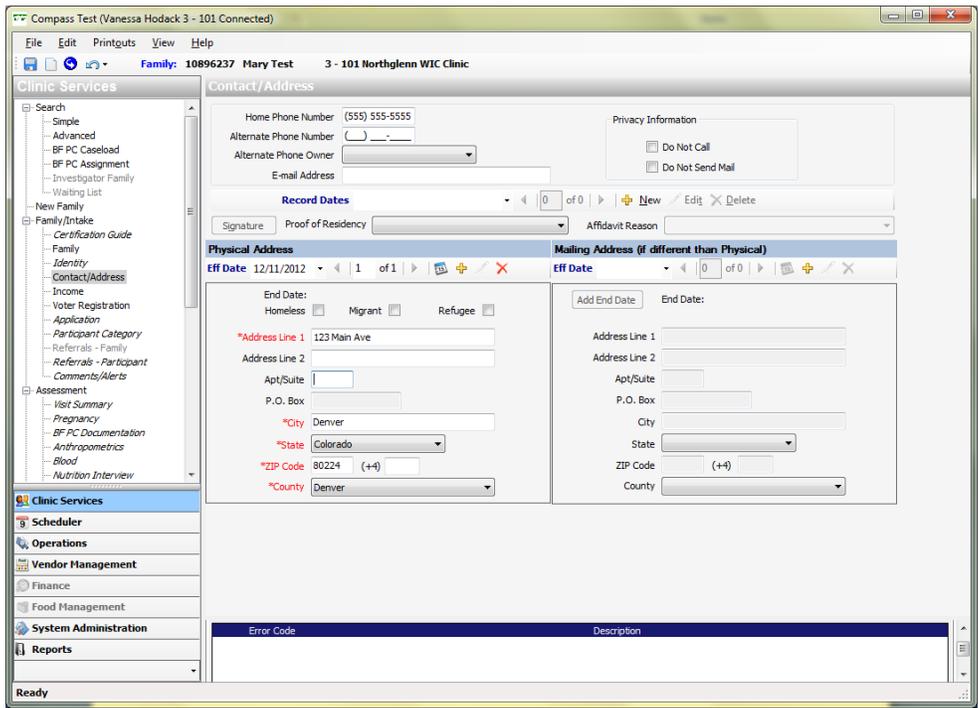
If the participant is a foster child, click the “Make Foster Child” pop up to complete the required fields.

Once the screen is complete, click “Finish.” The participant will be added to the New Family screen as shown on the following page.

Add a WIC applicant into Compass (cont.)



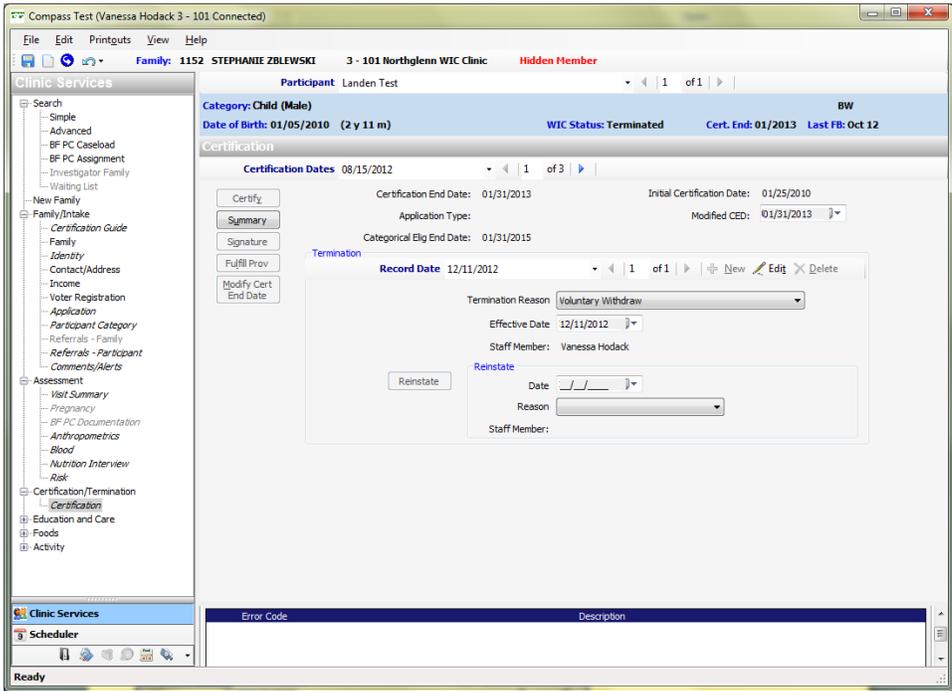
8. The family has been added to the **New Family** panel.



9. Go to the **Contact/Address** panel to enter the applicant's phone number and address. Note: Do not complete the Proof of Residency until the participant presents an acceptable proof of residency at the clinic.

10. Proceed to the **Scheduler** to schedule the applicant for a WIC Certification appointment.

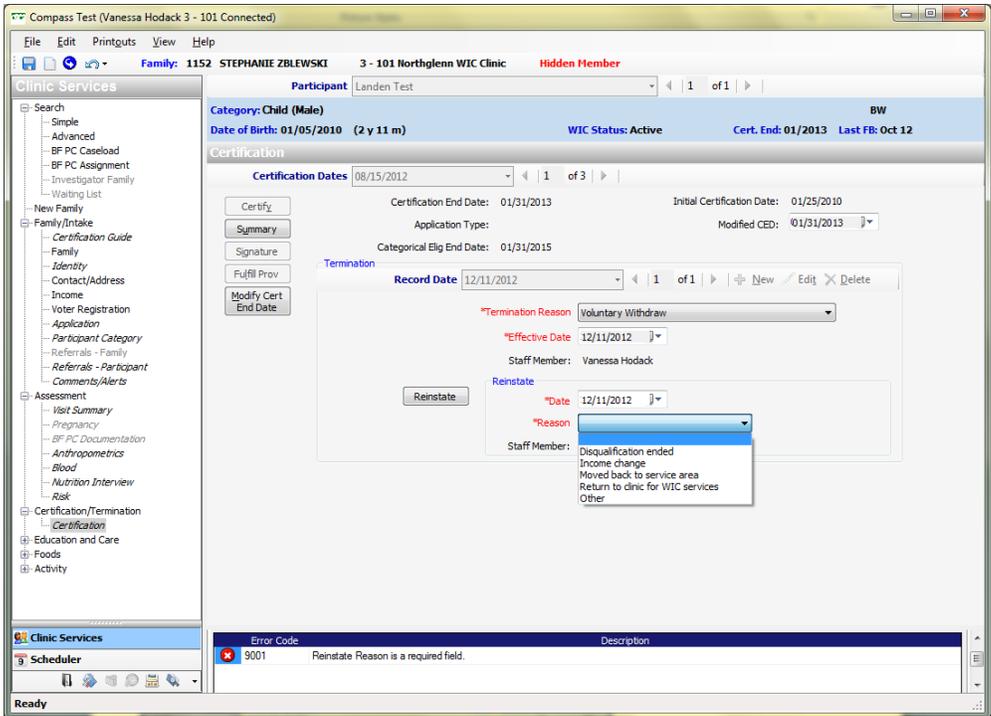
Reinstate a Participant



1. When a participant has been terminated and they are within their certification period (i.e. their CED is in the future), the participant may be reinstated.

2. Find the participant by performing a search.

3. Access the **Certification** panel and click "Edit" button in the Termination box.



4. Click "Reinstate" to make the participant's WIC Status Active.

5. The user must choose a reason to reinstate from the drop down list.

Issue/Return a Breast Pump

1. Find the participant by accessing the **Advanced** search panel.
2. Access the **BF Equipment** panel under the **Education and Care** branch to issue a breast pump.
3. Click “New” to create a new record date.
4. Complete the required fields and obtain a signature from the participant. The Contact/Return Date is when the participant expects to no longer need the pump.
5. Scan the participant’s ID into Compass.
6. To return the breast pump, click ‘Edit’ and complete the *Serialized Inventory Item Disposition* field. Completing this field will allow the pump to be issued to another participant.

The screenshot shows the 'BF Equipment' section of the Compass Test software. The participant is Nancy Test, 35 years old, with a birth date of 10/09/1985. The equipment is a 'Multi-User Breast Pump' (Lactina Electric Pump) with serial number 674832117. The contact/return date is 01/16/2013, and the reason for return is 'Engorgement'. The interface also includes a table for 'Non-Serialized Items' and a 'Documentation' section with fields for Proof of Identity, Contact 1, Contact 2, and Contact 3.

Removing/Returning Breast Pumps to/from Compass circulation:

This procedure will be followed when removing any pump from circulation for either a temporary or permanent reason: damaged, stolen, etc. When the pump is repaired and returned, then the user will choose the Add Row button and select the Transaction as Returned or Re-added to return the pump to circulation. **(Note: Security access to perform this function is typically given to Directors and Supervisors only)**

1. Go to the Operations Branch function area
2. Click on the Serialized Inventory panel under the Operations Branch
3. Find the pump that was incorrectly entered and select the History link
4. Under History, select “Add Row”, in the Transaction column select the status as Retired which removes the pump from circulation. Tab through to Comments. Under comments, type “entered into incorrect clinic”.

Change a Participant's Category

For Participants with a WIC Status of Active

Pregnant to Pregnant:

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in Termination box.
3. Pick from Termination Reason drop down, "Terminate Pregnant – recert as Pregnant"
4. In the Effective Date field, choose today's date.
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application.
6. Then click "New" to add a new pregnancy record for the current pregnancy
7. *Refer to the Quick Reference Guide - Recertification*

Pregnant to Breastfeeding/Non-Breastfeeding

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box
3. Pick from the Termination Reason drop down, "Terminate Pregnant – recert as non-BF/BF"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application.
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

Non-Breastfeeding to Breastfeeding

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box.
3. Pick from Termination Reason drop down, "Terminate Postpartum/Non-BF – recert as BF"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

Breastfeeding/Non-Breastfeeding to Pregnant:

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box
3. Pick from Termination Reason drop down, "Terminate Postpartum/BF – recert as Pregnant"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

Change a Participant's Category (cont.)

Breastfeeding to Non-Breastfeeding

1. When changing the woman's participant category from Breastfeeding to Not Breastfeeding consider the following conditions:
 - If the mother is < 6 months postpartum and staff change the participant category from Breastfeeding to Not Breastfeeding and click save, Compass will change the mother's CED and CEED to the end of the month in which the infant turns 6 months old. For example, if the infant's DOB is 2/18 then the mom's CED and CEED will advance to 8/31.
 - If the mother is \geq 6 months postpartum and staff changes the participant category from Breastfeeding to Not Breastfeeding, staff must go to the **Certification** panel and terminate the participant with the reason of "Not BF 6 months postpartum." The Effective Date of the termination will be set out 15 days from today's date. This allows staff to give the appropriate 15 days worth of benefits.

Infant to Child:

1. Under **Family/Intake**, go to **Identity** panel and go all the way through the recertification appointment. You do not need to change the category! Once the infant turns a year, Compass will automatically change the infant's category to child. *Refer to the Quick Reference Guide – Recertification.*

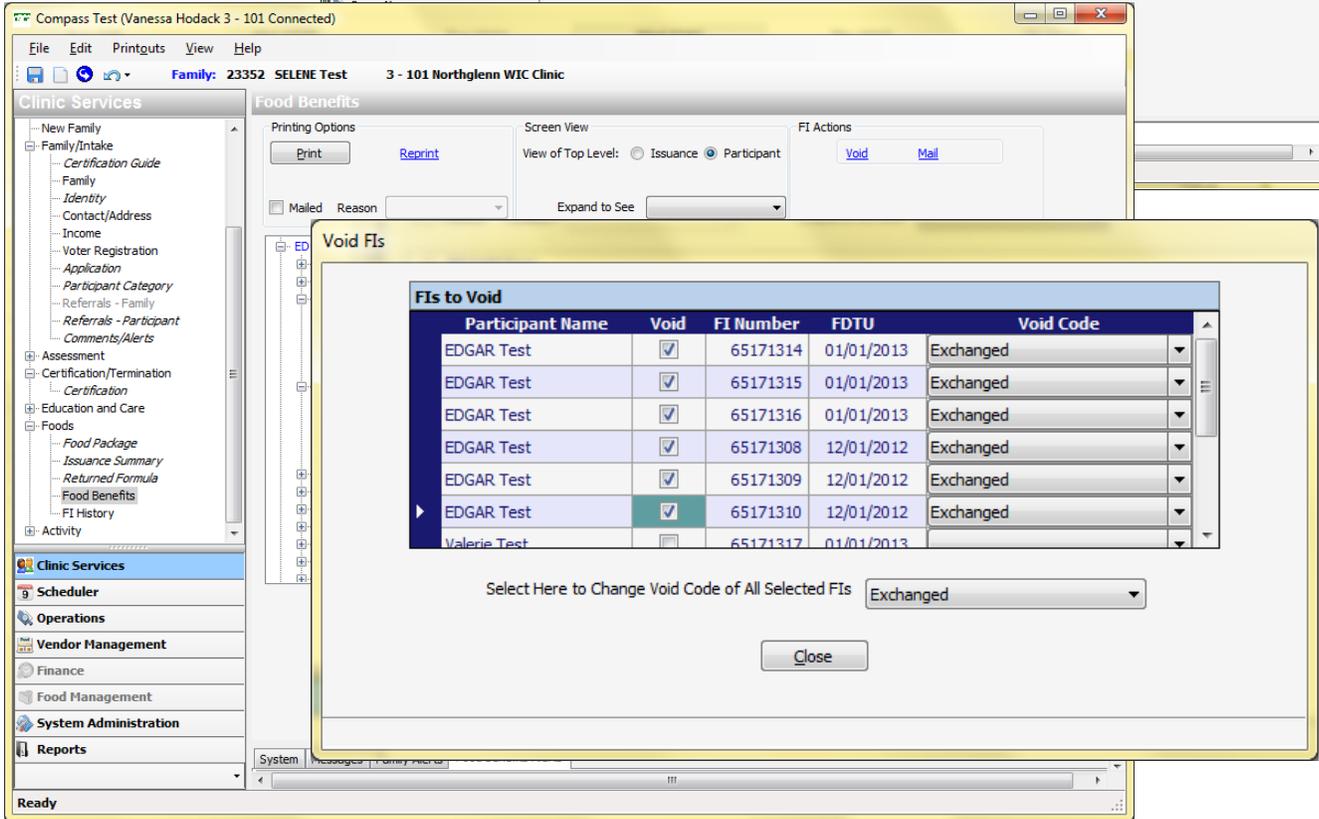
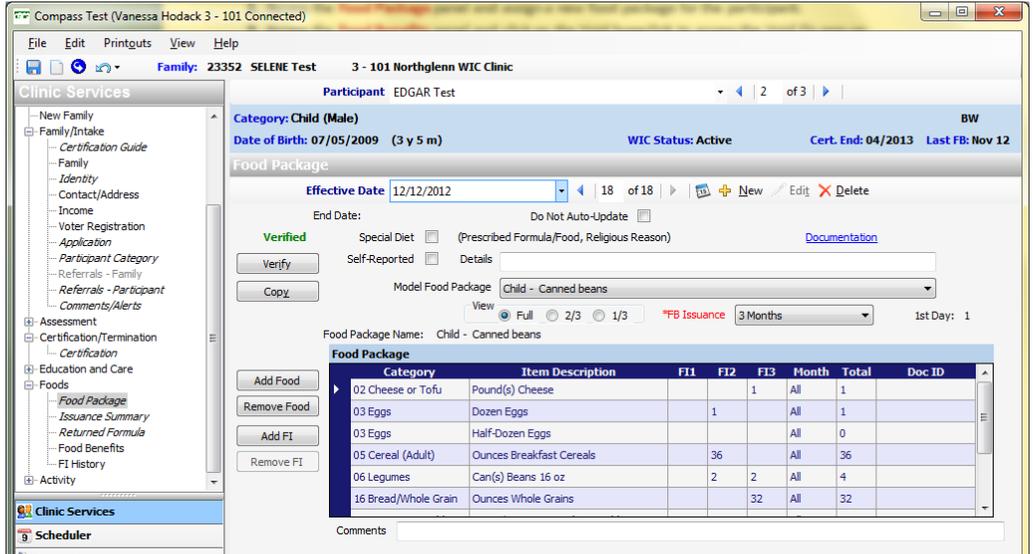
For Participants with a WIC Status of Terminated

For a participant with a WIC Status of "Terminated" complete the following steps to change their category.

1. Under **Family/Intake**, go to the **Application** panel and click "New" to change their WIC Status from Terminated to Pending.
2. Under **Family/Intake**, go to the **Participant Category** panel and choose the appropriate category.
3. *Refer to the Quick Reference Guide – Recertification*

Exchange Checks for a Different Food Package

1. Make sure none of the current month checks have been cashed and you have all returned checks in hand.
2. Access the **Food Package** panel and assign a new food package for the participant.
3. Access the **Food Benefits** panel and click on the Void hyperlink to access the Void FIs pop-up.
4. From the Void FIs pop-up, select the check box for the FIs you need to void.
5. Choose the appropriate Void Code from the drop down list.
6. Click "Close".
7. Click "Print" to print the new food package.
8. Collect the participant's signature on the signature pad.



Reissue Lost/Stolen/Damaged Checks

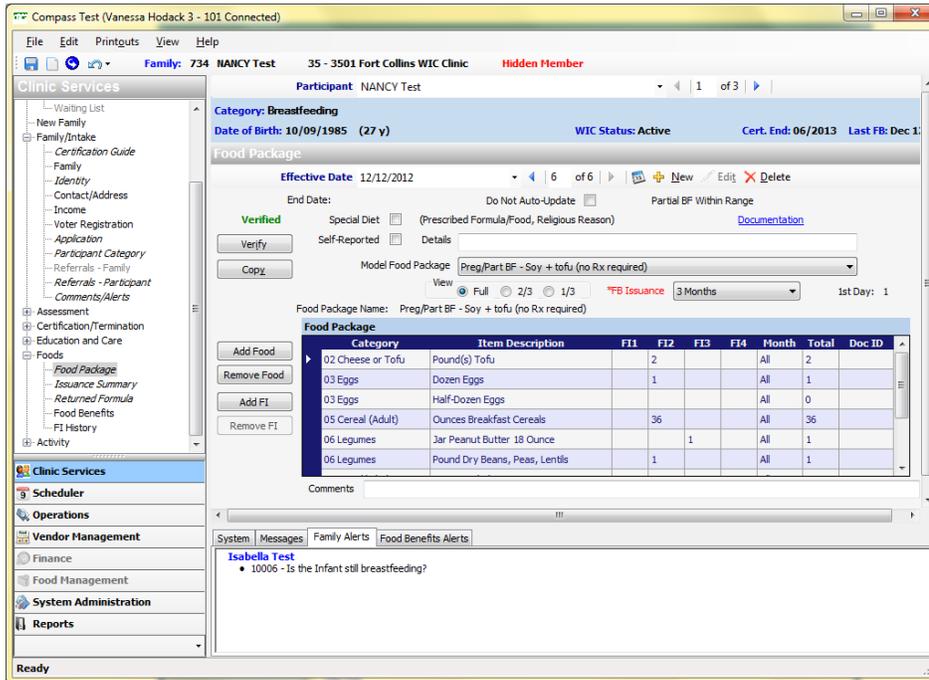
1. Access the **Food Benefits** panel
2. Click "Reprint" in the Printing Options box to get the Reprint FI pop-up
3. In the Reprint FI pop-up, select the box for the FI(s) that need to be reprinted
4. Select a Void Code in the drop down box (e.g., Stolen).
5. Click the "Print" button to print replacement checks.
6. Collect the participant's signature on the signature pad.

The screenshot shows the 'Compass Test' software interface. The main window is titled 'Compass Test (Vanessa Hodack 3 - 101 Connected)'. The 'Food Benefits' section is active, showing 'Family: 23352 SELENE Test' and '3 - 101 Northglenn WIC Clinic'. The 'Printing Options' section has the 'Reprint' button highlighted. The 'Reprint FI' pop-up window is open, displaying a table of FIs to reprint. The table has columns for 'Participant Name', 'Reprint', 'FI Number', 'FDTU', and 'Void Code'. All 'Reprint' checkboxes are checked, and the 'Void Code' dropdown is set to 'Stolen'. Below the table is a dropdown menu labeled 'Select Here to Change Void Code of All Selected FIs'. At the bottom of the pop-up are 'Print' and 'Cancel' buttons. A status bar at the bottom of the pop-up reads: '10216 The FIs will be reprinted and the Benefits Family will be saved when the "Print" button is pressed.'

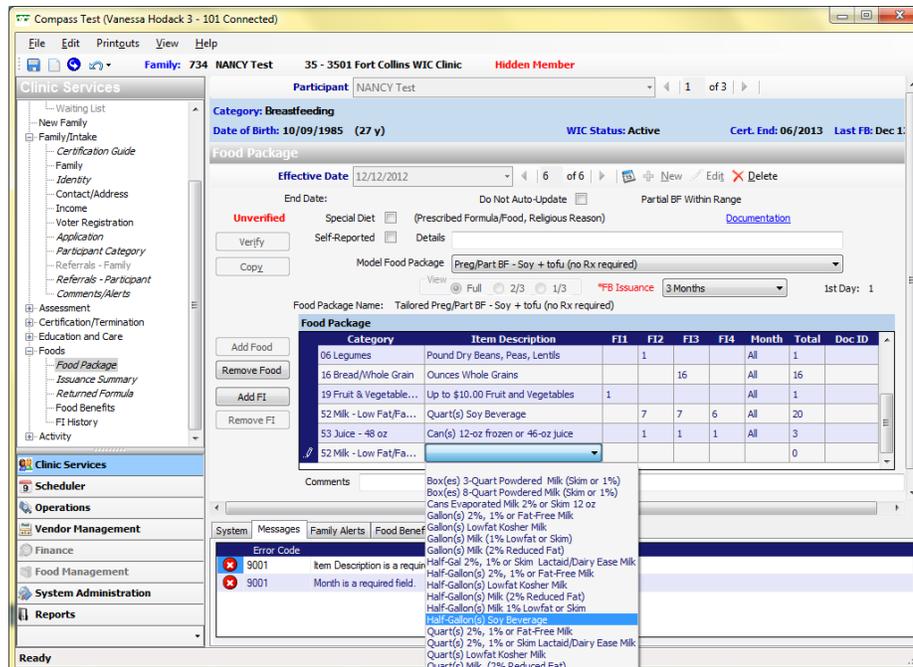
Participant Name	Reprint	FI Number	FDTU	Void Code
Valerie Test	<input checked="" type="checkbox"/>	65171317	01/01/2013	Stolen
Valerie Test	<input checked="" type="checkbox"/>	65171318	01/01/2013	Stolen
Valerie Test	<input checked="" type="checkbox"/>	65171319	01/01/2013	Stolen
Valerie Test	<input checked="" type="checkbox"/>	65171311	12/01/2012	Stolen
Valerie Test	<input checked="" type="checkbox"/>	65171312	12/01/2012	Stolen
Valerie Test	<input checked="" type="checkbox"/>	65171313	12/01/2012	Stolen

Tailor a Food Package - Example

1. Access the **Food Benefits** panel. From the Model Food Package drop down, select a model food package that is as close as possible to the tailored package you want (e.g., if you want a food package with half-gallons of soy beverage, select the package which contains quarts of soy beverage).

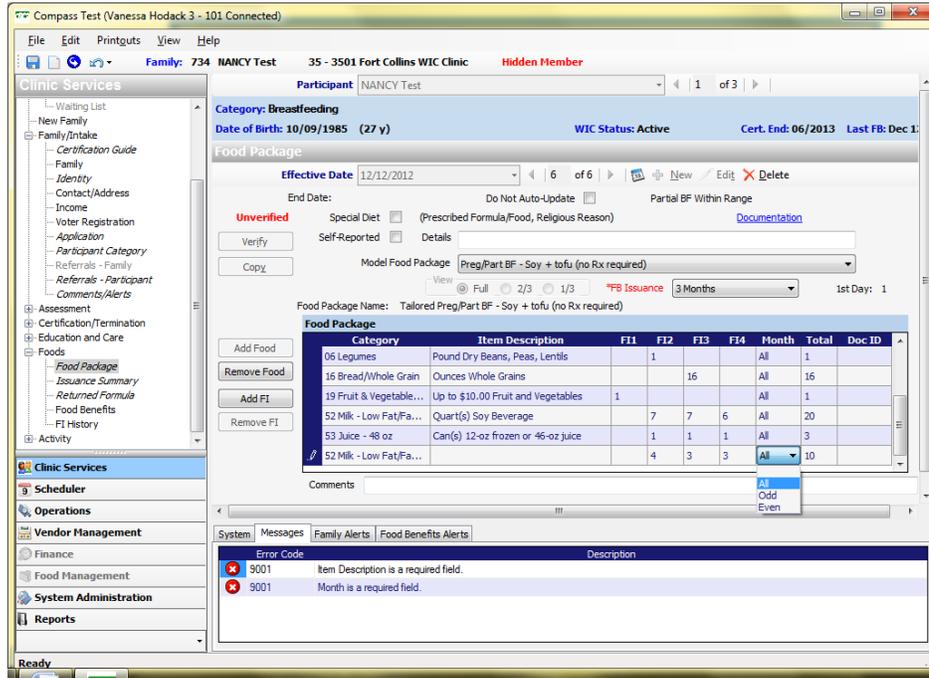


2. Click on the button called "Add Food," and select the category and item description of the food you need.

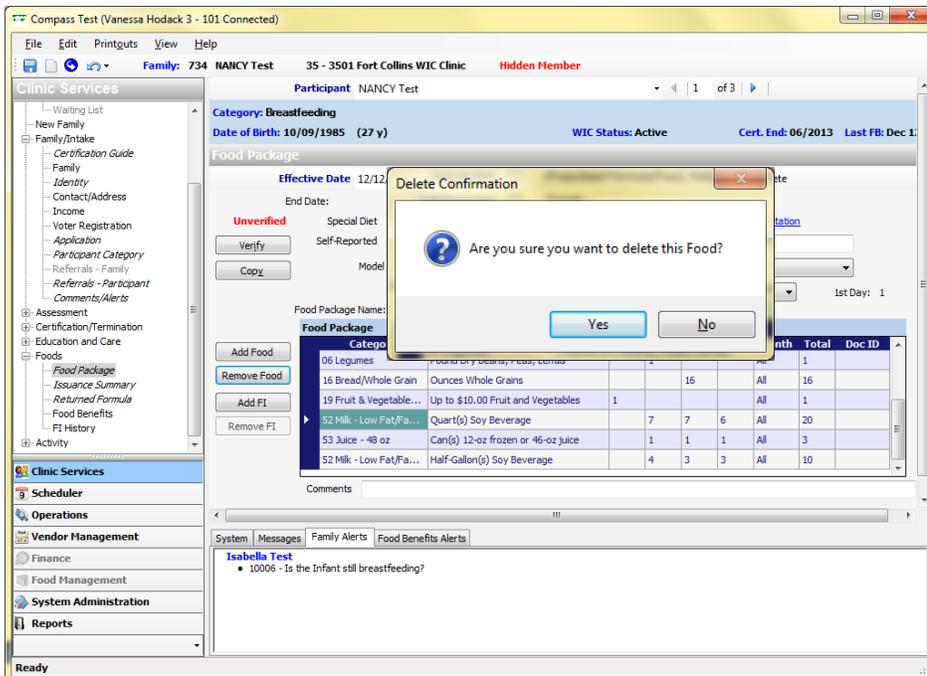


Tailor a Food Package – Example (cont.)

3. Determine how many half-gallons of soy beverage are allowed. Look at the number of quarts (20 Total) and from that, calculate the number of half-gallons allowed (10). Enter the number of half-gallons on FI2, FI3, and FI4. (Remember that FI1 is reserved for the fruit and vegetable check and cannot contain any other foods.) Select “All” for the months.



4. Next, highlight the row you wish to delete (in this case, the quarts of soy beverage) and select “Remove Food.” Then click “Yes” to confirm that you want to delete the food.



Tailor a Food Package - Example (cont.)

6. Click on the “Verify” button. The package verifies. Note that the food package name includes the word “Tailored.”

The screenshot shows the 'Food Package' section with the following table:

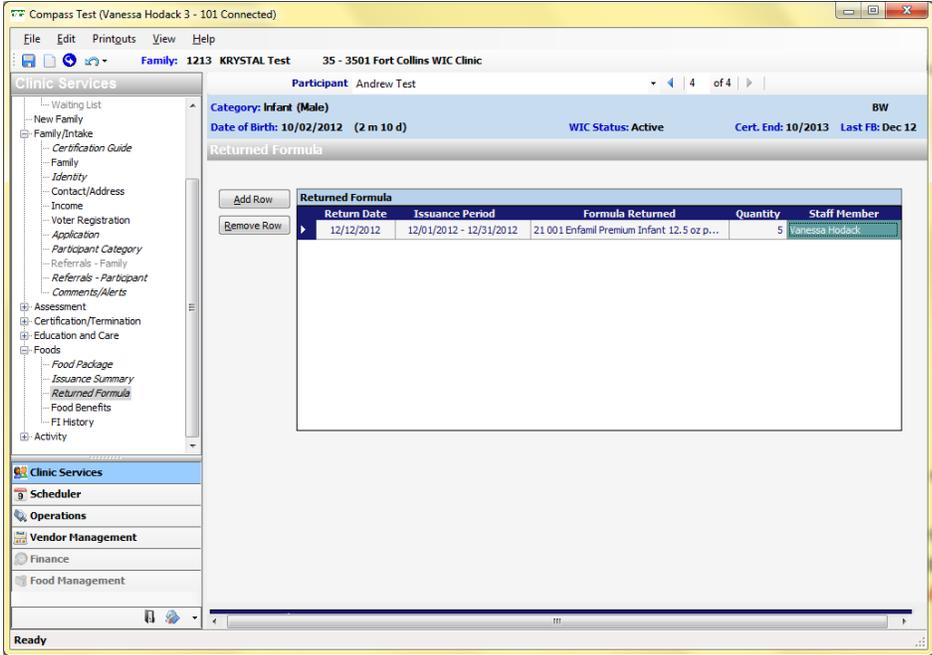
Category	Item Description	F11	F12	F13	F14	Month	Total	Doc ID
06 Legumes	Jar Peanut Butter 18 Ounce		1			All	1	
06 Legumes	Pound Dry Beans, Peas, Lentils		1			All	1	
16 Bread/Whole Grain	Ounces Whole Grains			16		All	16	
19 Fruit & Vegetable...	Up to \$10.00 Fruit and Vegetables	1				All	1	
53 Juice - 48 oz	Can(s) 12-oz frozen or 46-oz juice	1	1	1		All	3	
52 Milk - Low Fat/Fa...	Half-Gallon(s) Soy Beverage	4	3	3		All	10	

Helpful hints:

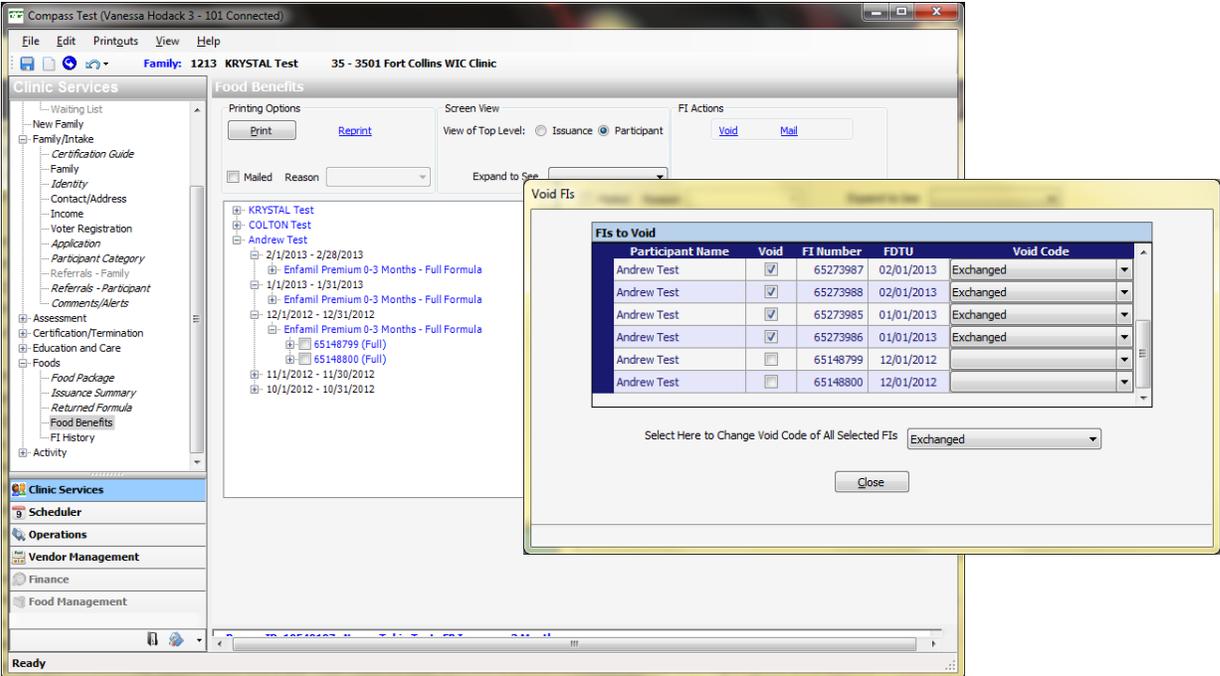
- ✓ Start with a model food package whenever possible
- ✓ “Add” foods before deleting the ones you don’t want
- ✓ Refer to the following tables in the “Foods” section to identify maximum amounts of allowed foods:
 - Examples of Food Package Proration Amounts
 - Maximum monthly amount of formula authorized by Colorado WIC

Exchanging Formula

1. From the **Returned Formula** panel, enter the number of formula cans returned (if any). This should be the number of actual cans the participant has in their hand and must be formula for the current month.

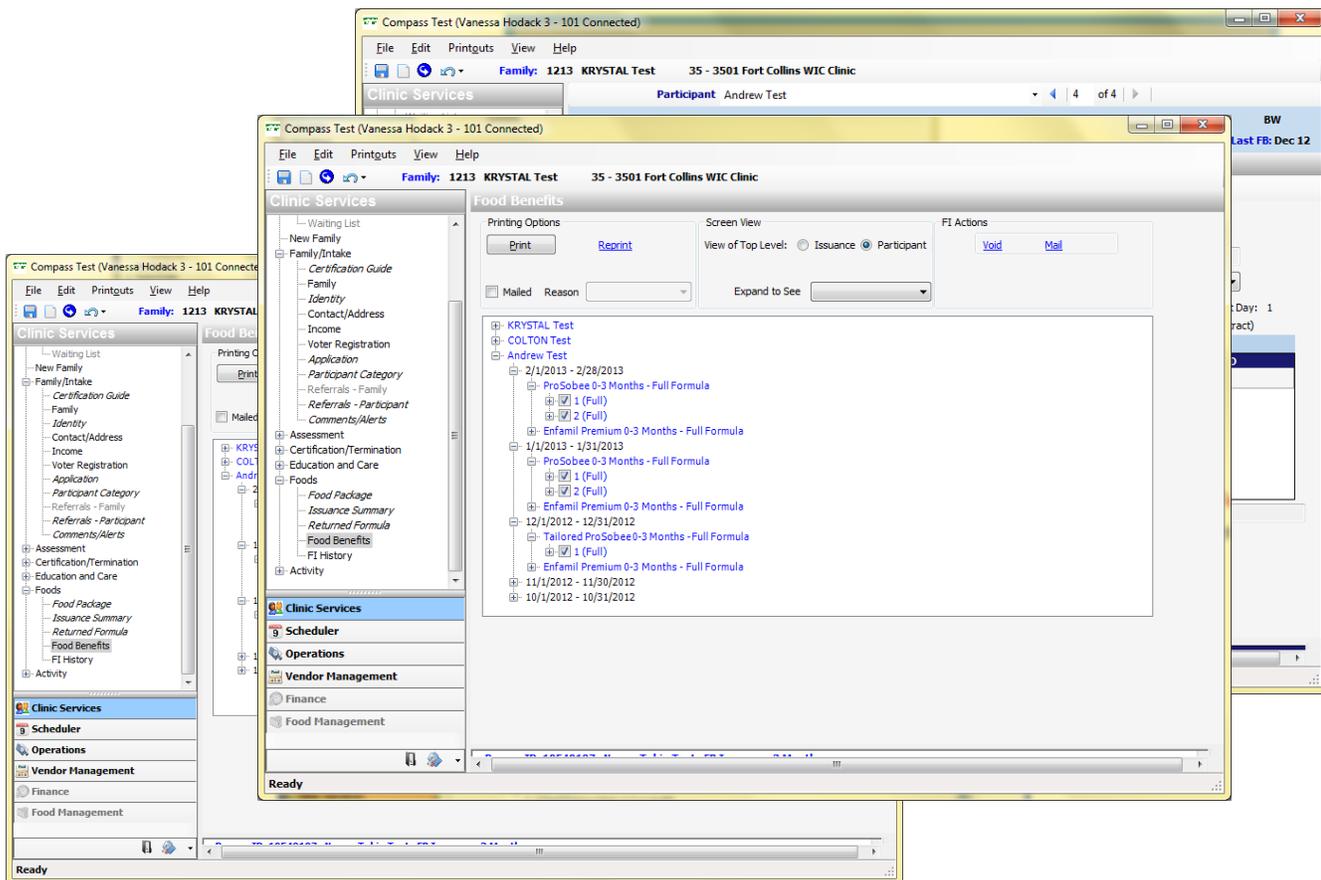


2. From the **Food Benefits** panel, click the Void hyperlink to access the Void FIs pop-up.
3. From the Void FIs pop-up, select the check box for the formula FIs you need to void. DO NOT void cashed checks.
4. Choose the appropriate Void Code from the drop down list.



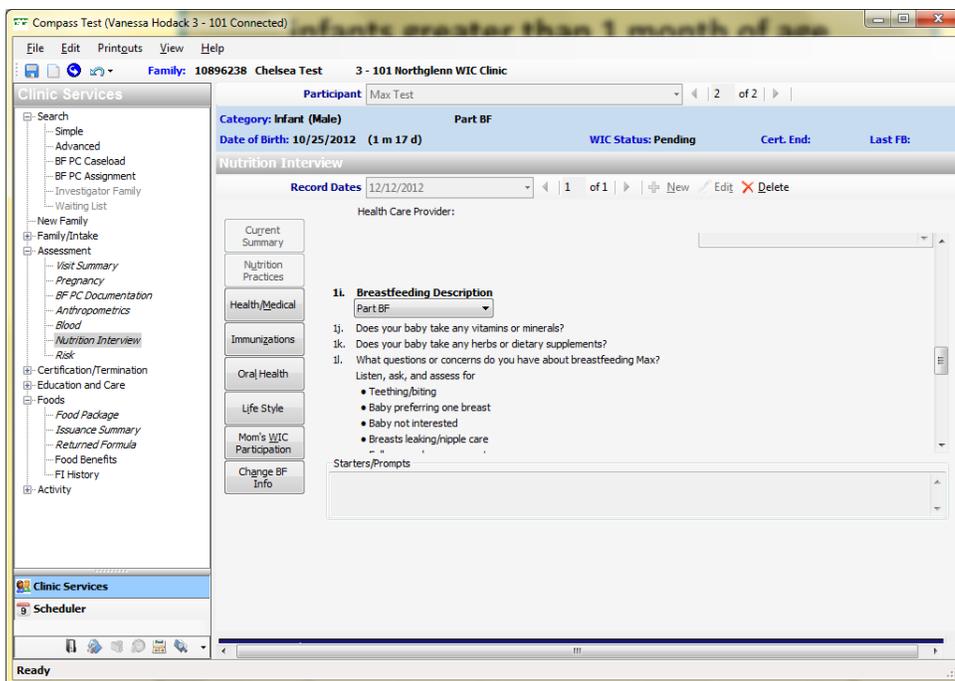
Exchanging Formula (cont.)

5. From the **Food Package** panel, create a food package with today as the new effective date.
6. Select the “Add Food” button. Select the appropriate Category (21, 31, or 41) and Item Description (name of the desired new formula).
7. Enter the number of cans that need to be reissued. This number should match the number you entered into the **Returned Formula** panel plus the number from the voided formula check. Note that the number may need to be adjusted up or down due to reconstituted amounts.
8. Click “Verify.”
9. For the following month, create a new food package with an effective date the first day of the following month. Select a model for the new formula and verify.
10. Return to the **Food Benefits** panel to print checks.

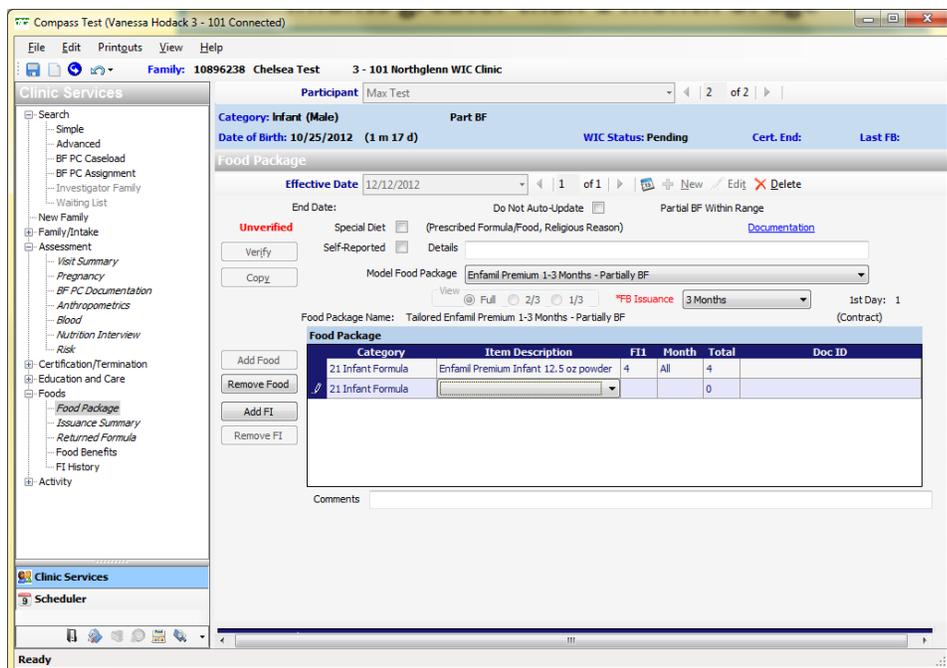


Steps to Provide Out-of-Range formula for infants greater than 1 month of age

1. Access the **Nutrition Interview** panel
2. Click on “New” for a new Nutrition Interview
3. Click on the Nutrition Practices button and choose “Part BF” from the Breastfeeding Description drop down.

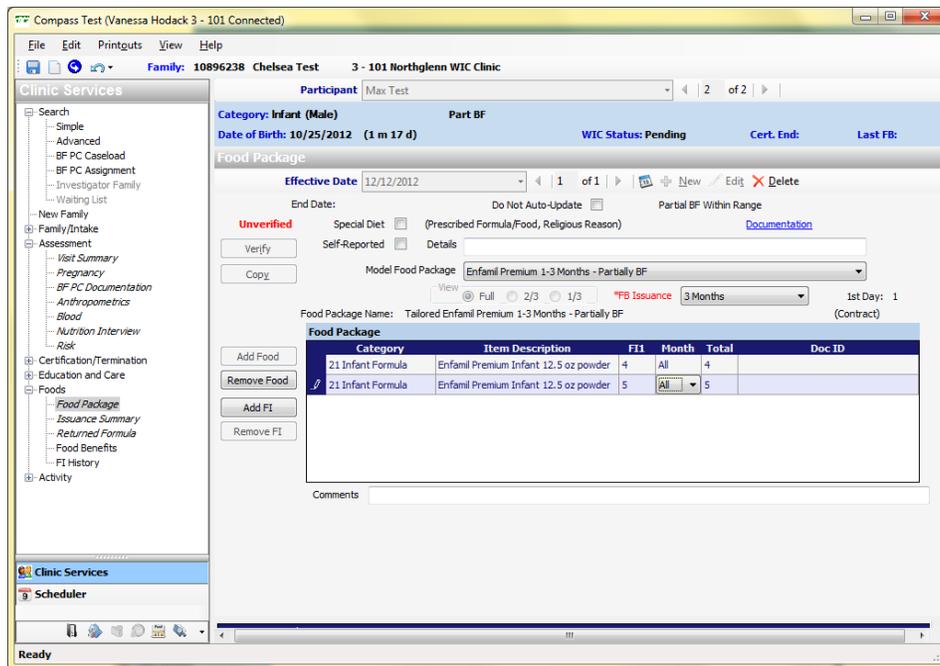


4. Access the **Food Package** panel
5. Select the infant’s record and click “New” to create a new food package
6. From the Model Food Package drop down, select a model food package
7. Click the “Add Food”
8. In the Category column select the category called 21 Infant Formula



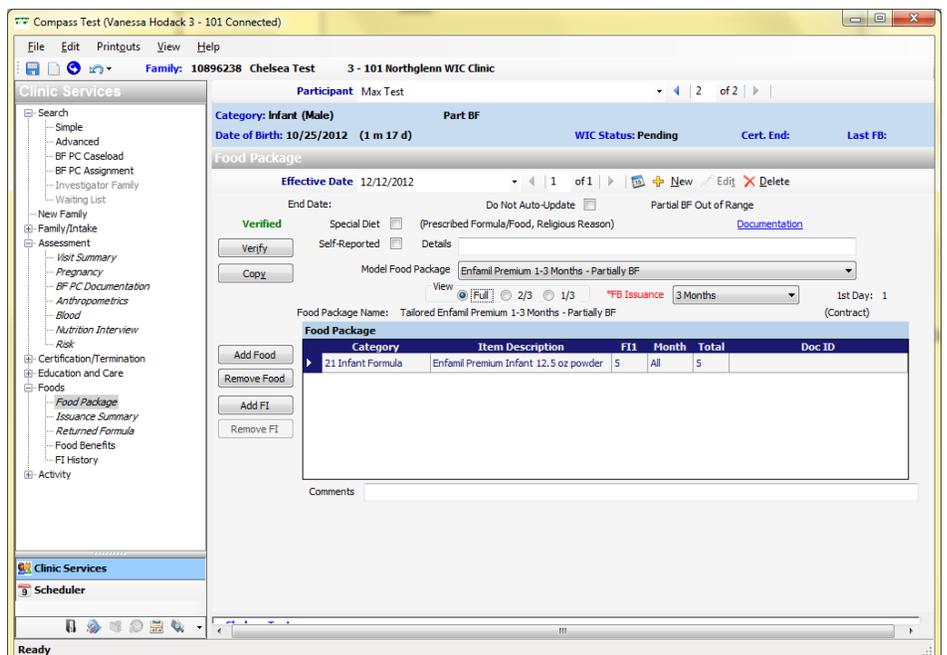
Steps to Provide Out-of-Range Formula for Infants Greater Than 1 Month of Age (cont.)

9. Next, in the Item Description column select the name of the formula needed
10. Enter the number of cans in the FI1 column and/or FI2 column
11. In the Month column, select "All"
12. Highlight the row with the previous amount of formula and click the "Remove Food" button. If an error message appears related to the 2/3 and 1/3 packages, click on the 2/3 and 1/3 view and adjust.



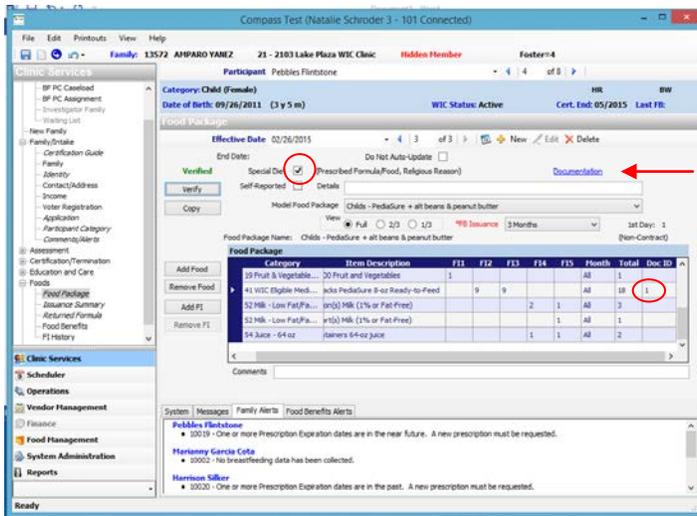
13. Press the "Verify" button.

NOTE: There will now be a message of the Food Package panel stating that the baby is "Partial BF Out of Range"

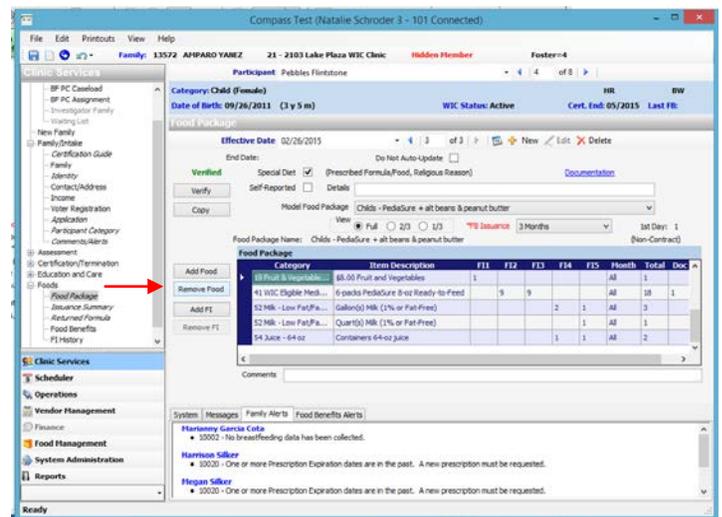


Allow Baby Foods for Special Diet Children & Women

1. Access the **Foods** branch. Click on the Food Package panel along the Navigation Tree in Compass. Inside the Food Package panel select the *Special Diet* check box. Click on the *Documentation* link and complete the necessary medical documentation fields. Select a special diet model food package from the drop down that is as close as possible to the tailored food package you want. Once you have selected the model click inside the Doc ID box next to the medical formula you are issuing and click on the Doc ID number that appears (The Doc ID number that was entered in the medical documentation).

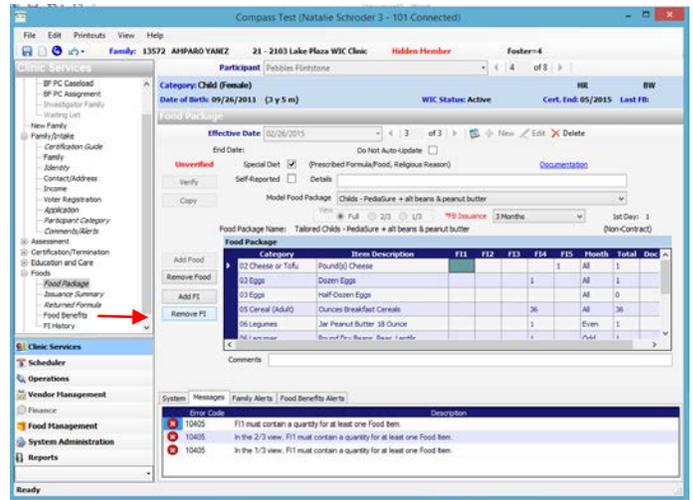


2. Click on the button called "Remove Food," highlight the fruit and vegetable check (CVV) and click on the "Remove Food" button.

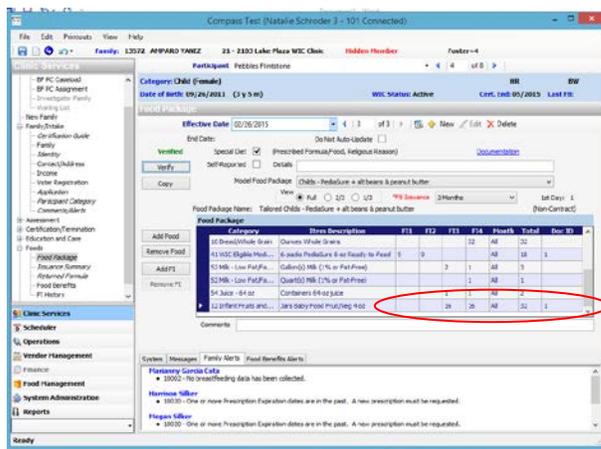


Allow Baby Foods for Special Diet Children & Women (cont.)

- Once you have removed the fruit and vegetable check (CVV), Compass will not let you verify the food package with F11 being empty. Click inside the F11 box and select the “Remove FI” button. Click on the “View” button to view the 2/3 and 1/3 packages, and follow the same steps to remove F11 from the 2/3 and 1/3.



- Click the “Add Food” button. In the “Category” section of the Food Package grid, select “Infant Fruits and Vegetables” and in Item Description select “Jars Baby Food Fruit/Veg 4 oz.”
- Enter “16” in F13 and “16” in F14. Click inside Doc ID and select the Doc ID that appears. (Note: Children can receive 32 jars of baby foods. Compass automatically assigns the prorated amounts which are 21 jars for the 2/3 package and 11 jars for 1/3. Women can receive 40 jars of baby foods in lieu of the fruit and vegetable check (CVV); 27 for the 2/3 prorated package and 13 for the 1/3 package.)
- Click “Verify” and Save



Recording Proof of Income

Proof of Income is recorded on the **Income** panel.

1. Access the **Income** panel
2. Click “New”
3. Click the “Add Row” button
4. From the Source column, choose the appropriate source of income from the drop down list
5. From the Proof column, choose the appropriate proof of income from the drop down list
6. Input the amount
7. From the Period column, choose the appropriate period from the drop down.

Example 1: Chelsea Test works at Home Depot. She gives you her check stubs that show she makes \$2,400 per month.

Source = Employment

Proof = Check Stubs

Amount = 2,400

Period = Monthly

Compass Test (Vanessa Hodack 3 - 101 Connected)

File Edit Printouts View Help

Family: 10896238 Chelsea Test 3 - 101 Northglenn WIC Clinic

Clinic Services

- Search
 - Simple
 - Advanced
 - BF PC Caseload
 - BF PC Assignment
 - Investigator Family
 - Waiting List
- New Family
- Family/Intake
 - Certification Guide
 - Family
 - Identity
 - Contact/Address
 - Income
 - Voter Registration
 - Application
 - Participant Category
 - Referrals - Family
 - Referrals - Participant
 - Comments/Alerts
- Assessment
- Certification/Termination
- Education and Care
- Foods
- Activity

Income

Economic Unit: Chelsea Test 1 of 1

Record Dates: 12/12/2012 1 of 1 + New Edit X Delete

Import Sources

*Household Size: 4

Summary Period: Annual Monthly Total Income: \$28,800.00

Link: [Adjunct Eligibility](#)

Add Row Remove Row

Signature Affidavit Reason

Sources	Proof	Amount	Period	Note
Employment	Check Stubs	\$2,400.00	Monthly	

Example 2: Chelsea Test does not have any income. However, she is currently on Medicaid and SNAP.

Source: Verbal Report

Proof: Medicaid/SNAP/TANF

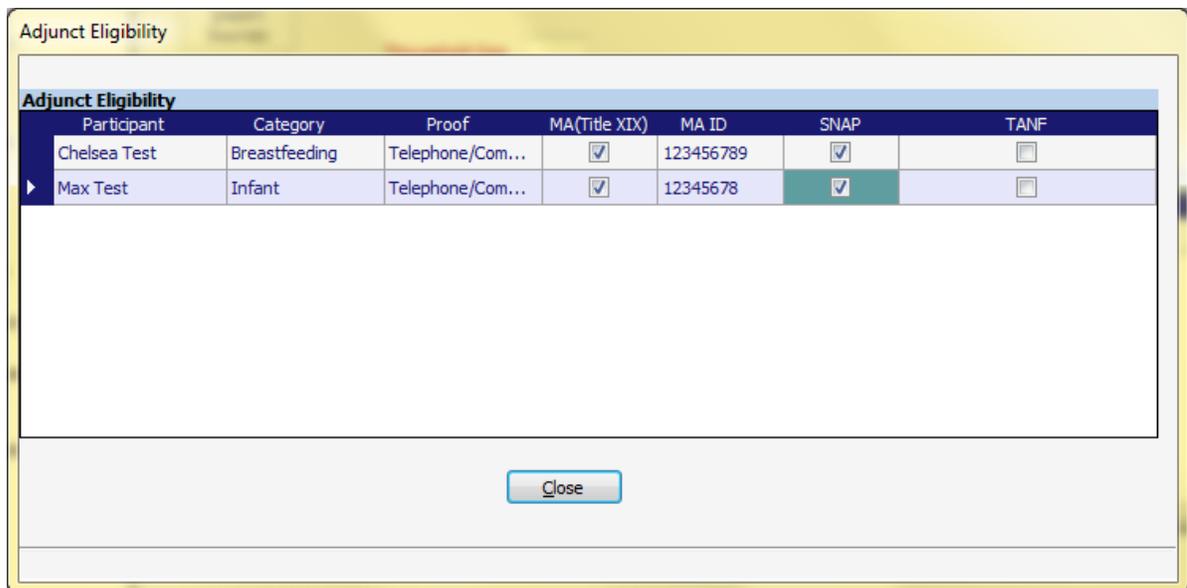
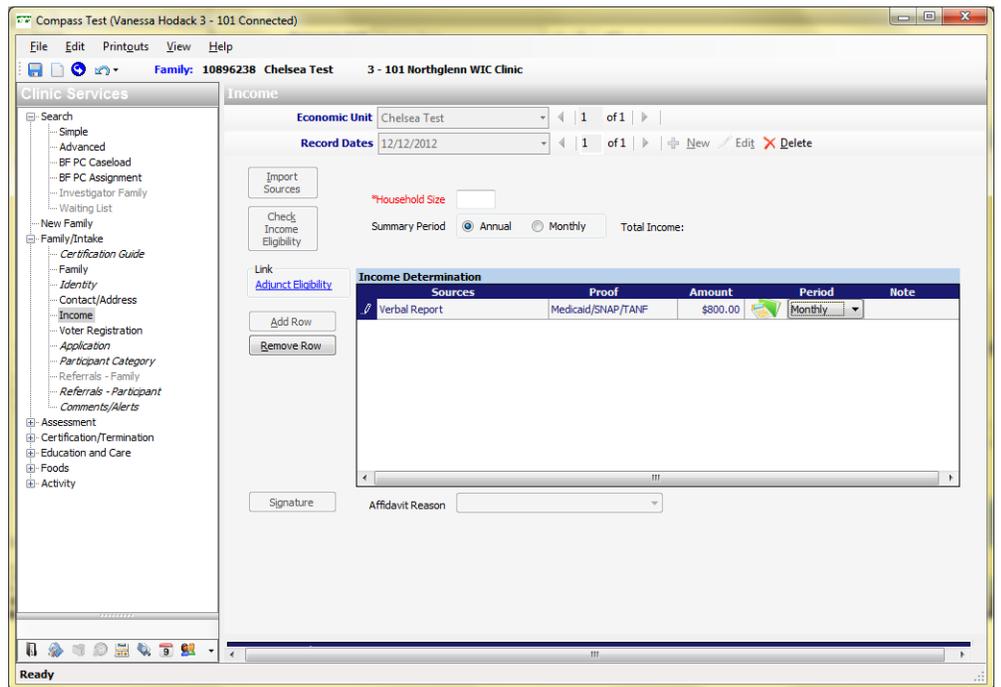
Amount: Obtain a verbal report

Period: Obtain a verbal report

****Must fill out Adjunctive**

Eligibility link

****If Medicaid is used as proof of income or if a check mark is placed under Medicaid (MA Title XIX) in the Adjunctive Eligibility pop up then the Medicaid number is required.**



Recording Proof of Income (cont.)

Example 3: Chelsea receives TANF but has no other source of income.

Source: TANF – see adjunctive

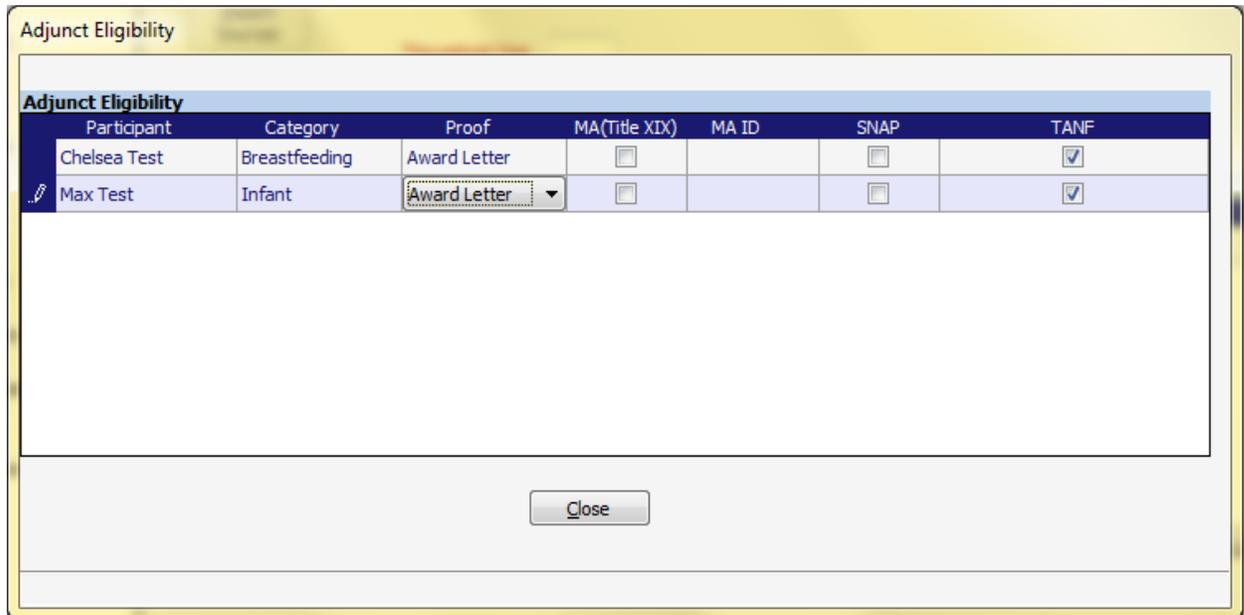
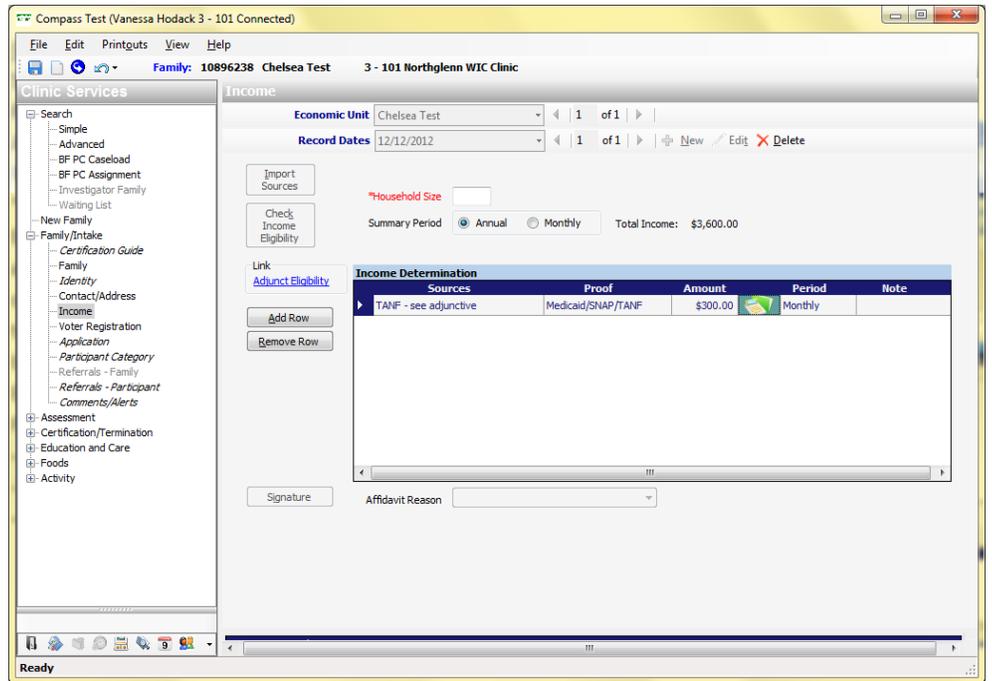
Proof: Medicaid/SNAP/TANF

Amount: Amount on letter

Period: Information from letter

**Must fill out Adjunctive Eligibility link. The proof of adjunctive eligibility must be documented here which lists the following options that must be choose from the Adjunctive Eligibility pop-up column called Proof:

- Award Letter
- Telephone/Computer
- Other



Recording Proof of Income (cont.)

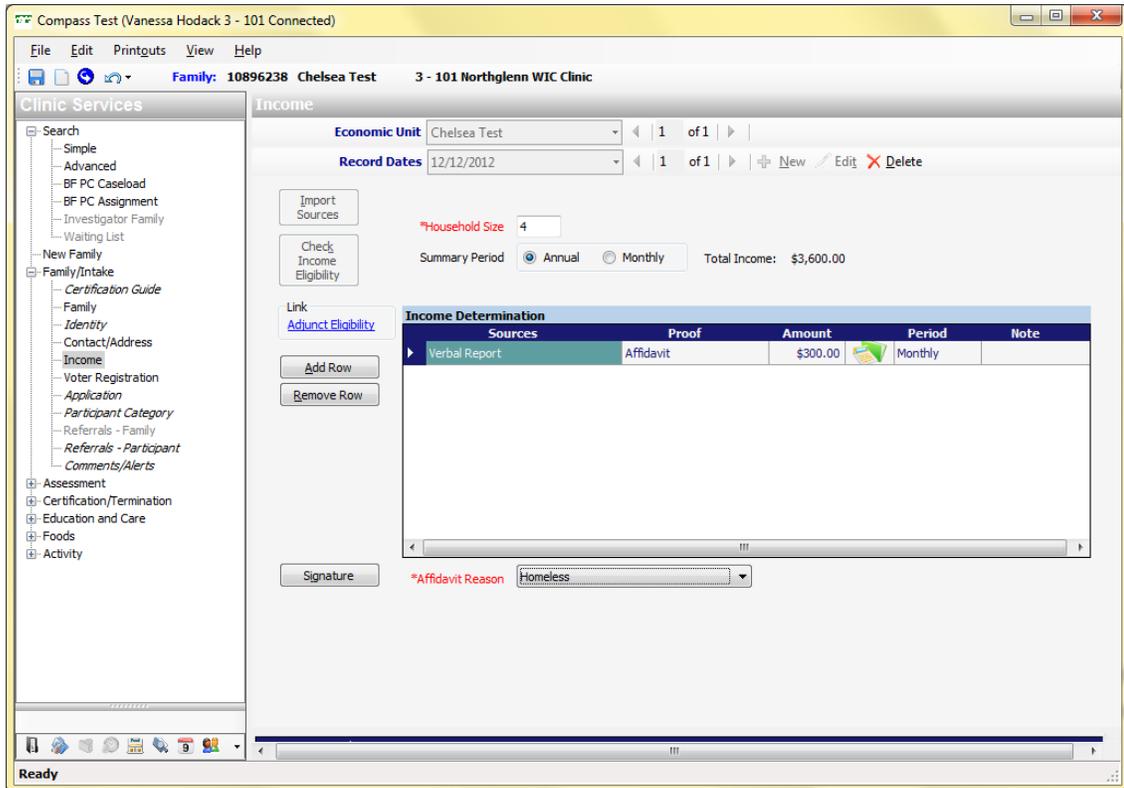
Example 4: Chelsea Test is homeless. She does not have any income at this time.

Source: Verbal Report

Proof: Affidavit

Amount: Obtain a verbal report

Period: Obtain a verbal report



Recording Proof of Income (cont.)

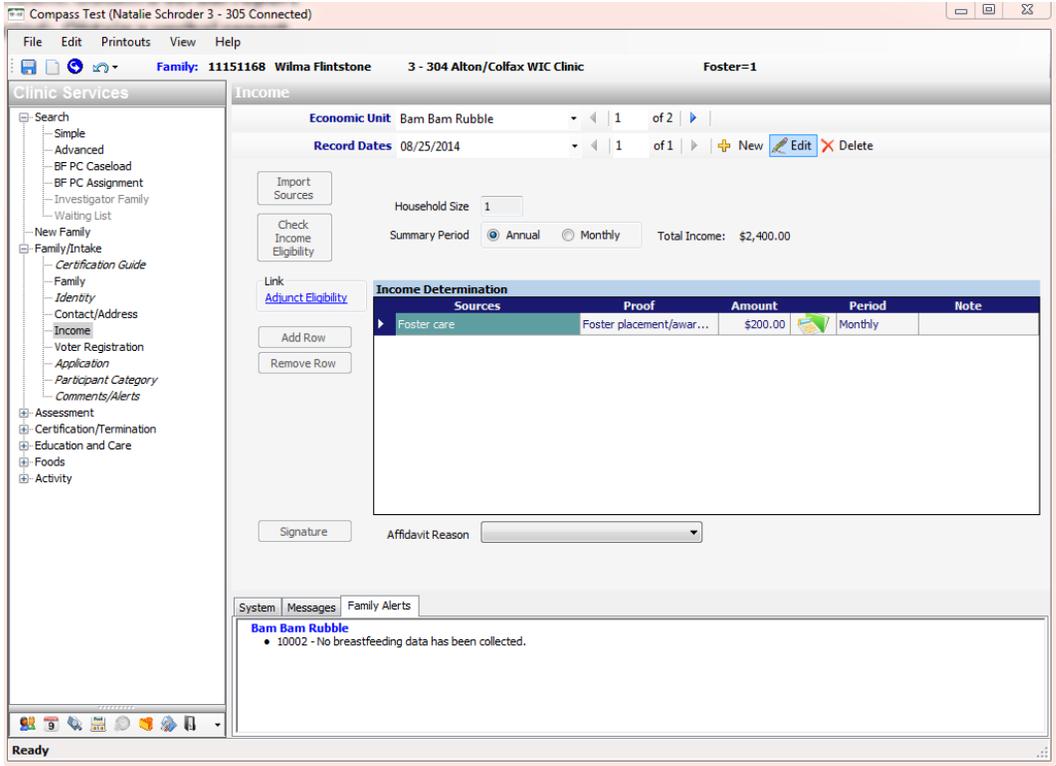
Example 5: Wilma Flintstone has just received a foster child, Bam Bam Rubble. Wilma has a foster award letter for Bam Bam \$200 month and does not have his medicaid card currently but will be getting it from the case worker in a couple weeks.

Endorser: Bam Bam Rubble because he is a foster child and he is a house hold of 1.

Source: Foster Care

Proof: Foster Award Letter

Period: Information from Letter



Local Policies/ Procedures/ Referrals

Contents:

- (Determined by each local agency/clinic)

Retailer Coordination

Contents:

- Pre-Authorization Report: Selection Criteria Review
- WIC Program Orientation: Procedures for Completing the Visit and Report - Grocery Stores, Commissaries and Pharmacies
- WIC Program Orientation Report: Grocery Stores, Commissaries and Pharmacies
- Retailer Monitoring Procedures
- Retailer Monitoring Report

Pre-Authorization Report Selection Criteria Review

Retailer: _____ Date: _____
Address: _____ Phone #: _____
Cross Streets: _____

Existing Store: ____ New Store: ____ Estimated Date of Opening: _____

The above store has requested to participate in the WIC Program as a WIC-authorized retailer.

Selection Criteria:

1. Yes / No Does the retailer appear to be a full service grocery store and the primary business is to provide staple foods? If no, please describe main items sold: _____.

2. Does the retailer sell the following items?

Yes / No At least 3 varieties of fresh meats—prepackaged luncheon meats do not qualify (e.g., ham, fish, poultry)

Yes / No At least 3 varieties of grains (e.g., bread, cereal, rice)

Yes / No At least 3 varieties of dairy products (e.g., milk, cheese, butter)

Yes / No At least 2 varieties of fresh fruits (e.g., apples, oranges, pears)

Yes / No At least 2 varieties of fresh vegetables (e.g., beets, onions, lettuce)

3. Does the retailer sell the following items?

Yes / No Gasoline and/or automotive supplies

Yes / No Alcoholic beverages and/or tobacco products

4. Yes / No Prices of WIC-approved foods are clearly marked on the product or shelf?

5. Yes / No Does the retailer maintain and post regular business hours? (This includes: a minimum of two four-hour blocks of time on each of five days per week; daily operating hours are consistent from week-to-week, and hours are posted.)

Hours of operation: _____ Days of operation: _____

6. Yes / No Does the store have reasonable accommodations for shoppers who have disabilities?

7. Yes / No Is there any outdated infant formula on the shelf?

If yes, list: _____

Other Criteria:

8. Yes / No Has the manager/owner read the current *Retailer Handbook* and *Retailer Agreement*?

9. Yes / No Does he/she understand the federal regulations and the Program's policies and procedures they must comply with in order to be a WIC-authorized Retailer?

If no, review the information with the manager/owner.

10. To determine if the store meets the “Minimum WIC Food Stocking Requirements” as described in the *Retailer Handbook*, please: 1) complete the Shelf Survey and return it with this report and 2) write the number of items stocked in each category. (If more than ten items, simply put a Y (for yes) in the column labeled as ‘>10’.)

WIC-Approved Item	# stocked	Or > 10
Infant Cereal-Boxes		
Baby Food Fruits and/or Vegetables- Jars		
Baby Food Meat- Jars		
Cheese- Pounds		
Eggs- Dozen		
Milk- Gallons		
Breakfast Cereal- Boxes		
Peanut Butter- Jars		
Beans- Dry Bags or Cans		
Fish-Canned		
Bread		
Brown Rice and Corn Tortillas		
Store Brand Frozen OJ Juice- Cans		
64-oz Juice- Bottles		
Fruit- Fresh		
Fruit -Frozen		
Vegetables- Fresh		
Vegetables- Frozen		

WIC Evaluation:

_____ This store meets the above criteria.

_____ This store does not meet the above criteria for the following reasons (include details below and any plans for correction).

Comments:

Name of Store Representative (print): _____

Signature of Store Representative: _____

Date: _____

Name of WIC Representative (print): _____

Signature of WIC Representative: _____

Clinic/ Local Agency: _____

Retailer Monitoring Procedures

– Grocery Stores, Commissaries and Pharmacies – Before the Visit

1. Schedule an appointment with the proper contact(s).

- ✓ The WIC Local Agency Retailer Coordinator (LARC) contacts the store representative to schedule the time and date of the visit. Tell the representative the items that will be requested and reviewed during the visit: Retailer Manual, WIC'S WORLD's, WIC Training DVD, Training Documentation, and WIC checks.
- ✓ Begin the contact with the store manager directly to confirm awareness of the visit and to identify the appropriate store representative. This representative is responsible for ensuring that all personnel involved with WIC transactions are trained. This representative must also have legal authority to act on behalf of the store: for example, signing a corrective action if required at the time of the visit.

2. The LARC prepares and take copies of the following items to the visit:

- ✓ Retailer Manual including a *Retailer Handbook*, *WIC's WORLD* newsletters, and a Colorado WIC Retailer Training Video (*Partnering with WIC for Colorado Kids*).
- ✓ *WIC Retailer Training Documentation* form
- ✓ *Retailer Guide to WIC* (as available)
- ✓ *Allowable Foods Lists* (bring extra – both English and Spanish if necessary)
- ✓ Compass sales data and as available, redemption data/reports.
- ✓ A listing of any prior issues reported about the store or in the file
- ✓ LARC contact information (including email and direct phone)

During the Visit

3. Complete a Shelf Survey prior to the meeting.

4. Meet with the store manager/contact(s) to train and identify issues.

Go through the steps outlined in the monitoring report and complete the report with the store manager/contact..

5. Determine Compliance.

- ✓ Indicate whether the store is in compliance or out of compliance. If out of compliance, complete the appropriate last sections of the report. Explain any deficiencies and request a corrective action plan be written on the monitoring report (unless later requested by mail) and make sure the manager signs.
- ✓ Leave a copy of report with store representative or mail a copy after the visit.

After the Visit

6. Finalize the documentation.

- ✓ Send copy of entire Monitoring Report and shelf survey to State WIC.
- ✓ Follow-up on issues and/or violations with appropriate action.
- ✓ File the original at the Local Agency in the retailer file for minimum of 6 years.

Colorado WIC Program

Retailer Monitoring Report: Grocery Stores, Commissaries & Pharmacies

Date of Visit _____

Vendor ID# _____

Retailer Name & Chain No. _____

City _____

Local Agency WIC Staff _____

County _____

SECTION I Inspect WIC Requirements:

WIC General Processes and Information			
<i>If no is circled for questions #1- #4, provide training and/or assist the store in solving the issue.</i>			
1.	Contact Information: Provide the store manager/contact with the appropriate name, email & number of Local Agency Retailer Coordinator (LARC) and State WIC.	Yes	No
2.	Demographics: Tell the manager/contact the amount of annual WIC checks redeemed at the store. Is demographics information in Compass accurate? If not correct, include current information on summary page 3, section VI.	Yes	No
3.	Retailer Manual: Does the store maintain a Retailer Handbook and Manual (i.e., Binder)?	Yes	No
4.	Conflict of Interest: Does the store have a policy in effect to avoid conflict of interest (i.e., cashiers cannot accept WIC checks from relatives)?	Yes	No
WIC'S WORLD Newsletter			
<i>If no is circled for questions #5 and/or #6, include as 7-point violation on summary page 3.</i>			
5.	WIC'S WORLD Training: Does the store have a process to communicate information contained in the newsletter to cashiers (e.g., staff meetings, staff initials after reading, posting on bulletin board, etc). Circle correct option or explain:	Yes	No
6.	WIC'S WORLD: Does the store maintain newsletters for at least two years?	Yes	No
Training			
<i>If no is circled for questions #7, #8 and/or #9, include as 7-point violation on summary page 3.</i>			
7.	Training Conducted: Does store use most recent edition of WIC video for training new staff?	Yes	No
8.	Documentation of Training: Does the store maintain documentation of staff/cashier training on the "WIC Retailer Training Documentation" form? (Keeping training documentation in individual personnel files is not acceptable.) Name of Store WIC Trainer:	Yes	No
9.	Allowable Foods List: Ensure that each cash register has a copy. Has the store manager trained cashiers on the most recent version of the Foods List?	Yes	No
Formula Quality			
<i>If no is circled for question #10, include as 9-point violation.</i>			
10.	Out-Of-Date: Are all infant formula items on shelves within the use dates? Explain formula must be purchased from an approved source (available on the website).	Yes	No
Stocking Level			
<i>If no is circled for question #11, find the store out-of-compliance & explain on summary page 3.</i>			
11.	Minimum Stocking (not required for pharmacies): Review minimum stocking requirements (<i>Retailer Handbook, Section III</i>). Go over shelf survey with manager/ contact. Explain any issues reported by WIC customers. Is the store maintaining minimum stock of required items? Explain: FAILURE TO MEET STOCKING REQUIREMENTS COULD LEAD TO AGREEMENT TERMINATION.	Yes	No
Shelf Tags			
<i>If no is circled for question #13 or #14, find the store out-of-compliance & explain on summary page 3.</i>			
12.	If shelf tags are used, are they used only on approved items based on current Foods List?	Yes	No
13.	If used in breakfast cereal, bread, and/or juice categories, are tags posted on all the available items within that category? List the item(s) not tagged:	Yes	No

SECTION II Review WIC Transactions (Check [✓] each one as completed.)

- _____ Review Section V (*WIC Checks*) in the Handbook and the *Retailer Guide to WIC*, including the correct steps for taking a WIC check.
- _____ The manager/contact should read and understand the *Retailer Handbook*, especially the sections detailing WIC check redemptions and the Vendor ID Stamp Instructions (*Exhibit I*).
- _____ Participants may purchase less, but not more, than the amount specified on check.
- _____ Participants are trained: (a) to notify clerk, before checkout, that they are using a WIC check, and (b) to separate WIC foods from other groceries. After the transaction amount is entered on the check by the cashier, request that the WIC customer sign the check and verify the signature with the WIC ID envelope. (WIC checks missing the customer’s signature will not be paid.)
- _____ Store coupons and other promotions such as “buy-one, get-one free” must be honored for WIC purchases.
- _____ Don’t permit WIC customers to substitute non-approved WIC foods for approved WIC foods.
- _____ Do not exchange items purchased by WIC – unless the item is defective or recalled.
- _____ Checks rejected for over the dollar amount can be negotiated. Many chain stores get reimbursed for these rejected checks automatically. The *Retailer Handbook* has details. Independent stores can call (303) 692-2419 for an automated replacement line.
- _____ Review checks prior to depositing; look for mistakes and missing stamps.
- _____ Retailers should send in a Shelf Price List every six months. (PLEASE NOTE: Chain headquarter offices generally complete this process for their individual chain stores.)

SECTION III Provide Training During the Visit: (Circle “Yes” if reviewed; “No” if not discussed.)

- 14. Yes / No **Benefits:** Review the benefits of WIC (e.g., Medicaid savings, \$ for store and community, healthy kids, etc.) and the importance of sharing this with store staff. (*Retailer Handbook, Section I*)
- 15. Yes / No **Allowable Foods List:** Review the Foods List and the reasons why specific foods are prescribed. Explain recent changes and answer questions. (*Retailer Handbook, Section II*)
- 16. Yes / No **Participant Misuse:** Review the process to report WIC customers to the Local Agency for the following: trying to receive non-WIC foods or excess foods, cash back, cash refunds, or formula exchanges; trying to substitute non-WIC items in place of allowable food; or WIC participants who are rude or abusive to store employees.
- 17. Yes / No **Store Sanctions:** Review the retailer sanctions and violations listed in the *Handbook*; disqualification from the WIC Program may result in disqualification from the SNAP Program. (*Retailer Handbook, pages 27-33*)
- 18. Yes/No **Nondiscrimination:** Stores must offer Participants the same courtesies as offered to other customers, e.g., no separate lines or hours, no offering of or denial of incentive items solely to WIC customers. Any practice that singles out Participants from other customers is prohibited.

SECTION IV Review of WIC checks on hand

_____ Total number of checks reviewed (*if none available enter 0 and skip to next Section*).

If issues are found, please write check numbers beside the issue..

- _____ # Cashed outside the valid use dates
- _____ # Price not written in the “Actual Amount of Sale” box
- _____ # Incorrectly altered checks
- _____ # Missing the participant signature on check
- _____ # Transaction date or store name/number is not written/printed on back of check

(*If any checks found with these issues, explain on summary page 3- with other findings.*)

Retailer Name & Chain No. _____

Vendor ID# _____

SECTION V Monitoring Summary

Local Agency Staff must check one:

- This retailer is in compliance with the criteria as described in *Retailer Handbook*, and State of Colorado WIC Retailer Agreement. (*Proceed to Section VI Signatures.*)
- This retailer is not in compliance with the criteria as described in *Retailer Handbook* and State of Colorado WIC Retailer Agreement. (*Complete A. Findings & B. Corrective Action Plan.*)

A. Findings: The issues circled below were found to be out of compliance.

Sanction Points	Findings/ Issues
4	Shelf Tags: Shelf tags used on non-approved items and/or not on all items within cereal, bread or juice.
7	WIC'S WORLD- Not used in training and/or maintained.
7	Training- Not conducted, not using most recent training video, and/or not documented in the WIC Binder.
9	Out-of Date Formula items- Item(s): _____ Date(s): _____
N/A	Stock- Not maintaining the minimum stock of required items. Federal Sanction: Explain to retailer that FAILURE TO MEET STOCKING REQUIREMENTS LEADS TO AGREEMENT TERMINATION.
	Other: _____
=	Total Sanction Points Comments:

B. Corrective Action Plan: The retailer agrees to have the findings corrected. Check one:

- The retailer will provide via mail or email a corrective action plan that addresses these findings to the Local Agency staff by _____ (Date).
- The corrective action plan is below; the retailer details the plan to bring the above findings into compliance by _____ (Date).

Corrective Action Plan: (to be completed by retailer):

SECTION VI Signatures

Ask the retailer to read the following statement and sign below: I understand the purpose of the Colorado WIC Program is to provide nutrition education and supplemental nutritious foods for women, infants, and children under the age of five years. WIC helps to give infants and children a healthy start in life by improving poor or insufficient diets. As a WIC-authorized retailer, I understand the vital role our store plays in ensuring that WIC customers receive only the nutritious food prescribed for them. I am aware of the Program's policies, procedures, and regulations (including the Administrative Review Procedures, Exhibit G) located in the *Retailer Handbook*.

Signature of Store Representative (signature): _____ Date: _____
 Printed Name: _____ Title: _____
 Local Agency Staff (print): _____ Date: _____
 Clinic Number _____

Any Comments/ Demographics Changes for State Office: _____

SECTION VII Report Distribution

***Leave a copy of completed report with store representative; *Send copy of entire report and shelf survey to State WIC within 14 days of completed visit; *File original report in your retailer file for minimum of 6 years.**

Thank you!

Retailer Name & Chain No. _____ Vendor ID# _____

Colorado WIC ---- Shelf Survey

*Colorado WIC-authorized Grocery Stores and Commissaries Only, Not Pharmacies;
Use most expensive items allowed*

FORMULA	Type/Brand	Size	# of Cans	Price	Expiration [^]
Milk-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____
Soy-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____

[^] If are out-of-date, include as a violation in Section VIII.

ITEMS (Suggested Brand or Item)	Type/ Brand	Size	Adequate Quantity?*	Price	Adequate Variety?*	
					Yes	No
Infant Cereal	_____	8 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Fruits & Veg	_____	4 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Meats	_____	2.5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Breakfast Cereal- Example-Kix?	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Cheese- Store Brand	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Canned Fish	_____	5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grains- Rice or Tortillas	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grain Bread	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Milk -Store Brand						
Whole	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Whole	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-Frozen OJ Store Brand	_____	12 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-64-oz Containers- Example-V8?	_____	64 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Eggs	_____	Dozen	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Peanut Butter- Example-Adams?	_____	18 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Dried Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Canned Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Fruits- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Vegetables- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2

***Adequate Quantity:** If 10 or more items are available for purchase in the food category (e.g., 10 blocks of cheese, 14 dozen eggs), put a check mark in box; if less than 10 items, put actual #. For Fruits and Vegetables, approximate the number in batches of \$8.00 worth of produce.

***Adequate Variety:** Check appropriate box for Yes or No.

Comments if Inadequate Quantity or Variety (As Needed): _____

Completed by: _____ *(To be completed by WIC staff)* **Date:** _____

WIC Program Orientation
Procedures for Completing the Visit & Report
- Grocery Stores, Commissaries, and Pharmacies-

Before the Visit

1. **Schedule an appointment with the proper contact(s).**
 - ❖ The WIC Local Agency Retailer Coordinator (LARC) contacts the store representative to designate the time and date of the visit and to explain the items that will be covered during the visit.
 - ❖ The LARC should begin the contact with the store manager to confirm awareness of the visit and to identify the appropriate store representative. This representative is responsible for ensuring that all personnel involved with WIC transactions are trained. This representative must also have legal authority to act on behalf of the store: for example, signing a corrective action if required at the time of the visit.

2. **The LARC will prepare and take copies of the following items to the visit.**
 - ❖ Retailer Manual including a *Retailer Handbook*, *WIC's WORLD* newsletters, and a Colorado WIC Retailer Training DVD/Video (*Partnering with WIC*)
 - ❖ *WIC Retailer Training Documentation* form
 - ❖ *Retailer Guide to WIC* (as available)
 - ❖ *Allowable Foods List*
 - ❖ LARC contact information (including email and direct phone)

During the Visit

3. **Complete a Shelf Survey prior to the meeting.**

4. **Meet with the store manager/contact(s) to prepare them to be on WIC.**
 - ❖ Go through the steps outlined in the monitoring report and complete the report with the store manager/contact.
 - ❖ Provide the store with their Retailer Manual and review the items listed above in #2 with them.
 - ❖ Provide the Colorado WIC Retailer Training DVD. Ensure they use the video in their WIC training and discuss the *WIC Retailer Training Documentation* form. They are required to complete and document training and provide completed form to WIC before authorization.
 - ❖ Handout and review the *Retailer Guide to WIC*.
 - ❖ Explain the Program's policies and procedures including an explanation of why the specific foods are prescribed, the nutritional goals of the Program and the retailer's role in assuring that the participants get only the prescribed foods.
 - ❖ Review all of the WIC-approved foods and provide copies of the *Allowable Foods List*,
 - ❖ Show them how to handle a WIC transaction.
 - ❖ Discuss misuse issues. Identify any areas that are out of compliance and get agreement to resolve the problem(s) by a specific date.
 - ❖ Answer any questions they have.

After the Visit

5. **Complete the report and send copies to the State.**

Keep a copy of the Orientation Report in the Local Agency retailer file and send a copy along with the shelf survey to the State Retailer Unit.

WIC Program Orientation Report
- Grocery Stores, Commissaries, Pharmacies -

Date of Visit _____
Retailer Name and No. _____ City: _____
Local WIC Staff _____ Clinic Number _____
Names and titles of employees who attended the orientation meeting: _____

SECTION I Provide WIC Materials and Information:

(Circle "Yes" if complete and/or in compliance; Circle "No" if not complete and/or out of compliance, please explain in the comments.)

1. Yes / No **Contact Information:** Provide the store manager/contact with the name and number of the Local Agency Retailer Coordinator (LARC) and State WIC.
2. Yes / No **Store Trainer:** Trainer must be present at the orientation or have been trained by WIC staff previously. Ensure that the trainer has read and understands the *Handbook* and "*Training Guide for WIC Retailers* (Exhibit J) in the *Handbook*.
Trainer Name: _____
3. Yes / No **Training Video:** Discuss and view WIC Retailer Training Video "*Partnering with WIC for Colorado Kids*". The training video is required viewing for all store staff working with WIC transactions and stocking, including managers.) Explain when and how store plans to use training video: (**ColoradoWIC.com also has a short optional video, '*Closer Look: Allowable Foods List*' detailing the WIC food items.)
Comments: _____
4. Yes / No **Training Documentation:** Review the "WIC Retailer Training Documentation" form. The store must agree to: 1) train staff before authorization and send a completed copy to WIC, 2) train new employees as hired, 3) conduct annual training updating store staff on any new WIC policies and changes in the *Allowable Foods List*. Training documentation must be completed before WIC authorization and must be kept on file and made available at the store for review during monitoring visits.
Comments: _____
5. Yes / No **Minimum Stocking:** Review Section III in the *Handbook*, the WIC Foods Stocking Requirements. Explain that the retailer is required to meet these minimum stocking requirements at all times. A pattern of failure to maintain stocking levels leads to sanctions and/or agreement termination. Discuss the potential number of WIC participants who may shop at this store to assist the store to determine an appropriate level of stock. Review any stocking issues found in the Shelf Survey. Show the manager/contact the specific formula items they are required to maintain. These items must be purchased from an approved source (as shown on coloradowic.com).
Comments: _____
6. Yes / No **Allowable Foods:** Review the *Allowable WIC Foods List (Foods List)*. Explain that only the brands, sizes and amounts specified are allowed. (For example: two ½ gallons of milk cannot be substituted for 1 gallon, etc.) Ensure current copies of the *Foods List* will be placed at each check stand. Explain the store's plan to thoroughly train cashiers on the *Foods List*: The items listed on WIC checks are like a prescription.
Comments: _____
7. Yes / No **Retailer Manual:** Provide a *Retailer Manual (Manual)*, including the *Retailer Handbook (Handbook)*, and review the main parts with the manager/contact. Answer any questions. The store is responsible for keeping the sections of the *Manual* up to date throughout the *Agreement* period.
Comments: _____

8. Yes / No **WIC'S WORLD:** Review the *WIC'S WORLD* newsletter. The newsletters are typically sent out six (6) times a year; they must be kept in the *Manual* for at least two years. The store must have a process to communicate the information contained in the newsletter to cashiers (e.g., staff meetings, staff initials after reading, etc). Explain the store's plan to use the newsletter:
Comments: _____
9. Yes / No **Conflict of Interest:** Does the retailer have a policy in place to avoid conflict of interest? (i.e., Cashiers cannot accept WIC checks from relatives.)
Comments: _____

SECTION II Review WIC Transactions Redemption: (check [✓] each one as completed):

- _____ Summarize the purpose of WIC and the benefits (e.g., Medicaid savings, \$ for store and community, healthy kids, etc.) and the importance of sharing this with store staff.
- _____ Participants are trained to (a) notify clerk, before checkout, that they are using a WIC check, and (b) separate WIC foods from other groceries.
- _____ Participants may purchase less, but not more, than amount specified on check.
- _____ Enter total value of WIC purchase in the "Actual Amount of Sale" box. Then ask the WIC customer to sign the check. Compare the signature to the signature on the WIC ID envelope. Explain the process for the allowance of WIC customers to pay the difference for produce checks.
- _____ If an error occurs draw one line through the wrong amount, write the correct amount in the box above and initial. Do not scribble through, white out, erase, etc.
- _____ Never give change or refunds for WIC checks.
- _____ If the store plans to use shelf tags, explain the policy & related sanctions for misuse.
- _____ Store coupons and other promotions must be honored for WIC purchases.
- _____ Don't permit WIC customers to substitute non-approved WIC foods for approved WIC foods.
- _____ Do not give refunds for returned WIC formula or other WIC foods. Report requests to do so to WIC.
- _____ Do not exchange items purchase by WIC – unless the item is defective or recalled.
- _____ Independent stores should send in a Shelf Price List at least every six months. (PLEASE NOTE: Chain headquarter offices generally complete this process for their individual chain stores.)
- _____ The store WIC contact should read and understand the section of the *Handbook*, including *Vendor ID Stamp Instructions*, detailing WIC check transactions & redemptions, the steps in taking a check, and the reasons checks are rejected.
- _____ Do not accept post- or stale-dated, or altered checks. (Stores will not be paid for these checks.)
- _____ WIC checks will not be paid if accepted outside the valid date, submitted for payment more than 60 days after the "First Date to Use", over-the-maximum dollar amount, missing the participant signature, altered, or stamped incorrectly.
- _____ Checks rejected for over the dollar amount can be negotiated. Many chain stores get reimbursed for these rejected checks automatically. The *Handbook* has details. Independent stores can call (303) 692-2419 for the automated replacement line.
- _____ Review checks prior to depositing.
- _____ **Nondiscrimination:** Stores must offer Participants the same courtesies as offered to other customers, e.g., no separate lines or hours, no offering of or denial of incentive items solely to WIC customers. Any practice that singles out Participants from other customers is prohibited.
- _____ Does store staff understand the federal regulations and the Program's policies and procedures they must comply with in order to be a WIC-authorized Retailer? If no, review again with the manager/owner.

SECTION III Misuse Issues:

- 10. Yes / No **Participant Misuse:** Report WIC participants to the Local Agency for the following activities: trying to receive non-WIC foods or excess foods, cash back, cash refunds, or formula exchanges; trying to substitute non-WIC items in place of allowable food; or WIC participants who are rude or abusive to store employees.

- 11. Yes / No **Store Sanctions:** Review the retailer sanctions and violations listed in the *Handbook*, disqualification from the WIC Program may result in disqualification from the SNAP (previously called Food Stamp) Program.

SECTION IV Summary

Local Agency Staff must check one:

- 1. This retailer is in compliance with the criteria as described in the Retailer Handbook, and State of Colorado WIC Retailer Agreement. (*Skip to Section V.*)
- 2. This retailer is not in compliance with the criteria as described in the Retailer Handbook, and State of Colorado WIC Retailer Agreement.

The following items were out of compliance at the time of the orientation visit.
The retailer agrees to have the findings corrected by the date specified:

Item

Date

Corrective Action Plan: How the retailer will bring the above findings into compliance
(*To be completed by retailer representative*):

SECTION IV Signatures

The retailer must read the following statement and sign below:

I understand the purpose of the Colorado WIC Program is to provide nutrition education and supplemental nutritious foods for women, infants, and children under the age of five years. WIC helps to give infants and children a healthy start in life by improving poor or insufficient diets. If WIC-authorized, I understand the vital role our store will play in ensuring that WIC customers receive only the nutritious food prescribed for them.

Name of Store Representative

(printed) _____

(signature) _____

(title) _____

_____ Date

Name of Local Agency Staff

(printed) _____

(signature) _____

_____ Date

Thank you!

Retailer Name & Chain No. _____ Vendor ID# _____

Colorado WIC ---- Shelf Survey

*Colorado WIC-authorized Grocery Stores and Commissaries Only, Not Pharmacies;
Use most expensive items allowed*

FORMULA	Type/Brand	Size	# of Cans	Price	Expiration ^
Milk-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____
Soy-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____

^ If are out-of-date, include as a violation in Section VIII.

ITEMS (Suggested Brand or Item)	Type/ Brand	Size	Adequate Quantity?*	Price	Adequate Variety?*	
					Yes	No
Infant Cereal	_____	8 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Fruits & Veg	_____	4 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Meats	_____	2.5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Breakfast Cereal- Example-Kix?	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Cheese- Store Brand	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Canned Fish	_____	5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grains- Rice or Tortillas	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grain Bread	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Milk -Store Brand						
Whole	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Whole	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-Frozen OJ Store Brand	_____	12 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-64-oz Containers- Example-V8?	_____	64 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Eggs	_____	Dozen	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Peanut Butter- Example-Adams?	_____	18 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Dried Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Canned Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Fruits- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Vegetables- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2

***Adequate Quantity:** If 10 or more items are available for purchase in the food category (e.g., 10 blocks of cheese, 14 dozen eggs), put a check mark in box; if less than 10 items, put actual #. For Fruits and Vegetables, approximate the number in batches of \$8.00 worth of produce.

***Adequate Variety:** Check appropriate box for Yes or No.

Comments if Inadequate Quantity or Variety (As Needed): _____

Completed by: _____ *(To be completed by WIC staff)* **Date:** _____

Administration/IT

Contents:

- Colorado WIC Materials List
- Colorado WIC Program Materials Order Form
- Ordering FI Stock
- Ordering Instructions for MICR Printer Toner Cartridges
- Missing FI Stock, FI Stock Security and Scanned Documents
- Issue Resolution & the State WIC Help Desk
- Connected & Disconnected Operations
- Synchronization of the Clinic Server's Database
- Switching to NDT Mode
- Correcting MICR Line Errors

Colorado WIC Materials List

LISTED on MATERIALS ORDER FORM		English	Spanish	POSTED ON CO WIC WEBSITE (for you to print)		English	Spanish
Participant Materials							
Pregnant							
P01-P02	A Guide for a Healthy Pregnancy	√	√		Quitline – Pregnant Women (www.cohealthresources.org)		
P03-P04	Common Concerns in Pregnancy	√	√				
P05-P06	Gaining Enough Weight During Your Pregnancy	√	√				
P07-P08	Gaining Weight Too Fast During Pregnancy	√	√				
P09-P10	Food Safety During Pregnancy	√	√				
P11-P12	Immunizations for a Healthy Pregnancy	√	√				
PH1-PH2	Gestational Diabetes	√	√				
P51-P52	Nutrition Guide For Pregnant Women	√	√				
Breastfeeding							
B01-B02	Breastfeeding: Baby’s Best Start	√	√	B03-B04	Breastfeeding: Benefits	√	√
B05-B06	Will I be Able to Breastfeed Successfully?	√	√	B09-B10	Breastfeeding: A Magic Bond of Love	√	√
B13-B14	Breastfeeding: The Early Weeks	√	√	B11-B12	Is My Baby Getting Enough Breast Milk?	√	√
B15-B16	Breastfeeding Beyond the First Weeks	√	√				
B17-B18	You Can Breastfeed! Get Help Early	√	√				
B21-B22	Breastfeeding: Returning to Work or School?	√	√				
B23-B24	Hand Expression of Breast Milk	√	√				
B25-B26	Can Breast Pumps be Shared?	√	√				
102-103	Cleaning Breast Pump Parts / Storing & Thawing of Breast Milk	√	√				
B28	“Rx – Breastfeeding Your Newborn” pad (Eng/Sp)	√	√				
	“Can Do 5” crib card	√					
B30	Breastfeeding Coalition Note Pad - Blue	√					
	“Workplace Lactation” You Tube Pocket Card	√	√				
B51-B52	Nutrition Guide for Breastfeeding Women	√	√				
Breastfeeding Peer Counselor							
940E-940S	Breastfeeding Peer Counselor Brochure	√	√				
	Text for Babies flyer	√	√				
	Text for Baby poster 12 x 18						

Postpartum							
N53-N54	Postpartum Depression: What You Need to Know	√	√				
N55-N56	After Delivery: Gestational Diabetes	√	√	N03-N04	Folate Before, During, and After Pregnancy	√	√
N57-N58	Healthy Weight After Pregnancy	√	√				
N59-N60	Planning Healthy Reproductive Futures	√	√				
N51-N52	Nutrition Guide for Postpartum Women	√	√				

Infant							
I01-I02	The First Twelve Months	√	√	I19-I20	Your Baby Needs Iron	√	√
I03-I04	Breastfeeding Your Baby	√	√	I21-I22	Parents Ask About...Crying, Colic, Constipation/Spitting Up	√	√
I05-I06	Bottle Feeding Your Baby	√	√	I25-I26	My Baby was Born Too Early or Too Small	√	√
I07-I08	Feeding Your Baby Solid Foods	√	√	I40	Immunizations for Babies (English and Spanish on same page)	√	√
I09-110	When is my baby ready for table foods? (English only)	√	√				
I11-I12	Making Baby Food	√	√				
I13-I14	Teach Your Baby to Drink From A Cup	√	√				
I15-I16	Weaning From the Bottle	√	√				
I17-I18	Weaning Your Breastfed Baby	√	√				
I29-I30	Infant Feeding Guide	√	√				
I31-I32	Baby Behavior - Sleep	√	√				
I33-I34	Baby Behavior - Crying	√	√				
I35-I36	Baby Behavior - Cues	√	√				
I37-I38	Baby Behavior - Poster	√	√				
I41	"Getting to Know Your Baby" Baby Behavior DVD (English/Spanish)	√	√				
I42	" Class Clips "Baby Behavior DVD (English/Spanish)	√	√				
I43 – I44	Safe Sleep	√	√				
	Sing to Me: A Lullaby Album (English/Spanish)	√	√				
Childhood							
C01-C02	Feeding Your Toddler 1-3 Years Old	√	√	C17-C18	Making Good Choices Toward a Healthy Weight	√	√
C03-C04	Feeding Your Preschooler 4-5 Years Old	√	√	C19-C20	Is My Child Growing Too Slowly?	√	√
C05-C06	Snack Guide for Young Children Ages 1-3	√	√	C21-C22	Parent's Guide to Physical Play 1-2 Years	√	√

C07-C08	Snack Guide for Children Ages 4-5	√	√	C23-C24	Parent's Guide to Physical Play 2-3 Years	√	√
C09-C10	Enjoying Mealtime	√	√	C25-C26	Parent's Guide to Physical Play Ages 3 and 4	√	√
C11-C12	How Do I Get My Child to Eat?	√	√	C27-C28	Parent's Guide to Physical Play Age 5	√	√
C13-C14	What Your Child Drinks	√	√	C29-C30	Foods That Fight Lead Poisoning	√	√
C51-C52	Children's Nutrition Guide	√	√				
C53-C54	A Healthy Smile for Your Young Child	√	√				

General & WIC Food Recipes							
G01-G02	Getting Enough Iron	√	√	G17-G18	Fiber – Facts and Tips	√	√
G03-G04	"wichealth.org" pad (50 pages per pad)	√	√	G23	Vegetarian Eating	√	
G36-G37	Focus on You	√	√	G25-G26	Food Allergy and Intolerance	√	√
				G29-G30	A Guide to Safe Food Handling	√	√
R01-R02	WIC Bean Book	√	√	R03-R04	Iron-Rich Recipes	√	√
				R07-R08	Peanut Butter Recipes	√	√
				R09-R10	Fun With Foods – Snack Ideas for Children	√	√

Harmful Substances							
S01-S02	Marijuana and Your Baby Fact Sheet	√	√		Colorado Tobacco Cessation Materials (www.cohealthresources.org)		
S03-S04	Tips for Parents Fact Sheet	√	√				
S05	Marijuana Pregnancy and Breastfeeding Guidance for CO Health Care Providers	√					
S11-S12	They Depend on You – Risks of Substance Use	√	√				
S13	Second Hand Smoke: Real Consequences (E/S)	√	√				

Outreach							
876E-876S	"CO WIC Income Guidelines" pad (50 pages/pad)	√	√				
880-885	"WIC Brings A Lot to the Table" outreach poster	√	√				
886	WIC Program Fact Sheet	√	√				
890-891	First Birthday Card	√	√				
895-896	"One Big Job" outreach poster	√	√				

LISTED on <i>MATERIALS ORDER FORM</i>		English	Spanish	POSTED ON CO WIC WEBSITE (for you to print)		English	Spanish
Staff Resources							
Colorado WIC Program Administrative Materials and Supplies							
	“Bring to your next WIC Appointment” pad (50 pages per pad)	√					
110	Measurements pad (50 pages per pad)	√					
33-34	Allowable Foods List for Colorado WIC (02/2015)	√	√				
	Allowable Foods List for Colorado WIC (07/2015)	√	√				
38	Physician Authorization Form	√					
55-56	Tri-Monthly Check Envelope	√	√				
57	Plastic Sleeve for Check Envelope						
100	Colorado WIC Program Materials Order Form	√					
107	Participant Rights and Responsibilities (English) 8/13 hard stock	√					
	Participant Rights and Responsibilities (Spanish) 8/13 hard stock		√				
WWE-WWS	“Welcome to WIC “ participant training video	√	√				
AJFA	“And Justice For All” poster/address labels	√					
	Don’t sell formula poster						
	FY16 CO WIC Program Manual (revised 4/16)	Print					
	FY15 CO WIC Mini Manual (revised 4/15)	Print					

Retailer Forms and Supplies							
RM	Retailer WIC Manual / Binder	√		47	Min. WIC Foods Stocking Requirement Waiver Request	√	
64	WIC Retailer Handbook	√		48	Minimum WIC Foods Stocking Requirements	√	
RV-DVD	“Partnering with WIC for Colorado Kids” retailer training DVD	√		61	Retailer Orientation Rpt for Grocery Stores/ Commissaries	√	
	Retailer Guide to WIC	√		62	Retailer Monitoring Rpt for Grocery Stores/ Commissaries	√	
VD	Retailer WIC decal	√		64	Colorado WIC Retailer Handbook	√	
				65	Retailer Informal Site Visit	√	
				66	Retailer Shelf Survey	√	
					Retailer Price List Form- CO WIC	√	
				73	Independent Store Pre-Authorization Report	√	
				RV-DVD	Retailer Training “Partnering with WIC for Colorado Kids” DVD	√	
					Administrative Review Procedures for Retailer Appeals	√	
					Retailer Guide to WIC	√	
					Retailer Training Form – CO WIC	√	
Breastfeeding Forms and Supplies							
96-96S	Breast Pump/Aid Release Form	√	√	98	Pump/Aid Loan Log	√	
	WIC Pump Care laminated insert (English/Spanish)	√	√	201	Breast Pump Questionnaire Key (Staff Use Only)	√	
				200	Breast Pump Questionnaire	√	
				103	Work Lactation Support Letter	√	
				104	School Lactation Support Letter	√	
				105	Colorado WIC Early Breastfeeding Screening Form	√	

LISTED on MATERIALS ORDER FORM		English	Spanish	POSTED ON CO WIC WEBSITE (for you to print)		English	Spanish
WIC Certification/New Staff Training							
Level I Modules							
				610	Orientation	√	
				430	Screening	√	
				580	Food Package	√	
				867	Nutrition Risk Factor	√	
				625	Observation Checklist	√	
				630	Participant Record Review	√	
Level II Modules							
				540	Prenatal & Postpartum	√	
				545	Infant Nutrition	√	
				550	Preschool Child Nutrition	√	
				560	Basic Nutrition	√	
				590	Breastfeeding & Resource Manual	√	
Staff Manuals							
				595	Nutrition Education Counseling Guide	√	
				596	Colorado WIC Formula Guide	√	
				PMPDF	2013 WIC Procedure Manual CD in PDF with links	√	
					2013 Colorado WIC Mini Manual	√	
				G35	Colorado WIC Program Nutrition Risk Manual	√	
Colorado WIC Program Administrative Forms							
				24	Request to Extend Local Service Area	√	
				41	Endorser Problem Report Form (Program misuse/consequences)	√	
				51	Notification of Ineligibility, Termination/Denial of Service	√	
				79	Civil Rights Discrimination Complaint Instructions		
				80	Civil Rights Discrimination Complaint Form	√	
				81	Civil Rights Complaint Tracking Log	√	
Homeless Materials							
				90	Application for Approval of a Homeless Shelter	√	

Colorado WIC Program Materials Order Form

Clinic Name:	Clinic #
Clinic Address:	Phone #
Person placing order:	Email Address:

Return completed Order Form to:
 Colorado Department of Health and Environment
 WIC Program
 4300 Cherry Creek Drive South
 Denver, Colorado 80246
 Fax: 303/756-9926

Order Key:	
✓	Item Sent as Ordered
B	Item Back ordered (Item/ remaining order will be sent within 1 month)
R	Item under Revision (Re-order after 1 month)
#	Full order not available, approximate number sent is shown (Re-order as needed)

Date received at State WIC Office:

Date sent from State WIC Office:

Participant Materials			# Ordered by LA		# Sent (SO only)	
Pregnant	P01-P02	A Guide for a Healthy Pregnancy	E	S	E	S
	P03-P04	Common Concerns in Pregnancy	E	S	E	S
	P05-P06	Gaining Enough Weight During Your Pregnancy	E	S	E	S
	P07-P08	Gaining Weight Too Fast During Pregnancy	E	S	E	S
	P09-P10	Food Safety During Pregnancy	E	S	E	S
	P11-P12	Immunizations for a Healthy Pregnancy	E	S	E	S
	PH1-PH2	Gestational Diabetes	E	S	E	S
	P51-P52	Nutrition Guide For Pregnant Women	E	S	E	S
		Quitline – Pregnant Women (www.cohealthresources.org)				
Breastfeeding	B01-B02	Breastfeeding: Baby’s Best Start	E	S	E	S
	B05-B06	Will I be Able to Breastfeed Successfully?	E	S	E	S
	B13-B14	Breastfeeding: The Early Weeks	E	S	E	S
	B15-B16	Breastfeeding Beyond the First Weeks	E	S	E	S
	B17-B18	You Can Breastfeed! Get Help Early	E	S	E	S
	B21-B22	Breastfeeding: Returning to Work or School?	E	S	E	S
	B23-B24	Hand Expression of Breast Milk	E	S	E	S
	B25-B26	Can Breast Pumps be Shared?	E	S	E	S
	102-103	Cleaning Breast Pump Parts / Storing & Thawing of Breast Milk	E	S	E	S
	B28	“Rx – Breastfeeding Your Newborn” pad (English/Spanish)	E/S		E/S	
		“Can Do 5” crib card	Pink	Blue	Pink	Blue
	B30	Breastfeeding Coalition Note Pad - Blue	E		E	
		“Workplace Lactation” You Tube Pocket Card (E/S on same card)	E		E	
	B51-B52	Nutrition Guide for Breastfeeding Women	E	S	E	S
Postpartum	N53-N54	Postpartum Depression: What You Need to Know	E	S	E	S
	N55-N56	After Delivery: Gestational Diabetes	E	S	E	S
	N57-N58	Healthy Weight After Pregnancy	E	S	E	S
	N59-N60	Planning Healthy Reproductive Futures	E	S	E	S
	N51-N52	Nutrition Guide for Postpartum Women	E	S	E	S
Infant	I01-I02	The First Twelve Months	E	S	E	S
	I03-I04	Breastfeeding Your Baby	E	S	E	S
	I05-I06	Bottle feeding Your Baby	E	S	E	S
	I07-I08	Feeding Your Baby Solid Foods	E	S	E	S
	I09	When is my baby ready for table foods? (English only)	E		E	
	I29-I30	Infant Feeding Guide	E	S	E	S
	I11-I12	Making Baby Food	E	S	E	S
	I13-I14	Teach Your Baby to Drink From A Cup	E	S	E	S
	I15-I16	Weaning From the Bottle	E	S	E	S
	I17-I18	Weaning Your Breastfed Baby	E	S	E	S
	I31-I32	Baby Behavior - Sleep	E	S	E	S
	I33-I34	Baby Behavior - Crying	E	S	E	S
	I35-I36	Baby Behavior - Cues	E	S	E	S
	I37-I38	Baby Behavior - Poster	E	S	E	S
	I41	“Getting to Know Your Baby” Baby Behavior DVD (English/Spanish)	E/S		E/S	
I42	“ Class Clips “Baby Behavior DVD (English/Spanish)	E/S		E/S		

	I43 – I44	Safe Sleep	E	S	E	S
		Sing to Me: A Lullaby Album (English/Spanish)	E/S		E/S	
Child	C01-C02	Feeding Your Toddler 1-3 Years Old	E	S	E	S
	C03-C04	Feeding Your Preschooler 4-5 Years Old	E	S	E	S
	C05-C06	Snack Guide for Young Children Ages 1-3	E	S	E	S
	C07-C08	Snack Guide for Children Ages 4-5	E	S	E	S
	C09-C10	Enjoying Mealtime	E	S	E	S
	C11-C12	How Do I Get My Child to Eat?	E	S	E	S
	C13-C14	What Your Child Drinks	E	S	E	S
	C51-C52	Children’s Nutrition Guide	E	S	E	S
	C53-C54	A Healthy Smile for Your Young Child	E	S	E	S
General & WIC Food Recipes	G01-G02	Getting Enough Iron	E	S	E	S
	G03-G04	“WIChealth.org” pad (50 pages per pad)	E	S	E	S
	G36-G37	Focus on You	E	S	E	S
	R01-R02	WIC Bean Book	E	S	E	S
Harmful Substances	S01-S02	Marijuana and Your Baby Fact Sheet	E	S	E	S
	S03-S04	Tips for Parents Fact Sheet (Marijuana)	E	S	E	S
	S05	Marijuana Pregnancy & Breastfeeding Guidance for CO Health Care Providers	E		E	
	S11-S12	They Depend on You - Risks of Substance Use	E	S	E	
	S13	Second Hand Smoke: Real Consequences (English/Spanish)	E/S		E/S	
	Colorado Tobacco Cessation Materials (www.cohealthresources.org)					
Staff Resources						
Outreach	876E-876S	“CO WIC Income Guidelines” pad (50 pages per pad)	E	S	E	S
	880-885	“WIC Brings A Lot to the Table” outreach poster	E	S	E	S
	886	WIC Program Fact Sheet	E		E	
	890-891	First Birthday Card	E	S	E	S
	895-896	“One Big Job” outreach poster	E	S	E	S
Colorado WIC Program Administrative Materials and Supplies		“Bring to your next WIC Appointment” pad (50 pages per pad)	E	S	E	S
	110	Measurements pad (50 pages per pad)	E		E	
		Allowable Foods List for Colorado WIC (July 2015)	E	S	E	S
	38	Physician Authorization Form	E		E	
	55-56	Tri-Monthly Check Envelope	E	S	E	S
	57	Plastic Sleeve for Check Envelope				
	100	Colorado WIC Program Materials Order Form	E		E	
	107	Participant Rights and Responsibilities (English) 8/13 hard stock	E		E	
		Participant Rights and Responsibilities (Spanish) 8/13 hard stock		S		S
	WWE-WWS	“Welcome to WIC “ participant training video	E	S	E	S
	AJFA	“And Justice For All” poster/address labels	E/S		E/S	
		Don’t sell formula poster	E	S	E	S
	FY16 CO WIC Program Manual (revised 4/16)	Print		Print		
	FY15 CO WIC Mini Manual (revised 4/15)	Print		Print		
Retailer Forms and Supplies	RM	Retailer WIC Manual / Binder	E		E	
	64	WIC Retailer Handbook	E		E	
	RV-DVD	“Partnering with WIC for Colorado Kids” retailer training DVD	E		E	
		Retailer Guide to WIC	E		E	
	VD	Retailer WIC decal	E		E	
BF Forms & Supplies	96-96S	Breast Pump/Aid Release Form	E	S	E	S
		WIC Pump Care laminated insert (English/Spanish)	E/S		E/S	

Ordering FI Stock

POLICY:

Local agency staff persons order boxes of WIC Checks/FI Stock in the Compass *Operations* area, *LA/Clinic FI Stock Inventory Summary* panel. Designated staff members track their current FI stock inventory and order boxes of checks in this section. When FI Stock arrives at the clinic, two staff members are required to complete the process of receiving and verifying the order. Allow at least two weeks for delivery to your clinic or agency.

Background:

- A check stock replenishment threshold for each clinic has been set by the State Office. The State Office must be contacted by local staff if the threshold amount needs to be reset.
- Any time the replenishment threshold exceeds the *Currently on Order* amount; a warning message will appear that FI stock is in need of replenishment. The message will appear under the *Current Order Date* box. Example: *Warning: Boxes of FI stock are in need of replenishment immediately for clinic #.* This message will automatically disappear once the local staff member enters an amount into the *Currently on Order* section that exceeds the replenishment threshold.
- Inventory adjustments can be made in the summary section for check boxes that are damaged or lost. The quantity of checks entered will adjust the inventory calculations and be reflected in the *Current Inventory*. This field is required. If the adjustment results in a decrease of inventory, enter a negative sign (-) in front of the number. Click the save icon once information is entered.
- If an agency needs to reassign checks between clinics, they must contact the State Office first before taking action to ensure proper tracking of the checks.

PROCEDURE to Order FI stock:

- In Compass, go to the *LA/Clinic FI Stock Inventory* in Operations. Go to the Summary page. Make sure you are in the clinic drop down and not the agency drop down. Click "edit."
- Go to "Currently on Order" and enter the number of checks requested. Note there are 6000 checks per box, so orders must be placed in increments of 6000.
- Go to "Current Order Date" and enter the current date.
- Save. The order will automatically be sent to the State WIC office.

Procedure to Receive FI Stock:

- When FI stock boxes have been physically received, go to the *Shipment Receiving* panel in Operations and select the *Shipped Not Received* radio button.
- Click *Edit* in the toolbar and indicate the *Received Date* section what day the boxes were received. In the *Box Quantity Received* section note the box quantity received. The staff member can also indicate the quantity of boxes not received based on their original order. Click the save icon to save the inputted information. The name of the person who entered the information will appear in the *Updated By* section.
- The shipment will appear as separate records per box so the State is able to track the boxes on an individual level. For example, if a clinic orders 5 boxes, the clinic staff member will have 5 records visible when the *Shipped Not Received* radio button is selected. The staff member will need to receive all 5 boxes separately.
- Once an order has been entered as received, the order will then be visible when the *Received Not Verified* radio button is selected. A second designated staff member must select this button and click *Edit*. That staff member can then cross check the *Received Date*, *Box Quantity Received* and *Box Quantity Not Received* sections. If approved, the staff member can then click the *Verify* button. The name of the person who entered the information will appear in the *Verified By* section. As with *Shipped Not Received*, the second staff member will need to verify all records.
- This order then automatically moves to the *Received and Verified* section for reference as a summary of all received orders.

In emergency situations only, FI Stock may be ordered by calling the State WIC Office (303-692-2400).

Ordering Instructions for MICR Printer Toner Cartridges

POLICY:

The Colorado WIC Program uses MICR Printers to print WIC Checks.

The acronym MICR stands for Magnetic Ink Character Recognition. This technology uses magnetically chargeable ink or toner to print the numbers and special characters on the bottom of the check. This number includes the account number; the routing and transit number, and check number. MICR technology is used in the banking industry in many countries because it allows for fast and reliable document processing.

In order to print these special characters on the bottom of the check, a special secure toner cartridge is required. TROY MICR Toner Secure™ was created as a way to help prevent fraudulent alteration of documents. The patented security agent forces a bright red stain to permeate through the document if chemical alteration is attempted. TROY MICR Toner Secure, manufactured by TROY provides a level of quality to meet or exceed the highest printing standards. TROY's MICR toner cartridges are precision-matched to meet the print characteristics of each printer model.

Only Troy Toner Cartridges (manufactured by TROY) can be used and installed in the MICR printers, any other toner will void the printer's warranty and create an unreadable MICR line.

The State office has worked with a local company, The Certex Company, to provide Troy-manufactured toners at a reduced rate for the local agencies. Because not all clinics have the same printing volume or needs, there are two types of cartridges to order.

The Standard Yield Cartridge yields approximately 6,000 pages with 5% coverage, while the High Yield Cartridge yields approximately 12,500 pages with 5% coverage. Both cartridges have a one year shelf life.

Please use these numbers to estimate the best toner for your needs. WIC Checks are packaged in boxes of 2,000 pages or 6,000 checks. One standard yield cartridge would be able to print three boxes or approximately 18,000 checks. While one high yield cartridge would print six boxes or approximately 37,500 checks.

PROCEDURE:

Perform the following steps when placing an order:

- **Determine your toner needs.** Would your clinic need a Standard Yield or High Yield toner cartridge.
- **Fill out the order form.** If you are ordering for an entire Agency, you can create one email order, but for delivery clarity please create one form for each shipping location.
 - ✓ Email contents:
 - From: person sending the email order to Certex
 - To: lrandall@certexco.com
 - Cc: donna@certexco.com
 - Subject: Local Agency & Clinic name, email date & MICR Toner Order (example: Denver-Westside 8.1.11 MICR Toner Order)
 - ✓ Attach completed form. Please be sure to include all the following information in order
 - Item number of specific toner cartridge (02-81600/02-81601); Quantity needed; Price (contracted rate of \$228/\$380); Total Amount of order
 - Agency Name; Shipping Address; Local Agency Contact Name; Local Agency Contact Phone Number
 - Local Agency Contact Email Address
 - ✓ Additional clarification / notes if necessary
- **Email the order** to the Certex Company at donna@certexco.com
 - The Certex Company, Inc.
 - 7086 S. Revere Parkway, Suite 100
 - Centennial, CO 80112
 - Donna Plagman 303-797-9532
- **Wait for delivery.** If you have questions about your order, please contact the Certex Company.

ADDITIONAL DETAILS:

Local agency staff can direct questions regarding ordering policy, procedures or financial questions to the State Fiscal Staff: Cyril (cyril.padilla@state.co.us) or Katy (katy.gasowski@state.co.us) or call (303) 692-2400.

Recycling MICR toner cartridges

TROY MICR toner cartridges can be recycled at no cost to the local agency by Hewlett Packard Planet Partners Recycling. For shipping information, visit www.hp.com/recycle:

- Click on the link *HP Ink and Laser Jet toner cartridges*
- Choose either recycling option, *Drop it off* or *Mail it in*.

If you choose to *Mail it in*, select *HP LaserJet cartridges & drums* under the question "*What type of HP Original supplies are you returning?*" and complete the required fields in order to print the label.

Attach the label to the cartridge box or boxes (either the original box or a box of appropriate size) and give the box to your regularly scheduled UPS driver. If you do not have regular pickups or deliveries from UPS, schedule a package pick up with UPS or ship the package from a UPS location.

FI Stock Security

Clinic staff members are responsible for the security of FI stock and check envelopes. The printer drawer holding the FI stock must be kept locked. All FI stock, when not in use at the clinic, must be kept in a locked area. At the end of day, all FI stock paper must be removed from the printer(s) and moved to a locked area. Clinic staff must develop policies to ensure the security of printers and FI stock paper during the day, check envelopes, and FI stock while traveling to and from satellite clinics. Call the State Office Benefit Delivery Unit when FI stock was ordered but never received by the clinic.

Local Agency WIC Equipment

Inventory

Local agencies must maintain a written record of all computer equipment, computer peripherals, television equipment and television peripherals purchased with WIC funds. All computer equipment records must be sent to the State Office for inclusion in the computer asset database. The written equipment record must include:

- Quantity
- Name/Brand
- Item Description
- Model Number
- Serial Number(s)
- Date Acquired
- Warranty End date(s)
- Purchase Price (if purchased by the local agency)

Measuring Equipment Maintenance and Calibration

POLICY:

Local agencies are responsible for equipment maintenance and calibration and are required to maintain equipment maintenance and calibration logs in a central file.

PROCEDURE:

- Routine maintenance of scales and measuring boards
 - ✓ Perform daily maintenance of scales as follows:
 - Place scales on a hard, non-carpet surface. If the area is carpeted, place the scale on a piece of plywood or a standing base.
 - Before weighing every participant, check that the scale balance is at zero, by moving the ounce and pound weights to zero until the arm rests in the center. Check digital scales to ensure zero reading. If scales do not balance at zero, notify supervisor for scale to be serviced.
 - Clean scales with disinfectant as needed. Check for wear and broken or faulty parts. Avoid using the scales until repairs have been completed.
 - ✓ Perform yearly maintenance of scales as follows:
 - Have scales inspected yearly by the Colorado Department of Agriculture. Inspection fees are dependent on the type of scale tested and can be \$35, \$50, or \$65 per scale. To locate an inspector in your area, contact the Measurement Standards Office [\(303\) 867-9232](tel:303-867-9232).

- If scales pass inspection, a Colorado Department of Agriculture approval sticker will be dated and placed directly on your scale.
- If scales do not pass inspection, a blue Work Order sticker will be placed on your scale. Avoid using the scales until repairs have been completed.
- Record repairs, replacements, and yearly inspections on the maintenance log for each scale.
- ✓ Perform daily maintenance of measuring boards as follows:
 - Clean measuring boards with disinfectant as needed.
 - Check for wear and broken or faulty parts. Avoid using measuring board until repairs have been completed.
- ✓ Perform yearly maintenance of measuring boards to check all boards for accuracy as follows:
 - Use a metal measuring tape to check for slippage on wall mounted boards; and
 - Check the right angle on head and foot boards.
 - Record repairs, replacements, and yearly inspections on the maintenance log for each measuring board.
- Routine maintenance of hemoglobin analyzers
 - ✓ Perform maintenance of hemoglobin analyzers as follows:
 - Clean hemoglobin analyzers, per the manufacturer's directions detailed in the user's guide. Local agencies may determine the frequency of cleaning based on the volume of tests performed. Examples: clean analyzer monthly if < 20 tests per month; clean weekly if > 150 tests per monthly, etc...
 - Record all repairs or replacements on the maintenance log for each hemoglobin analyzer.

Scanned Documents

Policy: Certain documents must be scanned in Compass for later reference. When scanning is not possible or document is too large to scan, the paper version of the document must be maintained on site in an easily-accessible central file. Staff must note in the participant's care plan that the document is in a central file.

Scan and attach these documents to the family record:

- Physician Authorization Form (completed by physician, approved and signed by WIC High Risk Counselor)
- *Release of Information* (Compass Printout used when releasing information to entities other than agencies listed in the participant *Rights and Responsibilities*)
- Proof of identification for electric breast pump issuance
- Proxy self-statement
- Endorser's self-statements
- Interim Endorser's self-statements
- Foster papers or guardianship documentation
- Endorser relinquishment/change of endorser
- Returned signed General Signature documents for receipt of mailed food benefits

When a signature is not captured on the signature pad, staff must complete the appropriate form, obtain the endorser's signature, and scan the form into Compass. When "other" is selected, the reason must be documented in the participant's record. The forms to complete are listed in the table below:

Signature reason	Form to complete
Receipt of food benefits	General Signature Document printout listing names of participants and food instrument numbers with corresponding effective dates and the statement "I understand my rights and responsibilities."
Lost/stolen food instruments (reissuance)	General Signature Document printout listing names of participants and food instrument numbers with corresponding effective dates and the statement "I understand my rights and responsibilities."
Certification / Rights and Responsibilities	General Signature Document listing names of participants, certification end dates, and noting verification that they have read, understand and agree with the WIC Program's Rights and Responsibilities document and understand when their certification will end.

Acknowledgement of participant sanctions	Notice of Program Violations printout
No proof of Residency or Income	General Signature Document printout listing reason why participant is unable to provide proof of residency or income.
Release of information	Release of Information printout from the Referrals - Participant screen.
Breastfeeding equipment release	Breast Pump/Aid Release Form.

Central files required to be kept by the agency:

- Civil Rights file
- Staff Training, including annual Civil Rights training
- Voter Choice forms
- *Request to extend local agency service area* forms
- Vendor Reports (see *Retailer Files* topic in Retailer Participation section)
- Voided food instruments
- Ward Road invoices
- **Equipment Maintenance and Calibration Logs (scales, measuring boards, and hemoglobin analyzers)**

Note: Central files must be maintained according to retention policies as noted in the *Retention of WIC Records and Reports* in the Clinic Procedures section, and *Retention of Records* in the Fiscal/Administration section.

Prevention and Management of WIC Program Misuse

Introduction

The purpose of this section is to give guidelines for appropriate handling of suspected endorser misuses and violations. Although misuse of the Colorado WIC Program is rare, when it occurs, it must be dealt with if WIC is to maintain integrity. Such abuses, when not prevented or managed, drain the Program's resources, interfere with getting appropriate benefits to participants, and diminish the credibility of the WIC Program in the eyes of legislators, auditors, local agency staffs, participants, and the public at large.

Staff Violation means the intentional conduct of a State, local agency, or clinic employee that violates Program regulations, policies or procedures, including, but not limited to, misappropriating or altering food instruments (FIs) or cash value vouchers (CVVs), entering false or misleading information in case records creating case records for fictitious participants, or certify themselves, relatives or friends.

The CO WIC Program Fiscal Manager is responsible for maintaining a file of all staff fraud and/or abuse that includes the nature of the fraud and any associated dollar losses. Local Agencies shall report any occurrence of such violations to the State Office immediately upon detection. Additionally, the WIC Compass Help Desk will forward all Secure Compass User ID Forms to the CO WIC Program Fiscal Manager that specifies WIC employee separation due to fraud and abuse.

Participant violation means any intentional actions of a participant, parent or caregiver of an infant or child participant, or proxy that violates Federal or 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 food instruments or supplemental foods for cash, credit, non-food items, or unauthorized food items, including supplemental foods in excess of those listed on the participant's food instrument; modifying food instruments, including altering valid dates, authorized food items, signatures, and the actual amount of sale; cashing food instruments at unauthorized stores, failure to sign redeemed food instruments, or cashing food instruments outside of the valid date range; threatening to harm or physically harming clinic or vendor staff; abusive language; destruction of property; and dual participation.*

WIC Compass User Access Control

Local WIC Agency Directors must validate that Compass user access is granted to Compass users who actively work at a specific WIC clinic and that the level of access granted is commensurate to the specific level required to perform their job duties.

Procedure:

- By January 1 and July 1 of every year, State Office produces and emails to each Local Agency WIC Director that local WIC agency's set of *Compass User Access Verification Reports* (Report). Each local agency's set contains one Report per WIC clinic in that local agency. Each Report lists every local agency WIC staff person who has access to the Compass computer system in that specific clinic. The Report includes each user's *Compass User ID, Title, Functional Areas* and level of *User Privileges*. The Report also includes a *Privileges Correct?* column for the Verifier to complete.
- Local Agency staff prints the set of Reports from the email.
- The Local Agency WIC Director can personally validate these Reports or can designate the role of Verifier to other individual/s.
- The Verifier checks (√) Yes or No in the *Privileges Correct?* column for every *Functional Area/User Privileges* listed. The Verifier evaluates the accuracy of the information by answering the following questions:
 - ✓ Does the Report reflect all active Compass users working in that specific WIC clinic?
 - Is anyone listed who no longer works in that WIC clinic?
 - Is anyone listed who no longer works for WIC?
 - ✓ Do any of the users have access to one or more functional areas that they no longer need in order to perform their job duties?
- A *Secure Compass User ID Form* is completed and submitted to State Office for every "No" indicated on the Report.
- The Verifier and the Local Agency WIC Director acknowledge their agreement of the results of the review by hand signing the appropriate signature lines. The Local Agency WIC Director signs both lines when she is the Verifier.
- The Local Agency WIC Director sends all completed and signed copies of the *Compass User Access Verification Report* and *Secure Compass User ID Forms* to the Security Administrator by emailing the scanned documents, faxing, or mailing within 30 days receipt of the reports.
- The Local Agency WIC Director maintains a central file of all original *Compass User Access Verification Reports* and *Compass Secure User ID Request Forms* submitted to State Office for a minimum of 3.5 years. This file is subject for review during the local WIC agency's monitoring visits.
- The Security Administrator collects the reconciled *Compass User Access Verification Report*, updates security access roles in Compass per the *Secure Compass User ID Forms* and files all completed Reports and Forms for a minimum of 3.5 years.

Issue Resolution and the State WIC Compass Help Desk

Application Issues

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

Data Issues

Please report all suspected Data integrity issues to the State WIC Compass Help Desk. The Help Desk will investigate your concern and if they determine that a data integrity issue may exist, they will immediately escalate the issue to the State Database Administrator for further investigation and resolution.

Computer, Network and Internet Issues

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

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

Troy MICR Printers

The State WIC Compass Help Desk is responsible for the Troy MICR printers. These printers may be directly connected to the WIC user's computer or may be connected to the local network. In either case, report printer problems to the State WIC Compass Help Desk who will determine the nature of the problem. Please note, however, that issues related to connectivity to these printers may be the responsibility of the local agency's IT group. The State WIC Compass Help Desk can assist with making that determination.

When it is determined that local agency IT must be involved to resolve a MICR printer issue, it is the local agency WIC user's responsibility to understand and carry out the issue resolution procedure outlined by the local agency's IT department. If the problem is directly related to the printer, either the State WIC office or the printer supplier will send a replacement.

Topaz Signature Pads

The State WIC Compass Help Desk is responsible for the Topaz Signature Pads. These devices are always directly connected to your computer. Immediately report equipment problems to the State WIC Compass Help Desk. Note that issues related to connectivity to the signature pads may be the responsibility of your local IT group. The State WIC Compass Help Desk can assist with making that determination.

Whenever it is determined that local agency IT must be involved to resolve a Signature Pad issue, it is the local agency WIC user's responsibility to understand and carry out the issue resolution procedure outlined by the local agency's IT department. If the problem is directly related to the signature pad, either the State WIC office or the Signature Pad supplier will send a replacement.

Multi Functions Printers

The printer used to create scanned images of documents may or may not be supplied by the State Office.

Connected and Disconnected Operations

Compass allows clinics to operate *connected* or *disconnected* from the central database located in the state data center.

Connected Mode

When in connected mode, WIC clinic computers are connected to the central database via the Internet. When a WIC user requests participant data, the data downloads from the central database to the WIC user's computer. The clinic user makes additions and/or modifications to participant, scheduler and other data. When the clinic user saves the data, the data is uploaded through the Internet back to the central server where it is stored.

Disconnected Mode

When disconnected, clinic computers connect to a designated clinic workstation that has been configured to contain a database of the local agency's or clinic's data. This designated computer is referred to as a **clinic server**. There are two situations wherein a clinic operates disconnected from the centralized database:

- **Disconnected Clinic**

A disconnected clinic operates in a remote location that does not have Internet connectivity. In these situations, the clinic is "preconfigured" to run in disconnected mode.

Before traveling to the remote, disconnected clinic location, the clinic user connects the laptop to the Internet (at the main clinic) and performs a synchronization download so that the latest clinic participant data is stored in the database on the laptop (clinic server).

During disconnected clinic operations at the remote site, changes to participant records and other data changes are recorded in the database on the laptop.

Upon return to the main clinic, the clinic user reconnects the laptop to the Internet and performs an upload-synchronization so that the changed data on the laptop is stored on the central database at the state data center.

- ***Connected Clinic running in Network Downtime Mode***

In the event of an Internet outage that prevents a clinic from connecting to the central database, a connected clinic may switch to disconnected operations. This disconnected operation is called Network Downtime (NDT).

When a clinic switches to NDT mode, the clinic's WIC computers are connected to the database on the clinic server instead of the central database located at the state data center. Additionally the clinic is locked out of connected operations.

WIC users can continue to see clients and print checks in NDT mode. Once in NDT mode, the clinic must operate in NDT mode for the remainder of the day. When clinic operations are ended for the day (assuming that the Internet connection has been reestablished), the clinic user connects the clinic server to the Internet and initiates a full synchronization once all users have saved their work and are logged out of Compass. This synchronization uploads all of the changed data from the NDT computer's database to the central server's database and demotes the NDT computer back to normal workstation status and releases the lock on the clinic's data at the central database. The next morning, all WIC users log in as usual to connect to the central server's database.

Synchronization of the Clinic Server's Database

As mentioned earlier, the process of synchronization keeps the local data on the clinic server current with the data on the central database. This process **uploads** data changes from the clinic server to the central database and **downloads** data from the central database to the clinic server.

Each connected clinic should assign the synchronization process and the coordination of switching to NDT mode to an individual (and others as back up). This individual is the **NDT Administrator**. The NDT Administrator always performs synchronization on the clinic server because it is that computer that contains the local copy of the clinic's database. Connected clinics are required to run the synchronization process at the end of each clinic day. The NDT Administrator may contact the WIC Compass Help Desk for detailed instructions on how to perform daily synchronization.

Disconnected clinics should synchronize (download) prior to going to the remote locations and synchronize (upload) upon return from the remote location. Contact the WIC Compass Help Desk for detailed instructions on how to perform synchronization for disconnected clinic operations.

Because sensitive data is stored in the clinic server, the computer's hard drive must be encrypted for data security purposes as per Colorado Department of Public Health and Environment policy.

It is important to ensure that a clinic has a successful synchronization each day at connected clinics so that the most up to date clinic data is available at the clinic in the event of an outage that requires your clinic to switch to NDT mode.

It is important that a clinic has a successful synchronization before disconnected clinic operations so that the most up to date data is available during operations. It is equally important that a clinic has a successful synchronization immediately after disconnected clinic operations so that all of the changed data is uploaded to the central database.

In the event of an unsuccessful synchronization process please contact the WIC Compass Help Desk immediately.

Switching to NDT Mode

If the cause of the outage is at the State data center side, the WIC State Office communicates information (email and or telephone) to all local agencies or clinics about the outage as it becomes known. If the outage is at the local agency /clinic side, clinic staff must ascertain the nature and duration of the outage from their local agency IT group in order to make the decision of whether or not to go to NDT mode.

Important Considerations when Switching to NDT Mode

- Locking the Clinic data
It is important that the WIC Compass Help Desk locks access to the clinic's data on the central server because this lock prohibits others at the State Office or at other clinics from making changes to the clinic's data that is operating in NDT mode.
- Data entered same day, pre-NDT mode, not available
Participant, scheduler and other data that is modified on the same day but prior to NDT mode switch over is not available to that clinic for the remainder of the day. Clinics may want to ask participants to call back to make appointments.
- Transfers from other agencies are unavailable
When in NDT mode a clinic cannot make participant transfers from another agency.
- Not all Compass functionality is available in NDT mode
NDT mode is designed to provide the minimum functionality required to complete participant appointments and issue benefits. Users have access to Clinic Services and Scheduler. User access to the Vendor Management, Finance, Operations, Reports and System Administration functional areas is restricted.
- Synchronization is required to unlock NDT mode
If Compass connectivity has been reestablished before the end of clinic day, the clinic should perform synchronization when all clinic activity is completed for the day. This synchronization unlocks the clinic's central database, allowing users to connect normally the next day.
- Make sure that all users have completed and saved their data entry into Compass before starting synchronization to ensure all the data is uploaded to the central server during the synchronization process (ignoring this procedure will result in lost data that the user is creating.) It is important that all users disconnect from Compass before synchronization begins. If a user does not log out of Compass, they remain connected to the WIC database on the Compass NDT computer. When synchronization begins, the WIC database will be "in use" and synchronization will not be able to update this database as required. The synchronization will fail to upload any data the logged-on user is creating and lost completely.
- If Compass connectivity has not been reestablished before the end of the day, there is no reason to run synchronization (it will fail because the NDT clinic computer cannot connect to the central database). Simply resume using the Disconnected NDT Server on the following day.

NDT Switchover Procedures

Once a local agency or clinic makes the decision to move to NDT mode, the NDT Administrator and clinic staff completes the following three steps:

- The clinic's NDT Administrator calls the WIC Compass Help Desk -
Before calling the Help Desk, the NDT Administrator ensures that all users have logged out of Compass. When calling the WIC Compass Help Desk, the NDT Administrator must be sitting at the NDT clinic computer. During the call, the WIC Compass Help Desk locks the clinic into NDT mode and provides the authorization key. Locking prevents access to the clinic's data on the central server. If the NDT Administrator must leave a voice message on the Help Desk line, please provide clinic name, name of the NDT Administrator and the phone number at the NDT clinic computer location where the NDT Administrator can be reached. The WIC Compass Help Desk will return the call quickly so that the clinic may resume operations.
- Promote the NDT clinic computer to NDT mode -
The following steps (performed on the NDT clinic computer) promote the NDT clinic computer to NDT mode. If needed, the WIC Compass Help Desk can assist with this procedure during the call.
 - ✓ Open Application Settings link (located on the Compass logon screen)
 - ✓ Ensure that the MICR printer, Local Agency and clinic are selected

- ✓ Enters the authorization key
- ✓ Press the save button (this closes Application Settings)
- ✓ Select the Use Disconnected NDT Server check box (located at the top of the logon screen)
- ✓ Logs into the clinic as normal
- Connect other WIC clinic computers to the NDT computer -
Clinics with more than one computer perform the following steps on the additional Compass workstations to connect the Compass workstations to the NDT clinic computer (instead of the central database server).
 - ✓ Open Application Settings link (located on the Compass logon screen)
 - ✓ Ensure that the MICR printer, Local Agency and clinic are selected
 - ✓ Press the save button (this closes Application Settings)
 - ✓ Select the Use Disconnected NDT Server check box (located at the top of the logon screen)
 - ✓ Log into the clinic as normal

Find applicable forms at:

<https://www.colorado.gov/cdphe/wic-tools-and-guidance>

Correcting MICR Line Errors

When printing checks, staff must verify that the MICR line printed correctly. Procedures for resolving two types of MICR printer line errors are listed below:

- MICR line printing is very small (often contains the letter “c” before the numbers) -

Example:

C52694180C A091912482A 805116C

Cause: Font is not correct. Typically the wrong printer has been selected or a file in the Troy folder has been changed from Tacoma/Century.

Procedure for Correcting:

- ✓ Check that the correct MICR printer has been selected.
- ✓ If problem continues after switching back to the correct MICR printer, contact the Help Desk to reinstall the printer font.

Note: For this type of MICR error, checks that have already been issued do not need to be reprinted as banking institutions are still able to process the checks.

- MICR line printing is gibberish -

Example:

TLe3UeUpeTAla\$e\$eo/polApa2eeLT

Cause: Possible issue with Troy MICR font card.

Procedure for Correcting:

- ✓ Call the Help Desk. Do not issue any more checks until the MICR line has been corrected.
- ✓ Replace all participant checks containing gibberish MICR line printing.

Note: For this type of MICR error, checks are rejected at the bank. The local agency or store may call the state office for replacement checks if this occurs.

WIC Proxy Procedures

POLICY:

WIC endorsers may authorize another individual as their proxy to attend the WIC appointment, pick up food instruments, and receive the nutrition education.

BACKGROUND:

WIC encourages the WIC endorser to attend WIC appointments to participate in nutrition education. A proxy can be designated as needed at any WIC appointment; however, endorsers should be encouraged to use proxies in limited cases when sickness, impending delivery, hospitalization, incarceration or an emergency develops. Some examples include a neighbor, friend, relative, or someone needing to attend the WIC appointment for the endorser. **Note that a legal guardian or a second parent in a household who has been designated as an additional endorser is NOT a proxy as the additional endorser does not need permission from the initial endorser to attend the WIC appointment, pick up food instruments, and receive the nutrition education.** If a proxy is needed more than two times in a six-month certification, it is an indication for staff to problem solve with the endorser and determine if the endorser needs to be changed.

