

LOCAL AGENCY OPERATIONS AND MANAGEMENT TABLE OF CONTENTS

SECTION:	SUBJECTS:	EFFECTIVE DATE:
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CIVIL RIGHTS

7.00	Civil Rights Responsibilities	July 13, 1994
	7.00A Civil Rights Lesson Plan	October 1, 2010
7.01	Civil Rights Complaints of Discrimination	July 13, 1994
	7.01A Complaint of Discrimination Form	
7.02	Limited English Proficiency Policy	October 1, 2018
	7.02A LEP Vendor Brief	
	7.02B LEP Waiver Form	
	7.02C LEP Reporting Form	

DISASTER RESPONSE

7.10	Disaster Response and Continuation of Operations	November 23, 2015
	7.10A USDA Disaster Assistance	November 23, 2015
	7.10B Emergency Operations Worksheet	November 23, 2015
	7.10C Removed	November 23, 2015
	7.10D Removed	November 23, 2015
	7.10E Removed	November 23, 2015
	7.10F Removed	November 23, 2015
	7.10G Renamed 7.10B	October 1, 2016

CASELOAD

7.20	This policy has been removed.	
7.21	Appointment No-Show Rates	October 1, 1990
7.22	This policy has been removed	

WOW

7.40	WOW Information Systems Usage	January 1, 2003
7.41	WOW Information Systems Security	January 1, 2003
	7.41A Compliance with DHMH Security Policies	
	7.41B Combined IRMA Policy Acknowledgement Form	
7.42	Adding, Removing and Modifying Staff Access to WOW	January 1, 2003

SECTION:	SUBJECTS:	EFFECTIVE DATE:
	7.42A Staff Data Sheet	
	7.42B Local Agency Roles	
7.43	Has been removed	

CLINIC STAFF AND EQUIPMENT

7.60	Competent Professional (CPA) and Paraprofessional (CPPAs) Authorities	January 2, 1990
	7.60A Has been relocated to 7.66C	
	7.60B Has been relocated to 7.66D	
	7.60C Has been relocated to 7.66E	
	7.60D Has been relocated to 7.66F	
	7.60E Has been relocated to 7.66F	
	7.60F Has been relocated to 7.66G	
7.61	Ongoing Staff Training	October 1, 2003
7.62	Equipment for Performing Weight and Height Measurements	October 1, 2003
7.63	State Agency Trained Competent Professional Authorities	October 1, 2005
	7.63A CPA Applicant Competency Checklist Provision of Non-Contract Formula Food Packages for Infants	
	7.63B CPA Applicant Competency Checklist Nutrition Education Counseling for High Risk Participants	
	7.63C CPA Applicant Competency Checklist Group Nutrition Education	
	7.63D Prior Approval Request for CPA Courses	
7.64	Laboratory Requirements for Performing Blood Tests	October 1, 2007
	7.64A Bloodborne Pathogens Requirements	
	7.64B Permanently Retractable Lancet Examples	
	7.64C Attachment renamed 7.64A	
7.65	Ordering Outreach, Certification, Nutrition Education, and Breastfeeding Support Materials	October 1, 2007
	7.65A WIC Manual Order Form	
7.66	New Employee Training	October 1, 2007

SECTION:	SUBJECTS:	EFFECTIVE DATE:
	7.66A Instructions for Competency Checklists	January 31, 2018
	7.66B Income Intake Competency Checklist	January 31, 2018
	7.66C Pregnancy Competency Checklist	January 31, 2018
	7.66D Postpartum Competency Checklist	January 31, 2018
	7.66E Infant Competency Checklist	January 31, 2018
	7.66F Child Competency Checklist	January 31, 2018
	7.66G General Certification Competency Checklist	January 31, 2018
	7.66H CPA Competency Checklist	January 31, 2018
	7.66I Medical Competency Checklist	November 30, 2021
7.67	This policy has been removed	October 1, 2007

CONFIDENTIALITY AND RELEASE OF INFORMATION

7.70	Confidentiality and Release of Applicant and Participant Information	October 1, 2007
	7.70A Consent to Release Information	
	7.70B Consent to Use Photographs	

MONITORING AND EVALUATION

7.80	Local Agency Self Monitoring and Review	
	7.80A Local Agency Certification Self Review Tool	
	7.80B Program Operation Self Review Tool	
7.81	State Monitoring and Review of Local Agency	October 1, 2002
	7.81A Pre Management Evaluation Questionnaire	
	7.81B Management Evaluation Review Form Cycle 1	
	7.81C Management Evaluation Review Form Cycle 2	
7.82	Separation of Duties	October 1, 2017
	7.82A Separation of Duties Monitoring Form	

CUSTOMER SERVICE

7.90	Customer Service Guidelines	October 1, 2006
7.91	Customer Service Complaints	October 1, 2006
7.92	IT Software and Equipment Requirements	March 14, 2024

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

**Policy and Procedure Number: 7.00
Effective Date: July 13, 1994
Revised: November 19, 2025**

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Civil Rights Responsibilities of Local Agencies

A. Policy

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

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

B. Procedure

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

USDA Non-Discrimination Statement ENGLISH (full version)

In accordance with Federal law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin (including limited English proficiency), religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. (Not all prohibited bases apply to all programs)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotope, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY).

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

mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
email:
program.intake@usda.gov

This institution is an equal opportunity provider.

USDA Non-Discrimination Statement SPANISH (full version)

De acuerdo con la ley federal y las reglamentaciones y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (U.S. Department of Agriculture, USDA), esta institución tiene prohibido discriminar por motivos de raza, color o país de origen (incluyendo dominio limitado del inglés), religión, sexo, discapacidad, edad, estado civil, estado familiar / parental, ingresos provenientes de un programa de asistencia pública, creencias políticas, represalias o venganza por haber participado anteriormente en actividades relacionadas con los derechos civiles en cualquier programa o actividad llevado a cabo o financiado por el USDA. (No todas las causas de discriminación prohibidas se aplican a todos los programas).

La información del programa puede estar disponible en idiomas distintos al inglés. Las personas con discapacidades que requieran medios alternativos de comunicación para obtener información del programa (p. ej., braille, letra grande, cintas de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o comunicarse con el USDA a través del Servicio de Retransmisión de Telecomunicaciones al 711 (voz y TTY).

Para presentar una queja por discriminación en el programa, el reclamante debe completar el formulario AD-3027, el formulario de queja por discriminación en el programa del USDA, que se puede obtener en línea, en <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, desde cualquier oficina del USDA, llamando al (866) 632- 9992 o escribiendo una carta dirigida al USDA. La carta debe tener el nombre, la dirección, el teléfono del reclamante y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al subsecretario de derechos civiles (ASCR) sobre la naturaleza y la fecha de una supuesta violación de los derechos civiles. El formulario AD-3027 o la carta completos deben enviarse al USDA por:

correo:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o

correo electrónico:

program.intake@usda.gov

Esta institución ofrece igualdad de oportunidades.

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

USDA Non-Discrimination Statement ENGLISH (short version)

This institution is an equal opportunity provider.

USDA Non-Discrimination Statement SPANISH (short version)

Esta institución ofrece igualdad de oportunidades.

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

- c. Provide information and other materials in languages other than English, as needed.
 - d. Ensure that appropriate staff, volunteers or other translation resources are available to serve non-English speaking or limited English-speaking applicants/participants. Refer to Policy and Procedure 7.02 Limited English Proficiency (LEP) Policy.
 - e. Display the nondiscrimination poster, "And Justice For All," or an FNS approved substitute in prominent places, such as clinic waiting rooms.
2. The local agency must periodically review Program policies and practices to evaluate the effect of those procedures on applicants and participants. In doing so, staff should be monitored to determine if services are being delivered in a manner consistent with civil rights policies. Local agencies shall also allow civil rights compliance reviews when requested by the State office. Any areas of non-compliance found during any review (local agency, state, or federally driven) shall be quickly resolved.
3. Accommodations must be made for individuals with disabilities to ensure that the Program is accessible to them.
4. The local agency shall report participation by category of women, infants and children and by racial/ethnic categories as defined in FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, November 8, 2005. Reporting shall be accomplished by entering the data in the management information system. More than one racial box can be checked.
- Staff shall explain to the applicant or the parent or caregiver of an infant or child applicant that the collection of racial/ethnic categories is for statistical purposes only and has no effect on the determination of their eligibility to participate in the Program. Staff shall tell the person that self-identification is the preferred method of obtaining this information and then ask them their racial designation. Visual identification shall be used only if the applicant or the parent or caregiver of an infant or child applicant refuses to answer.
5. Complaints of discrimination shall be processed consistent with State Policy and Procedure 7.01.
6. The annual staff training on civil rights shall include, at a minimum, the

following topics:

- a. Collection and use of data,
 - b. Effective public notification systems,
 - c. Complaint procedures,
 - d. Compliance review techniques,
 - e. Resolution of noncompliance
 - f. Requirements for reasonable accommodation of persons with disabilities,
 - g. Requirements for language assistance,
 - h. Conflict resolution, and
 - i. Customer service.
7. The local agency shall send documentation of the annual civil rights training electronically to the State WIC Civil Rights Coordinator within 15 days of the training. Documentation shall consist of a copy of the meeting agenda, staff sign in sheet and the civil rights annual training agenda.

Attachments:

7.00A Annual Civil Rights Lesson Plan

References:

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

Revised:

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

08/22/2018	Clarified the use of the full Non-Discrimination Statement (NDS) vs the short version. Included Spanish versions of the full and short NDS. Added statement 2.a. regarding an acknowledgement of civil rights responsibilities
04/2023	Updated nondiscrimination statement based on USDA Office of Civil Rights May 5, 2022, memo "Bostock v. Clayton County".
11/2025	Updated nondiscrimination statement

Annual Civil Rights Lesson Plan

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

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

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

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

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

Section 504 of the Rehabilitation Act of 1973

Age Discrimination Act of 1975 (45 CFR Part 91)

CONTENT:

Local agency staff should know the procedures for the following:

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

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

7. Requirements for Language Assistance

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

8. Conflict Resolution

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

9. Customer Service (Policy and Procedure 7.90)

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

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

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Civil Rights Complaints of Discrimination

A. Policy

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

B. Procedure

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

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

Attachment:
7.01A Complaint of Discrimination Form

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

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

**MARYLAND WIC PROGRAM
COMPLAINT OF DISCRIMINATION**

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

Date of occurrence:

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

5. Reason for the alleged discrimination:

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

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

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

Date complaint received by Local Agency:

Date forwarded to State Civil Rights Coordinator:

Date received by State Civil Rights Coordinator:

Date forwarded to FNS Civil Rights Division:

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

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Limited English Proficiency (LEP) Policy

A. Policy

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

B. Procedure

1. LEP Assessment and Plan

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

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

2. LEP Resources

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

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

3. Notification to Public

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

4. Providing Services to LEP Persons

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

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

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

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

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

g. LEP Reporting

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

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

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

Attachments

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

References:

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

Revisions:

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

Limited English Proficiency - Vendor Resources

Maryland WIC Program

Telephonic Services: Language Line Services, Inc.

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

Ad Astra Translation Services

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

Written Document Translation: Ad Astra

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

On-site Interpretations: Ad Astra, Inc.

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

Tracking LEP Interactions (Attachment 7.02D)

LEP Services Tab

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

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

LEP Tracking Form: Bilingual Staff

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

LEP Annual Report (Form 7.02C)

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



Interpreter Request Form

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

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

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

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



New Client Account Form

Client Account Information

1. Organization/Agency/Facility/Hospital Name

2. Sub-Agency/Department/Location Name (if applicable)

a. Primary Contact Person Name

b. Primary Contact Person Email Address & Direct Phone

c. Primary Contact Person Physical Address

3. How will you be requesting interpreters?

Phone Email Online (Internal Scheduling System)

**Please refer to the 3rd page for details on each request method and how to contact our team*

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

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



New Client Account Form

Client Billing Information

6. Primary Billing Contact Information

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

Name:

Email Address & Direct Phone Number:

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

7. Secondary Billing Contact Information

Name:

Email Address & Direct Phone Number:

8. What is your preference for invoice submission?

Email

Mail

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

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

Dept./Unit Name

Requestor Name

Other (please specify)

10. Billing Frequency

Monthly

Bi-Weekly

11. Payment Method

Check

Online Credit Card Payment

EFT/ACH

This form was completed by:

Name:

Date:

Title

.....

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



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

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

Waiver of Right to Free Interpreter Services

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

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

☐ I am providing my own interpreter.

☐ I do not want an interpreter.

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

Signature	
Date	

Local Agency Use Only

Name of Interpreter: _____

Interpreter relationship to the participant: _____

If a minor, provide the approximate age: _____

Additional notes:

Local Agency Signature	
Date	



MARYLAND Department of Health

Limited English Proficiency (LEP) ANNUAL REPORTING FORM

AGENCY INFORMATION

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

INSTRUCTIONS

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

1. Review your agency process and complete each section of this form.

2. To Complete Section D, note the following:

Date- date of service, **Language-** language requested, **Service Type** – Written (W); Oral (O) or Telephonic (T), **Provider** – Bilingual Staff, Community Volunteer, Language Line, Schreiber or Ad Astra; **Service Cost-** cost of service, **Client Sex-** Male or Female, **Client Age Group** – Child (0-12 years of age), Adolescent (13-20 years of age), Adult-(21-54 years) and Senior (55+ years of age), **Unit-** Name of unit within health department, program, board, commission or facility, **Region** – County where services rendered

3. Upon completion, review this report with the Agency Head.

**4. Submit a copy of the Completed SFY Annual LEP Report to the State WIC Office
Fiscal Chief or their designee via email.**



MARYLAND
Department of Health

Limited English Proficiency (LEP) ANNUAL REPORTING FORM

SECTION A: Summary of Agency Efforts

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

SECTION B: Future Initiatives

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



MARYLAND
Department of Health

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



Limited English Proficiency (LEP) ANNUAL REPORTING FORM

SECTION C: Document Translations

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

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

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



Limited English Proficiency (LEP) ANNUAL REPORTING FORM

SECTION D: Interpretation & Translation Services

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

[illegible]

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

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

**Policy and Procedure Number: 7.10
Effective Date: November 23, 2015
Revised Date: May 28, 2025**

SECTION: Local Agency Operations and Management

SUBJECT: WIC Disaster Response and Continuation of Operations

A. Policy

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

Disaster or emergency situations include but are not limited to:

- Fire
- Weather-related: flood, tornado, hurricane, snow or other storm-related disruption
- Civil Disorder or other violent crime-related disruption
- Interruptions in governing agencies' functions or funding
- Power or water outage
- Earthquake
- Hazardous materials incidents
- Human Pandemic
- Large scale supplemental food recall or supply chain disruption
- A presidentially declared major disaster as defined under Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act, 42 U.S.C. 5121 et seq.)
- A presidentially declared emergency as defined under the Stafford Act
- A public health emergency declared by the Secretary of Health and Human Services under Section 319 of the Public Health Service Act (42 U.S.C 247d), or (4) a renewal of such a public health emergency

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

- State Office involvement in a disaster affecting state office operations
- State Office response to a disaster affecting local agency operations

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

The following procedure may be applicable in some but not every situation and is intended to provide guidance for a coordinated response during a disaster to ensure, to the extent possible, the continuation of WIC services to participants within its current program context and funding.¹

B. Procedure

1. State Agency Responsibilities

a. Communication

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

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

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

- v. Health Departments and Funding Agencies to:
 - Provide notification and updates about emergency situations to the designated staff of the Maryland Department of Health (MDH) in Baltimore as well as to local Health Departments and other WIC Grant Agencies, as needed.
 - Assess any damage, including damage to property, equipment, or supplies, and report such damage to the appropriate units.
- vi. Other State Agencies/Programs to:
 - Provide notification and updates about emergency situations to other agencies, including food banks, as needed.
 - Coordinate with available statewide relief plans to support data informed decisions
- vii. USDA Food and Nutrition Service (FNS), Mid-Atlantic Regional Office (MARO) to:
 - Provide notification and updates about alternate operating procedures implemented during emergency situations, as needed.
 - Notification of any impact on clinics, vendors, benefit issuance, and benefit redemption.
 - Request assistance from the USDA FNS MARO, as needed.
 - Request waivers and seek authority for flexibilities in program operations.
 - Request waivers and seek authority for flexibility in expansion of authorized foods and formulas (including but not limited to container sizes and types).
- viii. Bank/Fiscal Units to:
 - Provide notification and updates about emergency situations to banking and fiscal units responsible for ensuring WIC fiscal operations.
- ix. Contractors to:
 - Provide notification and updates about emergency situations, as needed, in order to reschedule meetings or other interactions with State WIC staff that may be affected by the emergency.
 - Request assistance in making system modifications to implement emergency system changes to continue certifying and providing benefits to participants.
 - Determine availability of formula in different container types and sizes, and formula contractor's ability to increase supply in the state
- x. MDH Office of Communications to:
 - Provide pertinent information to the media, post to social media, and develop public notifications.

b. Support of Local Agencies

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

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

2. Local Agency Responsibilities

a. Emergency Procedures Plan

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

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

b. Communication

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

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

A post-disaster assessment, submitted within 10 working days after the disaster has been resolved. The post-disaster assessment should include a final report on i. through v. above as well as a description of any remaining concerns and any lessons learned.

3. WIC Certification and Participation Procedures During a Disaster

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

a. Income, Residency and Identity:

- i. Disaster-related evacuees who seek WIC benefits shall be considered as special nutritional risk applicants and receive expedited certification processing. As stated in Section 246.7(f)(2)(iii)(A) of WIC Program regulations, special nutritional risk applicants must be notified of their eligibility or ineligibility within 10 days of the date of the first request, in person, for Program benefits. With approval from the State Office, the notification period may be extended to a maximum of 15 days if a local agency can justify such a request; however, every effort must be made to certify these individuals immediately, and at a maximum, within 10 days of an in-person request for WIC benefits. These individuals should be served ahead of others seeking benefits.
- ii. In cases where disaster related evacuees move in with another household, the displaced individuals should be treated as a separate economic unit.
- iii. The documentation requirements for income do not apply to disaster survivors whose documentation has been damaged, lost or destroyed or if the agency determines that the income documentation requirement would present an unreasonable barrier to participation. Adjunct eligibility provisions apply to disaster

- situations, even if the benefits are received based on special disaster provisions (e.g., emergency SNAP benefits). [SFP92-012]
- iv. Temporary losses of income can be estimated on a current or annualized basis and eligibility should be determined on a case by case basis depending on the particular circumstances of the participant. [SFP92-012]
 - v. The documentation requirements for residency and identity do not apply to a disaster survivor whose documentation has been damaged, lost or destroyed.

b. Nutrition Risk Assessment

- i. Disaster-related evacuees can be determined to be at nutritional risk if they are considered homeless.
- ii. Hematological test results may be obtained within 90 days of certification for persons with a documented nutritional risk.
- iii. Anthropometric measurements may be deferred for 60 days, if necessary, to expedite the certification process.
- iv. Every effort should be made to provide a full health and nutritional assessment at the time the individual seeks services to ensure that s/he is linked into the health and social services network in the State.

c. Benefits

- i. Benefits or foods that have been lost or damaged in a disaster may be replaced by a local agency as per MD Policy and Procedure 4.10.
- ii. Replacement of unredeemed food benefits cannot result in the allocation of retroactive food benefits. The quantity of food benefits should be based on that portion of food benefits for which the participant would normally still be eligible (i.e., from the present to the remaining days in the month). [SFP 96-035]
- iii. Food Instruments may be replaced per MD Policy and Procedure 4.30.
- iv. Exempt infant formula and WIC-eligible medical foods benefits may be provided for participants with serious medical conditions as per MD Policy and Procedure 3.02.
- v. Medical documentation can be provided as an original written document, electronically, or by facsimile. Medical documentation also may be provided by telephone to a competent professional authority who must promptly document the information which must be kept on file at the local clinic. However, this method may only be used until written confirmation is received and only when absolutely necessary on an individual participant basis to prevent undue hardship to a participant or to prevent a delay in the provision of infant formula that would place the participant at increased nutritional risk. The local clinic must obtain written documentation of

the medical documentation within a reasonable amount of time after accepting the initial medical documentation by telephone. The written documentation must be kept on file with the initial telephone documentation.

- vi. Participants presenting at WIC clinics in Maryland from another State with a food instrument that specifies an exempt infant formula or WIC-eligible medical food may be issued food instruments for the specified item up to the end of their certification period.
- vii. Participants presenting at WIC clinics in Maryland from another State without a food instrument, but who can provide the name of the exempt infant formula or WIC-eligible medical food that the individual was receiving before relocating, may be issued a 1-month food instrument for that specific item.
- viii. Persons seeking WIC benefits who were not participants prior to the disaster must obtain medical documentation prior to issuing the exempt infant formula or WIC-eligible medical foods.
- ix. Staff with questions regarding clients receiving exempt formulas or WIC-eligible medical foods may contact the state nutrition line.
- x. Food package tailoring may be necessary and appropriate during a disaster. When assigning food packages, an individual's situation regarding the storage of foods, access to authorized vendors, living arrangements, water supply and the use of specific food items must be considered. CAP Lancaster should be explored as an option for clients receiving formulas and lacking access to local authorized vendors.
- xi. In some cases, the state may elect to issue future month benefits in advance of an impending disaster to allow for the purchase of non-perishable food items in advance. This action would be made in consultation with the USDA and communicated to local agencies at the time the decision is made.
- xii. In cases where there is difficulty for participants and/or staff to access the clinic to obtain and/or issue benefits, benefit issuance, Rights and Responsibilities (per Policy and Procedure 2.02), education and food package tailoring may be performed remotely.

d. Transfers

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

e. Certification Periods

- i. A shorter certification period may be provided on a case-by-case basis.

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

4. WIC Authorized Vendor Practices During a Disaster or other Supply Disruption

a. Reduced Minimum Required Stock

- i. At the State agency's discretion, the minimum required stock may be temporarily adjusted to the following:

- two varieties of fruits,
- three varieties of vegetables; and
- one whole grain cereal that is included on the WIC Authorized Food List

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

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

b. Routine Vendor Monitoring Visits and Compliance Activities

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

At the state's discretion, a minimum required stock violation for a specific item affected by a minor supply disruption (ie: eggs or infant cereal) may be waived. The waiver must be noted on the monitoring form.

c. Out-of-state food benefits

- i. If possible, and at the discretion of the WIC authorized vendor, they may be certified and allowed to accept out-of-state food instruments during disaster situations. The State WIC office will advise vendors and local agencies if and when this option is to be implemented.

- ii. The originating WIC State Agency where the participant was initially certified is responsible for the cost of the food benefits.

Attachment(s):

- | | |
|-------|--|
| 7.10A | USDA Food and Nutrition Service <i>Disaster Assistance</i> |
| 7.10B | Emergency Operations Worksheet |

References:

1. FNS 923 December 2021 *Guide to Coordinating Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Services When Regular Operations Are Disrupted*.
2. WIC On the WEB (WOW) Maryland WIC System Support Security Plan, June 2024
3. Access to Baby Formula Act of 2022 (ABFA, Pub.L. 117-129)
4. WIC Policy Memo 2024-3 Implementing ABFA Requirements in WIC State Plans

Revisions:

- | | |
|-----------|--|
| 10/1/2016 | Added Attachment 7.10G |
| 1/26/2018 | Updated to refer to eWIC terminology; changed reference from Policy and Procedure 4.04 to Policy and Procedure 4.30 in B.3c(iii). |
| 2/5/2019 | Added issuing benefits remotely and/or in advance of a disaster and food package tailoring. |
| 7/1/2020 | Added new emergency minimum stocking requirements for vendors. Added provision for the suspension of vendor activities in the event of a state of emergency. Added state office responsibility to request waivers and program flexibilities. |
| 05/2025 | Added that disasters may be declared by the President or the Secretary of Health; added ABFA to the references; updated attachment A; removed attachments B-E; renamed attachment G to B; incorporated attachment F into policy, included that disasters may also be large scale food recalls or supply chain disruptions. |

Disaster Assistance

What Role Does the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) Play in Disaster Response?

FNS plays a vital role in providing supplemental nutrition assistance when disasters occur by coordinating with States, territories, Tribes, and local voluntary organizations to:

- provide food for shelters and other mass feeding sites,
- distribute food packages directly to households in specific situations,
- offer flexibility in nutrition assistance programs' design and administration to continue providing benefits to participants in need, and
- approve eligible States' requests to operate a Disaster Supplemental Nutrition Assistance Program (D-SNAP).

How Does FNS Provide Food During Disasters?

FNS coordinates closely with State agencies, territories, Tribes, and their voluntary organization partners as they develop a plan to respond to and recover from disasters using the most appropriate strategies for each situation. This may include:

USDA Foods for Disaster Assistance

State agencies and voluntary organizations may use USDA Foods—nutritious, domestically sourced and produced foods—for mass feeding and/or household distribution during a Presidentially Declared Disaster or Emergency situation:

<https://www.fema.gov/disaster/how-declared>

USDA does not set aside or pre-position food specifically for disasters. Disaster organizations request USDA Foods through State agencies. USDA Foods are supplied by the State agency to disaster relief organizations to provide meals for those in need.

Existing inventories of USDA Foods at State, local, and school warehouses that are utilized during a Presidentially Declared Disaster or Emergency are replaced by USDA. States must track the use of these foods and provide a report to USDA. With FNS approval, in certain limited circumstance, distributing agencies can also provide USDA Food boxes from current program inventories for distribution to

households for home consumption following a major disaster or emergency.

Disaster Supplemental Nutrition Assistance Program (D-SNAP)

State agencies may request D-SNAP after an area has received a Presidential Major Disaster Declaration for Individual Assistance. D-SNAP is designed to operate once retailers have reopened and power is restored. After FNS approves the State's request for D-SNAP, disaster-impacted households not already receiving Supplemental Nutrition Assistance Program (SNAP) benefits may apply using a simplified application. Eligible households receive 1 month of benefits equal to the maximum allotment for a SNAP household of their size. Households not normally eligible for SNAP may qualify for D-SNAP as a result of their disaster-related expenses, such as loss of income, damage to property, relocation expenses, and, in some cases, loss of food due to power outages. As in regular SNAP, D-SNAP provides benefits on an electronic benefits transfer (EBT) card for use at SNAP-authorized retailers.

Are Other Nutrition Assistance Programs Available During Disaster Response?

Yes, other nutrition assistance programs that can still operate under disaster conditions are available to assist impacted households. Upon request, FNS may also provide flexibility to make the programs easier to administer during a disaster.

Supplemental Nutrition Assistance Program (SNAP)

At the request of a State and in the event of a Presidential Disaster Declaration for Individual Assistance, FNS may approve a waiver that allows SNAP households to purchase hot, prepared foods for immediate consumption from FNS authorized retailers. At the request of the State, FNS may approve other flexibilities and waivers in response to disasters alongside D-SNAP.

State agencies may request to extend the 10-day requirement for households to individually request replacement benefits for a disaster-related loss of food purchased with SNAP benefits.

State agencies may also request an automated mass replacements waiver that will replace a portion of currently certified households' monthly SNAP allotments if they reside in an area that was substantially impacted by a disaster. Under this waiver, households will not have the added burden of signing paperwork to individually request the replacement of benefits lost during a disaster. State agencies will need to provide data and documentation to FNS to support the automated mass replacements request.

Child Nutrition (CN) Programs

FNS may provide States with flexibility in administering CN programs during disaster situations. For example, in advance of a disaster, or in response to a State request during a disaster, FNS may allow non-congregate meal service to ensure that children and eligible adults maintain access to meals when offsite meal consumption is necessary due to disaster conditions. In addition, in the event of a natural disaster or catastrophe, FNS may temporarily authorize schools to serve meals for reimbursement that do not meet school meal pattern requirements. FNS regulations also give State agencies discretion to allow CN program operators to serve meals with an alternate form of fluid milk or without milk when the supply of milk is disrupted due to disasters or emergency conditions. Summer meal programs may provide meals to children when schools are closed due to a disaster or public emergency. Emergency shelters may also provide meals to children, either directly to those residing at the shelter or via another facility that is providing meals to temporarily displaced families.

Children in households receiving D-SNAP benefits or who are identified as homeless by a school or emergency shelter officials are eligible for school meals regardless of income, for the remainder of the school year.

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

In the event of a Presidentially Declared Major Disaster or Emergency, a public health emergency, or a supply chain disruption, FNS may provide State agencies with waivers that provide flexibility in administering the WIC

program and support the continuation of WIC benefits and services to participants. For example, FNS may approve a State agency to allow substitutions in WIC food packages when inventories of approved food items are low due to a disaster.

Infant Formula and Food

FNS may also make emergency procurements of infant formula on request from a State agency through the Federal Emergency Management Agency (FEMA) following a Presidential Disaster Declaration for Individual Assistance.

Civil Rights

Facilitating equal and timely access to FNS programs and services for all individuals is critical. Additionally, the ability to provide timely and accurate information and services to individuals with limited English proficiency (LEP) and/or individuals with disabilities is always crucial, but it is especially paramount in disaster settings. Two relevant resources that provide additional information in these areas include:

- Emergency Planning | ADA.gov
<https://www.ada.gov/topics/emergency-planning/>
- Tips and Tools for Reaching Limited English Proficient Communities in Emergency Preparedness, Response, and Recovery
justice.gov
<https://www.justice.gov/crt/file/885391/dl>

Where Can I Go To Learn More About Food Assistance During Disasters?

For more information and resources, please visit FNS' website at:

- Disaster Assistance | Food and Nutrition Service
<https://www.fns.usda.gov/disaster/disaster-assistance>

Whom at FNS Can I Contact To Discuss USDA's Disaster Nutrition Assistance Efforts?

Please contact the FNS Division of External and Governmental Affairs at sm.fn.govtaffairs@usda.gov

Emergency Operations Worksheet

TASK 1: Verify and Designate Plans and Responsibilities					
Subtasks	Responsible Unit/Individual	Information to Convey/Gather	Timing	Communicate To	Notes
a. Verify Employee contact information	Unit Chief/ Supervisor	Any changes from current list	Ongoing; Before end of day	Director; Deputy Director	Out of office messages as appropriate
b. Verify IT Contingency Plan	IT Unit	Confirm plans, responsible parties and timing	As soon as disaster is suspected; before end of day	Director; Deputy Director; others as needed	
c. Verify eWIC Processor Contingency Plan	IT Unit	Confirm plans, responsible parties and timing	As soon as disaster is suspected; before end of day	Director; Deputy Director; others as needed	Contractor has a WOW disaster recovery support contingency plan
d. Designate Help Desk contacts	IT Unit	Who to contact on help desk; back up contact	Before end of day	Director; Deputy Director; LA Contacts	Ensure that contact(s) have state issued phone; update Dialpad as needed
e. Designate Nutrition Line contacts	Nutrition Unit	Who to contact; back up contact	Before end of day	Director; Deputy Director; LA Contacts	Ensure that contact(s) have state issued phone; update Dialpad as needed
TASK 2: Gather and Assess Information					
Subtasks	Responsible Unit/Individual	Information to Convey/Gather	Timing	Communicate To	Notes
a. Gather current status of LAs	All as assigned by Director	Information about LA closings	As soon as made aware	Director, Deputy Director, WIC communication unit	Information will be shared with answering service and USDA/MARO as appropriate
b. Assess any damages to State Office	All	Issues that prevent the ability to work in a safe environment	Daily	MDH DGS	

Emergency Operations Worksheet

c. Identify vendors that are closed	Vendor Unit	Availability of vendors	Daily	LAs ; participants; vendors; WIC communication unit	
TASK 3: Implement Changes and Approvals					
Subtask	Responsible Unit/Individual	Information to Convey/Gather	Timing	Communicate To	Notes
a. Change or turn off Auto Dialer; update message on Client Portal	IT Unit	Remind Local Agencies how to turn off auto dialer or let them know of any change in messages	As needed	Reminders to LA's	
b. Implement changes in vendor policies and procedures during the disaster	Vendor Unit; Director/Deputy/Nutrition	Supply chain difficulties or inventory shortages	As needed	LAs; participants; vendors	
c. Expedite Vendor Approvals	Vendor Unit	Determine participant access	As needed	LAs; participants; vendors	
TASK 4: Issue Notifications and Updates					
Subtask	Responsible Unit/Individual	Information to Convey/Gather	Timing	Communicate To	Notes
a. Post messages on Facebook, website, Instagram; client portal	IT Unit Communications	Vendor information; food issues; local agency closings		Participants; public	Check with all units to determine what is needed
b. Notify Answering Service	Communications or Director/Deputy	Status of Local Agencies and State Office	Daily	Answering service contact	
c. Notify LA Staff	Director/Deputy	Status of state office; updates on Local Agencies' status; Updates to policies	Daily	LA Contact and backup	Verify contact person

Emergency Operations Worksheet

		and procedures; Contact information for Help Desk, Nutrition Line and main contact for other issues			
d. Status Updates to MDH/PHPA	Director/Deputy	Status of State Office staff; status of LAs	Daily	MCH Director; PHPA Director and Deputy	
e. Status Updates to MARO/USDA	Director/Deputy	Status of State Office staff, LAs and vendors	Daily	MARO Branch Chief and Deputy	
f. Updates to Bank and financial institutions and/or MD Department of Treasury	Fiscal Unit	Ability to transfer funds to bank account for vendor payments	Daily	Current bank processor	
g. Updates to Contractors and or suppliers and manufacturers, as needed	All Units	Any changes in pending payments or ability to accept orders	As needed		
h. Updates to MDH Office of Communications	Director/Deputy	Status of LAs and vendors	As needed	As needed	

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

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

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

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Appointment No-Show Rates

A. Policy

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

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

No Show Tolerance Levels

1. Local agencies must attempt to maintain no-show rates within the following range:

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

B. Procedure

Local agencies shall abide by the above policy.

Policy and Procedure 7.22 has been removed.

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

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

SECTION:	LOCAL AGENCY OPERATIONS AND MANAGEMENT
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SUBJECT:	WOW Information Systems Usage
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A. Policy

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

B. Procedure

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

Attachments:

References:

Revisions:
10/2004

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

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: WOW Information Systems Security

A. Policy

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

B. Procedure

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

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

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

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

Attachments:

7.41A Compliance with MDH Security Policies

7.41B Combined IRMA Policy Acknowledgement Form

References:

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

Revisions:

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

MEMORANDUM

TO: Director, Maryland WIC Program

FROM: _____

DATE: _____

RE: Compliance with MDH Computer Related Policies

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

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

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

cc: WIC Help Desk

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

COMBINED OIT POLICY ACKNOWLEDGMENT FORM

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

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

All pertinent policies can be accessed and read at <http://www.dhmf.maryland.gov/SitePages/op02.aspx>
 and State IT Security policy http://doit.maryland.gov/support/Documents/security_guidelines/DoITSecurityPolicyv3.pdf

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

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

SECTION:	LOCAL AGENCY OPERATIONS AND MANAGEMENT
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SUBJECT:	Adding, Removing and Modifying Staff Access to WOW
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A. Policy

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

B. Procedure

Local agencies shall:

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

State agency shall:

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

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

Attachment(s):

7.42A WOW Staff Data Sheet

7.42B WOW Security Roles and Internet Access

References:**Revisions:**

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

Local Agency Staff Data Request Form - Attachment 7.42A

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

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

WOW User Security Roles (Check the roles to be assigned to or removed from this staff member.)

Clinic	Admin
Add/Remove <input type="checkbox"/> <input type="checkbox"/> Appt Scheduler/Precert <input type="checkbox"/> <input type="checkbox"/> Appt Scheduler/Precert (R/O) <input type="checkbox"/> <input type="checkbox"/> BF Peer Counselor Coord. <input type="checkbox"/> <input type="checkbox"/> BF Support <input type="checkbox"/> <input type="checkbox"/> CPA <input type="checkbox"/> <input type="checkbox"/> CPPA <input type="checkbox"/> <input type="checkbox"/> Demographics	Add/Remove <input type="checkbox"/> <input type="checkbox"/> BF Aids Inventory <input type="checkbox"/> <input type="checkbox"/> Clinic Setup <input type="checkbox"/> <input type="checkbox"/> Schedule Set-up Tasks <input type="checkbox"/> <input type="checkbox"/> Time Study Approval <input type="checkbox"/> <input type="checkbox"/> User Setup (State Only) <input type="checkbox"/> <input type="checkbox"/> Developer (State Only) <input type="checkbox"/> <input type="checkbox"/> Data Maintenance (State Only)

Internet Access	Job Classification	Training		
Add/Remove <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> <input type="checkbox"/> Limited <input type="checkbox"/> <input type="checkbox"/> WOW Only	<table style="width: 100%;"> <tr> <td style="width: 50%;"> Add/Remove <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> LA Coordinator <input type="checkbox"/> <input type="checkbox"/> LA Administrative </td> <td style="width: 50%;"> Add/Remove <input type="checkbox"/> <input type="checkbox"/> CPA <input type="checkbox"/> <input type="checkbox"/> CPPA <input type="checkbox"/> <input type="checkbox"/> BF Peer Counselor </td> </tr> </table>	Add/Remove <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> LA Coordinator <input type="checkbox"/> <input type="checkbox"/> LA Administrative	Add/Remove <input type="checkbox"/> <input type="checkbox"/> CPA <input type="checkbox"/> <input type="checkbox"/> CPPA <input type="checkbox"/> <input type="checkbox"/> BF Peer Counselor	<input type="checkbox"/> New Employee Date: _____
Add/Remove <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> LA Coordinator <input type="checkbox"/> <input type="checkbox"/> LA Administrative	Add/Remove <input type="checkbox"/> <input type="checkbox"/> CPA <input type="checkbox"/> <input type="checkbox"/> CPPA <input type="checkbox"/> <input type="checkbox"/> BF Peer Counselor			

Comments: _____

Coordinator's Signature _____ Date _____

Please return signed form to WIC Help Desk via fax or email.

Fax: 410-333-5683 Email: wic.helpdesk@maryland.gov

For Office Use Only			
NEW	REMOVE	SENT to	
User Name: _____	WOW: _____	Date: _____	
ID #: _____	WIC DC: _____	Initials: _____	
Password: _____	WOW DC1: _____		
Initials: _____	Date: _____		

Using the Staff Data Sheet

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

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

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

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

INTERNET ACCESS LEVELS

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

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

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

JOB CLASSIFICATION

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

TRAINING

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

Policy and Procedure 7.43 has been removed.

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

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

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

A. Policy

Federal regulations require that a qualified individual on the staff of the local agency, referred to as a WIC Competent Professional Authority (CPA), determine nutritional risk and prescribe supplemental foods. The CPA designation is limited to physicians, nutritionists¹, dietitians, registered nurses, physician's assistants², or State or local medically trained health officials.

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

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

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

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

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

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

B. Procedure

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

References:

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

Revisions:

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

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

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

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

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

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

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

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

Attachment 7.60A has been relocated to 7.66C

Attachment 7.60B has been relocated to 7.66D

Attachment 7.60C has been relocated to 7.66E

Attachment 7.60D has been relocated to 7.66F

Attachment 7.60E has been relocated to 7.66F

Attachment 7.60F has been relocated to 7.66G

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

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Ongoing Staff Training

A. Policy

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

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

B. Procedure

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

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

Reference:

WIC Nutrition Services Standards, Section 3

Revisions:

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

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

**Policy and Procedure Number: 7.62
Effective Date: October 1, 2003
Revised Date: June 27, 2024**

SECTION:	LOCAL AGENCY OPERATIONS AND MANAGEMENT
SUBJECT:	Equipment for Performing Weight and Height Measurements

A. Policy

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

B. Procedure

1. Length and Height Measurement Equipment

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

2. Weight Measurement Equipment

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

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

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

3. Equipment Installation, Maintenance, and Training of Staff

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

4. Resources

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

Med-Electronics, Inc.

6608 Virginia Manor Road
Beltsville, MD 20705
Phone: 888-321-1300
www.med-electronics.com

Perspective Enterprises

7829 S. Sprinkle Road.
Portage, MI 49002
Phone: 800-323-7452
www.perspectiveent.com

QuickMedical

Phone: 888-345-4858
30200 S.E. 79th St., Suite 120
Issaquah, WA 98027-8792
Phone: 888-345-4858
www.quickmedical.com

References:

1. 29 CFR 1910.1030
2. 42 CFR 493

Revisions:

- | | |
|---------|---|
| 10/2011 | Updated company contact information. |
| 10/2013 | Removed B.1.c. disallowing length/height board attached to scale. Updated technology makes such equipment acceptable. Updated company contact information. |
| 10/2014 | Changed B.1.a. and B.1.b. to read "1/8 inch (recommended) or 1/16 inch."
Inserted B.1.c "When using rulers that measure to 1/16 inch, 16ths shall be converted to 8ths inch as shown in Attachment 2.32A."
Inserted B.2.c. "When using digital scales that display ounces in decimals, decimals shall be converted to the nearest full ounce as shown in Attachment 2.32A." |
| 06/2024 | Updated B.2.a, added "for children who can stand" and deleted "with a tare function" |

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

**Policy and Procedure Number: 7.63
Effective Date: October 1, 2005
Revised Date: June 6, 2025**

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Competent Professional Authority Application and Training

A. Policy

Federal regulations require that a qualified individual on the staff of the local agency, referred to as a WIC Competent Professional Authority (CPA), determine nutritional risk and prescribe supplemental foods. The CPA designation is limited to physicians, nutritionists¹, dietitians, registered nurses, physician's assistants², or State or local medically trained health officials. Individuals with a bachelor's, master's, or doctoral degree from an accredited college or university, who do not meet one of these categories for CPA designation, may apply to become a CPA.

B. Procedure

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

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

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

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

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

- 6. Applicants shall use Attachment 7.63 D, *Prior-Approval Request for CPA Courses*, to obtain approval from the State Agency, Nutrition Services Unit prior to registering for any course(s) to be used to meet the requirements of the Policy. A copy of the course description from the college or university must be submitted with the Prior-Approval form. The form and course description should be submitted to the State Nutrition Services Unit at least 30 business days prior to the course start date. Applicants will be notified within 15 business days of receipt of the request as to the approval or denial of the course(s).
- 7. Documentation of coursework completed to fulfill the requirements of this policy shall be submitted to the State Agency, Nutrition Services Unit. Documentation shall consist of a transcript with the final grade of B (80

percent) or above. Coursework must have been completed within five years prior to application.

8. Upon successful completion of the requirements for CPA designation, the Local Agency Coordinator shall be notified in writing by the State Agency that the applicant has been designated as a Competent Professional Authority.

Attachments:

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

References: CFR 246.2

Revisions:

- 10/2010 Updated training requirement to include WIC WISE and CPA training. B.4: Changed Nutrition Services Unit to Training and Temporary Services Unit. Changed submission from State Agency QA Nutritionist to State Nutrition Services Unit.
- 10/2011 Formatted the header and footer to proper font, added reference, minor wording changes.
7.63A: Changed language from "Certifier" to "CPA Applicant." Deleted #6 which was a duplicate of #4. Deleted "low iron formula"
7.63B: Changed language from "Certifier" to "CPA Applicant." Clarified #14.
7.63C: Changed language from "nutrition educator" to "CPA Applicant."
- 10/2014 In Successful completion of at least 9 credits, 3 credits in Life Cycle Nutrition was added as an option to Maternal or Pediatric Nutrition; 2 credits in Nutrition or Health Counseling Skills was changed to 3 credits in Medical Nutrition Therapy.
7.63D: added Life Cycle Nutrition opt in to Maternal or Pediatric Nutrition (at least 3 credits required); changed Nutrition or Health Counseling Skills (At least 2 credits required) to Medical Nutrition Therapy (At least 3 credits required).
- 10/2015 Added Community Nutrition and Advanced Nutrition to list of approved coursework. Updated format.
- 11/2019 Added to B.3. and demonstrate competency. Removed from B.4. available from the WIC Temporary Services and Training Unit.

- 12/2023 Changed Paraprofessional Trainings to WIC Wise Trainings.
7.63A Removed special issue contract infant formulas
7.63B Replaced Note Master with Client Care.
- 06/2025 Changes to 7.63D to accept community nutrition and advanced nutrition
to the list of coursework (was added to the policy in 2015 but was missed
on the attachment)

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

WIC Staff _____ Date of Observation _____

Local Agency _____

Participant Category/ ID number _____

Type and name of formula _____

Complete 1 checklist for each of the following:

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

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

CPA observing the trainee: _____
(Signature)

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

WIC Staff _____ Date of Observation _____

Local Agency _____

Participant Category/ ID number _____

Nutrition Risk _____

Complete 1 checklist each for the following participant categories:

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

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

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

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

CPA observing the applicant: _____
(Signature)

CPA Applicant
Competency Observation Checklist
Group Nutrition Education

Attachment 7.63C

WIC Staff _____ Date of Observation _____

Local Agency _____

Title of Nutrition Education Class _____

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

CPA observing the trainee _____
(Signature)

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

Employee Name _____

Local Agency _____

Date of Request _____

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

Basic Nutrition (At least 3 credits are required)

Name of Course _____
Number of Credits _____
Semester/Year _____
College/University _____

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

Name of Course _____
Number of Credits _____
Semester/Year _____
College/University _____

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

Name of Course _____
Number of Credits _____
Semester/Year _____
College/University _____

State Agency Approval:

☐ -9 Approved

☐ -9 Denied

Reason for denial _____

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

Nutrition Unit

Signature

Title

Date

WIC Director

Signature

Date

MARYLAND DEPARTMENT OF HEALTH
WIC PROGRAM
POLICY AND PROCEDURE MANUAL

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Laboratory Requirements for Performing Blood Tests

A. Policy

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

B. Procedure

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

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

- A **Standing Order to Perform the Blood Test** from the local agency's Health Officer or Medical Director to perform the test;
- A **Letter of Permit Exception** obtained from the MDH Office of Health Care Quality; and
- A federal **CLIA¹ Certificate of Waiver** from the US Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

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

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

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

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

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

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

Laboratory Licensing Programs
7120 Samuel Morse Drive, 2nd floor
Columbia, MD 21046
410.402.8015
ohcq.labs@maryland.gov
health.maryland.gov/ohcq

2. Blood Testing Equipment

The local agency shall:

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

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

HemoCue

Phone 800.323.1674

www.hemocue.us

customerservice@hemocue.com

EFK Diagnostics-Stanbio

Phone: 800-531-5535

www.efkusa.com

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

3. Bloodborne Pathogens Exposure Plan

The local agency shall follow a written bloodborne pathogens procedure that

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

Attachments:

- 7.64A Bloodborne Pathogens Requirements
- 7.64B Safety Lancets

References:

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

Revisions:

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

Bloodborne Pathogens Requirements

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

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

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

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

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

Permanently Retractable Lancet - Examples

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

Attachment 7.64C is now 7.64A

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

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

SECTION:	LOCAL AGENCY OPERATIONS AND MANAGEMENT
SUBJECT:	Ordering Outreach, Certification, Nutrition Education, and Breastfeeding Support Materials

A. Policy

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

B. Procedure

1. Online Procedure:

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

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

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

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

2. Manual Procedure

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

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

Attachments:

7.65A WIC Manual Order Form

Revisions:

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

WIC MANUAL ORDER FORM

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

Local Agency Name: _____ Date of Request: _____

Mailing Address: _____

Contact Person: _____ Phone Number: _____

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

Professional Towel 17x18 Plain with poly backing 07/17 (1box = 500)		
Gauze Sponge, 2x2 in, 10/12 (Pack=200)	CS-08	
Alcohol Towelettes 10/12 (Pack=200)	CS-09	
Surgilance Lancet Child Safety Needle 1.8mm (grey) 07/17 (1box = 100)	CS-20	
Surgilance Lancet Adult Safety Needle 2.2mm (orange) 07/17 (1box = 100)	CS-21	
Cavicide 1 Disinfectant Spray 24oz Bottle 07/17 (each)	CS-22	
Cavicide 1 Disinfectant Wipes 07/17 (1 container=160 wipes)	CS-23	
HB 201+ Cuvettes, 4x50, 7/13 (4 vials per case)	CS-10	
Hemocue Cleaner 07/13 (5 swabs per pack)	CS-11	
Sharps Container – Auto Drop, 2.2 qt, 05/14 (each)	CS-12	
Sharps Container – Wall Mount, 5 qt, 05/14 (each)	CS-13	
Nitrile SMALL Disposable Gloves, Blue (Box=100)	CS-14	
Nitrile MEDIUM Disposable Gloves, Blue (Box=100)	CS-15	
Nitrile LARGE Disposable Gloves, Silver 10/12 (Box=200)	CS-03	
Nitrile X-LARGE Disposable Gloves, Silver 10/12 (Box=200)	CS-04	
Synthetic Vinyl Exam Gloves (Powder Free) SMALL Disposable Gloves, Clear 10/16 (Box=100)	CS-17	
Synthetic Vinyl Exam Gloves (Powder Free) MEDIUM Disposable Gloves, Clear 10/16 (Box=100)	CS-18	
Synthetic Vinyl Exam Gloves (Powder Free) LARGE Disposable Gloves, Clear 10/16 (Box=100)	CS-19	
NUTRITION		QUANTITY
Help Me Be Healthy 1 to 1 ½ yrs, 01/17 (50 per pack)	N-36	
Help Me Be Healthy 1 to 1 ½ yrs, Span 01/17 (25 per pack)	N-37	
Help Me Be Healthy 1 ½ to 2 yrs, 01/17 (50 per pack)	N-38	
Help Me Be Healthy 1 ½ to 2 yrs, Span 01/17 (25 per pack)	N-39	
Help Me Be Healthy 2 to 2 ½ yrs, 01/17 (50 per pack)	N-40	
Help Me Be Healthy 2 to 2 ½ yrs, Span 01/17 (25 per pack)	N-41	
Help Me Be Healthy 2 ½ to 3 yrs, 01/17 (50 per pack)	N-42	
Help Me Be Healthy 2 ½ to 3 yrs, Span 01/17 (25 per pack)	N-43	
Help Me Be Healthy 3 to 3 ½ yrs, 01/17 (50 per pack)	N-44	
Help Me Be Healthy 3 to 3 ½ yrs, Span 01/17 (25 per pack)	N-45	
Help Me Be Healthy 3 ½ to 4 yrs, 01/17 (50 per pack)	N-46	
Help Me Be Healthy 3 ½ to 4 yrs, Span 01/17 (25 per pack)	N-47	
Help Me Be Healthy 4 to 4 ½ yrs, 01/17 (50 per pack)	N-48	
Help Me Be Healthy 4 to 4 ½ yrs, Span 01/17 (50 per pack)	N-49	
Help Me Be Healthy 4 ½ to 5 yrs, 01/17 (50 per pack)	N-50	
Help Me Be Healthy 4 ½ to 5 yrs, Span 01/17 (25 per pack)	N-51	
Help Me Be Healthy 0-6 months 01/17 (50 per pack)	N-54	
Help Me Be Healthy 0-6 months, Span 01/17 (25 per pack)	N-55	
Help Me Be Healthy 6-12 months, 01/17 (50 per pack)	N-56	
Help Me Be Healthy 6-12 months, Span 01/17 (25 per pack)	N-57	
Tips for a Healthy Pregnancy, 01/17 (50 per pack)	N-60	
Tips for a Healthy Pregnancy, Span 01/17 (25 per pack)	N-61	
Health Tips for New Moms, 01/17 (50 per pack)	N-62	
Health Tips for New Moms, Span 01/17 (25 per pack)	N-63	

FOR MD WIC DISTRIBUTION CENTER ONLY

Request Received: _____

Request Filed: _____

Data Entered in system: _____

Staff filling request: _____

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

Policy and Procedure Number: 7.66
Effective Date: October 1, 2007
Revised Date: 01/29/2026

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: New Employee Training

A. Policy

The goals of employee training are to:

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

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

Classification	Becoming WIC Wise Manual	WIC Wise 1	WIC Wise 2	CPA	BFPC
Breastfeeding Peer Counselor	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Local Agency Administrative	<input checked="" type="checkbox"/>				
Local Agency Administrative with eligibility determination roles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Days 1-3 only)			
CPPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local Agency Coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

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

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

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

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

B. Procedure

1. NEW EMPLOYEE TRAINING GUIDELINES

- a. Submission of the Staff Data Request Form (Attachment 7.42A) will register new employees to attend training.
- b. In the event that fewer than 4 employees are enrolled for any scheduled training, that session will be postponed, and new employees will attend the next regularly scheduled session.

2. BECOMING WIC WISE MANUAL

- a. Local agencies will begin the process of new employee training using the procedures, guidelines and materials found in the BWW manual.

- b. Local agencies will send the signed Trainee Log from the BWW manual to the Training Center upon completion which shall be no later than the first day of their scheduled WIC Wise 1 training.

3. WIC WISE TRAINING

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

4. CPA TRAINING

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

5. DEMONSTRATION OF COMPETENCY

- a. Competency is evaluated by measuring the trainee's ability to meet performance objectives, including both knowledge and skills. Competency checklists are required to rate the trainee's ability to meet skill objectives. Attachments 7.66 B through I shall be completed within 9 months of completion of WIC Wise 1 training. Trainees who do not gain competency within this time frame shall not be permitted to perform certifications. If competency has not been gained by 12 months post completion of WIC Wise 1 training the local agency shall contact the state training center for guidance.

Competency checklists are separated into four categories:

- i. Intake and Income Eligibility: the family information through cert action screens in the management information system
 - ii. Nutrition Assessment: determining nutrition eligibility and counseling
 - iii. Medical Assessment: performing and interpreting lab measurements
 - iv. Miscellaneous
- b. The required competency checklists are dependent on the new employee's classification in the management information system as follows:

Required Competency Checklist	Employee Classification			
	CPPA	CPA	Coordinator	Administrative with eligibility

				roles
Intake and Income (Attachment 7.66B - 3 total)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Assessment (Attachments 7.66C-F - 10 total)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Medical Assessment (Attachment 7.66I - 4 total)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Misc: General (Attachment 7.66G – 1 total)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Misc: CPA (Attachment 7.66H – 1 total)		<input checked="" type="checkbox"/>		

Intake and Income Eligibility

The category of intake and income eligibility requires observations for:

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

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

Nutrition Assessment

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

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

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

Medical Assessment

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

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

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

Miscellaneous

The miscellaneous category competency checklists are:

- General – 1 required for CPPA, CPA, and Coordinator
 - CPA – 1 required for CPAs only. The local agency trainer that observes this competency must also be either a CPA or the Local Agency Coordinator.
- d. The local agency shall submit, via mail or electronic submission, the completed competency checklists to the training center staff for review. Copies of these documents shall be kept on file at the local agency.
- e. The local agency Coordinator shall be notified in writing by the training center staff when the competency checklists have been reviewed and approved as accurate and complete.

6. RECORDS OF COMPLETION OF NEW EMPLOYEE TRAINING

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

Attachments:

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

References:

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

Revisions:

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

	training. Deleted references to the WBT modules. Clarified prerequisites to Grow and Glow and New CPA training. Changed length of time to complete new employee training from 6 to 9 months. Added section on local agency role in new employee training. Moved language from policy 2.02 regarding having a CPA review the records of a new CPPA or CPA until competency checklists have been completed.
10/2014	Added language to clarify who is required to come to the various new employee trainings
11/2017	Clarified that staff separated from WIC for ≥6 months are required to repeat training. Updated some wording due to changes in trainings.
01/2018	Added section on demonstration of competency and competency checklist attachments A-H; removed directions to the training center from attachments; edited B.2.c to include peer counselors and clerical workers should complete the Becoming WIC Wise training manual; added definition of who is allowed to observe new employees for competency.
11/2019	Added B.1.e to include criteria on postponement of training; B.2.e changed “VENA” to “participant focused counseling; B.3.a edited to include a prerequisite requirement and reorganization of the CPA training schedule; B.5.b edited to clarify which participants (family vs. individual) can be observed for competency checklists.
11/2021	Reorganization of the CPA training schedule; remove PG (teen) checklist requirement; separate medical into its own checklist
10/2023	Clarified the due date for the BWW manual Trainee Log and CPA training requirement.
02/2025	Clarified whether adults and children over 1 need to remove socks for measurements in 7.66I
1/29/2026	Removed #6 from CPA competency checklist 7.66H; removed Grow and Glow trainings and references to it; updated CPA training to 3 days; updated Admin staff performing intake duties shall attend days 1-3 of WIC Wise 1; clarified that employees separated from WIC for more than 6 months includes leave of absence.

Instructions for Competency Checklists

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

Competency Checklist – Intake and Income Eligibility

WIC Staff _____ Date of Observation _____ Participant ID # _____

Local Agency Trainer _____

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

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

Local Agency Trainer _____
(Signature & Phone Number)

Competency Checklist – Pregnant – Nutrition Assessment

WIC Staff _____ Date of Observation _____ Participant ID # _____

Local Agency Trainer _____

Complete one observation for: ☐ PG Cert or Recert

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

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

Local Agency Trainer _____
(Signature & Phone Number)

Competency Checklist – Postpartum – Nutrition Assessment

WIC Staff _____ Date of Observation _____ Participant ID # _____

Local Agency Trainer _____

Complete one observation each for:

☐ BE or BP Cert or Recert

☐ WPP Cert or Recert

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

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

Local Agency Trainer _____
(Signature & Phone Number)

Competency Checklist – Infant – Nutrition Assessment

WIC Staff _____ Date of Observation _____ Participant ID # _____

Local Agency Trainer _____

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

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

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

Local Agency Trainer _____
(Signature & Phone Number)

Competency Checklist – Children – Nutrition Assessment

WIC Staff _____ Date of Observation _____ Participant ID # _____

Local Agency Trainer _____

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

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

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

Local Agency Trainer _____
(Signature & Phone Number)

Competency Checklist – General

WIC Staff _____ Date of Completion _____

Local Agency Trainer _____

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

Local Agency Trainer _____
(Signature & Phone Number)

Competency Checklist – Competent Professional Authority (CPA)

WIC Staff _____ Date of Completion _____

Observing CPA/Coordinator name _____

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

Participant ID _____ Participant Category _____

Special Formula/Food Name _____ High Risk _____

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

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

Competency Checklist – Medical Assessment

WIC Staff _____ Date of Observation _____ Participant ID # _____

Local Agency Trainer _____

Complete one observation each for:

☐ Infant 0-7mos

☐ C1 or C2

☐ C3 or C4

☐ Woman

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

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

Local Agency Trainer _____
(Signature & Phone Number)

Policy and Procedure 7.67 WIC Temporary Staffing has been removed.

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

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Confidentiality and Release of Applicant and Participant Information

A. Policy

Confidential applicant and participant information is any information about an applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as a result of a WIC application, certification, or participation, that individually identifies an applicant and/or family member(s). Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other federal, state, or local law.

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

2. Non-WIC Purposes

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

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

programs that serve persons eligible for the WIC Program; and

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

3. Child Abuse and Neglect

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

4. Release Forms

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

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

5. Access to Information by Applicants and Participants

The local agency shall provide applicants and participants access to all information they have provided to the WIC Program. In the case of an applicant or participant who is an infant or child, access may be provided to the caregiver of the infant or child, assuming that any issues regarding custody or guardianship have been settled. However, the local agency need not provide the applicant or participant (or caregiver of an infant or child) access to any other information in the file or record such as documentation of income provided by third parties and staff assessments of the participant's condition or behavior, unless required by federal, state, or local law or policy or unless the information supports a state or local agency decision being appealed.

6. Subpoenas and Search Warrants.

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

7. USDA and Comptroller General

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

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

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

9. Release of Information to Other State WIC Agencies

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

Local agency staff shall:

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

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

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

B. Procedure

The local agency shall abide by the Policy listed above.

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

Attachments:

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

Revisions:

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

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

Maryland WIC Program Request for Release of Information

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

Name: _____ WIC ID Number: _____

Name: _____ WIC ID Number: _____

Name: _____ WIC ID Number: _____

and send this information to:

Name: _____ Organization: _____

Telephone: _____ Fax: _____

E-mail: _____

Signed: _____ Date: _____
(Participant/Authorized Representative)

Print Name: _____

Current Telephone Number: _____

Local Agency Use:

Information sent by: _____ Date: _____

Recorded in WOW on: _____



MEDIA CONSENT RELEASE

Named Person: _____

Minor Under Age 18 (check one): Yes____ No____

Project: _____

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

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

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

PLEASE SIGN ON THE APPROPRIATE LINE.

Named Person's Signature and Email Address

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

Witness

Date

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

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

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: Local Agency Self Monitoring and Review

A. Policy

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

B. Procedure

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

Attachment(s):

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

Reference:

Federal Regulations 7 CFR 246.19 (b) (6)

Revisions:

1/11 Updated Attachment 7.80A

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

02/19

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

Local Agency Certification Self-Review Tool

Staff Person/Title: _____ Date: _____

Participant ID Number: _____ Category / Age: _____

Start Time: _____ End Time: _____ Reviewer: _____

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

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

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

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

1 = Needs practice 2 = Meets Objective 3 = Excellent Job

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

Developed by Washington County WIC Program

**Program Evaluation
Sample Self-Review Tool**

I. General Administration

Communication

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

Staff Satisfaction

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

Client Satisfaction

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

Outreach

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

Caseload

- _____ Caseload maintained within 5% of allotment.

Civil Rights

- _____ Yearly civil rights training documented.
- _____ Last civil rights training held _____.

II. Financial

Accountability

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

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

Recordkeeping

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

Reports

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

Budget

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

III. Nutrition Education

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

Certification

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

IV. Program Operation and Compliance

Vendor Relations

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

_____ Ongoing random reviews of vendor files are conducted and documented.

Benefit Utilization

_____ Benefits redeemed appropriately on monitoring visit.
_____ Participant reported redemption problems resolved quickly.

Security

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

Comments:

Coordinator: _____ Date completed: _____.

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

**Policy and Procedure Number: 7.81
Effective Date: October 1, 1990
Revised Date: June 6, 2025**

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: State Monitoring and Review of Local Agency

A. Policy

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

B. Procedure

1. The state office shall:

- a. Notify the local agency coordinator electronically of the management evaluation 30 calendar days prior to their scheduled management evaluation month. The notification shall include a questionnaire (Attachment 7.81A), Financial Documentation Requests, Inventory Workbook, Information Technology Inventory Sheet and request for local agency self-monitoring review documents from the last two years (Policy and Procedure 7.80).

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

- b. Contact the local agency coordinator and schedule dates and locations for on-site visits to the local agency WIC clinics and the administrative office.
- c. Utilize *7.81B Management Evaluation On-Site Review Form* and *7.81C Management Evaluation Off-Site Review Form*. Both forms evaluate each functional area of local agency operations.

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

2. The local agency shall:

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

Attachments:

7.81 A Pre Management Evaluation Questionnaire

7.81 B Management Evaluation On-Site Review Form

7.81 C Management Evaluation Off-Site Review Form

Reference:

246.19(b)(1) – (4)

Revisions:

10/06 Attachment 7.81B- Revised Management Evaluation Forms

10/07 Attachments 7.81 A, B, C, and E

10/10 Attachment 7.81 A-number 5 removed reference to 'module' and changed to Competency Checklists.

Attachment 7.81B-number 38 added "reference materials available."

Attachment 7.81C-Changed to records value correctly removed reference to length/height/weight, number 38 added 'completed' incorporated area to list primary concern of participant, assigned risk factors, nutrition topics discussed and feedback section.

7.81E Removed references to Building on Basics, Nutrition Basics, Breastfeeding Basics and replaced with WIC WISE II, Competency Checklist completed, Grow & Glow, Nutritionists Meeting & Breastfeeding Meeting Attendance.

Revised Attachment 7.81G.

Added Attachments 7.81H through N.

Added "including the Farmers' Market Nutrition Program (FMNP) policy and procedures." In section B.1.f.

Changed attachments in Section B.2.b to read "Attachments 7.81B-N."

Added Reference 246.19(b)(1) – (4)

10/11 Revised Attachment C to delete digital scale, converts fractions of pounds correctly as needed, changed edges to both flat sides, reworded cleans work area and if blood spills occur following OSHA/MOSH guidelines, deleted uses WFP brochure and replaced with Uses Authorized Foods List at initial certification or as needed, added Peer Counselor Referral form completed by participant (if applicable), added provides breastfeeding support (if applicable), added using participant focused counseling, added initially certified and or as need, added nutrition and breastfeeding.

Attachment D - Added to title Breastfeeding, added in WOW to last statement on page 2.

Added Attachments P & Q

10/12 Revised Attachment 7.81G Financial Management.

10/14 Revised policy to reflect new review process; deleted all attachments, added new 7.81A, 7.81B and 7.81C.

1/18 Revised Attachment 7.81A, 7.81B and 7.81C to reflect eWIC policy changes.

02/19 Revised B.1.a. to include Financial Documentation Requests, Inventory Workbook, Information Technology Inventory Sheet and request for the most recent local agency self-monitoring review documents in local agency

management evaluation notification. Revised B.1.e. to provide written report within 6 months of the initial management evaluation letter. Updated 7.81A, 7.81B and 7.81C to include clarifying language for monitoring of voiding and over-issuance of food benefits, monitoring of authorized vendors, ten required Civil Rights compliance areas, emergency procedure plan, separation of duties, and competency checklists.

08/21: Revised 7.81A to add 2.11 Maintain record of participants issued ineligibility/termination notices and documentation and 2.39 Updates all referral data in MIS at least annually. Policy 5.05 removed as this policy merged with policy 2.39.

Revised 7.81B and 7.81C to add 4.28, reminds participants that any unused formula should be returned and that it may not be sold or given away, added requirement to submit 4.16A Maryland Quarterly Vendor Monitoring Logs, added 6.00, any expenditure charged to a WIC grant must be traceable to source documentation and each WIC local agency must maintain an accounting system and separate records relating to the WIC grant which conform to all state and federal regulations as well as generally accepted accounting principles.

Revised 7.81C to add submission of Attachment 8.00D Monthly FMNP Distribution Reporting Form.

Format change was made to 7.81A, 7.81B, and 7.81C.

06/25: Revised Attachments 7.81A, 7.81B, and 7.81C. Removed off-site questions from 7.81B and removed on-site questions from 7.81C. Updated and renamed 7.81B to be the On-Site Evaluation Form and 7.81C to be the Off-Site Evaluation Form.

7.81A Pre Management Evaluation Questionnaire

Unit	P&P #	Management Evaluation Question	Policy Met			Comments
			Yes	No	N/A	
	N/A	Provide the hours and days of availability for each clinic. Identify if services are being provided virtually, in person, or a hybrid for each day.				
Program Support	1.00	Since the last ME, has your local agency developed their own outreach materials? If so, please list what items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locally developed outreach items:
Program Support	1.10	List your existing social media accounts.			<input type="checkbox"/>	Locally managed social media accounts:
Program Support	1.10	Was the state office contacted prior to the establishment of social media account(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10	What staff(s) are in charge as the Account Administrator and Content Moderator for social media account(s).			<input type="checkbox"/>	Staff name(s):
Program Support	1.10A	Does the local agency allow private messaging between the local agency social media account holder and the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.03	As a waitlist is cleared, contacts the individuals on the waiting list by priority and date order, issues benefits to those who were placed on the waiting list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Describe how the local agency maintains a record of participants issued an ineligibility/termination notice and any associated documentation of why they were ineligible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Documents participants who requested a Fair Hearing before the date entered on Ineligibility Notice and continue to provide WIC benefits until the Hearing officer reaches a decision or the certification period expires, whichever occurs first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.18	Maintains files of the required documents for a period of 3 1/2 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Determines and documents that institutions, such as a homeless facility, meet WIC requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Documents that homeless facilities are contacted every 6 months to ensure continued compliance and requests homeless facility to notify the local agency if it ceases to meet any of these conditions. When was this last completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When:
Nutrition	2.25	Describe how the local agency provide regular, visible means for collecting voter registration applications.			<input type="checkbox"/>	

7.81A Pre Management Evaluation Questionnaire

Nutrition	2.33	Explain the local agency process to obtain pending medical data from the health care provider.			<input type="checkbox"/>	
Nutrition	2.36	In what local hospitals do you conduct outreach or in-hospital certifications?			<input type="checkbox"/>	
Nutrition	2.37	Since the last ME, has the local agency used volunteers or dietetic interns? If yes, how is confidentiality maintained? Are non-WIC employees allowed to use WIC vehicles? How are interns assigned work and monitored by a CPA?			<input type="checkbox"/>	
Nutrition	2.39	When was the last updates of local agency referral data in the MIS? Provide a copy of local agency referral guide to State, if applicable.			<input type="checkbox"/>	
Nutrition	3.05	Describe how the local agency inventories and tracks returned formula.			<input type="checkbox"/>	
Nutrition	3.05	Describe how the local agency documents any formula that is donated or destroyed? Provide a documentation sample from within the last fiscal year.			<input type="checkbox"/>	
Vendor	4.01	What is the agency's process for training and collecting the signed WIC Employee Conflict of Interest Statements (Attachment 4.01A) annually, for new employees and when an employee's status changes? Submit copies of the agency's 4.01A forms and any useful checklists from the last fiscal year.				
Vendor	4.01	What is the agency's process for ensuring the possible conflicts of interest noted in B.1 of the policy are being monitored and prevented.				
Vendor	4.12	What is the process for distributing the authorized vendor list to new and existing participants? Submit a copy of the authorized vendor list the agency utilizes.				
Vendor	4.12	What is the process for reviewing the complaint procedure with each participant, guardian, and designee at certification time, as required by the participant sanction policy, and at any time thereafter as deemed necessary.				
Vendor	4.15	Who has the agency designated as their Vendor Liaison(s)?				Staff name:
Vendor	4.28	What's the agency's process for monitoring local social media and on-line marketplaces to identify potential fraudulent				

7.81A Pre Management Evaluation Questionnaire

		sales of WIC formula and food benefits? Submit the agency's tracking log for the last 12 months.				
Nutrition	5.02	Describe how the local agency documents refusals of a participant or a participant's caregiver, to attend or participate in nutrition education in the participant's WOW record.			<input type="checkbox"/>	
Nutrition	5.02	Describe how the local agency conducts an annual assessment of participant views concerning the effectiveness of secondary nutrition education.			<input type="checkbox"/>	
Nutrition	5.03	What is the local agency process for staff to routinely monitor the status of high risk participants?			<input type="checkbox"/>	
Breastfeeding	5.09	What staff is designated as the Local Agency Breastfeeding Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BFC Staff Name:
Breastfeeding	5.09	Describe how the local agency disseminates breastfeeding promotion information to and from the State Agency.			<input type="checkbox"/>	
Breastfeeding	5.09	Describe how the local agency annually assesses needs regarding breastfeeding rates, gaps in services, and improvements that can be made.			<input type="checkbox"/>	
Breastfeeding	5.09	Do peer counselors and non-peer staff have the opportunity to shadow a designated breastfeeding expert and/or more experienced peer counselors? If yes, explain the local agency process and what staff they observe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Describe how the local agency establishes and utilizes a referral system with other health professionals within the health department and community to provide support to breastfeeding women and improve overall outcomes.			<input type="checkbox"/>	
Breastfeeding	5.11	Describe the local agency procedure when a hospital-grade electric breast pump is not returned in 1 month			<input type="checkbox"/>	
Breastfeeding	5.11	Describe the procedure used to sanitize returned breast pump motors and outer casing each time the motor is returned.			<input type="checkbox"/>	
Breastfeeding	5.11	Describe the procedure used to check to assure each hospital-grade electric breast pump is functioning properly.			<input type="checkbox"/>	
Breastfeeding	5.12	Ensures that staff members who give out breastfeeding aids are trained in their appropriate use and are able to effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81A Pre Management Evaluation Questionnaire

		educate participants on the proper use of the breastfeeding aids.				
Breastfeeding	5.13	Does the local agency have a Breastfeeding Peer Counselor Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	What staff is designated as the peer counselor coordinator, if local agency has peer counselor program.			<input type="checkbox"/>	PCC Staff name:
Breastfeeding	5.13	Who at your agency has received the USDA Peer Counselor Management Training? Give names and dates completed for each person.			<input type="checkbox"/>	
Breastfeeding	5.13	Recruits and hires peer counselors based on job descriptions developed by the State Agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Trains peer counselors using the Maryland WIC Peer Counselor Training Program prior to independent contact with WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Do peer counselors regularly meet to discuss case studies? If yes, how often and who leads the discussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Explain how peer counselors are available outside of the local agency WIC clinic or business hours. Submit any local agency policy regarding after hours referrals or counseling.			<input type="checkbox"/>	
Breastfeeding	5.15	Each employee is given at least one breastfeeding support role within two months of completion of new employee training. Roles are reviewed annually by the local agency Breastfeeding Coordinator or designee and documented in the Nutrition and Breastfeeding Services Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Who is responsible for the budget, quarterly reports, cost allocation completion and submission?				Staff name:
Financial	6.00	Submit all leases and the floor plan for clinics. The floor plans should identify who occupies the area and the square footage. Provide the cost allocation for shared spaces.				
Financial	6.00	Submit your chart of accounts. Accounts used to allocate expenses in your accounting system.				
Financial	6.02	Who is responsible for the management of the WIC inventory?				Staff name:
Financial	6.02	How frequently do you complete an inventory check at your clinics? When was the last inventory for each clinic?				

7.81A Pre Management Evaluation Questionnaire

Financial	6.07	Have you opened, closed, or relocated any clinics in the past 3 years? Provide the name and number of the clinic along with the date the clinic opened, closed, or relocated.			<input type="checkbox"/>	
Financial	6.09	Do you have a WIC vehicle? Is the vehicle shared with any other program? Provide the vehicle mileage logs for the vehicles.			<input type="checkbox"/>	
Financial	7.00	Signs annual Civil Rights assurance agreement with condition of award.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.00	Includes the appropriate nondiscrimination statement on all WIC-related materials that are disseminated to applicants, participants, outreach/referral contacts, and the general public (leaflets, brochures, bulletins, news media PSAs, application forms, nutrition education materials).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Reviews and monitors activities to ensure compliance with nondiscrimination laws and regulations and allows the State to do the same. Quickly resolves any areas of non-compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Reports all complaints of discrimination to the state Civil Rights Coordinator within 5 days of receipt of complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center/Nutrition	7.02	Describe how the local agency provides interpreter services free of charge to the participant.			<input type="checkbox"/>	
Financial	7.02	Submits annual LEP Report every SFY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.10	Submit a copy of the local agency written emergency procedures plan.			<input type="checkbox"/>	
Program Support	7.21	Describe how the local agency tracks no show rates and the process to contact clients, especially pregnant women, who miss their appointments.			<input type="checkbox"/>	
IT	7.40	Only approved software is installed on WIC computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.40	A record of software licenses is maintained at the main office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.40	WIC computers are only used for WIC/work related purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Maintains a file of IRMA Policy Acknowledgement forms for all staff. Presents security awareness training annually and maintains appropriate documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81A Pre Management Evaluation Questionnaire

Training Center/Nutrition	7.60	Ensures that CPPAs do not perform CPA duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Installs, maintains, and checks for accuracy of equipment according to the manufacturer's specifications. Trains staff on the use and maintenance of the equipment (scales and stadiometer).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Makes available protective gear such as aprons, lab coats and protective eyewear for staff that request it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Submit a copy of the standing order to perform hemoglobin checks, a letter of permit exception and a current CLIA waiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Keeps a written copy of the LA infection control procedures in the clinic or main office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.65	Has at least one, but no more than two, staff person(s) with access to online ordering through the distribution center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff name(s):
Training Center	7.66	Explain the local agency process to review the records for all certifications completed by a staff member who has not completed the paraprofessional/professional training.			<input type="checkbox"/>	
Program Support	7.70	Receives signed consent to use applicant/participant photos for WIC materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Receives signed consent to use applicant/participant letter, electronic mail, voice mail or other social media for WIC materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.80	Explain the local agency process to review operations at least annually including certification procedures and participant record audits.			<input type="checkbox"/>	
All Units	7.80	Explain the local agency process to observe newly trained staff, including peer counselors, to provide guidance, corrections, and affirmations of work. Include who conducts the observations and how often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	7.80	Does the local agency routinely monitor the work of peer counselors? If yes, who is monitoring and how?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	7.80	Does the local agency routinely monitor breastfeeding information provided by non-peer counselors? If yes, who is monitoring and how?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81A Pre Management Evaluation Questionnaire

Nutrition/Training Center	7.80	Does the local agency routinely monitor the work of staff? If yes, who is monitoring and how?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	If separation of duties is not possible on an ongoing basis, completes record review of all non-exclusive breastfeeding infants and 20% of the remaining records within two weeks of certification. Submit a copy of 7.82A if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	If local agency allows one person to perform all eligibility and certification functions, additional record reviews of 10% of each clinic's certification records are conducted every 6 months. Submit a copy of 7.82A if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Describe how staff are trained in customer service skills.			<input type="checkbox"/>	
Program Support	7.90	At least one staff member answers the phones during normal clinic hours, and callers are not on hold for longer than 15 minutes. Voicemails are responded to within 2 business days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.91	How do you allow for anonymous customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.91	Describe how customer complaints are handled including the timeframe.			<input type="checkbox"/>	
Vendor	8.00	What is the agency's process for training staff annually on the distribution of FMNP benefits to the participants? Submit last year's sign-in sheet and agenda for the training.			<input type="checkbox"/>	
Vendor	8.00	What is the agency's process for distributing the FMNP benefits and providing nutrition education on the benefits of fresh fruits and vegetables during the FMNP season.			<input type="checkbox"/>	
Vendor	8.00	What is the agency's process for providing all participants with instructions and materials for accessing and redeeming their FMNP benefits during the FMNP season.			<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Unit	P&P #	Management Evaluation Question	Policy Met <i>Select One</i>			Comments
			Yes	No	N/A	
Nutrition	2.02	Uses information system or the manual certification form provided by the State agency to certify all applicants/participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.02	Advises the participant or the parent/legal guardian or designee of the participant's rights and responsibilities as outlined in Policy and Procedure 2.12 Participant's Rights and Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.02	Ensures that the staffs, who verify residency, income, identity and nutrition risk documents their review and approval of information provided by and/or obtained from the applicant to be certified as eligible for the WIC Program by entering their secure user login in the management information system or signing the manual certification form in the appropriate spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.03	Explains why the applicant is being placed on the waiting list, the priority system, the operation of the waiting list and their right to a fair hearing. Advises clients to contact the local agency should there be changes to the information collected to determine eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.04	Determines and documents applicant residency correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.04	Uses the Confirmation of Residency form correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.05	Determines income eligibility correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

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

7.81B Management Evaluation Review Form
On-Site

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

7.81B Management Evaluation Review Form
On-Site

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

7.81B Management Evaluation Review Form
On-Site

Nutrition	2.09	Offers an appointment to determine eligibility within 10 calendar days of in-person request if pregnant, an infant, or a migrant farmworker and within 20 calendar days for all other applicants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.10	Explains appropriate certification period to applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.10	Shortens or extends participant's certification period by not more than 30 days on a case-by-case basis if categorically eligible and sufficient appointment times to conduct a subsequent certification for a participant whose certification period was due to expire were not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.10	Appropriately schedules mid certification visit for certifications longer than 6 months and encourages in person attendance for growth measurements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Documents that a person found ineligible for the Program at any time during the certification period was advised in writing 15 days before termination of eligibility of the reasons for ineligibility and of the right to a fair hearing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.11	Reassesses a participant's income eligibility during the certification period if the local agency receives information indicating that the participant's household income has changed. However, such assessments are not required in cases where sufficient time does not exist to effect the change. Sufficient time means 90 days or less before the expiration of the certification period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	2.11	Documents in alerts, and files a copy of items used to determine ineligibility if a Notice of a Fair Hearing form was given to the applicant/caregiver or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.12	Provides applicants, legal guardians, or designees with the opportunity to read or have read to them and electronically sign acknowledging acceptance of the Rights and Responsibilities. Provides a copy of the Participant Rights and Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.12	Staff signs the Income and Nutritional Risk areas of the rights and responsibilities if a manual certification was conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Provides instructions on how to transfer to another local agency in the state when requested by participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Transfers participants only when requested by the participant or parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Follows in-state transfer procedures in the management information system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Updates family and participant data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Retrieves and destroys participant ID folder issued from the sending local agency and issues new ID folder (if used by the local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Issues benefits that are due to the participant(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Schedules a follow up appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	2.13	Issues VOC to all participants who state they may be moving during the certification period and to all migrant farmworkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Completes and signs the VOC according to instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Documents missing VOC in WOW and issues a new VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Enrolls the participant with a VOC. If the local agency has a waiting list, tells the participant that they cannot be enrolled at this time but will be placed at the top of the list regardless of their category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Accepts all VOC and, if needed, contacts the original agency for missing or what appears to be altered information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Accepts all nutrition risk conditions from the other WIC program for the duration of the certification period for participant(s) with VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Issues food instrument (eWIC Card) Issues/prorates replacement benefits for the period in accordance with benefit issuance policy for participants with VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Conducts a new certification if the certification period stated on the VOC has expired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.13	Follows the appropriate procedures for either the In-State Transfer or Out-of-State Transfer when accepting a VOC from a migrant farmworker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	2.16	Sees all applicants physically for program services at the time of certification (unless waiver provisions within policy are met).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Arranges an alternate method of certification, the certification may be completed by using information provided by the health care provider as long as it meets the regulatory requirements of not being more than 60 days old for heights and weights and 90 days for bloodwork and is obtained while the applicant is in the same participant category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Stresses the positive long-term benefits of WIC nutrition services and encourages the participant to attend and participate in scheduled mid-certification appointment for nutrition assessment and education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.16	Documents actions taken by the local agency that differed from the required certification/mid-certification procedures in the participant's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.17	Issues VOC to participants who are affiliated with military and who will be transferred overseas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.17	Accepts valid WIC Overseas Program VOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Explains format of Identification Folder (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Validates and stamps ID Folder with local agency/county code, the WIC symbol, and phone number (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.19	Completes ID folder per Policy 2.19 (if used by local agency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	2.20	Asks at the initial certification if the client would like to choose one or two persons designated as a proxy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Enters the name(s) of the proxy (ies), if requested, in participant's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Asks the participant/parent or caregiver at the initial certification if they would like to authorize one or both of the proxies to serve as a designee and correctly enters proxy/designees information in the participant's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Confirms participants valid identification at class pick up .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.20	Provides the head of household an opportunity to change a proxy/designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Identifies "homeless individual".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assures Confirmation of Residency form is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assesses income eligibility as outlined in P & P 2.05 for homeless individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Assesses nutritional risk as outlined in P & P 2.31 for homeless individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Customizes food packages for the homeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.21	Provides specific education concerning the use and the storage of foods offered in addition to other topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	2.21	Refers homeless applicants and participants to appropriate health and human services agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.23	Requires and documents that all applicants provide proof of identity using acceptable proof of an applicant's identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.23	Uses the Proof of Identity Affidavit Form as acceptable proof of identity under specific circumstances which would include the homeless, victims of fire or theft, illegal aliens, or teenagers who were put out of their homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.23	Enters "No Proof" in the Proof of Identity field if an applicant does not provide proof of identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.24	Changes participant's category according to the established procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.24	Asks the applicant to provide proof of pregnancy, if pregnancy is not obvious per policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.25	Provides all individuals applying for WIC Program benefits or the parent/caregiver of individuals applying for WIC Program benefits an opportunity to register to vote at each certification and recertification visit. Provides assistance to other individuals who express an interest in registering to vote.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.25	Gives the individual the voter registration application and provides assistance to those individuals who would like help in completing the registration application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	2.25	Offers to mail the completed voter registration card to the local election board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.27	Asks the parent, legal guardian or designee to bring a documented immunization record to the visit when scheduling a certification appointment for an infant or child under age 2. Explains that this is not required for application to the program but the information is important for the health assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.27	Documents whether or not an immunization record was brought to the clinic and the dates DTaP immunizations were received on the WOW Immunization screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.27	Selects "illegible" from the dropdown under the "Special" column on the WOW Immunization screen when appropriate. Asks the caregiver to request that the health care provider clarify the dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Asks if the child has had a blood test for lead and documents the response on the WOW medical screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Explains importance of a blood test for lead and provides written information about lead poisoning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Encourages caregiver to ask about blood test for lead at the child's next health care appointment, if the response is "no" or "don't know".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.28	Documents blood lead test result, if known, on the WOW medical screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.31	Reviews risk factors assigned by WOW to ensure that they are correct. Removes and documents incorrect risk factors when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

		appropriate. Re-enters assessment data related to incorrect risk factors if necessary.				
Nutrition	2.32	Measures weight of infants according to P&P 2.32A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Measures length of infants according to P&P 2.32A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Measures weight and height/length of women/children or obtains measurements from HCP within 60 days prior to date of visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Documents measurements provided by HCP as a comment on the medical screen in WOW and enters the date they were taken in the date field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.32	Interprets data correctly using growth charts, prenatal weight gain grids, identified risk factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Performs hemoglobin test at the time of certification, if no other risk factors are assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Obtains and documents results from HCP within 90 days of the certification date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Performs/obtains blood test according to the established schedule for each participant category and, for children, as appropriate based on the previous test result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.33	Installs and maintains equipment according to manufacturer's specifications and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

		provides staff training on the use and maintenance of the equipment.				
Nutrition	2.33	Considers relevant assessment information before deciding upon the intervention when the risk factor for Low Hemoglobin/Hematocrit is identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.34	Enters nutrition/health information correctly into WOW, answering all questions on the Medical and Nutrition History screens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.34	Provides appropriate nutrition intervention based on identified risk factors and participant concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.34	Obtains complete nutrition history for each participant using paper nutrition history forms during manual certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Informs the woman that she and her newborn infant may be able to be certified while she is in the hospital (where the local agency performs certifications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Provides outreach brochure to potentially WIC eligible women or current WIC participants who live outside the service area and encourages them to call appropriate local agency for a certification appointment for hospital certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Follows all certification policies/procedures for hospital certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Identifies/documents all applicable nutrition risks. Dates for weight, height/length, and hemoglobin/hematocrit measurements are recorded as the date of the actual measurement for hospital certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Provide and document nutrition education and breastfeeding support for each	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

		participant as appropriate to the participant's risks, needs, and interests identified and prioritized during the nutrition risk assessment for hospital certifications.				
Nutrition	2.36	Secures laptops and printers to a cart when transporting and using them in patient rooms. Store them in a locked room in the hospital unless they are returned to the WIC clinic each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Monitors hospital certifications as part of its self-monitoring system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.39	Refers applicants to mandatory programs and documents appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.01	Assists in transitioning an infant on a non-contract standard formula to the contract brand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Stores formula in a secure, safe place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Documents signed receipt of formula issued directly to participants or a non-profit organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.02	Ensures a sufficient supply of eWIC cards are available for distribution to WIC participants, caregivers, proxies or designees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.12	Uses the instructional material provided by the State as it is, or adapts the contents for use in informing participants, guardians, and designees on the proper use of food instrument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.12	Includes a list of all authorized WIC vendors located within the local agency's region or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

		statewide and inform participants that they may only redeem their WIC benefits at WIC authorized stores in Maryland..				
Nutrition	4.12	Reviews the agency's complaint procedure with each participant, guardian, and designee at certification time, as required by the participant sanction policy, and at any time thereafter as deemed necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.23	Informs applicants, participants, parents, caretakers, or designees program rights and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.28	Reminds participants when food package changes are made that any unused food or formula should be returned and that it may not be sold or given away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Issues one active food instrument to a cardholder at the time of initial certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Provides opportunity for cardholder to select a Personal Identification Number (PIN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	4.30	Replaces food instrument in clinic when allowed replacement reason listed in Policy 4.30 occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	Provides first nutrition education contact at the time of certification to each WIC participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary nutrition contact includes anticipatory guidance appropriate for the participant's category, age, and developmental stage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	5.01	The primary nutrition contact is presented verbally as simple, positive, practical advice that builds upon the participant's own knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary nutrition contact includes referral(s) to health, social, and other community services, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.01	The primary contact is documented in the participant's WOW record in the Nutrition Education screen. Referrals made are documented on the Client Referrals screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Secondary nutrition education is offered in conjunction with benefit issuance, as an individual or group session or as online nutrition education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Documents the secondary nutrition education contact in the participant's WOW record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Provides and documents a secondary contact for a participant who is issued WIC benefits during a certification appointment for another family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	The secondary contact is designed to assist the participant or caregiver in acquiring knowledge and skills related to food selection, purchase, storage, and preparation, infant or child feeding, and/or the adoption of physical activity and other healthful lifestyles practices and give consideration to the language and personal and cultural preferences of the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.02	For breastfeeding infant or child, update the amount of breastfeeding in the participant's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

		record breastfeeding intake chart, even if the same as previous visit.				
Nutrition	5.02	Documents refusal of a participant or a participant's parent, caregiver, or designee to attend or participate in nutrition education in the participant's WOW record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.00	Provides and documents appropriate information about the dangers of drugs, alcohol, and tobacco at certification or recertification to pregnant, postpartum, and breastfeeding women. Documents counseling in the Nutrition Education screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Offers a breastfeeding friendly atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Provides breastfeeding support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Recommends breastfeeding aids that are appropriate for the participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding/Nutrition	5.10	Verbalizes to all pregnant and breastfeeding participants when breastmilk is contraindicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	When issuing a breast pump, demonstrates assembly and disassembly, and then asks the participant to demonstrate assembly and disassembly of the pump.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Provides use and care instructions provided by the product manufacturer, and nutrition education and handout literature as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Educates the participant on when to use the breast pump, how to use it effectively and safely, and how to clean it. Explains where to call for assistance and provides a written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

		phone number. Follows up with participant within two business days, to provide additional instruction and answer any questions.				
Breastfeeding	5.11	Ensures Breast Pump Release of Liability or Electric Breast Pump Loaner Agreement and Release of Liability Form is signed per policy and retains on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Ensures participants sign the Breastfeeding Aid Release of Liability form prior to receiving nursing supplementers and breast shells. Retains signed form on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Explains to participants when to use the breastfeeding aid provided, how to use it, and how to clean it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Provides instructions from the product manufacturer and nutrition education and handout literature, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Recommends that participants inform the infant's health care provider of the use of a nursing supplemter, and the mother's health care provider of her use of breast shells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Assigns an inventory label to all new purchases or acquired inventory over \$50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Maintains the inventory sheet properly (adding/deleting inventory).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	6.03	Program incentive items were distributed to participants or potential participants with an identified purpose of outreach, nutrition education, or breastfeeding promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	6.03	Outreach items contain a WIC specific message that targets a potentially eligible population, normally can be seen in public,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

		include the WIC contact information, and constitute an innovative or proven way to encourage WIC participation				
Nutrition	6.03	Nutrition education, including physical activity incentive items are distributed to the appropriate participant category in conjunction with a relevant nutrition education contact to reinforce nutrition and physical activity messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	6.03	Breastfeeding promotion incentive items are targeted to participants and distributed to the appropriate category of participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	6.03	Breastfeeding aids are distributed to directly support the initiation or continuation of breastfeeding. They are not provided to participants solely as an inducement to consider or continue breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Materials and literature are available to meet the needs of non-English or limited English-speaking applicants/participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Bi-lingual staff are available to meet the needs of the non-English or limited English-speaking applicants/participants. Each work station has information on how to contact the interpretative services' vendor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Prominently displays the nondiscrimination poster, And Justice For All, in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Clinics are accessible for disabled individuals or other accommodations are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.00	Asks the applicant their racial/ethnic category(ies).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	7.02	Prominently displays the Language Line Solutions ID Poster. Provides free language interpretation services when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.41	Secures all computer equipment and protects from water or other intrusive materials. Attends to all laptops while in an unsecured area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.41	Protects system access by logging out and/or using screensaver password when leaving computer for more than a brief period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses an infant length board suitable for table-top measurements. The board shall be sturdy, made of wood or plastic with an unpadded surface, contain a fixed (unmovable) headboard and a freely-sliding foot piece, and have an attached ruler that measures in 1/8 inch (recommended) or 1/16 inch increments to at least 39 inches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses a stadiometer (height board). The stadiometer may be wall-hung or free-standing and shall consist of a flat measuring ruler (against which the applicant's back is placed) with 1/8 inch(recommended) or 1/16 inch increments and a freely-sliding head piece (set perpendicular to the ruler).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.62	Uses either a table-top infant scale or an electronic floor scale with a tare function for infants and children under 2 years of age. The scale shall measure to the nearest one ounce and allow unobstructed reading of the weight measurement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	7.62	Uses a floor scale for women and children 2 years of age and older. The scale shall measure to the nearest 4 ounces, up to at least 440 pounds and shall allow unobstructed reading of the weight measurement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses an approved hemoglobin analyzer in clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses retractable lancets including sizes for young children and adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Makes available appropriate-sized gloves for certifiers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Has adequate supplies of alcohol wipes, gauze or other dry pads, and appropriate-sized bandages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Has a sink and soap for washing hands or has an acceptable, waterless antiseptic hand cleanser if sink is unavailable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses puncture-proof disposal containers for used needles and cuvettes and locates them safely for the protection of staff and participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Uses biohazard-labeled containers for other infectious waste and locates them safely for the protection of staff and participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.64	Keeps work area clean and maintains it according to OSHA/MOSH housekeeping guidelines. Has approved cleaner or bleach solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81B Management Evaluation Review Form
On-Site

Nutrition	7.64	Follows a written blood borne pathogens procedure that complies with OSHA requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	Performs the following duties by separate clinic staff members: income determination and determination of medical or nutrition risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.82	Scans proof of identity, residency and income into WIC information system when separation of duties is not possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.90	Treats all customers with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.90	Promptly answers all customers' questions with accurate, objective information. At least one staff member is answering phones during normal clinic hours, callers are not on hold for longer than 15 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.91	Responds to all customers' concerns and complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	8.00	During the FMNP season, distributes the FMNP benefits and provides nutrition education covering the benefits of fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	8.00	During the FMNP season, provides all participants with instructions and materials for accessing and redeeming their FMNP benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	8.00	If applicable, store unissued FMNP QR code cards securely when they are not being distributed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

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

7.81C Management Evaluation Off-Site Review Form

Program Support	1.10A	Works with the State to co-administrate the Facebook account.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Takes all precautionary measures to ensure Facebook privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Monitors page routinely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Uses standardized responses between participants and the local agency page administrator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	1.10A	Leaves content added by the State.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.36	Has a cooperative agreement with any local hospital and if so, conducts outreach and certification at the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.37	Provides orientation to volunteers and non-WIC employed dietetic interns regarding the importance of maintaining the confidential nature of participant information and assures that they sign a confidentiality statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.37	Non-WIC employees are not permitted to drive local agency vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.37	Adheres to any additional policies/procedures pertaining to the use of volunteers required by the health department/agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	2.37	Assigns appropriate learning activities to dietetic interns. Assures that actual provision/performance of services by dietetic interns is supervised by a CPA who is present at the time the service is provided or performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Nutrition	3.02	Documents evaluation of need for the formula and authorizes its issuance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.02	Ensures procedures are followed when issuing formula.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.03	Issues formula according to policy for children and women with special dietary needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.02 & 3.03	Documents all required information correctly in WOW on the participant's notes screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.05	Donated or destroyed formula is correctly documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.06	Refers to Medical Assistance or REM for tube fed or REM eligible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	3.06	Reviews exempt (special) formula requests for participants who receive Medical Assistance and processes according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.01	Ensures that local agency employees who are WIC participants or proxies of WIC participants or who have family members or relatives who are WIC participants do not certify themselves, or those for whom they serve as proxies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.01	Ensures that local agency employees who are WIC participants or proxies of WIC participants do not issue a food instrument to themselves, or to the participants for whom they serve as proxies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.01	Ensures that a local agency employee who is employed by, has ownership of, or is a family member or relative of an owner of a WIC authorized vendor is not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

		responsible for routine monitoring of that vendor.				
Vendor	.01	Obtains a signed WIC Employee Conflict of Interest Statement (Attachment 4.01A) annually and when an employee's status changes to warrant documentation of participation in the WIC Program, serving as a proxy of a WIC participant, employment at a WIC authorized vendor, and ownership of, or relationship to an owner of a WIC authorized store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.05	Voids food benefits in the WIC information system using one of the pre-established void reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.10	Follows procedures to document the over-issuance of food benefits in the WIC information system by selecting appropriate over-issuance reason when reissuing benefits for the current issue month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.13	Provides an appropriate number of staff to assist the State Agency in the vendor authorization process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.15	Designate a Local Agency Vendor Liaison staff person(s) who will be the Local agency contact person for Food Delivery system matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.15	Attend Food Delivery system training and technical assistance provided by the State Agency regarding their Food Delivery responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.16	Conducts on-site monitoring visits to at least 10% of authorized vendors assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

		to their service area each federal fiscal year according to instructions in attachment 4.16B.				
Vendor	4.16	Submits to the State Agency 4.16A <i>Maryland Quarterly Vendor Monitoring Log</i> by the 5 th business day of January, April, July, and October regardless if any monitoring activities were conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.22	Reviews the dual participation section of the WIC information system not less than monthly for each clinic to detect and resolve possible dual participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.28	Tracks on a log the monitoring of local newspapers or marketplaces to identify advertisements offering infant formula or food for sale at least once a month. The log shall be available for review by the appropriate Program representatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	4.28	If there are any findings, document the contact with the participant and resolution details in the participant's WIC information system notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.02	Provides according to policy acceptable formats for delivering the secondary contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Develops a written procedure to ensure that participants identified as at high nutritional risk receive a care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Documents counseling by the CPA according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Nutrition	5.03	Documents to the CPA refusal of high risk services by the participant, caregiver or designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.03	Documents in the Care Plan all appropriate and timely information provided to the participant regarding their high risk status according to policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.06	Develops and submits Nutrition Breastfeeding Services Plan to the State Nutrition Services Unit according to guidelines in policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.06	Submits changes to Nutrition Breastfeeding Services Plan according to recommendations provided from the State Office. A copy of the final approved Plan is accessible to all local agency staff or state staff upon request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Ensures contact is made with nutrition education specialist and/or breastfeeding coordinator to discuss development or procurement of items used with WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Follows policy in selecting, developing, and purchasing appropriate materials for WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Uses current USDA nondiscrimination statement on all developed publications as indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	5.08	Makes copies of approved nutrition education or breastfeeding promotion materials available to the State WIC Office for LA sharing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Breastfeeding	5.09	Attends quarterly Breastfeeding Coordinator Meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	All staff receive breastfeeding instruction as part of their new employee training. Breastfeeding Peer Counselors receive training prior to independent counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Assists with training in breastfeeding promotion and support for the local agency and local health department staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Clinic space is clearly a breastfeeding-supportive environment, including visuals and staff responses that support this message. Formula and/or formula advertising is not in view of participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.09	Follows best practice for infants requesting 1 can of formula in the first month of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Considers factors in determining whether to provide a manual breast pump or electric pump to a participant and provides the appropriate pump type per policy guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Maintains logs (in participant's WOW record) to document who received breast pumps and the reason for receipt of Hospital-Grade and Electric Breast Pumps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.11	Maintains log (in participant's WOW record) to document when a breast pump is returned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Documents each issuance under BF Aids on the BF Support screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.12	Follows-up with participant to determine progress within two working days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Breastfeeding	5.13	Counsel WIC participants about normal breastfeeding issues. Peer counselors follow the contact guidelines and protocols to determine frequency of contact with participants and issues to be discussed for specific concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Documents contacts, per policy, in the management information system (or when not available using a paper documentation form), per contact guidelines in Att. 5.13A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.13	Breastfeeding Peer Counselor Coordinators attend Breastfeeding Peer Counselor Coordinators Meetings four times a year. Breastfeeding Peer Counselors attend Peer Counselor Meetings two times a year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding	5.15	Updates Breastfeeding Support Roles Table throughout the year and submits with Nutrition Breastfeeding Services Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Charges expenditures to a WIC grant with traceable source documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Maintains an accounting system and separate records relating to the WIC grant which conform to all state and federal regulations as well as generally accepted accounting principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Attained the required 20% nutrition education goal for the state fiscal year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Attained the Required 5% breastfeeding promotion goal for the state fiscal year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Financial	6.00	Quarterly or monthly expenditure reports are submitted by the due date per the budget instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Local Agency Coordinator or their representative attended the local agency Coordinators' meeting, the quarterly Nutritionists' meeting, and the quarterly Breastfeeding Coordinators' meeting per the Conditions of Award.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	The local agency scheduled sufficient days, hours, and staff to provide timely WIC certification, food instrument distribution, and other activities to achieve and maintain the assigned caseload per the Conditions of Award.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Cost allocations are clear and separate. All charges are allocated so that WIC pays for only its fair share of the cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	All expenditures are allocable, allowable, reasonable, and necessary to the proper administration and operation of the WIC Program or the Breastfeeding Peer Counselor Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Costs are allocated to the appropriate cost category on the monthly or quarterly expenditure report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Purchases requiring State WIC Office or USDA approval were obtained when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Expenditures maintained the integrity of the State and Federal Fiscal Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.00	Maintained program financial records for at least three (3) years according to the record retention schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Financial	6.01	Enters time studies in WOW accurately. Any omissions or deficiencies are addressed prior to approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Follows the definition of Standard and Non-Standard work schedules in completing the time studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Abides by the frequency of time studies for their different categories of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Certifies that all data is complete and correct (staff person).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Reviews and approves all data that was entered (supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Completes the Salary Calculations Worksheet correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	Uses the percentages calculated at the bottom of the Quarterly Time Study Percentages Report to allocate salary and fringe expenditures as well as expenditures in other appropriate line items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.01	All staff with salary charged to the WIC grant completes either a Quarterly or Daily Time Study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Obtains approval for all equipment purchases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Offers equipment purchased with WIC funds that is no longer needed to other programs according to the established priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Reports broken equipment to the Financial Unit, updates attachment 6.02A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

		and disposes of it according to the policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.02	Reports stolen equipment to the Financial Unit and updates attachment 6.02A according to the policies including a comment about theft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.03	Program incentive items purchased were both reasonable and necessary for the proper administration of the WIC Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.04	Reviews compliance t Policy 6.04 when receiving reports for temporary staff assigned to the local agency (Financial Unit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures items purchased for staff present a WIC outreach, nutrition education or breastfeeding message and contain the local WIC agency name and contact information (telephone number or web site).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures purchased items have a WIC specific message that targets the potentially eligible population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures that purchased items contain the USDA nondiscrimination statement on publications or other printed materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures purchased items were at a reasonable and necessary cost with a total cost per item of less than \$8.00.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.05	Ensures items purchased for staff to use when traveling throughout the community and participating in various cooperative functions target WIC populations and are not used primarily in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Financial	6.06	Ensures all WIC personnel listed in the approved budget file appear on the payroll.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures all personnel charged to WIC on the agency payrolls completed a time study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures that daily backup documentation agrees with the Summary of Time Study Hours in the budget file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Documents the salary costs available for employees who split their time between WIC and another program on a regular schedule (only required to do time studies one month per quarter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures the WIC Program is charged only for the hours worked for WIC and provides back-up documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Documents the salary costs available for employees who split their time between WIC and another program NOT on a regular schedule (daily time studies required all year).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.06	Ensures the backup documentation agree with the expenditures reported on quarterly report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.07	Clinic opening, closing, and relocations received prior written approval from the State WIC Director or their designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.07	All capital improvements where the total cost of the project is \$5,000 or greater received prior written approval from the State WIC Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.07	Leases include the language identified in 6.07.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.08	Ensures a MBE or SBR was used whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

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

7.81C Management Evaluation Off-Site Review Form

Financial	6.09	Ensures all drivers complete and submit a Vehicle Mileage Log with their request for reimbursement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Travel reimbursement is reported for hotel, flights, and travel expenditures during the quarter or month in which the travel occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Conference registration fees is reported in the quarter or month in which the registration expenditure occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Ensures official travel expenditures (transportation, lodging, and phone) are reimbursed in accordance with the regulations set forth by the Department of Budget and Management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Ensures meal allowances for employees while on travel are properly reimbursed at the rates established by DBM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.10	Ensures registration receipts are submitted with reimbursement request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.11	Ensures separate records relating to the Breastfeeding Peer Counselor Grant are kept and all expenditures have traceable source documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.11	Ensure expenditures using the Breastfeeding Peer Counseling Program Grant funding provide direct breastfeeding support services through peer counseling to WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	6.11	Ensures expenditures using the Breastfeeding Peer Counselor Program Grant funding are in compliance with allowed expenditures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.00	Reviews Civil Rights Responsibilities policy at staff meetings every state fiscal year at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

		a minimum. Monitors staff to ensure adherence to policy. Quickly resolves any non-compliance.				
Training Center	7.00	Provides a copy of the sign in sheet, agenda, and outline of the civil rights training given annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.01	Reports any complaints of discrimination in the past two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.01	Submits the discrimination complaint within established time frames.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.21	Appointment no show rate is less than 30% for certs/recerts. Missed appointments are contacted for reminders or to reschedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Submits Staff Data Sheets in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IT	7.41	Assigns system access appropriately for users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.60/7.66	Ensures all new WIC CPPAs and CPAs attend New Employee Training within nine months from date of hire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Center	7.61	Attends the State WIC Conference as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WIC Director	7.61	Attends the monthly local agency coordinators' meeting (local agency coordinator or a designated representative).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	7.61	Attends State sponsored trainings as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.65	Requests permission prior to placing a manual order with the Distribution Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.65	Submits the proper order form for all manual orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Training Center	7.66	Observes new CPA and CPPA and accurately completes and submits the competency checklists by the deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	7.67	Maintains original temp's timesheet for audit purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Reports suspected cases of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Receives signed request before releasing participant information (n/a for cases of child abuse).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Releases participant information to participants or the parents or guardian when requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Submits subpoenas to State WIC Office for approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.70	Provides participant information to other State WIC agencies when requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Conducts annual reviews of its clinic operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Conducts annual reviews of its staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Conducts an annual sample record audit of at least one percent of participant records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.80	Uses the State supplied tool to monitor clinics and staff or uses a form including the minimum standards contained in the State developed tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.81C Management Evaluation Off-Site Review Form

Program Support	7.82	Conducts review of certifications when separation of duties is not possible according to Policy 7.82.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Describes how the local agency instructs staff on the three key components of providing quality customer service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Describes how the local agency is committed to providing good customer service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.90	Resolves all customers' needs in an efficient manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.91	Documents that the local agency resolves customer complaints within two days of receipt of the complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Support	7.91	Conducts surveys in the clinics or offices (health department or non-profit health services) that allows a participant to provide anonymous comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Submits the Receipt of FMNP Materials to the to the WIC FMNP Coordinator as instructed on the receipt form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Trains staff annually on the distribution of FMNP benefits to the participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor	8.00	Reports lost or stolen FMNP QR code cards (if applicable) following instructions on notifying the State Office on the required form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

SECTION:	LOCAL AGENCY OPERATIONS AND MANAGEMENT
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SUBJECT:	Separation of Duties
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A. Policy

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

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

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

B. Procedure

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

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

Attachments:

7.82A Separation of Duties Monitoring Form

References:

Policy & Procedure Number: 4.10

7 CFR 246.4 (a)(xii)

FNS Policy Memo 2016-5

Revisions:

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

Separation of Duties Monitoring Form

Attachment 7.82A

Local Agency: _____ Clinic number _____

Date: _____ Number of appointments _____ Number of reviews: IFF/IBP _____ Other _____

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

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

**Policy and Procedure Number: 7.90
Effective Date: October 1, 2006
Revised Date: April 23, 2024**

SECTION:	CUSTOMER SERVICE
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SUBJECT:	Customer Service Guidelines
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A. Policy

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

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

B. Procedure

1. The local agency shall ensure that at least one staff person is answering the main phone line during business hours. If, in extenuating circumstances or unexpected closures, a staff person is not available to answer calls, the local agency shall notify the state agency by email (mdh.wic@maryland.gov), and the main phone line outgoing voicemail message shall be updated notifying the caller of the interruption and timeframe.
2. Calls that are received while staff are with another caller should be notified that they will be placed on hold.
 - a. Either staff shall answer to inform the caller they will be placed on hold, or an automated message shall notify the caller that they will be answered in the order received.
 - b. Calls shall not be placed on hold for longer than 15 minutes. If the call cannot be answered within this time, staff should ask the caller for their information and have another staff member return the call immediately or within a specified timeframe.
3. Voicemails shall be checked daily, and calls shall be returned within two business days.

Attachments:

References:

Revisions:

04/2024	Added expected procedure regarding answering phones and voicemail.
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**MARYLAND DEPARTMENT OF HEALTH
WIC PROGRAM
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 7.91
Effective Date: October 1, 2006
Revised Date: March 14, 2024**

SECTION : CUSTOMER SERVICE

SUBJECT: Customer Service Complaints

A. Policy

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

B. Procedure

The local agency shall:

1. Resolve customer complaints, except those relating to civil rights discrimination (Policy and Procedure 7.01) at the initial point of contact or within two business days of receipt of the complaint. The state agency will become involved only after the chain of command has been followed at the local agency and there is no mutual resolution, or as referred by the Local Agency Coordinator.
 - a. If the state agency receives a complaint that the local agency was unreachable or unresponsive, they will notify the local agency by email. Local agency staff shall confirm receipt of the complaint and/or provide an update once the caller has been contacted within two business days.
2. Ensure that all local agency staff:
 - a. Have the authority to resolve customer complaints at the initial point of contact or within two business days of the receipt of the complaint or
 - b. Know the chain of command to forward the complaint or complainant.
3. Have customer feedback forms/surveys readily available in the WIC clinic, health department, or health services building and in a conspicuous place for customers to provide anonymous comments.

Attachments:

References:

Revisions:

03/2024

Clarified expectations of local agency when the state agency forwards a complaint.

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

**Policy and Procedure Number: 7.92
Effective Date: March 14, 2024
Revised Date:**

SECTION: LOCAL AGENCY OPERATIONS AND MANAGEMENT

SUBJECT: IT Software and Equipment Requirements

A. Policy

WIC local agencies are responsible for the procurement, installation, security, connection, maintenance, support, replacement, and surplus of information technology software, equipment, and network related items. This includes, but is not limited to, items such as desktops, laptops, printers, scanners, monitors, power supply, routers, switches, wireless access points, VPN, internet providers, network cables, and others to provide WIC services and ensure the local WIC agency runs securely and smoothly.

The local agency shall provide a secure and reliable connection to the internet. Internet speed and bandwidth shall be adequate to allow all local agency WIC employees to properly access the WIC management information system.

WIC computers (i.e., desktops (CPU box) and laptops) shall be replaced at a maximum of every four years and no sooner than every 3 years. While FNS does not have a specific written requirement for the number of years, they have recommended to Maryland WIC this replacement schedule as this is an industry best practice to keep equipment in good condition.

Monitors, Printers, Scanners, Software, and other related peripherals should be replaced/upgraded at the local agency discretion as needed. All computers shall always include up to date security and anti-virus software. Any software installed on the devices must follow Policy & Procedure 7.40 *WOW Information Systems Usage*.

This policy must be followed even if WIC funds are not used to purchase the computers.

B. Procedure

1. Procurement/Replacement

The local agency shall follow these requirements for procurement and/or replacement.

- a. Replace WIC desktops and laptops every 3(minimum) to 4(maximum) years.
 - i. The local agency shall share their computer replacement plan with the state agency for approval.
- b. Obtain approval for desktop and laptop specifications by the State WIC IT Chief prior to the procurement to ensure it meets the minimum requirements for WIC's management information system. Current mandatory minimum equipment specifications are:
 1. Manufacture support and warranty with next-business-day onsite support. Coverage years must match the local agency replacement plan of either 3 or 4 years.
 2. Coverage for accidents. Coverage years must match the local agency

- replacement plan of either 3 or 4 years.
- 3. Windows based computer, i.e. - no MAC or Apple desktops/laptops.
- 4. Enough inputs for the peripherals needed for the user such as scanner, printer, monitor, card swipe reader, and keyboard/mouse.
- c. If using WIC funds to purchase, obtain approval from the Maryland WIC Finance Unit prior to purchase of sensitive equipment in accordance with Policy and Procedure 6.02 *Inventory* and 6.08 *Procurement*.
- d. Ensure computers purchased with WIC funds are used for WIC purposes only.
- e. Procure all IT equipment following Policy and Procedure 6.08 *Procurement*.
- f. Track all equipment purchased with WIC funds in accordance with Policy & Procedure 6.02 *Inventory*.

2. Network

The local agency shall follow these requirements for network and maintain high-speed internet access for each WIC clinic:

- a. Provide a secure and reliable network connection for WIC clinics.
- b. Provide the needed network/internet speed and bandwidth to ensure all local agency WIC employees can properly access the WIC management information system without issues.
- c. Install, maintain, replace, troubleshoot and repair of network service and equipment.
- d. Provide and maintain the connection for WIC desktops, laptops, and printers on the WIC clinics network.

3. Installation

The local agency is responsible for installation and setup of the WIC clinic desktops, laptops, and printers. Local agencies must ensure all equipment is functioning properly. The local agency shall also:

- a. Install, maintain, and replace all required software needed to use the Maryland WIC management information system or local agency tasks, such as, but not limited to, the following:
 - 1. Microsoft Office (version determined by local agency IT)
 - 2. Latest version of Adobe Reader (required for WOW to be set as default PDF application)
 - 3. Antivirus (software determined by local agency IT)
- b. Install, maintain, and replace, all required peripherals needed to use the Maryland WIC management information system or conduct local agency tasks, such as, but not limited to, the following:
 - i. Printers
 - ii. Keyboard and Mouse
 - iii. Monitors
 - iv. Signature Pads
 - v. Surge protectors or uninterrupted power supply (UPS) – Required for all WIC desktops, laptops, and peripherals.
 - vi. Scanners (must be installed using a Twain Driver)
- c. Move desktops, laptops, printers, and any other IT equipment as necessary for the WIC clinic.

4. Security/Protection

The local agency is responsible for the security of the WIC clinic's desktops, laptops, printers, peripherals, software, and network. The local agency shall also:

- a. Ensure WIC desktops, laptops, printers, and other IT equipment are not allowed

under any circumstance to be used for personal use.

- i. Do not open or download personal files and visit only work-related websites. Visiting certain websites and/or downloading certain files can contain viruses that can harm the computer,
- b. Ensure computers are updated with all Windows and browser security updates.
- c. Ensure computers have anti-virus software that is updated and patched daily.
- d. Lock laptops in a cabinet or in a limited access area when not in use.
- e. Report all security incidents to your local agency IT and state agency immediately.
- f. File a report to the State Police immediately If computer equipment is lost or stolen.
- g. Report theft or damage of computer equipment to the Maryland WIC Director, Deputy Director, and IT Chief within twenty-four hours via email.
- h. Protect IT equipment from theft, misplacement/loss, temperature extremes, precipitation, and dampness.
- i. Ensure laptops are always transported in their protective carrying cases and always secured.
- j. When traveling, desktops, laptops, printers, and other IT related items should not remain in an unattended vehicle overnight.
- k. Connect desktops, laptops, printers and other powered IT equipment to a surge protector or uninterrupted power supply (UPS) to protect against electrical spikes and to keep systems from shutting down prematurely.
- l. Practice good housekeeping with IT equipment. Encourage regular use of canned compressed gas on keyboards, printers, and intake/exhaust ports.
- m. Comply with Policies & Procedures 7.40 *WOW Information Systems Usage* and 7.41 for *WOW Information Systems Security*.

5. The State Agency Shall:

- a. Provide helpdesk support for Maryland WIC's management information system.
- b. Provide minimum specifications for computers when requested.
- c. Provide eWIC card swipe readers.
- d. Provide assistance or documentation to local agency IT with the management information system or associated peripherals for the management information system only, remotely over the phone and/or email.
- e. Not assist with other computer issues such as, but not limited to, issues with printers, operating systems, hardware, monitors, network, wireless, software, email accounts, user system/domain accounts and passwords, or anything else unrelated to the Maryland WIC's management information system.

Attachments:

References:

- 1. 2 CFR 200.313
- 2. 2 CFR 200.313(d)(4)

Revisions: